 

**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 Counties  Tel. No. 732-777-4650  Fax No. 732-777-3617  Email: alisa.mead@dhs.state.nj.us | **OCCO Southern Regional Office**  Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Monmouth, Ocean & Salem Counties  Tel. No. 609-704-6050  Fax No. 609-704-6055  Email: alisa.mead @dhs.state.nj.us |

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