

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



| <u>State Code</u> | <u>Fiscal Year</u> | | | | | | | | |
|---|--------------------|---|--------------|---------------|---------------|---------------|-----------------|-----------------|-----------------|
| ex. AL | 20XX | | | | | | | | |
| CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS | | Enter X if your state gives CMS permission to generate the data for this form on behalf of your state using information reported in T-MSIS. | | | | | | | |
| | | 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: | 0 | | | | | | | |
| | MN: | 0 | | | | | | | |
| | Total: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1b. Total Individuals Eligible for EPSDT for 90 Continuous Days | CN: | 0 | | | | | | | |
| | MN: | 0 | | | | | | | |
| | Total: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1c. Total Individuals Eligible under a CHIP Medicaid Expansion | CN: | 0 | | | | | | | |
| | MN: | 0 | | | | | | | |
| | Total: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2a. State Periodicity Schedule | | | | | | | | | |
| 2b. Number of Years in Age Group | | | 1 | 2 | 3 | 4 | 5 | 4 | 2 |
| 2c. Annualized State Periodicity Schedule | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3a. Total Months of Eligibility | CN: | 0 | | | | | | | |
| | MN: | 0 | | | | | | | |
| | Total: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3b. Average Period of Eligibility | CN: | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | MN: | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Total: | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4. Expected Number of Screenings per Eligible | CN: | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | MN: | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Total: | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5. Expected Number of Screenings | 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 |
| 6. Total Screens Received | CN: | 0 | | | | | | | |
| | MN: | 0 | | | | | | | |
| | Total: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. SCREENING RATIO | CN: | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | MN: | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Total: | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen | 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 |

* Includes 12-month visit

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

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|--|--------------------|--------|--------------|---------------|---------------|---------------|-----------------|-----------------|-----------------|
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| | | 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: | 0 | | | | | | | |
| | MN: | 0 | | | | | | | |
| | Total: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. PARTICIPANT RATIO | CN: | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | MN: | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Total: | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11. Total Eligibles Referred for Corrective Treatment | CN: | 0 | | | | | | | |
| | MN: | 0 | | | | | | | |
| | Total: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12a. Total Eligibles Receiving Any Dental Services | CN: | 0 | | | | | | | |
| | MN: | 0 | | | | | | | |
| | Total: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12b. Total Eligibles Receiving Preventive Dental Services | CN: | 0 | | | | | | | |
| | MN: | 0 | | | | | | | |
| | Total: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12c. Total Eligibles Receiving Dental Treatment Services | CN: | 0 | | | | | | | |
| | MN: | 0 | | | | | | | |
| | Total: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth | CN: | 0 | | | | | | | |
| | MN: | 0 | | | | | | | |
| | Total: | 0 | | | | 0 | 0 | | |
| 12e. Total Eligibles Receiving Dental Diagnostic Services | CN: | 0 | | | | | | | |
| | MN: | 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 | | | | | | | |
| | MN: | 0 | | | | | | | |
| | Total: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service | CN: | 0 | | | | | | | |
| | MN: | 0 | | | | | | | |
| | Total: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Total Eligibles Enrolled in Managed Care | CN: | 0 | | | | | | | |
| | MN: | 0 | | | | | | | |
| | Total: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14a. Total Number of Screening Blood Lead Tests | CN: | 0 | | | | | | | |
| | MN: | 0 | | | | | | | |
| | Total: | 0 | 0 | 0 | 0 | | | | |

* Includes 12-month visit

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

| | | | | | | | | | |
|---|--|---|----------------------|-------------------|-----------------------|--|------------------------|--|--|
| 14b. Methodology used to Calculate the Total Number of Screening Blood Lead Tests | | CPT Code 83655 within certain diagnosis codes (Method I) | Enter X for Method I | HEDIS (Method II) | Enter X for Method II | Combination Methodology (Method III) | Enter X for Method III | | |
| | | | | | | | | | |

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Disclosure Statement - Annual completion of the Form CMS-416 is mandatory for states pursuant to section 1902(a)(43)(D) of the Social Security Act which requires states to annually report on the provision of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 (expiration date May 31, 2023). The time required to complete this information collection is estimated to average 29 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: C4-26-05, Baltimore, Maryland 21244-1850.