

CNS Paragraph Form

Date: 11.25.2014

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|-------------------------|---|-------------------------------------|
| Program Area | 03 | (01=PA, 02=FS, 03=MA, 04=HP) |
| Paragraph Number | C0319 | |
| Version Number | 00002 | |
| Effective Date | 2015 | |
| Title | Disc MA, Individual Discharged from a Psychiatric Center to Custody of United States Immigration and Customs Enforcement (ICE) (Upstate) | |
| Comment | | |
| Reason Code | C86 | |

We will discontinue Medicaid/Family Planning Benefit Program coverage effective _____ for:

Name Client I.D. #

This is because you are being discharged from a psychiatric center to the custody of the United States Immigration and Customs Enforcement (ICE).

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

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Suspenderemos Medicaid/Programa de Planificacion Familiar a partir de _____ para:

Nombre No. de ID del cliente:

Ello se debe a que usted ha sido dado de alta de un centro siquiatico y entregado a la custodia de la Oficina de Servicios de Inmigracion y Control de Aduanas de Estados Unidos (ICE).

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