



State of Illinois
 Department of Healthcare and Family Services

**Notice of Change
 Family Health Spenddown**

Date of Notice	Date of Change	Case ID	Caseload
December 16, 2013	January 01, 2014	xx-xxx-xx-xxxxxx	xxx

Case payee name & Address
 Local Office Address
 FCRC Address

Beginning January 2014, your benefits will change as follows:

Family Health Spenddown for the following persons will end.

First Name Last Name Birth date
 First Name Last Name Birth date

REASON: The Family Health Spenddown program for adults who are not pregnant is ending due to a state law change. **Public Act 98-104**

This change does not affect medical coverage for your children under age 19.

If you have medical bills and receipts to submit for 'dates of service' prior to January 1, 2014, these bills and receipts may be applied to your spenddown for qualifying months of coverage prior to January 1, 2014. Send your medical bills and receipts to your caseworker. If you need the address and the phone number of your local Family Community Resource Center, call 1-866-468-7543 (TTY 1-877-204-1012). The call is free.

If you have a severe disability, you may qualify for a spenddown under the Aid to the Aged, Blind and Disabled (AABD) program. Ask your caseworker for more information about AABD.

OTHER HEALTHCARE OPTIONS

Other health coverage options may be available to you through the Health Insurance Marketplace. For more information, go to www.healthcare.gov or call 1-800-318-2596 (TTY: 1-888-259-3922).

If you have any questions about this notice, contact the DHS helpline at 1-800-843-6154 (TTY: 1-800-447-6404).

SEE OTHER SIDE

You have the right to appeal and be given a fair hearing if you believe that we made a mistake in counting your income or the size of your family, or if you believe you have a disability that qualifies you for medical benefits.

Appeals may be filed with the Department by:

- emailing HFS.FairHearings@illinois.gov;
- calling 1-855-418-4421 (TTY: 1-877-734-7429);
- mailing (either on the Department's form or by a signed statement) to the Department of Healthcare and Family Services, Fair Hearings Section, 401 South Clinton Street, 6th Floor, Chicago, IL 60607; or
- faxing (either on the Department's form or by a signed statement) to 1-312-793-2005.

You may represent yourself at this hearing or you may be represented by anyone else, such as a lawyer, relative or friend.

Appeal rights do not apply if the reason you are filing an appeal is because you disagree with the law change.

You must file your appeal within 60 days after the Date of Notice that appear on the front of this form.

To apply for free legal help:

- In Cook County (including the City of Chicago) –
Legal Assistance Foundation of Metropolitan Chicago: 1-312-341-1070;
- In other counties in northern or central Illinois with area codes (309), (630), (815) or (847) – Prairie State Legal Services: 1-800-531-7057 (the call is free);
- In other counties in central or southern Illinois with area codes (217 or (618) – Land of Lincoln Legal Assistance Foundation: 1-877-342-7891 (the call is free).