

### 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								
	TOTAL								
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								
	TOTAL								
3b. Average Period of Eligibility	CN								
	MN								
	TOTAL								
4. Expected Number of Screenings per Eligible	CN								
	MN								
	TOTAL								
5. Expected Number of Screenings	CN								
	MN								
	TOTAL								
6. Total Screens Received	CN								
	MN								
	TOTAL								
7. Screening Ratio	CN								
	MN								
	TOTAL								

\* Includes 12-month visit

Note: "CN" - Categorically Needed, "MN" = Medically Needed

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	CN								
	MN								
	TOTAL								
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN								
	MN								
	TOTAL								
10. Participant Ratio	CN								
	MN								
	TOTAL								
11. Total Eligibles Referred for Corrective Treatment	CN								
	MN								
	TOTAL								
12a. Total Eligibles Receiving Any Dental Services	CN								
	MN								
	TOTAL								
12b. Total Eligibles Receiving Preventive Dental Services	CN								
	MN								
	TOTAL								
12c. Total Eligibles Receiving Dental Treatment Services	CN								
	MN								
	TOTAL								
13. Total Eligibles Enrolled in Managed Care	CN								
	MN								
	TOTAL								
14. Total Number of Screening Blood Lead Tests	CN								
	MN								
	TOTAL								

\* Includes 12-month visit

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

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 19 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 any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.