

1634 – OHIO BASE MEDICAID CATEGORIES FOR NF RESIDENTS

| Base Category + Facility | Eligibility Office | Individual Income Cap | Community Medicaid Coverage | Resource Limit | Patient Liability charged |
|---|-----------------------|--------------------------|-----------------------------------|-------------------|---------------------------------|
| SSI- | SSA OFFICE | \$733 | YES | \$2000 | NO |
| MAGI-AGES 19 TO 64 (Adult Expansion Program) | JFS OFFICE | \$1367 | YES | None | NO |
| ABD-with other Income at or under SSI standards | JFS OFFICE | \$733 | YES | \$2000 | YES |
| SIL* + Facility | JFS OFFICE | \$754 to \$2199 | NO | \$2000 | YES |
| SIL + Facility – QIT** | JFS OFFICE | \$2200 | NO | \$2000 | YES |

^{*} Special Income Level for LTC services —For residents with income over the SSI income standard.

^{**} Qualified Income Trust- Client must declare all resources to determine if within resource limits before processing QIT. For spousal case, Request Resource Assessment within the week of admission. (Sign **ODM 04080** RESOURCE ASSESSMENT NOTICE" request and send it attached to a 9401 with the admitting info)



ODM FORMS

- 1. http://medicaid.ohio.gov
- 2. SELECT RESOURCE TAB,
- 3. SELECT PUBLICATIONS,
- 4. SELECT MEDICAID FORMS

SEARCH BY NAME OR FORM

NUMBER

Additional Resources: http://medicaid.ohio.gov/INITIATIVES/DisabilityDeterminationRedesign.aspx

| •Disability Determination Redesign Overview (4/8/16) | QIT Overview Video | |
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| Ohio's Behavioral Health Redesign | FREQUENTLY ASKED QUESTIONS | |
| | QIT Sample Letter | |
| | QIT Template | |