

Acknowledgement: Presumptive Medicaid Eligibility
Choice for Independence (Home and Community Based Care Program)

I, _____ understand and agree that pursuant to RSA 151-E:18,V and He-W 619.2 – Presumptive Eligibility HCBC-ECI, I may not be eligible for continuing service coverage beyond the presumptive eligibility period. Presumptive eligibility is a period of medical coverage, excluding home or environmental modification coverage, extended to qualifying individuals pending the final processing of a Medicaid application.

If, after the final processing of my Medicaid application, I am determined ineligible for Medicaid, I will be notified and service coverage will be terminated. If found ineligible for Medicaid I will be financially responsible for the cost of services rendered **after** a determination of ineligibility.

I will not be financially responsible for the cost of services rendered during the presumptive eligibility period **unless** the department finds that the application was filed with fraudulent intent. Fraudulent intent means deliberately providing false information in order to mislead the department. In the event my application was filed with fraudulent intent, the department will be entitled to reimbursement of funds expended on my behalf.

Applicant's signature

Date

Witness

Date