

Missouri Family Support Division Information Center

REQUEST FOR APPROVAL OF REVISIONS TO PROCEDURES		
SUBJECT	TYPE: NEW/CHANGE	EFFECTIVE DATE
ADM and FAM Scripts	New	
<p>Question –I received a letter that my case is closing but I (or a family member) am disabled, blind or pregnant.</p> <p>Response – (review the Adverse Action Notice FA-560 in FAMIS or IM-80 in MEDES)</p> <p><i>if the Adverse Action Notice has not yet expired:</i></p> <ul style="list-style-type: none"> • I am notifying the local office that your case has not yet closed and you are saying (<u>name of person</u>) is disabled/blind/pregnant and you would like us to look at coverage. • Because you called before your Adverse Action Notice expired, coverage for (<u>name of person</u>) might continue while the Family Support Division reviews your case for other coverage. You may receive a contact notice from the Family Support Division about information that they may need to determine other coverage. Be sure to cooperate with this request. • Send an email to the appropriate FSD office detailing what the participant's claim is, and who they are claiming is disabled/blind/pregnant. The email should include that there is an Adverse Action Notice on the case and that the expiration date is (<u>whatever the specific expiration date is on the Adverse Action Notice</u>) to alert the receiving office of the timeframe. • Place a comment at EUMEMROL(FAMIS) or Client Contact-Notes(MEDES) with the conversation details and the email information (including where the email was sent for potential follow up) <p><i>If the Adverse Action Notice has already expired:</i></p> <ul style="list-style-type: none"> • Because your coverage has already expired, you will need to reapply. I will mail you the appropriate application. 		

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- Mail the participant the appropriate application based upon whether they are claiming blind/disabled=IM-1MA or pregnant=IM-1SSL.
- Place a comment at EUMEMROL(FAMIS) or Client Contact-Notes(MEDES) detailing the participant's statement, what type of application was mailed and that the Adverse Action Notice had already expired.

Tips/Resources –

Initiated By: Anna Beckett

APPROVED TO SUBMIT TO STATE CONTRACT MANAGER

Call Center Project Manager:	Signature	Date
Deputy Project Manager:	_____	_____
	Signature	Date
FINAL APPROVAL REQUIRED PRIOR TO IMPLEMENTING		
State Contract Manager:	_____	_____
	Signature	Date