



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 income limit is reduced from \$798 per month to \$678 per month.

Your spenddown will increase by \$120 effective September 1, 2005, due to this change. Your monthly invoices from the Division of Medical Services will reflect this change beginning with your August 2005 invoice for September 2005 Medicaid coverage.

If you believe this action is wrong, you have until **July 5, 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 **July --, 2005** 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 5, 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:

