



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION

**NON-SPENDDOWN TO SPENDDOWN ADVERSE ACTION NOTICE**

<b>FROM</b>	CASEWORKER	TELEPHONE NUMBER	DATE
	COUNTY OFFICE ADDRESS (STREET)		
	CITY, STATE, ZIP CODE		
<b>TO</b>	NAME		
	ADDRESS (STREET)		
	CITY	STATE	ZIP CODE
<b>RE</b>	CASE NAME	CASE NUMBER	

Based on the information we have about you and your spouse (if applicable) the following persons are no longer eligible for Medicaid coverage on a non-spenddown basis after \_\_\_\_\_:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Since your income is over the limit for regular Medicaid, your coverage must be based on a "spenddown" (RSMo 208.151). Spenddown is like a deductible on insurance policies, in that you and/or your spouse must be charged for medical care up to the spenddown amount before your Medicaid coverage can begin. Please see the enclosed pamphlet for more information. Keep it for future reference.

☐ Your spenddown amount for the month(s) \_\_\_\_\_ is \_\_\_\_\_.

☐ Effective \_\_\_\_\_ your spenddown amount is \_\_\_\_\_.

If you believe this action is wrong, you have until \_\_\_\_\_ to contact your local office and request a hearing. You may request a hearing by mail, by telephone, or in person through your local office at the address listed on this notice. If you request a hearing by this date, your benefits will continue pending the results of the hearing. We will notify you of the time and place of the hearing. 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.

ENCLOSURE: INFORMATION LEAFLET NUMBER

CASEWORKER SIGNATURE

LOAD