



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
2. Does the individual meet 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
3. Does the individual have Medicare? YES NO
4. 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:

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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