

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Alabama

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	520,955	42,307	79,342	93,450	104,465	105,831	76,626	18,934
	MN	0	0	0	0	0	0	0	0
	Total	520,955	42,307	79,342	93,450	104,465	105,831	76,626	18,934
2a. State Periodicity Schedule	CN		5	4	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	5,268,809	390,049	811,300	966,617	1,075,710	1,094,008	787,036	144,089
	MN	0	0	0	0	0	0	0	0
	Total	5,268,809	390,049	811,300	966,617	1,075,710	1,094,008	787,036	144,089
3b. Average Period of Eligibility	CN	0.84	0.77	0.85	0.86	0.86	0.86	0.86	0.63
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.77	0.85	0.86	0.86	0.86	0.86	0.63
4. Expected Number of Screenings per Eligible	CN		3.85	1.70	0.86	0.86	0.86	0.86	0.63
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.85	1.70	0.86	0.86	0.86	0.86	0.63
5. Expected Number of Screenings	CN	636,811	162,882	134,881	80,367	89,840	91,015	65,898	11,928
	MN	0	0	0	0	0	0	0	0
	Total	636,811	162,882	134,881	80,367	89,840	91,015	65,898	11,928
6. Total Screens Received	CN	400,409	101,456	145,083	53,574	37,093	39,378	22,150	1,675
	MN	0	0	0	0	0	0	0	0
	Total	400,409	101,456	145,083	53,574	37,093	39,378	22,150	1,675
7. Screening Ratio	CN	0.63	0.62	1.00	0.67	0.41	0.43	0.34	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.62	1.00	0.67	0.41	0.43	0.34	0.14
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	460,697	42,307	79,342	80,367	89,840	91,015	65,898	11,928
	MN	0	0	0	0	0	0	0	0
	Total	460,697	42,307	79,342	80,367	89,840	91,015	65,898	11,928
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	243,600	33,881	61,237	51,038	36,110	38,182	21,499	1,653
	MN	0	0	0	0	0	0	0	0
	Total	243,600	33,881	61,237	51,038	36,110	38,182	21,499	1,653

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Fiscal Year: 2009

State: Alabama

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.53	0.80	0.77	0.64	0.40	0.42	0.33	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.53	0.80	0.77	0.64	0.40	0.42	0.33	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	139,267	15,359	31,139	26,668	25,061	24,190	15,151	1,699
	MN	0	0	0	0	0	0	0	0
	Total	139,267	15,359	31,139	26,668	25,061	24,190	15,151	1,699
12a. Total Eligibles Receiving Any Dental Services	CN	235,378	486	15,762	52,164	64,634	59,942	36,729	5,661
	MN	0	0	0	0	0	0	0	0
	Total	235,378	486	15,762	52,164	64,634	59,942	36,729	5,661
12b. Total Eligibles Receiving Preventive Dental Services	CN	219,988	405	13,557	49,315	62,091	57,072	33,036	4,512
	MN	0	0	0	0	0	0	0	0
	Total	219,988	405	13,557	49,315	62,091	57,072	33,036	4,512
12c. Total Eligibles Receiving Dental Treatment Services	CN	97,128	3	2,055	19,363	29,882	24,554	18,555	2,716
	MN	0	0	0	0	0	0	0	0
	Total	97,128	3	2,055	19,363	29,882	24,554	18,555	2,716
13. Total Eligibles Enrolled in Managed Care	CN	465,650	23,332	74,601	87,906	97,499	97,070	68,363	16,879
	MN	0	0	0	0	0	0	0	0
	Total	465,650	23,332	74,601	87,906	97,499	97,070	68,363	16,879
14. Total Number of Screening Blood Lead Tests	CN	43,822	1,322	28,403	14,097				
	MN	0	0	0	0				
	Total	43,822	1,322	28,403	14,097				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Alaska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	85,889	6,169	11,625	13,976	16,590	18,143	14,735	4,651
	MN	0	0	0	0	0	0	0	0
	Total	85,889	6,169	11,625	13,976	16,590	18,143	14,735	4,651
2a. State Periodicity Schedule	CN		5	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	787,352	37,757	108,952	131,533	160,075	177,338	139,331	32,366
	MN	0	0	0	0	0	0	0	0
	Total	787,352	37,757	108,952	131,533	160,075	177,338	139,331	32,366
3b. Average Period of Eligibility	CN	0.76	0.51	0.78	0.78	0.80	0.81	0.79	0.58
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.76	0.51	0.78	0.78	0.80	0.81	0.79	0.58
4. Expected Number of Screenings per Eligible	CN		2.55	1.56	0.78	0.40	0.49	0.40	0.29
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.55	1.56	0.78	0.40	0.49	0.40	0.29
5. Expected Number of Screenings	CN	67,536	15,731	18,135	10,901	6,636	8,890	5,894	1,349
	MN	0	0	0	0	0	0	0	0
	Total	67,536	15,731	18,135	10,901	6,636	8,890	5,894	1,349
6. Total Screens Received	CN	50,105	18,270	13,692	6,618	3,963	4,363	2,898	301
	MN	0	0	0	0	0	0	0	0
	Total	50,105	18,270	13,692	6,618	3,963	4,363	2,898	301
7. Screening Ratio	CN	0.74	1.00	0.76	0.61	0.60	0.49	0.49	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.74	1.00	0.76	0.61	0.60	0.49	0.49	0.22
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	51,464	6,169	11,625	10,901	6,636	8,890	5,894	1,349
	MN	0	0	0	0	0	0	0	0
	Total	51,464	6,169	11,625	10,901	6,636	8,890	5,894	1,349
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	28,766	5,439	6,767	5,813	3,763	4,054	2,642	288
	MN	0	0	0	0	0	0	0	0
	Total	28,766	5,439	6,767	5,813	3,763	4,054	2,642	288

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Fiscal Year: 2009

State: Alaska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.56	0.88	0.58	0.53	0.57	0.46	0.45	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.56	0.88	0.58	0.53	0.57	0.46	0.45	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	2,913	360	776	476	302	386	494	119
	MN	0	0	0	0	0	0	0	0
	Total	2,913	360	776	476	302	386	494	119
12a. Total Eligibles Receiving Any Dental Services	CN	32,932	40	1,523	5,867	8,535	8,967	6,656	1,344
	MN	0	0	0	0	0	0	0	0
	Total	32,932	40	1,523	5,867	8,535	8,967	6,656	1,344
12b. Total Eligibles Receiving Preventive Dental Services	CN	27,327	18	998	4,884	7,473	7,859	5,261	834
	MN	0	0	0	0	0	0	0	0
	Total	27,327	18	998	4,884	7,473	7,859	5,261	834
12c. Total Eligibles Receiving Dental Treatment Services	CN	18,023	3	465	2,734	4,570	4,903	4,400	948
	MN	0	0	0	0	0	0	0	0
	Total	18,023	3	465	2,734	4,570	4,903	4,400	948
13. Total Eligibles Enrolled in Managed Care	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
14. Total Number of Screening Blood Lead Tests	CN	79	0	10	69				
	MN	0	0	0	0				
	Total	79	0	10	69				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Arizona

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	760,837	56,769	114,156	141,543	153,910	151,214	107,649	35,596
	MN	0	0	0	0	0	0	0	0
	Total	760,837	56,769	114,156	141,543	153,910	151,214	107,649	35,596
2a. State Periodicity Schedule	CN		6	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	6,802,279	316,979	1,058,934	1,341,082	1,452,510	1,417,496	961,766	253,512
	MN	0	0	0	0	0	0	0	0
	Total	6,802,279	316,979	1,058,934	1,341,082	1,452,510	1,417,496	961,766	253,512
3b. Average Period of Eligibility	CN	0.75	0.47	0.77	0.79	0.79	0.78	0.74	0.59
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.75	0.47	0.77	0.79	0.79	0.78	0.74	0.59
4. Expected Number of Screenings per Eligible	CN		2.82	1.54	0.79	0.40	0.78	0.74	0.59
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.82	1.54	0.79	0.40	0.78	0.74	0.59
5. Expected Number of Screenings	CN	727,881	160,089	175,800	111,819	61,564	117,947	79,660	21,002
	MN	0	0	0	0	0	0	0	0
	Total	727,881	160,089	175,800	111,819	61,564	117,947	79,660	21,002
6. Total Screens Received	CN	718,401	223,720	210,494	95,816	71,537	71,734	39,019	6,081
	MN	0	0	0	0	0	0	0	0
	Total	718,401	223,720	210,494	95,816	71,537	71,734	39,019	6,081
7. Screening Ratio	CN	0.99	1.00	1.00	0.86	1.00	0.61	0.49	0.29
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.99	1.00	1.00	0.86	1.00	0.61	0.49	0.29
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	562,917	56,769	114,156	111,819	61,564	117,947	79,660	21,002
	MN	0	0	0	0	0	0	0	0
	Total	562,917	56,769	114,156	111,819	61,564	117,947	79,660	21,002
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	374,140	57,283	86,283	77,300	58,288	58,449	31,330	5,207
	MN	0	0	0	0	0	0	0	0
	Total	374,140	57,283	86,283	77,300	58,288	58,449	31,330	5,207

## Annual EPSDT Participation Report

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Fiscal Year: 2009

State: Arizona

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.66	1.00	0.76	0.69	0.95	0.50	0.39	0.25
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.66	1.00	0.76	0.69	0.95	0.50	0.39	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	550,217	57,584	90,546	102,812	114,658	108,578	62,790	13,249
	MN	0	0	0	0	0	0	0	0
	Total	550,217	57,584	90,546	102,812	114,658	108,578	62,790	13,249
12a. Total Eligibles Receiving Any Dental Services	CN	323,984	191	19,449	71,704	96,768	84,189	43,382	8,301
	MN	0	0	0	0	0	0	0	0
	Total	323,984	191	19,449	71,704	96,768	84,189	43,382	8,301
12b. Total Eligibles Receiving Preventive Dental Services	CN	283,078	47	11,067	60,403	90,721	78,338	36,816	5,686
	MN	0	0	0	0	0	0	0	0
	Total	283,078	47	11,067	60,403	90,721	78,338	36,816	5,686
12c. Total Eligibles Receiving Dental Treatment Services	CN	164,138	27	3,856	33,197	54,054	43,192	24,714	5,098
	MN	0	0	0	0	0	0	0	0
	Total	164,138	27	3,856	33,197	54,054	43,192	24,714	5,098
13. Total Eligibles Enrolled in Managed Care	CN	747,202	56,066	112,190	139,214	151,118	148,507	105,221	34,886
	MN	0	0	0	0	0	0	0	0
	Total	747,202	56,066	112,190	139,214	151,118	148,507	105,221	34,886
14. Total Number of Screening Blood Lead Tests	CN	44,760	1,313	25,359	18,088				
	MN	0	0	0	0				
	Total	44,760	1,313	25,359	18,088				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Arkansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	420,495	54,708	53,094	70,744	77,631	80,870	63,843	19,605
	MN	999	15	67	101	166	257	211	182
	Total	421,494	54,723	53,161	70,845	77,797	81,127	64,054	19,787
2a. State Periodicity Schedule	CN		5	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,182,646	474,779	558,672	746,964	798,600	827,269	594,227	182,135
	MN	9,465	144	700	1,044	1,652	2,531	1,865	1,529
	Total	4,192,111	474,923	559,372	748,008	800,252	829,800	596,092	183,664
3b. Average Period of Eligibility	CN	0.83	0.72	0.88	0.88	0.86	0.85	0.78	0.77
	MN	0.79	0.80	0.87	0.86	0.83	0.82	0.74	0.70
	Total	0.83	0.72	0.88	0.88	0.86	0.85	0.78	0.77
4. Expected Number of Screenings per Eligible	CN		3.60	1.76	0.88	0.43	0.85	0.78	0.77
	MN		4.00	1.74	0.86	0.42	0.82	0.74	0.70
	Total		3.60	1.76	0.88	0.43	0.85	0.78	0.77
5. Expected Number of Screenings	CN	519,664	196,949	93,445	62,255	33,381	68,740	49,798	15,096
	MN	828	60	117	87	70	211	156	127
	Total	520,492	197,009	93,562	62,342	33,451	68,951	49,954	15,223
6. Total Screens Received	CN	178,059	81,411	28,504	30,401	12,420	17,141	8,037	145
	MN	136	6	22	36	20	31	19	2
	Total	178,195	81,417	28,526	30,437	12,440	17,172	8,056	147
7. Screening Ratio	CN	0.34	0.41	0.31	0.49	0.37	0.25	0.16	0.01
	MN	0.16	0.10	0.19	0.41	0.29	0.15	0.12	0.02
	Total	0.34	0.41	0.30	0.49	0.37	0.25	0.16	0.01
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	337,072	54,708	53,094	62,255	33,381	68,740	49,798	15,096
	MN	733	15	67	87	70	211	156	127
	Total	337,805	54,723	53,161	62,342	33,451	68,951	49,954	15,223
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	128,138	31,755	28,239	30,401	12,420	17,141	8,037	145
	MN	131	2	21	36	20	31	19	2
	Total	128,269	31,757	28,260	30,437	12,440	17,172	8,056	147

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Arkansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.38	0.58	0.53	0.49	0.37	0.25	0.16	0.01
	MN	0.18	0.13	0.31	0.41	0.29	0.15	0.12	0.02
	Total	0.38	0.58	0.53	0.49	0.37	0.25	0.16	0.01
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	199,085	228	11,214	40,622	56,775	55,231	34,022	993
	MN	283	0	12	40	77	90	54	10
	Total	199,368	228	11,226	40,662	56,852	55,321	34,076	1,003
12b. Total Eligibles Receiving Preventive Dental Services	CN	188,646	225	11,143	39,162	54,140	52,327	30,791	858
	MN	260	0	12	36	72	84	47	9
	Total	188,906	225	11,155	39,198	54,212	52,411	30,838	867
12c. Total Eligibles Receiving Dental Treatment Services	CN	179,006	30	4,482	32,958	54,589	53,172	32,848	927
	MN	259	0	3	30	76	88	53	9
	Total	179,265	30	4,485	32,988	54,665	53,260	32,901	936
13. Total Eligibles Enrolled in Managed Care	CN	346,034	28,664	49,703	66,331	70,815	72,903	51,378	6,240
	MN	745	11	59	87	132	210	153	93
	Total	346,779	28,675	49,762	66,418	70,947	73,113	51,531	6,333
14. Total Number of Screening Blood Lead Tests	CN	15,434	1,340	6,970	7,124				
	MN	20	0	7	13				
	Total	15,454	1,340	6,977	7,137				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: California

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	3,059,975	185,783	425,823	549,327	619,827	682,161	508,970	88,084
	MN	1,467,654	137,240	220,221	234,333	217,140	234,612	221,464	202,644
	Total	4,527,629	323,023	646,044	783,660	836,967	916,773	730,434	290,728
2a. State Periodicity Schedule	CN		6	3	2	1	1	1	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	1.50	0.67	0.25	0.20	0.25	0.50
3a. Total Months of Eligibility	CN	32,416,683	1,175,133	4,674,814	5,987,775	6,766,064	7,442,189	5,481,921	888,787
	MN	10,852,110	683,259	1,822,212	1,777,951	1,605,925	1,614,585	1,570,287	1,777,891
	Total	43,268,793	1,858,392	6,497,026	7,765,726	8,371,989	9,056,774	7,052,208	2,666,678
3b. Average Period of Eligibility	CN	0.88	0.53	0.91	0.91	0.91	0.91	0.90	0.84
	MN	0.62	0.41	0.69	0.63	0.62	0.57	0.59	0.73
	Total	0.80	0.48	0.84	0.83	0.83	0.82	0.80	0.76
4. Expected Number of Screenings per Eligible	CN		3.18	1.37	0.61	0.23	0.18	0.23	0.42
	MN		2.46	1.04	0.42	0.16	0.11	0.15	0.37
	Total		2.88	1.26	0.56	0.21	0.16	0.20	0.38
5. Expected Number of Screenings	CN	1,928,664	590,790	583,378	335,089	142,560	122,789	117,063	36,995
	MN	833,807	337,610	229,030	98,420	34,742	25,807	33,220	74,978
	Total	2,762,471	928,400	812,408	433,509	177,302	148,596	150,283	111,973
6. Total Screens Received	CN	1,930,414	350,648	664,346	352,443	201,494	200,746	138,781	21,956
	MN	858,611	231,953	285,916	120,332	66,511	71,758	60,726	21,415
	Total	2,789,025	582,601	950,262	472,775	268,005	272,504	199,507	43,371
7. Screening Ratio	CN	1.00	0.59	1.00	1.00	1.00	1.00	1.00	0.59
	MN	1.00	0.69	1.00	1.00	1.00	1.00	1.00	0.29
	Total	1.00	0.63	1.00	1.00	1.00	1.00	1.00	0.39
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,366,102	185,783	425,823	335,089	142,560	122,789	117,063	36,995
	MN	624,628	137,240	220,221	98,420	34,742	25,807	33,220	74,978
	Total	1,990,730	323,023	646,044	433,509	177,302	148,596	150,283	111,973
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	1,184,731	140,767	300,291	279,074	170,319	167,011	112,535	14,734
	MN	553,593	107,133	140,563	105,112	61,313	66,956	55,626	16,890
	Total	1,738,324	247,900	440,854	384,186	231,632	233,967	168,161	31,624

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: California

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.87	0.76	0.71	0.83	1.00	1.00	0.96	0.40
	MN	0.89	0.78	0.64	1.00	1.00	1.00	1.00	0.23
	Total	0.87	0.77	0.68	0.89	1.00	1.00	1.00	0.28
11. Total Eligibles Referred for Corrective Treatment	CN	1,012,203	131,397	261,482	240,003	142,877	142,204	89,478	4,762
	MN	535,134	103,141	130,938	102,353	60,740	70,860	56,701	10,401
	Total	1,547,337	234,538	392,420	342,356	203,617	213,064	146,179	15,163
12a. Total Eligibles Receiving Any Dental Services	CN	1,253,435	910	68,569	275,082	341,233	329,752	213,101	24,788
	MN	348,100	596	21,581	76,321	72,471	65,969	59,328	51,834
	Total	1,601,535	1,506	90,150	351,403	413,704	395,721	272,429	76,622
12b. Total Eligibles Receiving Preventive Dental Services	CN	1,025,107	254	46,850	224,795	289,891	279,492	167,887	15,938
	MN	269,015	129	12,951	59,317	59,544	54,189	45,703	37,182
	Total	1,294,122	383	59,801	284,112	349,435	333,681	213,590	53,120
12c. Total Eligibles Receiving Dental Treatment Services	CN	556,913	9	12,691	118,186	166,703	141,875	105,406	12,043
	MN	154,989	16	3,213	31,109	34,509	28,554	31,359	26,229
	Total	711,902	25	15,904	149,295	201,212	170,429	136,765	38,272
13. Total Eligibles Enrolled in Managed Care	CN	2,420,380	125,895	359,615	453,853	500,430	534,803	388,841	56,943
	MN	738,147	53,717	134,611	121,548	101,274	93,739	96,267	136,991
	Total	3,158,527	179,612	494,226	575,401	601,704	628,542	485,108	193,934
14. Total Number of Screening Blood Lead Tests	CN	254,614	1,897	161,122	91,595				
	MN	107,826	1,155	69,514	37,157				
	Total	362,440	3,052	230,636	128,752				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Colorado

