



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CHRISTINE TODD WHITMAN
Governor

WILLIAM WALDMAN
Commissioner

VELVET G. MILLER
Director

MEDICAID COMMUNICATION NO. 96-2 **DATE:** January 18, 1996

TO: County Welfare Agency Directors

SUBJECT: Revised EPSDT Documentation/EPSDT Request Form (FD-199)

Along with the revised EPSDT Manual, the CWA/EPSDT Work Group recommended revisions to the EPSDT Documentation and EPSDT Requests forms (FD-199 and FD-203). The EPSDT Request Form (FD-203) will be discontinued and replaced by a revised EPSDT Documentation form FD-199. The new FD-199s are currently being printed and upon completion will be sent to your agency directly from the printer, on or about January 19, 1996. The attached instructions for completing the form replace pages 18 and 19 in your EPSDT Manual.

Effective February 20, 1996, only new FD-199 forms will be accepted by Unisys. All white copies of the new FD-199, on which a request for EPSDT has been documented, must be sent to Unisys according to the instructions in the manual. Please note that two (2) copies of the cover form (sample attached) are required with each batch of FD-199 forms sent to Unisys. The third copy may be kept by your agency, if desired.

Additional FD-199 forms, cover sheets and EPSDT Forms/Brochures Request forms (BCH-8; sample attached) are available from the Medicaid Child Health Unit by submitting an order on the BCH-8, or by calling the number listed below. The cover sheet and the BCH-8 may also be copied by your agency, if desired.

Questions concerning the submission of the EPSDT Documentation form should be directed to the Child Health Unit at 609-588-2718.

Thank you for your ongoing cooperation in the EPSDT program. The federal government and the State of New Jersey continue to stress the importance of this health care program for Medicaid children.

Sincerely,

Velvet G. Miller
Director

VGM:Bn
Attachments
cc: Karen Highsmith, Acting Director
Division of Family Development
Danuta Buzdygan, M.D.
Anne Stewart, Unisys

Appendix B

INSTRUCTIONS FOR COMPLETING THE FD-199

1. Insert the case name and the first name of the parent.
2. Insert the ten digit Medicaid number and the person number of the parent.
3. The address of the family is optional.
4. Telephone number is optional.
5. Insert the date eligibility begins.
6. Insert the date the discussion and offer of EPSDT is made.
- 7a. Certification statement
- 7b. Following the face-to-face offer of EPSDT, the parent signs her/his name to certify the discussion.
- 7c. The worker signs his/her name to certify the discussion and includes his/her telephone number.
8. Include the names of all family members under twenty-one (21) years of age. When the parent(s) is under twenty-one 21, include her/his name in the list. When the child's last name is different from the case name, include the the entire name in this space, last name first. If the child has a different HSP number, such as a Supplemental Security Income (SSI) number, place that number in this space under the name.
9. Insert person numbers. Be sure the correct person number is beside each name/number.
10. Insert the date of birth of each family member, MM/DD/YY.
11. Circle "M" if medical screening has been requested, circle "D" if dental screening has been requested, circle both if requests for medical and dental screening were made. **Do not complete column 11 if no requests were received.**
12. Circle "Y" for yes, if the child is currently under the regular care of a physician or clinic; circle "N" for no if the child is not under the care of a physician or clinic. If the child is under care, indicate where care is being received.

Family Planning information and outreach and follow-up activities may be documented on the bottom and the ~~back of the~~ last copy of the FD-199.

An FD-199 is initiated in the following circumstances:

- initial offer for all new and re-applicants
- requests for rescreening
- requests for EPSDT at any time

In cases where an initial offer is not a face-to-face encounter, an FD-199 form should be initiated, but no beneficiary signature is required. Please briefly document on the form why a face-to-face encounter was not possible.

When there is at least one request for EPSDT medical or dental services, send the white copy of the FD-199 to Unisys as follows:

Unisys
File Maintenance Unit
Suite 101
3705 Quakerbridge Road
Hamilton, NJ 08619

Attention: Anne Stewart

When sending the white copies of the FD-199 to Unisys, two (2) copies of the Unisys cover form must be enclosed. A third copy may be retained by the CWA, if desired. Cover forms may be ordered from the Medicaid Child Health Unit on form BCH-8, or copied by your agency as needed.

CWAs are encouraged to submit the FD-199 forms to Unisys frequently, but at least once a month and not later than one month following the date of request. This is to insure the beneficiary's prompt enrollment in the EPSDT program, and to avoid a large volume of forms being received at Unisys at one time. The yellow copy is retained in the EPSDT record at the CWA. The pink, full page copy is given to the beneficiary as a reminder that services have been requested. It may also be taken to the physician/clinic to alert the provider that EPSDT has been requested by the beneficiary.

When there has been no request for medical or dental EPSDT services, the white and yellow copies are retained in the case record, the pink copy is given to the beneficiary.

If data on the forms are incorrect and Unisys cannot match names, numbers and/or birthdates, the Child Health Unit will return forms to county agencies for correction. Please be sure this information is correct and that it is written correctly and legibly on the form. Remember there must be a ten (10) digit number and a two (2) digit person number for each beneficiary.

FD-199 forms, cover forms and BCH-8 order forms are ordered from the Division of Medical Assistance and Health Services, Child Health Unit on form BCH-8 (attached) or by telephone (609-588-2718). Cover forms and BCH-8 forms may also be photocopied.

Attachment B
Unisys Corporation Telephone
3705 Quakerbridge Road 609-584-0200
Hamilton, NJ 08619

UNISYS

ATTENTION: Anne Stewart

PLEASE APPLY THE ATTACHED UPDATES FOR THE FOLLOWING NJMMIS FILE:

FILE: EPSDT

THE STATE CONTACT PERSON REGARDING THE ATTACHED UPDATES IS:

NAME: MARION NEWHART

PHONE NUMBER: 588-2718

THE COUNTY PERSON SUBMITTING THE ATTACHED UPDATES IS:

NAME: _____ COUNTY: _____

PHONE NUMBER: _____

THESE UPDATE FORMS WERE FORWARDED TO UNISYS ON THE FOLLOWING DATE:

DATE: MM____DD____YYYY____

THE DATE RECEIVED FROM THE COUNTY BY UNISYS WAS:

DATE: MM____DD____YYYY____

Copy 1 - County Copy
Copy 2 - Unisys Copy
Copy 3 - Copy to return to
the State by Unisys,
if necessary

EPSDT FORMS/BROCHURES REQUEST

Requested by: _____

Agency: _____ Date: _____

Name of form/brochure

Amount needed

EPSDT Booklets (C. L. Bete) _____

EPSDT Documentation/Request (FD-199) _____

EPSDT Brochures _____

Family Planning Brochures _____

Forms/Brochures Request Form (BCH-8) _____
