

CNS Paragraph Form

Date: 04.14.2015

<b>Program Area</b>	<b>03</b>	<b>(01=PA, 02=FS, 03=MA, 04=HP)</b>
<b>Paragraph Number</b>	<b>D0334</b>	
<b>Version Number</b>	<b>00001</b>	
<b>Effective Date</b>	<b>2015</b>	<b>(YYMMDD)</b>
<b>Title</b>	<b>Deny Medicaid, Individual Failed to Submit Signed Authorization for AVS</b>	
<b>Comment</b>		
<b>Reason Code</b>	<b>D81</b>	

We have denied your application for Medicaid dated \_\_\_\_ for:

Name	Client I.D. #
Name	Client I.D. #

This is because in order to get Medicaid, you and your spouse (if married) must provide a signed authorization allowing Medicaid to verify your and your spouse's resources with financial institutions.

We sent a letter to you asking you and/or your spouse (if married) or your legal representative(s) to sign this authorization. Because you did not provide a signed authorization for both you and your spouse (if married) by \_\_\_\_\_, you are not eligible for Medicaid.

This decision is based on 42 U.S.C. 1396w and Section 366-a(2) of the Social Services Law.

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Hemos rechazado su solicitud de Medicaid con fecha \_\_\_\_\_ para:

Nombre	No. del I.D. del Cliente
Nombre	#

Esto se debe a que a fin de obtener Medicaid, usted y su conyuge (si estan casados) deben presentar una autorizacion firmada que le permita a Medicaid verificar sus ingresos y los de su conyuge con las instituciones financieras.

Le enviamos una carta pidiendole a usted y/o a su conyuge (si estan casados) o a su(s) representante(s) legal(es) que firmen esta autorizacion. Debido a que no nos dio una autorizacion por escrito para usted y su conyuge (si estan casados) antes de \_\_\_\_\_, usted no es elegible para Medicaid.

Esta decision se basa en 42 U.S.C. 1396w y en la Seccion 366-a(2) de la Ley de Servicios Sociales.