

SAMPLE TEXT FOR CLOSING NOTICE WITHOUT TMA

NOTICE OF CASE ACTION

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. Effective July 1, 2004, the parents/caretakers listed below are no longer eligible for MC+ healthcare coverage. There is no change in your children's MC+ healthcare coverage.

DCN

NAME

If you disagree with this decision, you have the right to request a hearing within 90 days from the date of this letter. You may request a hearing by mail, by telephone, or in person through your local office at the address listed on this notice. 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 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.

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

Caseworker
Load No:
Phone Number