

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

State _____	FY _____	Age Groups							
		Total	<1	1 - 2 *	3 - 5	6 - 9	10 - 14	15 - 18	19-20
1. Total Individuals Eligible for EPSDT	CN								
	MN								
	<b>Total</b>								
2a. State Periodicity Schedule									
2b. Number of Years in Age Group		1	2	3	4	5	4	2	
2c. Annualized State Periodicity Schedule									
3a. Total Months of Eligibility	CN								
	MN								
	<b>Total</b>								
3b. Average Period of Eligibility	CN								
	MN								
	<b>Total</b>								
4. Expected Number of Screenings per Eligible	CN								
	MN								
	<b>Total</b>								
5. Expected Number of Screenings	CN								
	MN								
	<b>Total</b>								
6. Total Screens Received	CN								
	MN								
	<b>Total</b>								
7. Screening Ratio	CN								
	MN								
	<b>Total</b>								

\* Includes 12-month visit

Note: "CN" = Categorically Needy, "MN" = Medically Needy

OMB control number: 0938-0354

State _____ FY _____	Age Groups							
	Total	<1	1 - 2 *	3 - 5	6 - 9	10 - 14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	<b>CN</b>							
	<b>MN</b>							
	<b>Total</b>							
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	<b>CN</b>							
	<b>MN</b>							
	<b>Total</b>							
10. PARTICIPANT RATIO	<b>CN</b>							
	<b>MN</b>							
	<b>Total</b>							
11. Total Eligibles Referred for Corrective Treatment	<b>CN</b>							
	<b>MN</b>							
	<b>Total</b>							
12a. Total Eligibles Receiving Any Dental Services	<b>CN</b>							
	<b>MN</b>							
	<b>Total</b>							
12b. Total Eligibles Receiving Preventive Dental Services	<b>CN</b>							
	<b>MN</b>							
	<b>Total</b>							
12c. Total Eligibles Receiving Dental Treatment Services	<b>CN</b>							
	<b>MN</b>							
	<b>Total</b>							
13. Total Eligibles Enrolled in Managed Care	<b>CN</b>							
	<b>MN</b>							
	<b>Total</b>							
14. Total number of Screening Blood Lead Tests	<b>CN</b>							
	<b>MN</b>							
	<b>Total</b>							

\* Includes 12-month visit

Note: "CN" = Categorically Needy, "MN" = Medically Needy

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