

IMPORTANT INFORMATION ABOUT YOUR MEDICAL ASSISTANCE
SPENDDOWN AMOUNT

Starting October 1, 2003, your Medical Assistance Spenddown amount will be changing. The reason for this change is the Medicaid non-spenddown income limit has increased from \$599.00 to \$674.00 if you are single and \$829.00 to \$909.00 if your case is budgeted as a couple. The invoice attached to this notice has the new spenddown amount you must meet. If there were no changes in your income your spenddown for October should be \$75.00 less than your September spenddown amount, if you are budgeted as a single person. If you are budgeted as a couple case, your October spenddown should be \$80.00 less than your September spenddown amount. If you have your spenddown amount taken from your bank account by Automatic Withdrawal, you will notice the change in the month of September 2003. The September withdrawal is for October's spenddown. If your monthly income has changed, call your caseworker at your local Division of Family Services.

If you agree with this, no further action is required for you. If you do not agree with this action, you can request a hearing within 90 days from the date of this letter by contacting your local Division of Family Services office. You may present your information yourself. Your own attorney may represent you or another person who knows your situation may represent you. You have the right to present witnesses in your behalf and to question witnesses who appear at the request of Division of Family Services.

If you have questions about this, call your caseworker at XXX-XXX-XXXX.