CNS Paragraph Form

Date: 10.25.2019

Program Area	**03**	**(01=PA, 02=FS, 03=MA, 04=HP)**
Paragraph Number	**U0256**	
Version Number	**00002**	
Effective Date	**2019**	
Title	**Continue Suspension at Release from a NYS or Local Correctional Facility to a Psychiatric Center**	
Comment		
Reason Code	**CC8**	

We will continue to suspend Medicaid/Family Planning Benefit Program coverage effective _____ for:

Name Client I.D. #

This is because you are 21-64 years old and are being released from a New York State or local correctional facility to a psychiatric center. While you are a resident of a psychiatric center, Medicaid will only pay for acute inpatient hospital care provided off the grounds of the psychiatric center. All other Medicaid coverage will be suspended while you are residing in a psychiatric center. Your Medicaid case is NOT being closed.

Your Medicaid benefits will be reinstated when you are discharged to the community.

This decision is based on Regulation 18 NYCRR 360-3.4(a) and Section 366(1-a) of the Social Services Law.

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La suspension de cobertura continua vigente en cuanto a Medicaid/ Programa Family Planning Benefit a partir del _____ para:

Nombre No de ID del cliente

Ello se deba a que usted es 21 a 64 anos de edad y usted ha sido entregado de alta de un instalacion correccional local o del Estado de Nueva York y trasladando una centro siquiatrico. Mientras usted es un residente de una centro siquiatrico, Medicaid pagara solamente por atencion de cuidado critico de paciente interno recibida fuera de las centro siquiatrico. Se suspendera toda otra cobertura de Medicaid mientras usted es un residente en un centro siquiatrico. Su caso de Medicaid NO se cerrara.

Sus beneficios de Medicaid se reanudaran cuando usted sea dado de alta a la comunidad.

Esta decision se basa en el Reglamento 18 NYCRR 360-3.4(a) y la Seccion 366(1-a) de la Ley de Servicios Sociales.