

LEVELS OF CARE UNDER THE MEDICARE HOSPICE BENEFIT



Routine Home Care is the most common level of hospice care. A routine home care day is a day on which an individual who has elected to receive hospice care receives care in the place that they call home (e.g., private residence, assisted living facility, nursing facility, etc.).

Continuous Home Care is care provided for up to 24 hours a day to manage pain and other acute medical symptoms. Continuous Home Care services must be predominately nursing care, supplemented with hospice aide and homemaker 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 long-term care facility that has sufficient nursing personnel present on all shifts to guarantee that the patient's needs are met. Respite care is provided for a maximum of 5 consecutive days.

General Inpatient Care is provided for pain control or other acute symptom management that cannot feasibly be provided in any other setting.

NHPCO Levels of Care definitions:
<https://www.nhpco.org/accordions/submission-outline-3-copy-3-copy-copy-copy-4/>

Call Gilchrist at **443-849-8300** to Make a Referral

What is General Inpatient (GIP) Care?

General Inpatient (GIP) Care is one of the four levels of hospice care required to be available under the Medicare Hospice Benefit (MHB). GIP for symptom management is a valuable tool that allows hospice staff to provide clinical services to a degree that cannot typically be provided in a patient's home. It is intended for specific circumstances and for a short duration of time and thus must be carefully managed from start to finish.

The following examples of patient status triggers may lead to the change to GIP level of care:

- Pain or symptom crisis not managed by changes in treatment in the current setting or that requires frequent medication adjustments and monitoring
- Intractable nausea/vomiting
- Advanced open wounds requiring changes in treatment and close monitoring
- Unmanageable respiratory distress
- Delirium with behavior issues
- Sudden decline necessitating intensive nursing intervention
- Imminent death – only if skilled nursing needs are present

When is GIP appropriate?

While GIP criteria can be individualized, at minimum, it requires appropriate orders and documentation of acute symptom management needs. Importantly, anticipated survival of hours-to-days (i.e., imminent death) is not justification alone to meet GIP standards.

GIP cannot be used for caregiver stress relief or respite. GIP is aimed at 'short term' admission (usually 5 days or less) for aggressive palliative interventions and discharge to a prior level of care when acceptable symptom control is achieved.

When is GIP not appropriate?

It is not intended for caregiver respite. If a caregiver is not in the home, or unable to help the patient adequately, other arrangements can or should be made.

It is not intended as a way to address unsafe living conditions in the patient's home.

It is not an "automatic" level of care when a patient is imminently dying. There must be pain or symptom management and skilled nursing needs present (intensity of care).