

CNS Paragraph Form

Date: 04.01.04

Program Area	03	(01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number	X0019	
Version Number	00002	
Effective Date	2002	(YYMMDD)
Title	Continue Excess Resources, SD Met, 65 Years or Older	
Comment		
Reason Code	X74	

We will continue Medical Assistance coverage with a spenddown requirement for:

Name	Client I.D. #
Name	#
Name	#

This is because you continue to have countable resources over the allowable Medical Assistance limit. The amount over the limit is called excess resources or spenddown. Your excess resource amount is \$_____.

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

Because you have shown us unpaid medical expenses which are not covered by Medical Assistance or insurance and which are equal to or more than your excess resource amount, we will pay any additional covered medical expenses for the period _____ to _____.

Please read the section: "Explanation of the Excess Resource Program."

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 con un requisito de ingresos y/o recursos excesivos (spenddown) para:

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

El motivo es porque todavia tiene recursos contables por una cantidad que sobrepasa la cantidad permitida por Asistencia Medica. La cantidad que excede el limite se denomina recursos excesivos. La cantidad de sus recursos excesivos es \$ _____.

Favor de consultar la seccion referente al calculo del presupuesto para ver como calculamos su recursos excesivos.

Debido a que usted nos ha mostrado gastos medicos pendientes por pagar que Asistencia Medica o un seguro medico no cubre y cuyo monto iguala o sobrepasa la cantidad de sus recursos en exceso; pagaremos todo gasto medico adicional comprendido dentro del plan medico durante el periodo de _____ a _____.

Favor de consultar la Seccion de "Explicacion del Programa de Recursos Excesivos".

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 Regulaciones 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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