

**CNS Paragraph Form**

Date:

<b>Program Area</b>	<b>03</b> (01=PA, 02=FS, 03=MA, 04=HP)
<b>Paragraph Number</b>	<b>C0035</b>
<b>Version Number</b>	
<b>Effective Date</b>	<b>09.01.99</b>
<b>Title</b>	<b>TMA Disc, Receiving PA, MA Continues (UPS)</b>
<b>Comment</b>	
<b>Reason Code</b>	<b>H32</b>

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

Name Client I.D. #  
Name #  
Name #

This is because you are now receiving Public Assistance and you will continue to receive regular Medical Assistance as a Public Assistance recipient.

This decision is based on Regulation 18 NYCRR 360-3.3(c).

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

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

Esto se debe a que usted recibe actualmente Asistencia Publica y continuara recibiendo Asistencia Medica ordinaria en calidad de recibidor de Asistencia Publica.

Esta decision esta basada en la Regulacion 18 NYCRR 360-3.3(c).