

MAGI

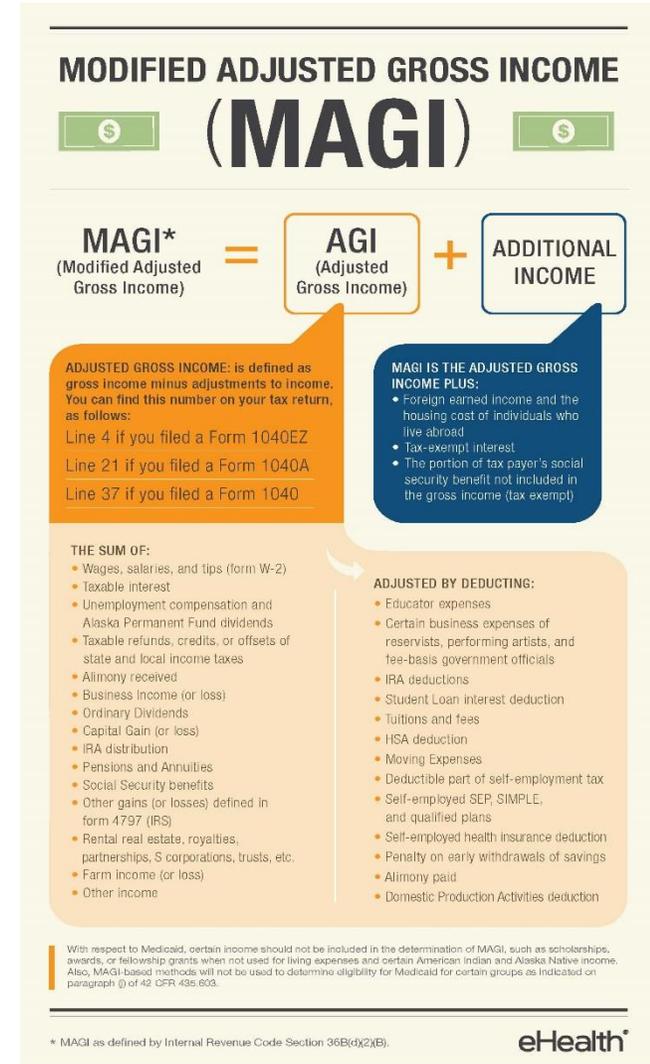
Ryan White Part B Meeting

October 8th & 9th 2015

HIV Care Services Group

Why MAGI?

- MAGI is the formula created by the ACA to determine eligibility
 - Medicaid
 - CHIP
 - Health Insurance Marketplace
 - Ryan White
 - THMP/ADAP
- HRSA has encouraged all states to align RW with MAGI
- MAGI assists with confirming PoLR
 - Introduction of ACA



The importance of change

- Eligibility inconsistencies across state
- 1 financial eligibility process
- DSHS is responsible for making sure RW funding is spent appropriately
 - 102 million
- Unknown future of RW/ being proactive
 - Other states have already made the switch
- Imperative service providers and client's understand the reasons for change



3 MAGI Related Forms

MAGI Worksheet
Modified Adjusted Gross Income Worksheet for Income Tax Filers

Client name: _____ Client code: _____ DOB: _____

Client address: _____

Mock MAGI Worksheet

Only for use with applicants who have not filed a Tax Return for the most recent Tax Year and applicants who have had changes in income since last Tax Return was filed

Client Name: _____ Client Code: _____ DOB: _____

Client Address: _____

Total Annual _____

Wages, Sala _____

Taxable Inter _____

Tax Exempt _____

IRA Distribut _____

Modified J _____

Family size i _____

Federal Pov _____

Client Sig

By signing this inaccuracies in I understand it prosecuted.

Six Month Self-Attestation of Eligibility Changes

Continued Ryan White eligibility requires an update to your eligibility every six months. Please answer all questions below and provide any required documents for changes in your income, insurance status, or residency. Sign and date and return this entire form with any required documents within 45 days to ensure continued access to Ryan White services, including the THMP program, if applicable. We will notify you if there have been any changes in your eligibility.

Please direct any questions to your provider agency or call 1-800-255-1090 if you have any questions specific to the THMP program.

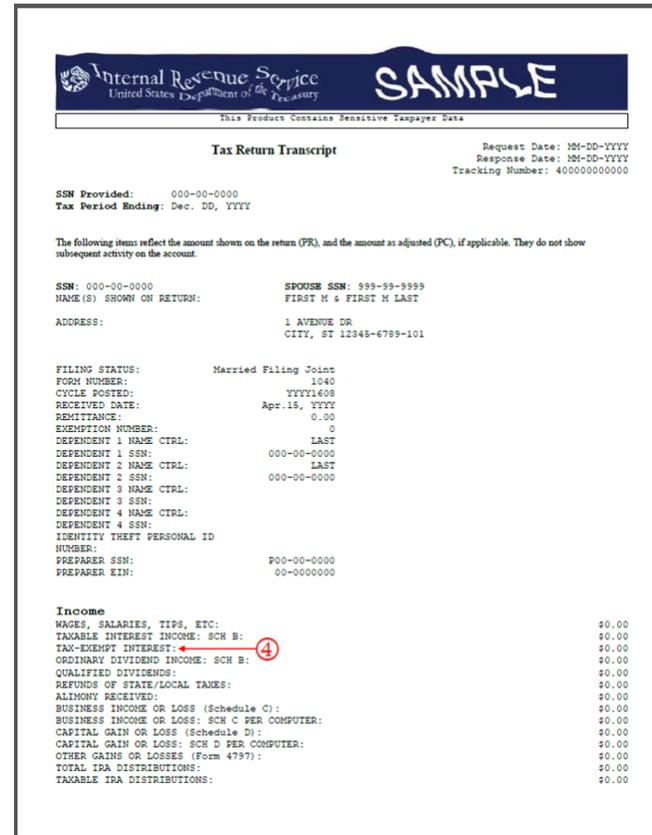
Please note that program eligibility will be independently verified and any inaccuracies in information provided will be shared between DSHS and the service provider.

Name: _____	Date: _____
Social Security Number: _____	Date of Birth: _____
Address change <input type="checkbox"/> Yes >>>> <input type="checkbox"/> No	
New Address _____	
<i>If you have moved, please include a copy of your driver's license with your new address, utility bill, rental agreement, or other documentation of your new address</i>	
Income (Includes income of legal or common law spouse if married) <input type="checkbox"/> I have no income <input type="checkbox"/> My income has not changed <input type="checkbox"/> My income has changed	
<small>If your income has changed since your last recertification, please include appropriate documentation of a tax transcript, two consecutive paystubs, Social Security letter, or support statement.</small>	
Insurance Status <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Part D	
<input type="checkbox"/> ACA health plan <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Form of Insurance	
<small>If you have insurance coverage of any kind, please include front and back copies of your insurance cards.</small>	
Signature: _____ Date: _____ <small>I attest that my signature on this form indicates the information provided is accurate and complete to the best of my knowledge.</small>	

- MAGI Form
 - 1 Page
 - Paired w/ IRS Tax Transcript
- Mock MAGI
 - 2 Pages
 - Paired w/ Proof of Non-Filing and/ OR:
 - Supporting Documents
- 6 Month Self-Attestation
 - 1 Page
 - If client had significant change in income, Mock MAGI will also need to be completed

