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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 91 LCM-69

Date: April 24, 1991

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: C/THP Outreach Report for March 1, 1990 - February 28, 1991

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 Reporting Form
Attachment VI Outreach Reporting 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 March 1, 1990 - February 28, 1991. These children are to be considered a target population for offering Child/Teen Health Plan examinations.

The Outreach Reporting Form that has been used in the past has proved to be inadequate at detecting the desired data. A new form has been developed in order to allow for more consistent data to be obtained. Because this is a new form, it is essential that the instructions be followed carefully.

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."

Date April 24, 1991

Trans. No. 91 LCM-69

Page No. 2

Completion of the semiannual Outreach Reporting Form is required by Social Services Regulations Part 508.10, Child/Teen Health Plan, Forms and Reports, which became effective May 16, 1988. Districts are requested to return the forms by June 30, 1991, addressed to Barbara Frankel, Attention: Dawn DeMars.

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

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