



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
PEME Facility Notification - Approval

Participant's Name:

DCN:

To Whom It May Concern:

The participant listed above has been approved to have their surplus temporarily reduced due to medical expenses that were incurred during the following months _____.
The reduction in surplus is to allow the participant to use their current month's income to pay for these outstanding medical bills.

☐ The surplus is reduced to _____ for the months of _____.

☐ The final month of the surplus reduction is a partial amount. For the month of _____ the surplus will be reduced to _____.

Your facility will receive an Adult MO HealthNet Provider Notice (FA-465) reflecting the reduced surplus. Your facility will continue to collect _____ monthly and apply these funds to the outstanding bill. This budgeting will continue until the post eligibility medical expenses totaling _____ are paid in full. If there are changes to the participant's income and expenses, adjustments will need to be completed to modify the amount you collect and apply to the balance. Your facility will be notified by mail if a modification to the amount collected from the participant is needed.

☐ Due to a change in the participant's income or expenses, the amount to collect for post eligibility medical expenses has changed to _____ per month. The surplus will continue to be reduced through the month of _____.

Please retain this letter with the Adult MO HealthNet Provider Notice (FA-465) to support the reason the surplus is still being collected. If you have any questions, please contact FSD at the number listed below.

Sincerely,

Phone: