

SAMPLE TEXT FOR ADVANCE NOTICE OF CHANGE #2 – PARENTS INELIGIBLE FOR MAF/TMA

Case NO:

Client
Address
Address

House Bill 1011 reduced the income limits for parents/caretakers to receive healthcare coverage under the Medical Assistance for Families (MAF) program from 77% to 75% of the federal poverty level (13CSR 40-2.375). Income information on file for your family indicates your income is above 75% of the federal poverty level (see 75% Income Limit Chart at bottom of notice). If you feel your monthly income is currently below the new limits, please provide your caseworker with documentation of your monthly income immediately so they can evaluate your continued eligibility for MAF. Effective July 1, 2004, the parents/caretakers listed below will no longer be eligible for MC+ healthcare coverage if your income is above the new limits. There is no change in your children's MC+ healthcare coverage.

DCN	NAME
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Our files indicate that the parents/caretakers listed above DID NOT meet the requirements necessary to qualify for Transitional Medical Assistance. The Transitional Medical Assistance (TMA) program provides MC+ healthcare coverage for up to twelve months to families with countable earned income who have received healthcare coverage under the MAF program for at least three of the last six months prior to July 1, 2004. If you feel you do qualify for TMA, please contact your local Family Support Office immediately.

Eligibility may exist for MC+ healthcare coverage or another medical assistance program if any of the following apply to the parents/caretakers listed above:

- An individual has a physical or mental disability which is expected to last for at least twelve (12) months;
- An individual is pregnant;
- An individual is blind; or
- A change in circumstances has occurred, such as a change in income.

Please contact your local Family Support Office if any of the above applies so we may evaluate eligibility for other MC+ healthcare or medical assistance coverage.

If you seek medical coverage under another health plan, such as a group plan offered by your employer, you may need a Certificate of Creditable Coverage showing when you were covered by MC+ healthcare. The certificate may help prove you have met part or all of an exclusionary period for pre-existing medical conditions. A certificate may be requested within 24 months of the date your MC+ healthcare coverage ends by calling the Division of Medical Services, Recipient Services at 1-800-392-2161.

If you believe this action is wrong, you have until June 17, 2004 to contact your county office and request a hearing. You may request a hearing by mail, by telephone, or in person through your local office at the address listed on this notice. If you request a hearing by this date, you benefits will continue pending the results of the hearing. If you request a hearing it will be held June 21, 2004 at 8:30 a.m. at the local Family Support office. At the hearing, you may present your information yourself or you may be represented by your own attorney or by other persons who know your situation. If you do not have an attorney, or cannot afford one, you may be able to get help from Legal Aid or Legal Services in your area. You have the right to bring witnesses to testify at the hearing **and** to question witnesses who appear at the request of the Family Support Division. If you have special needs or require other special accommodations to be able to participate in the hearing, please call 573-526-5240 on or before June 17, 2004.

Contact your caseworker at the telephone number below if you have questions.

Caseworker
Load No:
Phone Number

75% FEDERAL POVERTY LEVEL INCOME GUIDELINES EFFECTIVE JULY 1, 2004	
HOUSEHOLD SIZE	MONTHLY INCOME LIMIT*
2	\$781
3	\$980
4	\$1179
5	\$1377
6	\$1576
7	\$1775
8	\$1974
9	\$2172
10	\$2371
11	\$2570
12	\$2769

*Gross income minus \$90 work standard exemption for each
Wage earner and childcare expenses.

*Add \$198 for each additional person