

verified income amount differs from the client's statement. He must also explain the spenddown process to the client. An **DFA-6A** is attached to the verification checklist or **DFA-6** which notifies the client that an eligibility decision cannot be made until he meets his spenddown by providing proof of medical expenses. The verification checklist or **DFA-6** must also contain any other information the client must supply in order to determine eligibility.

Once the client presents sufficient medical expenses to meet his spenddown obligation and all other Medicaid eligibility requirements are met appropriate RAPIDS procedures are followed to approve the AG and enter the spenddown.

NOTE: Although eligibility begins on the date that medical bills bring the spenddown amount to \$0, expenses incurred on that date which are used to meet the spenddown, as indicated on Screen AGTM are not paid by Medicaid.

The following procedures are required to accomplish the spenddown process.

- The Worker prepares the verification checklist or an **DFA-6**, attaches an **DFA-6A** and gives them to the client or mails them.

If the client indicates he needs help to understand the procedure for meeting his spenddown, the Worker provides all help needed. In no instance is the client to be denied Medicaid because he is physically, mentally or emotionally unable to verify his medical expenses.

- The client is requested to provide proof of his medical expenses, date incurred, type of expense and amount and to submit them to the Worker by the application processing deadline.
- When the bills or verification are received, the Worker reviews them to determine that:
 - The expenses were incurred, they are not payable by a third party, and the client will not be reimbursed by a third party.