

CNS Paragraph Form

Date: 08.06.04

Program Area **03** (01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number **U0152**
Version Number **00003**
Effective Date **2004 (YYMMDD)**
Title **Continue MA Unchanged (Limited Benefit Package Due to Resource Documentation)**
Comment
Reason Code **S65**

We will continue Medical Assistance coverage unchanged for:

Name	Client I.D. #
Name	#
Name	#

Choose One Of The Following:

Message 1
S0020 (Community Coverage: No LTC)

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

Use for All

This decision is based on Regulations 18 NYCRR 360-2.2 and Section 366-a of the Social Services Law.

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Continuaremos la cobertura de Asistencia Medica sin cambio alguno para:

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

Choose One Of The Following:

Message 1
S0020 (Community Coverage: No LTC)

Message 2

S0021 (Community Coverage WITH Community-Based LTC)

Use for All

Esta decision se basa en Reglamentacion 18 NYCRR 360-2.2 y la Seccion 366-a de la Ley de Servicios Sociales.

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