

CNS Paragraph Form

Date: 03.21.11

Program Area	03	(01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number	U0209	
Version Number	00001	
Effective Date	2011	
Title	FHP to MA, Individual Discharged from a Psychiatric Center (Upstate)	
Comment		
Reason Code	C91	

We will reinstate Medicaid coverage to all Medicaid covered care and services effective _____ for:

Name	Client I.D. #
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This is because you had coverage under Family Health Plus prior to admission to a psychiatric facility and have been discharged.

If you start receiving nursing facility services on a permanent basis, notify your social services district immediately. We will then arrange to review documentation of your resources for the transfer of assets look-back period to find out if you are eligible for Medicaid coverage for these services. We will also determine if you will have a contribution to the cost of your nursing home care.

If you have a change of address, it is important that you contact your social services district at the agency telephone number listed above.

If you require a New York State Benefit Identification Card, notify your social services district immediately.

This decision is based on Regulations 18 NYCRR 360-2.2, 360-2.3, 360-3.4(a)(1) and Sections 366(1) (c) & (d) and 366-a(5)(d) and 369(ee) of Social Services Law.

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Reanudaremos su cobertura de Medicaid para todo tipo de servicio y atencion de salud a partir del _____ para:

Nombre	Nº. de ID del cliente:
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Ello se debe a que usted recibia cobertura bajo el Programa de Family Health Plus antes de su ingreso al centro siquiatico y ya ha sido dado de alta.

Si usted comienza a recibir servicios de enfermeria de manera permanente, notifiquese lo inmediatamente a su distrito de servicios sociales. Haremos entonces una revision de documentacion de recursos referente al traspaso de bienes de un periodo retroactivo para averiguar si reune los requisitos de Medicaid para cobertura de estos servicios. Tambien

determinaremos si usted tendra que dar una contribucion contra sus costos de atencion de enfermeria.

Si cambia de domicilio es importante que se comuniquen con el distrito de servicios sociales al numero de telefono de la agencia indicado arriba.

Si necesita una tarjeta de Identificacion de Beneficios en Comun del Estado de Nueva York, notifiquese inmediatamente al distrito de servicios sociales.

Esta decision se basa en Reglamentacion 18 NYCRR 360-2.2, 360-2.3, 360-3.4(a)(1) y las Secciones 366(1) (c) & (d) y 366-a(5)(d) y 369(ee) de la Ley de Servicios Sociales.