

# Hospice in Long-Term Care

2 hour CEU/CE Course for  
RCFE and ARF Administrators  
and Nurses

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# Course Objectives

Define what hospice is and its history, statistics

What types of conditions qualify for hospice?

Discuss hospice eligibility criteria for each condition/disease

Define medication regulations in regard to hospice residents

# Definitions

RCFE = Residential Care Facility for the Elderly

ARF = Adult Residential Facility

SNF = Skilled Nursing Facility


DSS = Department of Social Services

LPA = Licensing Program Analyst


Resident = anyone living in a long-term care setting

# Death

## Some statistics:



Less than 10% will die suddenly and unexpectedly, like from a heart attack or accident.



90% from some type of protracted, life-threatening illness (cancer, Alzheimer's disease)

# Death

In the 19<sup>th</sup> Century:

- ➔ Only 3% of the population was over 65.
- ➔ Their life expectancy was only between 45-50 years.
- ➔ Most people died at home.



# Death



In the 21<sup>st</sup> Century:

- ➔ 13% of the population is over 65
- ➔ Approximately 75% of Americans die in health care facilities!
- ➔ Of those, 57% die in hospitals; 17% in long-term care facilities

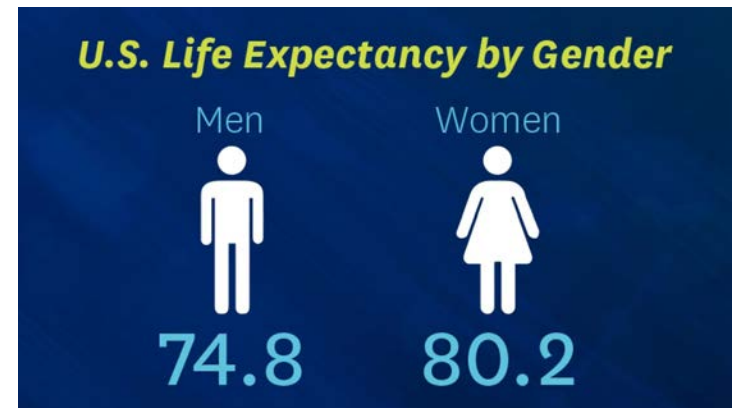
# Death

What is our life expectancy now\*?

74.8 for males

80.2 for females

By 2030, the 65+ population will be around 72 million – by 2050, it will be 87 million!!!



Source: <https://onlinedegrees.kent.edu/college-of-public-health/community/life-expectancy-and-public-health#:~:text=In%202022%2C%20U.S.%20life%20expectancy,a%20considerable%20role%20in%20longevity.>

# Current Day Hospice

Of the 1.72 million hospice patients in 2022\*:

Female	54.3%
Male	43.8%

In 2022, 907,749 hospice patients were 85 years of age or older.

\*Source: <https://www.nhpco.org/wp-content/uploads/NHPCO-Facts-Figures-2024.pdf>

# Current Day Hospice

10

Hospice cases by primary diagnosis (percentage)

Diagnosis	Percentage
Alzheimer's, nervous system disorders	25%
Cancer	23%
Circulatory, COVID-19 except heart failure	22%
Heart failure	8%

# Current Day Hospice



- 1970's – cancer patients were the largest % of hospice patients
- Today, it's less than half!
- In fact, today, only around 37% of US deaths are caused by cancer.

# Current Day Hospice

12

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Average length of stay, in days, by diagnosis\*:

Neurological	159 days
COPD	135 days
Heart/circulatory	106 days
Other	55 days
Cancer	52 days

\*Source: <https://www.nhpco.org/wp-content/uploads/NHPCO-Facts-Figures-2024.pdf>



# What qualifies for Hospice?

# Hospice Eligibility Criteria

In order to begin hospice care, residents must meet the hospice eligibility requirements established by the U.S. Centers for Medicare & Medicaid Services.

While no *specific number of symptoms* is required when qualifying for hospice, these guidelines can help determine if a resident's condition is or will soon be appropriate for hospice care.

# Hospice Eligibility Criteria

15

- Resident has been diagnosed with a life-limiting condition with a prognosis of six months or less if their disease runs its normal course (being “terminal”).
- Frequent hospitalizations in the past six months.