IRS Forms

Income Tax Transcript



The image shows a sample IRS Tax Return Transcript form. At the top, it features the IRS logo and the text 'Internal Revenue Service United States Department of the Treasury'. A large 'SAMPLE' watermark is overlaid on the right side. Below the header, it says 'This Product Contains Sensitive Taxpayer Data'. The main title is 'Tax Return Transcript'. To the right, it provides 'Request Date: MM-DD-YYYY', 'Response Date: MM-DD-YYYY', and 'Tracking Number: 400000000000'. The form includes fields for 'SSN Provided: 000-00-0000' and 'Tax Period Ending: Dec. DD, YYYY'. A note states: 'The following items reflect the amount shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.' The form lists personal information: 'SSN: 000-00-0000', 'SPOUSE SSN: 999-99-9999', 'NAME(S) SHOWN ON RETURN: FIRST M & FIRST M LAST', and 'ADDRESS: 1 AVENUE DR, CITY, ST 12345-6789-101'. It also lists filing details: 'FILING STATUS: Married Filing Joint', 'FORM NUMBER: 1040', 'CYCLE POSTED: YYYYMM08', 'RECEIVED DATE: Apr. 15, YYYY', 'REMITTANCE: 0.00', and 'EXEMPTION NUMBER: 0'. There are four dependent entries, each with 'NAME CTRL: LAST' and 'SSN: 000-00-0000'. It also includes 'IDENTITY THEFT PERSONAL ID NUMBER', 'PREPARER SSN: 000-00-0000', and 'PREPARER EIN: 00-0000000'. The bottom section is titled 'Income' and lists various income types with amounts: 'WAGES, SALARIES, TIPS, ETC: \$0.00', 'TAXABLE INTEREST INCOME: SCH B: \$0.00', 'TAX-EXEMPT INTEREST: ④ \$0.00', 'ORDINARY DIVIDEND INCOME: SCH B: \$0.00', 'QUALIFIED DIVIDENDS: \$0.00', 'REFUNDS OF STATE/LOCAL TAXES: \$0.00', 'ALIQUOTS RECEIVED: \$0.00', 'BUSINESS INCOME OR LOSS (Schedule C): \$0.00', 'BUSINESS INCOME OR LOSS: SCH C PER COMPUTER: \$0.00', 'CAPITAL GAIN OR LOSS (Schedule D): \$0.00', 'CAPITAL GAIN OR LOSS: SCH D PER COMPUTER: \$0.00', 'OTHER GAINS OR LOSSES (Form 4797): \$0.00', 'TOTAL IRA DISTRIBUTIONS: \$0.00', and 'TAXABLE IRA DISTRIBUTIONS: \$0.00'. A circled '4' is next to the 'TAX-EXEMPT INTEREST' line.

Obtaining the Tax Transcript or Proof of Non-Filing

- Mail complete **4506-T** form
- Fax complete **4506-T** form to **801-620-6922**
- Call **800-908-9946** (IRS main phone line)
- Request online (form will then be mailed) @ <http://www.irs.gov/Individuals/Get-Transcript>
- Visit your local IRS tax office
- PAPs are also requesting

The special populations

Special populations include:

- Undocumented clients
- Homeless clients
- Clients released from incarceration in the last 3 months
- Emancipated minors

Special populations are not required to request IRS forms

Special populations will need to complete a Mock MAGI & provide applicable documentation:

- Pay stubs
- Disability award letters
- Income verification
- Supporter statement



DSHS Resources

MAGI Documents

- [MAGI Guidelines](#)
- [MAGI Frequently Asked Questions](#)
- [MAGI Decision Making Tree](#) (PDF : 220 kb)
- [Tax Transcript and Certificate of Non-Filing Instructions](#)
- [Local Texas IRS Offices \[IRS\]](#)
- [Supporter Statement](#) (PDF : 75 kb)
- [Income Verification](#) (PDF : 97 kb)
- [NASTAD MAGI Income Definition](#) (PDF : 81 kb)
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- [Determining Household Size for MAGI](#) (PDF : 196 kb)

- DSHS HIV-STD Program- News and Events:
<https://www.dshs.state.tx.us/hivstd/>
- Click on “Policies and Procedures”
- Click on the “HIV/STD Program Policies”
- Look for “HIV Health and Social Service Programs”
- Click “Ryan White HIV-AIDS Program MAGI Documents”
- <https://www.dshs.state.tx.us/hivstd/magi.shtm>

The importance of the AA

- If service providers have questions about MAGI forms/requirements they should contact the AA first
- AAs can help guide service providers experiencing barriers
- AAs can help discuss/ work through a unique client scenarios
- AAs can look to their own current policies and procedures when guiding service providers
 - Income verification
 - Housing clarification
 - Supporter statement questions/issues

