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

Transmittal No: 95 LCM-41

Date: April 18, 1995

Division: Health and  
Long Term Care

TO: Local District Commissioners

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

ATTACHMENTS: FFY'94 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. EPSDT services are a mandated Medicaid service.

The attached reports of EPSDT services provided to Medicaid eligible children of your county and statewide are for federal fiscal year (FFY) 1994, October 1, 1993 through September 30, 1994. The federal Health Care Financing Administration has set annual EPSDT participation goals for each state. The FFY '94 participation goal for New York was 67%; the goal achieved was 71%. Our statewide participation goal for FFY'95 is 80%.

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 of the report items may be useful to you in your review of the county-specific report:

- \_ Item 1 is based on Welfare Management Systems information.
- \_ Items 2 and 3 use numbers that are the same statewide.
- \_ 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, at 1-800-343-8859, extension 4-2150, (OA USER I.D. AY1600).

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