

# MEDICAID ALERT

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**MAP-3097, Request for Budgeting Recipients with Excess  
Income Who May Be MAGI Eligible**

Providers, Community Based Organizations and Client Representatives are advised that they can assist a consumer to request conversion from Excess Income to MAGI-Like budgeting. This request must be submitted to the Medical Assistance Program's Undercare Processing Division, using MAP-3097.

Some Excess Income consumers may be eligible for Medicaid at higher monthly income levels using MAGI-like budgeting. In some instances, this could result in the elimination of the consumer's excess income (surplus) making him/her fully Medicaid eligible. While all eligible consumers will be re-evaluated for MAGI-like budgeting at renewal, some consumers may benefit from requesting an earlier re-evaluation.

Cases appropriate to receive MAGI like budgeting include those for consumers who are:

- Certified disabled individuals not yet in receipt of Medicare
- Parents, Caretaker Relative of a child under age 21 (**even those on Medicare**)

Consumers who **are not** eligible for MAGI-like budgeting include:

- Those 65 years old and older (unless a parent or caretaker relative)
- Those in receipt of Medicare (unless a parent or caretaker relative)

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF

**REQUEST FOR REBUDGETING RECIPIENTS WITH EXCESS  
INCOME WHO MAY BE MAGI ELIGIBLE**



MAP-3097 08/20/2014

**From:**

Name:	Organization:
Telephone:	Fax:
Email:	Date:

**Client Demographics (HRA HIPAA release must be attached with this form)**

Client's Name: \_\_\_\_\_ Client's DOB: \_\_\_\_\_

Client's CIN: \_\_\_\_\_

Client's Address: \_\_\_\_\_  
\_\_\_\_\_

Other Health Insurance: \_\_\_\_\_

Check all boxes that apply. At least one of these must apply; otherwise recipient is **not MAGI eligible**.

- Client is parent/caretaker relative                       Client is disabled but not yet receiving Medicare

**For MAP Use Only**

We have reviewed the re-budgeting request. The consumer has been determined to be:

- Fully Medicaid eligible without a spenddown based upon allowable MAGI-like budgeting
- Ineligible for MAGI-like budgeting because: \_\_\_\_\_  
\_\_\_\_\_

Worker Name (Print)	Worker Name (Sign)	Date
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