

**MAGI Group Screening Tool for Applications
Referred from Local Districts to New York State of Health (NYSOH)**

Mail To: <i>New York State of Health P.O. Box 11725 Albany, NY 12211</i>	From District: _____ District Contact Number: _____ District Contact Name: _____ Date of District Referral: _____ Applicant's Telephone Number: _____
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Local districts must date stamp the application on the date received. Applications must be sent to NYSOH on the date received at the district. The local district must keep a copy of the application on file and document the date the original was mailed to NYSOH.

Applicants to be processed by NYSOH as MAGI should be listed in **Section 1** with their category of eligibility selected. Applicants being processed by the local district as Non-MAGI should be listed in **Section 2** with their category of eligibility selected. NYSOH will need the Non-MAGI household members listed in order to determine the appropriate household size in the Marketplace.

Section 1 – MAGI Household Members (To be processed by NYSOH)

Applicant's Name	MAGI			
	Pregnant Woman	Child under age 19	Parent / caretaker relative of a dependent child under age 19	Age 19-64 and NOT eligible for Medicare Part A or B

Section 2 – Non-MAGI Household Members (Processed by LDSS)

Applicant's Name	Non- MAGI				
	Coverage in a Nursing Facility	Congregate Care living in a Level I, II or III facility	Care at Home Waiver Program	Medicaid-Buy-In for Working People with Disabilities	<u>OTHER</u> Example: single age 65 or older
	Excess Income Program				
	Applicant (excluding 19-64 year olds) has household income in excess of the MAGI income level <u>and</u> hospital bills or unpaid medical expenses.				
	Applicant has household income in excess of the MAGI income level <u>and</u> needs community-based long-term care services.				