MAGI

Ryan White Part B Meeting

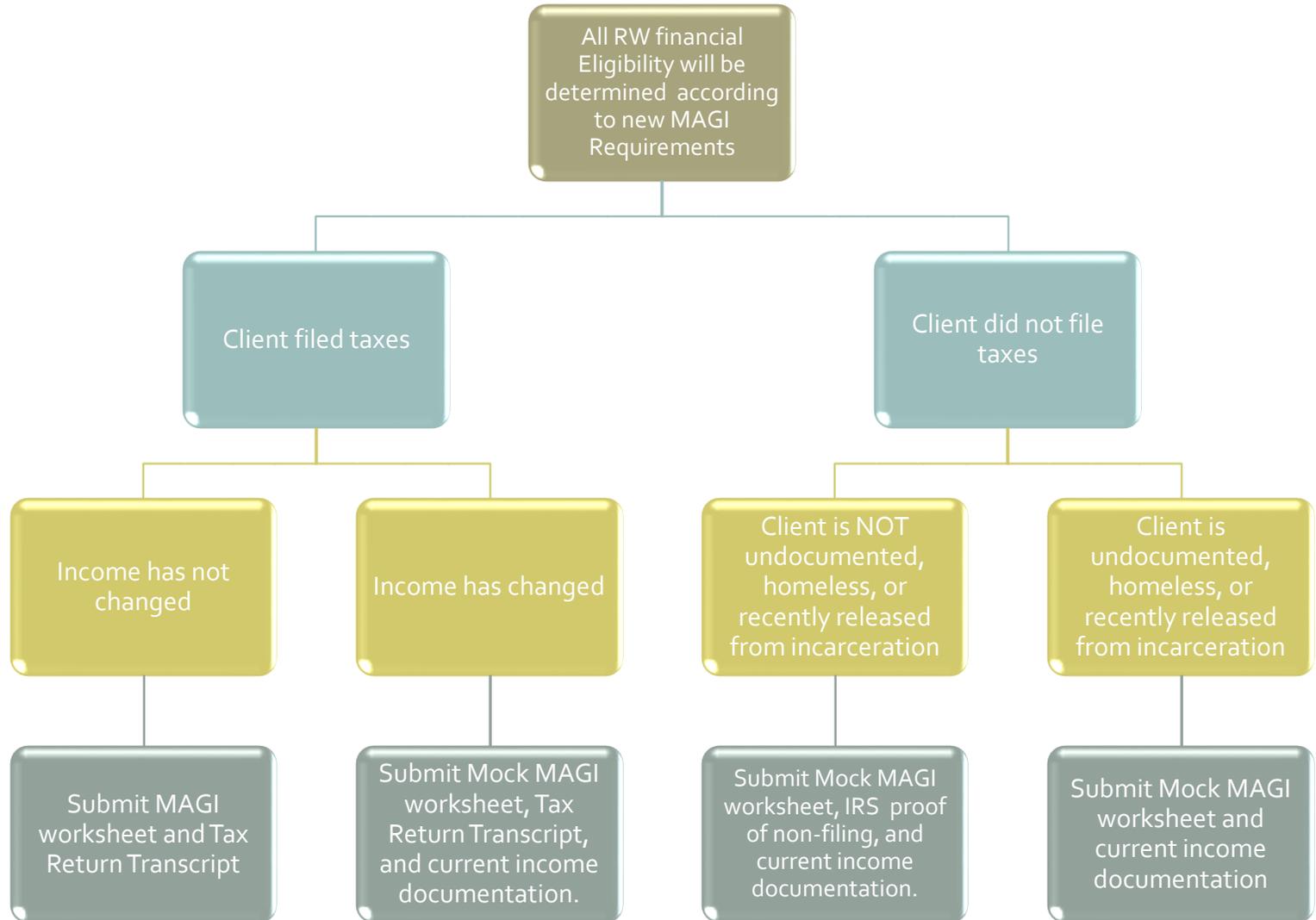
October 8th & 9th 2015

HIV Care Services Group

The Forms

A closer look at the forms used in the eligibility determination process

RW decision making tree



MAGI worksheet

MAGI Worksheet
Modified Adjusted Gross Income Worksheet for Income Tax Filers

Client name _____ Client code _____ DOB _____

Client address _____

Adjusted Gross Income (AGI)	
Listed as ADJUSTED GROSS INCOME on Tax Return Transcript (Corresponds to Line 4 on Form 1040EZ, Line 21 on Form 1040A, or Line 37 on Form 1040)	\$0.00
+ Add Back Certain Income	
Non-taxable Social Security benefits Tax Return Transcript "TOTAL SOCIAL SECURITY BENEFITS" minus "TAXABLE SOCIAL SECURITY BENEFITS" (Corresponds to Line 20a minus 20b on Form 1040 or Line 14a minus 14b on Form 1040A)	+\$0.00
And	
Tax-exempt interest Tax Return Transcript "TAX EXEMPT INTEREST" (Corresponds to Line 8b on Forms 1040 or 1040A)	+\$0.00
And	
Foreign earned income & housing expenses for Americans living abroad Tax Return Transcript "FORM 2555 COMBINED EARNED INCOME AMOUNT PER COMPUTER (Calculated on a Form 2555 on Tax Return)	+\$0.00
- Exclude from income	
Scholarships, awards, or fellowship grants used for education purposes and not for living expenses	-\$0.00
Certain American Indian and Alaska Native income derived from distributions, payments, ownership interests, real property usage rights, and student financial assistance	-\$0.00
An amount received as a lump sum is counted as income only in the month received	-\$0.00
Modified Adjusted Gross Income (MAGI)	\$0.00
Family size (only include Applicant, legal or common law spouse, and dependents <18 (only biological, adopted, or stepchildren)).	1
Federal Poverty Level %	0%

Client Signature	Date
-------------------------	-------------

By signing this form, I affirm that the above information is an accurate statement of my current income. I understand that any inaccuracies in information provided will be shared between DSHS and the service provider. I understand that if I deliberately omit or give false information, I may be removed from the program and/or criminally prosecuted.

- 1Page
- Used with tax filers
 - No major change in income
 - Clients married to tax filers
- Tax Transcript (request early)
- Complete the form on your computer
- Allow numbers to stand a few seconds
 - FPL is self-calculating
- Print for out and place in client file
 - Include supporting IRS documents

Mock MAGI

Mock MAGI Worksheet

Only for use with applicants who have not filed a Tax Return for the most recent Tax Year and applicants who have had changes in income since last Tax Return was filed

Client Name: Client Code: DOB:

Client Address:

INCOME			
Total Annual Income for Applicant and Legal or Common-Law Spouse. (If applicant is under the age of 18, please include total annual income for all parents or legal guardians who live in the home with the applicant.)			
Wages, Salaries, tips, etc.	\$ <input type="text"/>	Other Gains (or losses)	\$ <input type="text"/>
Taxable Interest	\$ <input type="text"/>	Unemployment Income	\$ <input type="text"/>
Tax Exempt Interest	\$ <input type="text"/>	Ordinary Dividends	\$ <input type="text"/>
IRA Distributions - Taxable amount	\$ <input type="text"/>	Alimony or other Spousal Support Received	\$ <input type="text"/>
Pensions & Annuities (Veteran/Employer Based Pensions, Retirements, or Disability)	\$ <input type="text"/>	Rental real estate, partnerships, S Corporations, Trusts, etc.	\$ <input type="text"/>
Retirement Income from Social Security (SSA)	\$ <input type="text"/>	Taxable Refunds or Credits of State/Local Income Taxes	\$ <input type="text"/>
Disability Income from Social Security (SSDI)	\$ <input type="text"/>	Other Income (Jury Duty Pay, Gambling Winnings)	\$ <input type="text"/>
Non-taxable Social Security Benefits	\$ <input type="text"/>	Foreign earned income & housing expense for American citizens living abroad	\$ <input type="text"/>
Business Income (or loss)	\$ <input type="text"/>		
Farm Income (or loss)	\$ <input type="text"/>	Income Total	\$0.00
Capital Gain (or loss)	\$ <input type="text"/>		

Notes
<input type="text"/>

- 2 Pages
- Non-tax filers
- Client's with significant change in income
- Special populations
 - Undocumented
 - Homeless
 - Recently released from incarceration
 - Emancipated minors
- Complete the form on your computer
- Allow numbers to stand a few seconds
 - Self-calculating FPL
- Print for out and place in client file
 - Include supporting income documents

6 month attestation form

Six Month Self-Attestation of Eligibility Changes

Continued Ryan White eligibility requires an update to your eligibility every six months. Please answer all questions below and provide any required documents for changes in your income, insurance status, or residency. Sign and date and return this entire form with any required documents within 45 days to ensure continued access to Ryan White services, including the THMP program, if applicable. We will notify you if there have been any changes in your eligibility.