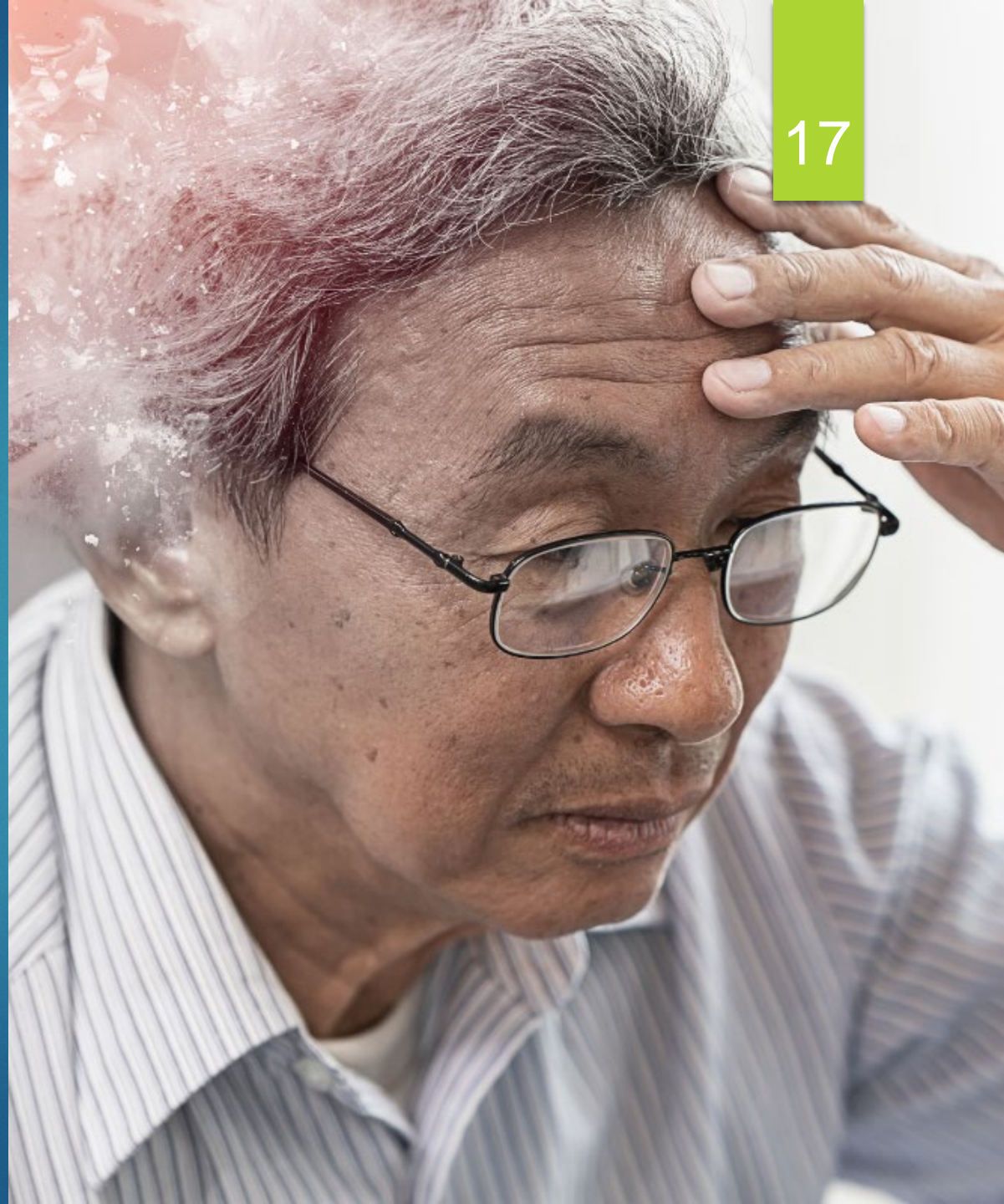
## Hospice Eligibility Criteria

16

- Progressive weight loss (taking into consideration edema weight).
- Increasing weakness, fatigue, and somnolence (a state of strong desire for sleep or sleeping for unusually long periods).
- A change in cognitive and functional abilities.

# Hospice Eligibility Criteria

- Compromised Activities of Daily Living (ADLs) such as eating, bathing, dressing, toileting, transferring/walking, and continence.
- Deteriorating mental abilities (dementia).



# Hospice Eligibility Criteria

- Recurrent infections
- Skin breakdown
- Specific decline in condition



# Disease-Specific Hospice Eligibility Criteria

There are also specific hospice eligibility criteria to consider based on the resident's primary diagnosis. Disease-specific requirements for hospice care:

- Dementia
- Cancer

# Disease-Specific Hospice Eligibility Criteria

Disease-specific requirements for hospice care (cont'd):

- Cerebral Vascular Accident (CVA) / Stroke
- Congestive Heart Failure / Cardiopulmonary Disease
- COPD / Cardiopulmonary Disease
- Liver Disease
- Renal Disease

# Disease-Specific Hospice Eligibility Criteria

Disease-specific requirements for hospice care (cont'd):

- Neurological Conditions
- Non-Alzheimer's dementia, Parkinson's disease, Multiple Sclerosis, ALS and Huntington's disease
- AIDS

Due to the slow progression seen in residents with Alzheimer's disease and other dementias, we are often times unsure when a resident becomes eligible for hospice.

A resident with dementia must be diagnosed as *terminal* before they can qualify for hospice.

# Criteria - Dementia

23

Signs of decline that may warrant hospice:

- A diagnosis of other conditions, such as cancer, COPD, CHF or congenital heart disease
- An increase in hospitalizations, frequent visits to the doctor and/or trips to the ER
- A diagnosis of pneumonia or sepsis
- Weight loss or dehydration due to challenges in eating/drinking
- Severe anxiety

# Criteria - Dementia

Signs of decline that may warrant hospice:

- Difficulty swallowing or choking on liquids or food
- Speech limited to six words or less per day
- Urinary and fecal incontinence
- Unable to sit upright without arm rests on chairs or may slip out of chairs and require sitting in special chairs

# Criteria - Dementia

25

Signs of decline that may warrant hospice:

- Mobility issues – is unable to walk without assistance (such as with a walker) or now requiring a wheelchair
- Unable to sit up without assistance (will slump or fall over if not supported)
- No longer able to smile

# Criteria - Cancer

- Everyone is at risk of developing cancer, although incidence increases greatly with age; 88% of people diagnosed with cancer in the US are 50 years or older, and 59% are 65 or older.\*
- In the US, an estimated 40 out of 100 men and 39 out of 100 women will develop cancer during their lifetime.\*
- There are over 100 different types of cancer, and each is classified by the type of cell initially affected.
- Cancer is commonly treated with surgery, chemotherapy, and radiation.

\*Source: <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2025/2025-cancer-facts-and-figures-acf.pdf>

## Criteria - Cancer

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**Per the National Institutes of Health, cancer and hospice statistics are:**

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About 27.8% of people with cancer who enroll in hospice die there

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About half of hospice patients die within three weeks

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About 12 to 15% of hospice patients survive for six months or longer

# Criteria - Cancer

Because there so many different types of cancer, the following is the *general* cancer criteria:

1. Decline in condition in spite of therapy
2. Metastatic cancer
3. Electing to forgo further disease directed curative treatment (but palliative radiation or chemotherapy may still be included)

# Criteria - Cancer

Below is the link to the Vitas Hospice website that further outlines the criteria:

<https://www.vitas.com/partners/hospice-eligibility-reference-guide/oncology-admission-guidelines>

# Criteria - Cerebral Vascular Accident (CVA) / Stroke

30

Stroke, or a cerebrovascular accident (CVA), is the leading cause of adult disability in the United States, and the 5<sup>th</sup> leading cause of death.

If a resident is not recovering after a CVA or stroke, hospice care may be available.

