

**SAMPLE TEXT FOR CLOSING NOTICE OF EXTENDED TRANSITIONAL
MEDICAL ASSISTANCE (ETMA)**

Family Support Division
Address
Address

NOTICE OF CASE ACTION

CASE NO.:

Client
Address
Address

Effective July 1, 2005, the parents/caretakers listed below are no longer eligible for MC+ healthcare coverage. House Bill 11 (2005) eliminated the Extended Transitional Medical Assistance program, effective July 1, 2005. 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 Family Support Division office. At the hearing, you may present your information yourself or be represented by your own attorney or 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