

CNS Paragraph Form

Date: 12.29.2016

Program Area	03	(01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number	U0295	
Version Number	00001	
Effective Date	2017	(YYMMDD)
Title	Pre-Release Notice – UPSTATE (30 Days Prior to Release)	
Comment	No Fair Hearing language/No Reg. Citations/Exclude: S0033	
Reason Code	C46	

We will reinstate Medicaid coverage when the following individual is released to the community from the correctional facility:

Name	Client ID #
------	-------------

Prior to release, a common Benefit Identification Card will be mailed to the correctional facility. This card will be made available to you upon release to the community.

If released to the community, a reinstatement notice will be issued to you or your parole officer, if any. The reinstatement notice will explain the services you are eligible to receive when your Medicaid coverage is reinstated.

If after release you have questions about your Medicaid benefits, please call your social services district at the agency telephone number listed above.

S\

Reanudaremos la cobertura de Medicaid una vez que se haya liberado a la siguiente persona del centro penitenciario:

Nombre	No de ID del cliente:
--------	-----------------------

Antes de la liberacion, se enviara por correo postal una tarjeta de identificacion de beneficios comun al centro penitenciario. Esta tarjeta estara a su disposicion luego de su puesta en libertad.

En caso de liberacion, se emitira a usted o a su oficial de libertad condicional, de haberlo, un aviso de reanudacion. Dicho aviso explicara los servicios que podra recibir una vez que su cobertura de Medicaid se haya reanudado.

Si despues de la liberacion tiene preguntas sobre sus beneficios de Medicaid, por favor llame a su distrito de servicios sociales al numero de telefono de la agencia indicado arriba.