

## Questions from CHAT – Hospice Webinar 3.24.22

1. Is it appropriate to assist with computer items? For example, helping the client sign in, understanding apps, etc. or is that considered "confidential info" and not eligible for assistance?
  - a. The hospice staff can assist the PT-Family as long as they have consent.
2. What does "NOE" stand for?
  - a. Notice of Election. This is a document that PT-Family sign when they elect hospice.
3. Do both a personal physician and hospice physician need to certify the terminal illness or can it just be the hospice physician?
  - a. If the patient has no attending, then just the hospice physician can certify as terminal
4. What happens if the hospice doctor certified the patient is terminally ill but the regular doctor says the patient is not terminal and in good health?
  - a. That can happen. That is then a discussion between physicians and the family.
5. for someone in a skilled nursing facility, what does hospice offer over and above care already being given?
  - a. Hospice can offer skilled in services such as pain management, symptom management and bereavement services.
6. Re medications: if someone has dementia and is prescribed Aricept or other related medication, can Hospice pay for that or must the patient stop taking it?
  - a. It is never a yes or a no. The hospice should work with the family on benefit v. burden for continuing any treatments. The plan of care is individual and not a one size fits all.
7. If a patient is receiving IHSS, would the hospice aid/homemaker services still be covered? Or vice versa?
  - a. Yes, the social worker needs to work with the IHHS staff to coordinate care
8. what would a plan of care look like for a person who had no caregiver/family?
  - a. That is a very board questions. Can you be more specific? If you are asking if a patient that has no care give can be admitted to hospice, the answer is yes. But, when the patient can no longer care for themselves or at risk for be alone then the hospice social worker can work on placement.
9. Sometimes beneficiaries/patients have long term care insurance with a hospice benefit. Does the hospice agency work with long term care insurance policies to get additional benefits covered by the plan?
  - a. Yes, they can. The social worker can help the patient and family with this.
10. so if a person already living at a skilled nursing facility (being paid by Medi-cal) is later is admitted on Hospice- the nursing home gets the same payment. Arent' nursing home personell providing direct services?
  - a. This is Room and board pass through. When a patient is Medical and has room and board benefit a change in billing is sent to the Medical Hospice Clerk to notify that the hospice is now the payor of the room and board to the nursing home and the billing for room and board to Medical. Medical pays the hospice 95% of the room and board rate and the hospice pays 95% or 100% of the rate depending on the contract. Hospice can offer skilled services such as pain management, symptom management and bereavement services.
11. I had a client who was on Hospice from 2 years. During this time Hospice was paying for all of the clients medications including routine medications. Because all of the clients medications were being coverage through Hospice this client's spouse canceled his Part D prescription plan.

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Now that he has been removed from Hospice he was denied a SEP to enroll into Part D prescription plans. I was under the impression Hospice does not cover routine medications and only covers medication to keep the client comfortable. If Hospice did not cover all this clients med they would have kept his Part D plan. Can you explain why Hospice covered these medications?

- a. Hospice covers all medications that are related to the terminal diagnosis and prognosis.
12. where can you find that law 01/01/2022?
  - a. <https://leginfo.legislature.ca.gov/faces/home.xhtml>
13. Can an Ombudsman sign if the patient in a nursing home or RCFE sign on behalf of the patient? or witness the signature?
  - a. No
14. Can CHAPCA advertise in California to warn people of the hospice scams?
  - a. We do. [www.calhospice.org](http://www.calhospice.org) we sponsor SMF
15. What is the definition of terminally ill?
  - a. For hospice? It is a terminal diagnosis that the patient has a life limiting illness and has six months or less to live
16. there a handout available regarding the 2 California laws effective 1-1-22 (AB 1280 and SB 664)?
  - a. You can find more info her <https://leginfo.legislature.ca.gov/faces/home.xhtml>
17. are the applying hospices "for profit" or part of established healthprovider (like a hospital)
  - a. I do not understand the question.
18. Who is a good contact to help me understand my loved ones' Medical benefits? Not yet in need of hospice, but recent development in health has him less able than before and needing more care.
  - a. <https://chpca.memberclicks.net/what-is-hospice-and-palliative-care->
19. We get calls from hospice relatives who want to cancel their advantage plan, or supplement and Part D drug plan because hospice will cover everything. Don't they still need coverage in case, say, they break an arm?
  - a. That is a personal decision. Talk to the hospice social worker about this. This should also be part of the discharge process with the hospice. Hospice should allow for this process.

**Thank you all for the great discussion. Please call me at 916.925.3770 if you have questions or email us at [www.info@calhospice.org](mailto:www.info@calhospice.org)**

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20. Thank you. Brent, would love to hear how CMS regulates "Board & Care" orgs that also act as hospice for some. We had a unfortunate experience but there didn't seem to be recourse (although we did speak with the local Ombudsman, they mostly just "listened").
    - a. Regarding board and care facilities: Although they are involved in the care of MANY Medicare beneficiaries on hospice, they are not recognized as providers by Medicare. Since they are not enrolled providers Medicare does not regulate them or have any authority over their practices. The question addresses board and care orgs that "act as hospices" – if they are enrolled as a hospice then they fall under Medicare regulations and are bound by their provider agreement etc. They would also be subject to state regulations under their hospice license which includes regular inspections, investigation of complaints etc.