

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



State Code KY	Fiscal Year	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
	2015								
1a. Total individuals eligible for EPSDT	CN:	569,180	34,369	66,753	91,363	122,959	132,964	95,703	25,069
	MN:	22,273	370	2,295	3,957	5,265	5,293	4,636	457
	Total:	591,453	34,739	69,048	95,320	128,224	138,257	100,339	25,526
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	536,693	24,699	64,230	88,222	118,837	128,334	91,783	20,588
	MN:	19,217	311	1,954	3,350	4,486	4,624	4,164	328
	Total:	555,910	25,010	66,184	91,572	123,323	132,958	95,947	20,916
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	10,332	1	446	1,026	2,628	3,504	2,608	119
	MN:	24	0	0	0	2	8	14	0
	Total:	10,356	1	446	1,026	2,630	3,512	2,622	119
2a. State Periodicity Schedule			5	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	5,609,269	184,362	670,998	951,661	1,269,430	1,392,213	980,937	159,668
	MN:	209,935	2,143	21,029	37,109	50,071	52,124	45,132	2,327
	Total:	5,819,204	186,505	692,027	988,770	1,319,501	1,444,337	1,026,069	161,995
3b. Average Period of Eligibility	CN:	0.87	0.62	0.87	0.90	0.89	0.90	0.89	0.65
	MN:	0.91	0.57	0.90	0.92	0.93	0.94	0.90	0.59
	Total:	0.87	0.62	0.87	0.90	0.89	0.91	0.89	0.65
4. Expected Number of Screenings per Eligible	CN:		3.10	1.74	0.90	0.45	0.90	0.89	0.65
	MN:		2.85	1.80	0.92	0.47	0.94	0.90	0.59
	Total:		3.10	1.74	0.90	0.45	0.91	0.89	0.65
5. Expected Number of Screenings	CN:	531,774	76,567	111,760	79,400	53,477	115,501	81,687	13,382
	MN:	17,882	886	3,517	3,082	2,108	4,347	3,748	194
	Total:	549,656	77,453	115,277	82,482	55,585	119,848	85,435	13,576
6. Total Screens Received	CN:	434,116	88,858	131,490	65,789	45,798	65,611	32,644	3,926
	MN:	15,833	1,191	4,156	2,790	2,233	2,787	2,590	86
	Total:	449,949	90,049	135,646	68,579	48,031	68,398	35,234	4,012
7. SCREENING RATIO	CN:	0.82	1.00	1.00	0.83	0.86	0.57	0.40	0.29
	MN:	0.89	1.00	1.00	0.91	1.00	0.64	0.69	0.44
	Total:	0.82	1.00	1.00	0.83	0.86	0.57	0.41	0.30
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	432,376	24,699	64,230	79,400	53,477	115,501	81,687	13,382
	MN:	15,744	311	1,954	3,082	2,108	4,347	3,748	194
	Total:	448,120	25,010	66,184	82,482	55,585	119,848	85,435	13,576

\* Includes 12-month visit

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

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State Code	Fiscal Year								
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KY	2015								
	9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN: 250,538	22,958	50,862	53,665	38,904	54,431	26,556	3,162
	MN: 9,925	294	1,641	2,151	1,812	2,140	1,817	70	
	Total:	260,463	23,252	52,503	55,816	40,716	56,571	28,373	3,232
10. PARTICIPANT RATIO	CN:	0.58	0.93	0.79	0.68	0.73	0.47	0.33	0.24
	MN:	0.63	0.95	0.84	0.70	0.86	0.49	0.48	0.36
	Total:	0.58	0.93	0.79	0.68	0.73	0.47	0.33	0.24
11. Total Eligibles Referred for Corrective Treatment	CN:	101,584	13,381	27,589	19,012	12,806	17,581	9,931	1,284
	MN:	4,627	207	1,026	825	687	900	954	28
	Total:	106,211	13,588	28,615	19,837	13,493	18,481	10,885	1,312
12a. Total Eligibles Receiving Any Dental Services	CN:	256,690	175	12,716	48,768	72,662	72,827	43,187	6,355
	MN:	10,910	3	548	2,103	2,840	2,784	2,504	128
	Total:	267,600	178	13,264	50,871	75,502	75,611	45,691	6,483
12b. Total Eligibles Receiving Preventive Dental Services	CN:	227,288	58	10,382	44,530	67,152	65,321	35,472	4,373
	MN:	9,911	1	451	1,945	2,673	2,564	2,180	97
	Total:	237,199	59	10,833	46,475	69,825	67,885	37,652	4,470
12c. Total Eligibles Receiving Dental Treatment Services	CN:	113,401	53	1,263	15,143	32,917	35,205	24,907	3,913
	MN:	4,388	0	34	525	1,127	1,247	1,376	79
	Total:	117,789	53	1,297	15,668	34,044	36,452	26,283	3,992
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	29,315				16844	12471		
	MN:	1,077				644	433		
	Total:	30,392				17,488	12,904		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	243,899	155	12,595	47,500	69,471	68,415	39,890	5,873
	MN:	10,421	3	542	2,044	2,724	2,645	2,343	120
	Total:	254,320	158	13,137	49,544	72,195	71,060	42,233	5,993
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	13,744	5	380	1,754	4,434	4,361	2,452	358
	MN:	470	0	22	67	140	119	110	12
	Total:	14,214	5	402	1,821	4,574	4,480	2,562	370
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	256,690	175	12,716	48,768	72,662	72,827	43,187	6,355
	MN:	10,910	3	548	2,103	2,840	2,784	2,504	128
	Total:	267,600	178	13,264	50,871	75,502	75,611	45,691	6,483
13. Total Eligibles Enrolled in Managed Care	CN:	536,655	24,697	64,227	88,219	118,832	128,324	91,776	20,580
	MN:	19,216	311	1,954	3,350	4,485	4,624	4,164	328
	Total:	555,871	25,008	66,181	91,569	123,317	132,948	95,940	20,908
14. Total Number of Screening Blood Lead Tests	CN:	36,653	594	25,498	10,561				
	MN:	1,306	8	884	414				
	Total:	37,959	602	26,382	10,975				

\* Includes 12-month visit

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