

**CNS Paragraph Form**

Date: 03.29.04

**Program Area**            03            (01=PA, 02=FS, 03=MA, 04=HP)  
**Paragraph Number**    X0018  
**Version Number**        00002  
**Effective Date**        2002        (YYMMDD)  
**Title**                    Spenddown To MA Level  
**Comment**  
**Reason Code**            S28

We will continue Medical Assistance coverage; however you no longer have a spenddown requirement effective \_\_\_\_\_ for:

Name	Client I.D. #
Name	#
Name	#

This is because your income (less Medical Assistance deductions) and countable resources are at or below the allowable income and resource limits. You will no longer have to pay or incur medical expenses in order to be eligible for Medical Assistance coverage.

Please look at the budget calculation section to see how we figured your income and resources.

Choose One Of The Following:

Message 1  
S0020 (Community Coverage: No LTC)

Message 2  
S0021 (Community Coverage WITH Community-Based LTC)

Message 3  
S0022 (No Longer Eligible For LTC)

Message 4  
None Of The Above

Use For All

This decision is based on Regulations 18 NYCRR 360-2.3, 360-4.1, 360-4.4, 360-4.5, 360-4.7 and 360-4.8 and Section 366-a(2) of Social Services Law.

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Continuaremos la cobertura de Asistencia Medica; sin embargo, usted ya no tendra que cumplir con el requisito de ingresos y/o recursos excesivos a partir del \_\_\_\_\_ para:

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

Esto se debe a que sus ingresos (menos las deducciones por Asistencia Medica) y los recursos contables, son iguales o inferiores a los limites de ingresos y recursos permitidos. Usted ya no tendra que pagar ni contraer gastos medicos para reunir los requisitos y recibir cobertura de Asistencia Medica.

Favor de consultar la seccion referente al calculo del presupuesto para ver como calculamos sus ingresos y recursos.

Choose One Of The Following:

Message 1  
S0020 (Community Coverage: No LTC)

Message 2  
S0021 (Community Coverage WITH Community-Based LTC)

Message 3  
S0022 (No Longer Eligible For LTC)

Message 4  
None Of The Above

Use For All

Esta decision se basa en Reglamentacion 18 NYCRR 360-2.3, 360-4.1, 360-4.4, 360-4.5, 360-4.7 y 360-4.8 y la Seccion 366-a(2) de la Ley de Servicios Sociales.

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