

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code LA	Fiscal Year								
	2010	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:	809,040	46,562	99,239	137,411	161,176	181,555	138,426	44,671
	MN:	526	14	43	79	93	101	86	110
	Total:	809,566	46,576	99,282	137,490	161,269	181,656	138,512	44,781
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	784,116	37,709	97,415	135,287	158,518	178,707	136,160	40,320
	MN:	478	12	42	73	88	87	73	103
	Total:	784,594	37,721	97,457	135,360	158,606	178,794	136,233	40,423
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	153,576	373	9,134	17,558	35,296	46,090	37,957	7,168
	MN:	11		1	2	1	3	2	2
	Total:	153,587	373	9,135	17,560	35,297	46,093	37,959	7,170
2a. State Periodicity Schedule			6	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN:	8,823,834	283,721	1,121,185	1,566,116	1,836,414	2,072,776	1,569,960	373,662
	MN:	4,863	69	473	833	930	873	642	1,043
	Total:	8,828,697	283,790	1,121,658	1,566,949	1,837,344	2,073,649	1,570,602	374,705
3b. Average Period of Eligibility	CN:	0.94	0.63	0.96	0.96	0.97	0.97	0.96	0.77
	MN:	0.85	0.48	0.94	0.95	0.88	0.84	0.73	0.84
	Total:	0.94	0.63	0.96	0.96	0.97	0.97	0.96	0.77
4. Expected Number of Screenings per Eligible	CN:		3.78	1.92	0.96	0.49	0.58	0.48	0.39
	MN:		2.88	1.88	0.95	0.44	0.50	0.37	0.42
	Total:		3.78	1.92	0.96	0.49	0.58	0.48	0.39
5. Expected Number of Screenings	CN:	721,859	142,540	187,037	129,876	77,674	103,650	65,357	15,725
	MN:	336	35	79	69	39	44	27	43
	Total:	722,195	142,575	187,116	129,945	77,713	103,694	65,384	15,768
6. Total Screens Received	CN:	651,795	142,002	196,326	105,708	65,568	84,014	52,621	5,556
	MN:	199	19	44	46	28	23	11	28
	Total:	651,994	142,021	196,370	105,754	65,596	84,037	52,632	5,584
7. SCREENING RATIO	CN:	0.90	1.00	1.00	0.81	0.84	0.81	0.81	0.35
	MN:	0.59	0.54	0.56	0.67	0.72	0.52	0.41	0.65
	Total:	0.90	1.00	1.00	0.81	0.84	0.81	0.80	0.35
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	527,406	37,709	97,415	129,876	77,674	103,650	65,357	15,725
	MN:	276	12	42	69	39	44	27	43
	Total:	527,682	37,721	97,457	129,945	77,713	103,694	65,384	15,768

* 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:	374,198	35,770	78,499	83,434	57,365	70,640	43,575	4,915
	MN:	139	10	23	32	22	17	9	26
	Total:	374,337	35,780	78,522	83,466	57,387	70,657	43,584	4,941
10. PARTICIPANT RATIO	CN:	0.71	0.95	0.81	0.64	0.74	0.68	0.67	0.31
	MN:	0.50	0.83	0.55	0.46	0.56	0.39	0.33	0.60
	Total:	0.71	0.95	0.81	0.64	0.74	0.68	0.67	0.31
11. Total Eligibles Referred for Corrective Treatment	CN:	109,645	11,143	26,395	21,701	18,489	19,383	11,193	1,341
	MN:	41	1	10	7	8	3	1	11
	Total:	109,686	11,144	26,405	21,708	18,497	19,386	11,194	1,352
12a. Total Eligibles Receiving Any Dental Services	CN:	346,852	133	18,129	72,453	91,540	93,456	60,083	11,058
	MN:	180		2	29	40	29	17	63
	Total:	347,032	133	18,131	72,482	91,580	93,485	60,100	11,121
12b. Total Eligibles Receiving Preventive Dental Services	CN:	317,471	80	16,432	67,688	86,422	86,820	51,679	8,350
	MN:	157		2	28	36	29	14	48
	Total:	317,628	80	16,434	67,716	86,458	86,849	51,693	8,398
12c. Total Eligibles Receiving Dental Treatment Services	CN:	183,139	20	3,154	28,070	52,789	52,379	39,072	7,655
	MN:	99			16	18	11	11	43
	Total:	183,238	20	3,154	28,086	52,807	52,390	39,083	7,698
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	172,920				85,632	87,288		
	MN:	65				36	29		
	Total:	172,985				85,668	87,317		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	321,785	113	17,329	68,620	85,632	87,288	53,717	9,086
	MN:	167		2	27	36	29	15	58
	Total:	321,952	113	17,331	68,647	85,668	87,317	53,732	9,144
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 Dental Or Oral Health Service	CN:	346,852	133	18,129	72,453	91,540	93,456	60,083	11,058
	MN:	180		2	29	40	29	17	63
	Total:	347,032	133	18,131	72,482	91,580	93,485	60,100	11,121
13. Total Eligibles Enrolled in Managed Care	CN:	687,176	34,435	91,757	123,711	139,732	153,023	113,330	31,188
	MN:	257	7	14	25	33	18	16	144
	Total:	687,433	34,442	91,771	123,736	139,765	153,041	113,346	31,332
14. Total Number of Screening Blood Lead Tests	CN:	78,567	629	52,880	25,058				
	MN:	28		14	14				
	Total:	78,595	629	52,894	25,072				

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