



FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

State Code	Fiscal Year	Age Group								
		Totals	<1	1-2	3-5	6-9	10-14	15-18	19-20	
NV	2013									
	CN:	267,064	19,265	36,885	50,752	57,819	55,601	35,640	11,102	
	MN:	0	0	0	0	0	0	0	0	
1a. Total individuals eligible for EPSDT	Total	267,064	19,265	36,885	50,752	57,819	55,601	35,640	11,102	
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	243,331	15,009	34,341	47,215	53,503	51,327	32,616	9,320	
	MN:	0	0	0	0	0	0	0	0	
	Total	243,331	15,009	34,341	47,215	53,503	51,327	32,616	9,320	
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	7,893	383	1,284	1,627	1,804	1,589	983	223	
	MN:	0	0	0	0	0	0	0	0	
	Total	7,893	383	1,284	1,627	1,804	1,589	983	223	
2a. State Periodicity Schedule			5	4	3	2	3	2	1	
2b. Number of Years in Age Group			1	2	3	4	5	4	2	
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50	
3a. Total Months of Eligibility	CN:	2,435,004	107,091	349,789	486,372	550,776	530,660	331,360	78,956	
	MN:	0	0	0	0	0	0	0	0	
	Total	2,435,004	107,091	349,789	486,372	550,776	530,660	331,360	78,956	
3b. Average Period of Eligibility	CN:	0.83	0.59	0.85	0.86	0.86	0.86	0.85	0.71	
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.83	0.59	0.85	0.86	0.86	0.86	0.85	0.71	
4. Expected Number of Screenings per Eligible	CN:	2.95	1.70	0.86	0.43	0.43	0.52	0.43	0.36	
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	2.95	1.70	0.86	0.43	0.43	0.52	0.43	0.36	
5. Expected Number of Screenings	CN:	210,338	44,277	58,380	40,605	23,006	26,690	14,025	3,355	
	MN:	0	0	0	0	0	0	0	0	
	Total	210,338	44,277	58,380	40,605	23,006	26,690	14,025	3,355	
6. Total Screens Received	CN:	201,300	55,400	62,647	32,074	20,921	20,528	8,944	786	
	MN:	0	0	0	0	0	0	0	0	
	Total	201,300	55,400	62,647	32,074	20,921	20,528	8,944	786	
7. SCREENING RATIO	CN:	0.96	1.00	1.00	0.79	0.91	0.77	0.64	0.23	
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.96	1.00	1.00	0.79	0.91	0.77	0.64	0.23	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	157,031	15,009	34,341	40,605	23,006	26,690	14,025	3,355	
	MN:	0	0	0	0	0	0	0	0	
	Total	157,031	15,009	34,341	40,605	23,006	26,690	14,025	3,355	
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	103,241	13,058	24,814	23,958	17,186	16,415	7,145	685	
	MN:	0	0	0	0	0	0	0	0	
	Total	103,241	13,058	24,814	23,958	17,186	16,415	7,145	685	
10. PARTICIPANT RATIO	CN:	0.66	0.87	0.72	0.59	0.75	0.62	0.51	0.20	
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.66	0.87	0.72	0.59	0.75	0.62	0.51	0.20	
11. Total Eligibles Referred for Corrective Treatment	CN:	71,786	12,919	20,368	15,150	9,624	9,170	4,145	410	
	MN:	0	0	0	0	0	0	0	0	
	Total	71,786	12,919	20,368	15,150	9,624	9,170	4,145	410	
12a. Total Eligibles Receiving Any Dental Services	CN:	104,574	102	6,205	21,326	30,889	28,625	15,100	2,327	
	MN:	0	0	0	0	0	0	0	0	
	Total	104,574	102	6,205	21,326	30,889	28,625	15,100	2,327	
12b. Total Eligibles Receiving Preventive Dental Services	CN:	102,687	100	6,187	20,979	30,422	28,117	14,671	2,211	
	MN:	0	0	0	0	0	0	0	0	
	Total	102,687	100	6,187	20,979	30,422	28,117	14,671	2,211	
12c. Total Eligibles Receiving Dental Treatment Services	CN:	51,125	8	863	8,770	16,364	14,782	8,848	1,480	
	MN:	0	0	0	0	0	0	0	0	
	Total	51,125	8	863	8,770	16,364	14,782	8,848	1,480	
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	21,037				9,815	11,222			
	MN:	0				0	0			
	Total	21,037				9,815	11,222			
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	97,121	94	6,052	20,019	28,701	26,479	13,704	2,072	
	MN:	0	0	0	0	0	0	0	0	
	Total	97,121	94	6,052	20,019	28,701	26,479	13,704	2,072	
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	9,988	214	3,198	3,144	1,732	1,250	435	15	
	MN:	0	0	0	0	0	0	0	0	
	Total	9,988	214	3,198	3,144	1,732	1,250	435	15	
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	111,046	311	8,834	23,267	31,759	29,229	15,311	2,335	
	MN:	0	0	0	0	0	0	0	0	
	Total	111,046	311	8,834	23,267	31,759	29,229	15,311	2,335	
13. Total Eligibles Enrolled in Managed Care	CN:	223,408	14,397	31,397	42,909	50,338	47,853	28,713	7,801	
	MN:	0	0	0	0	0	0	0	0	
	Total	223,408	14,397	31,397	42,909	50,338	47,853	28,713	7,801	
14. Total Number of Screening Blood Lead Tests	CN:	11,824	133	7,111	4,580					
	MN:	0	0	0	0					
	Total	11,824	133	7,111	4,580					

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

Disclosure Statement - According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0354. The time required to complete this information collection is estimated to average 28 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop: C7-26-05, Baltimore, Maryland 21244-1850.