

Family Support Division
Address
Address

(Sample text for Advance Notice of Change – MAF to TMA)

Case NO:

Client
Address
Address

House Bill 11 reduced the income limit 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). If you feel your monthly income is currently below the new limits, please provide your caseworker with documentation of the income immediately so a determination of continued eligibility for MAF can be made.

Your family qualifies for healthcare coverage under the Transitional Medical Assistance (TMA) program. The TMA program is for families that have received MAF three of the last six months. Your family's eligibility has been changed to Transitional Medical Assistance (TMA) effective July 1, 2005. The TMA program provides MC+ healthcare coverage for the family for six months following MAF ineligibility. If other requirements are met, your family may be eligible for another six months of TMA healthcare coverage.

Healthcare coverage will continue for six months from the date of MAF ineligibility (June 30, 2005) as long as you have an eligible child in your home and you reside in Missouri. To receive the additional six months, you will need to complete and return reporting forms sent to you every three months. The reports ask you to tell us the amount of your earnings and childcare expenses needed for work. The form must be signed and returned by the due date on the form. If we do not receive the report by the due date, the parents/caretaker's healthcare coverage through the TMA program will end or be suspended.

During the first six months, you can only lose your healthcare coverage if:

- You no longer have an eligible child in the home;
- You are no longer a resident of the State of Missouri; or
- We determine that you received MAF in any of the six months prior to closing by means of fraud.

For the second six months, there are additional reasons you might lose TMA healthcare coverage.

- Your gross income from earnings (less childcare expenses you pay) is over 185% of the federal poverty level;
- You had NO earned income in at least one month of the second or third reporting period, unless we determine the loss of employment was beyond your control; or
- You do not complete and return your report forms by the due date.

If your situation changes, you must report these changes to the local Family Support Division office. The law provides penalties for any person who receives benefits for which they are not entitled through misrepresenting the facts or not reporting full information about their situation.

If you seek medical coverage under another health insurance 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 of pre-existing medical conditions. A certificate may be requested within 24 months of losing MC+ healthcare benefits 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 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 _____.

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

Caseworker
 Load Number
 Telephone Number

MEDICAL ASSISTANCE FOR FAMILIES INCOME TABLE EFFECTIVE JULY 1, 2005 (Based on July 16, 1996 AFDC Income Standards)	
HOUSEHOLD SIZE	MONTHLY INCOME LIMIT*
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.