# Criteria - Cerebral Vascular Accident (CVA) / Stroke

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## Eligibility criteria:

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Requires assistance with activities of daily living (ADLs)

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Mainly bed to chair bound

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Impaired functional status

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Changes in orientation status

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Unable to maintain sufficient fluid and caloric intake

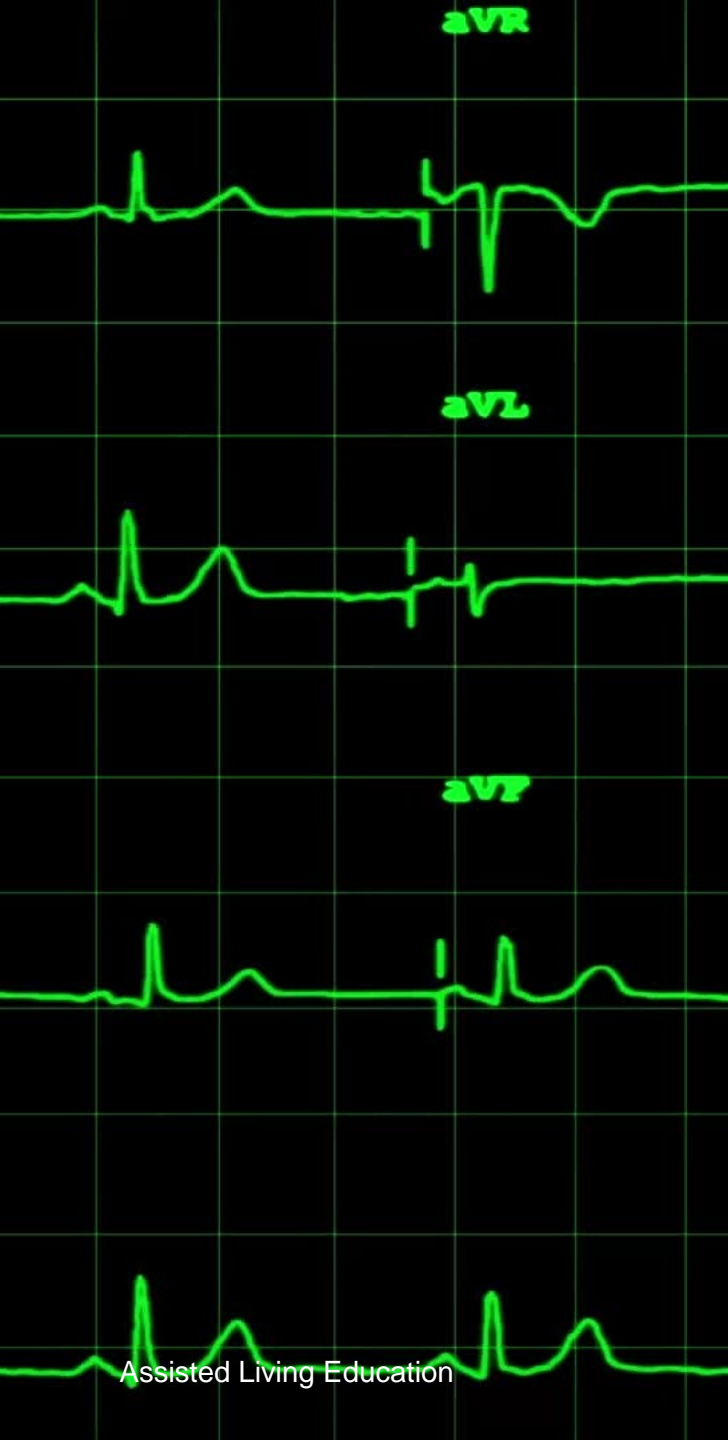
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Progressive weight loss

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## Criteria - Congestive Heart Failure / Cardiopulmonary Disease

- About 5 million people in the US are affected by CHF/Cardiopulmonary disease.
- Heart failure occurs when the heart muscles can no longer pump blood effectively and fluids can build up around the heart, lungs, abdomen and other parts of the body.



# Criteria - Congestive Heart Failure/ Cardiopulmonary Disease

33

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People with end-stage CHF and terminal heart disease often make frequent doctor's office, ER and hospital visits for breathing difficulties and fatigue.



Over 1 million people in the US are admitted to inpatient settings for heart failure each year.



1 in 4 Medicare heart failure patients are readmitted to the hospital within 30 days at a cost of \$17.4 billion a year.

