



State of New Jersey
DEPARTMENT OF HUMAN SERVICES
 DIVISION OF AGING SERVICES
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CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

JENNIFER VELEZ, ESQ.
Commissioner

Date: _____

Dear _____:

The _____ Regional Office of Community Choice Options has recently completed a Pre-Admission Screening Assessment for nursing facility placement in accordance with clinical eligibility standards set forth in N.J.A.C. 8:85-2.1:

- You meet the clinical eligibility requirements for Nursing Facility level of care.
- You do not meet the clinical eligibility requirements for Nursing Facility level of care.

NOTE: If you have been found clinically ineligible, and choose to enter a Nursing Facility as a private pay admission, there may be reimbursement issues in the future should you become Medicaid eligible. Medicaid payment cannot be made to a Nursing Facility unless the person is both clinically and financially eligible for Medicaid.

If you have any questions, please call the _____ Regional Office of Community Choice Options at _____.

Sincerely,

 Community Choice Counselor