



COMMISSIONER
James R. Hine

July 15, 2005

To: Hospice Providers

Subject: Long Term Care (LTC)
Hospice Provider Letter No. 05-21
Correction to the Contact Person for the Submission of the Hospice Election Form 3071 and Physician Certification of Terminal Illness, Form 3074

The Department of Aging and Disability Services (DADS) notified hospice providers on May 23, 2005 (Provider Letter No. 05-13) of a change to the Regions 3 and 6 contact person for the submission of copies of the election and certification forms in the Medicaid Hospice Program. **This letter is to advise you that there are changes to the contact person, address and phone and fax number for Region 6.** Please make a note of the following changes:

Region 6
Community Services and Medicaid Eligibility
Myrna Chambers
P.O. Box 16017
Mail Code 173-2
Houston, Texas 77222-6017
Phone: (713) 696-7191
Fax: (713) 696-7131

If you have any questions, please contact Maxcine Tomlinson, Program Specialist, Medicaid Hospice Program at (512) 438-3169.

Sincerely,

Signature on file

Susan Syler
Unit Manager
Community Services

SS:mt