

CNS Paragraph Form

Date: 11.25.2014

Program Area	03	(01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number	C0008	
Version Number	00004	
Effective Date	2015	(YYMMDD)
Title	Disc MA, Failure To Comply With IV-D Requirements	
Comment		
Reason Code	V30	

We will discontinue Medicaid effective _____ for:

Name Client I.D. #
Name #
Name #

This is because you did not help the Child Support Enforcement Unit obtain medical support for children you are applying for whose parents do not live with them. If the child eligible for Medicaid was born out of wedlock, you must help the Child Support Enforcement Unit establish who the father of the child is. In addition, you must also help to get the parents of the child to pay medical support. Failure to help the Child Support Enforcement Unit without good cause is grounds for discontinuance of Medicaid. However, if you are pregnant, you do not have to help the Child Support Enforcement Unit until at least two months after the baby is born. If you are pregnant, let us know.

Choose one or more of the following messages

Message 1 (Failure/Refusal to Assign Rights from Health Insurance)

You did not assign rights to payment for medical care from (Name)'s health or medical insurance for (Names).

Message 2 (Failure/Refusal to Assign Rights from Court Ordered Support)

You did not assign your rights to support for medical care from (Names) for (Names) under court ordered support.

Message 3 (Failure/Refusal to Cooperate with the Child Support Enforcement Unit Regarding Paternity) - Failure to Provide Information

You did not cooperate with the Child Support Enforcement Unit in establishing paternity for (Names). You failed or refused to provide information which you have concerning the identity or whereabouts of the child(ren)'s father, although requested to do so.

Message 4 (Failure/Refusal to Cooperate with the Child Support Enforcement Unit Regarding Paternity) - Failure to Appear as a Witness

You did not cooperate with the Child Support Enforcement Unit in establishing paternity for (Names). You failed to appear as a witness in court or at a hearing concerning the child(ren)'s paternity.

Message 5 (Failure/Refusal to Cooperate with the Child Support Enforcement Unit Regarding Support) - Failure to Provide Information

You did not cooperate with the Child Support Enforcement Unit in obtaining support from (Name) for (Names). You failed or refused to provide information concerning the identity or whereabouts of the child(ren)'s non-custodial parents although requested to do so.

Message 6 (Failure/Refusal to Cooperate with the Child Support Enforcement Unit Regarding Support) - Failure to Appear as Witness

You did not cooperate with the Child Support Enforcement Unit in obtaining support from (Name) for (Names). You failed to appear as a witness in a court proceeding concerning the establishment of support for the child(ren).

Use for all

You did not give us a good reason for not wanting to help the Child Support Enforcement Unit. Examples of good reasons for not wanting to help are :

- o fear of emotional or physical harm to you or the children in your family;
- o the child was born due to rape or incest;
- o the child is available for adoption or you are currently being assisted by an agency to determine whether to put the child up for adoption and discussions have not gone on for more than three months.

If Medicaid is paying health insurance premiums, including Medicare, for you, payment of these premiums will be discontinued.

This decision is based on Section 366(1)(d)(3) of the Social Services Law.

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Nosotros discontinuaremos la Medicaid a partir de/del _____ para:

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

Esto se debe a que usted no ayudo a que la Unidad de Coaccion para la Manutencion Infantil obtenga soporte medico para ninos cuyos padres no viven con ellos y para quienes usted esta solicitando. Si el nino(a) elegible para Medicaid nacio fuera de la union matrimonial, usted debe ayudar a que la Unidad de Coaccion para la Manutencion Infantil establezca quien es el padre de ese nino(a). Ademias, usted tambien debe ayudar para que los padres del nino(a) paguen el soporte medico. Si usted no coopera con la Unidad de Coaccion para la Manutencion Infantil sin contar con una buena razon, esto constituye una base para discontinuar de la Medicaid. Sin embargo, si usted esta embarazada, usted no tiene que cooperar con la Unidad de Coaccion para la Manutencion Infantil hasta por lo menos dos meses despues de que su hijo(a) haya nacido. Usted no nos ha notificado acerca de su embarazo.

Choose one or more of the following messages

Message 1 (Failure/Refusal to Assign Rights from Health Insurance)

Usted no asigno derechos de pago para la atencion medica provista bajo el seguro medico o de salud de (Nombre) para (Nombres).

Message 2 (Failure/Refusal to Assign Rights from Court Ordered Support)

Usted no asigno sus derechos para cubrir la atencion medica provista bajo (Nombres) para (Nombres), de acuerdo a una orden judicial de soporte.

Message 3 (Failure/Refusal to Cooperate with the Child Support Enforcement Unit Regarding Paternity) - Failure to Provide Information

Usted no coopero con la Unidad de Coaccion para la Manutencion Infantil para establecer la paternidad para (Nombres). Usted fallo o rehusó proveer informacion que usted tiene con respecto a la identidad o a la localizacion del padre de/de los nino(s), a pesar de que se le requirio que lo hiciera.

Message 4 (Failure/Refusal to Cooperate with the Child Support Enforcement Unit Regarding Paternity) - Failure to Appear as a Witness

Usted no coopero con la Unidad de Coaccion para la Manutencion Infantil para establecer la paternidad para (Nombres). Usted fallo presentarse como testigo en la corte o en una vista imparcial respecto a la paternidad del/de los nino(s).

Message 5 (Failure/Refusal to Cooperate with the Child Support Enforcement Unit Regarding Support) - Failure to Provide Information

Usted no coopero con la Unidad de Coaccion para la Manutencion Infantil para obtener manutencion de (Nombre) para (Nombres). Usted fallo o rehusó proveer informacion

respecto a la identidad o la localización de los padres cuales no tienen custodia sobre los niño(s), a pesar de que se le requirió que lo hiciera.

Message 6 (Failure/Refusal to Cooperate with the Child Support Enforcement Unit Regarding Support) - Failure to Appear as Witness

Usted no cooperó con la Unidad de Coacción para la Manutención Infantil para obtener manutención de (Nombre) para (Nombres). Usted falló al no presentarse como testigo en un proceso de la corte respecto al establecimiento de la manutención para su(s) hijo(s).

Use for all

Usted no nos dio una buena razón para no desear colaborar con la Unidad de Coacción para la Manutención Infantil. Ejemplos de buenas razones para no desear colaborar son:

- o temor de un daño físico o emocional a usted o a los niños en su familia;
- o el niño(a) nació a consecuencia de una violación o de un incesto;
- o el niño(a) está disponible para la adopción o usted está recibiendo asistencia de una agencia actualmente para determinar si el niño(a) debe estar disponible para la adopción, y las discusiones no han durado más de tres meses.

Si Medicaid le está pagando las primas de seguro médico, inclusive las de Medicare, el pago de dichas primas se suspenderá.

Esta decisión está basada en la Sección 366(1)(d)(3) de la Ley de Servicios Sociales.