Hospice Levels of care

A Guide for Patients and Families

Serving Carroll, Baltimore & Frederick counties

A non-profit affiliate of Carroll Hospital, a LifeBridge Health center
To make the most of the care and services offered by Carroll Hospice, a patient may require different intensities (levels) of care during the course of his or her illness. The Medicare/Medicaid Hospice Benefit (and many private insurance companies) provides four levels of care to meet the patient’s clinical care needs:

• Routine Home Hospice Care
• General Inpatient Care
• Continuous Home Care
• Inpatient Respite Care

Your hospice team will partner with you to develop a plan of care at a level that meets the needs of the patient and those who love them. Questions about a level of care can be directed to your nurse case manager, hospice social worker or clinical team manager.

Regardless of the hospice level of care, you and your loved ones have access to hospice staff 24 hours a day, seven days a week. After-hours telephone support and in-person visits are available to handle anticipated and unplanned changes in the patient’s condition.
Routine Home Hospice Care
Routine Home Hospice Care is provided in a patient’s residence—wherever you or your loved one calls “home.” Your hospice team—including a nurse, social worker, chaplain, hospice aide and volunteers—will manage the patient’s care under the direction of your attending physician and our hospice medical director.

The frequency of your hospice team’s visits depends upon the patient’s needs; the visits are coordinated by your nurse case manager.

Payment for Routine Home Hospice Care: The Medicare Hospice Benefit covers 100 percent of the hospice services provided at the routine level of care. However, if the hospice patient lives in a nursing home or long-term care facility, Medicare (and most other insurers) will not cover the cost of room and board at the facility.

General Inpatient Care
General Inpatient Care (GIP) is a specialized level of care provided when pain or other symptom management is needed and cannot be provided in the home setting. For patients of Carroll Hospice, this level of care is typically provided at Dove House, an inpatient hospice facility. Once the symptom is managed, the patient may no longer require this intense GIP level of care. It may be appropriate then to return the patient to his or her home with routine home hospice support.

Payment for General Inpatient Care: If your hospice team determines that there is a clinical status change that requires short-term inpatient care services, Medicare will cover all services provided, along with your stay in the Dove House inpatient unit.
**Continuous Home Care**

Continuous Home Care is provided on a short-term basis (between 8 to 24 hours) to manage pain or other symptoms in the patient’s choice of residence. This care is provided predominantly by nurses, with support from hospice aides, in order to manage pain or a symptom crisis where the patient lives, rather than moving the hospice patient to an inpatient unit for symptom management.

**Payment for Continuous Home Care:** Continuous Home Care is covered at 100 percent by the Medicare Hospice Benefit.

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**Inpatient Respite Care**

Inpatient Respite Care is designed to provide relief to the patient’s caregiver(s) for a period of up to five consecutive days. For Carroll Hospice patients, respite can be provided in a skilled nursing facility or inpatient hospice facility. Caregivers can expect that their loved one will be cared for by the hospice team during their respite stay the same way they would be cared for at home.

**Payment for Inpatient Respite Care:** If you and your hospice team determine that inpatient respite care is needed and care is coordinated by your assigned social worker, Medicare will cover all services provided, along with room and board for your stay at the facility.

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Please call 410-871-8000 or visit CarrollHospice.org to learn more.
Residential Care at Dove House

If circumstances prevent you from moving back to your home, residential care may be offered on a short-term basis at Dove House.

Residential care is an option for patients and families who no longer require management of pain and other symptoms at the General Inpatient (GIP) level of care, but are not able to be moved to the community.

**Payment for Residential Care:** If you and your hospice team determine that residential care would be appropriate, all hospice services provided while under residential care are covered by the Medicare/Medicaid Hospice Benefit. Room and board at Dove House is not covered by insurance and will incur a cost. Your social worker can discuss this option with you. Should a financial need exist, your social worker can complete an assistance form with you to request that Carroll Hospice reduce this daily rate. Dove House is not able to offer long-term care.