

**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
1. Total individuals eligible for EPSDT (CN)							
1. Total individuals eligible for EPSDT (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 One Initial or Periodic Screen (CN)							
9. Total Eligibles Receiving at 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)							
13. Total Eligibles Enrolled in Managed Care (CN)							
13. Total Eligibles Enrolled in Managed Care (MN)							
14a. 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
14a. 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