Please direct any questions to your provider agency or call 1-800-255-1090 if you have any questions specific to the THMP program.

Please note that program eligibility will be independently verified and any inaccuracies in information provided will be shared between DSHS and the service provider.

Name: _____		Date: _____	
Social Security Number: _____		Date of Birth: _____	
Address change <input type="checkbox"/> Yes ▶▶▶▶▶ <input type="checkbox"/> No		_____ <small>New Address</small>	
<small>If you have moved, please include a copy of your driver's license with your new address, utility bill, rental agreement, or other documentation of your new address</small>			
Income (Includes income of legal or common law spouse if married) <input type="checkbox"/> I have no income <input type="checkbox"/> My income has not changed <input type="checkbox"/> My income has changed			
		<small>If your income has changed since your last recertification, please include appropriate documentation of a tax transcript, two consecutive paystubs, Social Security letter, or support statement.</small>	
Insurance Status <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Part D			
		<input type="checkbox"/> ACA health plan <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Form of Insurance	
		<small>If you have insurance coverage of any kind, please include front and back copies of your insurance cards.</small>	
Signature: _____		Date: _____	
<small>I attest that my signature on this form indicates the information provided is accurate and complete to the best of my knowledge.</small>			

- 1 Page
- Complete at 6 month mark
- If there are no significant changes in the client's situation, only complete the 6 mo. self-attestation form
- If client had a change in income, complete 6 month attestation from & Mock MAGI

Supporter statement

SUPPORTER STATEMENT

If an applicant has no income or is unable to provide any documentation showing how they manage, this form can be used as documentation. This form must be completed and signed by the person providing support; it **should not** be filled out by the person applying for the program.

I, _____, certify that I currently support
(printed name of supporter)

_____, who resides at the following
(printed name of person you support)

address: _____
(person you support's street address, city, state, & zip code)

I have supported him/her since _____, My relationship to the applicant
(Date)

is _____
(examples: parent, spouse, roommate, friend, sister, etc.)

The type of support I provide is (check all that apply):

Room Food/Clothing Rent/Mortgage Utility Bills

Cash Assistance in the amount of \$ _____ per month

Other: _____

Additional explanation (if necessary):

I can be reached at the following number(s) to verify this information:

By signing this form, I affirm that the above information is an accurate statement of assistance being provided to the applicant. I understand that if I deliberately omit or give false information the applicant may be removed from the program and/or criminally prosecuted.

Signature of Supporter <small>(please print and sign)</small>	Date
---	------

Please note: If there are special circumstances surrounding your household situation that would need to be explained or verified by a social worker, case manager, or public health nurse, please have them provide a detailed support statement on your behalf and attach it to your application when applying for assistance.

(Revised 08/2015) Page 7

- Client's that do not have income
- Unable to provide income documentation
- Special Populations
 - Homeless
 - Recently released from incarceration
 - Undocumented
 - Emaciated Youth

*** Note***

The supporter must complete the supporter statement. A client completing and signing their own supporter statement is a common mistake. The supporter must indicate how the client is supported by checking the applicable boxes on the form. Incomplete forms will not be accepted.

