

**JEFFERSON COUNTY
DEPARTMENT OF JOB AND FAMILY SERVICES**

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ADMINISTRATORS

ACKNOWLEDGMENT OF SPENDDOWN CHOICES

YOUR INCOME IS OVER THE MEDICAID NEED STANDARD. IN ORDER TO RECEIVE A MEDICAID CARD YOU MUST MEET A SPENDDOWN. YOUR ELIGIBILITY WORKER WILL EXPLAIN SPENDDOWN TO YOU AND ADVISE YOU OF THE AMOUNT OF YOUR MONTHLY SPENDDOWN.

EFFECTIVE JANUARY 1, 2003, YOU WILL HAVE THREE CHOICES IN MEETING YOUR SPENDDOWN:

OPTION #1 - INCURRED EXPENSES

EVERY MONTH BEFORE YOU CAN RECEIVE A MEDICAL CARD, YOU MUST BRING INTO THE AGENCY OR MAIL TO THE JEFFERSON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES (JCDJFS) MEDICAL BILLS (AS DESCRIBED BELOW #1 THRU #3) EQUAL TO OR MORE THAN YOUR SPENDDOWN AMOUNT. THESE BILLS ARE YOUR OBLIGATION TO PAY AS MEDICAID WILL NOT PAY FOR ANY BILLS USED TO MEET YOUR SPENDDOWN. YOU DO NOT NEED TO SHOW THAT THE BILL WAS PAID - ONLY THAT IT WAS INCURRED. YOUR MEDICAL/HEALTH CARD WILL BE MAILED TO YOU AFTER YOU SUBMIT THESE BILLS. THE EFFECTIVE DATE OF YOUR HEALTH COVERAGE WILL BE THE DATE YOU MET YOUR SPENDDOWN. PLEASE BE SURE TO BRING OR MAIL YOUR VERIFICATION(S) TO THE JCDJFS AS EARLY IN THE MONTH AS POSSIBLE. BY DOING SO, YOU WILL HAVE YOUR MEDICAID CARD TO USE FOR THE REST OF THE MONTH.

ACCEPTABLE VERIFICATIONS ARE:

1. CURRENT MEDICAL BILLS (DOCTOR, PHARMACY, HOSPITAL AND/OR OTHER MEDICAL PROVIDER BILLS)
2. PAST UNPAID MEDICAL BILLS
3. MEDICAL INSURANCE BILLS (MEDICAL INSURANCE PREMIUMS, CO-PAYMENTS AND/OR DEDUCTIBLES)

EXAMPLE: YOUR MONTHLY SPENDDOWN OBLIGATION IS \$50. ON MARCH 5th, YOU GO TO YOUR DOCTOR AND YOUR BILL IS \$30. ON MARCH 6th, YOU HAVE A PRESCRIPTION FILLED FOR \$20. ON MARCH 7th, YOU BRING OR MAIL YOUR RECEIPTS TO THE JCDJFS AND WE THEN RELEASE YOUR MEDICAL CARD WITH AN EFFECTIVE DATE OF MARCH 6th. YOU CANNOT USE YOUR HEALTH CARD WHICH HAS AN EFFECTIVE DATE OF MARCH 6th TO PAY THE DOCTOR BILL FROM MARCH 5th OR THE COST OF THE PRESCRIPTION THAT YOU RECEIVED ON MARCH 6th.

OPTION #2 - PAY-IN SPENDDOWN

YOU MAY PAY YOUR SPENDDOWN AMOUNT TO THE JCDJFS. NO MEDICAL BILLS OR RECEIPTS ARE NECESSARY. YOU MAY MAIL A MONEY ORDER. **PLEASE-DO NOT MAIL CASH PAYMENTS.** CASH PAYMENTS MUST BE MADE IN PERSON AT THE JCDJFS. WHEN YOU USE THE PAY-IN OPTION, YOUR HEALTH CARD IS ALWAYS EFFECTIVE THE 1st OF THAT MONTH.

EXAMPLE: YOUR MONTHLY SPENDDOWN OBLIGATION IS \$50. ON APRIL 10th YOU PAY \$50 TO THE JCDJFS. YOUR MEDICAL CARD IS RELEASED WITH AN EFFECTIVE DATE OF APRIL 1st.

NEW - OPTION #3

AT YOUR CHOICE, YOU MAY USE THE INCURRED METHOD (OPTION #1) ONE MONTH, THE PAY-IN METHOD (OPTION #2) ANOTHER MONTH **OR** YOU CAN COMBINE OPTION #1 AND OPTION #2.

EXAMPLE: IF YOU INCUR A MEDICAL EXPENSE THAT IS LESS THAN YOUR MONTHLY SPENDDOWN AMOUNT, YOU MAY "PAY-IN" THE BALANCE TO THE JCDJFS. DATE OF ELIGIBILITY FOR THE MONTH STARTS ON THE DATE IN THE MONTH ON WHICH YOU HAVE INCURRED THE LAST CURRENT MEDICAL EXPENSE FOR THE MONTH.

NOTE: OUR AGENCY HAS RECEIVED NOTIFICATION FROM THE JEFFERSON COUNTY TREASURER'S OFFICE THAT, EFFECTIVE JANUARY 1, 2003, PERSONAL CHECKS WILL NO LONGER BE ACCEPTED.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ, OR HAVE HAD READ TO ME AND UNDERSTAND THE ABOVE.

I HAVE CHOSEN THE FOLLOWING OPTION (CHECK ONE):

- OPTION #1 - INCURRED EXPENSES OPTION #2 - PAY-IN SPENDDOWN OPTION #3 - COMBINATION

SIGNATURE: _____ DATE: _____ ERS: DATE: _____