



**Please print clearly and complete all sections**

**SECTION A: BENEFICIARY**

Date:	Last Name:	First:	M.I.:	Medicaid ID:	Birth date:	Gender:
						<input type="checkbox"/> M <input type="checkbox"/> F

**SECTION B: REQUESTING FACILITY**

Facility Name:	Street Address:	City:	ST:	ZIP:
Phone:	Fax:	Name of Person Completing Form:		
Title :				

**SECTION C: PLACEMENT FACILITY\***

Facility Name:	Street Address:	City:	ST:	ZIP:
Phone:	Fax:			

\*If different than requesting facility

**SECTION D: PLACEMENT RATIONALE**

Reason beneficiary is not being placed in the community. Check all that apply:

- Type or intensity of care required not available in the community
- Beneficiary prefers to receive care in a nursing facility
- Housing issues preclude individual from placement in the community
- Other: \_\_\_\_\_

**SECTION E: APPLICATION CHECKLIST**

- Request for Out-of-State Nursing Facility Placement Cover Page
- Request for Out-of-State Placement Form
- Proof of Contact of In-State Nursing Facilities
- (a minimum of one (1) DC facilities must be contacted and deny placement  
(a minimum of two (2) DC facility denials for ventilator and hemodialysis placements)*
- Level of Care approval from the Quality Improvement Organization (Liberty)
- Request for Medicaid Nursing Facility Level of Care (DHCF Form 1728)
- Pre-Admission Screen/Resident Review for Serious Mental Illness and Intellectual Disability or Related Condition
- Beneficiary Agreement
- Beneficiary's history and physical
- Discharge summary (if available)
- NA
- Copy of the most recent physician and nurse notes (as needed)
- NA



**Government of the District of  
Columbia**  
Department of Health Care Finance

## **Out-of-State Nursing Facility Placement Cover Page**

**Upload this form** via the Qualis Health Provider Portal at [www.qualis.org](http://www.qualis.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](mailto:providerportalhelp@qualishealth.org).

Revised: September 11, 2019