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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 96 LCM-34

Date: April 2, 1996

Division: Health and
Long Term Care

TO: Local District Commissioners

SUBJECT: Child Teen Health Program (EPSDT) Well Care
Participation Rates

ATTACHMENTS: FFY'95 Annual EPSDT Participation Report:
I. County Specific, Full Report
II. All Counties and Statewide, Summary Report
(These attachments are not available on-line.)

The purpose of the Child/Teen Health Program (CTHP) is to promote the provision of early and periodic screening services (well care examinations), with diagnosis and treatment of any health problems identified during the conduct of well care, to Medicaid eligibles under 21 years of age. These services are referred to federally as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. While the State waits for Congress to come to a consensus on a federal block grant for Medicaid, EPSDT services continue as a mandate for Medicaid eligible children under 21 years of age.

The attached reports of EPSDT services provided to Medicaid eligible children in your county and statewide are for federal fiscal year (FFY) 1995, October 1, 1994 through September 30, 1995. The federal Health Care Financing Administration has set annual EPSDT participation goals for each state. The FFY '95 participation goal for New York was 80%; the goal achieved was 85%.

In the county-specific report, service counts other than for continuing care are based solely on paid Medicaid claims and do not include services paid by health insurance or provided to recipients without charge. For continuing care, report logic is based on the assumption that children enrolled in managed care, and those residing in foster care institutions, receive at least one well care examination during their period of enrollment.

Information about certain report items that may be useful to you and your staff in your reviewing the county-specific report are as follows:

- Item 1 is based on Welfare Management System information.
- Item 2 is the ratio of recommended initial/periodic screens per age group number; these fixed values reflect the average number of well-care exams recommended by the American Academy of Pediatrics, for children in each age group, per 12 month period.
- Item 3 is derived from the average number of months of eligibility per age group divided by twelve months. The result is a two digit decimal which represents the average period of eligibility across the age cohort.
- Items 4, 6, 8, 9 and 11 show the formula by which each was calculated. "TOTAL" entries for Items 6 and 9 are simple totals of CN and MN numbers and are not subject to calculation by formula.
- Item 5 is based on federal instruction.
- Items 7, 10, and 12 through 15 are counts of paid claims.
- Item 8, Participant Ratio, compares the number of eligibles who received examination (Item 7) to the number of eligibles who should have received examination (Item 6). You will note that Item 6 "Total" figures are less than Item 1 "Total" figures, due to the average period of eligibility which is less than twelve months. If more children receive examination than anticipated in Item 6, the participant ratio will equal or exceed 1.00.
- Item 16 repeats Item 7.d..

Questions about this communication and the attached reports may be directed to Judith A. Lenihan, Bureau of Primary Care and Ambulatory Policy, at 1-518-473-9855, (OA USER I.D. AY1600).

Richard T. Cody
Deputy Commissioner
Division of Health and Long Term Care