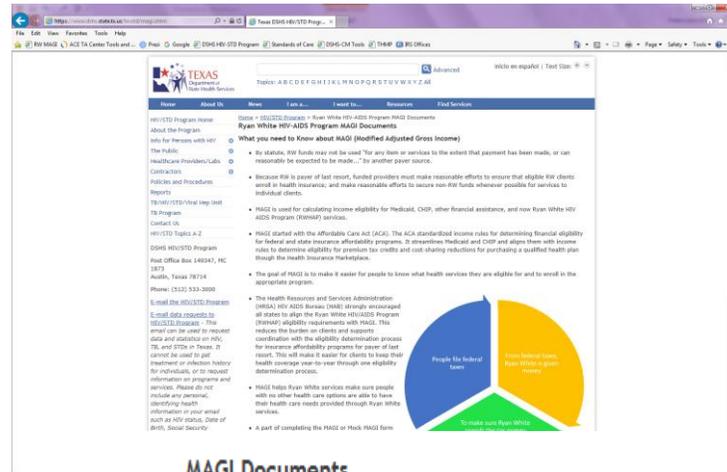
Income verification

INCOME VERIFICATION	
This form should be used <u>only when no supporting income documentation is available</u> . If paystubs are available to the employee copies must be submitted. This should be signed by the employer only.	
I. Employee Information	
Employee Name:	
Employee Address:	
II. Employer Contact Information	
Business Name:	
Business Address:	
Business Phone Number:	
Contact Name:	Contact Phone Number:
III. Employee Income	
Type of work performed by the employee:	
First Day of Employment:	Last Day of Employment (if applicable):
Average number of hours worked per week:	
Method of payment (check one): <input type="checkbox"/> Cash <input type="checkbox"/> Personal check <input type="checkbox"/> Payroll check <input type="checkbox"/> Other (please specify)	
Frequency of payment (check one): <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Daily <input type="checkbox"/> Other (please specify)	
Gross earnings \$	per pay period
Gross hourly wage: \$	per hour
Estimated amount of weekly tips or commissions: \$	per week
IV. Employee Health Coverage	
Is employer-sponsored health coverage offered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is/was this employee enrolled in health coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
V. Additional Information	
Will there be any changes to this person's employment in the next few months?	
VI. Certification	
I verify that the above information is true and correct to the best of my knowledge.	
Signature of Employer (please print and sign)	Date

(Revised 08/2015) Page 10

- Income Verification/Wage Verification Forms
- Income verification forms are only accepted when supporting income documentation is unavailable
- Typically, clients who are paid in cash only and who can't file taxes will use this form
- If the client reports cash earnings to the IRS and files taxes, then a Tax Transcript will be required. If the client has chosen not file, a proof of non-filing will be requested instead

DSHS Resources



The screenshot shows the DSHS HIV-STD Program MAGI Documents page. The page features a navigation menu on the left with links such as 'Home', 'About Us', 'What you need to know about MAGI', 'Policies and Procedures', and 'Reports'. The main content area contains a table with columns for 'Topic', 'Last Updated', 'Download', and 'File Size'. Below the table is a pie chart titled 'MAGI Documents' with three segments: 'People for Federal' (blue), 'Ryan White HIV/AIDS' (yellow), and 'Medicaid' (green).

MAGI Documents

- [MAGI Guidelines](#)
- [MAGI Frequently Asked Questions](#)
- [MAGI Decision Making Tree \(PDF : 220 kb\)](#)
- [Tax Transcript and Certificate of Non-Filing Instructions](#)
- [Local Texas IRS Offices \[IRS\]](#)
- [Supporter Statement \(PDF : 75 kb\)](#)
- [Income Verification \(PDF : 97 kb\)](#)
- [NASTAD MAGI Income Definition \(PDF : 81 kb\)](#)
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- [Determining Household Size for MAGI \(PDF : 196 kb\)](#)

- DSHS HIV-STD Program- News and Events: <https://www.dshs.state.tx.us/hivstd/>
- Click on “Policies and Procedures”
- Click on the “HIV/STD Program Policies”
- Look for “HIV Health and Social Service Programs”
- Click “Ryan White HIV-AIDS Program MAGI Documents”

Checking client files

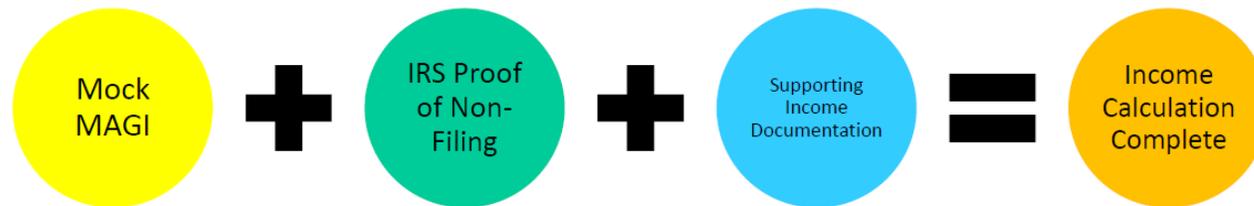
Clients who filed taxes with no significant change in income



