

**CNS Paragraph Form**

Date: 08.23.04

<b>Program Area</b>	<b>03 (01=PA, 02=FS, 03=MA, 04=HP)</b>
<b>Paragraph Number</b>	<b>U0158</b>
<b>Version Number</b>	<b>00001</b>
<b>Effective Date</b>	<b>2004 (YYMMDD)</b>
<b>Title</b>	<b>Denied, Short-Term Rehabilitative Nursing Home Care (Undercare Only)</b>
<b>Comment</b>	
<b>Reason Code</b>	<b>S34</b>

We have denied Medical Assistance coverage for short-term rehabilitative nursing home care from \_\_\_\_\_ to \_\_\_\_\_ for:

Name Client I.D. #

Choose one of the following:

Message 1

This is because you have already received one admission of short-term rehabilitative nursing home care within the past 12 months.

Message 2

Other:

---

This denial is only for coverage of short-term rehabilitative nursing home care. Your current Medicaid coverage will remain unchanged.

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

~\S

Hemos rechazado cobertura de Asistencia Medica para tratamiento de rehabilitacion a corto plazo en un centro de cuidados de convalescencia (nursing home) de \_\_\_\_\_ a \_\_\_\_\_ para:

Nombre Numero de ID del cliente

Choose one of the following:

Message 1

El motivo es que usted ya recibio un ingreso para tratamiento de rehabilitacion a corto plazo en un centro de cuidados de convalescencia (*nursing home*) en los ultimos 12 meses.

Message 2

Otro:

---

Se le niega solamente la cobertura de rehabilitacion a corto plazo en un centro de cuidados de convalescencia (*nursing home*). La cobertura actual de Medicaid permanece sin cambios.

Esta decision se basa en Reglamentacion 18 NYCRR 360-2.3, 360-4.8 y las Secciones 366 y 366-a(2) de la Ley de Servicios Sociales.

~\#