

**FORM CMS 416: ANNUAL EPSDT
PARTICIPATION REPORT**

	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)							
1a. Total individuals eligible for EPSDT (MN)							
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days (CN)							
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days (MN)							
1c. Total Individuals Eligible under a CHIP Medicaid Expansion (CN)							
1c. Total Individuals Eligible under a CHIP Medicaid Expansion (MN)							
2a. State Periodicity Schedule							
3a. Total Months of Eligibility (CN)							
3a. Total Months of Eligibility (MN)							
6. Total Screens Received (CN)							
6. Total Screens Received (MN)							
9. Total Eligibles Receiving at least One Initial or Periodic Screen (CN)							
9. Total Eligibles Receiving at least One Initial or Periodic Screen (MN)							
11. Total Eligibles Referred for Corrective Treatment (CN)							

11. Total Eligibles Referred for Corrective Treatment (MN)							
12a. Total Eligibles Receiving Any Dental Services (CN)							
12a. Total Eligibles Receiving Any Dental Services (MN)							
12b. Total Eligibles Receiving Preventive Dental Services (CN)							
12b. Total Eligibles Receiving Preventive Dental Services (MN)							
12c. Total Eligibles Receiving Dental Treatment Services (CN)							
12c. Total Eligibles Receiving Dental Treatment Services (MN)							
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth (CN)	Do not enter data in this field	Do not enter data in this field	Do not enter data in this field			Do not enter data in this field	Do not enter data in this field
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth (MN)	Do not enter data in this field	Do not enter data in this field	Do not enter data in this field			Do not enter data in this field	Do not enter data in this field
12e. Total Eligibles Receiving Dental Diagnostic Services (CN)							
12e. Total Eligibles Receiving Dental Diagnostic Services (MN)							
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist provider (CN)							
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist provider (MN)							
12g. Total Eligibles Receiving Any Dental or Oral Health Services (CN)							
12g. Total Eligibles Receiving Any Dental or Oral Health Services (MN)							
13. Total Eligibles Enrolled in Managed Care (CN)							

13. Total Eligibles Enrolled in Managed Care (MN)							
14. Total Number of Screening Blood Lead Tests (CN)				Do not enter data in this field	Do not enter data in this field	Do not enter data in this field	Do not enter data in this field
14. Total Number of Screening Blood Lead Tests (MN)				Do not enter data in this field	Do not enter data in this field	Do not enter data in this field	Do not enter data in this field