

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

Family Support Division  
Address  
Address

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 this limit (see the July 16, 1996 AFDC Income Standards chart at the bottom of this notice). 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 feel your monthly income is currently below the new limits, please provide your caseworker with documentation of your monthly income immediately so a determination of continued eligibility for MAF can be made.

Our records indicate that the parents/caretakers listed above DO 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 for families with countable earned income who have received healthcare coverage under the MAF program for at least three of the six months prior to July 1, 2005. If you feel you qualify for TMA, please contact your local Family Support Division office immediately.

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

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

Please contact your local Family Support Division 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 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.

If you believe this action is wrong, you have until \_\_\_\_\_ to contact your local office and request a hearing. You may request a hearing by mail, by telephone, or in person through your local office. If you request a hearing by this date, your benefits will continue pending the results of the hearing. If you request a hearing, it will be held \_\_\_\_\_ at the address of the Family Support Division office listed above. 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 have special needs or require other special accommodations to be able to participate in the hearing, please call 1-573-526-5240 on or before

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

Caseworker  
 Load No:  
 Phone Number

<b>MEDICAL ASSISTANCE FOR FAMILIES            INCOME TABLE EFFECTIVE JULY 1, 2005</b> (Based on July 16, 1996 AFDC Income Standards)	
<b>HOUSEHOLD SIZE</b>	<b>MONTHLY INCOME LIMIT*</b>
1	\$136
2	\$234
3	\$292
4	\$342
5	\$388
6	\$431
7	\$474
8	\$514
9	\$554
10	\$595
11	\$635
12	\$675

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

\* Add \$40 for each additional person over 12 household members.