## Hospice Qualifiers:

Criteria -  
Congestive Heart  
Failure /  
Cardiopulmonary  
Disease

- Chest pain
- Changes in appetite, unintentional weight loss
- Poor response to diuretics and vasodilators
- Dyspnea or tightness in the chest
- Impaired heart rhythms, contraction force of ventricular muscles and impaired blood supply to the heart
- Impaired sleep functions
- Decline in general physical endurance
- Impaired mobility

# Criteria - COPD

35

- Chronic Obstructive Pulmonary Disease (COPD)
- A term used to describe several progressive lung diseases including chronic bronchitis, emphysema and refractory (non-reversible) asthma.
- COPD affects an estimated 30 million people in the United States.

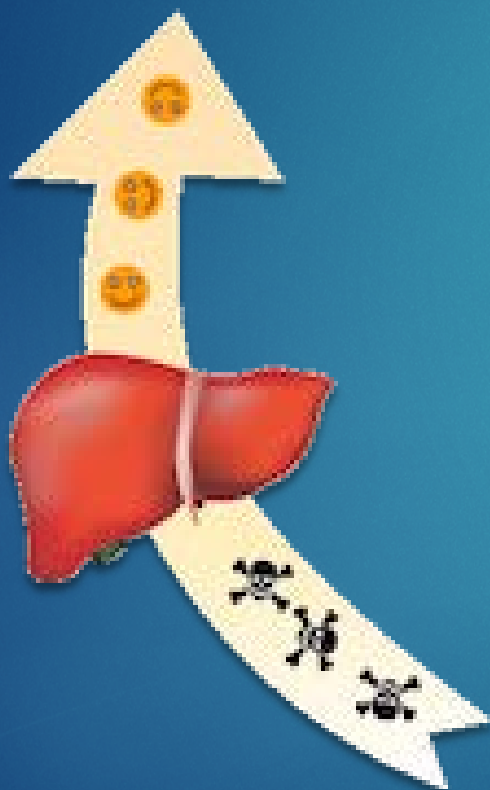
# Criteria - COPD

36

## Hospice Criteria:

- Recent visits to the ER or hospitalization for pulmonary infections or respiratory failure
- Dyspnea or tightness in the chest
- May require breathing treatments or use of inhalers
- May have difficult eating or carrying on conversations without becoming short of breath
- Changes in appetite and unintentional, progressive weight loss
- Impaired sleep functions
- Decline in general physical endurance
- Impaired mobility
- Requires oxygen some of the time or all of the time

# Criteria – Liver Disease



Liver disease is defined as any condition that damages the liver and prevents it from functioning well.

This includes:

- Cirrhosis of the liver
- Hepatitis A, B and C
- Alcohol hepatitis
- Nonalcoholic fatty liver disease
- Liver cancer

