



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

CASE NUMBER:
COUNTY:

Effective September 1, 2005, the person(s) listed below are no longer eligible for Medical Assistance on a non-spenddown basis:

DCN	NAME
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Senate Bill 539 and House Bill 11 reduced the Medicaid non-spenddown income limit for persons age 65 and older and persons with disabilities from 100% of the federal poverty level (FPL) to 85% of the FPL effective September 1, 2005. The income limit is reduced to \$678 per month for single individuals and to \$909 per month for married couples. As your income exceeds the limit, a spenddown must be met 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. The spenddown amount is the amount by which your and your spouse's income, after allowable disregards, exceeds the non-spenddown limit. Your spenddown amount is \$ _____ per month beginning September 1, 2005.

In the next few days, you will receive an invoice from the Division of Medical Services (DMS) for your September spenddown amount. Beginning in September, a monthly invoice will be mailed to you on the second working day of each month. The invoice is for the next month's spenddown amount (for example, the 09/02/05 invoice will be for your October 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 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 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 the right to request a hearing within 90 days from the date of this letter. You may request a hearing by mail, by telephone, or in person through your local Family Support Division office. At the hearing, you may present your information yourself or be represented by your own attorney or 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.

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

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.

Caseworker:
Load Number:
Phone Number: