

CNS Paragraph Form

Date: 02.27.13

<b>Program Area</b>	<b>03</b>	<b>(01=PA, 02=FS, 03=MA, 04=HP)</b>
<b>Paragraph Number</b>	<b>U0147</b>	
<b>Version Number</b>	<b>00005</b>	
<b>Effective Date</b>	<b>2013</b>	<b>(YYMMDD)</b>
<b>Title</b>	<b>Recalc of Contrib Toward Chronic Care due to COLA, Individual (Upstate)</b>	
<b>Comment</b>		
<b>Reason Code</b>	<b>V11</b>	

We have recalculated the contribution required toward the cost of care for:

Name	Client I.D. #
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Effective \_\_\_\_\_, we will change the monthly income contribution required toward the cost of care from \$\_\_\_\_\_ to \$\_\_\_\_\_.

PARAGRAPH 1: \*\*\*IF CURRENT MONTH = NOVEMBER OR DECEMBER:

This is because on January 1, your income will increase due to a cost-of-living adjustment (COLA) in a social security benefit. This increase in income must be used to figure your Medicaid eligibility.

PARAGRAPH 2: \*\*\*IF CURRENT MONTH NOT = NOVEMBER OR DECEMBER:

This is because on January 1, your income increased due to a cost-of-living adjustment (COLA) in a social security benefit. This increase in income must be used to figure your Medicaid eligibility.

Use for all

Please look at the budget page to see how we figured your income.

**IMPORTANT INFORMATION:** Your monthly income contribution is based on a change to your Social Security benefit. If you have any other income change, you must notify this Department at the phone number listed above immediately. Adjustments will be made if you have any other income change or your circumstances change.

This decision is based on Regulations 18 NYCRR 360-4.3 and 360-4.9 and Section 366 of the Social Services Law.

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Hemos calculado nuevamente la contribucion requerida hacia los costos de cuidado para:

Nombre

No. de Identificacion del Cliente

Efectivo \_\_\_\_\_, cambiaremos la contribucion mensual de ingresos requerida hacia los costos de cuidado de \$\_\_\_\_\_ a \$\_\_\_\_\_.

PARAGRAPH 1: \*\*\*IF CURRENT MONTH = NOVEMBER OR DECEMBER:

Esto se debe a que el lero de enero, su ingreso aumentara debido a un ajuste sobre el costo de vida (COLA) en un beneficio del seguro social. Este aumento en ingresos debe utilizarse para calcular su elegibilidad para la Medicaid.

PARAGRAPH 2: \*\*\*IF CURRENT MONTH NOT = NOVEMBER OR DECEMBER:

Esto se debe a que el lero de enero, su ingreso aumento debido a un ajuste sobre el costo de vida (COLA) en un beneficio del seguro social. Este aumento en ingresos debe utilizarse para calcular su elegibilidad para la Medicaid.

Use for all

Favor de consultar la pagina de presupuesto para entender la manera que figuramos sus ingresos.

**INFORMACION IMPORTANTE:** Su contribucion mensual de ingresos se basa solamente en el cambio de su beneficio de Seguro Social. Si hay cambios adicionales en sus ingresos, debe notificarlos inmediatamente a este departamento al numero de telefono indicado arriba. Se haran ajustes si sus ingresos o circunstancias cambian.

Esta decision esta basada en las regulaciones 18 NYCRR 360-4.3 y 360-4.9 y Seccion 366 de las ley de Servicios Sociales.