

## Hospice service valuable, but requires certain benchmarks

*By Ellen Waldman  
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Back in March of this year, I wrote a column which mentioned hospice as a vital provider of medical and support services, when that time of life arrives. However, the guidelines for what qualifies someone to receive these Medicare-paid-for-services continues to change. For instance, when it comes to a diagnosis of dementia, it used to be that once someone was quite advanced in this disease process, they often qualified for services. This is no longer the case, and it's something to be aware of.

Here is a list of Medicare criteria which needs to be met to qualify someone for this program. This information comes directly from Providence Hospice (541-732-6500), but should apply to any hospice provider. Other providers are Asante Ashland Community Hospital Hospice (541-552-9900), and Asante Hospice (541-789-5005). "To be eligible for services, patients will be considered to be in the terminal stage of dementia and should show all of the following:

- "Unable to ambulate without assistance
- "Unable to dress without assistance
- "Unable to bathe without assistance
- "Urinary and fecal incontinence, intermittent or constant
- "No consistently meaningful verbal communication: stereotypical phrases only or the ability to speak is limited to six or fewer intelligible words."

They also list eight possible medical conditions or issues that will strengthen admission into the hospice program, like pneumonia or weight loss. In the past, these benchmarks were not as stringent. Now if someone's primary diagnosis is dementia, they need to meet these guidelines.

Here are some hospice services that Medicare covers for their patients: equipment such as oxygen, shower chair, wheelchair, walker, medical bed; medications for comfort; full team care, such as a home health aide, social worker and chaplain; volunteers to help assist families or the patient; music therapy, massage therapy, and pet therapy. The hospice team can build relationships for a better and easier time at this point. Hospice is all about giving the patient and family comfort, support, and quality of life.

There is no harm in asking for a hospice evaluation and assessment to determine if someone does qualify for services. The primary physician sends a request to one of the local hospice providers asking for this evaluation. You can request that your doctor do this, if you think it might be appropriate. If someone is already in the hospital or a skilled nursing facility, the staff can request this as well. Hospice will send out a nurse to do a full assessment and determine eligibility. Even if someone does not qualify at this point, when things change again, it's easy to call hospice and have them return to re-assess.

Here are a couple of examples of how this hospice criteria affected some clients. Bill had dementia for some years, but was living happily at an assisted living facility in Ashland. When he suddenly became sick, it was obvious that he had a serious illness. After an initial assessment from a local hospice organization, he qualified for services. They did a terrific job of caring for his medical and social needs

during his continued demise. In this case, the diagnosis of dementia did not really factor in, as his other medical needs qualified him for services immediately.

In another case, the person was living in a dementia care facility and was falling all the time. Alice also had increasingly more confusion, brought about by the Alzheimer's disease. It appeared that she was nearing the end of her life as well. But she was not eligible for hospice services yet, as her decline did not include all the factors mentioned above. She was highly verbal and was a vigorous walker. At some time in the future, when these abilities decline, she will then become eligible.

Recently, a married couple were both placed on hospice, each for a different condition. The husband had dementia and congestive heart failure, and the wife had dementia and an array of medical issues. Initially, both qualified, and under the watchful eye of hospice, they both received some changes to their medications and weekly nursing visits. After a few months, both had stabilized enough that they no longer qualified to remain on hospice services. This is a strange sort of "graduation." In both cases, these clients were discharged from services, knowing that when their conditions change in the future, they will be re-admitted to the program.

People used to consider hospice a "death sentence," but it's not really true. There is so much that can be supported by this team of medical professionals that most people do not realize. And it may in fact increase someone's life span, as it did for this couple.