

## List of Revised Manual Excess Income Eligibility Notices

- **OHIP-0018** - NOTICE OF DISCONTINUANCE OF MEDICAID COVERAGE UNDER THE MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES (MBI-WPD) (Over Income/ Over Resources / Over Income and Over Resources)
- **OHIP-0037** – OPTION TO RECEIVE MEDICARE SAVINGS (MSP) BENEFIT
- **OHIP-0057** – NOTICE OF INTENT TO CHANGE MEDICAID COVERAGE (Recipient Discharged From a Skilled Nursing Facility and Enrolled in a Managed Long Term Care Plan)
- **OHIP-0058** - NOTICE OF INTENT TO CHANGE MEDICAID COVERAGE (Recipient Disenrolled from a Managed Long Term Care Plan, No Housing Allowance)
- **OHIP-0077** - NOTICE OF INTENT TO DISCONTINUE MEDICAID
- **OHIP-0079** - NOTICE OF DECISION ON YOUR MEDICAID APPLICATION
- **OHIP-0080**- NOTICE OF DECISION ON YOUR MEDICAID APPLICATION FOR RETROACTIVE COVERAGE
- **OHIP-0081** – NOTICE OF DECISION ON YOUR MEDICAID APPLICATION (Family Planning Benefit Program Acceptance)
- **OHIP-0098** - NOTICE OF DECISION ON YOUR MEDICAID APPLICATION
- **OHIP-0099** - NOTICE OF DECISION ON YOUR MEDICAID APPLICATION (Excess Income/Resources)
- **OHIP-3623** - NOTICE OF INTENT TO DISCONTINUE/CHANGE MEDICAID COVERAGE
- **OHIP-4144** - NOTICE OF DECISION ON YOUR MEDICAID APPLICATION LIMITED COVERAGE (Transfer of Assets Penalty)
- **OHIP-4145** - NOTICE OF DECISION ON YOUR REQUEST FOR COVERAGE OF NURSING FACILITY SERVICES LIMITED COVERAGE (Transfer of Assets Penalty)
- **OHIP-4374** - NOTICE OF INTENT TO CHANGE MEDICAID COVERAGE (New Excess/COLA Case)
- **OHIP-4375** - NOTICE OF INTENT TO CHANGE MEDICAID COVERAGE (Undercare Excess/COLA Case)
- **OHIP-4548** – OPTIONAL PAY-IN PROGRAM FOR INDIVIDUALS WITH EXCESS INCOME (**formerly LDSS-4548**)