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	382,800	30,768	63,205	77,228	79,616	69,971	47,503	14,509
	MN	0	0	0	0	0	0	0	0
	Total	382,800	30,768	63,205	77,228	79,616	69,971	47,503	14,509
2a. State Periodicity Schedule	CN		6	4	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	3,397,730	173,122	593,833	723,227	733,392	641,674	412,123	120,359
	MN	0	0	0	0	0	0	0	0
	Total	3,397,730	173,122	593,833	723,227	733,392	641,674	412,123	120,359
3b. Average Period of Eligibility	CN	0.74	0.47	0.78	0.78	0.77	0.76	0.72	0.69
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.74	0.47	0.78	0.78	0.77	0.76	0.72	0.69
4. Expected Number of Screenings per Eligible	CN		2.82	1.56	0.78	0.77	0.76	0.72	0.69
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.82	1.56	0.78	0.77	0.76	0.72	0.69
5. Expected Number of Screenings	CN	404,299	86,766	98,600	60,238	61,304	53,178	34,202	10,011
	MN	0	0	0	0	0	0	0	0
	Total	404,299	86,766	98,600	60,238	61,304	53,178	34,202	10,011
6. Total Screens Received	CN	295,452	91,821	97,444	42,421	23,956	23,801	13,322	2,687
	MN	0	0	0	0	0	0	0	0
	Total	295,452	91,821	97,444	42,421	23,956	23,801	13,322	2,687
7. Screening Ratio	CN	0.73	1.00	0.99	0.70	0.39	0.45	0.39	0.27
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.73	1.00	0.99	0.70	0.39	0.45	0.39	0.27
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	312,906	30,768	63,205	60,238	61,304	53,178	34,202	10,011
	MN	0	0	0	0	0	0	0	0
	Total	312,906	30,768	63,205	60,238	61,304	53,178	34,202	10,011
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	176,046	28,468	46,874	39,092	24,433	22,456	12,210	2,513
	MN	0	0	0	0	0	0	0	0
	Total	176,046	28,468	46,874	39,092	24,433	22,456	12,210	2,513

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Colorado

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.56	0.93	0.74	0.65	0.40	0.42	0.36	0.25
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.56	0.93	0.74	0.65	0.40	0.42	0.36	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	249,023	15,543	38,808	50,770	54,675	47,938	31,526	9,763
	MN	0	0	0	0	0	0	0	0
	Total	249,023	15,543	38,808	50,770	54,675	47,938	31,526	9,763
12a. Total Eligibles Receiving Any Dental Services	CN	161,394	466	14,910	39,415	45,409	36,944	20,458	3,792
	MN	0	0	0	0	0	0	0	0
	Total	161,394	466	14,910	39,415	45,409	36,944	20,458	3,792
12b. Total Eligibles Receiving Preventive Dental Services	CN	141,758	211	11,542	34,208	40,860	33,595	18,217	3,125
	MN	0	0	0	0	0	0	0	0
	Total	141,758	211	11,542	34,208	40,860	33,595	18,217	3,125
12c. Total Eligibles Receiving Dental Treatment Services	CN	77,244	34	2,046	16,325	24,493	20,025	12,004	2,317
	MN	0	0	0	0	0	0	0	0
	Total	77,244	34	2,046	16,325	24,493	20,025	12,004	2,317
13. Total Eligibles Enrolled in Managed Care	CN	381,133	30,593	63,031	76,929	79,349	69,712	47,162	14,357
	MN	0	0	0	0	0	0	0	0
	Total	381,133	30,593	63,031	76,929	79,349	69,712	47,162	14,357
14. Total Number of Screening Blood Lead Tests	CN	16,497	878	11,770	3,849				
	MN	0	0	0	0				
	Total	16,497	878	11,770	3,849				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Connecticut

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	299,709	17,961	37,117	48,708	58,683	67,112	52,295	17,833
	MN	1,022	2	2	10	13	18	125	852
	Total	300,731	17,963	37,119	48,718	58,696	67,130	52,420	18,685
2a. State Periodicity Schedule	CN		6	4	3	3	4	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.75	0.80	1.00	1.00
3a. Total Months of Eligibility	CN	3,047,148	110,828	388,650	516,376	624,708	715,784	543,416	147,386
	MN	8,506	12	23	100	143	191	1,203	6,834
	Total	3,055,654	110,840	388,673	516,476	624,851	715,975	544,619	154,220
3b. Average Period of Eligibility	CN	0.85	0.51	0.87	0.88	0.89	0.89	0.87	0.69
	MN	0.69	0.50	0.96	0.83	0.92	0.88	0.80	0.67
	Total	0.85	0.51	0.87	0.88	0.89	0.89	0.87	0.69
4. Expected Number of Screenings per Eligible	CN		3.06	1.74	0.88	0.67	0.71	0.87	0.69
	MN		3.00	1.92	0.83	0.69	0.70	0.80	0.67
	Total		3.06	1.74	0.88	0.67	0.71	0.87	0.69
5. Expected Number of Screenings	CN	307,178	54,961	64,584	42,863	39,318	47,650	45,497	12,305
	MN	711	6	4	8	9	13	100	571
	Total	307,889	54,967	64,588	42,871	39,327	47,663	45,597	12,876
6. Total Screens Received	CN	245,769	53,784	73,476	33,853	25,914	32,351	22,343	4,048
	MN	280	6	4	6	6	9	49	200
	Total	246,049	53,790	73,480	33,859	25,920	32,360	22,392	4,248
7. Screening Ratio	CN	0.80	0.98	1.00	0.79	0.66	0.68	0.49	0.33
	MN	0.39	0.98	1.00	0.79	0.66	0.68	0.49	0.35
	Total	0.80	0.98	1.00	0.79	0.66	0.68	0.49	0.33
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	242,711	17,961	37,117	42,863	39,318	47,650	45,497	12,305
	MN	705	2	2	8	9	13	100	571
	Total	243,416	17,963	37,119	42,871	39,327	47,663	45,597	12,876
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	157,595	15,542	30,546	31,232	24,845	31,235	20,594	3,601
	MN	245	2	2	6	6	9	45	177
	Total	157,840	15,544	30,548	31,238	24,851	31,244	20,639	3,778

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Connecticut

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.65	0.87	0.82	0.73	0.63	0.66	0.45	0.29
	MN	0.35	0.87	0.82	0.73	0.63	0.66	0.45	0.31
	Total	0.65	0.87	0.82	0.73	0.63	0.66	0.45	0.29
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	116,548	230	7,164	21,911	30,506	32,357	20,135	4,245
	MN	233	0	14	44	61	65	40	9
	Total	116,781	230	7,178	21,955	30,567	32,422	20,175	4,254
12b. Total Eligibles Receiving Preventive Dental Services	CN	102,951	80	5,893	20,488	28,611	29,012	16,188	2,679
	MN	205	0	12	41	57	58	32	5
	Total	103,156	80	5,905	20,529	28,668	29,070	16,220	2,684
12c. Total Eligibles Receiving Dental Treatment Services	CN	54,619	6	533	6,837	15,146	16,960	12,339	2,798
	MN	110	0	1	14	30	34	25	6
	Total	54,729	6	534	6,851	15,176	16,994	12,364	2,804
13. Total Eligibles Enrolled in Managed Care	CN	283,421	16,486	35,533	46,571	56,049	63,824	49,373	15,585
	MN	845	2	3	8	12	17	111	692
	Total	284,266	16,488	35,536	46,579	56,061	63,841	49,484	16,277
14. Total Number of Screening Blood Lead Tests	CN	68,263	2,545	41,181	24,537				
	MN	4	0	2	2				
	Total	68,267	2,545	41,183	24,539				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Delaware

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	95,766	6,719	13,808	17,168	18,828	18,949	14,824	5,470
	MN	0	0	0	0	0	0	0	0
	Total	95,766	6,719	13,808	17,168	18,828	18,949	14,824	5,470
2a. State Periodicity Schedule	CN		7	4	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		7.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	887,049	37,662	138,331	168,863	182,204	181,918	137,619	40,452
	MN	0	0	0	0	0	0	0	0
	Total	887,049	37,662	138,331	168,863	182,204	181,918	137,619	40,452
3b. Average Period of Eligibility	CN	0.77	0.47	0.83	0.82	0.81	0.80	0.77	0.62
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.77	0.47	0.83	0.82	0.81	0.80	0.77	0.62
4. Expected Number of Screenings per Eligible	CN		3.29	1.66	0.82	0.81	0.80	0.77	0.62
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.29	1.66	0.82	0.81	0.80	0.77	0.62
5. Expected Number of Screenings	CN	104,320	22,106	22,921	14,078	15,251	15,159	11,414	3,391
	MN	0	0	0	0	0	0	0	0
	Total	104,320	22,106	22,921	14,078	15,251	15,159	11,414	3,391
6. Total Screens Received	CN	85,433	22,106	22,921	14,078	10,007	9,302	5,777	1,242
	MN	0	0	0	0	0	0	0	0
	Total	85,433	22,106	22,921	14,078	10,007	9,302	5,777	1,242
7. Screening Ratio	CN	0.82	1.00	1.00	1.00	0.66	0.61	0.51	0.37
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.82	1.00	1.00	1.00	0.66	0.61	0.51	0.37
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	79,820	6,719	13,808	14,078	15,251	15,159	11,414	3,391
	MN	0	0	0	0	0	0	0	0
	Total	79,820	6,719	13,808	14,078	15,251	15,159	11,414	3,391
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	49,032	5,973	11,217	10,502	8,166	7,715	4,456	1,003
	MN	0	0	0	0	0	0	0	0
	Total	49,032	5,973	11,217	10,502	8,166	7,715	4,456	1,003

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Delaware

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.61	0.89	0.81	0.75	0.54	0.51	0.39	0.30
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	0.89	0.81	0.75	0.54	0.51	0.39	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	3,918	3,738	106	28	3	13	15	15
	MN	0	0	0	0	0	0	0	0
	Total	3,918	3,738	106	28	3	13	15	15
12a. Total Eligibles Receiving Any Dental Services	CN	35,812	14	997	7,794	10,234	9,452	5,906	1,415
	MN	0	0	0	0	0	0	0	0
	Total	35,812	14	997	7,794	10,234	9,452	5,906	1,415
12b. Total Eligibles Receiving Preventive Dental Services	CN	32,713	1	785	7,188	9,592	8,851	5,200	1,096
	MN	0	0	0	0	0	0	0	0
	Total	32,713	1	785	7,188	9,592	8,851	5,200	1,096
12c. Total Eligibles Receiving Dental Treatment Services	CN	17,165	7	185	2,707	5,250	4,662	3,444	910
	MN	0	0	0	0	0	0	0	0
	Total	17,165	7	185	2,707	5,250	4,662	3,444	910
13. Total Eligibles Enrolled in Managed Care	CN	91,785	6,047	13,439	16,658	18,194	18,194	14,056	5,197
	MN	0	0	0	0	0	0	0	0
	Total	91,785	6,047	13,439	16,658	18,194	18,194	14,056	5,197
14. Total Number of Screening Blood Lead Tests	CN	3,921	57	2,789	1,075				
	MN	0	0	0	0				
	Total	3,921	57	2,789	1,075				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: District of Columbia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	96,543	6,064	12,193	14,161	16,573	19,762	18,334	9,456
	MN	9	1	0	1	1	2	3	1
	Total	96,552	6,065	12,193	14,162	16,574	19,764	18,337	9,457
2a. State Periodicity Schedule	CN		7	3	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		7.00	1.50	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,017,195	37,822	130,050	154,351	181,577	217,515	200,530	95,350
	MN	33	1	0	1	6	12	12	1
	Total	1,017,228	37,823	130,050	154,352	181,583	217,527	200,542	95,351
3b. Average Period of Eligibility	CN	0.88	0.52	0.89	0.91	0.91	0.92	0.91	0.84
	MN	0.31	0.08	0.00	0.08	0.50	0.50	0.33	0.08
	Total	0.88	0.52	0.89	0.91	0.91	0.92	0.91	0.84
4. Expected Number of Screenings per Eligible	CN		3.64	1.34	0.91	0.46	0.92	0.91	0.84
	MN		0.56	0.00	0.08	0.25	0.50	0.33	0.08
	Total		3.64	1.34	0.91	0.46	0.92	0.91	0.84
5. Expected Number of Screenings	CN	101,731	22,073	16,339	12,887	7,624	18,181	16,684	7,943
	MN	3	1	0	0	0	1	1	0
	Total	101,734	22,074	16,339	12,887	7,624	18,182	16,685	7,943
6. Total Screens Received	CN	91,802	12,149	20,869	15,063	14,186	13,455	13,225	2,855
	MN	1	0	0	0	0	0	0	1
	Total	91,803	12,149	20,869	15,063	14,186	13,455	13,225	2,856
7. Screening Ratio	CN	0.90	0.55	1.00	1.00	1.00	0.74	0.79	0.36
	MN	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.55	1.00	1.00	1.00	0.74	0.79	0.36
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	81,576	6,064	12,193	12,887	7,624	18,181	16,684	7,943
	MN	3	1	0	0	0	1	1	0
	Total	81,579	6,065	12,193	12,887	7,624	18,182	16,685	7,943
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	55,606	5,920	9,708	9,565	9,732	9,475	9,122	2,084
	MN	1	0	0	0	0	0	0	1
	Total	55,607	5,920	9,708	9,565	9,732	9,475	9,122	2,085

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: District of Columbia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.68	0.98	0.80	0.74	1.00	0.52	0.55	0.26
	MN	0.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.68	0.98	0.80	0.74	1.00	0.52	0.55	0.26
11. Total Eligibles Referred for Corrective Treatment	CN	22,068	1,586	3,541	4,201	4,297	4,044	3,458	941
	MN	0	0	0	0	0	0	0	0
	Total	22,068	1,586	3,541	4,201	4,297	4,044	3,458	941
12a. Total Eligibles Receiving Any Dental Services	CN	38,437	7	1,891	7,969	9,127	8,967	8,152	2,324
	MN	0	0	0	0	0	0	0	0
	Total	38,437	7	1,891	7,969	9,127	8,967	8,152	2,324
12b. Total Eligibles Receiving Preventive Dental Services	CN	34,596	5	1,797	7,596	8,570	8,194	6,785	1,649
	MN	0	0	0	0	0	0	0	0
	Total	34,596	5	1,797	7,596	8,570	8,194	6,785	1,649
12c. Total Eligibles Receiving Dental Treatment Services	CN	18,338	2	275	2,745	4,590	4,517	4,701	1,508
	MN	0	0	0	0	0	0	0	0
	Total	18,338	2	275	2,745	4,590	4,517	4,701	1,508
13. Total Eligibles Enrolled in Managed Care	CN	84,896	5,115	11,412	13,193	15,118	17,194	15,142	7,722
	MN	3	0	0	0	1	0	1	1
	Total	84,899	5,115	11,412	13,193	15,119	17,194	15,143	7,723
14. Total Number of Screening Blood Lead Tests	CN	7,400	367	4,071	2,962				
	MN	0	0	0	0				
	Total	7,400	367	4,071	2,962				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Florida

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	1,850,056	142,054	290,445	343,415	358,397	368,807	267,294	79,644
	MN	18,507	511	767	1,174	2,753	4,170	4,368	4,764
	Total	1,868,563	142,565	291,212	344,589	361,150	372,977	271,662	84,408
2a. State Periodicity Schedule	CN		6	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	17,248,633	887,528	2,846,153	3,365,179	3,463,571	3,526,500	2,511,882	647,820
	MN	33,014	1,979	1,820	1,626	4,156	6,615	7,224	9,594
	Total	17,281,647	889,507	2,847,973	3,366,805	3,467,727	3,533,115	2,519,106	657,414
3b. Average Period of Eligibility	CN	0.78	0.52	0.82	0.82	0.81	0.80	0.78	0.68
	MN	0.15	0.32	0.20	0.12	0.13	0.13	0.14	0.17
	Total	0.77	0.52	0.81	0.81	0.80	0.79	0.77	0.65
4. Expected Number of Screenings per Eligible	CN		3.12	1.64	0.82	0.41	0.80	0.78	0.68
	MN		1.92	0.40	0.12	0.07	0.13	0.14	0.17
	Total		3.12	1.62	0.81	0.40	0.79	0.77	0.65
5. Expected Number of Screenings	CN	1,905,774	443,208	476,330	281,600	146,943	295,046	208,489	54,158
	MN	3,586	981	307	141	193	542	612	810
	Total	1,909,360	444,189	476,637	281,741	147,136	295,588	209,101	54,968
6. Total Screens Received	CN	1,646,727	617,558	397,798	238,827	149,095	154,997	79,668	8,784
	MN	8,191	4,725	975	432	579	786	497	197
	Total	1,654,918	622,283	398,773	239,259	149,674	155,783	80,165	8,981
7. Screening Ratio	CN	0.86	1.00	0.84	0.85	1.00	0.53	0.38	0.16
	MN	1.00	1.00	1.00	1.00	1.00	1.00	0.81	0.24
	Total	0.87	1.00	0.84	0.85	1.00	0.53	0.38	0.16
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,418,735	142,054	290,445	281,600	146,943	295,046	208,489	54,158
	MN	3,116	511	307	141	193	542	612	810
	Total	1,421,851	142,565	290,752	281,741	147,136	295,588	209,101	54,968
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	1,010,520	235,567	211,066	208,846	137,357	139,927	70,328	7,429
	MN	687	389	68	47	37	42	47	57
	Total	1,011,207	235,956	211,134	208,893	137,394	139,969	70,375	7,486

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Florida

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.71	1.00	0.73	0.74	0.93	0.47	0.34	0.14
	MN	0.22	0.76	0.22	0.33	0.19	0.08	0.08	0.07
	Total	0.71	1.00	0.73	0.74	0.93	0.47	0.34	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	94,165	22,267	24,227	17,692	11,481	11,757	6,118	623
	MN	478	154	83	46	65	71	47	12
	Total	94,643	22,421	24,310	17,738	11,546	11,828	6,165	635
12a. Total Eligibles Receiving Any Dental Services	CN	430,713	794	22,407	103,631	124,807	107,928	62,193	8,953
	MN	304	1	7	31	43	32	53	137
	Total	431,017	795	22,414	103,662	124,850	107,960	62,246	9,090
12b. Total Eligibles Receiving Preventive Dental Services	CN	261,967	262	12,557	63,084	79,249	68,146	34,602	4,067
	MN	127	0	2	20	24	17	16	48
	Total	262,094	262	12,559	63,104	79,273	68,163	34,618	4,115
12c. Total Eligibles Receiving Dental Treatment Services	CN	144,190	82	4,872	29,331	43,025	37,315	25,404	4,161
	MN	117	0	0	16	11	11	23	56
	Total	144,307	82	4,872	29,347	43,036	37,326	25,427	4,217
13. Total Eligibles Enrolled in Managed Care	CN	1,604,034	94,398	265,968	307,052	321,145	323,358	227,070	65,043
	MN	446	0	151	263	6	1	3	22
	Total	1,604,480	94,398	266,119	307,315	321,151	323,359	227,073	65,065
14. Total Number of Screening Blood Lead Tests	CN	138,495	6,852	88,099	43,544				
	MN	406	37	296	73				
	Total	138,901	6,889	88,395	43,617				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Georgia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	1,146,173	100,681	190,123	209,792	220,608	217,008	158,385	49,576
	MN	212	1	18	22	44	62	65	0
	Total	1,146,385	100,682	190,141	209,814	220,652	217,070	158,450	49,576
2a. State Periodicity Schedule	CN		7	5	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	10,526,753	622,619	1,818,797	2,043,953	2,119,957	2,093,092	1,470,563	357,772
	MN	699	1	55	84	164	233	162	0
	Total	10,527,452	622,620	1,818,852	2,044,037	2,120,121	2,093,325	1,470,725	357,772
3b. Average Period of Eligibility	CN	0.77	0.52	0.80	0.81	0.80	0.80	0.77	0.60
	MN	0.27	0.08	0.25	0.32	0.31	0.31	0.21	0.00
	Total	0.77	0.52	0.80	0.81	0.80	0.80	0.77	0.60
4. Expected Number of Screenings per Eligible	CN		3.64	2.00	0.81	0.80	0.80	0.77	0.60
	MN		0.56	0.63	0.32	0.31	0.31	0.21	0.00
	Total		3.64	2.00	0.81	0.80	0.80	0.77	0.60
5. Expected Number of Screenings	CN	1,418,451	366,479	380,246	169,932	176,486	173,606	121,956	29,746
	MN	66	1	11	7	14	19	14	0
	Total	1,418,517	366,480	380,257	169,939	176,500	173,625	121,970	29,746
6. Total Screens Received	CN	1,086,115	346,872	393,995	139,442	79,141	81,401	41,255	4,009
	MN	70	5	18	10	13	21	3	0
	Total	1,086,185	346,877	394,013	139,452	79,154	81,422	41,258	4,009
7. Screening Ratio	CN	0.77	0.95	1.00	0.82	0.45	0.47	0.34	0.13
	MN	1.00	1.00	1.00	1.00	0.93	1.00	0.21	0.00
	Total	0.77	0.95	1.00	0.82	0.45	0.47	0.34	0.13
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	962,530	100,681	190,123	169,932	176,486	173,606	121,956	29,746
	MN	66	1	11	7	14	19	14	0
	Total	962,596	100,682	190,134	169,939	176,500	173,625	121,970	29,746
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	494,825	86,472	137,906	107,538	63,588	64,078	32,061	3,182
	MN	39	1	5	5	11	15	2	0
	Total	494,864	86,473	137,911	107,543	63,599	64,093	32,063	3,182

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Georgia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.51	0.86	0.73	0.63	0.36	0.37	0.26	0.11
	MN	0.59	1.00	0.45	0.71	0.79	0.79	0.14	0.00
	Total	0.51	0.86	0.73	0.63	0.36	0.37	0.26	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	79,582	14,011	23,958	15,629	9,693	9,982	5,598	711
	MN	5	0	0	1	1	3	0	0
	Total	79,587	14,011	23,958	15,630	9,694	9,985	5,598	711
12a. Total Eligibles Receiving Any Dental Services	CN	434,556	142	21,730	103,800	126,024	109,704	62,150	11,006
	MN	56	0	1	9	19	20	7	0
	Total	434,612	142	21,731	103,809	126,043	109,724	62,157	11,006
12b. Total Eligibles Receiving Preventive Dental Services	CN	399,645	21	14,513	97,280	120,650	104,369	54,773	8,039
	MN	49	0	1	5	19	18	6	0
	Total	399,694	21	14,514	97,285	120,669	104,387	54,779	8,039
12c. Total Eligibles Receiving Dental Treatment Services	CN	203,314	34	4,640	41,026	64,110	52,367	34,540	6,597
	MN	27	0	0	4	6	12	5	0
	Total	203,341	34	4,640	41,030	64,116	52,379	34,545	6,597
13. Total Eligibles Enrolled in Managed Care	CN	987,705	90,256	169,548	184,389	190,017	184,590	130,274	38,631
	MN	13	0	1	3	4	4	1	0
	Total	987,718	90,256	169,549	184,392	190,021	184,594	130,275	38,631
14. Total Number of Screening Blood Lead Tests	CN	112,613	3,293	87,448	21,872				
	MN	10	0	6	4				
	Total	112,623	3,293	87,454	21,876				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Hawaii

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	145,695	9,144	18,928	24,203	28,111	30,483	23,867	10,959
	MN	7	1	0	1	1	0	2	2
	Total	145,702	9,145	18,928	24,204	28,112	30,483	23,869	10,961
2a. State Periodicity Schedule	CN		5	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	1,414,069	47,385	189,658	247,509	290,197	315,201	241,819	82,300
	MN	12	0	0	1	1	0	4	6
	Total	1,414,081	47,385	189,658	247,510	290,198	315,201	241,823	82,306
3b. Average Period of Eligibility	CN	0.81	0.43	0.83	0.85	0.86	0.86	0.84	0.63
	MN	0.14	0.00	0.00	0.08	0.08	0.00	0.17	0.25
	Total	0.81	0.43	0.83	0.85	0.86	0.86	0.84	0.63
4. Expected Number of Screenings per Eligible	CN		2.15	1.66	0.85	0.43	0.52	0.42	0.32
	MN		0.00	0.00	0.08	0.04	0.00	0.09	0.13
	Total		2.15	1.66	0.85	0.43	0.52	0.42	0.32
5. Expected Number of Screenings	CN	113,123	19,660	31,420	20,573	12,088	15,851	10,024	3,507
	MN	0	0	0	0	0	0	0	0
	Total	113,123	19,660	31,420	20,573	12,088	15,851	10,024	3,507
6. Total Screens Received	CN	109,272	29,181	35,269	15,937	9,302	10,727	7,573	1,283
	MN	0	0	0	0	0	0	0	0
	Total	109,272	29,181	35,269	15,937	9,302	10,727	7,573	1,283
7. Screening Ratio	CN	0.97	1.00	1.00	0.77	0.77	0.68	0.76	0.37
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.97	1.00	1.00	0.77	0.77	0.68	0.76	0.37
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	90,115	9,144	18,928	20,573	12,088	15,851	10,024	3,507
	MN	0	0	0	0	0	0	0	0
	Total	90,115	9,144	18,928	20,573	12,088	15,851	10,024	3,507
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	64,525	8,147	14,774	14,529	8,865	10,164	6,895	1,151
	MN	0	0	0	0	0	0	0	0
	Total	64,525	8,147	14,774	14,529	8,865	10,164	6,895	1,151

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Hawaii

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.72	0.89	0.78	0.71	0.73	0.64	0.69	0.33
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.72	0.89	0.78	0.71	0.73	0.64	0.69	0.33
11. Total Eligibles Referred for Corrective Treatment	CN	31,463	4,346	7,942	6,029	3,899	4,714	3,651	882
	MN	0	0	0	0	0	0	0	0
	Total	31,463	4,346	7,942	6,029	3,899	4,714	3,651	882
12a. Total Eligibles Receiving Any Dental Services	CN	59,535	92	5,888	13,637	14,851	14,242	8,887	1,938
	MN	0	0	0	0	0	0	0	0
	Total	59,535	92	5,888	13,637	14,851	14,242	8,887	1,938
12b. Total Eligibles Receiving Preventive Dental Services	CN	51,382	80	5,098	11,683	12,979	12,403	7,530	1,609
	MN	0	0	0	0	0	0	0	0
	Total	51,382	80	5,098	11,683	12,979	12,403	7,530	1,609
12c. Total Eligibles Receiving Dental Treatment Services	CN	34,597	37	1,453	7,526	9,753	8,321	6,124	1,383
	MN	0	0	0	0	0	0	0	0
	Total	34,597	37	1,453	7,526	9,753	8,321	6,124	1,383
13. Total Eligibles Enrolled in Managed Care	CN	142,720	9,072	18,732	23,841	27,551	29,768	23,233	10,523
	MN	7	1	0	1	1	0	2	2
	Total	142,727	9,073	18,732	23,842	27,552	29,768	23,235	10,525
14. Total Number of Screening Blood Lead Tests	CN	8,080	594	6,200	1,286				
	MN	0	0	0	0				
	Total	8,080	594	6,200	1,286				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Idaho

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	173,214	11,175	25,885	32,231	36,429	36,744	24,508	6,242
	MN	0	0	0	0	0	0	0	0
	Total	173,214	11,175	25,885	32,231	36,429	36,744	24,508	6,242
2a. State Periodicity Schedule	CN		6	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,598,382	62,287	248,408	305,647	350,505	355,766	232,446	43,323
	MN	0	0	0	0	0	0	0	0
	Total	1,598,382	62,287	248,408	305,647	350,505	355,766	232,446	43,323
3b. Average Period of Eligibility	CN	0.77	0.46	0.80	0.79	0.80	0.81	0.79	0.58
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.77	0.46	0.80	0.79	0.80	0.81	0.79	0.58
4. Expected Number of Screenings per Eligible	CN		2.76	1.60	0.79	0.40	0.81	0.79	0.58
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.76	1.60	0.79	0.40	0.81	0.79	0.58
5. Expected Number of Screenings	CN	165,037	30,843	41,416	25,462	14,572	29,763	19,361	3,620
	MN	0	0	0	0	0	0	0	0
	Total	165,037	30,843	41,416	25,462	14,572	29,763	19,361	3,620
6. Total Screens Received	CN	115,985	30,139	41,171	16,128	10,360	11,670	5,898	619
	MN	0	0	0	0	0	0	0	0
	Total	115,985	30,139	41,171	16,128	10,360	11,670	5,898	619
7. Screening Ratio	CN	0.70	0.98	0.99	0.63	0.71	0.39	0.30	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	0.98	0.99	0.63	0.71	0.39	0.30	0.17
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	129,838	11,175	25,885	25,462	14,572	29,763	19,361	3,620
	MN	0	0	0	0	0	0	0	0
	Total	129,838	11,175	25,885	25,462	14,572	29,763	19,361	3,620
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	123,954	11,175	25,885	24,173	13,661	27,558	18,381	3,121
	MN	0	0	0	0	0	0	0	0
	Total	123,954	11,175	25,885	24,173	13,661	27,558	18,381	3,121

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Idaho

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.95	1.00	1.00	0.95	0.94	0.93	0.95	0.86
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.95	1.00	1.00	0.95	0.94	0.93	0.95	0.86
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	107,951	479	8,318	23,554	29,788	27,855	16,001	1,956
	MN	0	0	0	0	0	0	0	0
	Total	107,951	479	8,318	23,554	29,788	27,855	16,001	1,956
12b. Total Eligibles Receiving Preventive Dental Services	CN	91,252	304	6,115	20,619	26,605	23,989	12,359	1,261
	MN	0	0	0	0	0	0	0	0
	Total	91,252	304	6,115	20,619	26,605	23,989	12,359	1,261
12c. Total Eligibles Receiving Dental Treatment Services	CN	58,520	145	2,730	11,165	17,037	15,630	10,437	1,376
	MN	0	0	0	0	0	0	0	0
	Total	58,520	145	2,730	11,165	17,037	15,630	10,437	1,376
13. Total Eligibles Enrolled in Managed Care	CN	160,128	7,522	24,623	30,488	34,473	34,600	22,719	5,703
	MN	0	0	0	0	0	0	0	0
	Total	160,128	7,522	24,623	30,488	34,473	34,600	22,719	5,703
14. Total Number of Screening Blood Lead Tests	CN	3,397	21	2,470	906				
	MN	0	0	0	0				
	Total	3,397	21	2,470	906				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Illinois

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	1,551,584	82,515	208,509	276,557	319,886	335,997	250,561	77,559
	MN	10,322	62	828	1,965	2,682	2,925	1,745	115
	Total	1,561,906	82,577	209,337	278,522	322,568	338,922	252,306	77,674
2a. State Periodicity Schedule	CN		6	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	16,829,235	505,693	2,341,250	3,139,025	3,627,962	3,792,150	2,788,843	634,312
	MN	94,055	260	6,868	17,729	25,471	27,120	15,895	712
	Total	16,923,290	505,953	2,348,118	3,156,754	3,653,433	3,819,270	2,804,738	635,024
3b. Average Period of Eligibility	CN	0.90	0.51	0.94	0.95	0.95	0.94	0.93	0.68
	MN	0.76	0.35	0.69	0.75	0.79	0.77	0.76	0.52
	Total	0.90	0.51	0.93	0.94	0.94	0.94	0.93	0.68
4. Expected Number of Screenings per Eligible	CN		3.06	1.88	0.95	0.48	0.56	0.47	0.34
	MN		2.10	1.38	0.75	0.40	0.46	0.38	0.26
	Total		3.06	1.86	0.94	0.47	0.56	0.47	0.34
5. Expected Number of Screenings	CN	1,393,059	252,496	391,997	262,729	153,545	188,158	117,764	26,370
	MN	5,859	130	1,143	1,474	1,073	1,346	663	30
	Total	1,398,918	252,626	393,140	264,203	154,618	189,504	118,427	26,400
6. Total Screens Received	CN	1,593,254	479,332	361,116	277,182	136,748	210,105	112,838	15,933
	MN	4,366	236	842	1,075	593	1,228	391	1
	Total	1,597,620	479,568	361,958	278,257	137,341	211,333	113,229	15,934
7. Screening Ratio	CN	1.00	1.00	0.92	1.00	0.89	1.00	0.96	0.60
	MN	0.75	1.00	0.74	0.73	0.55	0.91	0.59	0.03
	Total	1.00	1.00	0.92	1.00	0.89	1.00	0.96	0.60
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,039,590	82,515	208,509	262,729	153,545	188,158	117,764	26,370
	MN	5,476	62	828	1,474	1,073	1,346	663	30
	Total	1,045,066	82,577	209,337	264,203	154,618	189,504	118,427	26,400
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	765,629	71,199	163,552	178,335	106,099	144,135	80,405	21,904
	MN	3,098	37	428	845	492	949	340	7
	Total	768,727	71,236	163,980	179,180	106,591	145,084	80,745	21,911

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Illinois

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.74	0.86	0.78	0.68	0.69	0.77	0.68	0.83
	MN	0.57	0.60	0.52	0.57	0.46	0.71	0.51	0.23
	Total	0.74	0.86	0.78	0.68	0.69	0.77	0.68	0.83
11. Total Eligibles Referred for Corrective Treatment	CN	250,946	32,201	36,519	52,524	43,189	59,187	23,802	3,524
	MN	909	29	118	222	158	309	73	0
	Total	251,855	32,230	36,637	52,746	43,347	59,496	23,875	3,524
12a. Total Eligibles Receiving Any Dental Services	CN	657,971	1,616	44,376	159,507	196,419	167,591	80,664	7,798
	MN	3,554	3	110	736	1,180	1,090	434	1
	Total	661,525	1,619	44,486	160,243	197,599	168,681	81,098	7,799
12b. Total Eligibles Receiving Preventive Dental Services	CN	613,765	1,129	38,920	149,773	188,042	159,421	71,255	5,225
	MN	3,325	1	91	676	1,119	1,044	393	1
	Total	617,090	1,130	39,011	150,449	189,161	160,465	71,648	5,226
12c. Total Eligibles Receiving Dental Treatment Services	CN	257,923	39	4,542	49,862	86,030	69,633	43,148	4,669
	MN	1,439	1	9	226	512	459	232	0
	Total	259,362	40	4,551	50,088	86,542	70,092	43,380	4,669
13. Total Eligibles Enrolled in Managed Care	CN	185,313	8,086	25,557	34,716	39,173	40,387	28,841	8,553
	MN	149	0	9	16	35	56	32	1
	Total	185,462	8,086	25,566	34,732	39,208	40,443	28,873	8,554
14. Total Number of Screening Blood Lead Tests	CN	381,194	53,508	169,141	158,545				
	MN	814	62	339	413				
	Total	382,008	53,570	169,480	158,958				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Indiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	728,832	51,545	102,455	123,891	146,107	152,837	110,695	41,302
	MN	0	0	0	0	0	0	0	0
	Total	728,832	51,545	102,455	123,891	146,107	152,837	110,695	41,302
2a. State Periodicity Schedule	CN		7	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		7.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	4,165,815	316,797	580,510	721,149	849,815	883,906	627,705	185,933
	MN	0	0	0	0	0	0	0	0
	Total	4,165,815	316,797	580,510	721,149	849,815	883,906	627,705	185,933
3b. Average Period of Eligibility	CN	0.48	0.51	0.47	0.49	0.48	0.48	0.47	0.38
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.48	0.51	0.47	0.49	0.48	0.48	0.47	0.38
4. Expected Number of Screenings per Eligible	CN		3.57	0.94	0.49	0.24	0.29	0.24	0.19
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.57	0.94	0.49	0.24	0.29	0.24	0.19
5. Expected Number of Screenings	CN	454,834	184,016	96,308	60,707	35,066	44,323	26,567	7,847
	MN	0	0	0	0	0	0	0	0
	Total	454,834	184,016	96,308	60,707	35,066	44,323	26,567	7,847
6. Total Screens Received	CN	348,421	127,626	78,659	52,262	32,263	37,875	18,056	1,680
	MN	0	0	0	0	0	0	0	0
	Total	348,421	127,626	78,659	52,262	32,263	37,875	18,056	1,680
7. Screening Ratio	CN	0.77	0.69	0.82	0.86	0.92	0.85	0.68	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.77	0.69	0.82	0.86	0.92	0.85	0.68	0.21
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	322,363	51,545	96,308	60,707	35,066	44,323	26,567	7,847
	MN	0	0	0	0	0	0	0	0
	Total	322,363	51,545	96,308	60,707	35,066	44,323	26,567	7,847
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	210,871	40,798	50,742	43,887	27,220	31,803	15,020	1,401
	MN	0	0	0	0	0	0	0	0
	Total	210,871	40,798	50,742	43,887	27,220	31,803	15,020	1,401

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Indiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.65	0.79	0.53	0.72	0.78	0.72	0.57	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.65	0.79	0.53	0.72	0.78	0.72	0.57	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	153,879	35,485	33,744	29,187	19,573	23,281	11,469	1,140
	MN	0	0	0	0	0	0	0	0
	Total	153,879	35,485	33,744	29,187	19,573	23,281	11,469	1,140
12a. Total Eligibles Receiving Any Dental Services	CN	314,443	129	17,377	62,657	88,073	83,709	49,622	12,876
	MN	0	0	0	0	0	0	0	0
	Total	314,443	129	17,377	62,657	88,073	83,709	49,622	12,876
12b. Total Eligibles Receiving Preventive Dental Services	CN	286,106	0	13,946	58,001	83,710	78,633	43,065	8,751
	MN	0	0	0	0	0	0	0	0
	Total	286,106	0	13,946	58,001	83,710	78,633	43,065	8,751
12c. Total Eligibles Receiving Dental Treatment Services	CN	151,830	18	2,364	23,999	45,688	41,126	29,706	8,929
	MN	0	0	0	0	0	0	0	0
	Total	151,830	18	2,364	23,999	45,688	41,126	29,706	8,929
13. Total Eligibles Enrolled in Managed Care	CN	673,091	47,309	97,445	115,151	135,530	141,067	100,447	36,142
	MN	0	0	0	0	0	0	0	0
	Total	673,091	47,309	97,445	115,151	135,530	141,067	100,447	36,142
14. Total Number of Screening Blood Lead Tests	CN	27,223	840	17,510	8,873				
	MN	0	0	0	0				
	Total	27,223	840	17,510	8,873				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Iowa

