

CNS Paragraph Form

Date: 10.30.96

Program Area **03** (01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number **C0085**
Version Number **00001**
Effective Date **1996** (YYMMDD)
Title **Disc MA OMH Only, Case Type 22, Turning 22, Discharge to Community or Article 28 or 31 Facility**
Comment
Reason Code **E14**

We will discontinue Medical Assistance effective _____ for:

Name	Client I.D. #
Name	#
Name	#

This is because you have reached age 22 while residing in a private psychiatric hospital, State operated psychiatric center (PC) or a residential treatment facility (RTF).

Individuals who reside in these institutions are only eligible for Medical Assistance until their 22nd birthday.

This decision is based on Regulations 18 NYCRR 360-3.3(b)(3) and 360-3.4(a)(2)(ii).

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Nosotros discontinuaremos los beneficios de la Asistencia Medica a partir del _____ para:

Nombre	No. del I.D. del Cliente
Nombre	#
Nombre	#

Esto se debe a que usted a cumplido los 22 anos de edad residiendo ya sea en un hospital psiquiatrico privado en un centro psiquiatricoadministrado por el Estado (Psychiatric Center – PC) or en un establecimiento de tratamiento residencial (Residential Treatment Facility – RTF).

Los indiciduos que residen en estas institutions so solamente elegibles para la Asistencia Medica Hastga cumplir los 22 anos de edad.

Esta decision esta basada en las Regulaciones 18 NYCRR 360-3.3(b)(3) y 360-3.4(a)(2)(ii).

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