

## **TRANSITIONAL MO HEALTHNET SUSPENSION NOTICE**

**PURPOSE:** To provide notification to parents/caretaker relatives 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:** [1820.050.00 QUARTERLY REPORT REQUIREMENTS \(TMH\)](#)

### **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 parents/caretaker relatives listed on TMH case in this space
- **will suspend effective (blank)** Place date the day after 2<sup>nd</sup> or 3<sup>rd</sup> Transitional MO HealthNet Quarterly Report was due.

EXAMPLE: IM-55B was due on 10/21/2018 and client did not complete and submit. Suspension begins 11/01/2019.

- **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 12<sup>th</sup> month of eligibility here.

EXAMPLE: John Doe and his family are transferred to TMH beginning 2/1/2018 and may be eligible for this benefit through 01/31/2019. John fails to return the IM-55B sent in the 6<sup>th</sup>

month and not returned by 8/21/2018. He is suspended on 09/01/2018. If he returns his IM-55B he may be eligible through 01/31/2019.

- **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.