Government of the District of Columbia
Department of Health Care Finance

Beneficiary Agreement for Nursing Facility Placement

Last Name:	First:	MI:
Person responsible for making decisions on beneficiary's behalf:		

- ❑ I agree to out of state nursing facility placement
- ❑ I understand DC Medicaid benefits end with my death
- ❑ I understand DC Medicaid does not pay for funeral or burial expenses
- ❑ I understand I may be eligible to receive care in the community and choose to receive care in a nursing facility

Signature:	Date:

Upload this form via the Qualis Health Provider Portal at www.qualishealth.org. In the Healthcare Professional Drop-Down Menu select DC Medicaid-> Provider Resources-> Qualis Health Provider Portal. You may obtain assistance in registering for the Qualis Health Provider Portal by contacting providerportalhelp@qualishealth.org

Revised: September 11, 2019