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## State of Wisconsin

Case #: <<CASE Num>>

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**English** — For help to translate or understand this, please call 1-800-362-3002 (TTY).  
**Spanish** — Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-362-3002 (V/TTY).  
**Russian** — Если вам не всё понятно в этом документе, позвоните по телефону 1-800-362-3002 (V/TTY).  
**Hmong** — Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 1-800-362-3002 (V/TTY).  
**Laotian** — ເພື່ອຊ່ວຍໃນການແປ ຫລື ເຂົ້າໃຈເນື້ອຫາໃນນີ້, ກະລຸນາ ໂທສະສັບຫາ 1-800-362-3002 (V/TTY).

## About Your Benefits

This is an informational letter only. We are writing to inform you of two changes the Department of Health Services (DHS) is making July 1, 2015, that may impact you:

- DHS is changing how it calculates the amount you pay each month to remain eligible for certain Medicaid benefits. As a result of this change, you may end up paying less than you pay now. Only in rare situations will you end up paying more than you do now. **(Note:** This change will not affect the benefits you receive or who provides them.)
- Most individuals will no longer have a spend-down but will pay a monthly cost share instead. You must pay your cost share each month to remain eligible for benefits.

### What You Need to Do

At this time, you do not need to do anything. If additional information is needed from you as a result of these changes, your care manager or agency worker will contact you directly to get that information. You will receive an additional notice in June 2015 telling you the new monthly amount you will have to pay.

After you receive that notice, you should continue to follow the instructions from your Managed Care Organization (MCO), county waiver agency, or Include, Respect, I Self-Direct (IRIS) consultant agency about how to make your payment.

If you received a notice in May saying you were not eligible for Medicaid because you failed to pay your cost share/spend-down, you may want to contact your county agency to see how the changes announced in this letter might impact the cost share/spend-down amount you need to pay. Your county agency phone number is listed in the top right corner of page 1 of this letter.

### **Questions?**

If you are currently being served by Family Care or a county waiver program, please contact your care manager with any questions. If you are currently being served by IRIS, please contact your IRIS consultant with any questions.