

NOTICE OF CASE ACTION

IM-33MCC

PURPOSE: To provide a recipient with an official written notice of closing of a MC+ case or other change in healthcare coverage on an active case, the reasons for such action and appeal rights. It should be used to inform the payee that the agency has taken the following action on a MC+ category case:

- MC+ healthcare coverage has been discontinued for all or specified individuals;
- To notify the payee of the children's change to premium payment (LOC 3); or
- Changes in levels of care on MC+ for Children and parents.

NUMBER OF COPIES AND DISPOSITION: Make two copies. Mail the original to the payee at the time the changes in entered in the IMU5 system. Retain a copy of the latest form in the case record.

MANUAL REFERENCES: IMNL 200 - 935

INSTRUCTIONS FOR COMPLETION: This form may be written legibly in ink or typed.

Address to Payee at address provided in the file.

Box 1: Mark this box if you are closing the case or discontinuing MC+ for individuals on the case.

"MC+ healthcare coverage has been discontinued for" enter the names of all individuals whose MC+ is being discontinued.

"Last day of coverage is" enter the month, day, and year coverage will end.

Box 2: Mark this box if adjustment resulted in change to premium payment case.

"You are now required to pay a \$ enter the amount of the monthly premium per month premium to continue coverage for" list all the children for whom level of care 3 applies.

Box 3: Mark this box for all other changes in level of care which results in a change in an individual's healthcare care benefit package.

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Enter the name of the individuals affected by the change and provide information on the change in their healthcare coverage.

"The reason for this change is" enter

- the circumstances of the claimant which resulted in the decision;
- the eligibility factor involved; and
- reference to the specific law, rule and regulation, or manual reference on which the decision is based.

"You can request a hearing within 90 days from the date of this letter by calling" Enter
the phone number of the local family service office.

"For the possibility of free legal services, call" Enter the name of the legal services group and phone number of Legal Aid Services in your area if available. If not available, leave blank.

"Policy No." Enter the case DCN in the blank space provided.