

LISTING OF ATTACHMENTS

Attachment I	MAGI and Non-MAGI Eligibility Groups
Attachment II	MAGI Screening Tool
Attachment III	Medicaid Eligibility categorical and Coverage Codes
Attachment IV	Income Excluded from MAGI (unearned income types)
Attachment V	Self-Employment Worksheet
Attachment VI	OHIP-0077 - Notice of Intent to Discontinue Medicaid (MAGI-like budgeting)
Attachment VII	OHIP-0078 - Notice of Intent to Discontinue Medicaid, FHPlus (MAGI-like budgeting)
Attachment VIII	OHIP-000079 - Notice of Decision on Your Medicaid Application
Attachment IX	OHIP-0080 - Notice of Decision on Your Medicaid Application for Retroactive Coverage
Attachment X	OHIP-0081 - Notice of Decision on Your Medicaid Application (FPBP Acceptance)