

NOTIFICATION OF APPROVAL FOR MEDICAID SPENDDOWN LETTER

PURPOSE: To provide an applicant with an official notice of approval for eligibility. Use the form to:

- Inform the client they are eligible as a Medicaid spenddown client.
- Inform the client the spenddown amount.
- Provides written verification of the amount of countable medical expenses the client has provided while waiting for the eligibility to be determined that did not meet their spenddown.
- Provides written verification of the Medicaid start date, the monthly spenddown amount for that month and the portion that was left of the spenddown amount on the start date for those months the client did meet their spenddown while the application was pending.

NUMBER OF COPIES AND DISPOSITION: Make two copies. Mail the original to the claimant at the time the coverage is put into IMU5 system. File a copy in the case record.

EXCEPTION:

For a Medicaid claimant with a guardian or conservator, send additional copies to appropriate address.

INSTRUCTIONS FOR COMPLETION: The form must be typed or written legibly in ink. Complete Caseworker, Telephone Number, Date, County Office Address, Inside Address, Case Name, Eligible Spouse and Medicaid Number as appropriate.

In the next section enter the name of the individual or the couples name that were approved.

The next caseworker entry is the section that tells the client the spenddown amount. More than one month maybe listed with the amount if a change occurred that effected the amount of spenddown.

ENCLOSURE:The appropriated information leaflet(s) must be enclosed. At the lower left-hand corner of the letter, give the number(s) of the leaflet(s) enclosed.

CASEWORKER: Sign caseworker name.

LOAD:Enter caseworker load number.

BACK OF FORM:

The top section provides the caseworker a place to inform the client of bills that had been provided while eligibility was being determined. In that section, if appropriate, enter the following:

- The MONTH will be the month for which partial bills were received.
- SPENDDOWN AMOUNT is the full spenddown amount for the month that is determined on the IM budget (line 17. on the IM-30A).
- MEDICAL COSTS PROVIDED (total) is the amount of bills totaled for that month the client provided but not yet met the spenddown.
- AMOUNT LEFT TO MEET SPENDDOWN is the SPENDDOWN AMOUNT minus MEDICAL COSTS PROVIDED.

In the next section enter the following:

- The MONTH will be the month for which coverage has been entered.
- The MEDICAID START DATE is the first day that spenddown for the month was met, specify month, day and year.
- MONTHLY SPENDDOWN is the full spenddown amount for the month that is determined on the IM budget (line 17. on the IM-30A).
- AMOUNT OF SPENDDOWN MET ON START DATE will be the amount that claimant had left to meet on the day when spenddown was met. This is the amount entered as client liability on the MSPA or MSPU. Medicaid will not pay this amount when the provider sends bills for the start date.