

(Attachment #2)

IMPORTANT INFORMATION ABOUT YOUR MEDICAL ASSISTANCE  
SPENDDOWN AMOUNT

Your Medical Assistance Spenddown amount has been reduced effective July 1, 2004. The reason for this change is the Medicaid non-spenddown income limit has increased from \$699.00 to \$776.00 if you are single and \$937.00 to \$1041.00 if your case is budgeted as a couple. The invoice attached to this notice has the lower spenddown amount you must meet for September. If there have been no changes in your income your new spenddown should be \$77.00 less than your previous spenddown amount, if you are budgeted as a single person. If you are budgeted as a couple case, your new spenddown should be \$104.00 less than your previous spenddown amount. July and August spenddown amounts you were previously notified of have been reduced by \$77.00 for a single person and \$104 for married couples.

If you have already paid your spenddown amount to Division of Medical Services for July and/or August, you will receive a refund in about four to six weeks. For questions regarding your refund call 1-877-888-2811. If you provided bills to meet your July spenddown, your caseworker will review the bills to determine if your spenddown was met on an earlier date. Your caseworker will notify you of any change in the date your coverage began or the amount of bills you are responsible for on that date. If changed, you will need to talk to your provider(s) about the possibility of billing Medicaid for the service and refunding any amount you paid. Show the provider a copy of the letter from your caseworker showing the change. For help with this process call Recipient Services at 1-800-392-2161.

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 Family Support Division 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 Family Support Division.

If you have questions about your eligibility or your monthly income has changed, call your caseworker at XXX-XXX-XXXX.

