



MISSOURI
DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

CASE ID :
COUNTY :
INDEX :

Dear

According to the information available to the Family Support Division, your Social Security benefit will increase by _____ in January 2007. 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 January 1, 2007.

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 amount before your Medicaid coverage can begin. Your spenddown amount is _____. Within seven (7) 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 eligibility specialist.

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 January 1, 2007 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,

Eligibility Specialist
Load #
Phone #