FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

State Code	**Fiscal Year**	Totals	***FORM CMS-416: ANNUAL*** 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:	420,270	30,492	65,225	84,943	89,183	81,280	52,367	16,780
	MN:	0	0	0	0	0	0	0	0
	Total:	420,270	30,492	65,225	84,943	89,183	81,280	52,367	16,780
1b. Total Individuals eligible for EPSDT for 90 Continous Days	CN:	380,726	22,186	61,081	79,231	82,090	74,366	46,895	14,877
	MN:	0	0	0	0	0	0	0	0
	Total:	380,726	22,186	61,081	79,231	82,090	74,366	46,895	14,877
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	4	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	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	3,819,769	152,997	629,679	818,081	854,931	771,059	464,112	128,910
	MN:	0	0	0	0	0	0	0	0
	Total:	3,819,769	152,997	629,679	818,081	854,931	771,059	464,112	128,910
3b. Average Period of Eligibility	CN:	0.84	0.57	0.86	0.86	0.87	0.86	0.82	0.72
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.84	0.57	0.86	0.86	0.87	0.86	0.82	0.72
4. Expected Number of Screenings per Eligible	CN:		3.42	1.72	0.86	0.87	0.86	0.82	0.72
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		3.42	1.72	0.86	0.87	0.86	0.82	0.72
5. Expected Number of Screenings	CN:	433,612	75,876	105,059	68,139	71,418	63,955	38,454	10,711
	MN:	0	0	0	0	0	0	0	0
	Total:	433,612	75,876	105,059	68,139	71,418	63,955	38,454	10,711
6. Total Screens Received	CN:	315,789	81,781	107,432	49,053	29,740	29,172	15,273	3,338
	MN:	0	0	0	0	0	0	0	0
	Total:	315,789	81,781	107,432	49,053	29,740	29,172	15,273	3,338
7. SCREENING RATIO	CN:	0.73	1.00	1.00	0.72	0.42	0.46	0.40	0.31
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.73	1.00	1.00	0.72	0.42	0.46	0.40	0.31
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	335,944	22,186	61,081	68,139	71,418	63,955	38,454	10,711
	MN:	0	0	0	0	0	0	0	0
	Total:	335,944	22,186	61,081	68,139	71,418	63,955	38,454	10,711
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	186,543	21,341	48,565	44,515	28,174	27,103	13,837	3,008
	MN:	0	0	0	0	0	0	0	0
	Total:	186,543	21,341	48,565	44,515	28,174	27,103	13,837	3,008
10. PARTICIPANT RATIO	CN:	0.56	0.96	0.80	0.65	0.39	0.42	0.36	0.28
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.56	0.96	0.80	0.65	0.39	0.42	0.36	0.28
11. Total Eligibles Referred for Corrective Treatment	CN:	139,966	13,641	35,917	33,089	22,043	21,611	11,096	2,569
	MN:	0	0	0	0	0	0	0	0
	Total:	139,966	13,641	35,917	33,089	22,043	21,611	11,096	2,569
12a. Total Eligibles Receiving Any Dental Services	CN:	188,320	643	17,825	45,204	52,673	44,398	23,092	4,485
	MN:	0	0	0	0	0	0	0	0
	Total:	188,320	643	17,825	45,204	52,673	44,398	23,092	4,485
12b. Total Eligibles Receiving Preventive Dental Services	CN:	169,289	257	14,997	41,587	49,074	40,626	19,722	3,026
	MN:	0	0	0	0	0	0	0	0
	Total:	169,289	257	14,997	41,587	49,074	40,626	19,722	3,026
12c. Total Eligibles Receiving Dental Treatment Services	CN:	95,771	44	2,473	19,780	30,713	25,466	14,372	2,923
	MN:	0	0	0	0	0	0	0	0
	Total:	95,771	44	2,473	19,780	30,713	25,466	14,372	2,923
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	26,397				15,768	10,629		
	MN:	0				0	0		
	Total:	26,397				15,768	10,629		
12e. Total Eligibles Reciving Dental Diagnostic Services	CN:	174,023	494	16,052	42,011	49,013	41,376	21,121	3,956
	MN:	0	0	0	0	0	0	0	0
	Total:	174,023	494	16,052	42,011	49,013	41,376	21,121	3,956
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist provider	CN:	465	21	106	141	96	40	33	28
	MN:	0	0	0	0	0	0	0	0
	Total:	465	21	106	141	96	40	33	28
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN:	188,325	643	17,827	45,205	52,673	44,398	23,092	4,487
	MN:	0	0	0	0	0	0	0	0
	Total:	188,325	643	17,827	45,205	52,673	44,398	23,092	4,487
13. Total Eligibles Enrolled in Managed Care	CN:	417,574	30,173	64,962	84,532	88,768	80,750	51,872	16,517
	MN:			0	0	0	0	0	0
	Total:	417,574	30,173	64,962	84,532	88,768	80,750	51,872	16,517
14. Total Number of Screening Blood Lead Tests	CN:	20,533	208	14,204	6,121				
	MN:	0	0	0	0				
	Total:	20,533	208	14,204	6,121				

* 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.

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:	420,270	30,492	65,225	84,943	89,183	81,280	52,367	16,780
	MN:	0	0	0	0	0	0	0	0
	Total:	420,270	30,492	65,225	84,943	89,183	81,280	52,367	16,780
1b. Total Individuals eligible for EPSDT for 90 Continous Days	CN:	380,726	22186	61081	79231	82090	74366	46895	14877
	MN:	0	0	0	0	0	0	0	0
	Total:	380,726	22,186	61,081	79,231	82,090	74,366	46,895	14,877
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	4	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	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	3,819,769	152,997	629,679	818,081	854,931	771,059	464,112	128,910
	MN:	0	0	0	0	0	0	0	0
	Total:	3,819,769	152,997	629,679	818,081	854,931	771,059	464,112	128,910
3b. Average Period of Eligibility	CN:	0.84	0.57	0.86	0.86	0.87	0.86	0.82	0.72
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.84	0.57	0.86	0.86	0.87	0.86	0.82	0.72
4. Expected Number of Screenings per Eligible	CN:		3.42	1.72	0.86	0.87	0.86	0.82	0.72
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		3.42	1.72	0.86	0.87	0.86	0.82	0.72
5. Expected Number of Screenings	CN:	433,612	75,876	105,059	68,139	71,418	63,955	38,454	10,711
	MN:	0	0	0	0	0	0	0	0
	Total:	433,612	75,876	105,059	68,139	71,418	63,955	38,454	10,711
6. Total Screens Received	CN:	278,553	78756	91049	42221	25012	25268	13174	3073
	MN:	0	0	0	0	0	0	0	0
	Total:	278,553	78,756	91,049	42,221	25,012	25,268	13,174	3,073
7. SCREENING RATIO	CN:	0.64	1.00	0.87	0.62	0.35	0.40	0.34	0.29
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.64	1.00	0.87	0.62	0.35	0.40	0.34	0.29
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	335,944	22,186	61,081	68,139	71,418	63,955	38,454	10,711
	MN:	0	0	0	0	0	0	0	0
	Total:	335,944	22,186	61,081	68,139	71,418	63,955	38,454	10,711
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	162,826	20511	41757	38431	23776	23575	12001	2775
	MN:	0	0	0	0	0	0	0	0
	Total:	162,826	20,511	41,757	38,431	23,776	23,575	12,001	2,775
10. PARTICIPANT RATIO	CN:	0.48	0.92	0.68	0.56	0.33	0.37	0.31	0.26
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.48	0.92	0.68	0.56	0.33	0.37	0.31	0.26
11. Total Eligibles Referred for Corrective Treatment	CN:	131,425	13113	32728	31427	20780	20457	10431	2489
	MN:	0	0	0	0	0	0	0	0
	Total:	131,425	13,113	32,728	31,427	20,780	20,457	10,431	2,489
12a. Total Eligibles Receiving Any Dental Services	CN:	188,318	643	17825	45203	52672	44398	23092	4485
	MN:	0	0	0	0	0	0	0	0
	Total:	188,318	643	17,825	45,203	52,672	44,398	23,092	4,485
12b. Total Eligibles Receiving Preventive Dental Services	CN:	169,287	257	14997	41586	49073	40626	19722	3026
	MN:	0	0	0	0	0	0	0	0
	Total:	169,287	257	14,997	41,586	49,073	40,626	19,722	3,026
12c. Total Eligibles Receiving Dental Treatment Services	CN:	95,770	44	2,473	19,779	30,713	25,466	14,372	2,923
	MN:	0	0	0	0	0	0	0	0
	Total:	95,770	44	2,473	19,779	30,713	25,466	14,372	2,923
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	26,397				15,768	10,629		
	MN:	0				0	0		
	Total:	26,397				15,768	10,629		
12e. Total Eligibles Reciving Dental Diagnostic Services	CN:	174,021	494	16052	42010	49012	41376	21121	3956
	MN:	0	0	0	0	0	0	0	0
	Total:	174,021	494	16,052	42,010	49,012	41,376	21,121	3,956
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist provider	CN:	460	21	104	140	96	40	33	26
	MN:	0	0	0	0	0	0	0	0
	Total:	460	21	104	140	96	40	33	26
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN:	188,318	643	17,825	45,203	52,672	44,398	23,092	4,485
	MN:	0	0	0	0	0	0	0	0
	Total:	188,318	643	17,825	45,203	52,672	44,398	23,092	4,485
13. Total Eligibles Enrolled in Managed Care	CN:	417,574	30,173	64,962	84,532	88,768	80,750	51,872	16,517
	MN:			0	0	0	0	0	0
	Total:	417,574	30,173	64,962	84,532	88,768	80,750	51,872	16,517
14. Total Number of Screening Blood Lead Tests	CN:	16,963	206	11892	4865				
	MN:	0	0	0	0				
	Total:	16,963	206	11,892	4,865				

* 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.

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
1a. Total individuals eligible for EPSDT	CN:	59,755	2,296	10,557	12,783	13,486	11,324	6,850	2,459
	MN:	0	0	0	0	0	0	0	0
	Total:	59,755	2,296	10,557	12,783	13,486	11,324	6,850	2,459
1b. Total Individuals eligible for EPSDT for 90 Continous Days	CN:	36,627	924	12,956	7,712	6,176	5,176	2,946	737
	MN:	0	0	0	0	0	0	0	0
	Total:	36,627	924	12,956	7,712	6,176	5,176	2,946	737
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	4	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	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	465,306	7,662	77,695	106,215	110,861	92,919	54,129	15,825
	MN:	0	0	0	0	0	0	0	0
	Total:	465,306	7,662	77,695	106,215	110,861	92,919	54,129	15,825
3b. Average Period of Eligibility	CN:	1.06	0.69	0.50	1.15	1.50	1.50	1.53	1.79
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	1.06	0.69	0.50	1.15	1.50	1.50	1.53	1.79
4. Expected Number of Screenings per Eligible	CN:		4.14	1.00	1.15	1.50	1.50	1.53	1.79
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		4.14	1.00	1.15	1.50	1.50	1.53	1.79
5. Expected Number of Screenings	CN:	48,504	3,825	12,956	8,869	9,264	7,764	4,507	1,319
	MN:	0	0	0	0	0	0	0	0
	Total:	48,504	3,825	12,956	8,869	9,264	7,764	4,507	1,319
6. Total Screens Received	CN:	37,236	3,025	16,383	6,832	4,728	3,904	2,099	265
	MN:	0	0	0	0	0	0	0	0
	Total:	37,236	3,025	16,383	6,832	4,728	3,904	2,099	265
7. SCREENING RATIO	CN:	0.77	0.79	1.00	0.77	0.51	0.50	0.47	0.20
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.77	0.79	1.00	0.77	0.51	0.50	0.47	0.20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	36,627	924	12,956	7,712	6,176	5,176	2,946	737
	MN:	0	0	0	0	0	0	0	0
	Total:	36,627	924	12,956	7,712	6,176	5,176	2,946	737
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	23,717	830	6,808	6,084	4,398	3,528	1,836	233
	MN:	0	0	0	0	0	0	0	0
	Total:	23,717	830	6,808	6,084	4,398	3,528	1,836	233
10. PARTICIPANT RATIO	CN:	0.65	0.90	0.53	0.79	0.71	0.68	0.62	0.32
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.65	0.90	0.53	0.79	0.71	0.68	0.62	0.32
11. Total Eligibles Referred for Corrective Treatment	CN:	8,541	528	3,189	1,662	1,263	1,154	665	80
	MN:	0	0	0	0	0	0	0	0
	Total:	8,541	528	3,189	1,662	1,263	1,154	665	80
12a. Total Eligibles Receiving Any Dental Services	CN:	2	0	0	1	1	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	2	0	0	1	1	0	0	0
12b. Total Eligibles Receiving Preventive Dental Services	CN:	2	0	0	1	1	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	2	0	0	1	1	0	0	0
12c. Total Eligibles Receiving Dental Treatment Services	CN:	1	0	0	1	0	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	1	0	0	1	0	0	0	0
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	0				0	0		
	MN:	0				0	0		
	Total:	0				0	0		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	2	0	0	1	1	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	2	0	0	1	1	0	0	0
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist provider	CN:	5	0	2	1	0	0	0	2
	MN:	0	0	0	0	0	0	0	0
	Total:	5	0	2	1	0	0	0	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN:	7	0	2	2	1	0	0	2
	MN:	0	0	0	0	0	0	0	0
	Total:	7	0	2	2	1	0	0	2
13. Total Eligibles Enrolled in Managed Care	CN:	59,755	2,296	10,557	12,783	13,486	11,324	6,850	2,459
	MN:		0	0	0	0	0	0	0
	Total:	59,755	2,296	10,557	12,783	13,486	11,324	6,850	2,459
14. Total Number of Screening Blood Lead Tests	CN:	3,570	2	2,312	1,256				
	MN:	0	0	0	0				
	Total:	3,570	2	2,312	1,256				

