

**NC Division of Medical Assistance
Notification of Hospice and Personal Care Services (PCS) Coordination Form**

Hospice agencies must notify the NC Division of Medical Assistance (NC DMA) when there is a need for concurrent Hospice and PCS services to be provided to beneficiaries. The purpose of this form is to facilitate care coordination between hospice and PCS agencies. This notification form and supporting documentation must be **SUBMITTED to NC DMA within five (5) days** of hospice admission or referral to avoid delay of service and reimbursement. Submit these documents via fax to **919-715-9025** to NC DMA **Attention: Hospice Consultant**.

Current Status:

- Active PCS Recipient Pending PCS Recipient

Required Attachments:

- Individualized Hospice Plan of Care (e.g., MD order set or 485) Online Service Plan from PCS provider if current PCS recipient
 Individualized Hospice Aide Care Plan Other Supporting Documentation

Date of Request:	
RECIPIENT INFORMATION	
Last Name, First Name, Middle Initial:	
Recipient ID:	Translator Required? __ Yes __ No Language:
DOB:	Phone:
Address:	
Attending MD:	Hospice MD:
Responsible Party if other than patient:	
Name of person to contact to schedule assessment, if other than the recipient:	
Contact Phone:	
Has this recipient utilized personal care services in the past? __ Yes __ No __ Unknown	
HOSPICE AGENCY INFORMATION	
Name:	NPI:
Phone:	Fax:
Contact Name:	Contact Phone:
PCS AGENCY INFORMATION (If not yet in place, DMA will add when assigned)	
Name:	NPI:
Phone:	Fax:

SERVICE GAP (Describe needs that require two providers to be involved, e.g., decubitus risk due to immobility, wound care, need for additional personal care due to incontinence/skin care, etc.)