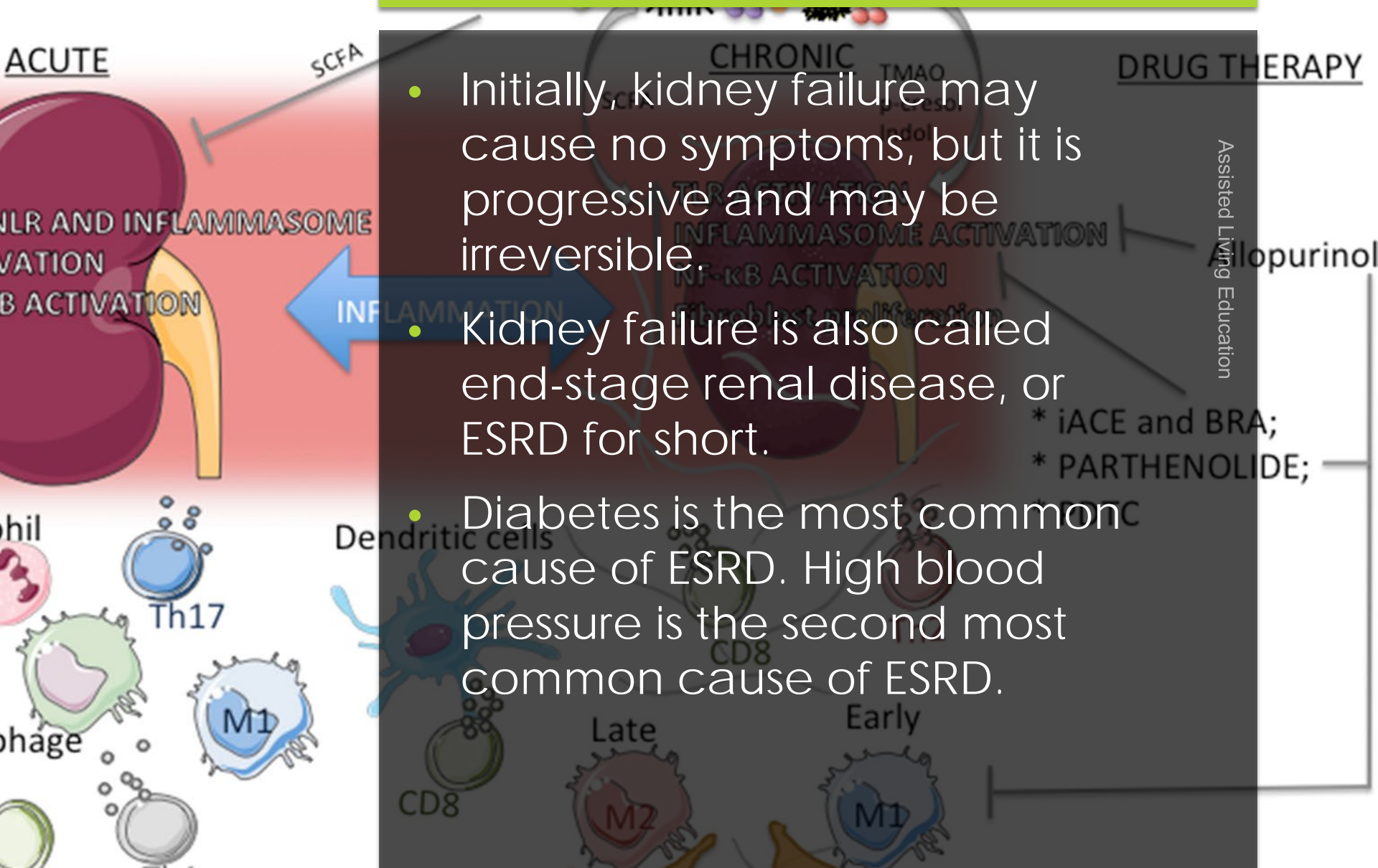
# Criteria – Liver Disease

Liver disease hospice eligibility criteria:

- Peritonitis
- Weakness and compromised ability to perform activities of daily living (ADLs)
- Malnutrition
- Muscle wasting
- Ascites or Asterixis

# Criteria – Renal Failure

39



- Initially, kidney failure may cause no symptoms, but it is progressive and may be irreversible.
- Kidney failure is also called end-stage renal disease, or ESRD for short.
- Diabetes is the most common cause of ESRD. High blood pressure is the second most common cause of ESRD.

