

Sample Extended Transitional Medical Assistance Pre Closing Review Letter

Name
Address
Address

Date:

Dear

MC+ healthcare coverage for the following person(s) will end _____ as you will have exhausted your twenty-four (24) months of benefits allowed under the Extended Transitional Medical Assistance program per 13 CSR 70-4.090.

Your case is being reviewed to determine if the above listed person(s) qualify for continued MC+ healthcare coverage in another category of assistance. Based on information on file, a determination of eligibility under MC+ for Custodial Parents and Medical Assistance for Families programs will be completed. If under the age of 19, eligibility will be determined under the MC+ for children program. **You will be notified if your MC+ healthcare coverage changes.**

Eligibility may exist for MC+ healthcare or other medical assistance programs if any of the following apply:

- You have a physical or mental disability which is expected to prevent employment for at least 12 months;
- You are pregnant;
- You are blind;
- A change in circumstances has occurred, such as a change in income; or
- As a non-custodial parent, you are current in paying child support.

Please contact me at your local Family Services Office by _____ if any of the above apply so we may evaluate eligibility for other MC+ healthcare or medical assistance coverage.

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Sincerely,

MC+ Service Representative