

(seal)

MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF FAMILY SERVICES  
3/24/2003

CASE ID:

According to the information available to the Division of Family Services, your net income will be                    in March 2003. Since this income must be considered in determining eligibility for benefits (13 CSR 40-2.200), your spenddown will change to                    effective May 1, 2003. The reason for this change is that the Medicaid non-spenddown income limit has increased from \$591.00 to \$599.00.

If you believe this decision is not correct, you have the right to request a hearing by phone, in person, or in writing. If you wish to request a hearing after the above action, you have 90 days from May 1, 2003, to make the request.

At the hearing, you may present your case or be represented by someone else including an attorney. You may bring or question witnesses.

Sincerely,

Load #Phone #

(seal)

MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF FAMILY SERVICES  
3/24/2003

CASE ID:

According to the information available to the Division of Family Services, your net income will be \_\_\_\_\_ in April 2003. Since this income must be considered in determining eligibility for benefits (13 CSR 40-2.200), you are no longer eligible for Medicaid on a non-spenddown basis effective May 1, 2003.

You may be eligible for Medicaid on a spenddown basis. Spenddown is like a deductible on insurance policies, in that you and/or your spouse must be charged for medical care up to a certain amount before your Medicaid coverage can begin. The maximum income for Medicaid non-spenddown is \$599.00. Your spenddown amount is \_\_\_\_\_. Within ten (10) days of this letter you will receive a notice explaining your options for meeting spenddown from the Division of Medical Services.

If you have questions about the spenddown program, contact Your caseworker or call 1-800-392-1261.

If you believe this decision is not correct, you have the right to request a hearing by phone, in person, or in writing. If you wish to request a hearing after the above action, you have 90 days from May 1, 2003 to make the request.

At the hearing, you may present your case or be represented by someone else including an attorney. You may bring or question witnesses.

Sincerely,

Load #Phone #

(seal)

MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF FAMILY SERVICES  
3/24/2003

CASE ID:

Effective April 1, 2002, you are no longer required to meet a spenddown for your Medicaid coverage. The reason for this change is the Medicaid non-spenddown income limit has increased from \$591 to \$599. The income information we have on file for you shows your countable income is below this new limit. Thus, your Medicaid coverage will continue without a break unless your situation changes. If your situation changes, you must report these changes at once to the Division of Family Services office. It is important you notify us if you have changes in your household, such as income, resources, or your address changes.

If you have questions about this, call the office at the phone number listed below.

Sincerely,

Load #Phone #

(seal)

MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF FAMILY SERVICES  
3/24/2003

CASE ID:

Effective April 1, 2002, you are no longer required to pay a premium for your Medicaid coverage. The reason for this change is the Medical Assistance for Workers with Disabilities non-premium income limit has increased to \$1123.00. The income information we have on file for you shows your countable income is below this new limit.

If your situation changes, you must report these changes at once to the Division of Family Services office. It is important you notify us if you have changes in your household, such as income, resources, or your address changes.

If you have questions about this, call the office at the phone number listed below.

Sincerely,

Load #Phone #