

Illinois Department of Healthcare and Family Services
Form CMS-416
FY2022


Illinois Department of HealthCare and Family Services Medical Periodicity Schedule
Handbook for Providers of Healthy Kids Services Chapter HK-
200 – Policy and Procedures

HK-203.1.1 Health Screening

It is recommended that health screenings be provided to children on the periodicity schedule recommended by [Bright Futures/the AAP](#).

- Under age one:**
- Within 24 hours of birth in hospital
- 3-5 days of life and within 48-72 hours after discharge
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- One to three:**
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Three to twenty-one:**
- Annually, per provider

DCFS requires that children in their legal custody between the ages of two years and 21 years receive, at a minimum, annual health screenings.

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	Dental Office Reference Manual	Date: November 8, 2021

Attachment J
Illinois Department of HealthCare and Family Services Dental Periodicity Schedule
Birth to Age 21

Service	Birth – 12 Months	12-24 Months	24 Months to 3 Years	3-6 Years	6-12 Years	12 Years & Older
Anticipatory Guidance/Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Health Screening by PCP (at physical exam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Oral Examination			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess oral growth and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caries-risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride Supplementation/ Topical Fluoride Varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to a Dental Home by the PCP			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiographic Assessment			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pit & Fissure Sealants				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment and possible removal of 3 rd molars						<input type="checkbox"/>

Note: While some services are not noted in a certain age category (e.g., birth to 12 months), those services are available, as medically necessary, to those children.

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT									
State Code	Fiscal Year								
IL	2022								
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		Enter X if your state gives CMS permission to generate the data for this form on behalf of your state using information reported in T-MSIS.							
		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:	1,650,642	66,873	148,246	239,671	324,044	406,577	322,767	142,464
	MN:	0							
	Total:	1,650,642	66,873	148,246	239,671	324,044	406,577	322,767	142,464



		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
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN:	1,602,508	48,980	145,122	235,063	318,433	399,994	317,253	137,663
	MN:	0							
	Total:	1,602,508	48,980	145,122	235,063	318,433	399,994	317,253	137,663
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN:	288,844	1,039	5,034	19,597	49,147	98,948	84,625	30,454
	MN:	0							
	Total:	288,844	1,039	5,034	19,597	49,147	98,948	84,625	30,454
2a. State Periodicity Schedule			6	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			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	18,533,042	361,300	1,688,357	2,746,162	3,735,686	4,703,427	3,724,700	1,573,409
	MN:	0							
	Total:	18,533,042	361,300	1,688,357	2,746,162	3,735,686	4,703,427	3,724,700	1,573,409
3b. Average Period of Eligibility	CN:	0.96	0.61	0.97	0.97	0.98	0.98	0.98	0.95
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.96	0.61	0.97	0.97	0.98	0.98	0.98	0.95
4. Expected Number of Screenings per Eligible	CN:		3.66	2.43	0.97	0.98	0.98	0.98	0.95
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		3.66	2.43	0.97	0.98	0.98	0.98	0.95
5. Expected Number of Screenings	CN:	1,905,670	179,267	352,646	228,011	312,064	391,994	310,908	130,780
	MN:	0	0	0	0	0	0	0	0
	Total:	1,905,670	179,267	352,646	228,011	312,064	391,994	310,908	130,780
6. Total Screens Received	CN:	1,225,695	215,137	280,981	177,651	146,479	230,685	143,481	31,281
	MN:	0							
	Total:	1,225,695	215,137	280,981	177,651	146,479	230,685	143,481	31,281
7. SCREENING RATIO	CN:	0.64	1.00	0.80	0.78	0.47	0.59	0.46	0.24
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.64	1.00	0.80	0.78	0.47	0.59	0.46	0.24
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	1,567,859	48,980	145,122	228,011	312,064	391,994	310,908	130,780
	MN:	0	0	0	0	0	0	0	0
	Total:	1,567,859	48,980	145,122	228,011	312,064	391,994	310,908	130,780
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN:	800,231	45,521	113,662	147,705	133,426	204,436	127,823	27,658
	MN:	0							
	Total:	800,231	45,521	113,662	147,705	133,426	204,436	127,823	27,658
10. PARTICIPANT RATIO	CN:	0.51	0.93	0.78	0.65	0.43	0.52	0.41	0.21
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.51	0.93	0.78	0.65	0.43	0.52	0.41	0.21
11. Total Eligibles Referred for Corrective Treatment	CN:	556,574	44,263	96,816	100,061	81,415	126,006	84,980	23,033
	MN:	0							
	Total:	556,574	44,263	96,816	100,061	81,415	126,006	84,980	23,033
12a. Total Eligibles Receiving Any Dental Services	CN:	678,024	211	22,583	100,391	178,001	209,981	131,660	35,197
	MN:	0							
	Total:	678,024	211	22,583	100,391	178,001	209,981	131,660	35,197
12b. Total Eligibles Receiving Preventive Dental Services	CN:	630,298	124	20,769	94,766	168,839	198,407	118,261	29,132
	MN:	0							
	Total:	630,298	124	20,769	94,766	168,839	198,407	118,261	29,132
12c. Total Eligibles Receiving Dental Treatment Services	CN:	213,625	16	619	16,643	58,783	71,738	51,615	14,211
	MN:	0							
	Total:	213,625	16	619	16,643	58,783	71,738	51,615	14,211
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	33,494				6,135	27,359		
	MN:	0							
	Total:	33,494				6,135	27,359		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	655,453	209	22,281	98,591	174,010	202,923	124,156	33,283
	MN:	0							
	Total:	655,453	209	22,281	98,591	174,010	202,923	124,156	33,283
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN:	15,961	354	9,986	2,894	890	956	702	179
	MN:	0							
	Total:	15,961	354	9,986	2,894	890	956	702	179
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN:	642,649	478	29,422	96,670	169,357	198,936	118,582	29,204
	MN:	0							
	Total:	642,649	478	29,422	96,670	169,357	198,936	118,582	29,204
		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

13. Total Eligibles Enrolled in Managed Care	CN:	1,425,838	46,864	137,768	213,145	284,081	352,096	274,758	117,126
	MN:	0							
	Total:	1,425,838	46,864	137,768	213,145	284,081	352,096	274,758	117,126
14a. Total Number of Screening Blood Lead Tests	CN:	122,383	3,501	61,252	57,630				
	MN:	0							
	Total:	122,383	3,501	61,252	57,630				
14b. Methodology Used to Calculate the Total Number of Screening Blood Lead Tests	CPT Code 83655 within certain diagnoses codes (Method I)	Enter X for Method I		Enter X for Method II		Enter X for Method III			
			HEDIS (Method II)		Combination Methodology (Method III)			X	

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

Disclosure Statement - Annual completion of the Form CMS-416 is mandatory for states pursuant to section 1902(a)(43)(D) of the Social Security Act which requires states to annually report on the provision of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0354 (expiration date May 31, 2023). The time required to complete this information collection is estimated to average 29 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop: C4-26-05, Baltimore, Maryland 21244-1850.