* 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.

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
1a. Total individuals eligible for EPSDT	CN:	44,002	1,049	7,858	9,439	10,304	8,482	5,084	1,786
	MN:	0	0	0	0	0	0	0	0
	Total:	44,002	1,049	7,858	9,439	10,304	8,482	5,084	1,786
1b. Total Individuals eligible for EPSDT for 90 Continous Days	CN:	22,970	226	10,519	4,704	3,344	2,613	1,400	164
	MN:	0	0	0	0	0	0	0	0
	Total:	22,970	226	10,519	4,704	3,344	2,613	1,400	164
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	4	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	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	313,091	668	49,613	72,357	79,399	64,740	37,380	8,934
	MN:	0	0	0	0	0	0	0	0
	Total:	313,091	668	49,613	72,357	79,399	64,740	37,380	8,934
3b. Average Period of Eligibility	CN:	1.14	0.25	0.39	1.28	1.98	2.06	2.23	4.54
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	1.14	0.25	0.39	1.28	1.98	2.06	2.23	4.54
4. Expected Number of Screenings per Eligible	CN:		1.50	0.78	1.28	1.98	2.06	2.23	4.54
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		1.50	0.78	1.28	1.98	2.06	2.23	4.54
5. Expected Number of Screenings	CN:	30,436	339	8,205	6,021	6,621	5,383	3,122	745
	MN:	0	0	0	0	0	0	0	0
	Total:	30,436	339	8,205	6,021	6,621	5,383	3,122	745
6. Total Screens Received	CN:	22,970	226	10,519	4,704	3,344	2,613	1,400	164
	MN:	0	0	0	0	0	0	0	0
	Total:	22,970	226	10,519	4,704	3,344	2,613	1,400	164
7. SCREENING RATIO	CN:	0.75	0.67	1.00	0.78	0.51	0.49	0.45	0.22
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.75	0.67	1.00	0.78	0.51	0.49	0.45	0.22
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	20,656	226	8,205	4,704	3,344	2,613	1,400	164
	MN:	0	0	0	0	0	0	0	0
	Total:	20,656	226	8,205	4,704	3,344	2,613	1,400	164
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	16,585	156	4,769	4,381	3,260	2,536	1,327	156
	MN:	0	0	0	0	0	0	0	0
	Total:	16,585	156	4,769	4,381	3,260	2,536	1,327	156
10. PARTICIPANT RATIO	CN:	0.80	0.69	0.58	0.93	0.97	0.97	0.95	0.95
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.80	0.69	0.58	0.93	0.97	0.97	0.95	0.95
11. Total Eligibles Referred for Corrective Treatment	CN:	4,767	13	1,726	972	842	740	432	42
	MN:	0	0	0	0	0	0	0	0
	Total:	4,767	13	1,726	972	842	740	432	42
12a. Total Eligibles Receiving Any Dental Services	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
12b. Total Eligibles Receiving Preventive Dental Services	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
12c. Total Eligibles Receiving Dental Treatment Services	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
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	0				0	0		
	MN:	0				0	0		
	Total:	0				0	0		
12e. Total Eligibles Reciving Dental Diagnostic Services	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
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist provider	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
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	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
13. Total Eligibles Enrolled in Managed Care	CN:	44,002	1,049	7,858	9,439	10,304	8,482	5,084	1,786
	MN:			0	0	0	0	0	0
	Total:	44,002	1,049	7,858	9,439	10,304	8,482	5,084	1,786
14. Total Number of Screening Blood Lead Tests	CN:	3,327	2	2,126	1,199				
	MN:	0	0	0	0				
	Total:	3,327	2	2,126	1,199				

* 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.

