



**MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION**

**03/21/2005**

**CASE ID:  
COUNTY:**

Dear MC+ Customer,

Effective April 1, 2005, you are no longer required to pay a \$5 co-pay for provider visits and are eligible to receive non-emergency medical transportation for your child(ren) listed below. The reason for this change is the MC+ income limits have increased.

If you agree with this, no further action is required of 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 Caseworker (IM).

If you request a hearing, we will schedule it for you and notify you of the time of the hearing. You may present your information yourself or you may be represented by your own attorney or by other persons who know your situation. You have the right to present witnesses in your behalf and to question witnesses who appear at the request of the Caseworker (IM).

Sincerely,

Caseworker (IM)  
Load #  
Phone #

**Child's Name**

**Medicaid/MC+ Number**



MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION

03/21/2005

CASE ID:

COUNTY:

Dear MC+ Customer:

Effective April 1, 2005, children listed below are now eligible to receive non-emergency medical transportation. The reason for this change is the MC+ income limits have increased.

If you agree with this, no further action is required of 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 Caseworker (IM).

If you request a hearing, we will schedule it for you and notify you of the time of the hearing. You may present your information yourself or you may be represented by your own attorney or by other persons who know your situation. You have the right to present witnesses in your behalf and to question witnesses who appear at the request of the Caseworker (IM).

Sincerely,

Caseworker (IM)

Load #

Phone #

Child's Name

Medicaid/MC+ Number



**MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION**

**03/21/2005**

**CASE ID:  
COUNTY:**

Dear MC+ Customer,

Effective April 1, 2005, you are no longer required to pay a \$5 co-pay for provider visits for your child(ren) listed below. The reason for this change is the MC+ income limits have increased.

If you agree with this, no further action is required of 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 Caseworker (IM).

If you request a hearing, we will schedule it for you and notify you of the time of the hearing. You may present your information yourself or you may be represented by your own attorney or by other persons who know your situation. You have the right to present witnesses in your behalf and to question witnesses who appear at the request of the Caseworker (IM).

Sincerely,

Caseworker (IM)  
Load #  
Phone #

**Child's Name**

**Medicaid/MC+ Number**



**MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION**

**03/21/2005**

**CASE ID:  
COUNTY:**

Dear MC+ Customer,

Effective April 1, 2005, you are no longer required to pay a premium to receive MC+ coverage for the children listed below. These children's co-pay will now be \$5 for provider visits. The reason for this change is the MC+ income limits have increased.

If you agree with this, no further action is required of 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 Caseworker (IM).

If you request a hearing, we will schedule it for you and notify you of the time of the hearing. You may present your information yourself or you may be represented by your own attorney or by other persons who know your situation. You have the right to present witnesses in your behalf and to question witnesses who appear at the request of the Caseworker (IM).

Sincerely,

Caseworker (IM)  
Load #  
Phone #

**Child's Name**

**Medicaid/MC+ Number**



MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION

3/21/2005

CASE ID:

COUNTY:

According to the information available to the Family Support Division, your net income will be \_\_\_\_\_ in April 2005. 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, 2005.

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 point before your Medicaid coverage can begin. The maximum income for Medicaid non-spenddown is \$798.00. 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.

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 March 21, 2005 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 #



**MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION**

March 21, 2005

CASE ID:  
COUNTY:

Effective April 1, 2005, 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 \$776 to \$798 for a single person household and from \$1041 to \$1070 for a married couple household. 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 Family Support Division office. It is important you notify us if you have changes in your household, such as income, resources, or your address changes.

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 March 21, 2005 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.

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

Sincerely,

Load #  
Phone #



**MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION**

**3/21/2005**

**CASE ID:**

**COUNTY:**

Effective April 1, 2005, 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 \$1197.00. 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 Family Support Division 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 #



**MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION**

**3/21/2005**

**CASE ID:**

**COUNTY:**

According to the information available to the Family Support Division, your net income will be \_\_\_\_\_ in March 2005. Since this income must be considered in determining eligibility for benefits (13 CSR 40-2.200), your spenddown will change to \_\_\_\_\_ effective May 1, 2005. The reason for this change is that the Medicaid non-spenddown income limit has increased from \$776.00 to \$798.00 for a single person and from \$1041.00 to \$1070.00 for a couple.

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 March 21, 2005 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 #





**MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION**

03/21/2005

**CASE ID:  
COUNTY :**

Dear

According to the information available to the Family Support Division, your income will be \_\_\_\_\_ in March 2005. Since this income must be considered in determining eligibility for benefits (13 CSR 40-2.200), your Medical Assistance for Workers with Disabilities (MAWD) premium will change to \_\_\_\_\_ effective May 1, 2005. The reason for this change is that the MAWD income limit has increased from \_\_\_\_\_ to \_\_\_\_\_.

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 March 21, 2005 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,

Caseworker  
Load #  
Phone #