

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
	2013								
1a. Total individuals eligible for EPSDT	CN:	514,298	32,729	61,832	87,955	108,712	118,011	81,071	23,988
	MN:	37,865	1,206	4,714	7,729	8,553	8,326	6,172	1,165
	Total:	552,163	33,935	66,546	95,684	117,265	126,337	87,243	25,153
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	480,980	26,119	58,982	84,090	103,706	112,366	76,429	19,288
	MN:	36,310	937	4,563	7,430	8,368	8,133	5,890	989
	Total:	517,290	27,056	63,545	91,520	112,074	120,499	82,319	20,277
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	57,863	221	2,317	4,120	15,715	19,525	14,221	1,744
	MN:	712	0	22	44	238	221	182	5
	Total:	58,575	221	2,339	4,164	15,953	19,746	14,403	1,749
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:	4,881,703	184,176	601,050	875,557	1,086,423	1,192,826	788,033	153,638
	MN:	369,849	7,110	46,975	76,904	86,029	84,786	60,105	7,940
	Total:	5,251,552	191,286	648,025	952,461	1,172,452	1,277,612	848,138	161,578
3b. Average Period of Eligibility	CN:	0.85	0.59	0.85	0.87	0.87	0.88	0.86	0.66
	MN:	0.85	0.63	0.86	0.86	0.86	0.87	0.85	0.67
	Total:	0.85	0.59	0.85	0.87	0.87	0.88	0.86	0.66
4. Expected Number of Screenings per Eligible	CN:		2.95	1.70	0.87	0.44	0.88	0.86	0.66
	MN:		3.15	1.72	0.86	0.43	0.87	0.85	0.67
	Total:		2.95	1.70	0.87	0.44	0.88	0.86	0.66
5. Expected Number of Screenings	CN:	473,450	77,051	100,269	73,158	45,631	98,882	65,729	12,730
	MN:	33,534	2,952	7,848	6,390	3,598	7,076	5,007	663
	Total:	506,984	80,003	108,117	79,548	49,229	105,958	70,736	13,393
6. Total Screens Received	CN:	391,079	80,226	119,915	63,047	38,954	57,901	28,019	3,017
	MN:	29,335	3,112	9,228	5,709	3,491	4,463	3,070	262
	Total:	420,414	83,338	129,143	68,756	42,445	62,364	31,089	3,279
7. SCREENING RATIO	CN:	0.83	1.00	1.00	0.86	0.85	0.59	0.43	0.24
	MN:	0.87	1.00	1.00	0.89	0.97	0.63	0.61	0.40
	Total:	0.83	1.00	1.00	0.86	0.86	0.59	0.44	0.24
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	381,231	26,119	58,982	73,158	45,631	98,882	65,729	12,730
	MN:	28,234	937	4,563	6,390	3,598	7,076	5,007	663
	Total:	409,465	27,056	63,545	79,548	49,229	105,958	70,736	13,393

* Includes 12-month visit
Note: "CN" = Categorically Needy, "MN"= Medically Needy

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9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:		216,644	22,874	45,487	48,410	30,945	45,127	21,421	2,380
	MN:		17,071	845	3,573	4,272	2,683	3,350	2,146	202
	Total:		233,715	23,719	49,060	52,682	33,628	48,477	23,567	2,582
10. PARTICIPANT RATIO	CN:		0.57	0.88	0.77	0.66	0.68	0.46	0.33	0.19
	MN:		0.60	0.90	0.78	0.67	0.75	0.47	0.43	0.30
	Total:		0.57	0.88	0.77	0.66	0.68	0.46	0.33	0.19
11. Total Eligibles Referred for Corrective Treatment	CN:		63,752	9,729	19,048	12,306	6,559	9,945	5,408	757
	MN:		5,614	391	1,688	1,242	667	826	729	71
	Total:		69,366	10,120	20,736	13,548	7,226	10,771	6,137	828
12a. Total Eligibles Receiving Any Dental Services	CN:		218,788	140	9,617	44,478	61,139	61,683	36,046	5,685
	MN:		18,042	12	947	4,047	4,913	4,516	3,262	345
	Total:		236,830	152	10,564	48,525	66,052	66,199	39,308	6,030
12b. Total Eligibles Receiving Preventive Dental Services	CN:		192,742	64	7,592	39,783	56,081	55,514	29,725	3,983
	MN:		16,041	4	763	3,649	4,490	4,099	2,799	237
	Total:		208,783	68	8,355	43,432	60,571	59,613	32,524	4,220
12c. Total Eligibles Receiving Dental Treatment Services	CN:		95,954	28	1,072	13,626	27,244	29,438	21,066	3,480
	MN:		7,661	1	95	1,166	2,203	2,105	1,878	213
	Total:		103,615	29	1,167	14,792	29,447	31,543	22,944	3,693
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:		24,094				13309	10785		
	MN:		1,887				1092	795		
	Total:		25,981				14,401	11,580		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:		201,321	119	9,394	42,261	56,667	56,283	31,755	4,842
	MN:		16,654	11	932	3,844	4,540	4,121	2,910	296
	Total:		217,975	130	10,326	46,105	61,207	60,404	34,665	5,138
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:		239	0	21	47	86	54	18	13
	MN:		21	0	4	6	5	4	2	0
	Total:		260	0	25	53	91	58	20	13
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:		218,788	140	9,617	44,478	61,139	61,683	36,046	5,685
	MN:		18,042	12	947	4,047	4,913	4,516	3,262	345
	Total:		236,830	152	10,564	48,525	66,052	66,199	39,308	6,030
13. Total Eligibles Enrolled in Managed Care	CN:		480,913	26,096	58,975	84,082	103,698	112,361	76,422	19,279
	MN:		36,303	936	4,562	7,429	8,367	8,132	5,888	989
	Total:		517,216	27,032	63,537	91,511	112,065	120,493	82,310	20,268
14. Total Number of Screening Blood Lead Tests	CN:		42,249	396	28,352	13,501				
	MN:		3,643	18	2,340	1,285				
	Total:		45,892	414	30,692	14,786				

* Includes 12-month visit

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