

HOW CAN WE HELP YOU?

UNDERSTANDING LEVELS OF CARE



ROUTINE HOME CARE is the basic level of care under the hospice benefit and is provided at the patient's place of residence (*Home, Assisted Living Facility or Nursing Home*). It includes nursing and physician services, medical social services, certified nursing aide services, counseling services (*pastoral, spiritual, bereavement, dietary, and others as necessary*), medications, medical equipment, medical supplies and lab/diagnostic studies that are related to the terminal prognosis.

GENERAL INPATIENT CARE (GIP) is a higher level of care ordered by a physician when pain or other symptoms cannot be relieved at the patient's place of residence. It consists of intensive around the clock medical, nursing and psychosocial care, similar to an acute hospital or ICU stay and is intended to be short-term with the goal of managing symptoms so the patient can return to their previous residence with Hospice care.

At Big Bend Hospice, this level of care is typically provided at the Dozier Hospice House, our Inpatient Unit. While receiving GIP care, all charges, including room and board charges, are covered by Medicare, Medicaid and many private health insurance plans.

ROUTINE INPATIENT CARE AT THE DOZIER HOUSE is ordered by the practitioner once the determination is made that the patient's symptoms can be managed in another setting. Once managed, GIP care will be discontinued and the patient transferred to a routine level of care. This means that the patient's needs can be managed in their previous residence or other setting with Hospice support. If the patient remains in the Inpatient Unit after changing to Routine Care, Medicare, Medicaid and supplemental insurance plans will no longer cover Room & Board charges. Patient responsibility for Room and Board charges of \$180/day will start the day after Routine Care begins. If finances are of concern, our Finance Department is able to work with patients and their families by offering payment options.

CRISIS CARE is a higher level of care ordered by a physician and provided when the patient demonstrates a need for skilled interventions for pain and symptom management in their place of residence. Crisis Care is for a limited time and must meet certain criteria set by Medicare. Crisis Care staff will care for the patient and provide teaching to the patient's family until the symptoms are under control. Once symptoms are managed, the level of care will be changed to Routine Care.

RESPITE CARE is short-term, temporary care, of up to five days, provided at a contracted, skilled nursing home to allow caregivers to rest or to get away for a short period of time. Once the respite period ends, the patient will be discharged back home. If the respite stay exceeds five days, the patient or representative will be financially responsible to pay for any additional respite days.

INPATIENT INITIATIVE (IPI) CARE is when a patient receives hospice care for a short time while in a hospital. Patients may be admitted inpatient only if there are no available Hospice House beds in the county OR if the patient is imminent and the family is requesting IPI. Family must be aware that hospice is a discharge plan and transfer to a Hospice House will occur as soon as possible. Remaining in the hospital for an extended time is not an option. IPI can only be provided to patients who have Medicare/Medicaid as their primary payer source. Exceptions to this must be discussed with the medical director.

THANK YOU FOR CHOOSING BIG BEND HOSPICE.

We inspire hope by positively impacting the way our community experiences serious illness or grief - one family at a time.

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