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**CHAPTER 24: HOSPICE**

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**OVERVIEW**

Hospice care is an alternative treatment approach that is based on recognition that impending death requires a change from curative treatment to palliative care for the terminally ill patient and support for the family. Palliative care focuses on comfort care and the alleviation of physical, emotional and spiritual suffering. Instead of hospitalization, its focus is on maintaining the terminally ill patient at home with minimal disruptions in normal activities and with as much physical and emotional comfort as possible.

The hospice concept grew out of a belief that many of the physical, sociological, spiritual, educational and emotional needs of the terminally ill patient and family were not being met by the existing health care system. The dying person fears pain, loss of body and self-control, and loss of family and friends. For the spouse there are fears about what will happen to me; adult children must deal with role reversal, as the parent becomes more dependent.<sup>1</sup> Hospice care is an interdisciplinary approach to the delivery of care with attention to such needs.

**Criteria for Hospice Care**

A beneficiary must be terminally ill in order to receive Medicaid hospice care. An individual is considered terminally ill if he or she has a medical **prognosis** that his or her life expectancy is six months or less if the illness runs its normal course.

<sup>1</sup> Kilburn, L., Hospice Operations Manual: A Guide to Organizational Development, Management, Care Planning, Regulatory Compliance and Financial Services, National Hospice Organization, Arlington Virginia, 1988.