



MISSOURI DEPARTMENT
OF SOCIAL SERVICES FAMILY
SUPPORT DIVISION

CASE NUMBER:
COUNTY:

Senate Bill 539 and House Bill 11 reduced the Medicaid non-spenddown income limit for persons age 65 and over and persons with disabilities from 100% of the federal poverty level (FPL) to 85% of the FPL effective September 1, 2005. For single individuals, the new limit is \$678 per month; for married couples, the new limit is \$909 per month. Income information on file for you indicates your income is above this limit.

Effective September 1, 2005, you are no longer eligible for Medicaid on a non-spenddown basis. You must meet a spenddown to receive Medicaid coverage for any month after August 31, 2005. Spenddown is like a deductible on insurance policies, in that you must be charged for medical care up to the spenddown amount before your Medicaid coverage for the month can begin. Your spenddown amount is the amount by which your income, after allowable disregards, exceeds the non-spenddown limit. Effective September 1, 2005, your spenddown amount is \$ -----per month. If you feel your monthly income is currently below the new limit, please contact your local Family Support Division office so we may evaluate continued eligibility for non-spenddown Medicaid.

Beginning in August, the Division of Medical Services (DMS) will mail you a monthly invoice on the second working day of each month. The invoice is for the next month's spenddown amount (for example, the 8/02/05 invoice will be for your September 2005 spenddown). The invoice gives you the option of meeting your spenddown by submitting bills to your caseworker or paying in the spenddown amount to DMS.

If you choose to meet your spenddown by providing bills to your caseworker, Medicaid will only pay for covered medical expenses that exceed your spenddown amount. Medicaid coverage begins on the day your medical expenses equal or exceed your spenddown amount. The amount of your medical expenses used to meet spenddown on the day your Medicaid coverage begins (the day you meet spenddown) will not be paid by Medicaid.

If you choose the pay-in option, Medicaid will pay for all covered medical expenses you receive for that month. If you pay-in before the first day of the month, you will not have any interruption in your Medicaid coverage. If you choose the pay-in option, you will not need to send bills to your caseworker.

If you believe this action is wrong, you have until **July 11, 2005** to contact your local office and request a hearing. You may request a hearing by mail, by telephone, or in person through your local Family Support Division office. If you request a hearing by this date, your benefits will continue pending the results of the hearing. If you request a hearing, it will be held ----- at -----at the local Family Support Division office. At the hearing, you may present your information yourself or be represented by your own attorney or by other persons who know your situation. If you do not have an attorney, or cannot afford one, you may be able to get help from Legal Aid or Legal Services in your area. You have the right to bring witnesses to testify at the hearing and to question witnesses who appear at the request of the Family Support Division. If you have special needs or require other special accommodations to be able to participate in the hearing, please call 1-573-526-5240 on or before **July 11, 2005**.

If your situation changes, you must report these changes to the local Family Support Division office. The law provides penalties for any person who receives benefits to which they are not entitled through misrepresenting the facts or not reporting full information about their situation.

Contact your caseworker at the telephone number below if you have questions.

Caseworker:
Load Number:
Phone Number: