

2016 QIT REFERRAL FACT SHEET

WHO SHOULD APPLY?

Every Resident of a Nursing Facility or HCBS Waiver with income of \$2200 or more.

Active Medicaid clients with income \$2200 received a letter from Ohio Department of Medicaid ADVISING them of a Qualifying Income Trust is required to continue Medicaid. These clients will have up to their next redetermination to comply if CMS approves Ohio Department of Medicaid requested for an extension. As soon as the effective date of change to a 1634 plan is implemented, the QIT trust and account should be pursued either with an Elder Law Attorney or with ODM vendor, Automated Health System (AHS), who has been hired to assist for FREE, the resident who requires the Qualified Income Trust for new applications, as well as existing clients. Best Practice: Verify all income upon admission.

Contact AHS:

Email: OhioQIT@automated-health.com

Phone: 1-844-265-4722

Provide the following information:

1. Full name of resident
2. SSN or Case Number
3. Facility Name, Address, Phone number
4. Facility Contact Person name and available hours
5. NF Admission Date
6. Report spouse and dependent household members
7. Is this resident active Medicaid or a new application?
8. List contact information for Legal Guardian, POA, or Authorized Representative
9. Indicate if client is able to sign the trust or will require a Legal Guardian or POA
10. Type and amount of **all** Income (include annuity payments, rental income, alimony, promissory agreements, etc)
11. Types of deductions, taxes, child support, liens, overpayments, if known

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