
Patient Handbook

Main Number: 203 739-8300

Toll Free Number: 888 357-3334

www.RegionalHospiceCT.org

Table of contents	Welcome	3
	Our mission, vision and values	3
	How this handbook can help you	4
	What we can do for you	4
	Our programs	4
	Our professional staff and the services we provide	4
	Criteria for admission/insurance coverage for the Hospice Program	6
	What to expect during the first week of care	6
	A word about scheduling	6
	After hours/on-call guidelines	7
	Eligibility for the Medicare Hospice Benefit Program	7
	If you have private insurance	8
	Levels of hospice care	9
	Medicare Hospice Benefit—covered expenses for the Hospice Program	9
	Eligibility for the Medicare CARES at Home Benefit Program	10
	Discharge, transfer and referrals	11
	Healing Hearts Bereavement Services	12
	Your bill of rights as our patient	12
	Your responsibilities as our patient	14
	Pain care bill of rights	16
	Information you may need	17
	Gifts to employees	17
	Advance directives	18

Welcome

Regional Hospice is a 501(c) 3 non-profit, state-licensed and Medicare-certified home care and hospice agency, providing quality end-of-life care to patients and their families in our community. We are an affiliate of Danbury Health Systems, which includes Danbury Hospital.

We offer skilled and compassionate care for persons with life-limiting and/or terminal illness so that they may live out their remaining days in comfort with peace and dignity. We also help families cope with emotional, spiritual and medical issues while caring for a loved one.

We focus on the whole person, meeting his or her medical, emotional and spiritual needs throughout the stages of life-limiting illness. This care is offered wherever our patients call home—their family residence, assisted living, skilled nursing facility or hospital.

Patients and families actively participate in the decision-making process—we encourage you to express your priorities to us so we can effectively meet your needs.

Our mission

Regional Hospice's mission is dedicated to providing care, comfort and compassion for those touched by life-limiting illness and loss.

Our Vision is to be recognized by healthcare professionals and consumers as the premier provider of high quality end-of-life care.

Our Values

We believe every patient deserves to live with dignity, be pain free and spiritually fulfilled, and whenever possible remain in the setting they choose.

We believe we should have the necessary resources to serve all eligible individuals who select Regional Hospice as their healthcare option.

We believe care should be provided regardless of ability to pay, to the extent of our ability to fulfill our mission and respond to needs based on our prudent financial stewardship of our resources.

We believe patients have the right to make an informed decision about their care.

We believe our services should address the needs of the patient and family—pain and symptom management, spiritual care, emotional support, social and bereavement services.

We believe our staff and volunteers are our greatest resource.

We believe in maintaining the highest level of ethical, legal and professional conduct.

We believe patient, donor and colleague information is confidential.

How this handbook can help you

Regional Hospice and its staff are committed to providing compassionate end-of-life care to patients and their families. What follows is an in-depth description of our many services, your rights and responsibilities as a patient, scheduling information, billing and payment information and contribution opportunities. Please read the following information carefully so you may fully understand our mutual relationship.

What we can do for you

Regional Hospice's skilled team of caregivers includes many healthcare professionals, para-professionals and volunteers who are ready to serve you 24 hours a day, seven days a week. Our highly skilled, dedicated caregivers will work closely with you, your family and your physician, to tailor a plan of care especially designed to meet your individual needs.

Our programs

To accomplish our mission we offer two main programs. Our **Hospice Program** offers patients and families expert care by an interdisciplinary team of nurses, Hospice Aides, social workers, spiritual caregivers, volunteers and bereavement specialists.

In addition, Regional Hospice offers **CARES at Home**—a Collaborative Approach to **Relieve and Ease Symptoms**. This unique program offers a palliative homecare option to patients with a serious or chronic illness who may be seeking curative treatments. CARES at Home offers patients pain and symptom control and psychosocial support for both patients and families. This program is especially helpful where relief of symptoms is hard to control and the patient would benefit from our pain and symptom management expertise.

Our professional staff and the services we provide

Medical Director: Our Medical Director(s) is available for consultation, provides medical guidance for the team and participates in patient/family care planning.

Skilled Nursing: Nurses who are extensively trained in palliative care and educated in pain and symptom management.

Medical Social Work: Medical social work includes psychosocial assessment, grief and bereavement counseling, short-term therapy, community resource planning and counseling for patient and loved ones. Support groups are also available.

Spiritual Care: Spiritual care is offered by an inter-faith chaplain who can administer religious sacraments as well as offer emotional and spiritual

support to patients and their loved ones. The inter-faith minister can also preside over funeral and memorial services.

