

The Division for Family Assistance (DFA) in partnership with the Bureau of Elderly and Adult Services (BEAS) are implementing RSA 151-E: 18, Presumptive Eligibility (PE) for the Choices of Independence (Home and Community Based Care for the Elderly and Chronically Ill) Medicaid Program. DFA is waiving the normal face-to-face financial interview with the applicant. As a community partner under RSA 151-E: 18 completion of the below questionnaire will identify if the individual is potentially eligible for a PE determination.

Applicant's Name: _____ DOB: _____

Address: _____ Tel #: _____

Contact Person: _____ Tel #: _____

1. Is Medicaid currently open? ☐ Yes ☐ No
If yes, stop and complete Medical Eligibility Determination and fax to Servicelink. Do not complete the PE application.
2. Has the applicant been referred for PE previously? ☐ Yes ☐ No
If yes, stop and refer to Servicelink for a scheduled appointment with a Family Services Specialist. Do not complete the PE application.
3. Does the applicant have a Trust or Annuity? ☐ Yes ☐ No
If yes, stop and refer to Servicelink for a scheduled appointment with a Family Services Specialist. Do not complete the PE application.
4. Did the applicant transfer any assets in the past 60 months? ☐ Yes ☐ No
If yes, stop and refer the applicant to Servicelink for a scheduled appointment with a Family Services Specialist. Do not complete the PE Application.

Community Partner's Name: _____
Please print

Address: _____

Telephone number: _____ Date: _____

Please send this form along with the completed application (Form 800), and the Medical Determination Sheet (MED) to Servicelink. Within 10 days of the above date, all verification must be sent to Servicelink.

NOTES: