## Who Can Benefit
- Patients who have experienced an illness, hospitalization or surgery and require recovery or healing; or who have a new healthcare diagnosis that results in a change in daily lifestyle.
- Individuals with serious illness who may be receiving treatment and would benefit from symptom management.
- Patients with a terminal illness who choose to discontinue curative treatment.

## Who Pays
- Medicare, many Medicaid and private insurances. Co-pays may be applicable.
- Medicare (Part B) will cover part of the cost. Many Medicaid and private insurances also have coverage. Co-pays will apply in most instances.
- The Medicare and Medicaid Hospice Benefits cover services related to the terminal prognosis.

## Eligibility Requirements
- Patient must have difficulty leaving the home and require intermittent skilled nursing or therapy services.
- Homebound status is not required, nor must the patient have a terminal prognosis. Care will continue as long as the patient requires active and on-going symptom management.
- A prognosis of 6 months or less given the illness runs its normal course as certified by a hospice physician and attending physician (if the patient has one).

## Services That May Be Provided
- Skilled nursing for pain, wounds and symptom management; Occupational Therapy, Physical Therapy, Speech Therapy, Psychosocial support; Aides to assist with Activities of Daily Living, etc.
- Advanced illness management administered by a Nurse Practitioner. Referral to community resources may be provided.
- Skilled nursing for pain, wounds and symptom management; Psychosocial and Spiritual support; Aides to assist with Activities of Daily Living; Bereavement and pre-bereavement support. Medications, supplies and medical equipment related to the terminal illness may be covered.

## Where Care is Delivered
- Anywhere except in a skilled nursing facility or other inpatient facility.
- Anywhere the patient calls home including a skilled nursing facility, assisted living or home.
- Anywhere the patient calls home including a skilled or long-term care nursing facility.

### Continuum of Care Comparison Chart

<table>
<thead>
<tr>
<th>HOME HEALTH</th>
<th>PALLIATIVE CARE</th>
<th>HOSPICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who Can Benefit</td>
<td>Patients who have experienced an illness, hospitalization or surgery and require recovery or healing; or who have a new healthcare diagnosis that results in a change in daily lifestyle.</td>
<td>Individuals with serious illness who may be receiving treatment and would benefit from symptom management.</td>
</tr>
<tr>
<td>Who Pays</td>
<td>Medicare, many Medicaid and private insurances. Co-pays may be applicable.</td>
<td>Medicare (Part B) will cover part of the cost. Many Medicaid and private insurances also have coverage. Co-pays will apply in most instances.</td>
</tr>
<tr>
<td>Eligibility Requirements</td>
<td>Patient must have difficulty leaving the home and require intermittent skilled nursing or therapy services.</td>
<td>Homebound status is not required, nor must the patient have a terminal prognosis. Care will continue as long as the patient requires active and on-going symptom management.</td>
</tr>
<tr>
<td>Services That May Be Provided</td>
<td>Skilled nursing for pain, wounds and symptom management; Occupational Therapy, Physical Therapy, Speech Therapy, Psychosocial support; Aides to assist with Activities of Daily Living, etc.</td>
<td>Advanced illness management administered by a Nurse Practitioner. Referral to community resources may be provided.</td>
</tr>
<tr>
<td>Where Care is Delivered</td>
<td>Anywhere except in a skilled nursing facility or other inpatient facility.</td>
<td>Anywhere the patient calls home including a skilled nursing facility, assisted living or home.</td>
</tr>
</tbody>
</table>