

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.

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HEALTH CARE NOTICE OF ACTION

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

- \* Your basis of eligibility is Caretaker of a Dependent Child. (HCM 0907)

Member01 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

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 receive a Fee for Service Coverage form with information on how to get bills paid.

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)