

Family Support Division
Address
Address

Client
Address
Address

CASE NUMBER.:
COUNTY

NOTICE OF CASE ACTION

Effective September 1, 2005 your spenddown for Medical Assistance coverage will increase by \$120. The invoice you receive from the Division of Medical Services in August 2005 for September 2005 coverage will reflect the amount of the spenddown increase.

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.

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