

COMPARISON OF TRADITIONAL HOME HEALTH CARE SERVICES AND HOSPICE



SERVICE	TRADITIONAL HOME HEALTH CARE	HOSPICE
PHYSICIAN CONSULTATION IN THE HOME	Not available.	Available with approval of primary doctor. Covered in full.
NURSING	Limited by skilled need and Medicare or insurance restrictions.	No limit by Medicare or Health Care Plans definition or by "skilled need" definition.
SOCIAL WORK	Limited by insurance. No reimbursement for Medicaid patients.	Provided for all patients. For patient and/or family need.
HOME HEALTH AIDE	Provided according to need; limited with some insurances.	Provided according to need.
THERAPIES	Provided according to need.	Provided according to need. Does not require a rehabilitative or skilled qualification.
PASTORAL CARE	Not available.	Chaplain home visits, inpatient visits available.
VOLUNTEER	Not available.	Home support and caregiver respite. Inpatient support available.
BEREAVEMENT	Not available.	Counseling, support groups correspondence program for 13 months after patient death. Early, pre-death bereavement services.
MEDICATIONS	Not covered.	Covered in full as part of care plan when related to terminal diagnosis.
IV MEDS, SUPPLIES	Nursing visits. Medicare and other insurance related to IV covered; IV drugs not covered by Medicare but covered by most other insurances; IV supplies generally covered.	Covered in full as part of care plan.
SUPPLIES	Covered by Medicare and certain other insurances if meets guidelines of non-routine, medically necessary. May be subject to co-pays.	Covered in full as part of care plan as related to terminal diagnosis.
MEDICAL EQUIPMENT	80% Medicare/ 20% patient copay.	Covered in full as part of care plan.
INPATIENT CARE	Not provided.	Covered in full as per care plan, continuity of care.
RESPIRE CARE	Not covered.	Covered in full as per care plan that includes a 5 day in-patient stay for caregiver relief.
CONTINUOUS CARE	Not covered.	Covered in full as per care plan that includes short-term, at home enhanced nursing care.

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