

KENTUCKY MEDICAID PROGRAM  
Hospice Patient Status Change

The status of \_\_\_\_\_ / \_\_\_\_\_ who has been  
Patient Name MAID #  
receiving hospice benefits from \_\_\_\_\_  
Hospice Agency  
\_\_\_\_\_ since \_\_\_\_\_ has changed as indicated below.  
Provider # Date of Election

As of \_\_\_\_\_  
Date

- Patient's Medicare benefits have been exhausted.
- Patient has become eligible for Medicare benefits.
- Patient is a resident at \_\_\_\_\_  
Nursing Facility.
- Patient has returned to a home setting and is no longer a resident at  
\_\_\_\_\_  
Nursing Facility.
- Patient is in long term/inactive status due to improvement in condition.  
\_\_\_\_\_ will continue  
Hospice Agency  
to follow patient, but active hospice benefits are temporarily discontinued.  
Patient may return to active status at any time a change in condition neces-  
sitates with no loss of remaining benefit period(s).
- Patient elects to return to active status after having been in inactive status  
since \_\_\_\_\_. Patient is in \_\_\_\_\_ benefit period.
- OTHER (Please describe any other change in patient status.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
HOSPICE AGENCY REPRESENTATIVE SIGNATURE