

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



State Code TX	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
	2014								
1a. Total individuals eligible for EPSDT	CN:	3,742,659	258,009	476,529	651,825	822,108	839,720	526,998	167,470
	MN:	2,897	183	241	314	461	551	590	557
	Total:	3,745,556	258,192	476,770	652,139	822,569	840,271	527,588	168,027
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	3,537,448	248,110	439,978	625,651	789,321	807,569	499,641	127,178
	MN:	1,014	30	69	78	86	83	78	590
	Total:	3,538,462	248,140	440,047	625,729	789,407	807,652	499,719	127,768
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			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	34,594,453	1,610,608	4,565,815	6,465,524	7,928,217	8,051,798	4,870,521	1,101,970
	MN:	6,012	161	488	536	564	541	480	3,242
	Total:	34,600,465	1,610,769	4,566,303	6,466,060	7,928,781	8,052,339	4,871,001	1,105,212
3b. Average Period of Eligibility	CN:	0.81	0.54	0.86	0.86	0.84	0.83	0.81	0.72
	MN:	0.49	0.45	0.59	0.57	0.55	0.54	0.51	0.46
	Total:	0.81	0.54	0.86	0.86	0.84	0.83	0.81	0.72
4. Expected Number of Screenings per Eligible	CN:		3.78	2.15	0.86	0.84	0.83	0.81	0.72
	MN:		3.15	1.48	0.57	0.55	0.54	0.51	0.46
	Total:		3.78	2.15	0.86	0.84	0.83	0.81	0.72
5. Expected Number of Screenings	CN:	4,251,458	937,856	945,953	538,060	663,030	670,282	404,709	91,568
	MN:	644	95	102	44	47	45	40	271
	Total:	4,252,102	937,951	946,055	538,104	663,077	670,327	404,749	91,839
6. Total Screens Received	CN:	3,454,130	894,330	921,518	497,495	449,506	463,190	213,473	14,618
	MN:	346	50	76	58	43	38	16	65
	Total:	3,454,476	894,380	921,594	497,553	449,549	463,228	213,489	14,683
7. SCREENING RATIO	CN:	0.81	0.95	0.97	0.92	0.68	0.69	0.53	0.16
	MN:	0.54	0.53	0.75	1.00	0.91	0.84	0.40	0.24
	Total:	0.81	0.95	0.97	0.92	0.68	0.69	0.53	0.16
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	3,055,737	248,110	439,978	538,060	663,030	670,282	404,709	91,568
	MN:	546	30	69	44	47	45	40	271
	Total:	3,056,283	248,140	440,047	538,104	663,077	670,327	404,749	91,839

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

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	2014								
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	2,012,003	229,329	362,268	407,153	401,236	409,590	189,177	13,250
	MN:	260	22	43	46	38	36	15	60
	Total:	2,012,263	229,351	362,311	407,199	401,274	409,626	189,192	13,310
10. PARTICIPANT RATIO	CN:	0.66	0.92	0.82	0.76	0.61	0.61	0.47	0.14
	MN:	0.48	0.73	0.62	1.00	0.81	0.80	0.38	0.22
	Total:	0.66	0.92	0.82	0.76	0.61	0.61	0.47	0.14
11. Total Eligibles Referred for Corrective Treatment	CN:	803,683	161,633	205,041	133,925	109,979	123,151	64,310	5,644
	MN:	201	19	36	29	24	27	8	58
	Total:	803,884	161,652	205,077	133,954	110,003	123,178	64,318	5,702
12a. Total Eligibles Receiving Any Dental Services	CN:	2,101,386	33,768	255,627	423,827	545,556	526,487	278,227	37,894
	MN:	377	3	30	43	44	43	30	184
	Total:	2,101,763	33,771	255,657	423,870	545,600	526,530	278,257	38,078
12b. Total Eligibles Receiving Preventive Dental Services	CN:	1,732,798	921	24,048	373,516	530,730	512,590	258,720	32,273
	MN:	319	0	3	35	41	42	29	169
	Total:	1,733,117	921	24,051	373,551	530,771	512,632	258,749	32,442
12c. Total Eligibles Receiving Dental Treatment Services	CN:	977,031	144	14,585	163,891	313,992	292,271	169,926	22,222
	MN:	255	0	1	19	27	27	19	162
	Total:	977,286	144	14,586	163,910	314,019	292,298	169,945	22,384
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	320,593				162,987	157,606		
	MN:	29				15	14		
	Total:	320,622				163,002	157,620		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	2,062,105	33,708	255,137	419,134	536,384	516,041	265,926	35,775
	MN:	374	3	30	42	44	42	29	184
	Total:	2,062,479	33,711	255,167	419,176	536,428	516,083	265,955	35,959
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	136,300	19,245	99,833	17,222	0	0	0	0
	MN:	17	0	11	6	0	0	0	0
	Total:	136,317	19,245	99,844	17,228	0	0	0	0
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	2,150,833	46,320	288,727	427,622	545,556	526,487	278,227	37,894
	MN:	387	3	37	46	44	43	30	184
	Total:	2,151,220	46,323	288,764	427,668	545,600	526,530	278,257	38,078
13. Total Eligibles Enrolled in Managed Care	CN:	3,134,989	231,438	417,163	573,296	701,256	693,936	421,162	96,738
	MN:	307	18	55	50	58	48	52	26
	Total:	3,135,296	231,456	417,218	573,346	701,314	693,984	421,214	96,764
14. Total Number of Screening Blood Lead Tests	CN:	303,166	5,285	211,867	86,014				
	MN:	42	0	22	20				
	Total:	303,208	5,285	211,889	86,034				

\* Includes 12-month visit

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