

**CNS Paragraph Form**

Date: 09.13.99

<b>Program Area</b>	<b>03</b> (01=PA, 02=FS, 03=MA, 04=HP)
<b>Paragraph Number</b>	<b>C0155</b>
<b>Version Number</b>	
<b>Effective Date</b>	<b>1999</b>
<b>Title</b>	<b>Moved Out of District, Eligible for Continuous Coverage, Accepted in New District</b>
<b>Comment</b>	
<b>Reason Code</b>	<b>E65</b>

We will discontinue Medical Assistance effective \_\_\_\_\_ for:

Name Client I.D. #  
Name #  
Name #

This is because you applied for and will be receiving Medical Assistance coverage from the new county where you now reside.

This decision is based on Regulation 18 NYCRR 351.2 (g)(1).

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Nosotros discontinuaremos la Asistencia Medica a partir de/del \_\_\_\_\_ para:

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

Esto se debe a que usted solicito y estara recibiendo cobertura para la Asistencia Medica del nuevo condado donde usted reside ahora.

Esta decision esta basada en la Regulacion 18 NYCRR 351.2(g)(1).