FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

CMS CENTERS for MEDICARE & MEDICAID SERVICES

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
1a. Total individuals eligible for EPSDT	CN:	247,282	19,246	37,315	49,229	50,277	48,426	32,028	10,761
	MN:	0	0	0	0	0	0	0	0
	Total:	247,282	19,246	37,315	49,229	50,277	48,426	32,028	10,761
1b. Total Individuals eligible for EPSDT for 90 Continous Days	CN:	225,462	15,034	34,781	46,004	46,543	44,771	29,206	9,123
	MN:	0	0	0	0	0	0	0	0
	Total:	225,462	15,034	34,781	46,004	46,543	44,771	29,206	9,123
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			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:	2,245,270	108,139	356,159	472,848	476,166	460,254	294,602	77,102
	MN:	0							
	Total:	2,245,270	108,139	356,159	472,848	476,166	460,254	294,602	77,102
3b. Average Period of Eligibility	CN:	0.83	0.60	0.85	0.86	0.85	0.86	0.84	0.70
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.83	0.60	0.85	0.86	0.85	0.86	0.84	0.70
4. Expected Number of Screenings per Eligible	CN:		3.00	1.70	0.86	0.43	0.52	0.42	0.35
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		3.00	1.70	0.86	0.43	0.52	0.42	0.35
5. Expected Number of Screenings	CN:	202,547	45,102	59,128	39,563	20,013	23,281	12,267	3,193
	MN:	0	0	0	0	0	0	0	0
	Total:	202,547	45,102	59,128	39,563	20,013	23,281	12,267	3,193
6. Total Screens Received	CN:	169,786	45,270	52,964	30,600	17,068	16,295	6,949	640
	MN:	0	0	0	0	0	0	0	0
	Total:	169,786	45,270	52,964	30,600	17,068	16,295	6,949	640
7. SCREENING RATIO	CN:	0.84	1.00	0.90	0.77	0.85	0.70	0.57	0.20
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.84	1.00	0.90	0.77	0.85	0.70	0.57	0.20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	148,132	15,034	34,781	39,563	20,013	23,281	12,267	3,193
	MN:	0	0	0	0	0	0	0	0
	Total:	148,132	15,034	34,781	39,563	20,013	23,281	12,267	3,193

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

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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:	99,019	13,303	25,608	24,534	14,957	14,003	6,023	591
	MN:	0	0	0	0	0	0	0	0
	Total:	99,019	13,303	25,608	24,534	14,957	14,003	6,023	591
10. PARTICIPANT RATIO	CN:	0.67	0.88	0.74	0.62	0.75	0.60	0.49	0.19
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.67	0.88	0.74	0.62	0.75	0.60	0.49	0.19
11. Total Eligibles Referred for Corrective Treatment	CN:	47,447	8,509	14,081	10,736	5,786	5,603	2,442	290
	MN:	0							
	Total:	47,447	8,509	14,081	10,736	5,786	5,603	2,442	290
12a. Total Eligibles Receiving Any Dental Services	CN:	92,782	71	5,586	20,746	27,530	24,056	12,625	2,168
	MN:	0	0	0	0	0	0	0	0
	Total:	92,782	71	5,586	20,746	27,530	24,056	12,625	2,168
12b. Total Eligibles Receiving Preventive Dental Services	CN:	83,564	35	4,271	18,863	26,221	22,489	10,379	1,306
	MN:	0	0	0	0	0	0	0	0
	Total:	83,564	35	4,271	18,863	26,221	22,489	10,379	1,306
12c. Total Eligibles Receiving Dental Treatment Services	CN:	51,032	11	988	9,523	16,267	14,215	8,446	1,582
	MN:	0	0	0	0	0	0	0	0
	Total:	51,032	11	988	9,523	16,267	14,215	8,446	1,582
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	19,362				9775	9587		
	MN:	0				0	0		
	Total:	19,362				9,775	9,587		
12e. Total Eligibles Reciving Dental Diagnostic Services	CN:	86,868	69	5,412	19,629	25,904	22,455	11,467	1,932
	MN:	0	0	0	0	0	0	0	0
	Total:	86,868	69	5,412	19,629	25,904	22,455	11,467	1,932
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	8,763	248	3,166	2,665	1,479	915	280	10
	MN:	0	0	0	0	0	0	0	0
	Total:	8,763	248	3,166	2,665	1,479	915	280	10
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN:	97,951	318	8,178	22,111	28,014	24,415	12,745	2,170
	MN:	0	0	0	0	0	0	0	0
	Total:	97,951	318	8,178	22,111	28,014	24,415	12,745	2,170
13. Total Eligibles Enrolled in Managed Care	CN:	210,815	14,544	32,328	42,873	45,003	42,690	25,847	7,530
	MN:	0	0	0	0	0	0	0	0
	Total:	210,815	14,544	32,328	42,873	45,003	42,690	25,847	7,530
14. Total Number of Screening Blood Lead Tests	CN:	9,079	125	4,848	4,106				
	MN:	0							
	Total:	9,079	125	4,848	4,106				

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