

**NOTICE OF ELIGIBILITY FOR COVERAGE FOR THE TREATMENT
OF AN EMERGENCY MEDICAL CONDITION**

CASE NAME	CASE NUMBER	DATE
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The applicant(s) indicated on the attached DSS-3622 has been determined to be eligible for Medical Assistance for coverage for emergency medical care and services only, for the reason indicated below:

- The applicant is not a citizen, qualified alien, or permanently residing in the United States under color of law (PRUCOL). Persons who are not citizens, qualified aliens or PRUCOL may receive Medical Assistance coverage only for the treatment of emergency medical conditions or for medical services provided to pregnant women, if they are otherwise eligible.

Qualified aliens include:

- Persons lawfully admitted for permanent residence;
- persons admitted as refugees;
- persons granted asylum;
- persons granted status as Cuban and Haitian Entrants;
- persons with deportation withheld;
- persons admitted as Amerasian immigrants;
- persons paroled into the United States for at least one year;
- persons granted conditional entry; or
- persons determined to be battered or subject to extreme cruelty in the United States by a family member.

PRUCOL aliens include:

- Persons paroled into the United States for less than one year;
- persons residing in the United States pursuant to an Order of Supervision;
- persons residing in the United States pursuant to an indefinite stay of deportation;
- persons residing in the United States pursuant to an indefinite voluntary departure;
- persons on whose behalf an immediate relative petition has been approved and their families covered by the petition;
- persons who have filed applications for adjustment of status that INS has accepted as "properly filed" or has granted;
- persons granted stays of deportation;
- persons granted voluntary departure;
- persons granted deferred action status;
- persons who entered and continuously resided in the United States before January 1, 1972;
- persons granted suspension of deportation; or
- other persons living in the United States with the knowledge and permission or acquiescence of the INS and whose departure the INS does not contemplate enforcing. (Examples include, but are not limited to: permanent nonimmigrants, pursuant to P.L. 99-239, applicants for deferred action or voluntary departure status, and aliens granted extended voluntary departure for a specified time due to conditions in their home countries.)

The care/services provided to (name(s)) _____
on _____ by _____ has been
determined for the treatment of an emergency medical condition. Therefore, coverage will be provided for
this treatment as follows:

- Full coverage
- Coverage with a SPENDDOWN requirement:

Gross monthly income	\$ _____
Total monthly deductions	\$ _____
Net monthly income	\$ _____
Allowable income standard	\$ _____
Monthly excess income (spenddown)	\$ _____

Based on these calculations, the liability toward the cost of care for the period of treatment is \$_____. (See the enclosed "Explanation of the Excess Income Program" for information on how this liability may be met.)

The provider(s) of medical care/services has been notified of your eligibility for Medical Assistance coverage.

**REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT
OF ANY CHANGES IN NEEDS, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS
BE SURE TO READ THE ATTACHED NOTICE ON HOW TO APPEAL THIS DECISION**