DHS/TSS DIVISION
PO BOX 64965
ST. PAUL MN 55164-0965

October 04, 2023 01:35 PM

CASE NUMBER: 656692

MEMBER01 Smith 24359 5th Avenue Minneapolis, MN 55402

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## IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- \* This information is available in other forms to people with disabilities by calling your county worker, TIM T. TEAM at (651) 431-4130.
- \* For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
- \* The back of this page lists your appeal rights and responsibilities.

## HEALTH CARE NOTICE OF ACTION

Member01 Smith's Medical Assistance (MA) was reinstated as of September 01, 2023. (HCM 0905, 0913)

 $\star$  Your basis of eligibility is Caretaker of a Dependent Child. (HCM 0907)

Member 01 Smith's Medical ID Number is 08421088. Give this number to your medical and dental providers.

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## INCOME CALCULATION

BUDGET PERIOD: 07/01/23 THROUGH 12/31/23

PROGRAM	MA	MA	MA	MA	MA	MA
BUDGET MONTH	07/23	08/23	09/23	10/23	11/23	12/23
NET INCOME (=)	0.00	0.00	0.00	0.00	0.00	0.00
MONTHLY INC STANDARD(-)	2931.00	2931.00	2931.00	2931.00	2931.00	2931.00
MONTHLY SPENDDOWN(=)	0.00	0.00	0.00	0.00	0.00	0.00
	BUDGET MONTH  NET INCOME (=)  MONTHLY INC STANDARD(-)	BUDGET MONTH 07/23  NET INCOME (=) 0.00  MONTHLY INC STANDARD (-) 2931.00	BUDGET MONTH 07/23 08/23  NET INCOME (=) 0.00 0.00  MONTHLY INC STANDARD(-) 2931.00 2931.00	BUDGET MONTH 07/23 08/23 09/23  NET INCOME (=) 0.00 0.00 0.00  MONTHLY INC STANDARD(-) 2931.00 2931.00	BUDGET MONTH 07/23 08/23 09/23 10/23  NET INCOME (=) 0.00 0.00 0.00 0.00  MONTHLY INC STANDARD(-) 2931.00 2931.00 2931.00	

TOTAL SIX MONTH INCOME. . (=) 0.00 SIX MONTH INCOME STANDARD (-) 17586.00 SIX MONTH SPENDDOWN . . . (=) 0.00

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\*\*\*\* IMPORTANT APPEAL RIGHTS! READ THIS NOW! \*\*\*\*

## Comments:

We reviewed your case based on information we have on file. We reopened and renewed eligibility for the people listed on this notice. You will be enrolled in the same health plan you had before your case closed. Contact your providers to resubmit bills.

The people in your household who are not listed on this notice must complete a renewal form and send proofs to renew their health care coverage. We mailed a form to you a few months ago. Contact your worker to get a new renewal form or if you do not want health care anymore.

Code of Federal Regulations, title 42, section 435.916; Minnesota Statutes, sections 256B.056, subdivision 7a and 256B.057