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	276,728	20,217	39,977	48,738	54,135	55,137	40,945	17,579
	MN	813	8	16	17	30	51	114	577
	Total	277,541	20,225	39,993	48,755	54,165	55,188	41,059	18,156
2a. State Periodicity Schedule	CN		6	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	2,673,688	122,676	398,476	491,480	551,234	562,215	404,194	143,413
	MN	4,504	18	75	46	94	124	375	3,772
	Total	2,678,192	122,694	398,551	491,526	551,328	562,339	404,569	147,185
3b. Average Period of Eligibility	CN	0.81	0.51	0.83	0.84	0.85	0.85	0.82	0.68
	MN	0.46	0.19	0.39	0.23	0.26	0.20	0.27	0.54
	Total	0.80	0.51	0.83	0.84	0.85	0.85	0.82	0.68
4. Expected Number of Screenings per Eligible	CN		3.06	1.66	0.84	0.43	0.51	0.41	0.34
	MN		1.14	0.78	0.23	0.13	0.12	0.14	0.27
	Total		3.06	1.66	0.84	0.43	0.51	0.41	0.34
5. Expected Number of Screenings	CN	243,328	61,864	66,362	40,940	23,278	28,120	16,787	5,977
	MN	207	9	12	4	4	6	16	156
	Total	243,535	61,873	66,374	40,944	23,282	28,126	16,803	6,133
6. Total Screens Received	CN	262,964	66,265	80,317	39,476	18,414	22,191	23,545	12,756
	MN	312	3	11	1	2	2	17	276
	Total	263,276	66,268	80,328	39,477	18,416	22,193	23,562	13,032
7. Screening Ratio	CN	1.00	1.00	1.00	0.96	0.79	0.79	1.00	1.00
	MN	1.00	0.33	0.92	0.25	0.50	0.33	1.00	1.00
	Total	1.00	1.00	1.00	0.96	0.79	0.79	1.00	1.00
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	175,296	20,217	39,977	40,940	23,278	28,120	16,787	5,977
	MN	206	8	12	4	4	6	16	156
	Total	175,502	20,225	39,989	40,944	23,282	28,126	16,803	6,133
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	132,200	18,053	30,836	29,700	15,014	17,793	14,704	6,100
	MN	193	3	6	1	2	2	13	166
	Total	132,393	18,056	30,842	29,701	15,016	17,795	14,717	6,266

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Iowa

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.75	0.89	0.77	0.73	0.64	0.63	0.88	1.00
	MN	0.94	0.38	0.50	0.25	0.50	0.33	0.81	1.00
	Total	0.75	0.89	0.77	0.73	0.64	0.63	0.88	1.00
11. Total Eligibles Referred for Corrective Treatment	CN	6,091	5,684	271	57	13	41	23	2
	MN	2	2	0	0	0	0	0	0
	Total	6,093	5,686	271	57	13	41	23	2
12a. Total Eligibles Receiving Any Dental Services	CN	138,335	2,875	15,426	29,334	32,397	30,972	20,417	6,914
	MN	258	0	3	3	7	10	28	207
	Total	138,593	2,875	15,429	29,337	32,404	30,982	20,445	7,121
12b. Total Eligibles Receiving Preventive Dental Services	CN	121,044	2,309	11,979	26,495	29,028	27,784	17,629	5,820
	MN	200	0	2	3	7	7	16	165
	Total	121,244	2,309	11,981	26,498	29,035	27,791	17,645	5,985
12c. Total Eligibles Receiving Dental Treatment Services	CN	56,371	81	1,663	9,107	15,851	15,000	11,199	3,470
	MN	124	0	0	0	2	4	8	110
	Total	56,495	81	1,663	9,107	15,853	15,004	11,207	3,580
13. Total Eligibles Enrolled in Managed Care	CN	181,682	11,734	29,061	34,156	36,324	35,354	24,819	10,234
	MN	220	0	7	2	8	5	12	186
	Total	181,902	11,734	29,068	34,158	36,332	35,359	24,831	10,420
14. Total Number of Screening Blood Lead Tests	CN	19,723	91	11,007	8,625				
	MN	3	0	3	0				
	Total	19,726	91	11,010	8,625				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Kansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	230,072	19,552	37,911	44,748	45,339	41,464	29,978	11,080
	MN	479	86	65	71	70	67	72	48
	Total	230,551	19,638	37,976	44,819	45,409	41,531	30,050	11,128
2a. State Periodicity Schedule	CN		6	5	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	2,071,452	118,243	360,644	422,092	422,946	390,837	274,630	82,060
	MN	1,969	218	287	329	286	295	307	247
	Total	2,073,421	118,461	360,931	422,421	423,232	391,132	274,937	82,307
3b. Average Period of Eligibility	CN	0.75	0.50	0.79	0.79	0.78	0.79	0.76	0.62
	MN	0.34	0.21	0.37	0.39	0.34	0.37	0.36	0.43
	Total	0.75	0.50	0.79	0.79	0.78	0.78	0.76	0.62
4. Expected Number of Screenings per Eligible	CN		3.00	1.98	0.79	0.78	0.79	0.76	0.62
	MN		1.26	0.93	0.39	0.34	0.37	0.36	0.43
	Total		3.00	1.98	0.79	0.78	0.78	0.76	0.62
5. Expected Number of Screenings	CN	266,845	58,656	75,064	35,351	35,364	32,757	22,783	6,870
	MN	292	108	60	28	24	25	26	21
	Total	267,137	58,764	75,124	35,379	35,388	32,782	22,809	6,891
6. Total Screens Received	CN	179,143	50,501	53,150	22,065	13,970	14,647	15,476	9,334
	MN	651	366	97	30	12	22	42	82
	Total	179,794	50,867	53,247	22,095	13,982	14,669	15,518	9,416
7. Screening Ratio	CN	0.67	0.86	0.71	0.62	0.40	0.45	0.68	1.00
	MN	1.00	1.00	1.00	1.00	0.50	0.88	1.00	1.00
	Total	0.67	0.87	0.71	0.62	0.40	0.45	0.68	1.00
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	190,588	19,552	37,911	35,351	35,364	32,757	22,783	6,870
	MN	270	86	60	28	24	25	26	21
	Total	190,858	19,638	37,971	35,379	35,388	32,782	22,809	6,891
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	94,536	13,980	24,230	18,332	12,013	11,846	10,120	4,015
	MN	153	63	24	14	11	16	16	9
	Total	94,689	14,043	24,254	18,346	12,024	11,862	10,136	4,024

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Kansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.50	0.72	0.64	0.52	0.34	0.36	0.44	0.58
	MN	0.57	0.73	0.40	0.50	0.46	0.64	0.62	0.43
	Total	0.50	0.72	0.64	0.52	0.34	0.36	0.44	0.58
11. Total Eligibles Referred for Corrective Treatment	CN	739	79	130	120	96	156	152	6
	MN	0	0	0	0	0	0	0	0
	Total	739	79	130	120	96	156	152	6
12a. Total Eligibles Receiving Any Dental Services	CN	93,197	136	6,467	22,522	26,363	21,877	13,335	2,497
	MN	54	0	3	12	17	12	9	1
	Total	93,251	136	6,470	22,534	26,380	21,889	13,344	2,498
12b. Total Eligibles Receiving Preventive Dental Services	CN	86,592	101	5,260	20,963	25,296	20,955	12,072	1,945
	MN	51	0	2	12	16	12	8	1
	Total	86,643	101	5,262	20,975	25,312	20,967	12,080	1,946
12c. Total Eligibles Receiving Dental Treatment Services	CN	41,038	4	723	7,772	13,071	10,475	7,516	1,477
	MN	22	0	0	4	4	6	7	1
	Total	41,060	4	723	7,776	13,075	10,481	7,523	1,478
13. Total Eligibles Enrolled in Managed Care	CN	180,033	15,819	33,866	37,796	36,258	30,037	19,144	7,113
	MN	2	0	0	0	0	0	0	2
	Total	180,035	15,819	33,866	37,796	36,258	30,037	19,144	7,115
14. Total Number of Screening Blood Lead Tests	CN	17,648	178	10,958	6,512				
	MN	13	1	6	6				
	Total	17,661	179	10,964	6,518				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Kentucky

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	486,021	48,388	62,759	79,349	95,790	104,001	78,139	17,595
	MN	33,238	2,298	4,585	6,167	6,610	6,785	5,852	941
	Total	519,259	50,686	67,344	85,516	102,400	110,786	83,991	18,536
2a. State Periodicity Schedule	CN		5	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,780,792	362,350	633,513	808,555	989,915	1,080,170	777,506	128,783
	MN	338,344	18,838	48,231	64,851	69,655	71,190	58,031	7,548
	Total	5,119,136	381,188	681,744	873,406	1,059,570	1,151,360	835,537	136,331
3b. Average Period of Eligibility	CN	0.82	0.62	0.84	0.85	0.86	0.87	0.83	0.61
	MN	0.85	0.68	0.88	0.88	0.88	0.87	0.83	0.67
	Total	0.82	0.63	0.84	0.85	0.86	0.87	0.83	0.61
4. Expected Number of Screenings per Eligible	CN		3.10	1.68	0.85	0.43	0.87	0.83	0.61
	MN		3.40	1.76	0.88	0.44	0.87	0.83	0.67
	Total		3.15	1.68	0.85	0.43	0.87	0.83	0.61
5. Expected Number of Screenings	CN	530,144	150,003	105,435	67,447	41,190	90,481	64,855	10,733
	MN	35,608	7,813	8,070	5,427	2,908	5,903	4,857	630
	Total	565,752	157,816	113,505	72,874	44,098	96,384	69,712	11,363
6. Total Screens Received	CN	400,430	162,330	64,369	56,823	32,092	53,589	28,286	2,941
	MN	26,243	7,610	4,828	4,327	2,402	3,787	3,037	252
	Total	426,673	169,940	69,197	61,150	34,494	57,376	31,323	3,193
7. Screening Ratio	CN	0.76	1.00	0.61	0.84	0.78	0.59	0.44	0.27
	MN	0.74	0.97	0.60	0.80	0.83	0.64	0.63	0.40
	Total	0.75	1.00	0.61	0.84	0.78	0.60	0.45	0.28
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	385,853	48,388	62,759	67,447	41,190	90,481	64,855	10,733
	MN	26,608	2,298	4,585	5,427	2,908	5,903	4,857	630
	Total	412,461	50,686	67,344	72,874	44,098	96,384	69,712	11,363
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	223,192	46,947	34,636	45,631	27,378	43,695	22,704	2,201
	MN	15,506	2,223	2,571	3,375	2,029	2,910	2,203	195
	Total	238,698	49,170	37,207	49,006	29,407	46,605	24,907	2,396

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Kentucky

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.58	0.97	0.55	0.68	0.66	0.48	0.35	0.21
	MN	0.58	0.97	0.56	0.62	0.70	0.49	0.45	0.31
	Total	0.58	0.97	0.55	0.67	0.67	0.48	0.36	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	132,037	24,384	34,304	24,804	12,554	20,282	13,014	2,695
	MN	7,076	795	1,682	1,275	711	1,136	1,347	130
	Total	139,113	25,179	35,986	26,079	13,265	21,418	14,361	2,825
12a. Total Eligibles Receiving Any Dental Services	CN	181,326	149	7,776	34,143	48,139	50,784	33,538	6,797
	MN	9,705	5	429	1,819	2,290	2,440	2,453	269
	Total	191,031	154	8,205	35,962	50,429	53,224	35,991	7,066
12b. Total Eligibles Receiving Preventive Dental Services	CN	152,453	50	5,752	29,583	43,288	44,081	25,594	4,105
	MN	8,280	0	328	1,586	2,089	2,130	1,982	165
	Total	160,733	50	6,080	31,169	45,377	46,211	27,576	4,270
12c. Total Eligibles Receiving Dental Treatment Services	CN	95,041	42	1,125	11,618	25,314	28,938	23,004	5,000
	MN	4,897	3	55	541	1,137	1,349	1,619	193
	Total	99,938	45	1,180	12,159	26,451	30,287	24,623	5,193
13. Total Eligibles Enrolled in Managed Care	CN	492,801	49,197	63,791	81,114	97,586	105,538	78,533	17,042
	MN	24,258	1,818	3,150	4,123	4,668	5,066	4,786	647
	Total	517,059	51,015	66,941	85,237	102,254	110,604	83,319	17,689
14. Total Number of Screening Blood Lead Tests	CN	70,456	1,463	50,732	18,261				
	MN	11,535	6,940	108	4,487				
	Total	81,991	8,403	50,840	22,748				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Louisiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	775,601	48,313	99,146	128,225	154,704	169,741	133,093	42,379
	MN	526	15	46	75	97	98	76	119
	Total	776,127	48,328	99,192	128,300	154,801	169,839	133,169	42,498
2a. State Periodicity Schedule	CN		6	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	8,349,736	303,065	1,105,878	1,439,276	1,740,826	1,912,513	1,488,301	359,877
	MN	4,303	82	437	752	854	701	488	989
	Total	8,354,039	303,147	1,106,315	1,440,028	1,741,680	1,913,214	1,488,789	360,866
3b. Average Period of Eligibility	CN	0.90	0.52	0.93	0.94	0.94	0.94	0.93	0.71
	MN	0.68	0.46	0.79	0.84	0.73	0.60	0.54	0.69
	Total	0.90	0.52	0.93	0.94	0.94	0.94	0.93	0.71
4. Expected Number of Screenings per Eligible	CN		3.12	1.86	0.94	0.47	0.56	0.47	0.36
	MN		2.76	1.58	0.84	0.37	0.36	0.27	0.35
	Total		3.12	1.86	0.94	0.47	0.56	0.47	0.36
5. Expected Number of Screenings	CN	701,257	150,737	184,412	120,532	72,711	95,055	62,554	15,256
	MN	311	41	73	63	36	35	21	42
	Total	701,568	150,778	184,485	120,595	72,747	95,090	62,575	15,298
6. Total Screens Received	CN	692,527	164,851	209,007	104,961	67,765	86,883	53,357	5,703
	MN	180	20	36	39	20	17	21	27
	Total	692,707	164,871	209,043	105,000	67,785	86,900	53,378	5,730
7. Screening Ratio	CN	0.99	1.00	1.00	0.87	0.93	0.91	0.85	0.37
	MN	0.58	0.49	0.49	0.62	0.56	0.49	1.00	0.64
	Total	0.99	1.00	1.00	0.87	0.93	0.91	0.85	0.37
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	513,567	48,313	99,146	120,532	72,711	95,055	62,554	15,256
	MN	258	15	46	63	36	35	21	42
	Total	513,825	48,328	99,192	120,595	72,747	95,090	62,575	15,298
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	370,052	43,858	77,237	77,647	56,239	68,558	41,646	4,867
	MN	131	13	18	27	18	15	18	22
	Total	370,183	43,871	77,255	77,674	56,257	68,573	41,664	4,889

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Louisiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.72	0.91	0.78	0.64	0.77	0.72	0.67	0.32
	MN	0.51	0.87	0.39	0.43	0.50	0.43	0.86	0.52
	Total	0.72	0.91	0.78	0.64	0.77	0.72	0.67	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	117,272	12,907	28,916	21,921	19,704	20,390	11,916	1,518
	MN	39	2	4	3	6	6	7	11
	Total	117,311	12,909	28,920	21,924	19,710	20,396	11,923	1,529
12a. Total Eligibles Receiving Any Dental Services	CN	297,510	90	13,163	61,416	80,319	78,975	52,400	11,147
	MN	144	0	1	22	22	19	21	59
	Total	297,654	90	13,164	61,438	80,341	78,994	52,421	11,206
12b. Total Eligibles Receiving Preventive Dental Services	CN	265,880	44	9,793	56,076	75,039	72,703	44,307	7,918
	MN	114	0	1	19	20	18	19	37
	Total	265,994	44	9,794	56,095	75,059	72,721	44,326	7,955
12c. Total Eligibles Receiving Dental Treatment Services	CN	155,845	20	2,898	23,856	45,030	43,113	33,220	7,708
	MN	91	0	0	14	13	10	15	39
	Total	155,936	20	2,898	23,870	45,043	43,123	33,235	7,747
13. Total Eligibles Enrolled in Managed Care	CN	685,004	36,133	93,547	117,787	138,309	148,515	113,167	37,546
	MN	310	5	13	25	15	16	14	222
	Total	685,314	36,138	93,560	117,812	138,324	148,531	113,181	37,768
14. Total Number of Screening Blood Lead Tests	CN	77,387	724	51,895	24,768				
	MN	20	0	10	10				
	Total	77,407	724	51,905	24,778				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Maine

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	140,232	7,643	15,702	21,349	26,337	30,783	25,311	13,107
	MN	652	21	62	84	117	159	123	86
	Total	140,884	7,664	15,764	21,433	26,454	30,942	25,434	13,193
2a. State Periodicity Schedule	CN		6	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,430,888	46,888	165,204	225,798	280,365	326,955	262,140	123,538
	MN	6,378	75	536	806	1,326	1,706	1,246	683
	Total	1,437,266	46,963	165,740	226,604	281,691	328,661	263,386	124,221
3b. Average Period of Eligibility	CN	0.85	0.51	0.88	0.88	0.89	0.89	0.86	0.79
	MN	0.82	0.30	0.72	0.80	0.94	0.89	0.84	0.66
	Total	0.85	0.51	0.88	0.88	0.89	0.89	0.86	0.78
4. Expected Number of Screenings per Eligible	CN		3.06	1.76	0.88	0.45	0.89	0.86	0.79
	MN		1.80	1.44	0.80	0.47	0.89	0.84	0.66
	Total		3.06	1.76	0.88	0.45	0.89	0.86	0.78
5. Expected Number of Screenings	CN	141,182	23,388	27,636	18,787	11,852	27,397	21,767	10,355
	MN	551	38	89	67	55	142	103	57
	Total	141,733	23,426	27,725	18,854	11,907	27,539	21,870	10,412
6. Total Screens Received	CN	121,611	10,803	48,623	20,504	14,333	14,515	9,754	3,079
	MN	383	31	120	66	49	68	39	10
	Total	121,994	10,834	48,743	20,570	14,382	14,583	9,793	3,089
7. Screening Ratio	CN	0.86	0.46	1.00	1.00	1.00	0.53	0.45	0.30
	MN	0.70	0.82	1.00	0.99	0.89	0.48	0.38	0.18
	Total	0.86	0.46	1.00	1.00	1.00	0.53	0.45	0.30
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	113,503	7,643	15,702	18,787	11,852	27,397	21,767	10,355
	MN	507	21	62	67	55	142	103	57
	Total	114,010	7,664	15,764	18,854	11,907	27,539	21,870	10,412
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	69,386	3,387	13,998	14,239	12,317	13,801	8,907	2,737
	MN	250	11	41	44	44	65	36	9
	Total	69,636	3,398	14,039	14,283	12,361	13,866	8,943	2,746