## Criteria – Renal Failure

### Renal failure hospice criteria:

Nausea/Vomiting

Resident has chosen not to have renal dialysis

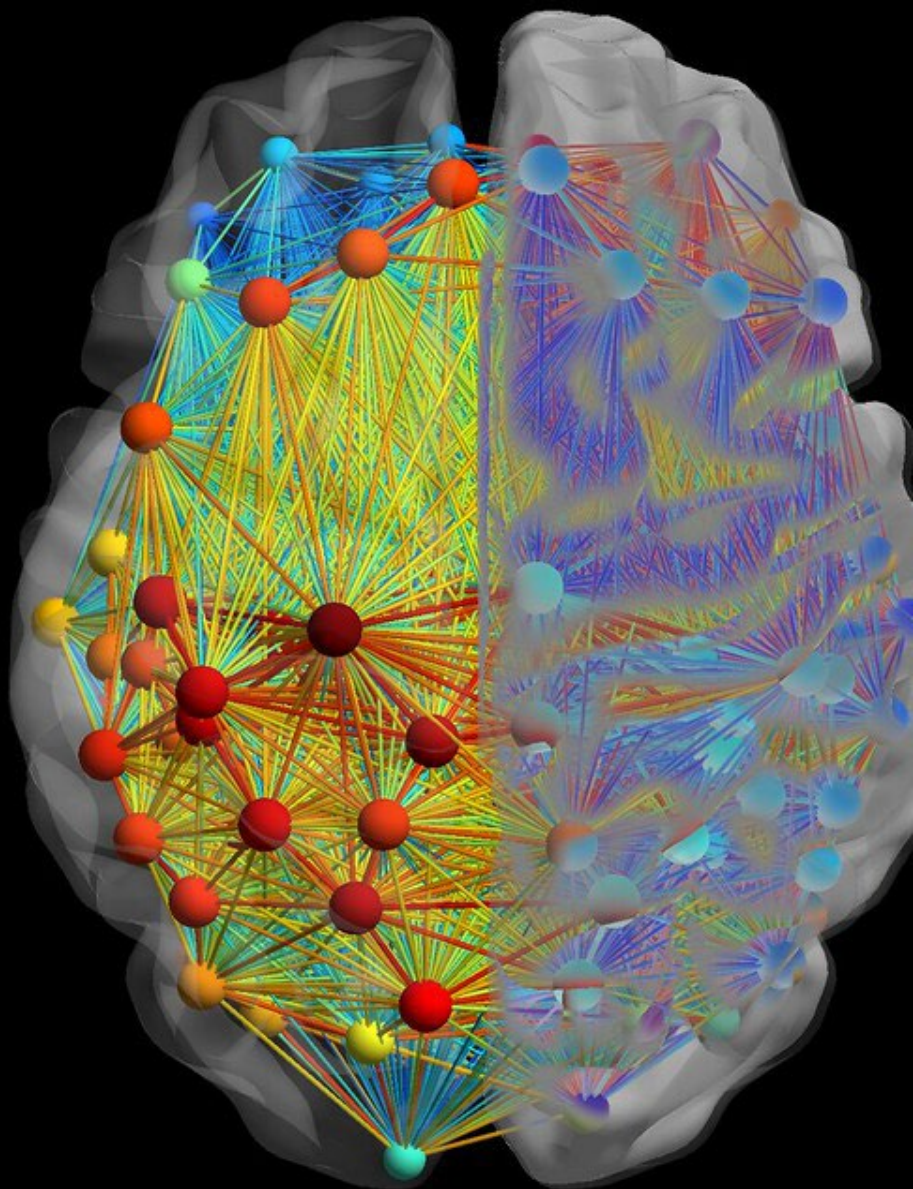
ADL and activity/mobility limitations

Anorexia

## Criteria – Neurological Conditions

Neurological conditions include:

- Non-Alzheimer's dementia
- Parkinson's disease
- Multiple Sclerosis
- ALS (amyotrophic lateral sclerosis) otherwise known as Lou Gehrig's disease
- Huntington's disease



## Criteria – Neurological Conditions

Hospice eligibility requirements for neurological conditions:

- Impaired mental function
- Impaired sensory function and pain
- Impaired neuro-musculoskeletal and movement functions
- Impaired communication abilities
- Impaired mobility, ADL's
- Self-care deficit
- Activity limitations

- HIV (human immunodeficiency virus) is a disease which causes the body's own immune system to attack itself.
- If left untreated, HIV can lead to AIDS (acquired immunodeficiency syndrome).
- AIDS is the most advanced stage of HIV. It is incurable.

# Criteria - AIDS

44

While no specific number of symptoms is necessary to meet the hospice eligibility requirements for HIV/AIDS residents, here are some of the criteria considered:

- Must have established AIDS or HIV diagnosis
- Decision has been made to forego antiretroviral, antibacterial, antifungal, chemotherapeutic and prophylactic drug therapy related specifically to the AIDS diagnosis
- Chronic, persistent diarrhea

# Criteria - AIDS

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## Criteria (cont'd):

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Significant weight loss of 10% or more in the past 3 months

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Generalized weakness and fatigue

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CHF at rest

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AIDS dementia complex

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Toxoplasmosis

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Generalized wasting


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Substance Abuse

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# How can Hospice help?

