

CNS Paragraph Form

Date: 10.20.2014

Program Area	03	(01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number	D0160	
Version Number	00004	
Effective Date	2015	(YYMMDD)
Title	Deny MA, Attestor Failed to Provide Amount of Resource(s) at Application	
Comment		
Reason Code	X23	

We have denied your application for Medicaid dated _____ for:

Name	Client I.D. #
Name	Client I.D. #
Name	Client I.D. #

This is because you told us you had resources but did not tell us the amount. We must have this information before we can decide if you are eligible for Medicaid. You failed to tell us the amount of your _____. (Worker Fill)

This decision is based on Section 366-a(2) of Social Services Law.

~S\

Hemos rechazado su solicitud para cobertura de Medicaid de fecha _____ para:

Nombre	Numero de ID del cliente
Nombre	Numero de ID del cliente
Nombre	Numero de ID del cliente

El motivo es porque usted nos dijo que tenia recursos, pero no nos informo la cantidad. Debemos recibir esta informacion antes de decidir si usted puede recibir Medicaid. Usted no nos informo la cantidad de su _____. (Worker Fill)

Esta decision se basa en la Seccion 366-a(2) de la Ley de Servicios Sociales.