

TRANSITIONAL MO HEALTHNET SUSPENSION NOTICE

PURPOSE: To provide notification to parents receiving Transitional MO HealthNet (TMH) coverage that their benefits will be suspended due to not providing the second or third Transitional MO HealthNet Quarterly Report (IM-55B or IM-55C).

NUMBER OF COPIES AND DISPOSITION: One copy must be sent to the participant. If there is an Authorized Representative a second copy must be mailed to them. The original must be scanned into the WorkSite.

RETENTION: Five (5) years

REFERENCE: IM Memorandum: IM-64 ACTIVE MEDES CASES IDENTIFIED AT REPORTED CHANGE AS ELIGIBLE TRANSITIONAL MO HEALTHNET 11/03/2014

INSTRUCTIONS FOR COMPLETION:

- **From** Name and address of FSD office taking action to suspend parents.
- **To** Head of Household (HOH) full name as shown in MEDES, mailing address, and HOH DCN
- **Transitional MO HealthNet benefits for (blank)** Place name(s) of parent(s) listed on TMH case in this space
- **will suspend effective (blank)** Place date the day after 2nd or 3rd Transitional MO HealthNet Quarterly Report was due.

EXAMPLE: IM-55B was due on 10/21/20yy and client did not complete and submit. Suspension begins 10/22/20yy.

- **Your Transitional MO HealthNet is limited to a maximum of twelve (12) months. If you submit your quarterly reports and remain eligible, your Transitional MO HealthNet benefits can only extend through (blank).** Place the last day of the participants 12th month of eligibility here.

EXAMPLE: John Doe and his family are transferred to TMH beginning 2/1/2014 and are may be eligible for this benefit through 01/31/2015. John fails to return the IM-55B sent in the 6th

month and not returned by 8/21/2014. He is suspended on 8/22/2014. If he returns his IM-55B he may be eligible through 01/31/2015.

- **For the possibility of free legal services call:** Enter the name and telephone number of the legal aid or legal services office for this person's county.