



Healthy Aging and ADRD ECHO

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Hospice Care for Dementia

Speakers

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Disclosure

In the past 24 months, we have not had any financial relationships with any ineligible companies.

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Laws and regulations take priority if there are any differences. Only LDH's Secretary or Surgeon General can give official statements. LDH cannot speak for other government agencies, and if you need legal advice, you should consult a lawyer.

Objectives

Participants will:

- 1. Know the hospice eligibility criteria for persons with dementia**
- 2. Know key differences between palliative and hospice care**
- 3. Understand the Functional Assessment Staging Tool (FAST scale) tool and its application in determining hospice eligibility**
- 4. Understand the benefits received in hospice treatment**

Hospice Statistics

In 2024, roughly 2.5 million Medicare Beneficiaries died.

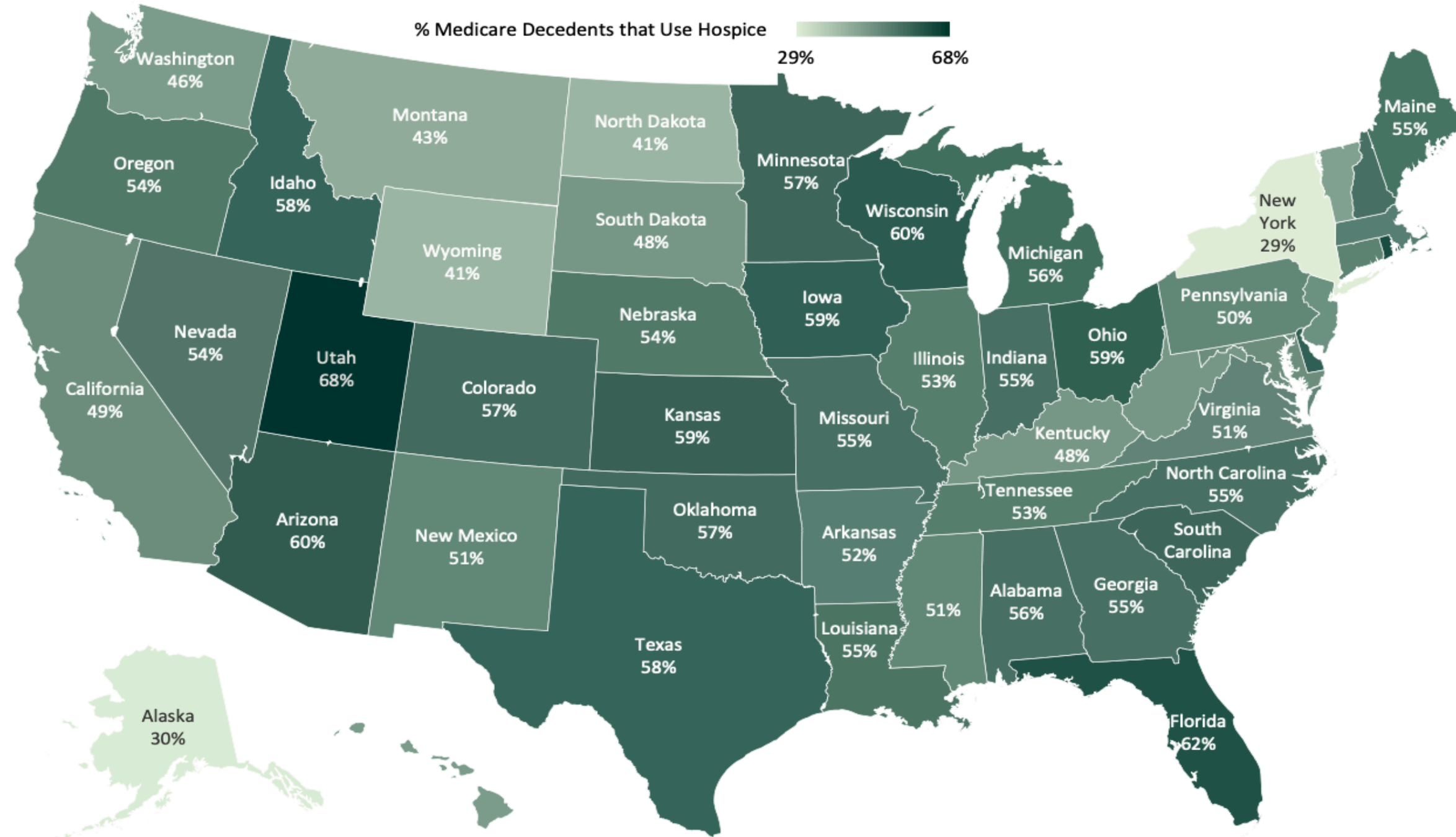
53%

of those Medicare decedents used hospice care.

Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.

Percentage of Medicare Decedents that Use Hospice Services by State

Demographics of Hospice Users



National
53%

Connecticut	Delaware	DC
52%	59%	32%
Florida	Hawaii	Maryland
62%	47%	49%
Massachusetts	Mississippi	New Hampshire
52%	51%	55%
New Jersey	Rhode Island	South Carolina
49%	63%	58%
Vermont	West Virginia	
45%	47%	

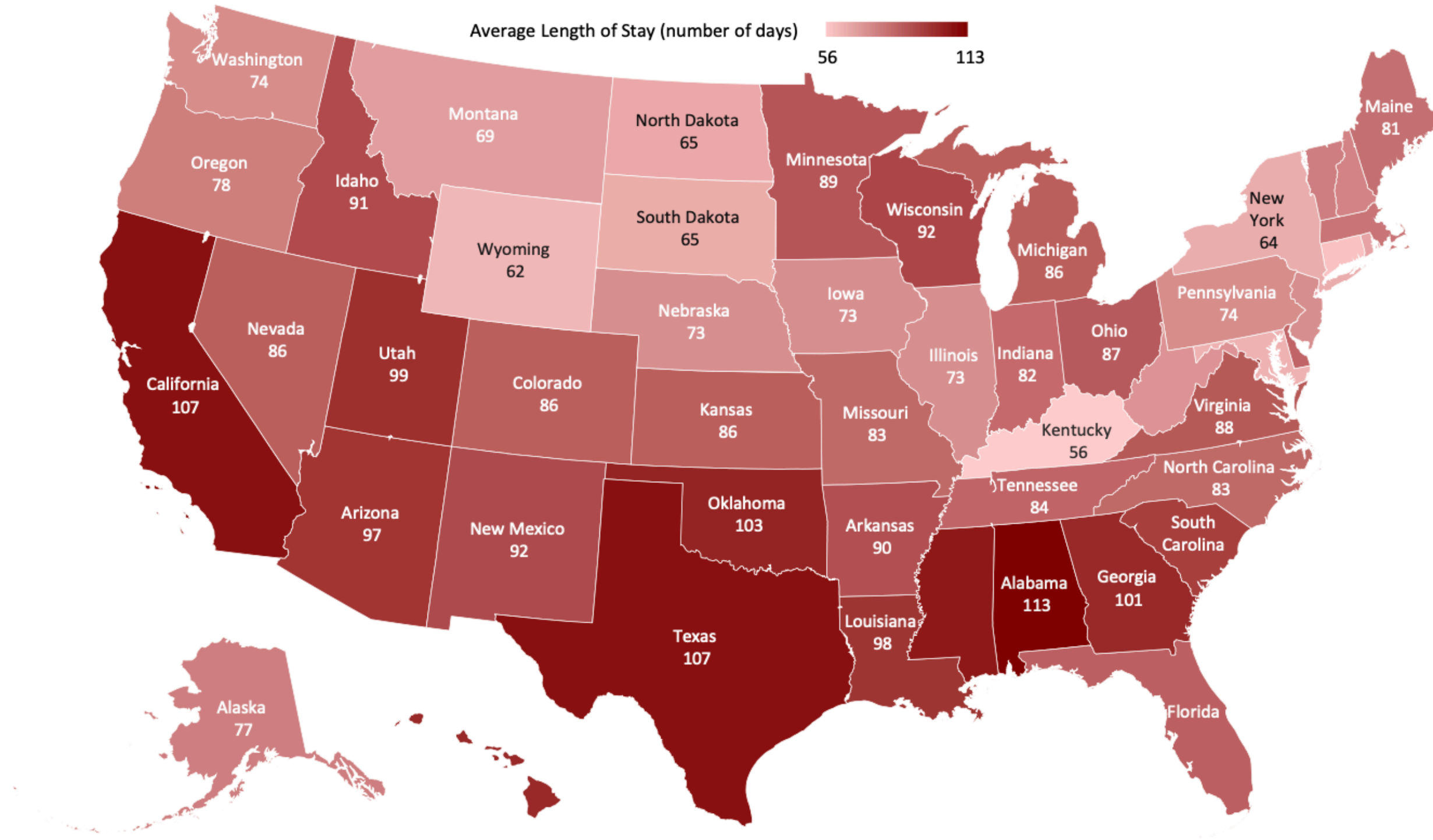
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Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.

The percent of Medicare decedents that use hospice services is calculated as the number of Medicare decedents that used hospice services in 2024 divided by the total number of Medicare decedents in 2024.

Average Hospice Lengths of Stay by State

Characteristics of Hospice Stays



National
89

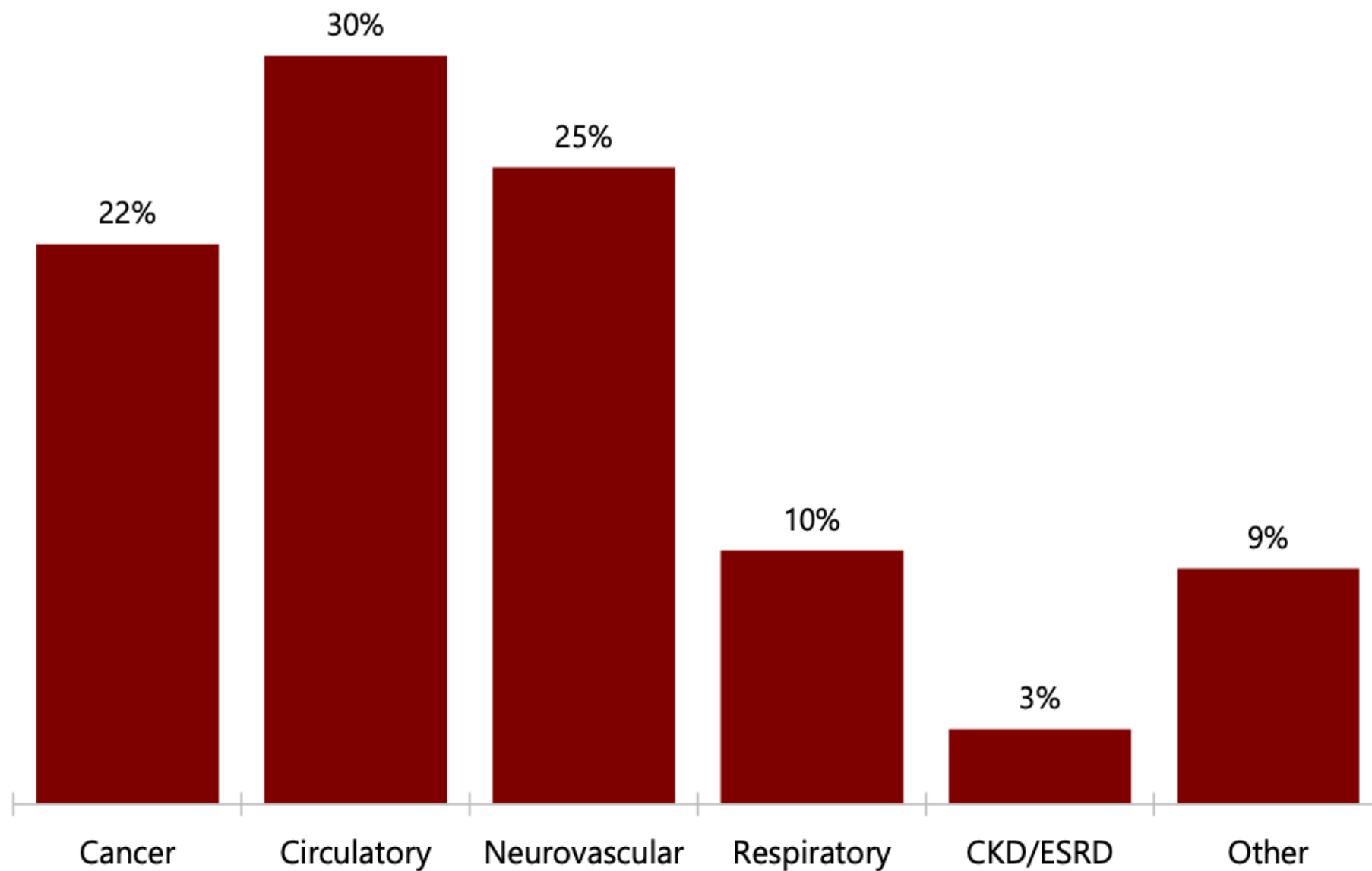
Connecticut	Delaware	DC
59	84	105
Florida	Hawaii	Maryland
85	101	63
Massachusetts	Mississippi	New Hampshire
80	106	75
New Jersey	Rhode Island	South Carolina
73	67	95
Vermont	West Virginia	
77	72	

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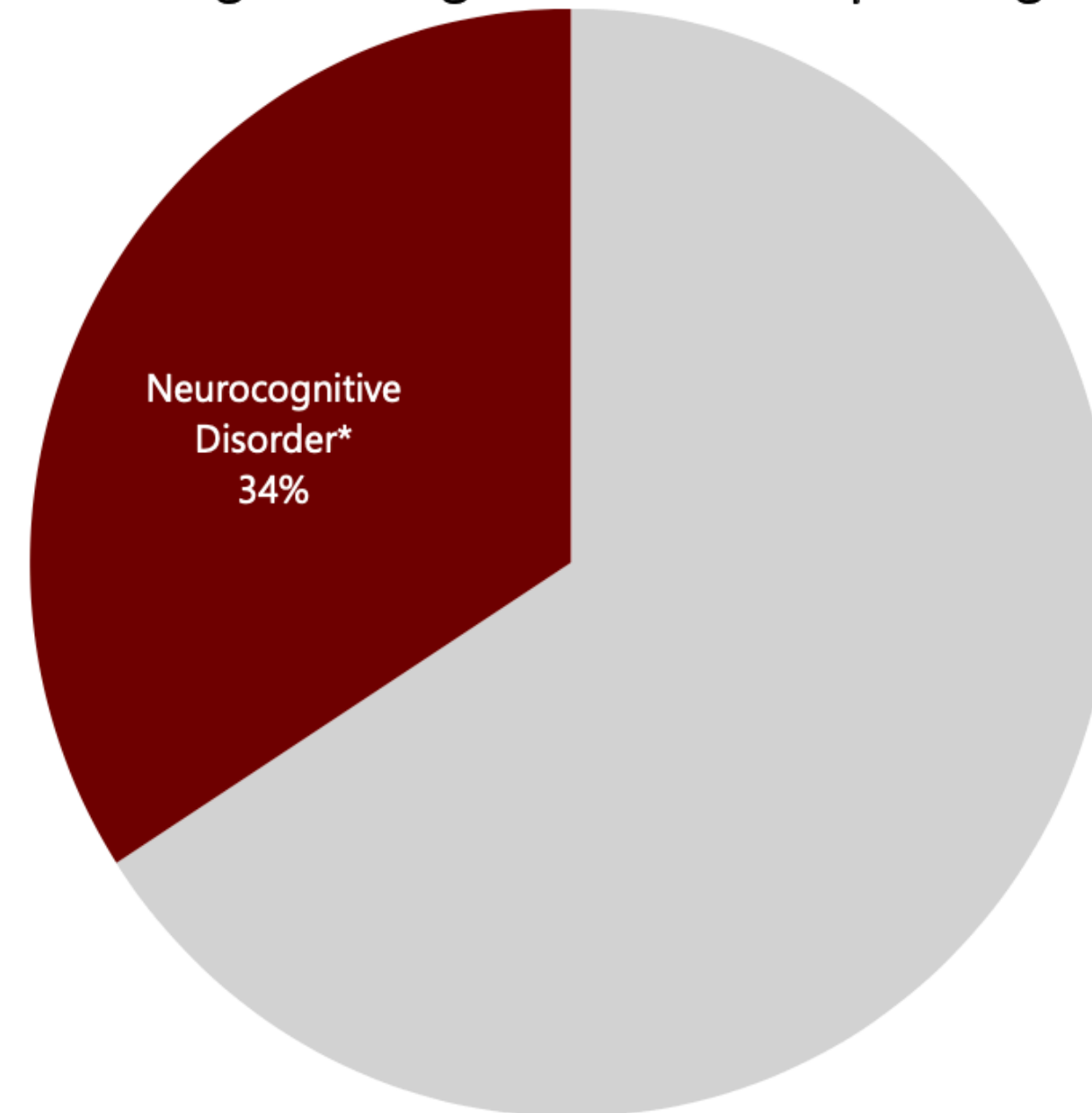
Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.
Length of stay is calculated by subtracting the patient's admission date from the discharge date. Value is based on hospice stays that have been discharged or expired by the end of 2024.

Distribution of Hospice Stays

Distribution of Hospice Stays, by Principal-Diagnosis Disease Group



Share of Hospice Stays with Neurocognitive Disorder Diagnosis Regardless of Principal Diagnosis



Source: KNG Health analysis of Medicare Standard Analytic Files, 2024.