Hospice Aide: A Hospice Aide assists a person when the help required includes personal care services such as bathing, shampooing, shaving, skin care, mouth care and assistance with feeding. These activities occupy most of the Hospice Aide's time in the home. The remainder of their time may be spent assisting with meal preparation or light housekeeping, if these functions are determined by the registered nurse to be necessary for care. Hospice Aide time is dependent on specific criteria for patient needs and is subject to availability. All Hospice Aides are certified.

Home Health Aide: The Home Health Aide for CARES at Home patients performs the same services as outlined above under Hospice Aide.

Homemaker: A Homemaker is most often used when basic cleaning is required for the patient's living quarters. Medicare does not pay for this service.

Grief and Bereavement Counseling: Grief and bereavement counseling includes assessment, and counseling for family members and loved ones prior to and after the death of the patient. Bereavement care is provided for one year following the patient's death. Support groups are also available.

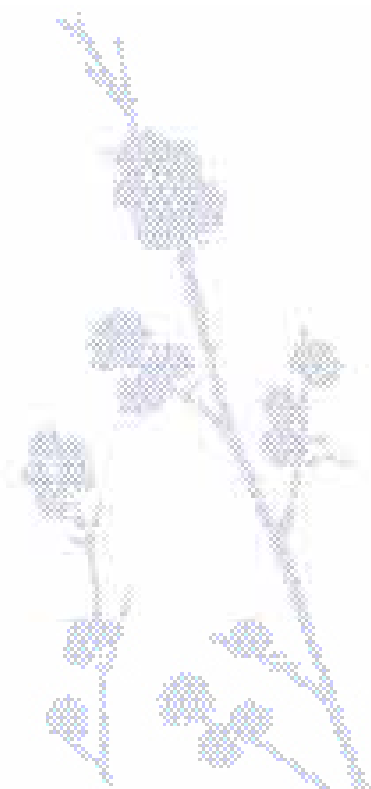
Volunteer Services: Volunteers are an integral part of the hospice team. Volunteers are available to provide emotional support to the patient and/or family, provide transportation to medical appointments, baby-sit children, do grocery shopping, pick up prescriptions at the pharmacy, etc. Volunteers are fully trained and supervised by our Volunteer Director.

Physical Therapy: Physical therapy includes therapeutic exercise, walker, wheelchair and body mechanic education for patient and loved ones.

Occupational Therapy: Occupational therapy helps patients maintain functional independence related to activities of daily living.

Speech Therapy: Speech therapy includes assessment, diagnostic testing, evaluation, and treatment of speech and swallowing problems to provide comfort.

Dietician: Consultant for clinical staff and as needed with patient and family regarding appropriate nutritional intake as the patient's condition progresses.



Criteria for admission and insurance coverage for the Hospice Program

While anyone can refer a patient to Regional Hospice programs, admission is under the direction of your physician. Our services are covered by private insurance, Medicare and Medicaid (CARES at Home only).

Your care is our first priority. Payment for services will be discussed with you before treatment begins. If you do not have insurance and are concerned about the cost, Regional Hospice may be able to provide your care at a reduced rate, based on your finances and the availability of Agency funds. Ask your primary care nurse or social worker for more information.

Regional Hospice will assist in the coordination of payment from Medicare, managed care plans in which we participate, private insurance, or private pay.

On each visit, the nurse or therapist will thoroughly assess your medical condition. As a Medicare-certified, state-licensed agency, Regional Hospice will make every effort to provide superior care while complying with all applicable third-party regulations.

What to expect during the first week of care

During the first week of care, you and your family may feel a bit overwhelmed. Several staff members may be calling to arrange appointments for care. Assessments and plans need to be completed with the patient, family or significant other. Approvals may be required from an insurance provider and/or physician. If care is initiated on a weekend or during the evening, there may be different caregivers coming to visit on the next weekday because Regional Hospice has different staff members scheduled on weekdays, evenings and weekends. You may be assured, however, that this will evolve into a customized plan of care, a regular care schedule and a familiar team of caregivers.

A word about scheduling

Our goal is to provide the care you need. You are important to us, and we make every effort to accommodate your individual scheduling requests, based on the availability of caregivers. All our staff members are highly qualified. Time and individual staff members are prioritized, when necessary, with first priority given to patients who are critically or terminally ill, or who are unable to perform the essential activities of daily living and have no one to assist them.

