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Hospice FAQs

Q. Who pays for Hospice care?

A. Hospice is a Medicare benefit to which most people are entitled. Medicare will cover 100 percent of the medical costs for hospice, including medication and equipment related to the diagnosis. Medicaid will also cover the cost of hospice care, as will most private insurance companies.

It is important to know that patients have the right to choose their hospice provider and they have the right to decline the benefit and hospice services at any time.

Q. Will someone be with me around the clock?

A. A majority of hospice patients will be on what is called ‘routine care.’ Each patient’s care plan is unique, but on average, a nurse will visit 2-3 times per week, as will a home health aide if needed. A social worker will be available 2-4 times per month to assist the patient and family with questions and resources. A chaplain will visit as requested, as will volunteers and other resources such as physical therapy or perhaps a music therapist. Help is always available to the patient and family 24 hours a day, seven days a week.

Q. Can I stay on hospice care if I move from my home to assisted living or to a nursing home?

A. Hospice care is available wherever you are living. If you are at home and decide to move to another facility or even into the home of a family member, your hospice care can continue. If you move out of Cedar’s service area, we will work with you to find a hospice team to help continue your care.

Q. Can I go to see my doctor or go to the hospital if I’m on hospice?

A. Your doctor will remain your primary doctor and our hospice team will communicate with him or her about your care plan. If you have a scheduled appointment, you can still see your doctor in their office.

If you need to be hospitalized at any time during your hospice care, you can revoke your hospice benefit to receive care in the hospital, and then resume your hospice services once you are back home.

Q. Is hospice only for patients with a cancer diagnosis?

A. Hospice care is available to anyone facing a life-limiting illness or who is declining with age. Less than half of all hospice patients have a cancer diagnosis. Other illnesses that are common with hospice care include heart disease, Chronic Obstructive Pulmonary Disorder (COPD), Alzheimer’s disease and dementia, Parkinson’s disease, Multiple Sclerosis, Amyotrophic Lateral Sclerosis (ALS), stroke and liver or renal disease.

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Q. How long can I receive hospice care?

A. As long as you continue to meet the medical guidelines, a patient can continue to receive hospice care indefinitely.

Q. How is my family involved in my hospice care?

A. Hospice care is not just for the patient, it is also for family and friends who are supporting you, and helping to make your time what you want it to be. The team will help your family with emotional or spiritual questions, help those who may be struggling to understand, and also to help at the time of death. Cedar's hospice program also has a Bereavement team who will support family members for at least 13 months after their loved one's death.

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