

CNS Paragraph Form

Date: 11.25.2014

| | | |
|-------------------------|--|-------------------------------------|
| Program Area | 03 | (01=PA, 02=FS, 03=MA, 04=HP) |
| Paragraph Number | C0320 | |
| Version Number | 00002 | |
| Effective Date | 2015 | |
| Title | Disc MA, Individual Discharged from a Psychiatric Center to Another State's Law Enforcement | |
| Comment | | |
| Reason Code | C85 | |

We will discontinue Medicaid effective _____ for:

Name Client I.D. #

This is because you are being discharged from a psychiatric center to another state's law enforcement.

This decision is based on Section 366(1)(d)(1) of the Social Services Law.

~\S

Suspenderemos los beneficios de Medicaid a partir de _____ para:

Nombre No. de ID del cliente:

Ello se debe a que a usted se le ha dado de alta de un centro siquiatico y entregado a las fuerzas del orden publico de otro estado.

Esta decision se basa en la Seccion 366(1)(e)(1) de la Ley de Servicios Sociales.