EXHIBIT
3

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

State Code - CFDC	Fiscal Year 2021	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:	29,190	940	3,309	5,114	6,404	7,269	4,215	1,939
	MN:	0							
	Total:	29,190	940	3,309	5,114	6,404	7,269	4,215	1,939
1b. Total Individuals eligible for EPSDT for 90 Continous Days	CN:	23,424	645	2,745	4,292	5,276	5,809	3,186	1,471
	MN:	0							
	Total:	23,424	645	2,745	4,292	5,276	5,809	3,186	1,471
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:	255,638	4,517	30,192	47,456	58,582	64,509	34,870	15,512
	MN:	0							
	Total:	255,638	4,517	30,192	47,456	58,582	64,509	34,870	15,512
3b. Average Period of Eligibility	CN:	0.91	0.58	0.92	0.92	0.93	0.93	0.91	0.88
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.91	0.58	0.92	0.92	0.93	0.93	0.91	0.88
4. Expected Number of Screenings per Eligible	CN:		4.06	2.30	0.92	0.93	0.93	0.91	0.88
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		4.06	2.30	0.92	0.93	0.93	0.91	0.88
5. Expected Number of Screenings	CN:	27,384	2,619	6,314	3,949	4,907	5,402	2,899	1,294
	MN:	0	0	0	0	0	0	0	0
	Total:	27,384	2,619	6,314	3,949	4,907	5,402	2,899	1,294
6. Total Screens Received	CN:	19,076	2,376	3,912	2,992	3,562	3,852	1,912	470
	MN:	0							
	Total:	19,076	2,376	3,912	2,992	3,562	3,852	1,912	470
7. SCREENING RATIO	CN:	0.70	0.91	0.62	0.76	0.73	0.71	0.66	0.36
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.70	0.91	0.62	0.76	0.73	0.71	0.66	0.36
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	21,841	645	2,745	3,949	4,907	5,402	2,899	1,294
	MN:	0	0	0	0	0	0	0	0
	Total:	21,841	645	2,745	3,949	4,907	5,402	2,899	1,294

* 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:	14,253	605	1,954	2,687	3,139	3,469	1,817	582
	MN:	0							
	Total:	14,253	605	1,954	2,687	3,139	3,469	1,817	582
10. PARTICIPANT RATIO	CN:	0.65	0.94	0.71	0.68	0.64	0.64	0.63	0.45
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.65	0.94	0.71	0.68	0.64	0.64	0.63	0.45
11. Total Eligibles Referred for Corrective Treatment	CN:	5,975	476	1,134	929	1,041	1,281	800	314
	MN:	0							
	Total:	5,975	476	1,134	929	1,041	1,281	800	314
12a. Total Eligibles Receiving Any Dental Services	CN:	11,326	24	981	2,233	2,917	3,161	1,563	447
	MN:	0							
	Total:	11,326	24	981	2,233	2,917	3,161	1,563	447
12b. Total Eligibles Receiving Preventive Dental Services	CN:	10,286	4	670	2,074	2,769	3,003	1,396	370
	MN:	0							
	Total:	10,286	4	670	2,074	2,769	3,003	1,396	370
12c. Total Eligibles Receiving Dental Treatment Services	CN:	3,962	0	87	509	1,114	1,265	770	217
	MN:	0							
	Total:	3,962	0	87	509	1,114	1,265	770	217
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	1,380				739	641		
	MN:	0							
	Total:	1,380				739	641		
12e. Total Eligibles Reciving Dental Diagnostic Services	CN:	11,141	24	972	2,212	2,895	3,109	1,502	427
	MN:	0							
	Total:	11,141	24	972	2,212	2,895	3,109	1,502	427
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	1,911	51	1,078	488	164	77	41	12
	MN:	0							
	Total:	1,911	51	1,078	488	164	77	41	12
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN:	10,808	20	1,114	2,125	2,774	3,007	1,398	370
	MN:	0							
	Total:	10,808	20	1,114	2,125	2,774	3,007	1,398	370
13. Total Eligibles Enrolled in Managed Care	CN:	23,424	645	2,745	4,292	5,276	5,809	3,186	1,471
	MN:	0							
	Total:	23,424	645	2,745	4,292	5,276	5,809	3,186	1,471
14a. Total Number of Screening Blood Lead Tests	CN:	1,977	50	1,371	556				
	MN:	0							
	Total:	1,977	50	1,371	556				

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