 

**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 60 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 MLTSS/Medicaid for at least one (1) day prior to transition

from the Nursing Facility?  YES  NO

1. Will the individual transition to a “qualified” MFP residence (home, apartment or group home with 4 or less individuals )  YES  NO

If the answers to questions is yes, 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.nj.gov | **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.nj.gov |

MFP-77

JAN 21