The goal of hospice is to relieve physical and emotional distress so patients can retain their dignity and remain comfortable.



Pain control – residents may suffer pain from muscle cramps and spasms, stiff joints and immobility. Hospice specialists in pain management ensure residents are comfortable.

# How can Hospice help?

47

3. **Symptom control** – Hospice helps manage difficulty breathing, difficulty swallowing, problems eating and drinking, difficulty communicating, pressure ulcers, anxiety and depression.
4. Hospice **coordinates and supplies** all medications, medical supplies and medical equipment related to the diagnosis to ensure residents have everything they need.

# How can Hospice help?

48

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5. **Emotional and spiritual assistance** – Hospice has the resources to help residents maintain their emotional and spiritual well-being.
6. **Training!** Not only staff, but families, as well. Training can be done on hydration, repositioning, nutrition at end of life, pain relief, etc.

# Hospice and Medications





## Hospice and Medications

50

Pain management =

reduces anxiety  
promotes sleep  
increases mobility

# Hospice and Medications

1. Fear of addiction to pain meds
2. Fear that it hastens death
3. Legal liability
4. Patient is afraid

51



# Hospice and Medications

52

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DSS Regulations - according to the Evaluator's Manual, if a hospice resident cannot self-administer meds, either:

a family member or friend can, if they are not receiving compensation for it;  
or

a skilled medical professional must do it.

# Hospice and Medications

## More details:

The relative or friend is NOT receiving monetary or any other form of compensation for their services;

They are trained by the hospice agency;

The hospice plan includes this delegation; and

There is a back-up plan in place in case they fail to arrive at the designated time.

# Hospice and Medications

54

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More details (cont'd):

- Meds are not pre-poured in advance;
- A caregiver, who is hired and paid for by the family or resident (i.e., private duty aide), cannot administer meds; and
- A resident of the RCFE cannot be considered a friend or relative.

# Hospice and Medications

If a hospice resident cannot self-administer meds, and there is no family, friend or skilled medical professional to administer meds, then they must move out of the RCFE.



# Hospice and Medications

Staff provide assistance with meds =

document the pass



Hospice provides assistance with meds =

they document it



What if the family gives  
it??????

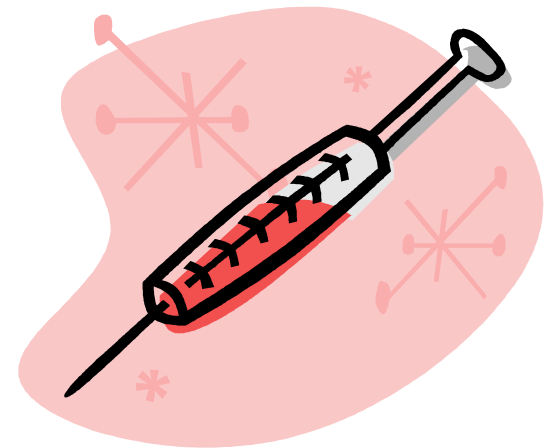
# Hospice and Medications

57

Pre-drawn meds via syringe or oral dosing unit:

- ➔ Only an RN can pre-draw
- ➔ The med must be labeled and properly stored

*Can our staff give these?*



# Hospice and Medications

58

Morphine pumps –

Permissible but staff is not able to administer meds unless they are an appropriately skilled professional.

# Hospice Care Wavier

59

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You must have an approved Hospice Care Waiver in place before you admit your hospice resident.

If you need to increase your waiver amount because you are at capacity:

1. If you have an emergency situation, such as a current resident needing hospice and he/she will exceed your waiver amount, ask for an exception from your LPA; OR
2. If you only want to be proactive and increase it for the future, you will need to submit to your LPA a waiver increase request (be prepared to wait a long time for this approval).

# Sources

60

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- ❖ Vitas Hospice
- ❖ National Hospice and Palliative Care Organization
- ❖ Crossroadshospice.com
- ❖ American Kidney Fund
- ❖ The ALS Association
- ❖ Webster Dictionary

# Conclusion

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thanks you for attending  
this Course.

We look forward to  
seeing you again at  
another of our Courses!

