 

 **NEW JERSEY MONEY FOLLOWS THE PERSON ELIGIBILITY SCREENING TOOL**

**NEW JERSEY DEPARTMENT OF HUMAN SERVICES, DIVISION OF AGING SERVICES**

**OFFICE OF COMMUNITY CHOICE OPTIONS / OCCO**

|  |  |
| --- | --- |
| Date: |  |
| MCO Care Manager Completing Form: |       |
| MCO Provider: |  | Tel. No.: |       |
| Participant: |  | SSN: |  | DOB: |  |
| Medicaid No.: |  |  |
| Nursing Facility: |  | City/Town: |  | County: |  |
| Anticipated Discharge Date: |  |  |

1. Has the individual resided in the Nursing Facility for 90 consecutive days or

more requiring Long Term Care Services? [ ]  YES [ ]  NO

1. Does the individualmeet or will s/he meet both clinical and financial

eligibility requirements for Medicaid for at least one (1) day prior to transition

from the Nursing Facility? [ ]  YES [ ]  NO

1. Does the individual have Medicare? [ ]  YES [ ]  NO
2. Is the individual receiving skilled rehabilitation through Medicare [ ]  YES [ ]  NO

If the answer to questions 1 and 2 is yes, fax or email this form to the appropriate OCCO MFP Liaison based upon the regions where the individual currently resides:

|  |  |
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| **OCCO Northern Regional Office**Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union & Warren CountiesTel. No. 732-777-4650Fax No. 732-777-3617Email: alisa.mead@dhs.state.nj.us | **OCCO Southern Regional Office**Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Monmouth, Ocean & Salem CountiesTel. No. 609-704-6050Fax No. 609-704-6055Email: alisa.mead @dhs.state.nj.us |

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