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Maine

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.61	0.44	0.89	0.76	1.00	0.50	0.41	0.26
	MN	0.49	0.52	0.66	0.66	0.80	0.46	0.35	0.16
	Total	0.61	0.44	0.89	0.76	1.00	0.50	0.41	0.26
11. Total Eligibles Referred for Corrective Treatment	CN	23,436	19	382	1,605	4,926	7,731	6,321	2,452
	MN	97	0	1	3	14	36	29	14
	Total	23,533	19	383	1,608	4,940	7,767	6,350	2,466
12a. Total Eligibles Receiving Any Dental Services	CN	51,996	15	1,265	7,683	13,385	15,274	10,609	3,765
	MN	222	0	4	29	55	71	40	23
	Total	52,218	15	1,269	7,712	13,440	15,345	10,649	3,788
12b. Total Eligibles Receiving Preventive Dental Services	CN	48,507	10	1,223	7,456	12,883	14,432	9,547	2,956
	MN	213	0	4	28	54	69	37	21
	Total	48,720	10	1,227	7,484	12,937	14,501	9,584	2,977
12c. Total Eligibles Receiving Dental Treatment Services	CN	37,961	7	531	4,871	9,497	11,408	8,423	3,224
	MN	164	0	1	16	39	57	31	20
	Total	38,125	7	532	4,887	9,536	11,465	8,454	3,244
13. Total Eligibles Enrolled in Managed Care	CN	87,307	2,235	13,307	15,036	17,194	19,216	13,954	6,365
	MN	330	3	37	50	68	90	62	20
	Total	87,637	2,238	13,344	15,086	17,262	19,306	14,016	6,385
14. Total Number of Screening Blood Lead Tests	CN	14,367	666	8,341	5,360				
	MN	41	3	21	17				
	Total	14,408	669	8,362	5,377				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Maryland

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	539,155	37,780	76,322	91,459	105,185	110,876	86,365	31,168
	MN	17,051	157	1,822	2,880	3,204	3,381	3,528	2,079
	Total	556,206	37,937	78,144	94,339	108,389	114,257	89,893	33,247
2a. State Periodicity Schedule	CN		6	4	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	5,507,845	235,258	807,854	978,054	1,127,405	1,185,447	904,763	269,064
	MN	100,531	1,067	10,088	15,337	18,040	20,372	23,146	12,481
	Total	5,608,376	236,325	817,942	993,391	1,145,445	1,205,819	927,909	281,545
3b. Average Period of Eligibility	CN	0.85	0.52	0.88	0.89	0.89	0.89	0.87	0.72
	MN	0.49	0.57	0.46	0.44	0.47	0.50	0.55	0.50
	Total	0.84	0.52	0.87	0.88	0.88	0.88	0.86	0.71
4. Expected Number of Screenings per Eligible	CN		3.12	1.76	0.89	0.89	0.89	0.87	0.72
	MN		3.42	0.92	0.44	0.47	0.50	0.55	0.50
	Total		3.12	1.74	0.88	0.88	0.88	0.86	0.71
5. Expected Number of Screenings	CN	623,474	117,874	134,327	81,399	93,615	98,680	75,138	22,441
	MN	9,657	537	1,676	1,267	1,506	1,691	1,940	1,040
	Total	633,131	118,411	136,003	82,666	95,121	100,371	77,078	23,481
6. Total Screens Received	CN	537,488	111,082	175,370	75,122	61,595	62,196	42,773	9,350
	MN	6,880	520	1,621	825	819	1,124	1,432	539
	Total	544,368	111,602	176,991	75,947	62,414	63,320	44,205	9,889
7. Screening Ratio	CN	0.86	0.94	1.00	0.92	0.66	0.63	0.57	0.42
	MN	0.71	0.97	0.97	0.65	0.54	0.66	0.74	0.52
	Total	0.86	0.94	1.00	0.92	0.66	0.63	0.57	0.42
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	485,375	37,780	76,322	81,399	93,615	98,680	75,138	22,441
	MN	9,277	157	1,676	1,267	1,506	1,691	1,940	1,040
	Total	494,652	37,937	77,998	82,666	95,121	100,371	77,078	23,481
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	298,657	30,056	62,584	60,707	51,764	51,740	34,250	7,556
	MN	4,581	156	823	654	647	847	1,031	423
	Total	303,238	30,212	63,407	61,361	52,411	52,587	35,281	7,979

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Maryland

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.62	0.80	0.82	0.75	0.55	0.52	0.46	0.34
	MN	0.49	0.99	0.49	0.52	0.43	0.50	0.53	0.41
	Total	0.61	0.80	0.81	0.74	0.55	0.52	0.46	0.34
11. Total Eligibles Referred for Corrective Treatment	CN	291,929	29,767	62,046	59,594	50,675	50,318	32,627	6,902
	MN	4,392	157	807	634	628	812	974	380
	Total	296,321	29,924	62,853	60,228	51,303	51,130	33,601	7,282
12a. Total Eligibles Receiving Any Dental Services	CN	212,778	1,048	11,728	40,822	56,904	54,735	35,626	11,915
	MN	3,370	14	98	338	569	775	1,024	552
	Total	216,148	1,062	11,826	41,160	57,473	55,510	36,650	12,467
12b. Total Eligibles Receiving Preventive Dental Services	CN	185,450	339	8,251	36,808	52,581	49,353	29,119	8,999
	MN	2,756	5	46	286	490	690	853	386
	Total	188,206	344	8,297	37,094	53,071	50,043	29,972	9,385
12c. Total Eligibles Receiving Dental Treatment Services	CN	88,265	10	795	11,279	24,969	26,460	19,459	5,293
	MN	1,446	0	6	74	236	352	523	255
	Total	89,711	10	801	11,353	25,205	26,812	19,982	5,548
13. Total Eligibles Enrolled in Managed Care	CN	514,010	34,531	74,488	88,468	100,907	105,436	81,481	28,699
	MN	16,115	118	1,769	2,812	3,076	3,199	3,327	1,814
	Total	530,125	34,649	76,257	91,280	103,983	108,635	84,808	30,513
14. Total Number of Screening Blood Lead Tests	CN	55,563	948	35,434	19,181				
	MN	619	4	352	263				
	Total	56,182	952	35,786	19,444				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Massachusetts

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	593,187	41,444	75,389	90,982	106,132	121,881	105,353	52,006
	MN	0	0	0	0	0	0	0	0
	Total	593,187	41,444	75,389	90,982	106,132	121,881	105,353	52,006
2a. State Periodicity Schedule	CN		6	4	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	5,526,370	213,197	738,158	896,094	1,046,977	1,192,030	1,006,338	433,576
	MN	0	0	0	0	0	0	0	0
	Total	5,526,370	213,197	738,158	896,094	1,046,977	1,192,030	1,006,338	433,576
3b. Average Period of Eligibility	CN	0.78	0.43	0.82	0.82	0.82	0.82	0.80	0.69
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.78	0.43	0.82	0.82	0.82	0.82	0.80	0.69
4. Expected Number of Screenings per Eligible	CN		2.58	1.64	0.82	0.82	0.82	0.80	0.69
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.58	1.64	0.82	0.82	0.82	0.80	0.69
5. Expected Number of Screenings	CN	612,305	106,926	123,638	74,605	87,028	99,942	84,282	35,884
	MN	0	0	0	0	0	0	0	0
	Total	612,305	106,926	123,638	74,605	87,028	99,942	84,282	35,884
6. Total Screens Received	CN	629,134	144,977	178,291	77,557	71,397	79,000	60,339	17,573
	MN	0	0	0	0	0	0	0	0
	Total	629,134	144,977	178,291	77,557	71,397	79,000	60,339	17,573
7. Screening Ratio	CN	1.00	1.00	1.00	1.00	0.82	0.79	0.72	0.49
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	1.00	1.00	1.00	0.82	0.79	0.72	0.49
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	498,574	41,444	75,389	74,605	87,028	99,942	84,282	35,884
	MN	0	0	0	0	0	0	0	0
	Total	498,574	41,444	75,389	74,605	87,028	99,942	84,282	35,884
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	332,689	32,045	59,439	59,126	58,064	64,541	46,899	12,575
	MN	0	0	0	0	0	0	0	0
	Total	332,689	32,045	59,439	59,126	58,064	64,541	46,899	12,575

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Massachusetts

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.67	0.77	0.79	0.79	0.67	0.65	0.56	0.35
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	0.77	0.79	0.79	0.67	0.65	0.56	0.35
11. Total Eligibles Referred for Corrective Treatment	CN	300,752	22,269	49,831	52,150	54,152	56,009	44,114	22,227
	MN	0	0	0	0	0	0	0	0
	Total	300,752	22,269	49,831	52,150	54,152	56,009	44,114	22,227
12a. Total Eligibles Receiving Any Dental Services	CN	279,741	1,087	14,810	49,821	67,460	73,690	55,335	17,538
	MN	0	0	0	0	0	0	0	0
	Total	279,741	1,087	14,810	49,821	67,460	73,690	55,335	17,538
12b. Total Eligibles Receiving Preventive Dental Services	CN	252,937	310	11,436	47,099	64,307	67,954	47,756	14,075
	MN	0	0	0	0	0	0	0	0
	Total	252,937	310	11,436	47,099	64,307	67,954	47,756	14,075
12c. Total Eligibles Receiving Dental Treatment Services	CN	150,438	33	1,976	18,004	37,274	45,681	36,521	10,949
	MN	0	0	0	0	0	0	0	0
	Total	150,438	33	1,976	18,004	37,274	45,681	36,521	10,949
13. Total Eligibles Enrolled in Managed Care	CN	337,798	17,854	34,544	56,498	69,795	77,942	61,267	19,898
	MN	0	0	0	0	0	0	0	0
	Total	337,798	17,854	34,544	56,498	69,795	77,942	61,267	19,898
14. Total Number of Screening Blood Lead Tests	CN	139,186	3,124	61,050	75,012				
	MN	0	0	0	0				
	Total	139,186	3,124	61,050	75,012				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Michigan

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	1,165,100	71,302	141,276	188,546	232,278	264,682	203,550	63,466
	MN	24,004	25	115	144	168	247	699	22,606
	Total	1,189,104	71,327	141,391	188,690	232,446	264,929	204,249	86,072
2a. State Periodicity Schedule	CN		7	4	4	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		7.00	2.00	1.33	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	11,734,383	434,567	1,482,422	1,983,100	2,449,617	2,774,669	2,042,559	567,449
	MN	171,924	130	763	904	1,054	1,588	4,573	162,912
	Total	11,906,307	434,697	1,483,185	1,984,004	2,450,671	2,776,257	2,047,132	730,361
3b. Average Period of Eligibility	CN	0.84	0.51	0.87	0.88	0.88	0.87	0.84	0.75
	MN	0.60	0.43	0.55	0.52	0.52	0.54	0.55	0.60
	Total	0.83	0.51	0.87	0.88	0.88	0.87	0.84	0.71
4. Expected Number of Screenings per Eligible	CN		3.57	1.74	1.17	0.88	0.87	0.84	0.75
	MN		3.01	1.10	0.69	0.52	0.54	0.55	0.60
	Total		3.57	1.74	1.17	0.88	0.87	0.84	0.71
5. Expected Number of Screenings	CN	1,374,227	254,548	245,820	220,599	204,405	230,273	170,982	47,600
	MN	14,469	75	127	99	87	133	384	13,564
	Total	1,388,696	254,623	245,947	220,698	204,492	230,406	171,366	61,164
6. Total Screens Received	CN	732,250	136,969	212,608	113,928	85,994	101,935	68,623	12,193
	MN	4,084	21	63	38	28	39	86	3,809
	Total	736,334	136,990	212,671	113,966	86,022	101,974	68,709	16,002
7. Screening Ratio	CN	0.53	0.54	0.86	0.52	0.42	0.44	0.40	0.26
	MN	0.28	0.28	0.50	0.38	0.32	0.29	0.22	0.28
	Total	0.53	0.54	0.86	0.52	0.42	0.44	0.40	0.26
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,054,384	71,302	141,276	188,546	204,405	230,273	170,982	47,600
	MN	14,407	25	115	99	87	133	384	13,564
	Total	1,068,791	71,327	141,391	188,645	204,492	230,406	171,366	61,164
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	459,394	51,582	92,541	92,184	73,192	84,470	55,456	9,969
	MN	3,388	10	39	35	23	35	67	3,179
	Total	462,782	51,592	92,580	92,219	73,215	84,505	55,523	13,148

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Michigan

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.44	0.72	0.66	0.49	0.36	0.37	0.32	0.21
	MN	0.24	0.40	0.34	0.35	0.26	0.26	0.17	0.23
	Total	0.43	0.72	0.65	0.49	0.36	0.37	0.32	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	393,623	227	9,101	75,552	116,065	111,891	67,318	13,469
	MN	4,417	0	1	28	46	52	122	4,168
	Total	398,040	227	9,102	75,580	116,111	111,943	67,440	17,637
12b. Total Eligibles Receiving Preventive Dental Services	CN	383,196	226	9,052	74,219	113,486	108,883	64,513	12,817
	MN	4,202	0	1	28	46	50	118	3,959
	Total	387,398	226	9,053	74,247	113,532	108,933	64,631	16,776
12c. Total Eligibles Receiving Dental Treatment Services	CN	165,521	11	942	21,832	50,588	47,006	37,087	8,055
	MN	2,810	0	0	3	15	19	73	2,700
	Total	168,331	11	942	21,835	50,603	47,025	37,160	10,755
13. Total Eligibles Enrolled in Managed Care	CN	1,000,090	59,534	127,888	166,250	200,947	223,897	169,780	51,794
	MN	19,508	22	134	165	203	267	690	18,027
	Total	1,019,598	59,556	128,022	166,415	201,150	224,164	170,470	69,821
14. Total Number of Screening Blood Lead Tests	CN	131,858	2,282	76,193	53,383				
	MN	66	0	38	28				
	Total	131,924	2,282	76,231	53,411				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Minnesota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	385,703	31,098	60,434	65,200	72,964	74,280	55,986	25,741
	MN	53,810	1,352	3,869	7,592	9,956	12,003	11,276	7,762
	Total	439,513	32,450	64,303	72,792	82,920	86,283	67,262	33,503
2a. State Periodicity Schedule	CN		5	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	3,695,053	189,391	600,611	640,359	732,878	752,900	557,926	220,988
	MN	508,401	8,496	38,883	72,499	97,099	118,295	107,712	65,417
	Total	4,203,454	197,887	639,494	712,858	829,977	871,195	665,638	286,405
3b. Average Period of Eligibility	CN	0.80	0.51	0.83	0.82	0.84	0.84	0.83	0.72
	MN	0.79	0.52	0.84	0.80	0.81	0.82	0.80	0.70
	Total	0.80	0.51	0.83	0.82	0.83	0.84	0.82	0.71
4. Expected Number of Screenings per Eligible	CN		2.55	1.66	0.82	0.42	0.50	0.42	0.36
	MN		2.60	1.68	0.80	0.41	0.49	0.40	0.35
	Total		2.55	1.66	0.82	0.42	0.50	0.41	0.36
5. Expected Number of Screenings	CN	333,650	79,300	100,320	53,464	30,645	37,140	23,514	9,267
	MN	33,279	3,515	6,500	6,074	4,082	5,881	4,510	2,717
	Total	366,929	82,815	106,820	59,538	34,727	43,021	28,024	11,984
6. Total Screens Received	CN	296,008	87,473	104,118	38,944	21,401	24,517	14,948	4,607
	MN	28,445	4,414	6,789	4,975	3,165	4,217	3,160	1,725
	Total	324,453	91,887	110,907	43,919	24,566	28,734	18,108	6,332
7. Screening Ratio	CN	0.89	1.00	1.00	0.73	0.70	0.66	0.64	0.50
	MN	0.85	1.00	1.00	0.82	0.78	0.72	0.70	0.63
	Total	0.88	1.00	1.00	0.74	0.71	0.67	0.65	0.53
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	245,562	31,098	60,434	53,464	30,645	37,140	23,514	9,267
	MN	28,485	1,352	3,869	6,074	4,082	5,881	4,510	2,717
	Total	274,047	32,450	64,303	59,538	34,727	43,021	28,024	11,984
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	169,631	26,996	45,542	35,467	20,435	23,114	13,758	4,319
	MN	20,846	1,271	3,145	4,692	3,076	4,061	2,975	1,626
	Total	190,477	28,267	48,687	40,159	23,511	27,175	16,733	5,945

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Minnesota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.69	0.87	0.75	0.66	0.67	0.62	0.59	0.47
	MN	0.73	0.94	0.81	0.77	0.75	0.69	0.66	0.60
	Total	0.70	0.87	0.76	0.67	0.68	0.63	0.60	0.50
11. Total Eligibles Referred for Corrective Treatment	CN	15,818	2,761	5,372	2,903	1,837	1,936	894	115
	MN	2,452	233	493	585	375	447	265	54
	Total	18,270	2,994	5,865	3,488	2,212	2,383	1,159	169
12a. Total Eligibles Receiving Any Dental Services	CN	139,356	329	8,280	28,604	36,597	35,370	22,678	7,498
	MN	28,722	11	569	4,110	6,871	7,993	6,178	2,990
	Total	168,078	340	8,849	32,714	43,468	43,363	28,856	10,488
12b. Total Eligibles Receiving Preventive Dental Services	CN	123,847	301	7,202	26,234	33,686	32,252	18,851	5,321
	MN	26,586	9	459	3,827	6,611	7,663	5,572	2,445
	Total	150,433	310	7,661	30,061	40,297	39,915	24,423	7,766
12c. Total Eligibles Receiving Dental Treatment Services	CN	62,850	9	911	9,878	17,823	16,406	12,881	4,942
	MN	12,506	1	68	1,207	3,023	3,374	3,071	1,762
	Total	75,356	10	979	11,085	20,846	19,780	15,952	6,704
13. Total Eligibles Enrolled in Managed Care	CN	309,872	25,354	53,406	54,417	58,643	57,483	41,771	18,798
	MN	50,372	1,292	3,749	7,242	9,528	11,516	10,266	6,779
	Total	360,244	26,646	57,155	61,659	68,171	68,999	52,037	25,577
14. Total Number of Screening Blood Lead Tests	CN	43,083	1,625	32,405	9,053				
	MN	2,947	83	2,192	672				
	Total	46,030	1,708	34,597	9,725				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Mississippi

