HOME-BASED SERVICES

Comparison Sheet

	HOME CARE	PALLIATIVE CARE	HOSPICE
MD Orders Required	Yes	Yes	Yes
Goal	Independence and self-management for patients and families, aimed at rehabilitation from disease or maintenance or diability in the home setting.	Support for patients and families dealing with advanced illness, regardless of whether they choose to receive curative or palliative (comfort) treatment.	Comfort and emphasis on quality of life through terminal illness to death.
Services Available	Must be homebound. May be paid for by Medical Assistance, county waiver programs, private insurance, self-pay options or other reimbursement sources (i.e., donated funds).	Must be homebound. May be paid for by Medical Assistance, county waiver programs, private insurance, self-pay options or other reimbursement sources (i.e., donated funds).	Not required to be homebound for Medicare reimbursement. May be paid for by Medical Assistance, private insurance, or other reimbursement sources (i.e., donated funds).
Active Treatment Measures	May be receiving active treatment measures for disease processes such as TPN, dialysis, transfusions, chemotherapy or radiation.	May be receiving active treatment measures for disease processes such as TPN, dialysis, transfusions, chemotherapy, radiation or may choose to receive comfort measures only.	Evaluated on an individual basis, but generally not receiving active treatment processes such as TPN, dialysis, transfusions, chemotherapy or radiation.
Focus and Prognosis	A variety of illnesses. Good or fair prognosis.	Advanced or end-stage illness with a 6 - 12 month prognosis. Poor or guarded prognosis.	Terminal illness with a six month prognosis if the disease runs its normal course.
Staff	Skilled nursing, home health aide and possible referral to physical therapy, occupational therapy, speech therapy as needed.	Interdisciplinary team services: physician, skilled nursing, home health aide, licensed social worker, chaplain and possible referral to physical therapy, occupational therapy, speech therapy, respiratory therapy.	Interdisciplinary team services: physician, skilled nursing, home health aide, licensed social worker, chaplain and possible referral to physical therapy, occupational therapy, speech therapy, respiratory therapy.
Bereavment Services	No	One year of family support	One year of family support
Medications and Equipment	Medication is available as outlined in Medicare Part D. If authorized by your physician, equipment is available through a durable medical equipment company.	Not covered under Medicare, but efforts focused on assisting to obtain needed medication and equipment through other available community resources.	Covered by hospice if related to the terminal illness.
Hospitalization	Covered by Medicare, Medical Assistance, private insurance or self-pay options.	Covered by Medicare, Medical Assistance, private insurance or self-pay options.	Hospitalization covered by hospice if admission is related to terminal illness.
In-Patient Respite Services	No	No	Yes. Available to provide break to caregivers in the home.

	HOME CARE	PALLIATIVE CARE	HOSPICE SERVICES
Alternative Therapies	No	Dependent on agency (may include: massage, music, etc.)	Dependent on agency (may include: massage, music, pet, etc.)
Social Services	Only if reimbursable	Yes	Yes
Pharmacy Consult	No	Yes	Yes
Nutritional Consult	No	Yes	Yes
Chaplaincy Services	No	Yes	Yes
Volunteer Services	No	Yes	Yes
Tele-Health	Yes	Yes	Yes

If you have any questions or would like more information, please call 218-894-8080.