



MISSOURI
DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

10/XX/07

CASE NAME:
CASE DCN:

MEDICAID ACTION NOTICE

This notice is about your MC+/MEDICAID application or active case.

Per approval from Centers for Medicare and Medicaid Services (CMS) on September 28, 2007, uninsured children approved for MC+/Medicaid coverage during September 2007 with gross family income not exceeding 150% of the Federal Poverty Level will be provided coverage back to September 1, 2007. Prior to September 1, 2007, children in families with gross income up to 150% of the Federal Poverty Level could not receive coverage before the date of application.

The additional coverage is being provided to the individuals listed below:

NAME

DCN

If you disagree with this decision, you have the right to request a hearing within 90 days from the date of this letter. You may request a hearing by mail, telephone, or in person through your local Family Support Division office.

If you request a hearing you may present the information yourself or you may be represented by your own attorney or by other persons who know your situation. You have the right to present witnesses in your own behalf and to question witnesses who appear at the request of the Family Support Division. For the possibility of free legal services call: 800-892-2943.

If you have any questions or require further information, please contact:

Worker:

Phone:

Load #: