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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 90 LCM-186

Date: November 16, 1990

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: C/THP Outreach Report for August 1, 1989 - July 31, 1990

ATTACHMENTS: Attachment I C/THP Outreach Report
Attachment II Mailing Labels
Attachment III Sample Contact Letter
Attachment IV Ineligible Recipient Report
Attachment V Instructions for Completion of Child/Teen
Health Plan Outreach Report Survey Form
Attachment VI Outreach Report Survey Form
(Attachments are not available on-line)

Enclosed for your action is the C/THP Outreach Report for your local Social Services District. The report identifies children through age five who have not had any paid medical services during the twelve month period August 1, 1989 - July 31, 1990. These children are to be considered a target population for offering Child/Teen Health Plan examinations.

Mailing labels for each eligible child listed on the "C/THP Outreach Report" are also included for your convenience when sending contact letters. A sample contact letter is also attached for your use.

Again, if applicable, we have included a list of children who fit the criteria for the report but were not on the eligibility file the day the Outreach report was run. This report is titled "Ineligible Recipient Report."

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Completion of the semiannual Outreach Report Survey form is required by Social Services Regulations Part 508.10, Child/Teen Health Plan, Forms and Reports, which became effective May 16, 1988. A copy of the survey form and instructions for its completion are enclosed. Districts are requested to return the forms by December 31, 1990.

If you have any questions regarding this report or the survey please contact Barbara Meg Frankel at 1-800-342-3715, extension 3-4054.

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance