

**CNS Paragraph Form**

Date: 11.25.2014

<b>Program Area</b>	<b>03</b>	<b>(01=PA, 02=FS, 03=MA, 04=HP)</b>
<b>Paragraph Number</b>	<b>C0314</b>	
<b>Version Number</b>	<b>00002</b>	
<b>Effective Date</b>	<b>2015</b>	
<b>Title</b>	<b>Disc MA/FPBP, Individual Discharged to an Out-of-State Psychiatric Center (Upstate)</b>	
<b>Comment</b>		
<b>Reason Code</b>	<b>C87</b>	

We will discontinue Medicaid/Family Planning Benefit Program effective \_\_\_\_\_ for:

Name                      Client I.D. #

This is because you have been discharged to an out-of-state psychiatric center.

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

**~IS**

Suspenderemos los beneficios que usted recibe de Medicaid/Programa de Planificacion Familia, a partir del \_\_\_\_\_ para:

Nombre                      No. de ID del cliente:

Ello se debe a que usted ha sido trasladado a un centro siquiatico fuera del estado.

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