

MN DEPT OF HUMAN SERVICES
444 LAFAYETTE ROAD N.
ST. PAUL MN 55155

FMINFO_____

December 29, 2023 07:34 AM

CASE NUMBER: 333820

TESTING SPENDDOWNTWO
123 MAIN STREET
ST PAUL MN 55101

IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- * This information is available in other forms to people with disabilities by calling your county worker, JULIANNA B. DANIELS at (651) 431-5846.
 - * 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

TESTING SPENDDOWNTWO is approved for Medical Assistance (MA) as of October 01, 2023.

- * Your basis of eligibility is Disabled. (HCM 0907)

The spenddown was met on June 01, 2023. TESTING SPENDDOWNTWO's six month spenddown is \$1570.00. You are responsible to pay your medical bills through the date spenddown was met. (HCM 0913)

TESTING SPENDDOWNTWO's Medical ID Number is 00011130. Give this number to your medical and dental providers.

You have a medical spenddown. This is like an insurance deductible. It is the portion of your medical bills that will not be paid by the state. You will receive an Explanation of Medical Benefits (EOMB) to tell you what bills to pay. If you have questions, call your worker.

See insert for general information on the benefits available through Minnesota Health Care Programs.

Case Number: 333820-TESTING SPENDDOWNTWO

INCOME CALCULATION

BUDGET PERIOD: 06/01/23 THROUGH 11/30/23

PROGRAM	MA	MA
BUDGET MONTH	10/23	11/23

UNEARNED INCOME. . .(+)	2000.00	2000.00
NET INCOME(=)	2000.00	2000.00
MONTHLY INC STANDARD(-)	1215.00	1215.00
MONTHLY SPENDDOWN. .(=)	785.00	785.00

TOTAL SIX MONTH INCOME. . (=)	4000.00
SIX MONTH INCOME STANDARD (-)	2430.00
SIX MONTH SPENDDOWN . . . (=)	1570.00

INCOME CALCULATION

BUDGET PERIOD: 12/01/23 THROUGH 05/31/24

PROGRAM	MA	MA	MA	MA	MA	MA
BUDGET MONTH	12/23	01/24	02/24	03/24	04/24	05/24

UNEARNED INCOME. . .(+)	2000.00	2000.00	2000.00	2000.00	2000.00	2000.00
NET INCOME(=)	2000.00	2000.00	2000.00	2000.00	2000.00	2000.00
MONTHLY INC STANDARD(-)	1215.00	1215.00	1215.00	1215.00	1215.00	1215.00
MONTHLY SPENDDOWN. .(=)	785.00	785.00	785.00	785.00	785.00	785.00

TOTAL SIX MONTH INCOME. . (=)	12000.00
SIX MONTH INCOME STANDARD (-)	7290.00
SIX MONTH SPENDDOWN . . . (=)	4710.00

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

If you don't agree with the action taken on your case, you can call your financial worker or an attorney. You can also appeal. To keep your benefits until the appeal, you must appeal:

- * Within 10 days, or
- * Before the first day of the month when the action takes place.

If you miss the 10 day deadline, you can appeal within 30 days from the date you get this notice, but your benefits will not start again unless you win the appeal. To find out more, read the back of this notice.

WORKER: JULIANNA B. DANIELS TELEPHONE: (651) 431-5846