

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code	Fiscal Year	MS	Totals	Age Group	Age Group	Age Group	Age Group	Age Group	Age Group	
				<1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN:		405,684	26,456	51,305	70,107	88,791	110,731	44,415	13,879
	MN:		0	0	0	0	0	0	0	0
	Total:		405,684	26,456	51,305	70,107	88,791	110,731	44,415	13,879
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:		381,642	21,123	48,981	67,076	84,795	106,118	42,362	11,187
	MN:		0	0	0	0	0	0	0	0
	Total:		381,642	21,123	48,981	67,076	84,795	106,118	42,362	11,187
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:		0	0	0	0	0	0	0	0
	MN:		0	0	0	0	0	0	0	0
	Total:		0	0	0	0	0	0	0	0
2a. State Periodicity Schedule				6	5	3	4	5	4	2
2b. Number of Years in Age Group				1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule				6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:		4,220,290	161,290	549,371	755,600	964,526	1,213,821	480,965	94,717
	MN:		0	0	0	0	0	0	0	0
	Total:		4,220,290	161,290	549,371	755,600	964,526	1,213,821	480,965	94,717
3b. Average Period of Eligibility	CN:		0.92	0.64	0.93	0.94	0.95	0.95	0.95	0.71
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		0.92	0.64	0.93	0.94	0.95	0.95	0.95	0.71
4. Expected Number of Screenings per Eligible	CN:			3.84	2.33	0.94	0.95	0.95	0.95	0.71
	MN:			0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:			3.84	2.33	0.94	0.95	0.95	0.95	0.71
5. Expected Number of Screenings	CN:		487,843	81,112	114,126	63,051	80,555	100,812	40,244	7,943
	MN:		0	0	0	0	0	0	0	0
	Total:		487,843	81,112	114,126	63,051	80,555	100,812	40,244	7,943
6. Total Screens Received	CN:		313,654	88,409	95,200	44,979	30,748	41,259	11,905	1,154
	MN:		0	0	0	0	0	0	0	0
	Total:		313,654	88,409	95,200	44,979	30,748	41,259	11,905	1,154
7. SCREENING RATIO	CN:		0.64	1.00	0.83	0.71	0.38	0.41	0.30	0.15
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		0.64	1.00	0.83	0.71	0.38	0.41	0.30	0.15
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:		362,709	21,123	48,981	63,051	80,555	100,812	40,244	7,943
	MN:		0	0	0	0	0	0	0	0
	Total:		362,709	21,123	48,981	63,051	80,555	100,812	40,244	7,943

* Includes 12-month visit
Note: "CN" = Categorically Needy, "MN" = Medically Needy

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code	Fiscal Year	Totals	Age Group <1	Age Group 1-2	Age Group 3-5	Age Group 6-9	Age Group 10-14	Age Group 15-18	Age Group 19-20
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	173,412	20,538	38,269	37,599	27,828	37,374	10,748	1,056
	MN:	0	0	0	0	0	0	0	0
	Total:	173,412	20,538	38,269	37,599	27,828	37,374	10,748	1,056
10. PARTICIPANT RATIO	CN:	0.48	0.97	0.78	0.60	0.35	0.37	0.27	0.13
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.48	0.97	0.78	0.60	0.35	0.37	0.27	0.13
11. Total Eligibles Referred for Corrective Treatment	CN:	86,020	15,932	26,762	15,498	10,723	13,426	3,455	224
	MN:	0	0	0	0	0	0	0	0
	Total:	86,020	15,932	26,762	15,498	10,723	13,426	3,455	224
12a. Total Eligibles Receiving Any Dental Services	CN:	203,979	163	12,282	40,627	56,312	68,062	22,830	3,703
	MN:	0	0	0	0	0	0	0	0
	Total:	203,979	163	12,282	40,627	56,312	68,062	22,830	3,703
12b. Total Eligibles Receiving Preventive Dental Services	CN:	188,258	54	10,885	38,083	54,019	63,069	19,328	2,820
	MN:	0	0	0	0	0	0	0	0
	Total:	188,258	54	10,885	38,083	54,019	63,069	19,328	2,820
12c. Total Eligibles Receiving Dental Treatment Services	CN:	84,599	54	852	11,364	23,565	32,759	13,870	2,135
	MN:	0	0	0	0	0	0	0	0
	Total:	84,599	54	852	11,364	23,565	32,759	13,870	2,135
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	34,970				15,615	19,355		
	MN:	0				0	0		
	Total:	34,970				15,615	19,355		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	196,471	159	12,206	39,991	55,212	64,913	20,704	3,286
	MN:	0	0	0	0	0	0	0	0
	Total:	196,471	159	12,206	39,991	55,212	64,913	20,704	3,286
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	26,614	1,547	9,338	7,144	3,859	3,221	1,284	221
	MN:	0	0	0	0	0	0	0	0
	Total:	26,614	1,547	9,338	7,144	3,859	3,221	1,284	221
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	219,017	1,695	19,040	42,754	57,969	70,107	23,605	3,847
	MN:	0	0	0	0	0	0	0	0
	Total:	219,017	1,695	19,040	42,754	57,969	70,107	23,605	3,847
13. Total Eligibles Enrolled in Managed Care	CN:	367,190	21,047	48,254	65,051	81,684	101,067	39,793	10,294
	MN:	0	0	0	0	0	0	0	0
	Total:	367,190	21,047	48,254	65,051	81,684	101,067	39,793	10,294
14a. Total Number of Screening Blood Lead Tests	CN:	31,501	175	19,513	11,813				
	MN:	0	0	0	0				
	Total:	31,501	175	19,513	11,813				

* Includes 12-month visit
Note: "CN" = Categorically Needy, "MN" = Medically Needy