After-hours/ on-call guidelines

A registered nurse is available 24 hours a day, seven days a week to assist you with problems after regular office hours, on weekends or holidays. We will talk with you by phone to determine your needs. When appropriate, a nurse will come to your place of residence. We are available after regular office hours for urgent conditions for all patients.

Call (203) 739-8300 or toll-free (888) 357-3334 at any time. For hospice patients, please call the nurse before calling 911.

Eligibility for the Medicare Hospice Benefit Program

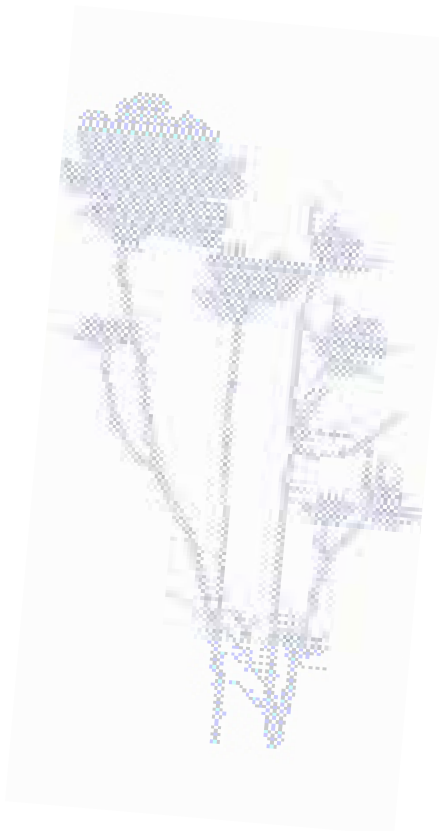
The Medicare Hospice Benefit is an inclusive benefit that covers skilled nursing, hospice aides, homemakers, social work services, spiritual care services, volunteers, grief and bereavement counseling, physical, speech and occupational therapy, durable medical equipment and dietary/nutritional services as deemed necessary by the hospice team.

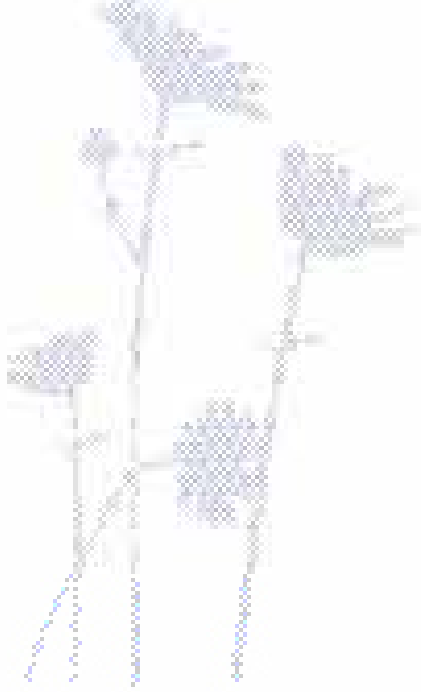
The Hospice Medicare Benefit and Regional Hospice require that the patient meet the following criteria for the **Hospice Program** eligibility:

- The patient has a terminal diagnosis and a life expectancy, as verified by the best judgment of the primary physician, of six months or less.
- The patient has a primary physician or designee licensed in Connecticut or the Tri-State area with admitting privileges to Danbury Hospital. This physician must agree with the Hospice admission and be willing to tend to the patient in case of emergency.
- Further treatment is to be comfort only and discussed with the primary care nurse prior to receiving any medical treatment or services.
- Patient and family agree to the plan of care and agree to the Hospice Program and sign a consent form indicating this agreement.
- Patient can be maintained safely at home, or in a skilled nursing facility or assisted living environment.
- It is preferred that the primary caregiver be in residence with the patient on a 24-hour basis.

Hospice Aide time is dependent upon specific skilled criteria for patient care needs and is subject to availability. Physical therapy, occupational therapy, dietary services and other required therapies are covered under the Medicare Hospice Benefit, if determined necessary by the hospice team.

Prescription drugs related to the terminal illness are also provided for and covered by Regional Hospice.





It is the patient's responsibility to seek pre-approval from Regional Hospice for all treatments and services not included in the plan-of-care. Regional Hospice must pre-approve the following services:

- Ambulance Services
- Emergency room visits
- Hospital admissions
- Chemotherapy or radiation treatments
- Outpatient services
- Physician services rendered other than that by the patient's personal physician or the Regional Hospice Medical Director.

