

NEW YORK STATE

DEPARTMENT OF SOCIAL SERVICES

40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001

MARY JO BANE
Commissioner



(518) 474-9475

LOCAL COMMISSIONERS MEMORANDUM

DSS-4037EL (Rev. 9/89)

Transmittal No: 92 LCM -123

Date: August 14, 1992

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Child/Teen Health Plan

ATTACHMENTS: Child/Teen Health Plan (available on-line)

This is a reminder that your district has a Child/Teen Health Plan on file with the State which was submitted in 1985. In accordance with Department Regulations, 18 NYCRR 508.2 (a), revisions or amendments to your initial plan must be submitted in writing for State approval.

If your plan is out of date and no longer reflects your district's activities, complete the attached form and mail to: Barbara Meg Frankel, New York State Department of Social Services, Division of Medical Assistance, 40 North Pearl Street, Albany, New York 12243. You may also obtain a copy of your plan on file by writing to this address. Assistance with plan completion will be provided at the Fall Regional C/THP Training Sessions.

Please remember that EPSDT (C/THP) is a mandated service. Only section II-E of the plan, tracking and follow-up, represents an optional function. All other functions are required and must be provided by local district or contract staff.

Questions regarding this transmittal, training or the plan should be addressed to Sandy Hann at (518)486-4168, user I.D. #OPM050.

A handwritten signature in cursive script, reading "Jo-Ann A. Costantino".

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

cc: C/THP Coordinators
w/attachment

Child/Teen Health Plan

Name of County Completing Plan: _____

Name of Person Completing Plan: _____

Title of Person Completing Plan: _____

Date of Plan Completion: _____

I. General Information

1. The average number of individuals in this county eligible for the Child/Teen Health Plan (C/THP) is _____.

Identify source of information: _____.

2. The administrative responsibility for C/THP in this agency is placed in:

_____ Services

_____ Medical Assistance

_____ Income Maintenance

_____ Contract with separate agency

_____ Other (explain) _____

3. The composition of the C/THP Unit is as follows: (Include job titles and indicate approximate percentages of time spent on C/THP functions.)

4. Attach an organizational chart showing C/THP administration in relationship to your district's organizational structure in general.

5. Attach a diagram or flowchart showing the process by which a client is informed, requests and receives C/THP services from your agency. Administrative Units (i.e. M.A., Intake) and job titles/positions of staff involved should be shown. (Narrative description is acceptable).

II. Plan Components

Please indicate for each of the following plan requirements the actions this agency initiate(s):

A. Identification of Medicaid-eligible Children

Plan Requirement - Timely and on-going identification of Child/Teen Health Plan eligibles. Identification entails obtaining the names, addresses, birth dates, case names and numbers, and eligibility status of the population 0-21 years of age. Eligibles who must be identified include ADC, MA-only, HR, Foster Care and SSI.

Identification of eligibles is accomplished through the following efforts: (check all which apply)

1. Identification of ADC, HR, MA-only

- a. Daily receipt by the C/THP Unit of the WMS Authorization DSS-3209 for cases with eligibles _____
- b. Completion of the DSS-2400, Request for Child/Teen Health Plan Services at initial application and transmittal to the Child/Teen Health Plan Unit. _____
- c. Completion of the automated DSS-2400, available through BICS. _____
- d. Local Automated Identification
 - o receipt of computer printout with complete listing of all C/THP eligibles _____
 - o receipt of separate monthly printouts for up-dating cases (additions, deletions, closings) _____
- e. Other (explain) _____

2. Identification of Special Populations

a. SSI

- o receipt of SDX tapes _____
- o receipt of DSS-3209 _____
- o receipt of manual listing of SSI eligibles _____
- o Other (explain) _____

b. Foster Care

- o receipt of DSS-3209 _____
- o receipt of a manual listing of all MA-eligible foster children from responsible Unit within Agency _____
- o Other (explain) _____

3. Identification of Target Populations

a. Newborns

- o special agreements for direct notification by hospitals _____
- o issuance of CINS to newborns with tickler file indicating expected date of delivery _____
- o Other (explain) _____

b. Pregnant Women

- o referrals from other agencies _____
- o referrals from other units within LDSS _____
- o Other (explain) _____

- c. Other populations targeted by the State
 - o State issued Outreach Report _____
- d. Other populations targeted by this district (describe population(s) and methods of identification) _____

B. Informing

Plan Requirement - All eligible individuals (identified in Sect. II-A) or their families must be informed orally and/or informed in writing within 60 days of eligibility determination of the availability of Child/Teen Health Plan Services. In addition, written notification must be provided to all Child/Teen Health Plan eligible families at least annually.

Informing eligibles is accomplished through the following efforts:
(check all which apply)

1. Written materials are:

- o distributed at the time of application _____
- o distributed at the time of re-application _____
- o mailed with the notice of eligibility determination _____
- o mailed with Public Assistance check _____
- o mailed to C/THP eligible SSI recipients within 60 days of identification _____
- o mailed to foster parent when applicable _____
- o mailed to institutions and child-caring agencies _____
- o locally developed (attached for State approval) _____
- o State developed/published _____

Annual written notification is fulfilled by:

- o New York State Department of Social Services mail-out _____
- o Local district mail-out _____

2. Oral Informing

Indicate for new and re-open cases:

- o Which staff perform the oral informing?

	<u>New Cases</u>	<u>Re-Open Cases</u>
PA	_____	_____
MA	_____	_____
Services	_____	_____
C/THP	_____	_____
Other	_____	_____
(identify) _____	_____	_____

- o When does oral informing take place?

	<u>New Cases</u>	<u>Re-Open Cases</u>
At application	_____	_____
1st Recert.	_____	_____
Other _____	_____	_____

- o Where does this informing normally take Place?

	<u>New Cases</u>	<u>Re-Open Cases</u>
IDSS Office	_____	_____
Satellite Office	_____	_____
Client's Home	_____	_____
Health Facility	_____	_____
Other (explain) _____	_____	_____

- o Elements covered in the informing interview (check all which apply)

o value of preventive health care	_____
o availability of C/THP examinations	_____
o explanation of other medical and dental services available	_____
o where and how to obtain services	_____

- o availability of transportation and scheduling assistance _____
- o other support services available _____
- o services are free _____
- o managed care options _____
- o Other (explain) _____

3. Documentation of informing

Signed DSS-2400 _____

Other (explain) _____

4. Informing the Handicapped, Illiterate, or non-English speaking

The local social services district is responsible for providing appropriate notification to individuals (i.e. blind, deaf and those who cannot read or understand the English language) who may have problems understanding the usual C/THP presentation.

Appropriate informing methods are used for all populations (explain or attach copies of materials) _____

5. Informing Target Populations

Explain any special procedures you may follow to inform these populations: (Attach separate pages if necessary)

- o newborns
- o pregnant women
- o local district designated populations
- o state designated populations

C. Child/Teen Health Plan Examinations - Medical/Dental

Plan Requirement - Assistance with arranging for a C/THP examination shall be provided when requested. Recipients must be provided the names, addresses and phone numbers of available participating providers. (Medical, Dental, Optical, etc.) Transportation and support services must be offered and provided when requested.

1. The following procedures are in place:
(check all which apply)

- ☐ C/THP examinations and other necessary medical services are offered _____
- ☐ listing of available C/THP examination providers is maintained and made available to recipients _____
- ☐ listing of available dental providers is maintained and made available to recipients _____
- ☐ listing of available optical providers is maintained and made available to recipients _____
- ☐ listing of available specialty providers is maintained and made available to recipients _____
- ☐ appointments are arranged when assistance is requested _____
- ☐ transportation and other support services are routinely offered and provided when requested _____
- ☐ other (explain) _____

D. Diagnosis and Treatment

Plan Requirement - When the C/THP examination indicates the need for further evaluation and/or treatment, follow-up care or a referral must be provided without delay. (Within 6 months of the date of C/THP exam request at a maximum.)

1. C/THP exam providers are responsible for providing or arranging for all necessary follow-up care _____
2. Local district staff assist with making appointments when requested _____
3. Resource listing of other MMIS participating providers is maintained _____

E. Tracking and Follow-up (Optional)

The local district may maintain a system which would enable them to track and monitor C/THP services for individual recipients.

1. Tracking is accomplished by: (check as applicable) (optional)
 - o maintaining a tickler file _____
 - o maintaining a log book _____
 - o computer case management _____
 - o other (explain) _____
2. The agency notifies the following individuals when due for periodic C/THP examinations: (Optional)
 - o all C/THP participants _____
 - o target populations _____
 - o newborns through first year _____
 - o other populations (list if applicable) _____
3. Client failure to keep appointments: (optional)
 - o Providers are encouraged to contact the C/THP Unit or appropriate local district staff if appointments are broken _____
 - o Client counseling is provided by C/THP Unit or other appropriate staff _____
 - o Client reminders are issued to encourage rescheduling of appointments _____

- o Other (explain) _____

4. In addition, the agency tracks for periodic examinations according to the periodicity schedule. (Optional) _____

5. Recipient utilization of medical services is reviewed for receipt of follow-up care through direct contact with: (Optional)

- o provider _____
- o client _____
- o client's family _____
- o other (explain) _____

6. Individual recipient's health care record is maintained and routinely up-dated. (Optional) _____

F. Coordination with Related Programs

Plan Requirement - The local district must make good faith efforts to locate providers who will furnish services not covered under Medicaid. An attempt should be made to locate providers whose services are furnished at little or no expense to recipients.

1. Referrals are made to other appropriate agencies and/or providers for clients with specific needs. _____

2. These agencies/providers include: (check those which apply)

- o WIC _____
- o County Health Department _____
- o Head Start _____
- o Other (list) _____

G. Encouraging Client Involvement in the C/THP and Preventive Health Care

Plan Requirement - Local district C/THP staff should emphasize the value of preventive health care for C/THP eligibles and their families.

Client education is accomplished through the following:

- o Ongoing contacts with client which emphasize appropriate use of the health care system _____

- o Community outreach efforts
 - o Health fairs _____
 - o Human services interagency meetings _____
 - o Public service announcements
 - T.V. _____
 - Radio _____
 - Newspaper _____
 - o Managed care programs _____
 - o Other (explain) _____

H. Continuing Care Providers (Optional)

Continuing care provider means a comprehensive health care provider who enters into a formal agreement with the Medicaid agency to provide at least the following continuing care services: screening, diagnosis and treatment; maintenance of consolidated health history, including information from other providers; physician services as needed; and reports required by the Medicaid agency.

1. The agency has C/THP eligibles enrolled in continuing care arrangements such as:

- o Health Maintenance Organizations (HMOs)
Prepaid Plans _____

If yes, Name of Plans _____ Number of Enrollees _____

- o Other managed care programs (indicate name
of program and number of enrollees) _____

I. C/THP Advisory Council

Plan Requirement - The local district must assemble an outreach advisory council which will meet at least annually to develop and monitor a plan for increasing recipient and provider participation in C/THP.

1. Establishment of C/THP Advisory Council (date) _____
 - a. Month of Annual Advisory Council meetings (date) _____
 - b. Additional meeting dates (Optional) _____

2. Members of Advisory Council (list agency, organization, provider group, etc.)

[illegible]