Q. What is palliative care?
A. Palliative care is specialized medical care for patients with serious illnesses. This type of care focuses on providing relief from the symptoms and stress of an illness. The goal is to improve quality of life for both the patient and the patient’s family. Palliative care is provided by a specially trained team that works together with a patient’s primary care practitioner to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient’s prognosis. It is appropriate at any age and during any stage of a serious illness, and can be provided along with curative treatment.

Q. Where can palliative care/services be provided?
A. Palliative care services can be provided in a variety of settings, including a patient’s home, clinic, physician’s office, long-term care facility, and assisted living community.

Q. What is the difference between ACHC Palliative Care Accreditation and the ACHC Distinction in Palliative Care offered for home health, hospice, and private duty providers?
A. Palliative Care Accreditation offers recognition for organizations with a well-developed, active palliative care program that provides specialized services focused on improving quality of life for patients who need chronic symptom management. To be eligible for Palliative Care Accreditation, an organization must be a stand-alone palliative care business. Accreditation is available for community-based palliative care services.

For organizations that provide palliative care as a bridge to home health, hospice, or private duty services, ACHC offers a Distinction in Palliative Care that certifies an organization’s commitment to improving quality of life for patients.

Q. What is the benefit of earning Palliative Care Accreditation?
A. Earning ACHC Palliative Care Accreditation gives providers an effective way to validate the quality of their services, which can strengthen trust and confidence in their organization and set their business apart from competitors. In addition, achieving accreditation enables providers to certify they are providing safe, quality care backed by national standards.

Q. How is palliative care different from hospice care?
A. The hospice Medicare benefit requires a physician to certify that a patient has a life expectancy of six months or less and is forgoing curative treatment. Palliative care does not have such limitations. Palliative care provides specialized services for patients with serious illnesses, regardless of age or prognosis. It can be provided along with curative treatment. Patient eligibility criteria are established by the program.

Q. Can a patient receive palliative care and hospice care at the same time?
A. No. Hospice care is palliative care and the intent is that once a patient is appropriate or ready for hospice care, they are referred to a hospice provider.

Q. Can a patient receive palliative care and home health care?
A. Yes. Palliative care patients may also have a skilled need that needs to be managed by a home health provider.

Q. Who can receive palliative care services?
A. Any individual who meets the palliative care program’s eligibility criteria, regardless of age or prognosis, can receive palliative care services.
Q. Who can provide palliative care?
A. Palliative care is provided by a specially trained team that works with a patient’s primary care practitioner to provide an extra layer of support and comfort, focusing on medical, physical, intellectual, emotional, social, and spiritual needs of the patient. It can be provided along with curative treatment. Clinical palliative care services are provided by a physician and advanced practice providers, such as physician assistants, advanced practice Registered Nurses, and clinical nurse specialists.

Q. Is there a full Medicare benefit for palliative care like there is for home health and hospice?
A. No. There is no full Medicare benefit at this time for palliative care. However, Medicare Part B, as well as some Medicaid programs and private insurance providers, may cover certain services related to palliative care, such as visits from physicians or advanced practice clinicians.

Q. What care/services does palliative care provide?
A. Palliative care provides direct care to patients using a multidisciplinary approach. Care focuses on relieving symptoms and stress to improve quality of life for patients and their families. Additional care/service is determined by the palliative care program.

Q. Is state licensure required?
A. The palliative care program needs to be appropriately licensed per state regulations. If the state requires a separate license for a palliative care program, then a license would also be required.

Q. Are virtual surveys available?
A. Virtual surveys for Palliative Care Accreditation are available.

Q. For an initial survey, how many patients does the palliative care program need?
A. The program needs to have provided care to five patients, with at least three of those patients on service at the time of the survey.

Q. What is the minimum number of patient files that the Surveyor will review?
A. The minimum number of files that will be reviewed is five.

Q. Are there any federal or Medicare rules that the palliative care program must follow?
A. No. Palliative Care Accreditation is non-deemed. There are no Medicare rules, but there are the Clinical Practice Guidelines for Quality Palliative Care developed by the National Consensus Project for Quality Palliative Care, on which the ACHC Standards are based.

Q. How many days will a survey last?
A. The survey is a one-day survey.

Q. What is the accreditation cycle?
A. The accreditation cycle is three years.