MO HEALTHNET FOR FAMILIES ADVERSE ACTION NOTICE

PURPOSE: To provide a form to adequately notify participants of changes in their MO HealthNet for Families and Transitional MO HealthNet benefits.

NUMBER OF COPIES AND DISPOSITION: One copy must be sent to the participant. I 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 Team Member taking action.

- **TO** Head of Household (HOH) full name as shown in MEDES or name of Authorized Representative, Case Name, mailing address, and HOH DCN

- **BASED ON THE INFORMATION WE HAVE ABOUT YOUR ELIGIBILITY WE MUST:** Read all options and determine which check boxes apply for a specific situation. There can be more than one check box marked.

- **discontinue MO HealthNet for Families coverage for:** List all persons who are losing MO HealthNet for Families eligibility.

- **The last day of MO HealthNet coverage is:** Enter date when IM-80TMH will expire following ten (10) day rule.

- **that your countable income of (blank):** Enter current household income according to MAGI methodology.

- **exceeds the maximum (blank):** Enter the MO HealthNet for Families income maximum for the family size.

- **for your household size of (blank):** Enter the number of persons in the household.

- **We received your (blank) Transitional MO HealthNet Report:** Enter the number of the report: 1st, 2nd, or 3rd.

- **Your current income of (blank)** Enter current household income according to MAGI methodology.

- **exceeds the limit of (blank) to continue receiving under this program.** Enter the income maximum for the number of people in the household and according to the appropriate percentage level:

  - TMH First Quarterly Report – not applicable
  - TMH Second and Third Quarterly Reports – 185% of the FPL

  EXAMPLE: Mary Jones handed in her 2nd TMH Quarterly Report. She has a household size of 3. You would enter 185% of the FPL for a household of 3 in this blank - $3051.

- **Other** If the reason for discontinuing benefits is not already listed, you may enter a reason here. You will need to enter a legal reference also.

- **Coverage will continue through (blank)** Enter the date of the last day of the twelfth month of TMH eligibility.

- **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.

- **FSD Team Member Name, Title, and Telephone Number:** Enter whatever follows policy for your office.