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
1a. Total individuals eligible for EPSDT	CN:	15,753	1247	2699	3344	3182	2842	1766	673
	MN:	0	0	0	0	0	0	0	0
	Total:	15,753	1,247	2,699	3,344	3,182	2,842	1,766	673
1b. Total Individuals eligible for EPSDT for 90 Continous Days	CN:	13,657	698	2437	3008	2832	2563	1546	573
	MN:	0	0	0	0	0	0	0	0
	Total:	13,657	698	2,437	3,008	2,832	2,563	1,546	573
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	4	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	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	152,215	6994	28082	33858	31462	28179	16749	6891
	MN:	0	0	0	0	0	0	0	0
	Total:	152,215	6,994	28,082	33,858	31,462	28,179	16,749	6,891
3b. Average Period of Eligibility	CN:	0.93	0.84	0.96	0.94	0.93	0.92	0.90	1.00
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.93	0.84	0.96	0.94	0.93	0.92	0.90	1.00
4. Expected Number of Screenings per Eligible	CN:		5.04	1.92	0.94	0.93	0.92	0.90	1.00
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		5.04	1.92	0.94	0.93	0.92	0.90	1.00
5. Expected Number of Screenings	CN:	17,981	3,518	4,679	2,828	2,634	2,358	1,391	573
	MN:	0	0	0	0	0	0	0	0
	Total:	17,981	3,518	4,679	2,828	2,634	2,358	1,391	573
6. Total Screens Received	CN:	14,266	2799.00	5864.00	2128.00	1384.00	1291.00	699.00	101.00
	MN:	0	0	0	0	0	0	0	0
	Total:	14,266	2,799	5,864	2,128	1,384	1,291	699	101
7. SCREENING RATIO	CN:	0.79	0.80	1.00	0.75	0.53	0.55	0.50	0.18
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.79	0.80	1.00	0.75	0.53	0.55	0.50	0.18
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	12,919	698	2,437	2,828	2,634	2,358	1,391	573
	MN:	0	0	0	0	0	0	0	0
	Total:	12,919	698	2,437	2,828	2,634	2,358	1,391	573
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	7,132	674	2039	1703	1138	992	509	77
	MN:	0	0	0	0	0	0	0	0
	Total:	7,132	674	2,039	1,703	1,138	992	509	77
10. PARTICIPANT RATIO	CN:	0.55	0.97	0.84	0.60	0.43	0.42	0.37	0.13
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.55	0.97	0.84	0.60	0.43	0.42	0.37	0.13
11. Total Eligibles Referred for Corrective Treatment	CN:	3,774	515	1463	690	421	414	233	38
	MN:	0	0	0	0	0	0	0	0
	Total:	3,774	515	1,463	690	421	414	233	38
12a. Total Eligibles Receiving Any Dental Services	CN:	2	0	0	1	1	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	2	0	0	1	1	0	0	0
12b. Total Eligibles Receiving Preventive Dental Services	CN:	2	0	0	1	1	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	2	0	0	1	1	0	0	0
12c. Total Eligibles Receiving Dental Treatment Services	CN:	1	0	0	1	0	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	1	0	0	1	0	0	0	0
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	0				0	0		
	MN:	0				0	0		
	Total:	0				0	0		
12e. Total Eligibles Reciving Dental Diagnostic Services	CN:	2	0	0	1	1	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	2	0	0	1	1	0	0	0
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist provider	CN:	5	0	2	1	0	0	0	2
	MN:	0	0	0	0	0	0	0	0
	Total:	5	0	2	1	0	0	0	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN:	7	0	2	2	1	0	0	2
	MN:	0	0	0	0	0	0	0	0
	Total:	7	0	2	2	1	0	0	2
13. Total Eligibles Enrolled in Managed Care	CN:	15,753	1,247	2,699	3,344	3,182	2,842	1,766	673
	MN:	0	0	0	0	0	0	0	0
	Total:	15,753	1,247	2,699	3,344	3,182	2,842	1,766	673
14. Total Number of Screening Blood Lead Tests	CN:	243	**0**	**186**	**57**				
	MN:	0	0	0	0				
	Total:	243	**0**	**186**	**57**				

* 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.