

CASE NUMBER: COUNTY:

You will continue to receive Medicaid without having to meet a spenddown. This is because you receive in-home medical services authorized by the Department of Health and Senior Services (DHSS). A person receiving these services does not have a spenddown if they are age 63 or over and have income of \$1012.00 or less per month. A review of your information on file indicates you meet these requirements.

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.

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: