



Who We Are

The National Hospice and Palliative Care Organization (NHPCO) is the largest membership organization representing hospice and palliative care programs and professionals in the United States. We represent more than 3,800 hospice locations that care for the vast majority of hospice patients in the US. NHPCO is committed to improving end-of-life care and expanding access to hospice so that individuals and families facing serious illness, death, and grief will experience the best care that humankind can offer.

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Hospice Levels of Care

Hospice patients may require differing intensities of care during the course of their disease. The Medicare Hospice Benefit affords patients four levels of care to meet their clinical needs: Routine Home Care, General Inpatient Care, Continuous Home Care, and Inpatient Respite Care. Payment for each covers all aspects of the patient's care related to the terminal illness, including all services delivered by the Interdisciplinary team, medication, medical equipment and supplies. Nearly ninety-seven percent of hospice care is provided at the routine home care level.

Level of Care	2012	2011
Routine Home Care	96.5%	97.1%
General Inpatient Care	2.7%	2.2%
Continuous Care	0.5%	0.4%
Respite Care	0.3%	0.3%

Routine Hospice Care is the most common level of hospice care. With this type of care, an individual has elected to receive hospice care at their residence, which can include a private residence, assisted living facility or nursing facility.

- **General Inpatient Care** is provided for pain control or other acute symptom management that cannot feasibly be provided in any other setting. General Inpatient Care begins when other efforts to manage symptoms have been ineffective. General Inpatient Care can be provided in a Medicare certified hospital, hospice inpatient facility, or nursing facility that has a registered nursing available 24 hours a day to provide direct patient care.
- **Continuous Home Care** is care provided for between 8 and 24 hours a day to manage pain and other acute medical symptoms. Continuous home care services must be predominately nursing care, supplemented with –caregiver and hospice aide services and are intended to maintain the terminally ill patient at home during a pain or symptom crisis.
- **Inpatient Respite Care** is available to provide temporary relief to the patient's primary caregiver. Respite care can be provided in a hospital, hospice facility, or a long term care facility that has sufficient 24 hour nursing personnel present on all shifts to guarantee that patient's needs are met. Respite care is provided for a maximum of 5 consecutive days.

While hospice patients may be admitted at any level of care, the progression of their illness may require a change in their level of care. Although the Medicare Hospice Benefit is designed to offer patients care where they live (including nursing homes), a hospice will help transfer a patient to inpatient care if necessary for pain and symptom management.

Location of Death	2012	2011
Patient's Place of Residence	66.0%	66.4%
Private Residence	41.5%	41.6%
Nursing Home	17.2%	18.3%
Residential Facility	7.3%	6.6%
Hospice Inpatient Facility	27.4%	26.1%
Acute Care Hospital	6.6%	7.4%

Sources: NHPCO National Data Set and/or NHPCO Member Database. 2012.
42 CFR 418.3, 418.52-116. Hospice Conditions of Participation. 2008.