

## SAMPLE TEXT FOR CLOSING NOTICE WITHOUT TMA

Family Support Division  
Address  
Address

### NOTICE OF CASE ACTION

Case NO:

Client  
Address  
Address

House Bill 11 reduced the income limits for parents/caretakers to receive healthcare coverage under the Medical Assistance for Families (MAF) program from 75% of the federal poverty level to the July 16, 1996 AFDC income standards (13CSR 40-2.375). Income information on file for your family indicates your income is above the July 16, 1996 AFDC income standard. Effective July 1, 2005, the parents/caretakers listed below are no longer eligible for MC+ healthcare coverage. There is no change in MC+ healthcare coverage for your child(ren).

DCN

NAME

If you believe this action is wrong, 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 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 verify 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