

NH Department of Health & Human Services
Long Term Services and Supports – Level One Screen

The Level One Screening Tool is intended to determine a person’s likely eligibility for Medicaid Funded Long-Term Community-Based Services and Supports. In addition to Medicaid services and supports, the screening tool will help identify a full-spectrum of options based on an individual’s needs and goals. The information that a person shares in this questionnaire is confidential and will only be shared with other agencies with the person’s permission.

Q1 Who are you seeking information or care for?

- Myself Sibling Other family member
 Parent Friend
 Child Spouse

Q2 What is your (or the person you are inquiring about) date of birth? _____

Q3 What town do you (or the person you are inquiring about) live in? _____

Q4 Have you ever served in the Military? Yes No

Q5 Do you (or the person you are inquiring about) have a medical or physical condition that results in your need for daily assistance with two or more activities such as getting in and out of bed, dressing and bathing, eating, managing medications, or using the toilet, etc.?

- Yes
 No

Q6 Do you (or the person you are inquiring about) have, or think you may have, a mental health condition that makes it difficult for you to concentrate or complete your daily tasks?

- Yes
 No

Q7 Do you (or the person you are inquiring about) have or think you might have an intellectual disability, cerebral palsy, epilepsy, autism or a specific learning disability, or any other condition closely related to an intellectual disability?

- Yes
 No

Q8 Have you (or the person you are inquiring about) experienced an injury to the brain as a result of a traumatic brain injury; lack of oxygen to the brain following surgery, a near drowning, a heart attack, stroke, or other event; exposure to toxic substances; a disease or disorder that affects the brain; a brain tumor; or other traumatic event?

- Yes
 No

Q9 What are your (or the person you are inquiring about) most pressing needs?

- Help managing my care
- Help with personal care such as getting in and out of bed, bathing, dressing, eating, etc.
- Someone to visit me at home
- End of life care/hospice
- Information on how to better manage my daily routines such as household chores, preparing meals, etc.
- Modification to help me stay in my home such as ramps, grab bars, bathroom and other modifications
- Mental health support
- Help with alcohol, drug, or other substance dependency
- Taking medication at prescribed times
- Filling & picking up medications
- Help me improve my ability to move around my home and community (Physical Therapy)
- Help with speech and language concerns (Speech Therapy)
- Financial assistance to fill my prescriptions
- How to get a short break from my caregiver responsibilities
- Nursing care for wound care, tube feeding, nurse oversight, etc.
- Other: _____

Q10 At this time, are your resources (bank accounts, personal property, retirement account, etc.) at or below \$2,500 for an individual or \$4,000 for a couple?

- Yes
- No

Q11 What is/are your (or the person you are inquiring about) insurance resources?

- | | |
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| <input type="checkbox"/> Long term care | <input type="checkbox"/> Social security disability insurance (SSDI) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> TriCare |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> Pay for services myself or with family help | <input type="checkbox"/> None |
| <input type="checkbox"/> Private insurance | <input type="checkbox"/> Other |