Principal-Diagnosis disease groups are based on the Clinical Classifications Software Refined; each hospice stay is assigned a disease group according to the primary diagnosis code on the final hospice claim linked to that stay.

*Neurocognitive disorder is defined using the Clinical Classifications Software Refined category "NVS011," which includes Alzheimer's disease and other dementias. Each hospice stay was flagged for a neurocognitive disorder based on all 25 diagnosis codes reported on the final hospice claim associated with that stay.

Totals may not sum to 100 percent due to rounding.

Key Differences Between Palliative and Hospice Care

Aspect	Palliative Care	Hospice Care
Timing	Can be received at any stage of illness, without regard to life expectancy.	Only for patients who are nearing the end of life (6 months or less).
Eligibility	Available to patients with any serious illness, regardless of prognosis.	For patients who meet hospice criteria of an illness with life expectancy of 6 months or less.
Purpose	Focus on symptom management and improving quality of life, while still aiming to treat the illness.	Attempts to cure illness stopped. Focus on comfort, dignity, and support in final stage of illness.
Family support	Offers support to families but is not focused on end-of-life.	Provides comprehensive family and caregiver support, including grief counseling before and after death.

https://www.nia.nih.gov/health/hospice-and-palliative-care/what-are-palliative-care-and-hospice-care?utm_source=nia-social-share&utm_medium=social&utm_campaign=healthinfo-202305

Myths About Palliative and Hospice Care

Palliative care

Focuses on improving quality of life for people with serious illnesses and their care partners.



Myth: When I begin palliative care, I can no longer receive treatment for my disease.

Fact: Palliative care can be provided along with curative treatment.



Myth: I can no longer see my primary doctor when I start palliative care.

Fact: Palliative care teams work with primary doctors.

Hospice care

Focuses on the care, comfort, and quality of life of a person with a serious illness who is approaching the end of life.



Myth: In hospice care, I can't receive any treatments.

Fact: People may receive medications to help manage symptoms but not treatments to help cure their illness.



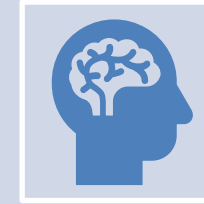
Myth: Hospice care is only provided in a hospital or hospice facility.

Fact: It can be provided at home, in a hospital or nursing home, or in a separate hospice center.

www.nia.nih.gov/palliative-hospice-care

Understanding the Functional Assessment Staging (FAST) Scale

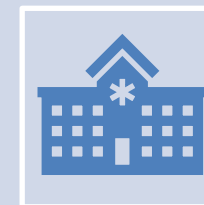
Stage	Stage name	Functional changes	Average duration
1	Typical adult	There's no increased difficulty performing various activities and functions.	N/A
2	Typical older adult	The person has slightly increased difficulty performing various activities and functions, such as misplacing objects or difficulties with work.	unknown
3	Early dementia	The person experiences increased difficulty performing job tasks evident to co-workers and difficulty traveling to new locations.	2 to 7 years
4	Mild dementia	There's an increased difficulty performing complex tasks, such as paying bills or preparing meals.	2 years
5	Midstage dementia	The person requires assistance in choosing the proper clothing.	4 years
6	Moderately severe dementia	The person experiences significantly increased difficulty dressing, bathing, and using the toilet independently. <ul style="list-style-type: none"> • 6A: They need assistance getting dressed. • 6B: They require help bathing properly. • 6C: They could use support handling mechanics of toileting, such as flushing or wiping. • 6D: They experience urinary incontinence. • 6E: They have fecal incontinence. 	4 years
7	Severe dementia	The person experiences a reduction of speech, movement, and consciousness. <ul style="list-style-type: none"> • 7A: They have difficulty speaking (1 to 5 words per day). • 7B: They have challenges using intelligible vocabulary. • 7C: They need assistance walking. • 7D: They require help sitting up. • 7E: They have difficulty smiling. • 7F: They could use support holding their head up. 	2 1/2 years



Used to determine if a person with Alzheimer's qualifies for hospice care
Assesses ability to perform daily activities



Consist of 7 stages (ranging from normal function to severe dementia)



Can determine if a person with advanced AD qualifies for hospice care, typically when they reach stage 7c, indicating the need for assistance with walking

Specific Pointers

- Medicare requires a FAST score of 7A-F for hospice eligibility
- A FAST score of 7c or greater generally meets eligibility on its own
- With a 7A or 7B score, patients should have had one of the following within the past 12 months:
 1. Aspiration pneumonia
 2. Pyelonephritis or other urinary tract infection
 3. Decubitus ulcers, multiple, stage 3-4
 4. Fever, recurrent after antibiotics
 5. Inability to maintain sufficient fluid and calorie intake with 10% weight loss during the previous 6 months or serum albumin <2.5gm/dl

Specific Pointers

- If FAST score is 6 or less, the patients may still meet hospice eligibility criteria based on the presence of significant comorbid condition(s) (Examples)
 - A. Chronic obstructive pulmonary disease
 - B. Congestive heart failure
 - C. Ischemic heart disease
 - E. Neurologic disease
 - F. Renal failure
 - G. Liver disease
 - H. Neoplasia

Medicare Hospice Use Patterns

MEDICARE HOSPICE USE PATTERNS AMONG PATIENTS WITH ALZHEIMER'S DISEASE OR RELATED DEMENTIAS COMPARED TO THOSE WITH OTHER TERMINAL DIAGNOSES

Table 2. Principal Diagnosis and Secondary Alzheimer's Disease and Related Dementias (ADRD) Frequency

Primary Diagnosis Group	N	Percent of All	N with Primary or Secondary ADRD	Percent of Group with Primary or Secondary ADRD
All	4,612,436	Not applicable	1,537,820	33.3
ADRD	732,498	15.9	732,498	100.0
Cancer	1,345,645	29.2	105,439	7.8
Cardiovascular Disease	800,915	17.4	182,792	22.8
Chronic Kidney Disease or ESRD	145,506	3.2	25,734	17.7
Neurodegenerative Disease or Stroke	586,748	12.7	261,896	44.6
Respiratory Disease	524,161	11.4	90,833	17.3
Other	476,963	10.3	138,628	29.1

Source: Analysis of Medicare claims data.

Notes: This table shows the distribution of hospice patients by primary diagnosis and the percentage with a primary or secondary diagnosis of Alzheimer's disease or related dementias. One-third of all hospice patients had a primary or secondary ADRD diagnosis. N = number; ADRD = Alzheimer's Disease and Related Dementias; ESRD = End-Stage Renal Disease.

Summary of Findings:

Among hospice patients, following cancer and cardiovascular disease, ADRD was the 3rd most common primary diagnosis. One third of hospice patients had either a primary or secondary diagnosis of ADRD.

<https://aspe.hhs.gov/sites/default/files/documents/006d9e86b489c019015d7fa708a07024/HospiceAlz.pdf>

Hospice Length of Stay (LOS) for Patients with Primary or Secondary Diagnosis of ADRD



RESEARCH BRIEF

September 2025

MEDICARE HOSPICE USE PATTERNS AMONG PATIENTS WITH ALZHEIMER'S DISEASE OR RELATED DEMENTIAS COMPARED TO THOSE WITH OTHER TERMINAL DIAGNOSES

- Lengths of stay differed between diagnosis groups
- Those with primary diagnosis of ADRD were more likely to have very long stays relative to other primary diagnoses.
 - For example, 16.1% of patients with primary diagnosis of ADRD had stays exceeding 180 days compared to a range of 4.4% (cancer) to 12% (neurodegenerative disease or stroke) for patients with non-ADRD primary diagnosis.
 - Patients with primary dx of ADRD had the fewest stays lasting a week or less (23.8%) of any diagnosis group.

<https://aspe.hhs.gov/sites/default/files/documents/006d9e86b489c019015d7fa708a07024/HospiceAlz.pdf>

Medicare and Hospice

- **Eligibility Requirements**

- Have Medicare Part A
- Be certified as terminally ill (≤ 6 months)
- Choose comfort care instead of curative treatment
- Use a Medicare certified hospice provider
- Hospice Election Statement

- **Length of Coverage**

- Two 90-day benefit periods
- Followed by unlimited 60-day periods
- Must be recertified as eligible for each period

- **Cost**

- Most hospice services: \$0 cost
- Small copay – up to \$5 for medications
- Patient may pay 5% of the Medicare approved amount for respite care

- **Medicare won't cover the following once hospice benefit starts:**

- Treatment intended to cure terminal illness and/or related conditions
- Prescription drugs to cure illness
- Care from hospice provider that wasn't set up by the hospice medical team
- Care received as a hospital outpatient (i.e., ER), care as a hospital inpatient, or ambulance transportation, unless arranged by hospice team or is related to terminal illness and related conditions

<https://www.medicare.gov/coverage/hospice-care>

<https://www.alz.org/help-support/caregiving/care-options/hospice-care>

Examples of Medicare Hospice Benefits/Services

- Physician services, nursing care
- Hospice aide
- Medical equipment, e.g., wheelchairs, walkers
- Medical supplies
- Medical social services
- Dietary counseling
- Prescription drugs for symptom control or pain relief
- Short term inpatient care (for pain and symptom management)
- Short-term respite care
- Grief and loss counseling services
- Other Medicare-covered services needed to manage pain and other symptoms related to terminal illness and related conditions (recommended by the hospice team)

Hospice vs Non-Hospice (Dementia, Last Month of Life)

Outcome

Hospice

No Hospice

Excellent Care Rating



52%



41%

Anxiety/Sadness Managed



67%

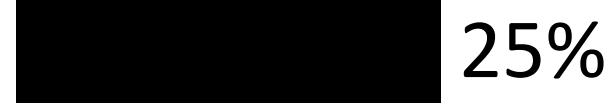


46%

Care Transitions (last 3 days)



10%



25%

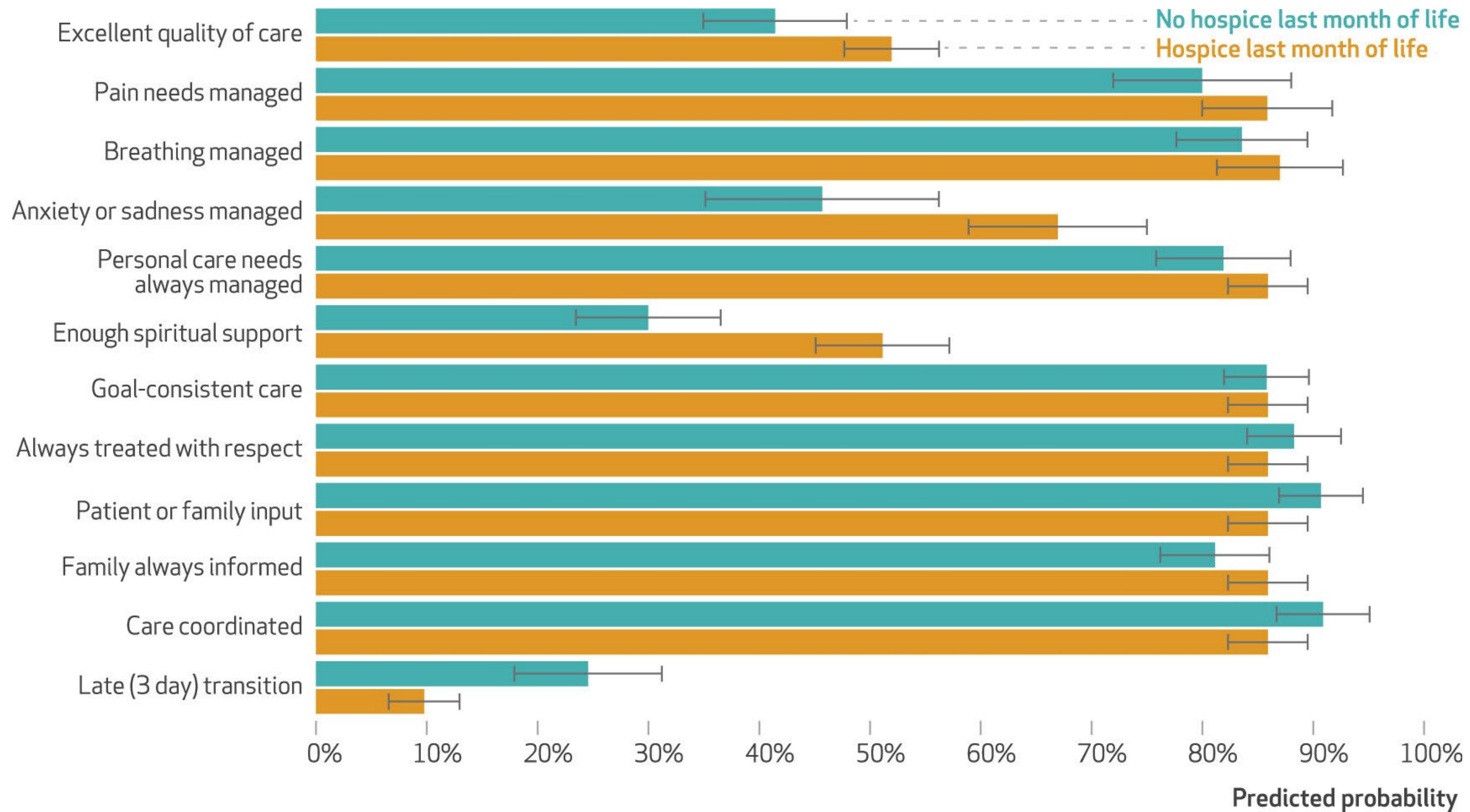
Interpretation

- Hospice significantly improves:
 - Symptom management
 - Emotional comfort
 - Continuity of care

Source Harrison et al., 2022 (Health Affairs)

<https://pubmed.ncbi.nlm.nih.gov/35666964/>

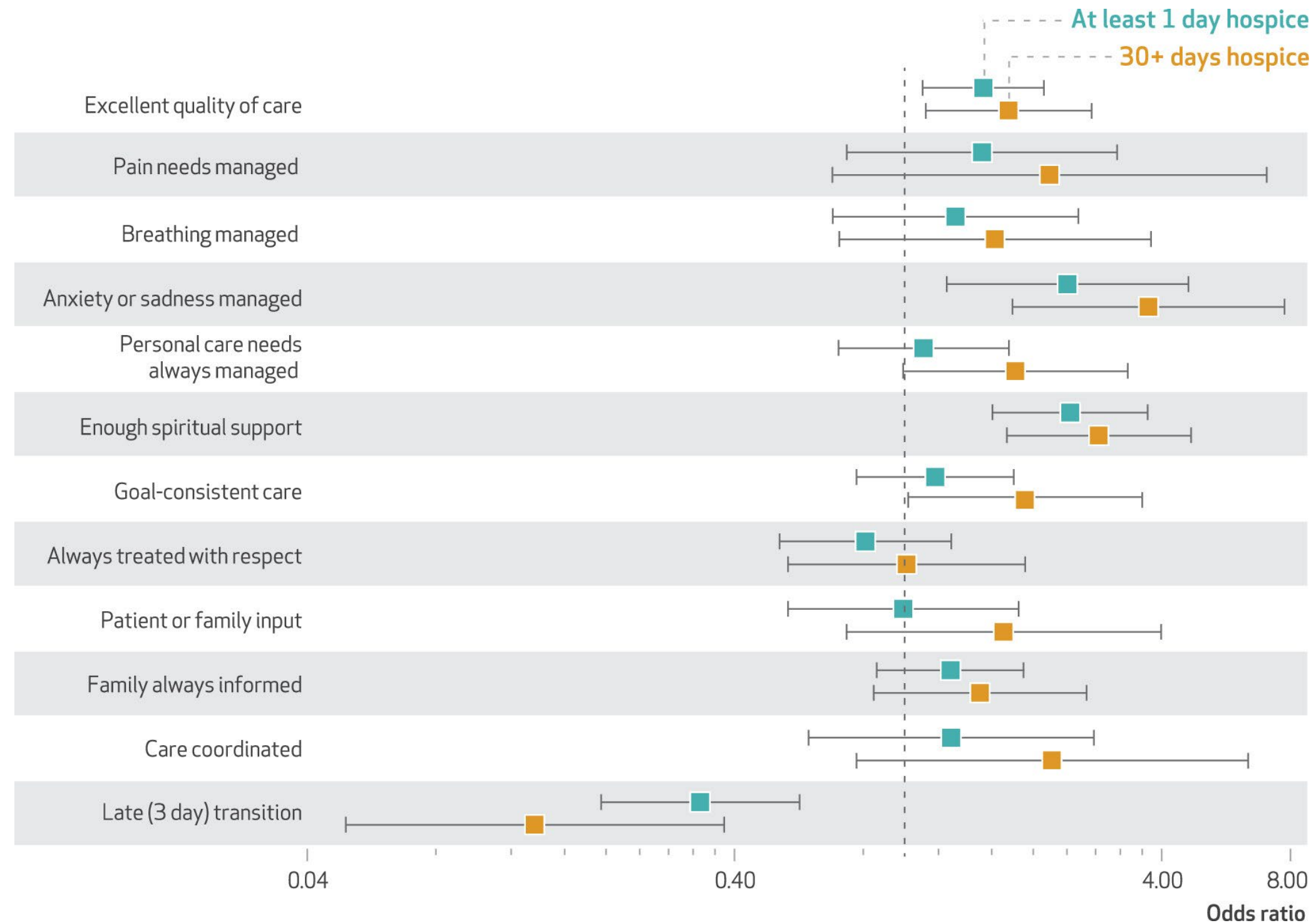
Exhibit 3 Comparing associations of last-month-of-life care quality outcomes among Medicare beneficiaries with dementia ages 70 and older in the decedent study sample, by use of hospice for at least 1 day in the last month of life, 2011–17



Harrison KL, Cenzer I, Ankuda CK, Hunt LJ, Aldridge MD. Hospice Improves Care Quality For Older Adults With Dementia In Their Last Month Of Life. Health Aff (Millwood). 2022 Jun;41(6):821-830. doi: 10.1377/hlthaff.2021.01985. PMID: 35666964; PMCID: PMC9662595. DOI: (10.1377/hlthaff.2021.01985)



Exhibit 4 Comparing associations of last-month-of-life care quality outcomes among Medicare beneficiaries with dementia ages 70 and older in the decedent study sample, by use of hospice for at least 30 continuous days (versus no hospice) and use of hospice at least 1 day (versus no hospice) in the last month of life, 2011–17



Harrison KL, Cenzer I, Ankuda CK, Hunt LJ, Aldridge MD. Hospice Improves Care Quality For Older Adults With Dementia In Their Last Month Of Life. Health Aff (Millwood). 2022 Jun;41(6):821-830. doi: 10.1377/hlthaff.2021.01985. PMID: 35666964; PMCID: PMC9662595.

Welcome to the National Hospice Locator!

Are you a hospice provider and want to add or update your information? [Click here](#)

There are two important steps in identifying a hospice provider: 1) finding the hospice, and 2) assessing its quality. The **National Hospice Locator** (NHL) geo-maps and provides information about **every known hospice in the United States - and is now default sorted by highest quality**. Find hospices by typing a city into the search box. Wait for the drop down box to appear, and click on your location. Then, click on a hospice pin (on the map) or name (in the list below the map) for detailed information about that hospice. Information is gathered from Medicare data files; numerous hospice, state, and national public Web sites; and from surveying hospices directly. Hospice Analytics uses several weighted quality metrics to determine quality rankings. [For additional information on quality rankings used, click here.](#)

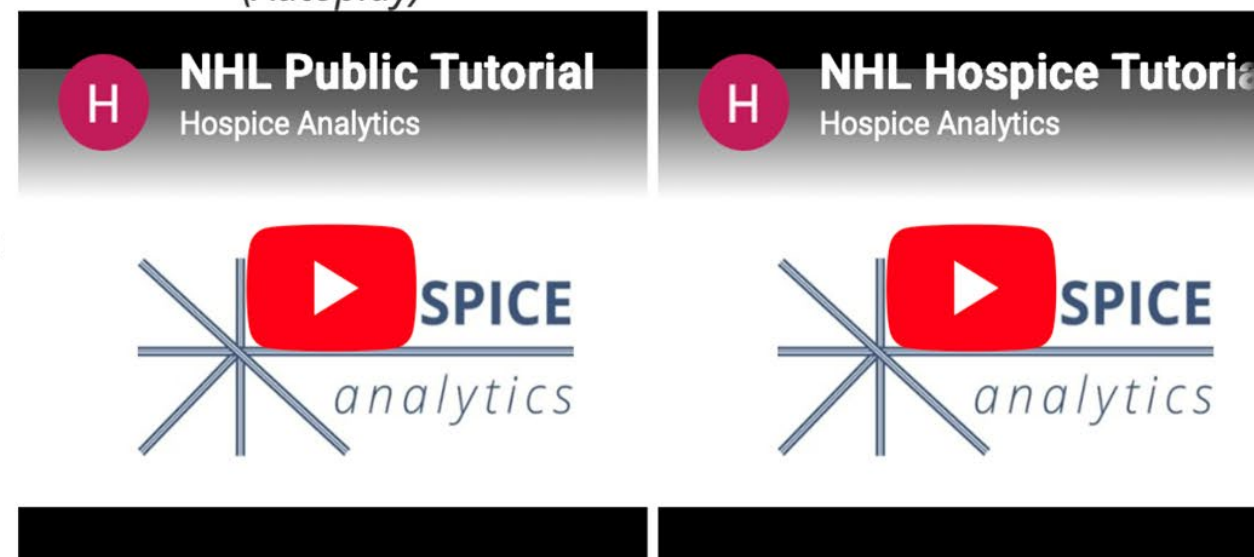
For information about and questions to ask when selecting a hospice, a helpful resource by *CaringInfo* is [Choosing and Finding the Right Hospice Care for You](#).

Using search options to narrow your results: ... [less](#) ▲

When you use the search box, an auto-fill drop-down box appears to help narrow your search after 4 characters are entered (hospice name, city, county, state, or zip code). Find detailed information on the first 50 hospices meeting your search criteria, sorted by hospice quality (highest to lowest, based on Hospice Analytics criteria), provided at the bottom of the page. If more than 50 hospices appear in the results, consider narrowing your search (e.g., from a state to a city). Specific searches for "pediatric," "prison," or "inpatient facility" may be helpful. You may choose how to sort results.

The NHL averages 15,000+ visits and searches / month. **Hospice leaders: [Please verify and update your hospice information!](#)** Please contact us for information about purchasing entire state or national databases.

