

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

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**REVIEWS OF THE PARTICIPATION OF
CHILDREN WITH MENTAL DISABILITIES IN
THE SUPPLEMENTAL SECURITY INCOME
PROGRAM**



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Inspector General**

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OFFICE OF INSPECTOR GENERAL

REVIEWS OF THE

PARTICIPATION OF CHILDREN WITH MENTAL DISABILITIES

IN THE

SUPPLEMENTAL SECURITY INCOME PROGRAM

February 3, 1995

Washington, D.C.

OFFICE OF INSPECTOR GENERAL
REPORTS

1. **CONCERNS ABOUT THE PARTICIPATION OF CHILDREN WITH DISABILITIES IN THE SUPPLEMENTAL SECURITY INCOME PROGRAM (A-03-94-02602) FINAL REPORT OCTOBER 1994.**

2. **SUPPLEMENTAL SECURITY INCOME: DISABILITY DETERMINATIONS FOR CHILDREN WITH MENTAL IMPAIRMENTS (A-03-94-02603) FINAL REPORT JANUARY 1995.**

3. **SUPPLEMENTAL SECURITY INCOME: MEDICAID SERVICES PROVIDED TO CHILDREN WITH MENTAL IMPAIRMENTS (A-03-94-02604) DRAFT REPORT NOVEMBER 1994.**

AUDIT OBJECTIVES AND METHODOLOGY

OBJECTIVES

- 1. ADDRESS CONCERNS ABOUT THE PARTICIPATION OF CHILDREN WITH MENTAL DISABILITIES IN THE SSI PROGRAM.**
 - CONCERN 1 – THE SUPREME COURT ZEBLEY DECISION RESULTED IN A LARGE NUMBER OF CHILDREN BEING DETERMINED ELIGIBLE FOR SSI.**
 - CONCERN 2 – CHILDREN ARE BEING DETERMINED ELIGIBLE WHO HAVE MENTAL DISABILITIES THAT MIGHT INTERFERE TO SOME DEGREE WITH SCHOOL FUNCTIONING, BUT WILL NOT PREVENT THEM FROM EARNING A LIVING AS ADULTS.**

- **CONCERN 3 – CHILDREN ARE BEING DETERMINED ELIGIBLE WITHOUT REGARD TO ACTUAL FINANCIAL NEED CREATED BY THEIR MENTAL DISABILITIES.**
 - **CONCERN 4 – SSI PAYMENTS ARE NOT BEING USED FOR SPECIAL NEEDS OF CHILDREN TO ENABLE THEM TO BECOME SELF-SUPPORTING.**
2. **DETERMINE WHETHER STATES' DISABILITY DETERMINATION SERVICES (DDSs) COMPLIED WITH SOCIAL SECURITY ADMINISTRATION (SSA) GUIDELINES WHEN MAKING DISABILITY DETERMINATIONS FOR CHILDREN WITH MENTAL IMPAIRMENTS.**
 3. **DETERMINE THE NATURE AND EXTENT OF THE MEDICAL TREATMENT RECEIVED UNDER THE MEDICAID PROGRAM BY CHILDREN WITH MENTAL DISABILITIES WHO WERE RECEIVING SSI BENEFITS.**

METHODOLOGY

1. **WE REVIEWED THE SSI STATUTE, ITS LEGISLATIVE HISTORY, THE ZEBLEY DECISION AND SSA REGULATIONS AND GUIDELINES.**
2. **WE RANDOMLY SELECTED 298 CHILDREN WHO WERE DETERMINED ELIGIBLE FOR SSI BENEFITS IN 1992 IN 10 STATES.**
 - **THE STATES WERE: CONNECTICUT, ILLINOIS, KENTUCKY, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, SOUTH DAKOTA, VERMONT, PENNSYLVANIA AND WISCONSIN.**
 - **THE THREE DIAGNOSTIC CATEGORIES INCLUDE: MENTAL RETARDATION, ATTENTION DEFICIT HYPERACTIVITY DISORDER, AND "OTHER".**
 - **AUDIT UNIVERSE – 46 PERCENT (124,639) OF THE 269,300 CHILDREN WHO WERE DETERMINED ELIGIBLE FOR SSI IN 1992.**

3. **WE RANDOMLY SELECTED 255 CHILDREN NATIONWIDE WHO WERE DENIED SSI ELIGIBILITY IN 1992, AND WHO WERE INCLUDED IN THE SAME 3 DIAGNOSTIC CATEGORIES.**
4. **WE REVIEWED MEDICAID PROFILES FOR 270 OF THE 298 CHILDREN IN OUR SAMPLE WHO WERE DETERMINED ELIGIBLE IN 1992.**

CHILD PARTICIPATION IN SSI SUMMARY RESULTS

**THE SSI PROGRAM IS NOT FOCUSED ON ASSISTING CHILDREN
BECOME SELF-SUPPORTING ADULTS.**

LEGISLATIVE HISTORY

- **THE HOUSE SUPPORTED CHILD PARTICIPATION IN SSI STATING THAT CHILDREN ARE DESERVING OF SPECIAL ASSISTANCE IN ORDER TO HELP THEM BECOME SELF-SUPPORTING MEMBERS OF SOCIETY. THEIR NEEDS ARE OFTEN GREATER THAN THOSE OF NONDISABLED CHILDREN.**
- **THE SENATE OPPOSED CHILD PARTICIPATION IN SSI STATING THAT THE NEEDS OF CHILDREN WITH DISABILITIES WERE GENERALLY GREATER ONLY IN THE AREA OF HEALTH CARE EXPENSES, AND THAT MEDICAID WAS AVAILABLE TO MEET MOST OF THOSE NEEDS.**

- **LEGISLATION INCLUDED CHILD PARTICIPATION IN THE SSI PROGRAM.**

CONCERN 1

THE SUPREME COURT ZEBLEY DECISION RESULTED IN A LARGE NUMBER OF CHILDREN BEING DETERMINED ELIGIBLE FOR SSI.

- **SUPREME COURT RULED THAT SSA'S APPROACH TO CHILD DISABILITY WAS NOT COMPARABLE TO ITS APPROACH FOR ADULT DISABILITY.**
 - **ADULTS HAD A 2-STAGE ELIGIBILITY PROCESS—THE IMPAIRMENT LISTING AND AN INDIVIDUAL ASSESSMENT OF THEIR ABILITY TO WORK.**
 - **CHILDREN HAD A 1-STAGE PROCESS—THE IMPAIRMENT LISTING ONLY.**
- **IN RESPONSE TO ZEBLEY, SSA ESTABLISHED AN INDIVIDUALIZED FUNCTIONAL ASSESSMENT OF CHILDREN WHICH WAS BASED ON A CHILD'S ABILITY TO FUNCTION IN AN AGE-APPROPRIATE MANNER.**

- SSI PROGRAM GREW FROM 296,000 CHILDREN IN 1989 TO OVER 770,000 IN 1993. COSTS JUMPED FROM \$1.2 BILLION TO \$4.5 BILLION.
- ZEBLEY ACCOUNTED FOR SOME OF THIS GROWTH.
 - ABOUT 83,200 CHILDREN, OR 31 PERCENT OF THE 269,300 CHILDREN DETERMINED ELIGIBLE IN 1992, WERE ELIGIBLE ON THE BASIS OF AN INDIVIDUALIZED FUNCTIONAL ASSESSMENT OF THEIR ABILITY TO FUNCTION IN AN AGE-APPROPRIATE MANNER. THIS DID NOT EXIST BEFORE ZEBLEY.
 - 83 PERCENT OF THE INDIVIDUALIZED FUNCTIONAL ASSESSMENTS INVOLVED CHILDREN WITH MENTAL DISABILITIES.

CONCERN 2

CHILDREN ARE BEING DETERMINED ELIGIBLE WHO HAVE MENTAL DISABILITIES THAT MIGHT INTERFERE TO SOME DEGREE WITH SCHOOL FUNCTIONING, BUT WILL NOT PREVENT THEM FROM EARNING A LIVING AS ADULTS.

- **THERE IS NO REQUIREMENT TO ASSESS A CHILD'S POTENTIAL TO EARN A LIVING AS AN ADULT.**
- **THE SSA MUST ASSESS A CHILD'S CURRENT FUNCTIONING, INCLUDING , IF APPROPRIATE, THE CHILD'S ABILITY TO FUNCTION IN AN AGE APPROPRIATE MANNER.**
- **PREDICTING WHETHER A CHILD HAS POTENTIAL TO EARN A LIVING MAY BE DIFFICULT.**
 - **NO BUILT-IN INCENTIVE FOR PARENTS OR GUARDIANS TO ENSURE THAT CHILD RECEIVES NEEDED TREATMENT.**
 - **AVERAGE AGE OF CHILD IN OUR SAMPLE WAS ABOUT 9.**
- **ONE INDICATION OF A CHILD'S POTENTIAL IS THE DEGREE OF PERMANENCY OF THE DISABILITY AS EVALUATED BY THE DDSs DURING THE APPLICATION PROCESS.**

- WE ESTIMATE THAT 104,713 OF THE 124,639 CHILDREN IN OUR AUDIT UNIVERSE WERE EVALUATED AS HAVING NONPERMANENT IMPAIRMENTS. IMPROVEMENT IS POSSIBLE OR EXPECTED.

CONCERN 3

CHILDREN ARE BEING DETERMINED ELIGIBLE WITHOUT REGARD TO ACTUAL FINANCIAL NEED CREATED BY THEIR MENTAL DISABILITIES.

- CHILD'S FAMILY MUST MEET STANDARD MEANS TEST OF INCOME AND ASSETS, BUT IDENTIFICATION OF NEED CREATED BY DISABILITY IS NOT REQUIRED.
- 94 PERCENT OF THE 124,639 CHILDREN IN OUR SAMPLE WERE ENROLLED IN AT LEAST ONE OTHER ASSISTANCE PROGRAM AT THE TIME OF THEIR SSI APPLICATION.
 - 78 PERCENT WERE IN MEDICAID, BUT PROGRAM DOES NOT COVER ALL SERVICES IN ALL STATES.

- ✓ **19 STATES DO NOT PROVIDE PSYCHOLOGICAL SERVICES TO CHILDREN.**
- ✓ **11 STATES DO NOT PROVIDE SERVICES FOR SPEECH, HEARING AND LANGUAGE DISORDERS.**
- ✓ **10 STATES DO NOT PROVIDE PHYSICAL THERAPY.**
- **66 PERCENT OF THE CHILDREN WERE ENROLLED IN SPECIAL EDUCATION PROGRAMS.**
- **66 PERCENT OF THE CHILDREN WERE ENROLLED IN THE FOOD STAMP PROGRAM.**
- **58 PERCENT OF THE CHILDREN WERE ENROLLED IN THE AID TO FAMILIES WITH DEPENDENT CHILDREN PROGRAM.**
- ✓ **ONCE IN SSI, THE CHILD IS DROPPED FROM THE AFDC ROLLS. ADVANTAGE IS ADDITIONAL GRANT FUNDS UNDER SSI.**

CONCERN 4

SSI PAYMENTS ARE NOT BEING USED FOR SPECIAL NEEDS OF CHILDREN TO ENABLE THEM TO BECOME SELF-SUPPORTING.

- **THERE IS NO REQUIREMENT THAT FUNDS BE USED SOLELY FOR SPECIAL NEEDS OF THE CHILD.**
- **HOW SSI PAYMENTS ARE USED IS NOT ENTIRELY CLEAR.**
 - **REPRESENTATIVE PAYEES SELF-REPORT.**
 - **SPECIAL NEEDS OF A CHILD THAT ARE NOT COVERED BY OTHER ASSISTANCE PROGRAMS ARE NOT IDENTIFIED. THEREFORE, IT IS NOT KNOWN IF THE SSI PAYMENTS ARE NEEDED TO PAY FOR SPECIAL NEEDS NOT ADDRESSED BY OTHER PROGRAMS.**
 - **SSI ELIGIBILITY GENERALLY RESULTS IN MEDICAID ELIGIBILITY FOR THOSE CHILDREN NOT ALREADY ELIGIBLE FOR MEDICAID.**

DISABILITY DETERMINATIONS

SUMMARY OF FINDINGS

THE DDS's DID NOT ALWAYS COMPLY WITH SSA GUIDELINES FOR MAKING DISABILITY DETERMINATIONS ON CHILDREN WITH MENTAL DISABILITIES.

■ **WE ESTIMATE THAT:**

- **87,599 (70.3 PERCENT) OF THE 124,639 CHILDREN WITH MENTAL DISABILITIES IN OUR AUDIT UNIVERSE OF ALLOWED CASES HAD CORRECT DISABILITY DETERMINATIONS.**

■ **ERRORS WERE VERY LOW IN DENIED CASES, ONLY 4 OF 255.**

INCORRECT DETERMINATIONS

*12,187 CHILDREN (9.8 PERCENT) OF THE 124,639
CHILDREN HAD INCORRECT DISABILITY
DETERMINATIONS.*

- **95 PERCENT OF THE CASES IN OUR SAMPLE WITH AN INCORRECT DISABILITY DETERMINATION INVOLVED AN INDIVIDUALIZED FUNCTIONAL ASSESSMENT IN WHICH UP TO SEVEN FUNCTIONAL DOMAINS ARE EVALUATED. ERRORS WERE CAUSED BY:**
 - **OVER-RATING THE SEVERITY OF THE DISABILITY ON AT LEAST ONE OF THE DOMAINS EVALUATED.**
 - **DDS's BASING ELIGIBILITY ON A SET NUMBER OF DOMAINS.**

UNSUPPORTED DETERMINATIONS

24,853 (19.9 PERCENT) OF THE 124,639 CHILDREN HAD DISABILITY DETERMINATIONS THAT WERE NOT SUPPORTED BY SUFFICIENT EVIDENCE IN THE CASE FILES.

- **INFORMATION WAS MISSING CONCERNING THE NATURE, FREQUENCY AND DURATION OF A CHILD'S MENTAL DISABILITY.**
- **A MATERIAL CONFLICT IN THE INFORMATION WAS NOT RESOLVED.**
- **EVIDENCE WAS NOT CURRENT.**

DDS' OPINION OF GUIDELINES

INTERVIEWS OF 69 DDS STAFF IN 10 STATES REVEALED A NEED TO CLARIFY GUIDELINES FOR MAKING DISABILITY DETERMINATIONS ON CHILD WITH MENTAL DISABILITIES.

■ ABOUT HALF OF DDS STAFF INTERVIEWED THOUGHT THAT SSA GUIDANCE RELATIVE TO EVALUATING AGE-APPROPRIATE BEHAVIOR NEEDED TO BE CLARIFIED, AND MADE MORE OBJECTIVE.

■ ABOUT 70 PERCENT OF DDS STAFF THOUGHT THAT DOUBLE-WEIGHING OF A DOMAIN HAD EITHER A STRONG OR MODERATE EFFECT ON THE DISABILITY DETERMINATION PROCESS.

- DOUBLE-WEIGHING CAN OCCUR WHEN A LIMITATION IS ASSESSED TO MORE THAN ONE FUNCTIONAL DOMAIN.
- DOMAINS MOST VULNERABLE TO DOUBLE-WEIGHING WERE SOCIAL AND PERSONAL/BEHAVIOR DOMAINS.

SSA ACTIONS

THE SSA HAS CLARIFIED ITS GUIDELINES AND HAS TAKEN OTHER STEPS TO STRENGTHEN THE DISABILITY DETERMINATION PROCESS. THE SSA HAS:

- ISSUED 13 DISABILITY DIGEST ARTICLES AS A RESULT OF A STUDY OF CHILDREN WITH SELECTED MENTAL DISABILITIES.
- HELD NATIONAL TRAINING FOR DDS STAFF.
- REVISED ITS AUTOMATED SYSTEM TO IDENTIFY HIGH RISK CASES.
- PLANS TO INCREASE THE NUMBER OF CONTINUING DISABILITY REVIEWS TO ENSURE THE CONTINUED ELIGIBILITY OF SSI RECIPIENTS.

OFFICE OF INSPECTOR GENERAL RECOMMENDATIONS

- 1. CLARIFY THE INTENT OF THE PROGRAM.**
- 2. DETERMINE IF THE AGE-APPROPRIATE MANNER CONCEPT SHOULD BE MODIFIED.**
- 3. INSTILL MORE OBJECTIVITY INTO THE INDIVIDUALIZED FUNCTIONAL ASSESSMENT PROCESS.**
- 4. IMPROVE ITS COMPUTER SYSTEMS TO ENSURE THAT ALL NEW CASES ENTERED INCLUDE A MEDICAL DIAGNOSIS.**
- 5. MAKE ANOTHER STUDY OF CHILDHOOD MENTAL IMPAIRMENT CASES TO DETERMINE IF DDS's HAVE IMPROVED THE ACCURACY OF THEIR DISABILITY DETERMINATIONS.**

SUPPLEMENTAL SECURITY INCOME CHILDHOOD DISABILITY DETERMINATIONS
INITIAL CLAIMS - INITIAL LEVEL
IMPAIRMENT GROUPINGS BY NATION AND STATE
CALENDAR YEAR 1994

NATION	MENTAL RETARDATION			OTHER MENTAL			PHYSICAL			ALL IMPAIRMENTS		
	ALLOW- ANCES	DETERMI- NATIONS	ALLOW- ANCE %	ALLOW- ANCES	DETERMI- NATIONS	ALLOW- ANCE %	ALLOW- ANCES	DETERMI- NATIONS	ALLOW- ANCE %	ALLOW- ANCES	DETERMI- NATIONS	ALLOW- ANCE %
	68,652	110,755	62.0%	62,968	195,522	32.2%	65,578	241,767	27.1%	197,198	548,044	36.0%
ALABAMA	2,082	5,426	38.4%	849	3,886	21.8%	1,454	7,811	18.6%	4,385	17,123	25.6%
ALASKA	51	61	83.6%	139	261	53.3%	114	225	50.7%	304	547	55.6%
ARIZONA	778	970	80.2%	764	1,761	43.4%	850	2,525	33.7%	2,392	5,256	45.5%
ARKANSAS	1,204	2,874	41.9%	645	3,796	17.0%	1,047	5,531	18.9%	2,896	12,201	23.7%
CALIFORNIA	4,300	5,330	80.7%	5,092	9,403	54.2%	6,951	18,850	36.9%	16,343	33,583	48.7%
COLORADO	509	580	87.8%	961	1,993	48.2%	956	1,991	48.0%	2,426	4,564	53.2%
CONNECTICUT	267	315	84.8%	306	872	35.1%	680	2,204	30.9%	1,253	3,391	37.0%
DELAWARE	130	149	87.2%	195	362	53.9%	178	441	40.4%	503	952	52.8%
DISTRICT OF COLUMBIA	267	313	85.3%	172	340	50.6%	410	766	53.5%	849	1,419	59.8%
FLORIDA	5,273	7,607	69.3%	3,855	13,645	28.3%	3,613	16,053	22.5%	12,741	37,305	34.2%
GEORGIA	1,685	2,344	71.9%	1,430	5,595	25.6%	1,984	7,012	28.3%	5,099	14,951	34.1%
HAWAII	37	42	88.1%	39	74	52.7%	105	180	58.3%	181	296	61.1%
IDAHO	282	368	76.6%	337	903	37.3%	223	664	33.6%	842	1,935	43.5%
ILLINOIS	4,375	7,148	61.2%	2,551	7,610	33.5%	3,333	14,719	22.6%	10,259	29,477	34.8%
INDIANA	1,667	2,822	59.1%	830	3,871	21.4%	1,175	4,182	28.1%	3,672	10,875	33.8%
IOWA	504	1,143	44.1%	468	2,004	23.4%	542	1,864	29.1%	1,514	5,011	30.2%
KANSAS	703	1,157	60.8%	815	2,174	37.5%	659	2,320	28.4%	2,177	5,651	38.5%
KENTUCKY	1,609	2,169	74.2%	1,982	4,055	48.9%	1,145	4,406	26.0%	4,736	10,630	44.6%
LOUISIANA	2,491	4,702	53.0%	2,211	11,980	18.5%	1,768	14,324	12.3%	6,470	31,006	20.9%
MAINE	101	147	68.7%	148	645	22.9%	237	540	43.9%	486	1,332	36.5%
MARYLAND	819	1,221	67.1%	1,110	2,716	40.9%	991	3,106	31.9%	2,920	7,043	41.5%
MASSACHUSETTS	654	912	71.7%	1,397	3,128	44.7%	1,548	4,047	38.3%	3,599	8,087	44.5%
MICHIGAN	4,017	5,989	67.1%	3,159	9,581	33.0%	2,291	9,789	23.4%	9,467	25,359	37.3%
MINNESOTA	951	1,311	72.5%	850	2,265	37.5%	1,229	2,427	50.6%	3,030	6,003	50.5%
MISSISSIPPI	1,715	4,022	42.6%	979	4,989	19.6%	1,358	7,425	18.3%	4,052	16,436	24.7%
MISSOURI	1,228	2,617	46.9%	1,172	6,004	19.5%	1,270	6,463	19.7%	3,670	15,084	24.3%
MONTANA	166	245	67.8%	162	730	22.2%	184	484	38.0%	512	1,459	35.1%
NEBRASKA	303	445	68.1%	215	685	31.4%	335	1,070	31.3%	853	2,200	38.8%
NEVADA	174	206	84.5%	190	375	50.7%	366	695	52.7%	730	1,276	57.2%
NEW HAMPSHIRE	106	132	80.3%	124	339	36.6%	179	393	45.5%	409	864	47.3%
NEW JERSEY	1,083	1,707	63.4%	1,325	3,591	36.9%	2,065	6,279	32.9%	4,473	11,577	38.6%
NEW MEXICO	260	559	46.5%	425	1,314	32.3%	531	1,796	29.6%	1,216	3,669	33.1%
NEW YORK	5,514	10,552	52.3%	5,572	20,277	27.5%	4,270	17,364	24.6%	15,356	48,193	31.9%
NORTH CAROLINA	2,315	3,491	66.3%	1,705	5,946	28.7%	2,113	7,412	28.5%	6,133	16,849	36.4%
NORTH DAKOTA	85	130	65.4%	74	272	27.2%	103	217	47.5%	262	619	42.3%
OHIO	5,916	8,165	72.5%	5,116	10,856	47.1%	2,714	10,614	25.6%	13,746	29,635	46.4%

