GOVERNMENT OF THE DISTRICT OF COLUMBIA





SAMPLE NOTICE: LTCSS Spend Down Notice

Notice Date: 06/01/2023

Account ID: 999999999

JOHN DOE 441 4TH STREET, NW WASHINGTON, DC 20001

Subject: Ineligible Decision For Medical Assistance Coverage

Dear JOHN DOE:

The individual listed below has been determined **not eligible** for Medicaid because the individual's **income** is over the Medicaid Income Standards.

Individual(s)	Household Size	Countable Household Income	Medicaid Household Income Standard
John Doe	1	\$3500	\$2742

We made this decision based on the income rules included in 29 DCMR §9801. If you disagree with our decision, you have a right to ask for a Fair Hearing. Please see the section below called, "If You Think We Made a Mistake," and the insert referenced in that section for an explanation of your rights and how to request a Fair Hearing.

John Doe was determined **not eligible** for Medicaid due to excess income.

However, the individual(s) listed above met the other eligibility criteria for Medicaid and may still become eligible for Medicaid through "Spend Down." "Spend Down" Medicaid is for people who have income over the Medicaid limit, but are responsible for high medical bills, which we will use to reduce your excess income to become eligible for Medicaid.

If the above individual has paid or unpaid medical expenses, they may be eligible for Medicaid through Spend Down. Any unpaid bills in excess of the Spend Down amount may be carried over to determine eligibility through Spend Down for the next 6 month budget period.

Spend Down Amount

To become eligible for Medicaid coverage of long term care services under Spend Down, you must have countable medical and remedial bills totaling at least \$11,513.04. That is your Spend Down amount for your six-month Spend Down budget period. The Spend Down amount is the difference between your countable income and the District's medically needy income level for your household size. If you expect to receive bills for nursing facility services in the next six months you may be able to use them towards your Spend Down.

Spend Down Amount Calculation [If LTC Institutional, EPD, MFP, IDD, IFS] Total Unearned Income: \$ 3500

-\$20 Deduction

Net Unearned Income: \$ 3480

+ Total Earned Income \$0

-\$100 Earned Income Deduction

<u>= \$ Net Earned Income \$3480</u>

<u>Net Amount \$3480 + \$0</u>

- Medically Needy Income Limit \$780.58

= Spend down Amount \$2,699.42-\$780.58 (6)

If you have medical expenses that are greater than the six-month amount, you may be eligible for Long Term Care coverage for a portion of the six month period. These expenses may include payments you may make to a Long Term Care facility if you are a resident of a nursing facility.

If you do not have enough bills now to get Long Term Care Medicaid, you can ask us to approve Long Term Care coverage based on the Medicaid reimbursement rate for Long Term Care services for the next six months. If you use your expected institutional Long Term Care costs to qualify, Medicaid will not pay the portion of your future bills that you asked us to use to approve your Long Term Care coverage.

If you want us to use your future bills for Long Term Care coverage right away, you need to sign the statement at the end of this notice and return a copy to us by mail, email (<u>Medicaid@dc.gov</u>), Fax (202)724-8963, or in person.

You can use current and old medical bills to meet Spend Down based on these rules:

- You can use current paid or unpaid medical expenses to bring down your excess income.
- You can only use outstanding medical expenses that are the responsibility of the individual or family or financially responsible relatives.
- You cannot use expenses that are covered by other insurance or Medicare, or that have not been charged to you by your medical provider.
- You can use old medical bills that you still owed money for after APRIL 1, 2023
- You can use any bills for any medical services that you received after APRIL 1, 2023
- You can use Medicare or other health insurance premiums, deductibles, or coinsurance charges.
- You can only use expenses that are for necessary medical and remedial services.
- You cannot reuse any expenses that you used to qualify for Medicaid through Spend Down in the past.

These are some types of medical expenses that you can use:

- Routine, preventive, and emergency medical treatment and services including;
 - Physician services,
 - Inpatient and outpatient medical services,
 - Nursing Home services
 - Medical or personal care in your home
 - Clinic Services
 - Prescription and medically necessary over the counter drugs,
 - Medical equipment and devices prescribed by a physician,
 - Ambulance services,
 - Other medical expenses usually covered by Medicaid,
 - Other medical expenses not usually covered by Medicaid but medically necessary,
 - Transportation to and from medical visits,
 - Health insurance premiums, including Medicare premiums
 - Co-payments and deductibles on medical expenses
 - Eyeglasses;
 - Speech, occupational and physical therapy.
 - Dental services, and
 - Chiropractic services.

How to Submit Medical Expenses for Spend Down

You can submit medical and remedial expenses to the Spend Down Unit at the Department of Human Services to receive a determination of whether the person may qualify for Spend Down. Please refer to the attached information sheet.

If you become eligible for Medicaid through Spend Down, you will still be financially responsible for the expenses you used to meet your Spend Down amount. For more information about how to qualify for Medicaid through Spend Down, you can call the Spend Down Unit at (202) 698-4202.

If You Think We Made a Mistake

If you disagree with any eligibility determination(s) provided in this notice, you have the right to appeal the determination decision(s). You may request an appeal by phone, in person, online, and by mail. You must request an appeal **by 09/30/2023** 42 C.F.R. §431.221(d), D.C. Official Code §4-210.09. See the insert for more information on your appeal rights.