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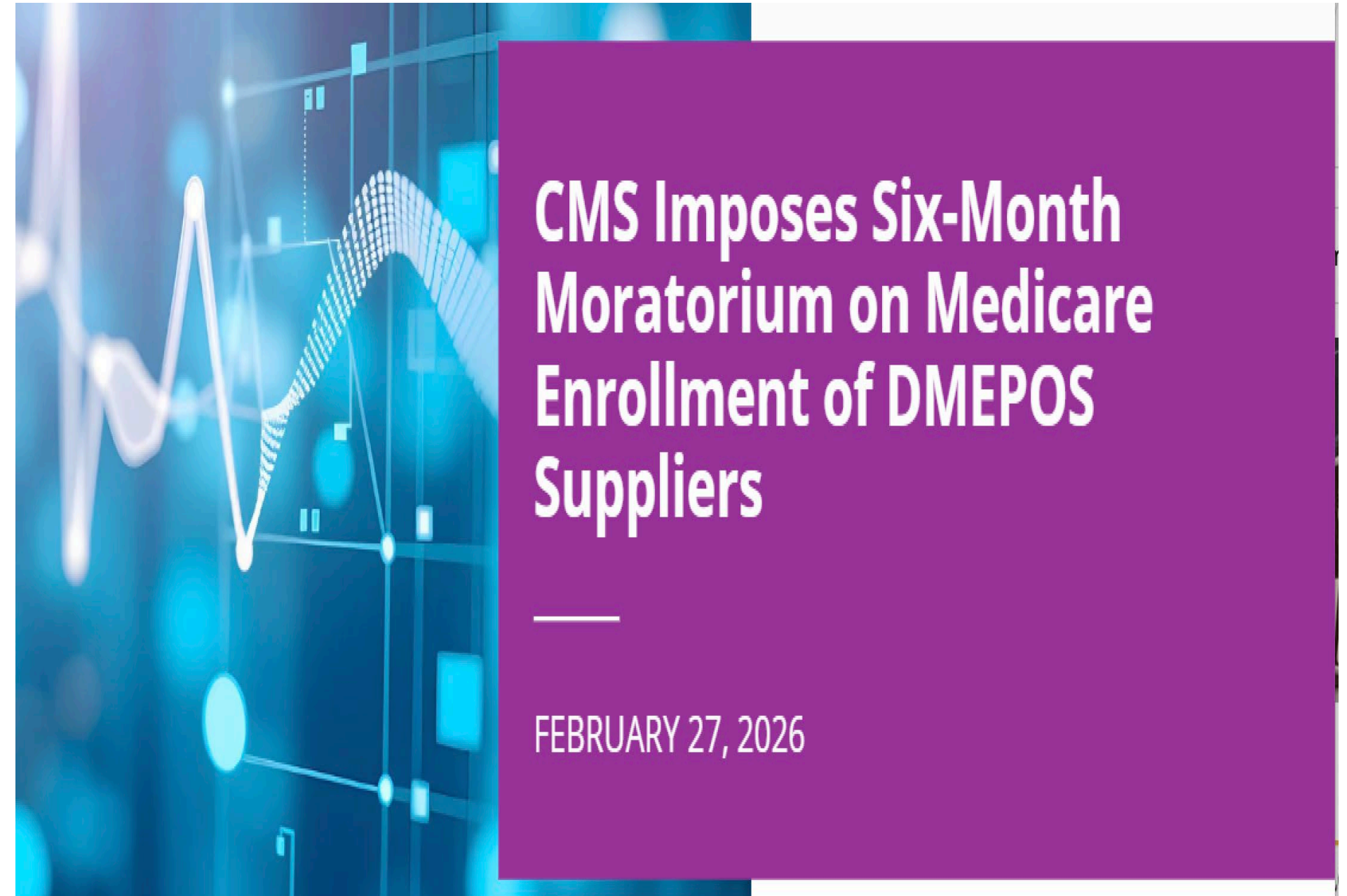


SEARCH

Enter zip code, city, county or state



Recent CMS Enrollment Moratoria



Resource Links

The Hospice Learning Center

<https://www.youtube.com/@hospicelearningcenter-nath2899>

Lightways: Hospice vs. Serious Illness Care (Palliative Care): Understanding the Key Differences

<https://lightways.org/2025/03/18/hospice-vs-serious-illness-care-palliative-care-understanding-the-key-differences/>

Hospice Foundation of America

<https://hospicefoundation.org/>

PREPARE

<https://prepareforyourcare.org/en/prepare/research/proven-research>

Community Resource Finder

https://www.communityresourcefinder.org/?_gl=1*14y4m49*_ga*MTEwNDMxOTQ0MS4xNzc4MDMwNzZm*_ga_9JTEWVX24V*_czE3NzgwNzY2MzUkbzlkZzEkdDE3NzgwNzY2NjAkajM1JGwwJGgw

Medicare and Hospice Coverage

<https://www.medicare.gov/coverage/hospice-care>

Alzheimer's Association Hospice Resource

<https://www.alz.org/help-support/caregiving/care-options/hospice-care>

National Coalition for Hospice and Palliative Care

<https://www.nationalcoalitionhpc.org>

Hospice Foundation of America: Spanish Language

Resources:

<https://hospicefoundation.org/spanish-language-resources/>

Clinical Practice Guidelines for Quality Palliative Care (a free e-book:

<https://www.nationalcoalitionhpc.org/wp-content/uploads/2024/03/NCHPC67840.html>

Resource Links Continued

Advance Directives:

<https://prepareforyourcare.org/en/prepare/research/proven-research>

<https://www.caringinfo.org/planning/advance-directives/>

Medicaid Manual re: Hospice

<https://www.lamedicaid.com/provweb1/providermanuals/manuals/hospice/hospice.pdf#:~:text=To%20be%20eligible%20to%20elect,a%20medical%20prognosis%20of%20limited>

1800-877-0666 press option 2

National Hospice Locator

<https://www.nationalhospicelocator.com>

Model Example of Hospice Election Statement

<https://www.cms.gov/files/document/model-example-hospice-election-statement-march-2024.pdf>

The National Hospice and Palliative Care Organization (NHPCO) officially combined operations with the National Association for Home Care and Hospice (NAHC) to form the **National Alliance for Care at Home**. This unified organization serves as the national voice for home health, hospice, and palliative care providers.

<https://allianceforcareathome.org/>

Questions?

THANK YOU

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