Clients who are a special population



Clients who did not file taxes and are not a special population



Letters from community agencies

- It is important to remember that RW is not as familiar with the client's situation as much as the case manager is. Case managers can submit a written explanation to help explain the client's situation.
 - Home Visit
 - Transitional Housing
 - Inpatient Substance Abuse Treatment
 - Unique Situations

Tips

- If there is concern a client will not be able to obtain their IRS forms within the 30 day grace period, complete the Mock MAGI
 - Continue to pursue IRS forms
 - Document what is happening
- Be mindful it may take up to 12 months when monitoring to see the MAGI change
 - Looking for the agency making effort
 - Flexibility
 - Aires and MAGI are not congruent at this time
- Have client's complete ADAP with RW to help align applications
- The first 12-18 months is the hardest part of the MAGI implementation
 - Illinois

MAGI

Ryan White Part B Meeting

October 8th & 9th 2015

HIV Care Services Group

Explaining the change

- Eligibility inconsistencies across state
- 1 financial eligibility process
- DSHS is responsible for making sure RW funding is spent appropriately
 - PoLR
- Unknown future of RW/ being proactive
 - Other states have already made the switch
 - HIM can offer more than Ryan White



DSHS Resources

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- Click “Ryan White HIV-AIDS Program MAGI Documents”
- <https://www.dshs.state.tx.us/hivstd/magi.shtm>

Resources

The screenshot shows the ACE TA Center website interface. At the top, there is a navigation bar with the ACE logo and the tagline 'Supporting HIV care through education and innovation'. Below this is a secondary navigation bar with links for 'Resource Library', 'News and Events', 'Ryan White Community', and 'Help Desk'. The main content area is titled 'ACE TA Center Tools and Resources' and contains several sections: 'Browse tools and resources' with links for 'For enrollment assisters', 'For consumers', and 'Available in Spanish'; 'Tools & Resources for Enrollment Assisters' with links for 'Online Resource Guide for Enrolling RWHAP Clients in Health Coverage', 'Eligibility Decision Trees', 'Common Questions and Suggested Responses for Engaging Clients in Health Coverage', and 'Plain Language Glossary for Health Care Enrollment Terms'. The ACE logo is prominently displayed on the right side of the page.

- ACE TA Center
 - <https://careacttarget.org/ace/tools-and-resources>
- NASTAD
 - <https://www.nastad.org/>
- IRS Website
 - <http://www.irs.gov/uac/Contact-My-Local-Office-in-Texas>
- Healthcare.gov
 - <https://www.healthcare.gov/>
- Enroll Texas
- DSHS Website:
 - Ryan White:
<https://www.dshs.state.tx.us/hiv/std/magi.shtm>
 - THMP/ADAP:
<https://www.dshs.state.tx.us/hiv/std/meds/document.shtm>

Tips

- Local tax offices are a vital resource. Local offices can assist with:
 - Faxing tax transcripts
 - Updating client addresses
- 4506-T can be requested by a 3rd party. CMs found success with using the agency name versus individual worker names in 3rd party section
- Make 4506-T Form apart of intake packet
- Work with client to get tax transcript/ proof of non filing ASAP:
 - 3 way call
 - Place in intake paperwork
 - DIS
- It is important for agency workers to take the time to explain to clients 'sharing' and 'not sharing' information in Aires
 - Pros and Cons to both
 - Client are always welcome to opt out
 - Client may need to complete eligibility more than once
 - ROIs

The role of the AA

- AAs are a vital part of the MAGI process
- If service providers have questions about MAGI forms/requirements they should contact the AA first
- AAs will become the subject matter experts for MAGI in their area
- AAs can help guide service providers experiencing barriers and discuss/ work through a unique client scenarios
 - IRS form refusal
- AAs can look to their own current policies and procedures when guiding service providers
 - Income verification/support statement

Survey

- The HIV Care Services group is working on a survey for AAs and service providers
- The goal of the survey will be to take a temperature on how the different areas are doing with the MAGI implementation
- We want to encourage idea sharing and successful actions taken and tried