



Transportation Expense Notice

MEMBER NAME
MEMBER MEDICAID ID#
DATE

We have received the claim you submitted for your transportation expense. We can not apply the claim to your spenddown for one of the following reasons:

_____ Your claim is not on the correct form. The correct form is enclosed. Please complete it with your trip information and send it to us. We will review it at that time.

_____ The claim form has information missing. Please complete the form and return to us.

_____ Your remaining spenddown amount is zero. You should give the enclosed claim form to your SRS case worker.

_____ There is no eligibility for the person who took this trip. You should give the enclosed claim form to your SRS case worker.

_____ The trip on the claim form was not medically necessary.

This action is based on the Kansas Economic and Employment Support Manual section 7532 or Kansas Family Medical Assistance Manual Section 6512.

If you have questions, contact MTM Kansas Care Management at 1-888-561-8747, Monday - Friday from 8:00am-4:30pm

MTM Staff Member

You have the right to a fair hearing if you do not agree with a decision on your case. You may have other people speak for you at your hearing. You must make your request in writing within 30 days of the date of this notice. If your written request is received before the date the decision becomes effective, you may continue receiving benefits at the current level. Your request can be made in writing, in person or by calling your local SRS office. Any benefits you receive while waiting on the hearing decision may be recovered if the decision is not in your favor. To find out if your community has a service that can give you free legal advice, call (785) 296-3349 in Topeka, Kansas.

No person shall, on the basis of age, race, color, sex, handicap, religious creed, national origin or political belief, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity of the State Department of Social and Rehabilitation Services (SRS).

If you feel you have been discriminated against on the above grounds, you may make a complaint in writing to KHPA or the Department of Health and Human Services.



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(636) 561-2962 fax