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	 Online Service Plan from PCS provider if 								
order set or 485)	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	er than the recipient:								
Contact Phone:									
Has this recipient utilized personal care services in the pas	st? 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:								
	1								
SERVICE GAP (Describe needs that require two provious wound care, need for additional personal care due to it	lers to be involved, e.g., decubitus risk due to immobility, ncontinence/skin care, etc.)								

NC DMA-3165 (11/2015) Page 1 of 2

ACTIVITIES OF DAILY LIVING: In the appropriate row/column combination, enter an "H" for services performed by Hospice, "F" for services performed by the family and "P" for services performed by the PCS Provider. "AM" signifies that services are performed 8:00 am-Noon, "Mid" signifies Noon-4:00 pm and "PM" signifies 4:00 pm-8:00 pm. * Indicates nurse aide tasks. # Indicates NA II tasks.

Bathing M Mid PM AM Mid PM AM Nid PM AM Mid PM AM Mid PM AM Mid PM A Mid PM AM Mid PM A Mid PM A Mid PM AM Mid PM AM Mid PM A Mid PM AM M		S	unda	y	M	londa	ıy	Tuesday			Wednesday			Thu	ırsda		Friday			Saturday		
Mouth Care Hair Care Hair Care Skin		AM	Mid	PM	AM	Mid	PM	AM	Mid	PM	AM	Mid	PM	AM	Mid	PM	AM	Mid	PM	Α	Mid	PM
Hair Care Nail Care Skin Care Shampoo Dressing Skin Care Shampoo Dressing Toileting – Assist with Garments Toileting – Sasist Wobility Ambutation Clear/Decluter Pathways Eating – Assist Meal Preparation Housekeeping Laundry Essential Shopping BP Monitoring Wedication Reminders Special Tasks * Blood Glucose Monitoring Wood Care Wound Care	Bathing																					
Nail Care Skin C	Mouth Care																					
Skin Care	Hair Care																					
Shampoo Dressing Dres	Nail Care																					
Dressing	Skin Care																					
Tolleting – Assist with Garments Tolleting – Hygiene Tolleting – Clean BSC/Bedpan/Area Transfer/Positioning Mobility Ambulation Clear/Decluter Pathways Eating – Assist Meal Preparation Housekeeping Laundry Essential Shopping BP Monitoring Medication Reminders **Special Tasks** **Blood Glucose Monitoring **Foley Care **Remove Impaction **Foreign Care **Remove Impaction **Enema **Gostomy Care **Entral Feeding Assist **Suctioning **Suctioning **Suctioning **June 10	Shampoo																					
with Garments Toileting Hygiene Toileting Hygien	Dressing																					
Toileting - Clean	Toileting – Assist with Garments																					
Secretary Secr	Toileting – Hygiene																					
Mobility Ambulation Clear/Declutter Pathways Eating – Assist Meal Preparation Housekeeping Laundry Essential Shopping BP Monitoring Modication Reminders Special Tasks Special Tasks Special Tasks Flood Glucose Monitoring Foley Care Wound Care # Remove Impaction # Costomy Care # Enteral Feeding Assist # Oxtomy Care # Enteral Feeding Assist # Suctioning Postericary/Representative Signature Date FOR DMA USE ONLY: Rejected Reason: End Date:																						
Ambulation Clear/Declutter Pathways Eating - Assist Meal Preparation Housekeeping Laundry Essential Shopping BP Monitoring Medication Reminders Special Tasks * Blood Glucose Monitoring Monitoring * Foley Care * Wound Care # Remove Impaction / Enema # Ostomy Care # Enteral Feeding Assist # Suctioning Assist Ascepted Effective Date: End Date: Rejected Reason:	Transfer/Positioning																					
Clear/Declutter	Mobility																					
Pathways	Ambulation																					
Meal Preparation Housekeeping Laundry Essential Shopping BP Monitoring Medication Reminders Special Tasks * Blood Glucose Monitoring * Foley Care * Wound Care # Remove Impaction / Irenma # Ostomy Care # Enteral Feeding Assist # Suctioning Assist # Suctioning / Date FOR DMA USE ONLY: Rejected Reason:																						
Housekeeping Laundry Essential Shopping BP Monitoring Medication Reminders Special Tasks * Blood Glucose Monitoring Proley Care * Wound Care # Remove Impaction / Enema # Ostomy Care # Enteral Feeding Assist # Oxygen – Assist # Suctioning Date FOR DMA USE ONLY: Rejected Reason: For DMA USE ONLY:	Eating – Assist																					
Laundry Essential Shopping BP Monitoring Medication Reminders Special Tasks *Blood Glucose Monitoring Sir Foley Care Monitoring Sir Wound Care Reminders Shopping Sir Wound Care Reminders Shopping Sir	Meal Preparation																					
Essential Shopping BP Monitoring Medication Reminders Special Tasks Blood Glucose Monitoring Blood Glucose Monitoring Blood Glucose Monitoring Brown Monitoring Monitori	Housekeeping																					
# Remore Impaction Remove Impaction Enema # Coxygen – Assist # Suctioning	_aundry																					
Special Tasks Special Task	Essential Shopping																					
Special Tasks	BP Monitoring																					
* Blood Glucose Monitoring * Foley Care * Wound Care # Remove Impaction Enema # Ostomy Care # Enteral Feeding Assist # Oxygen – Assist # Suctioning / Leneficiary/Representative Signature FOR DMA USE ONLY: Accepted Reason: End Date: End Date:																						
Monitoring Foley Care Wound Care Remove Impaction Fenema Fostomy Care Fenema For Date For DMA USE ONLY: Rejected Reason: Foley Care For DMA USE ONLY: Foley Care Foley Care Foley Care Foley Care Foley Care For DMA USE ONLY:									;	Spec	ial Ta	asks										
* Wound Care # Remove Impaction / Enema # Ostomy Care # Enteral Feeding Assist # Oxygen – Assist # Suctioning Material Feeding																						
# Remove Impaction # Costomy Care # Enteral Feeding Assist # Oxygen – Assist # Oxygen – Assist # Suctioning / Hospice Representative Signature FOR DMA USE ONLY: Rejected Reason:	* Foley Care																					
# Ostomy Care # Enteral Feeding Assist # Oxygen – Assist # Suctioning Date Hospice Representative Signature Date Date End Date: End Date: Rejected Reason: End Date: End Date Da	Wound Care																					
# Enteral Feeding Assist # Oxygen – Assist # Suctioning /																						
Assist # Oxygen – Assist # Suctioning /	# Ostomy Care																					
# Suctioning /																						
Comparison of the content of the c	# Oxygen – Assist																					
Complete	# Suctioning																					
FOR DMA USE ONLY: Accepted Effective Date: End Date: Rejected Reason:				•						•					•	•		•			•	
Accepted Effective Date: End Date: Rejected Reason:	eneficiary/Represer	resentative Signature Date							 H	Hospice Representative Signature									Date			
Accepted Effective Date: End Date: Rejected Reason:								FΩF	S DW	Δ 115	F O	Ν Y·										
Rejected Reason:								. 01	, DIVI	A 03	,_ OI	1 ∟1.										
	·																					
IC DMA Representative signature: Date:	Rejected Reas	on:_																				-
· · · · · · · · · · · · · · · · · · ·	C DMA Representa	tive	signa	ature:										Dat	te:							

NC DMA-3165 (11/2015) Page 2 of 2