

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES

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Strong Families - South Dakota's Foundation and Our Future

April 18, 2019

ATTENTION: Hospice Providers

FROM: South Dakota Medicaid

RE: Hospice Notification Form

A Hospice Notification Form is available [online](#). This form is to be used when a recipient elects hospice and again when the recipient ends hospice services. The form meets the conditions per ARSD [67:16:36:06](#) and includes the following information:

- Hospice provider information including provider name, NPI, contact person and phone number,
- Recipient information including recipient name and South Dakota Medicaid ID,
- Date of election,
- ICD-10 Diagnosis,
- Notification if the recipient is in a nursing home,
- End of hospice service and
- Reason for end of election (revocation, death, discharge).

A hospice provider may choose to use a different notification form, but all information listed above must be included.

All hospice notification forms can be sent via fax to:

Department of Social Services
Division of Economic Assistance
(605)773-7183

Questions about hospice may be directed to the Medicaid Telephone Service Unit, 1-800-452-7691

Sincerely,

South Dakota Medicaid