

**SAMPLE TEXT FOR ADVANCED NOTICE OF CLOSING OF EXTENDED
TRANSITIONAL MEDICAL ASSISTANCE (ETMA)**

Family Support Division
Address
Address

CASE NO.:

Client
Address
Address

House Bill 11 (2005) eliminates the Extended Transitional Medical Assistance program, effective July 1, 2005. MC+ healthcare coverage for the parents/caretakers listed below ends June 30, 2005. There is no change in MC+ healthcare coverage for your child(ren).

DCN	NAME
-----	------

Eligibility may exist for MC+ healthcare or another medical assistance program if any of the following apply to the individuals listed above:

- The individual has a physical or mental disability which is expected to last for at least twelve (12) months;
- The individual is pregnant;
- The individual is blind; or
- A change in circumstances has occurred, such as a change in income.

Please contact your local Family Support Division office if any of the above applies so we may evaluate eligibility for other MC+ healthcare or medical assistance coverage.

If you seek medical coverage under another health 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 for pre-existing medical conditions. A certificate may be requested within 24 months of the date your MC+ healthcare coverage ends by calling the Division of Medical Services, Recipient Services at 1-800-392-2161.

If you believe this action is wrong, you have until June 20, 2005 to contact your local office and request a hearing. You may request a hearing by mail, by telephone, or in person through your local Family Support Division 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 **June 29, 2005, at _____** at the local Family Support Division office. At the hearing, you may present your information yourself or be 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 June 20, 2005.

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

Caseworker
Load No:
Phone Number