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OKLAHOMA	917	1,646	55.7%	444	2,044	21.7%	540	2,674	20.2%	1,901	6,364	29.9%
OREGON	314	505	62.2%	476	1,211	39.3%	614	1,302	47.2%	1,404	3,018	46.5%
PENNSYLVANIA	3,127	4,377	71.4%	4,009	7,364	54.4%	2,789	8,486	32.9%	9,925	20,227	49.1%
RHODE ISLAND	194	269	72.1%	246	563	43.7%	184	640	28.8%	624	1,472	42.4%
SOUTH CAROLINA	1,288	1,807	71.3%	908	2,992	30.3%	1,379	4,292	32.1%	3,575	9,091	39.3%
SOUTH DAKOTA	130	219	59.4%	139	446	31.2%	237	630	37.6%	506	1,295	39.1%
TENNESSEE	1,873	3,453	54.2%	1,363	4,962	27.5%	1,206	4,777	25.2%	4,442	13,192	33.7%
TEXAS	2,542	4,497	56.5%	2,276	10,039	22.7%	4,309	16,894	25.5%	9,127	31,430	29.0%
UTAH	261	329	79.3%	354	676	52.4%	528	958	55.1%	1,143	1,963	58.2%
VERMONT	43	53	81.1%	117	319	36.7%	106	235	45.1%	266	607	43.8%
VIRGINIA	1,751	2,385	73.4%	2,058	5,540	37.1%	1,340	4,333	30.9%	5,149	12,258	42.0%
WASHINGTON	690	900	76.7%	1,018	2,900	35.1%	1,287	3,117	41.3%	2,995	6,917	43.3%
WEST VIRGINIA	707	1,146	61.7%	473	1,548	30.6%	450	2,103	21.4%	1,630	4,797	34.0%
WISCONSIN	1,150	1,738	66.2%	1,593	6,249	25.5%	1,564	4,930	31.7%	4,307	12,917	33.3%
WYOMING	40	56	71.4%	128	369	34.7%	73	193	37.8%	241	618	39.0%
*OTHER	4	4	100.0%	2	2	100.0%	1	14	7.1%	7	20	35.0%

SOURCE SSA-831 FILE - YEAR 1994
PREPARED BY SOCIAL SECURITY ADMINISTRATION
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* INCLUDES OFFICE OF INTERNATIONAL OPERATIONS CASES

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Basic Required Medicaid Services

Medicaid recipients receiving federally-supported financial assistance must receive at least these services:

- Inpatient hospital services
- Outpatient hospital services
- Rural health clinic (including federally-

- Other laboratory and x-ray services
- Nurse Practitioners' services
- Nursing facility (NF) services and home health services for individuals age 21 and older

- Early and periodic screening, diagnosis, and treatment (EPSDT) for individuals under age 21
- Family planning services and supplies
- Physicians' services and medical and surgical services of a dentist

- **Nurse-Midwife services**
 - Federal financial participation (FFP) is also available to States electing to expand their Medicaid programs to cover additional services, and individuals eligible for medical but not for financial assistance.

Although States must assure the availability of necessary transportation, they may seek FFP as an optional service and/or administrative cost. Definitions and limitations on eligibility and services vary from State to State.

Details are available from local welfare offices and State Medicaid agencies.

Services provided only under the Medicare buy-in agreement. EPSDT program, or home and community-based services waivers are not reflected on this chart.

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