Palliative care is provided during the Hospice Benefit election periods. Initially, two 90-day elections are available, followed by renewable 60-day election periods. Near the end of each election period, the Hospice Team, in consultation with the Primary Physician, Medical Director and patient/family, will evaluate the need for the patient to continue on the Hospice Program. The patient must continue to meet the criteria for hospice services to be recertified into a new election period and continue on the Hospice Benefit.

You will be notified in writing of those services which the Agency believes will not be covered under the Medicare Hospice Benefit. You have the right to appeal the Agency's determination. The appeal process will be explained to you at the time you are notified of Medicare non-coverage. Please call Regional Hospice's Clinical Supervisor at (203) 739-8300 if you have any questions.

If you have private insurance

- Your managed care company will determine what care it will pay for and must pre-approve care.
- Regional Hospice will work with your managed care company to give our assessment of your needs, however, the managed care company makes the final determination regarding coverage.
- Despite prior approval, all insurers reserve the right to reassess reimbursement after the care has been provided.
- Regional Hospice will bill the managed care company. Any balance they determine they will not pay becomes the responsibility of the patient.
- Your primary care nurse will ask you to sign a "Service Rate Agreement to Provide Services," which acknowledges your responsibility for the costs associated with your care.

Levels of hospice care

Routine Home Care: Care is provided intermittently by Regional Hospice team members in the patient's or family home, or in a nursing or assisted living facility under contractual agreement. Room and board expenses are not covered for this type of service.

General Inpatient Care: Short-term care is provided at a local hospital or a contracted skilled nursing facility when pain or symptom needs cannot be managed in the home or other settings. The Regional Hospice team works with your physician to determine whether this acute type of care is appropriate. Room and board are covered expenses for hospice patients.

Inpatient Respite Care: Care of the patient may be provided in a local hospital or contracted skilled nursing facility to provide relief from care giving duties for family caregivers or others caring for the patient at home. This type of care is available for up to five days within a given benefit time period as determined by the Regional Hospice team. Room and board are covered expenses for this type of care. (Inpatient Respite Care may not be available for patients with private insurance.)

Continuous Home Care: Continuous Home Care may be provided during brief periods of crisis, as determined by the Regional Hospice team, in order to maintain the patient at home. A combination of nursing and Hospice Aides provides a minimum of 8 hours care in a 24-hour period during the time of crisis. Room and board expenses are not covered for this type of service.

Medicare Hospice Benefit covered expenses for Hospice Program

Hospice Program

Private insurance companies may pay for the same or additional services as those listed for Medicare.

Hospice provides comfort through pain control and acute and chronic symptom management. Aggressive treatments and therapies are usually contraindicated in the hospice concept of care. All diagnostic procedures, treatments or changes of care must be pre-approved by the Regional Hospice team.

When all requirements are met, Medicare Part A or private insurance will cover the following:

- Nursing services, including coordination of patient care
- 24-hour a day, seven-day-a-week on-call availability of nursing to assist you with problems outside of office hours
- Medications related to the patient's terminal diagnosis
- Medical equipment and supplies
- Social work support for patient and family

- Hospice Aide services as determined in the plan of care
- Chaplain/Spiritual Counselor services for patient and family
- Bereavement counseling
- Volunteers for patients and caregivers
- Physical, occupational, respiratory, speech or nutrition therapies
- Medical social services
- Short-term Inpatient care for pain and symptom control

Medicare Part B continues to cover your physician's services. Medications and services not related to the admitting diagnosis may be covered by Medicare Part B or private insurance.

Medical Supplies and Therapy Services (physical, speech, or occupational therapies) may be required to carry out your plan of care. Regional Hospice must coordinate all medically necessary supplies and equipment while you are receiving agency services. If you arrange for these supplies on your own while under our plan of care, Medicare and/or your insurer may not reimburse you or the other suppliers.

Durable Medical Equipment: Durable medical equipment (i.e., walker, wheelchair, hospital bed, oxygen) may be covered separately if coordinated by Regional Hospice.

The following are NOT necessarily covered by Medicare:

- Treatment for the illness that is not for palliative symptom management or is not approved by the Regional Hospice team
- Sitter services and hired caregivers
- Visits to the emergency room without prior approval or arrangement by Regional Hospice

Eligibility for the Medicare CARES at Home Program

CARES at Home (palliative home care)

The Medicare Benefit and Regional Hospice require that the patient meet the following criteria for the **CARES at Home Program**:

- Is homebound, which means that because of your illness it takes considerable and taxing effort for you to leave your home and your absences are infrequent or of relatively short duration.
- Has had a recent illness or injury that requires skilled nursing care on an intermittent basis, such as for pain and symptom management.

CARES at Home

Private insurance companies may pay for the same or additional services as those listed for Medicare Part A.

The following are covered 100% by Medicare Part A if the Regional Hospice team determines they are necessary and Medicare approves them:

- Intermittent nursing services, including coordination of patient care
- 24-hour a day, seven-day-a-week on-call availability of nursing to assist you with problems outside of office hours
- Limited medical equipment and supplies
- Limited coverage of physical, occupational, respiratory, speech or nutrition therapies
- Limited social work assistance for patient

The following are NOT necessarily covered by Medicare:

- Medications
- Some costs for medical equipment and supplies

Discharge, transfer and referral

Discharge, transfer or referral from Regional Hospice may result from several types of situations including the following:

- The agency determines that the patient no longer meets criteria for Hospice or CARES at Home
- The patient moves out of the agency's service area
- The patient transfers to another agency
- The patient's behavior (or situation) is disruptive, abusive or uncooperative to the extent that delivery of care to the patient or the ability of the agency to operate effectively is seriously impaired
- Issues of patient or staff safety cannot be resolved
- Patient/family requests to end (revoke) the services of the agency
- Patient /family is functioning outside the agreed upon plan of care

You will be given a timely advance notice of a transfer to another agency or discharge, except in case of emergency. If you should be transferred or discharged to another organization, we will provide the information pertinent to your continued care, including pain management. If you are discharged because you are no longer considered to be terminally ill, we will provide any necessary family counseling, patient education or other services as indicated.

All transfers or discharges will be documented in the medical chart on a discharge summary which is sent to your primary care physician. When a discharge occurs, an assessment will be done and instructions provided for any needed ongoing care or treatment. We will coordinate your referral to available community resources as needed.

Notice of Medicare Provider Non-Coverage: You or your authorized representative will be asked to sign and date a Notice of Medicare Provider Non-Coverage at least two days before your covered Medicare services will end. If you or your authorized representative is not available, we will make contact by phone, and then mail the notice. If you do not agree that your covered services should end, you must contact the Quality Improvement Organization (QIO) no later than noon of the day before your services are to end and ask for an immediate appeal. If you would like a copy of the policy or coverage guidelines used to make decisions, or a copy of the documents sent to the QIO, please call Qualidigm (800) 553-7590.

Healing Hearts Bereavement services

A key component of our philosophy is the importance of providing bereavement services to the families of our patients.

Through our Healing Hearts Center for Grieving Children & Families, we provide emotional support to families not only during the course of active care, but also after a patient dies. A specially trained group of bereavement counselors and volunteers provide support to interested families of our patients for a minimum of 14 months after a patient's death.

Our services include local community support groups, regular mailings about support opportunities and grief education, individual bereavement support, phone calls, memorial services, bereavement volunteer contact, and support services for children and grandchildren.

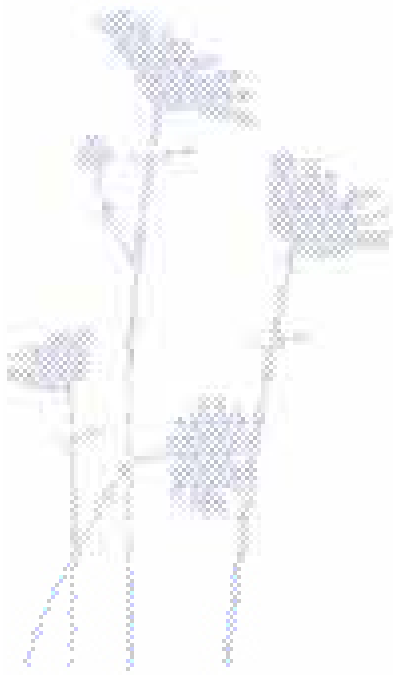
Your bill of rights as our patient

Regional Hospice is a state licensed, Medicare certified, not-for-profit, hospice agency governed by a community board of directors.

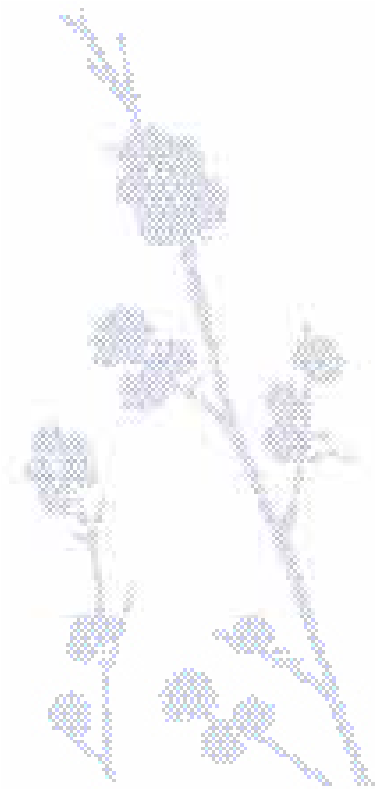
You and Regional Hospice have a responsibility to each other to assure that the best possible home care is provided and used appropriately. You have rights as a patient of Regional Hospice. Your family and/or designated guardian may exercise these rights if you are unable to do so.

Regional Hospice believes you and your family have the right to the following:

- Receive quality end-of-life care.
- Considerate, respectful care and treatment with full recognition of your dignity and individuality.
- Freedom from any mental, physical, or sexual abuse, as well as neglect or exploitation of any kind by agency staff.
- Respectful treatment of property.



- Reasonable response by Regional Hospice to requests for service, which are consistent with your treatment plan.
- Access to necessary professional services 24-hours-a-day, seven-days-a-week.
- Treatment without discrimination as to race, color, religion, age, marital status, gender, sexual orientation, national or ethnic origin, disability, life style, veteran status, illness, source of payment or use of advance directives.
- Active participation in the planning of your care or any changes in that care including the disciplines providing the care, the frequency of planned visits, the person supervising that care, and how to contact that person.
- The right to choose your own attending physician.
- Request services on a sliding fee scale based on your financial need and available financial resources.
- Privacy and confidentiality of your records (including electronic transmission), except as otherwise provided by law.
- Privacy to the extent consistent with providing you with adequate health care, and as provided by law.
- The right to a notice of health information practice, the right to obtain access to protected health information, the right to obtain an accounting of disclosures, and the right to request amendment and correction of protected health information.
- To know the name and/or affiliation of any person providing health care services to you.
- Be informed of Regional Hospice's rules and regulations that apply to you, including, but not limited to, Regional Hospice's admission and discharge criteria.
- Know the name of the physician responsible for the coordination of your care.
- Have complete current information from your physician or designee concerning diagnosis, treatment, medications, and prognosis, in terms you can easily understand.
- Be informed of any continuing health care requirements following discharge; and, before being transferred, be informed of the need for, and alternatives to, such a transfer.
- Receive reasonable advance notice of, and assistance with, transfer to another agency or discharge, assuring continuity of care where indicated.
- Be informed of the Agency's liability insurance.
- Receive a description of available services, products and equipment, directly or by contract. Receive description of rates and the billing process.
- Examine your bill and receive an explanation, regardless of the source of payment, and be advised of expected reimbursement sources and payment that may be expected of you.



- Receive oral and written notification of any billing changes as soon as possible, but no later than 30 days from the date Regional Hospice becomes aware of the change.
- Receive a copy of your Patient's Bill of Rights at the time of admission or at the next appropriate visit along with specific charges to be paid by the client as described in the Service Rate Agreement and current published Charge List.
- Be referred to another provider organization if our agency is unable to meet the patient's needs or if the patient is not satisfied with the care they are receiving.
- Refuse treatment to the extent permitted by law and to be informed of the possible medical circumstances of your actions. Right to not receive any experimental treatment without the patient's specific agreement in full understanding of information explained. Prepare instructions to guide your physician and other health care providers. (For your information, a separate packet of information regarding advance directives is enclosed.)
- Contact your primary care nurse, clinical supervisor, Regional Hospice Executive Director or designee, if you have any questions pertaining to the violation of your rights or possible deficiencies in the care you received. You have the right to appropriate verbal and/or written follow-up on your concerns, relative to services received. (Personnel available 24-hours-a-day, seven-days-a-week by calling (203) 739-8300.)
- Voice grievances regarding treatment, care provided by anyone performing Regional Hospice services, lack of respect for property, and to request changes of Agency personnel free from coercion, discrimination, reprisal or interference.
- Receive disclosure information regarding beneficial relationships the organization has that may result in profit for the referring organization.
- Call the 24-hour, toll-free **Medicare Hotline (800) 633-4227**, the **State Commissioner of Health (800) 842-0038** or the **Community Health Accreditation Program (800) 656-9656** with questions or to register complaints concerning the home health agency.

Your responsibilities as our patient

Regional Hospice believes you and your family have a responsibility to the following:

- Be under medical supervision as required by the agency.
- Observe and carry out the reasonable recommendations of your physician, nurse and other health care staff and follow the plan of care as established by you and your care provider.

- Provide the agency with complete and accurate information concerning your past illnesses, functional limitations, hospitalizations, medications, allergies, other pertinent information, and care/services provided by another home care provider.
- Supply an accurate and complete medical history to your physician and to Regional Hospice.
- Cooperate in giving full and honest information about financial and environmental factors which affect health status or impede health care.
- Inform the physician and nurse or other professional from the agency about all medications and treatments you are following, change in health status, or reactions to medications and treatment.
- Make it known if you cannot understand or follow any given instructions.
- Cooperate in making adequate arrangements in your home to allow for safe and appropriate care.
- Notify the agency at least 24 hours in advance of any scheduled visit you must cancel, except in medical emergencies.
- Participate in the development, implementation and updating of your health care plan.
- Notify the agency if your care provider does not report to work in your home when scheduled or if they arrive late.
- Have the availability, if necessary, of a family member or substitute, able and willing to participate in your care.
- Accept responsibility for all charges incurred for services rendered.
- Provide information necessary to ensure processing of bills by Regional Hospice, and to coordinate payment of those bills as soon as possible.
- Be considerate, respectful and cooperative with all Regional Hospice personnel.
- Avoid discriminating against health care workers because of race, color, creed, gender, religion, age, marital status, sexual orientation, disability, veteran status, national or ethnic origin.

Your care is a partnership in planning between you and your Regional Hospice caregivers. We encourage you to discuss questions, complaints or suggestions at any time with staff members or supervisors.

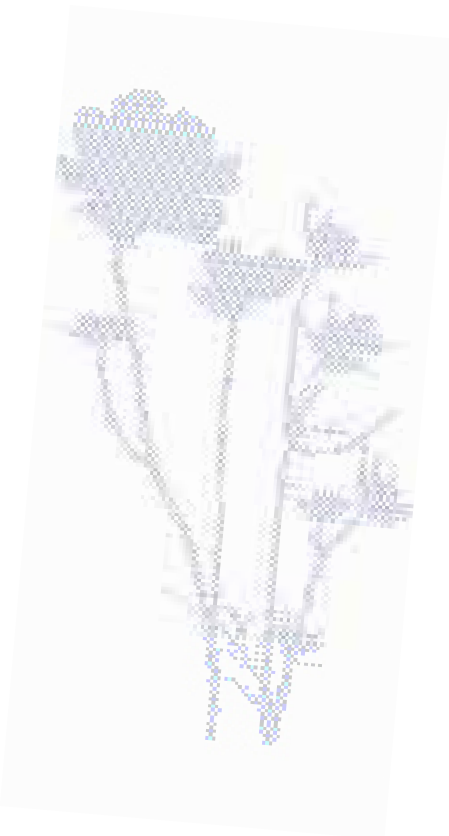
Pain Care and Symptom Management Bill of Rights

As a person with pain, you have the right to:

- Have your report of pain and other symptoms be taken seriously and to be treated with dignity and respect by doctors, nurses, pharmacists and other healthcare professionals.
- Have your pain thoroughly assessed and promptly treated.
- Be informed by your doctor about what may be causing your pain, possible treatments, and the benefits, risks and costs of each.
- Participate actively in decisions about how to manage your pain.
- Have your pain reassessed regularly and your treatment adjusted if your pain has not been eased.
- Get clear and prompt answers to your questions, take time to make decisions and refuse a particular type of treatment if you choose.

How do I talk with my doctor or nurse about pain?

- Speak up! Tell your doctor or nurse that you're in pain.
- Do you have pain in one place or several places?
- Does the pain seem to move around?
- Describe how much your pain hurts, on a scale of 0 to 10 (zero means no pain at all and 10 means the worst pain you can imagine).
- Is the pain always there, or does it go away sometimes?
- Does the pain get worse when you move in certain ways?
- Do other things make it better or worse?
- Describe what your pain feels like. Use specific words like sharp, stabbing, dull, aching, burning, shock-like, tingling, throbbing, deep, pressing, etc.
- Explain how the pain affects your daily life—what does it keep you from doing?
- Can you sleep?
- Exercise?
- Participate in social activities?
- Concentrate?
- How is your mood?
- Tell your doctor or nurse about past treatments for pain.
- Have you taken medication or had surgery?
- Tried massage or meditation?
- Applied heat or cold?
- Exercised?
- Explain what worked and what didn't.



The above information is adapted from the American Pain Foundation, 201 North Charles Street, Suite 710, Baltimore, MD 21201-4111. Additional information may also be obtained from their toll-free information line at (888) 615-7246 (PAIN) or on their Internet website at: www.painfoundation.org.

Information you may need

We welcome your comments and suggestions regarding the quality of services provided by Regional Hospice. Our goal is to provide the highest quality care, and we need your input to continue to do so. We encourage you to discuss any concerns directly with staff or supervisors, without delay, so any necessary modifications can be made. You may also submit them in writing at any time to:

Executive Director
Regional Hospice of Western Connecticut
405 Main Street
Danbury, CT 06810

To obtain information about Medicare eligibility, Medicare coverage, or to receive copies of the Medicare Handbook, call:

Social Security (800) 772-1213

For more information and referrals on statewide programs for older adults such as prescription drug assistance, meals served in community centers, or meals delivered to homebound seniors, call:

The Connecticut Department of Social Services: (800) 842-1508, TDD/TTY (800) 842-4524, Danbury office (203) 207-8900 and **Aging Services Division** (866) 218-6631

To report lost or stolen Medicare cards, call:

Social Security (800) 772-1213

For information and assistance with all types of insurance, call:

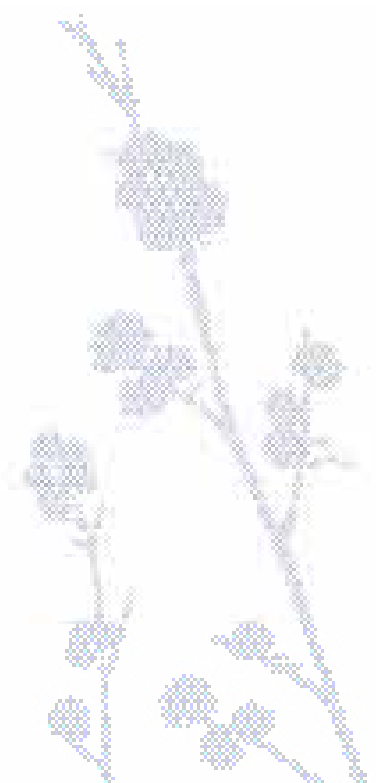
Connecticut Insurance Department (800) 203-3447

For information and assistance with the **QIO (Quality Improvement Organization)**, please call **Qualidigm at (800) 553-7590**.

Gifts to Employees

Employees are prohibited from accepting monetary gifts of any kind. You may, however, make a donation to Regional Hospice in appreciation of an employee. As a voluntary, non-profit 501(c)3 agency, all contributions are tax deductible and are gratefully appreciated.

Advance Directives



The federal law, Patient Self-Determination Act, requires us to make you aware of your right to be involved in decisions regarding your medical care. It is the policy of Regional Hospice that the care you receive from our agency will in no way be compromised, nor will you be discriminated against in any way, regardless of decisions to implement or not implement any advance directives.

The information enclosed in the admission packet, “Your Rights to Make Health Care Decisions,” was prepared by the Office of Attorney General of the State of Connecticut to describe your legal rights to make decisions about your medical care. It also provides you with the following forms to help you in documenting your decisions:

- The Living Will
- Health Care Representative
- Conservator of the Person

We must document in your medical record whether or not you have executed a Living Will and/or Durable Power of Attorney for Health Care. *We will abide by your advance directives.* Care will be provided to you regardless of whether or not you have executed a Living Will or DPAHC. It is our policy to honor advance directives to the extent permitted by law and to support a patient’s right to actively participate in making health care decisions.

An ethics committee is available to serve in an advisory capacity when ethical issues, such as the withdrawal or withholding of life-sustaining treatments arise during the care of patients with or without an advance directive. Discussion shall involve the patient and/or designated representatives, the home care staff involved in the patient’s care and the patient’s physician.

Unless the physician has written the specific order “**DO NOT RESUSCITATE,**” it is our policy that every patient will receive cardiopulmonary resuscitation (CPR). If you do not wish to be resuscitated, you, your family, or person(s) holding your durable power of attorney for health care must request “Do Not Resuscitate” (DNR) orders from your physician.

The State of Connecticut EMS providers require a special “DNR” bracelet in order to recognize that a DNR order exists for patients outside of a healthcare institution. These orders are documented in your medical record and routinely reviewed; however, *you may revoke your consent to such an order at any time.*

405 Main Street
Danbury, CT 06810

Main Number: 203 739-8300
Toll Free Number: 888 357-3334
www.RegionalHospiceCT.org