

CNS Paragraph Form

Date: 09.27.12

Program Area	03	(01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number	C0051	
Version Number	00002	
Effective Date	2013	(YYMMDD)
Title	Disc MA Spousal Impov Fail to Provide Res Info No Undue Hardship	
Comment		
Reason Code	H10 (Upstate) / H10 (NYC)	

We will discontinue Medicaid effective _____ for:

Name	Client I.D. #
Name	#
Name	#

This is because the amount/value of your spouse's resources is unknown. This information about the resources of your spouse was necessary to determine your continuing eligibility for Medicaid and we have decided that an undue hardship does not exist.

Undue hardship means a situation where:

1. Your spouse fails or refuses to cooperate in providing information about his/her resources; and
2. You are otherwise eligible for Medicaid; and
3. You are unable to obtain appropriate medical care without receiving Medicaid; and
4. a. Your spouse's whereabouts are unknown; or
b. Your spouse is unable to provide information about his/her resources because of illness or mental incapacity; or
c. Your spouse did not live with you just before you were institutionalized; or
d. You will be in need of protection from actual or threatened harm, neglect, or hazardous conditions if discharged from an appropriate medical setting, because of your spouse's action or inaction (other than failure to cooperate in providing information about his/her resources).

If Medicaid is paying health insurance premiums, including Medicare, for you, payment of these premiums will be discontinued.

This decision is based on Regulation 18 NYCRR 360-4.10(c).

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Nosotros discontinuaremos la Medicaid a partir de/del _____ para:

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

Esto se debe a que se desconoce la cantidad/valor de los recursos de su conyuge. Esta informacion sobre los recursos de su conyuge era necesaria para determinar su continua elegibilidad para Medicaid y hemos determinado que no existe una penuria indebida.

Penuria indebida significa una situacion en la cual:

1. Su conyuge no coopera o se niega a cooperar proporcionando informacion sobre sus recursos; y
2. Usted es de otra manera elegible para Medicaid; y
3. Usted es incapaz de obtener atencion medica adecuada sin recibir Medicaid; y
4.
 - a. Se desconoce el paradero de su conyuge; o
 - b. Su conyuge no puede proporcionar informacion sobre sus recursos debido a enfermedad o incapacidad mental; o
 - c. Su conyuge no vivio con usted justo antes de su institucionalizacion; o
 - d. Usted necesitara proteccion de un peligro real o amenazado, abandono o condiciones peligrosas si fuera dado de alta de un establecimiento medico adecuado, debido a la accion o inaccion de su conyuge (ademas de no cooperar en el suministro de informacion sobre sus recursos).

Si Medicaid le esta pagando las primas de seguro medico, inclusive las de Medicare, el pago de dichas primas se suspendera.

Esta decision esta basada en la Regulacion 18 NYCRR 360-4.10(c).

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