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	409,443	34,654	65,857	75,840	81,208	82,732	56,016	13,136
	MN	0	0	0	0	0	0	0	0
	Total	409,443	34,654	65,857	75,840	81,208	82,732	56,016	13,136
2a. State Periodicity Schedule	CN		5	3	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	1.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,030,384	221,381	664,845	786,274	825,681	848,608	574,301	109,294
	MN	0	0	0	0	0	0	0	0
	Total	4,030,384	221,381	664,845	786,274	825,681	848,608	574,301	109,294
3b. Average Period of Eligibility	CN	0.82	0.53	0.84	0.86	0.85	0.85	0.85	0.69
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.82	0.53	0.84	0.86	0.85	0.85	0.85	0.69
4. Expected Number of Screenings per Eligible	CN		2.65	1.26	0.86	0.85	0.85	0.85	0.69
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.65	1.26	0.86	0.85	0.85	0.85	0.69
5. Expected Number of Screenings	CN	436,062	91,833	82,980	65,222	69,027	70,322	47,614	9,064
	MN	0	0	0	0	0	0	0	0
	Total	436,062	91,833	82,980	65,222	69,027	70,322	47,614	9,064
6. Total Screens Received	CN	262,769	84,067	91,511	36,022	19,371	19,900	10,873	1,025
	MN	0	0	0	0	0	0	0	0
	Total	262,769	84,067	91,511	36,022	19,371	19,900	10,873	1,025
7. Screening Ratio	CN	0.60	0.92	1.00	0.55	0.28	0.28	0.23	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.92	1.00	0.55	0.28	0.28	0.23	0.11
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	361,760	34,654	65,857	65,222	69,027	70,322	47,614	9,064
	MN	0	0	0	0	0	0	0	0
	Total	361,760	34,654	65,857	65,222	69,027	70,322	47,614	9,064
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	148,132	28,417	41,586	31,676	17,686	17,936	9,895	936
	MN	0	0	0	0	0	0	0	0
	Total	148,132	28,417	41,586	31,676	17,686	17,936	9,895	936

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Mississippi

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.41	0.82	0.63	0.49	0.26	0.26	0.21	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.41	0.82	0.63	0.49	0.26	0.26	0.21	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	66,054	15,949	22,093	9,490	6,384	7,259	4,381	498
	MN	0	0	0	0	0	0	0	0
	Total	66,054	15,949	22,093	9,490	6,384	7,259	4,381	498
12a. Total Eligibles Receiving Any Dental Services	CN	169,685	996	13,216	41,860	43,538	41,414	24,508	4,153
	MN	0	0	0	0	0	0	0	0
	Total	169,685	996	13,216	41,860	43,538	41,414	24,508	4,153
12b. Total Eligibles Receiving Preventive Dental Services	CN	142,560	138	7,604	35,693	39,119	36,867	20,131	3,008
	MN	0	0	0	0	0	0	0	0
	Total	142,560	138	7,604	35,693	39,119	36,867	20,131	3,008
12c. Total Eligibles Receiving Dental Treatment Services	CN	74,659	16	1,422	13,764	21,358	21,566	14,259	2,274
	MN	0	0	0	0	0	0	0	0
	Total	74,659	16	1,422	13,764	21,358	21,566	14,259	2,274
13. Total Eligibles Enrolled in Managed Care	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
14. Total Number of Screening Blood Lead Tests	CN	52,060	1,692	28,423	21,945				
	MN	0	0	0	0				
	Total	52,060	1,692	28,423	21,945				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Missouri

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	665,577	44,674	91,574	114,010	130,996	139,590	108,948	35,785
	MN	0	0	0	0	0	0	0	0
	Total	665,577	44,674	91,574	114,010	130,996	139,590	108,948	35,785
2a. State Periodicity Schedule	CN		5	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	6,449,286	249,019	929,030	1,162,974	1,344,557	1,429,230	1,075,991	258,485
	MN	0	0	0	0	0	0	0	0
	Total	6,449,286	249,019	929,030	1,162,974	1,344,557	1,429,230	1,075,991	258,485
3b. Average Period of Eligibility	CN	0.81	0.46	0.85	0.85	0.86	0.85	0.82	0.60
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.81	0.46	0.85	0.85	0.86	0.85	0.82	0.60
4. Expected Number of Screenings per Eligible	CN		2.30	1.70	0.85	0.43	0.51	0.41	0.30
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.30	1.70	0.85	0.43	0.51	0.41	0.30
5. Expected Number of Screenings	CN	538,259	102,750	155,676	96,909	56,328	71,191	44,669	10,736
	MN	0	0	0	0	0	0	0	0
	Total	538,259	102,750	155,676	96,909	56,328	71,191	44,669	10,736
6. Total Screens Received	CN	398,284	91,355	128,285	66,370	31,071	33,310	33,246	14,647
	MN	0	0	0	0	0	0	0	0
	Total	398,284	91,355	128,285	66,370	31,071	33,310	33,246	14,647
7. Screening Ratio	CN	0.74	0.89	0.82	0.68	0.55	0.47	0.74	1.00
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.74	0.89	0.82	0.68	0.55	0.47	0.74	1.00
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	416,081	44,674	91,574	96,909	56,328	71,191	44,669	10,736
	MN	0	0	0	0	0	0	0	0
	Total	416,081	44,674	91,574	96,909	56,328	71,191	44,669	10,736
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	297,060	40,776	69,478	63,598	39,157	42,723	32,284	9,044
	MN	0	0	0	0	0	0	0	0
	Total	297,060	40,776	69,478	63,598	39,157	42,723	32,284	9,044

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Missouri

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.71	0.91	0.76	0.66	0.70	0.60	0.72	0.84
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.71	0.91	0.76	0.66	0.70	0.60	0.72	0.84
11. Total Eligibles Referred for Corrective Treatment	CN	185,320	26,400	48,640	36,484	22,166	23,541	20,750	7,339
	MN	0	0	0	0	0	0	0	0
	Total	185,320	26,400	48,640	36,484	22,166	23,541	20,750	7,339
12a. Total Eligibles Receiving Any Dental Services	CN	182,404	76	5,028	34,294	54,115	52,050	31,828	5,013
	MN	0	0	0	0	0	0	0	0
	Total	182,404	76	5,028	34,294	54,115	52,050	31,828	5,013
12b. Total Eligibles Receiving Preventive Dental Services	CN	161,839	30	3,411	30,386	50,230	47,867	26,441	3,474
	MN	0	0	0	0	0	0	0	0
	Total	161,839	30	3,411	30,386	50,230	47,867	26,441	3,474
12c. Total Eligibles Receiving Dental Treatment Services	CN	92,289	17	929	12,375	27,987	27,408	20,125	3,448
	MN	0	0	0	0	0	0	0	0
	Total	92,289	17	929	12,375	27,987	27,408	20,125	3,448
13. Total Eligibles Enrolled in Managed Care	CN	0	0	0	0	0	0	0	0
	MN	445,381	29,121	63,054	77,685	88,575	93,771	72,800	20,375
	Total	445,381	29,121	63,054	77,685	88,575	93,771	72,800	20,375
14. Total Number of Screening Blood Lead Tests	CN	66,694	1,139	38,360	27,195				
	MN	0	0	0	0				
	Total	66,694	1,139	38,360	27,195				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Montana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	67,439	5,507	10,647	13,115	13,201	12,404	9,237	3,328
	MN	209	3	9	17	30	55	77	18
	Total	67,648	5,510	10,656	13,132	13,231	12,459	9,314	3,346
2a. State Periodicity Schedule	CN		5	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	601,210	32,485	99,661	124,166	122,845	116,210	82,464	23,379
	MN	1,382	18	57	107	200	381	467	152
	Total	602,592	32,503	99,718	124,273	123,045	116,591	82,931	23,531
3b. Average Period of Eligibility	CN	0.74	0.49	0.78	0.79	0.78	0.78	0.74	0.59
	MN	0.55	0.50	0.53	0.52	0.56	0.58	0.51	0.70
	Total	0.74	0.49	0.78	0.79	0.77	0.78	0.74	0.59
4. Expected Number of Screenings per Eligible	CN		2.45	1.56	0.79	0.39	0.47	0.37	0.30
	MN		2.50	1.06	0.52	0.28	0.35	0.26	0.35
	Total		2.45	1.56	0.79	0.39	0.47	0.37	0.30
5. Expected Number of Screenings	CN	55,856	13,492	16,609	10,361	5,148	5,830	3,418	998
	MN	80	8	10	9	8	19	20	6
	Total	55,936	13,500	16,619	10,370	5,156	5,849	3,438	1,004
6. Total Screens Received	CN	59,098	19,469	19,761	8,698	3,478	4,510	2,850	332
	MN	120	17	18	5	14	32	32	2
	Total	59,218	19,486	19,779	8,703	3,492	4,542	2,882	334
7. Screening Ratio	CN	1.00	1.00	1.00	0.84	0.68	0.77	0.83	0.33
	MN	1.00	1.00	1.00	0.56	1.00	1.00	1.00	0.33
	Total	1.00	1.00	1.00	0.84	0.68	0.78	0.84	0.33
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	41,909	5,507	10,647	10,361	5,148	5,830	3,418	998
	MN	74	3	9	9	8	19	20	6
	Total	41,983	5,510	10,656	10,370	5,156	5,849	3,438	1,004
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	27,381	4,881	7,376	6,273	2,836	3,549	2,177	289
	MN	62	2	7	3	9	20	19	2
	Total	27,443	4,883	7,383	6,276	2,845	3,569	2,196	291

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Montana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.65	0.89	0.69	0.61	0.55	0.61	0.64	0.29
	MN	0.84	0.67	0.78	0.33	1.00	1.00	0.95	0.33
	Total	0.65	0.89	0.69	0.61	0.55	0.61	0.64	0.29
11. Total Eligibles Referred for Corrective Treatment	CN	21,227	4,480	6,080	4,488	2,137	2,479	1,392	171
	MN	57	3	7	6	5	18	17	1
	Total	21,284	4,483	6,087	4,494	2,142	2,497	1,409	172
12a. Total Eligibles Receiving Any Dental Services	CN	18,104	35	1,128	4,405	5,099	4,247	2,651	539
	MN	74	0	1	4	13	23	32	1
	Total	18,178	35	1,129	4,409	5,112	4,270	2,683	540
12b. Total Eligibles Receiving Preventive Dental Services	CN	16,019	30	932	3,948	4,696	3,898	2,153	362
	MN	66	0	1	4	12	18	30	1
	Total	16,085	30	933	3,952	4,708	3,916	2,183	363
12c. Total Eligibles Receiving Dental Treatment Services	CN	9,919	8	342	2,143	2,991	2,320	1,717	398
	MN	46	0	0	4	11	13	18	0
	Total	9,965	8	342	2,147	3,002	2,333	1,735	398
13. Total Eligibles Enrolled in Managed Care	CN	57,709	4,015	9,847	11,854	11,501	10,392	7,466	2,634
	MN	118	2	12	16	26	25	28	9
	Total	57,827	4,017	9,859	11,870	11,527	10,417	7,494	2,643
14. Total Number of Screening Blood Lead Tests	CN	719	7	262	450				
	MN	2	0	0	2				
	Total	721	7	262	452				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Nebraska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	170,191	13,616	26,547	31,799	34,546	33,165	24,339	6,179
	MN	523	25	49	70	83	86	124	86
	Total	170,714	13,641	26,596	31,869	34,629	33,251	24,463	6,265
2a. State Periodicity Schedule	CN		6	5	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,611,534	81,587	260,390	314,257	342,980	331,895	237,594	42,831
	MN	4,715	146	470	719	800	831	1,110	639
	Total	1,616,249	81,733	260,860	314,976	343,780	332,726	238,704	43,470
3b. Average Period of Eligibility	CN	0.79	0.50	0.82	0.82	0.83	0.83	0.81	0.58
	MN	0.75	0.49	0.80	0.86	0.80	0.81	0.75	0.62
	Total	0.79	0.50	0.82	0.82	0.83	0.83	0.81	0.58
4. Expected Number of Screenings per Eligible	CN		3.00	2.05	0.82	0.83	0.83	0.81	0.58
	MN		2.94	2.00	0.86	0.80	0.81	0.75	0.62
	Total		3.00	2.05	0.82	0.83	0.83	0.81	0.58
5. Expected Number of Screenings	CN	200,843	40,848	54,421	26,075	28,673	27,527	19,715	3,584
	MN	514	74	98	60	66	70	93	53
	Total	201,357	40,922	54,519	26,135	28,739	27,597	19,808	3,637
6. Total Screens Received	CN	143,891	44,209	48,292	19,759	7,311	13,166	10,093	1,061
	MN	25	17	1	1	1	1	2	2
	Total	143,916	44,226	48,293	19,760	7,312	13,167	10,095	1,063
7. Screening Ratio	CN	0.72	1.00	0.89	0.76	0.25	0.48	0.51	0.30
	MN	0.05	0.23	0.01	0.02	0.02	0.01	0.02	0.04
	Total	0.71	1.00	0.89	0.76	0.25	0.48	0.51	0.29
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	145,737	13,616	26,547	26,075	28,673	27,527	19,715	3,584
	MN	416	25	49	60	66	70	93	53
	Total	146,153	13,641	26,596	26,135	28,739	27,597	19,808	3,637
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	78,555	13,271	20,561	16,846	6,697	11,898	8,383	899
	MN	19	13	1	1	1	1	1	1
	Total	78,574	13,284	20,562	16,847	6,698	11,899	8,384	900

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Nebraska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.54	0.97	0.77	0.65	0.23	0.43	0.43	0.25
	MN	0.05	0.52	0.02	0.02	0.02	0.01	0.01	0.02
	Total	0.54	0.97	0.77	0.64	0.23	0.43	0.42	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	7,184	1,055	1,847	1,590	605	1,134	908	45
	MN	0	0	0	0	0	0	0	0
	Total	7,184	1,055	1,847	1,590	605	1,134	908	45
12a. Total Eligibles Receiving Any Dental Services	CN	82,528	1,058	4,987	17,795	22,707	20,846	12,906	2,229
	MN	15	0	0	1	2	3	2	7
	Total	82,543	1,058	4,987	17,796	22,709	20,849	12,908	2,236
12b. Total Eligibles Receiving Preventive Dental Services	CN	75,601	494	4,019	16,628	21,667	19,620	11,498	1,675
	MN	8	0	0	1	2	2	1	2
	Total	75,609	494	4,019	16,629	21,669	19,622	11,499	1,677
12c. Total Eligibles Receiving Dental Treatment Services	CN	38,237	763	840	6,469	11,515	10,029	7,206	1,415
	MN	8	0	0	0	1	1	1	5
	Total	38,245	763	840	6,469	11,516	10,030	7,207	1,420
13. Total Eligibles Enrolled in Managed Care	CN	78,840	6,229	13,276	15,317	16,208	14,763	10,328	2,719
	MN	0	0	0	0	0	0	0	0
	Total	78,840	6,229	13,276	15,317	16,208	14,763	10,328	2,719
14. Total Number of Screening Blood Lead Tests	CN	10,390	44	5,778	4,568				
	MN	0	0	0	0				
	Total	10,390	44	5,778	4,568				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Nevada

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	192,778	17,346	32,642	35,472	36,700	34,934	24,603	11,081
	MN	0	0	0	0	0	0	0	0
	Total	192,778	17,346	32,642	35,472	36,700	34,934	24,603	11,081
2a. State Periodicity Schedule	CN		5	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	1,613,060	100,591	285,420	311,554	323,436	309,694	211,533	70,832
	MN	0	0	0	0	0	0	0	0
	Total	1,613,060	100,591	285,420	311,554	323,436	309,694	211,533	70,832
3b. Average Period of Eligibility	CN	0.70	0.48	0.73	0.73	0.73	0.74	0.72	0.53
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	0.48	0.73	0.73	0.73	0.74	0.72	0.53
4. Expected Number of Screenings per Eligible	CN		2.40	1.46	0.73	0.37	0.44	0.36	0.27
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.40	1.46	0.73	0.37	0.44	0.36	0.27
5. Expected Number of Screenings	CN	155,981	41,630	47,657	25,895	13,579	15,371	8,857	2,992
	MN	0	0	0	0	0	0	0	0
	Total	155,981	41,630	47,657	25,895	13,579	15,371	8,857	2,992
6. Total Screens Received	CN	136,425	47,537	43,014	19,934	10,868	9,900	4,601	571
	MN	0	0	0	0	0	0	0	0
	Total	136,425	47,537	43,014	19,934	10,868	9,900	4,601	571
7. Screening Ratio	CN	0.87	1.00	0.90	0.77	0.80	0.64	0.52	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	1.00	0.90	0.77	0.80	0.64	0.52	0.19
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	116,682	17,346	32,642	25,895	13,579	15,371	8,857	2,992
	MN	0	0	0	0	0	0	0	0
	Total	116,682	17,346	32,642	25,895	13,579	15,371	8,857	2,992
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	81,401	19,628	23,283	16,132	9,653	8,457	3,763	485
	MN	0	0	0	0	0	0	0	0
	Total	81,401	19,628	23,283	16,132	9,653	8,457	3,763	485

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Nevada

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.70	1.00	0.71	0.62	0.71	0.55	0.42	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	1.00	0.71	0.62	0.71	0.55	0.42	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	38,839	10,794	11,212	6,703	3,980	3,855	2,014	281
	MN	0	0	0	0	0	0	0	0
	Total	38,839	10,794	11,212	6,703	3,980	3,855	2,014	281
12a. Total Eligibles Receiving Any Dental Services	CN	71,129	176	6,076	15,521	20,006	17,469	9,860	2,021
	MN	0	0	0	0	0	0	0	0
	Total	71,129	176	6,076	15,521	20,006	17,469	9,860	2,021
12b. Total Eligibles Receiving Preventive Dental Services	CN	60,469	130	4,650	13,691	18,345	15,404	7,226	1,023
	MN	0	0	0	0	0	0	0	0
	Total	60,469	130	4,650	13,691	18,345	15,404	7,226	1,023
12c. Total Eligibles Receiving Dental Treatment Services	CN	38,010	7	957	6,719	11,741	10,471	6,648	1,467
	MN	0	0	0	0	0	0	0	0
	Total	38,010	7	957	6,719	11,741	10,471	6,648	1,467
13. Total Eligibles Enrolled in Managed Care	CN	137,080	11,585	20,645	25,323	26,560	25,655	18,785	8,527
	MN	0	0	0	0	0	0	0	0
	Total	137,080	11,585	20,645	25,323	26,560	25,655	18,785	8,527
14. Total Number of Screening Blood Lead Tests	CN	6,378	110	3,316	2,952				
	MN	0	0	0	0				
	Total	6,378	110	3,316	2,952				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: New Hampshire

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	95,384	5,865	11,992	15,686	19,047	21,917	16,349	4,528
	MN	3,363	110	346	560	695	807	640	205
	Total	98,747	5,975	12,338	16,246	19,742	22,724	16,989	4,733
2a. State Periodicity Schedule	CN		6	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	905,389	34,666	118,580	154,809	190,265	217,301	158,041	31,727
	MN	15,219	278	1,368	2,486	3,086	3,971	3,118	912
	Total	920,608	34,944	119,948	157,295	193,351	221,272	161,159	32,639
3b. Average Period of Eligibility	CN	0.79	0.49	0.82	0.82	0.83	0.83	0.81	0.58
	MN	0.38	0.21	0.33	0.37	0.37	0.41	0.41	0.37
	Total	0.78	0.49	0.81	0.81	0.82	0.81	0.79	0.57
4. Expected Number of Screenings per Eligible	CN		2.94	1.64	0.82	0.42	0.83	0.81	0.58
	MN		1.26	0.66	0.37	0.19	0.41	0.41	0.37
	Total		2.94	1.62	0.81	0.41	0.81	0.79	0.57
5. Expected Number of Screenings	CN	91,833	17,243	19,667	12,863	8,000	18,191	13,243	2,626
	MN	1,375	139	228	207	132	331	262	76
	Total	93,208	17,382	19,895	13,070	8,132	18,522	13,505	2,702
6. Total Screens Received	CN	74,218	17,406	21,016	9,253	8,938	10,270	6,356	979
	MN	1,004	157	240	149	139	176	113	30
	Total	75,222	17,563	21,256	9,402	9,077	10,446	6,469	1,009
7. Screening Ratio	CN	0.81	1.00	1.00	0.72	1.00	0.56	0.48	0.37
	MN	0.73	1.00	1.00	0.72	1.00	0.53	0.43	0.39
	Total	0.81	1.00	1.00	0.72	1.00	0.56	0.48	0.37
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	72,780	5,865	11,992	12,863	8,000	18,191	13,243	2,626
	MN	1,346	110	228	207	132	331	262	76
	Total	74,126	5,975	12,220	13,070	8,132	18,522	13,505	2,702
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	51,951	5,223	9,693	9,592	9,298	10,771	6,465	909
	MN	865	82	168	152	149	178	108	28
	Total	52,816	5,305	9,861	9,744	9,447	10,949	6,573	937

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: New Hampshire

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.71	0.89	0.81	0.75	1.00	0.59	0.49	0.35
	MN	0.64	0.75	0.74	0.73	1.00	0.54	0.41	0.37
	Total	0.71	0.89	0.81	0.75	1.00	0.59	0.49	0.35
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	48,245	42	2,824	8,529	12,529	13,746	9,090	1,485
	MN	1,021	0	41	192	253	294	204	37
	Total	49,266	42	2,865	8,721	12,782	14,040	9,294	1,522
12b. Total Eligibles Receiving Preventive Dental Services	CN	44,471	29	2,183	8,046	12,005	12,971	8,091	1,146
	MN	846	0	34	167	218	246	158	23
	Total	45,317	29	2,217	8,213	12,223	13,217	8,249	1,169
12c. Total Eligibles Receiving Dental Treatment Services	CN	21,263	0	168	2,271	5,805	6,638	5,483	898
	MN	419	0	2	37	105	144	110	21
	Total	21,682	0	170	2,308	5,910	6,782	5,593	919
13. Total Eligibles Enrolled in Managed Care	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
14. Total Number of Screening Blood Lead Tests	CN	5,653	73	4,459	1,121				
	MN	73	1	48	24				
	Total	5,726	74	4,507	1,145				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: New Jersey

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	642,519	43,135	94,466	115,285	128,294	131,595	97,078	32,666
	MN	0	0	0	0	0	0	0	0
	Total	642,519	43,135	94,466	115,285	128,294	131,595	97,078	32,666
2a. State Periodicity Schedule	CN		6	4	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	6,734,690	239,955	1,010,281	1,264,768	1,410,368	1,445,814	1,055,118	308,386
	MN	0	0	0	0	0	0	0	0
	Total	6,734,690	239,955	1,010,281	1,264,768	1,410,368	1,445,814	1,055,118	308,386
3b. Average Period of Eligibility	CN	0.87	0.46	0.89	0.91	0.92	0.92	0.91	0.79
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	0.46	0.89	0.91	0.92	0.92	0.91	0.79
4. Expected Number of Screenings per Eligible	CN		2.76	1.78	0.91	0.92	0.92	0.91	0.79
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.76	1.78	0.91	0.92	0.92	0.91	0.79
5. Expected Number of Screenings	CN	745,355	119,053	168,149	104,909	118,030	121,067	88,341	25,806
	MN	0	0	0	0	0	0	0	0
	Total	745,355	119,053	168,149	104,909	118,030	121,067	88,341	25,806
6. Total Screens Received	CN	719,590	151,834	212,598	116,845	82,529	87,397	57,105	11,282
	MN	0	0	0	0	0	0	0	0
	Total	719,590	151,834	212,598	116,845	82,529	87,397	57,105	11,282
7. Screening Ratio	CN	0.97	1.00	1.00	1.00	0.70	0.72	0.65	0.44
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.97	1.00	1.00	1.00	0.70	0.72	0.65	0.44
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	595,754	43,135	94,466	104,909	118,030	121,067	88,341	25,806
	MN	0	0	0	0	0	0	0	0
	Total	595,754	43,135	94,466	104,909	118,030	121,067	88,341	25,806
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	378,982	40,083	76,508	78,426	65,426	67,567	42,612	8,360
	MN	0	0	0	0	0	0	0	0
	Total	378,982	40,083	76,508	78,426	65,426	67,567	42,612	8,360

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: New Jersey

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.64	0.93	0.81	0.75	0.55	0.56	0.48	0.32
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	0.93	0.81	0.75	0.55	0.56	0.48	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	89,971	157	7,149	25,365	22,692	19,382	12,324	2,902
	MN	0	0	0	0	0	0	0	0
	Total	89,971	157	7,149	25,365	22,692	19,382	12,324	2,902
12a. Total Eligibles Receiving Any Dental Services	CN	241,287	383	11,448	49,962	66,437	63,464	40,216	9,377
	MN	0	0	0	0	0	0	0	0
	Total	241,287	383	11,448	49,962	66,437	63,464	40,216	9,377
12b. Total Eligibles Receiving Preventive Dental Services	CN	209,053	48	9,506	46,443	61,259	55,599	30,346	5,852
	MN	0	0	0	0	0	0	0	0
	Total	209,053	48	9,506	46,443	61,259	55,599	30,346	5,852
12c. Total Eligibles Receiving Dental Treatment Services	CN	131,588	26	2,509	21,004	37,660	38,004	26,257	6,128
	MN	0	0	0	0	0	0	0	0
	Total	131,588	26	2,509	21,004	37,660	38,004	26,257	6,128
13. Total Eligibles Enrolled in Managed Care	CN	602,492	34,777	91,814	111,548	122,426	123,444	89,328	29,155
	MN	0	0	0	0	0	0	0	0
	Total	602,492	34,777	91,814	111,548	122,426	123,444	89,328	29,155
14. Total Number of Screening Blood Lead Tests	CN	117,005	1,781	53,001	62,223				
	MN	0	0	0	0				
	Total	117,005	1,781	53,001	62,223				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: New Mexico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	359,515	22,252	47,411	62,923	74,147	78,110	59,310	15,362
	MN	0	0	0	0	0	0	0	0
	Total	359,515	22,252	47,411	62,923	74,147	78,110	59,310	15,362
2a. State Periodicity Schedule	CN		5	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	2,965,990	132,276	426,437	536,051	631,655	665,566	495,061	78,944
	MN	0	0	0	0	0	0	0	0
	Total	2,965,990	132,276	426,437	536,051	631,655	665,566	495,061	78,944
3b. Average Period of Eligibility	CN	0.69	0.50	0.75	0.71	0.71	0.71	0.70	0.43
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.69	0.50	0.75	0.71	0.71	0.71	0.70	0.43
4. Expected Number of Screenings per Eligible	CN		2.50	1.50	0.71	0.36	0.43	0.35	0.22
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.50	1.50	0.71	0.36	0.43	0.35	0.22
5. Expected Number of Screenings	CN	255,841	55,630	71,117	44,675	26,693	33,587	20,759	3,380
	MN	0	0	0	0	0	0	0	0
	Total	255,841	55,630	71,117	44,675	26,693	33,587	20,759	3,380
6. Total Screens Received	CN	248,911	93,169	48,168	34,248	25,917	30,727	15,893	789
	MN	0	0	0	0	0	0	0	0
	Total	248,911	93,169	48,168	34,248	25,917	30,727	15,893	789
7. Screening Ratio	CN	0.97	1.00	0.68	0.77	0.97	0.91	0.77	0.23
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.97	1.00	0.68	0.77	0.97	0.91	0.77	0.23
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	198,757	22,252	47,411	44,675	26,693	33,587	20,759	3,380
	MN	0	0	0	0	0	0	0	0
	Total	198,757	22,252	47,411	44,675	26,693	33,587	20,759	3,380
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	138,973	17,575	31,413	28,177	21,831	24,768	13,718	1,491
	MN	0	0	0	0	0	0	0	0
	Total	138,973	17,575	31,413	28,177	21,831	24,768	13,718	1,491

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: New Mexico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.70	0.79	0.66	0.63	0.82	0.74	0.66	0.44
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	0.79	0.66	0.63	0.82	0.74	0.66	0.44
11. Total Eligibles Referred for Corrective Treatment	CN	719	55	203	80	66	89	153	73
	MN	0	0	0	0	0	0	0	0
	Total	719	55	203	80	66	89	153	73
12a. Total Eligibles Receiving Any Dental Services	CN	164,273	157	10,224	33,635	46,238	44,713	25,657	3,649
	MN	0	0	0	0	0	0	0	0
	Total	164,273	157	10,224	33,635	46,238	44,713	25,657	3,649
12b. Total Eligibles Receiving Preventive Dental Services	CN	150,045	113	9,172	31,090	43,474	41,397	22,105	2,694
	MN	0	0	0	0	0	0	0	0
	Total	150,045	113	9,172	31,090	43,474	41,397	22,105	2,694
12c. Total Eligibles Receiving Dental Treatment Services	CN	161,584	111	9,755	33,195	45,745	44,045	25,178	3,555
	MN	0	0	0	0	0	0	0	0
	Total	161,584	111	9,755	33,195	45,745	44,045	25,178	3,555
13. Total Eligibles Enrolled in Managed Care	CN	276,027	16,851	37,585	49,408	57,482	59,652	43,535	11,514
	MN	0	0	0	0	0	0	0	0
	Total	276,027	16,851	37,585	49,408	57,482	59,652	43,535	11,514
14. Total Number of Screening Blood Lead Tests	CN	9,197	275	4,522	4,400				
	MN	0	0	0	0				
	Total	9,197	275	4,522	4,400				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: New York

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	684,007	26,233	107,289	172,770	121,803	120,702	102,952	32,258
	MN	1,384,238	126,477	187,279	162,945	249,692	276,737	234,052	147,056
	Total	2,068,245	152,710	294,568	335,715	371,495	397,439	337,004	179,314
2a. State Periodicity Schedule	CN		6	3	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	1.50	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	7,217,200	195,663	1,119,094	1,810,649	1,315,196	1,329,643	1,113,275	333,680
	MN	13,809,241	1,096,336	1,862,208	1,716,444	2,588,558	2,846,666	2,334,730	1,364,299
	Total	21,026,441	1,291,999	2,981,302	3,527,093	3,903,754	4,176,309	3,448,005	1,697,979
3b. Average Period of Eligibility	CN	0.88	0.62	0.87	0.87	0.90	0.92	0.90	0.86
	MN	0.83	0.72	0.83	0.88	0.86	0.86	0.83	0.77
	Total	0.85	0.71	0.84	0.88	0.88	0.88	0.85	0.79
4. Expected Number of Screenings per Eligible	CN		3.72	1.31	0.87	0.45	0.92	0.90	0.86
	MN		4.32	1.25	0.88	0.43	0.86	0.83	0.77
	Total		4.26	1.26	0.88	0.44	0.88	0.85	0.79
5. Expected Number of Screenings	CN	674,702	97,587	140,549	150,310	54,811	111,046	92,657	27,742
	MN	1,576,730	546,381	234,099	143,392	107,368	237,994	194,263	113,233
	Total	2,251,432	643,968	374,648	293,702	162,179	349,040	286,920	140,975
6. Total Screens Received	CN	653,879	56,865	196,919	170,388	86,976	80,622	52,719	9,390
	MN	1,458,391	349,927	392,474	176,883	175,281	188,626	127,667	47,533
	Total	2,112,270	406,792	589,393	347,271	262,257	269,248	180,386	56,923
7. Screening Ratio	CN	0.97	0.58	1.00	1.00	1.00	0.73	0.57	0.34
	MN	0.92	0.64	1.00	1.00	1.00	0.79	0.66	0.42
	Total	0.94	0.63	1.00	1.00	1.00	0.77	0.63	0.40
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	570,088	26,233	107,289	150,310	54,811	111,046	92,657	27,742
	MN	1,110,006	126,477	187,279	143,392	107,368	237,994	194,263	113,233
	Total	1,680,094	152,710	294,568	293,702	162,179	349,040	286,920	140,975
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	362,578	17,285	77,982	107,888	59,887	56,007	36,784	6,745
	MN	730,868	99,205	136,465	105,475	125,692	135,766	92,199	36,066
	Total	1,093,446	116,490	214,447	213,363	185,579	191,773	128,983	42,811

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: New York

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.64	0.66	0.73	0.72	1.00	0.50	0.40	0.24
	MN	0.66	0.78	0.73	0.74	1.00	0.57	0.47	0.32
	Total	0.65	0.76	0.73	0.73	1.00	0.55	0.45	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	233,536	67	11,977	69,467	55,088	50,828	36,286	9,823
	MN	484,562	386	13,591	67,252	131,170	138,780	91,929	41,454
	Total	718,098	453	25,568	136,719	186,258	189,608	128,215	51,277
12b. Total Eligibles Receiving Preventive Dental Services	CN	210,007	36	10,767	64,223	50,835	45,170	30,738	8,238
	MN	440,381	225	12,421	63,315	123,489	125,439	78,710	36,782
	Total	650,388	261	23,188	127,538	174,324	170,609	109,448	45,020
12c. Total Eligibles Receiving Dental Treatment Services	CN	96,064	12	1,525	20,621	23,552	24,503	20,485	5,366
	MN	243,199	57	1,975	21,930	64,710	76,327	54,391	23,809
	Total	339,263	69	3,500	42,551	88,262	100,830	74,876	29,175
13. Total Eligibles Enrolled in Managed Care	CN	517,497	18,380	87,092	140,627	94,816	90,183	68,108	18,291
	MN	1,122,116	101,566	158,305	139,780	208,528	227,161	179,053	107,723
	Total	1,639,613	119,946	245,397	280,407	303,344	317,344	247,161	126,014
14. Total Number of Screening Blood Lead Tests	CN	0	0	0	0				
	MN	0	0	0	0				
	Total	0	0	0	0				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: North Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	1,066,985	79,598	161,755	206,218	207,505	197,877	149,950	64,082
	MN	3,411	121	126	210	386	636	756	1,176
	Total	1,070,396	79,719	161,881	206,428	207,891	198,513	150,706	65,258
2a. State Periodicity Schedule	CN		4	3	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		4.00	1.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	10,368,276	497,770	1,705,111	2,170,811	2,046,562	1,964,786	1,463,637	519,599
	MN	18,415	550	913	1,448	2,212	3,442	3,895	5,955
	Total	10,386,691	498,320	1,706,024	2,172,259	2,048,774	1,968,228	1,467,532	525,554
3b. Average Period of Eligibility	CN	0.81	0.52	0.88	0.88	0.82	0.83	0.81	0.68
	MN	0.45	0.38	0.60	0.57	0.48	0.45	0.43	0.42
	Total	0.81	0.52	0.88	0.88	0.82	0.83	0.81	0.67
4. Expected Number of Screenings per Eligible	CN		2.08	1.32	0.88	0.82	0.83	0.81	0.68
	MN		1.52	0.90	0.57	0.48	0.45	0.43	0.42
	Total		2.08	1.32	0.88	0.82	0.83	0.81	0.67
5. Expected Number of Screenings	CN	1,059,981	165,564	213,517	181,472	170,154	164,238	121,460	43,576
	MN	1,707	184	113	120	185	286	325	494
	Total	1,061,688	165,748	213,630	181,592	170,339	164,524	121,785	44,070
6. Total Screens Received	CN	830,629	226,151	299,375	139,774	62,922	64,401	34,040	3,966
	MN	402	93	64	49	37	67	53	39
	Total	831,031	226,244	299,439	139,823	62,959	64,468	34,093	4,005
7. Screening Ratio	CN	0.78	1.00	1.00	0.77	0.37	0.39	0.28	0.09
	MN	0.24	0.51	0.57	0.41	0.20	0.23	0.16	0.08
	Total	0.78	1.00	1.00	0.77	0.37	0.39	0.28	0.09
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	922,253	79,598	161,755	181,472	170,154	164,238	121,460	43,576
	MN	1,644	121	113	120	185	286	325	494
	Total	923,897	79,719	161,868	181,592	170,339	164,524	121,785	44,070
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	490,549	69,079	131,299	130,217	61,133	62,390	32,590	3,841
	MN	331	51	40	45	37	67	53	38
	Total	490,880	69,130	131,339	130,262	61,170	62,457	32,643	3,879

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: North Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.53	0.87	0.81	0.72	0.36	0.38	0.27	0.09
	MN	0.20	0.42	0.35	0.38	0.20	0.23	0.16	0.08
	Total	0.53	0.87	0.81	0.72	0.36	0.38	0.27	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	866	108	307	236	106	85	24	0
	MN	0	0	0	0	0	0	0	0
	Total	866	108	307	236	106	85	24	0
12a. Total Eligibles Receiving Any Dental Services	CN	505,618	6,061	79,955	107,369	117,847	107,420	68,895	18,071
	MN	825	25	45	53	88	162	157	295
	Total	506,443	6,086	80,000	107,422	117,935	107,582	69,052	18,366
12b. Total Eligibles Receiving Preventive Dental Services	CN	466,375	5,855	78,762	102,455	112,098	99,115	56,125	11,965
	MN	601	2	20	40	82	145	125	187
	Total	466,976	5,857	78,782	102,495	112,180	99,260	56,250	12,152
12c. Total Eligibles Receiving Dental Treatment Services	CN	218,947	45	3,342	37,521	61,788	57,800	45,499	12,952
	MN	500	7	8	17	48	85	106	229
	Total	219,447	52	3,350	37,538	61,836	57,885	45,605	13,181
13. Total Eligibles Enrolled in Managed Care	CN	969,048	63,505	155,158	195,864	194,122	181,442	131,891	47,066
	MN	2,176	76	94	170	265	414	470	687
	Total	971,224	63,581	155,252	196,034	194,387	181,856	132,361	47,753
14. Total Number of Screening Blood Lead Tests	CN	89,356	395	69,602	19,359				
	MN	15	0	12	3				
	Total	89,371	395	69,614	19,362				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: North Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	44,256	3,507	7,107	8,968	8,295	7,990	5,836	2,553
	MN	1,819	20	27	58	232	305	330	847
	Total	46,075	3,527	7,134	9,026	8,527	8,295	6,166	3,400
2a. State Periodicity Schedule	CN		7	4	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		7.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	406,662	20,480	69,415	86,597	79,653	76,939	54,840	18,738
	MN	5,175	39	58	109	484	726	901	2,858
	Total	411,837	20,519	69,473	86,706	80,137	77,665	55,741	21,596
3b. Average Period of Eligibility	CN	0.77	0.49	0.81	0.80	0.80	0.80	0.78	0.61
	MN	0.24	0.16	0.18	0.16	0.17	0.20	0.23	0.28
	Total	0.74	0.48	0.81	0.80	0.78	0.78	0.75	0.53
4. Expected Number of Screenings per Eligible	CN		3.43	1.62	0.80	0.80	0.80	0.78	0.61
	MN		1.12	0.36	0.16	0.17	0.20	0.23	0.28
	Total		3.36	1.62	0.80	0.78	0.78	0.75	0.53
5. Expected Number of Screenings	CN	49,853	12,029	11,513	7,174	6,636	6,392	4,552	1,557
	MN	454	22	10	9	39	61	76	237
	Total	50,307	12,051	11,523	7,183	6,675	6,453	4,628	1,794
6. Total Screens Received	CN	32,773	10,604	9,498	4,864	2,292	3,075	2,003	437
	MN	112	22	8	3	6	11	20	42
	Total	32,885	10,626	9,506	4,867	2,298	3,086	2,023	479
7. Screening Ratio	CN	0.66	0.88	0.82	0.68	0.35	0.48	0.44	0.28
	MN	0.25	1.00	0.80	0.33	0.15	0.18	0.26	0.18
	Total	0.65	0.88	0.82	0.68	0.34	0.48	0.44	0.27
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	36,925	3,507	7,107	7,174	6,636	6,392	4,552	1,557
	MN	452	20	10	9	39	61	76	237
	Total	37,377	3,527	7,117	7,183	6,675	6,453	4,628	1,794
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	18,392	3,088	4,573	4,071	2,047	2,596	1,644	373
	MN	83	9	5	2	5	9	15	38
	Total	18,475	3,097	4,578	4,073	2,052	2,605	1,659	411

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: North Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.50	0.88	0.64	0.57	0.31	0.41	0.36	0.24
	MN	0.18	0.45	0.50	0.22	0.13	0.15	0.20	0.16
	Total	0.49	0.88	0.64	0.57	0.31	0.40	0.36	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	6,944	2,638	2,570	715	225	421	314	61
	MN	22	9	3	1	1	1	3	4
	Total	6,966	2,647	2,573	716	226	422	317	65
12a. Total Eligibles Receiving Any Dental Services	CN	15,006	20	657	3,650	3,975	3,749	2,346	609
	MN	147	0	1	4	11	24	25	82
	Total	15,153	20	658	3,654	3,986	3,773	2,371	691
12b. Total Eligibles Receiving Preventive Dental Services	CN	12,254	16	459	2,937	3,414	3,146	1,880	402
	MN	100	0	0	4	8	16	19	53
	Total	12,354	16	459	2,941	3,422	3,162	1,899	455
12c. Total Eligibles Receiving Dental Treatment Services	CN	5,776	2	91	987	1,609	1,541	1,228	318
	MN	79	0	0	0	7	16	12	44
	Total	5,855	2	91	987	1,616	1,557	1,240	362
13. Total Eligibles Enrolled in Managed Care	CN	36,929	2,886	6,135	7,836	7,053	6,568	4,457	1,994
	MN	1,141	9	11	25	104	165	150	677
	Total	38,070	2,895	6,146	7,861	7,157	6,733	4,607	2,671
14. Total Number of Screening Blood Lead Tests	CN	1,284	33	757	494				
	MN	1	0	0	1				
	Total	1,285	33	757	495				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Ohio

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	1,323,868	81,826	166,773	216,761	263,028	289,032	221,462	84,986
	MN	0	0	0	0	0	0	0	0
	Total	1,323,868	81,826	166,773	216,761	263,028	289,032	221,462	84,986
2a. State Periodicity Schedule	CN		6	3	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	1.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	13,332,505	503,715	1,754,289	2,292,129	2,779,598	3,032,630	2,256,028	714,116
	MN	0	0	0	0	0	0	0	0
	Total	13,332,505	503,715	1,754,289	2,292,129	2,779,598	3,032,630	2,256,028	714,116
3b. Average Period of Eligibility	CN	0.84	0.51	0.88	0.88	0.88	0.87	0.85	0.70
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.51	0.88	0.88	0.88	0.87	0.85	0.70
4. Expected Number of Screenings per Eligible	CN		3.06	1.32	0.88	0.88	0.87	0.85	0.70
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.06	1.32	0.88	0.88	0.87	0.85	0.70
5. Expected Number of Screenings	CN	1,391,934	250,388	220,140	190,750	231,465	251,458	188,243	59,490
	MN	0	0	0	0	0	0	0	0
	Total	1,391,934	250,388	220,140	190,750	231,465	251,458	188,243	59,490
6. Total Screens Received	CN	964,761	229,604	311,352	152,802	92,542	102,682	67,639	8,140
	MN	0	0	0	0	0	0	0	0
	Total	964,761	229,604	311,352	152,802	92,542	102,682	67,639	8,140
7. Screening Ratio	CN	0.69	0.92	1.00	0.80	0.40	0.41	0.36	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.69	0.92	1.00	0.80	0.40	0.41	0.36	0.14
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,170,005	81,826	166,773	190,750	231,465	251,458	188,243	59,490
	MN	0	0	0	0	0	0	0	0
	Total	1,170,005	81,826	166,773	190,750	231,465	251,458	188,243	59,490
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	608,733	82,434	145,805	134,461	85,514	93,585	59,763	7,171
	MN	0	0	0	0	0	0	0	0
	Total	608,733	82,434	145,805	134,461	85,514	93,585	59,763	7,171

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Ohio

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.52	1.00	0.87	0.70	0.37	0.37	0.32	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	1.00	0.87	0.70	0.37	0.37	0.32	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	88,075	18,453	31,459	15,193	7,873	8,803	5,718	576
	MN	0	0	0	0	0	0	0	0
	Total	88,075	18,453	31,459	15,193	7,873	8,803	5,718	576
12a. Total Eligibles Receiving Any Dental Services	CN	518,192	579	23,236	104,019	140,136	138,538	87,995	23,689
	MN	0	0	0	0	0	0	0	0
	Total	518,192	579	23,236	104,019	140,136	138,538	87,995	23,689
12b. Total Eligibles Receiving Preventive Dental Services	CN	455,372	402	20,006	92,985	128,831	124,851	72,091	16,206
	MN	0	0	0	0	0	0	0	0
	Total	455,372	402	20,006	92,985	128,831	124,851	72,091	16,206
12c. Total Eligibles Receiving Dental Treatment Services	CN	213,322	37	1,881	27,888	60,492	61,378	47,902	13,744
	MN	0	0	0	0	0	0	0	0
	Total	213,322	37	1,881	27,888	60,492	61,378	47,902	13,744
13. Total Eligibles Enrolled in Managed Care	CN	1,165,920	73,259	156,075	199,130	235,157	251,052	182,916	68,331
	MN	0	0	0	0	0	0	0	0
	Total	1,165,920	73,259	156,075	199,130	235,157	251,052	182,916	68,331
14. Total Number of Screening Blood Lead Tests	CN	101,570	1,367	63,061	37,142				
	MN	0	0	0	0				
	Total	101,570	1,367	63,061	37,142				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Oklahoma

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	538,449	37,931	74,598	95,908	111,144	113,384	81,150	24,334
	MN	0	0	0	0	0	0	0	0
	Total	538,449	37,931	74,598	95,908	111,144	113,384	81,150	24,334
2a. State Periodicity Schedule	CN		6	3	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	1.50	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	5,207,943	224,639	747,597	973,615	1,137,605	1,153,798	795,300	175,389
	MN	0	0	0	0	0	0	0	0
	Total	5,207,943	224,639	747,597	973,615	1,137,605	1,153,798	795,300	175,389
3b. Average Period of Eligibility	CN	0.81	0.49	0.84	0.85	0.85	0.85	0.82	0.60
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.81	0.49	0.84	0.85	0.85	0.85	0.82	0.60
4. Expected Number of Screenings per Eligible	CN		2.94	1.26	0.85	0.43	0.51	0.41	0.30
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.94	1.26	0.85	0.43	0.51	0.41	0.30
5. Expected Number of Screenings	CN	433,222	111,517	93,993	81,522	47,792	57,826	33,272	7,300
	MN	0	0	0	0	0	0	0	0
	Total	433,222	111,517	93,993	81,522	47,792	57,826	33,272	7,300
6. Total Screens Received	CN	358,371	121,709	104,408	48,939	31,105	33,134	17,401	1,675
	MN	0	0	0	0	0	0	0	0
	Total	358,371	121,709	104,408	48,939	31,105	33,134	17,401	1,675
7. Screening Ratio	CN	0.83	1.00	1.00	0.60	0.65	0.57	0.52	0.23
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	1.00	1.00	0.60	0.65	0.57	0.52	0.23
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	340,241	37,931	74,598	81,522	47,792	57,826	33,272	7,300
	MN	0	0	0	0	0	0	0	0
	Total	340,241	37,931	74,598	81,522	47,792	57,826	33,272	7,300
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	198,672	34,711	48,138	41,245	28,131	29,431	15,445	1,571
	MN	0	0	0	0	0	0	0	0
	Total	198,672	34,711	48,138	41,245	28,131	29,431	15,445	1,571

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Oklahoma

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.58	0.92	0.65	0.51	0.59	0.51	0.46	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.58	0.92	0.65	0.51	0.59	0.51	0.46	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	112,233	12,536	18,550	18,096	19,861	20,620	17,465	5,105
	MN	0	0	0	0	0	0	0	0
	Total	112,233	12,536	18,550	18,096	19,861	20,620	17,465	5,105
12a. Total Eligibles Receiving Any Dental Services	CN	225,765	101	10,676	44,885	64,074	62,447	36,925	6,657
	MN	0	0	0	0	0	0	0	0
	Total	225,765	101	10,676	44,885	64,074	62,447	36,925	6,657
12b. Total Eligibles Receiving Preventive Dental Services	CN	209,682	80	10,063	42,210	61,124	58,578	32,378	5,249
	MN	0	0	0	0	0	0	0	0
	Total	209,682	80	10,063	42,210	61,124	58,578	32,378	5,249
12c. Total Eligibles Receiving Dental Treatment Services	CN	109,279	22	2,091	17,581	33,520	31,057	20,973	4,035
	MN	0	0	0	0	0	0	0	0
	Total	109,279	22	2,091	17,581	33,520	31,057	20,973	4,035
13. Total Eligibles Enrolled in Managed Care	CN	463,033	30,778	68,431	84,637	95,980	96,750	66,996	19,461
	MN	0	0	0	0	0	0	0	0
	Total	463,033	30,778	68,431	84,637	95,980	96,750	66,996	19,461
14. Total Number of Screening Blood Lead Tests	CN	31,363	509	19,799	11,055				
	MN	0	0	0	0				
	Total	31,363	509	19,799	11,055				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Oregon

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	299,898	25,026	47,997	55,634	56,310	56,708	43,139	15,084
	MN	0	0	0	0	0	0	0	0
	Total	299,898	25,026	47,997	55,634	56,310	56,708	43,139	15,084
2a. State Periodicity Schedule	CN		5	3	3	2	2	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	1.50	1.00	0.50	0.40	0.50	0.50
3a. Total Months of Eligibility	CN	2,788,661	152,374	468,025	536,556	549,278	556,412	406,844	119,172
	MN	0	0	0	0	0	0	0	0
	Total	2,788,661	152,374	468,025	536,556	549,278	556,412	406,844	119,172
3b. Average Period of Eligibility	CN	0.77	0.51	0.81	0.80	0.81	0.82	0.79	0.66
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.77	0.51	0.81	0.80	0.81	0.82	0.79	0.66
4. Expected Number of Screenings per Eligible	CN		2.55	1.22	0.80	0.41	0.33	0.40	0.33
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.55	1.22	0.80	0.41	0.33	0.40	0.33
5. Expected Number of Screenings	CN	230,914	63,816	58,556	44,507	23,087	18,714	17,256	4,978
	MN	0	0	0	0	0	0	0	0
	Total	230,914	63,816	58,556	44,507	23,087	18,714	17,256	4,978
6. Total Screens Received	CN	202,055	62,900	76,032	27,527	13,212	13,221	7,617	1,546
	MN	0	0	0	0	0	0	0	0
	Total	202,055	62,900	76,032	27,527	13,212	13,221	7,617	1,546
7. Screening Ratio	CN	0.88	0.99	1.00	0.62	0.57	0.71	0.44	0.31
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	0.99	1.00	0.62	0.57	0.71	0.44	0.31
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	181,565	25,026	47,997	44,507	23,087	18,714	17,256	4,978
	MN	0	0	0	0	0	0	0	0
	Total	181,565	25,026	47,997	44,507	23,087	18,714	17,256	4,978
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	114,907	21,474	34,831	25,245	12,473	12,407	7,030	1,447
	MN	0	0	0	0	0	0	0	0
	Total	114,907	21,474	34,831	25,245	12,473	12,407	7,030	1,447

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Oregon

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.63	0.86	0.73	0.57	0.54	0.66	0.41	0.29
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.86	0.73	0.57	0.54	0.66	0.41	0.29
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	104,914	117	7,695	23,440	27,741	24,885	16,926	4,110
	MN	0	0	0	0	0	0	0	0
	Total	104,914	117	7,695	23,440	27,741	24,885	16,926	4,110
12b. Total Eligibles Receiving Preventive Dental Services	CN	88,437	81	5,768	20,284	24,605	21,827	13,238	2,634
	MN	0	0	0	0	0	0	0	0
	Total	88,437	81	5,768	20,284	24,605	21,827	13,238	2,634
12c. Total Eligibles Receiving Dental Treatment Services	CN	49,024	10	791	8,945	14,974	12,288	9,586	2,430
	MN	0	0	0	0	0	0	0	0
	Total	49,024	10	791	8,945	14,974	12,288	9,586	2,430
13. Total Eligibles Enrolled in Managed Care	CN	261,658	21,092	43,945	49,869	49,582	48,870	35,876	12,424
	MN	0	0	0	0	0	0	0	0
	Total	261,658	21,092	43,945	49,869	49,582	48,870	35,876	12,424
14. Total Number of Screening Blood Lead Tests	CN	7,980	266	4,907	2,807				
	MN	0	0	0	0				
	Total	7,980	266	4,907	2,807				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Pennsylvania

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	1,155,247	74,029	152,004	192,162	218,680	240,056	197,987	80,329
	MN	26,159	34	141	194	637	967	2,152	22,034
	Total	1,181,406	74,063	152,145	192,356	219,317	241,023	200,139	102,363
2a. State Periodicity Schedule	CN		6	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	11,646,064	453,945	1,593,994	2,013,074	2,290,988	2,517,661	2,026,595	749,807
	MN	232,352	163	1,010	1,145	4,328	6,614	15,150	203,942
	Total	11,878,416	454,108	1,595,004	2,014,219	2,295,316	2,524,275	2,041,745	953,749
3b. Average Period of Eligibility	CN	0.84	0.51	0.87	0.87	0.87	0.87	0.85	0.78
	MN	0.74	0.40	0.60	0.49	0.57	0.57	0.59	0.77
	Total	0.84	0.51	0.87	0.87	0.87	0.87	0.85	0.78
4. Expected Number of Screenings per Eligible	CN		3.06	1.74	0.87	0.44	0.87	0.85	0.78
	MN		2.40	1.20	0.49	0.29	0.57	0.59	0.77
	Total		3.06	1.74	0.87	0.44	0.87	0.85	0.78
5. Expected Number of Screenings	CN	1,194,211	226,529	264,487	167,181	96,219	208,849	168,289	62,657
	MN	19,318	82	169	95	185	551	1,270	16,966
	Total	1,213,529	226,611	264,656	167,276	96,404	209,400	169,559	79,623
6. Total Screens Received	CN	873,439	197,123	259,049	114,217	93,976	102,044	85,228	21,802
	MN	7,151	48	145	45	151	205	495	6,062
	Total	880,590	197,171	259,194	114,262	94,127	102,249	85,723	27,864
7. Screening Ratio	CN	0.73	0.87	0.98	0.68	0.98	0.49	0.51	0.35
	MN	0.37	0.59	0.86	0.47	0.82	0.37	0.39	0.36
	Total	0.73	0.87	0.98	0.68	0.98	0.49	0.51	0.35
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	929,228	74,029	152,004	167,181	96,219	208,849	168,289	62,657
	MN	19,242	34	141	95	185	551	1,270	16,966
	Total	948,470	74,063	152,145	167,276	96,404	209,400	169,559	79,623
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	550,967	62,135	110,532	103,684	89,453	95,704	71,995	17,464
	MN	5,710	19	73	44	149	199	434	4,792
	Total	556,677	62,154	110,605	103,728	89,602	95,903	72,429	22,256

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Pennsylvania

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.59	0.84	0.73	0.62	0.93	0.46	0.43	0.28
	MN	0.30	0.56	0.52	0.46	0.81	0.36	0.34	0.28
	Total	0.59	0.84	0.73	0.62	0.93	0.46	0.43	0.28
11. Total Eligibles Referred for Corrective Treatment	CN	60,910	1,290	5,804	15,824	13,430	14,102	9,363	1,097
	MN	612	0	2	12	31	37	67	463
	Total	61,522	1,290	5,806	15,836	13,461	14,139	9,430	1,560
12a. Total Eligibles Receiving Any Dental Services	CN	393,095	93	12,435	76,623	105,648	105,374	73,443	19,479
	MN	6,144	0	2	32	187	241	398	5,284
	Total	399,239	93	12,437	76,655	105,835	105,615	73,841	24,763
12b. Total Eligibles Receiving Preventive Dental Services	CN	341,912	32	9,364	68,374	97,257	93,917	59,355	13,613
	MN	4,555	0	2	31	173	214	293	3,842
	Total	346,467	32	9,366	68,405	97,430	94,131	59,648	17,455
12c. Total Eligibles Receiving Dental Treatment Services	CN	190,183	18	2,624	26,558	51,323	54,000	43,077	12,583
	MN	3,760	0	1	13	82	120	240	3,304
	Total	193,943	18	2,625	26,571	51,405	54,120	43,317	15,887
13. Total Eligibles Enrolled in Managed Care	CN	1,078,343	67,827	143,972	180,389	204,819	224,457	182,758	74,121
	MN	23,133	23	104	127	452	702	1,554	20,171
	Total	1,101,476	67,850	144,076	180,516	205,271	225,159	184,312	94,292
14. Total Number of Screening Blood Lead Tests	CN	136,737	7,298	92,611	36,828				
	MN	50	1	40	9				
	Total	136,787	7,299	92,651	36,837				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Rhode Island

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	107,763	6,448	13,261	17,268	21,067	24,135	19,535	6,049
	MN	228	0	0	0	0	2	72	154
	Total	107,991	6,448	13,261	17,268	21,067	24,137	19,607	6,203
2a. State Periodicity Schedule	CN		6	4	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,082,663	45,893	140,295	177,804	219,052	250,069	200,257	49,293
	MN	1,305	0	0	0	0	3	386	916
	Total	1,083,968	45,893	140,295	177,804	219,052	250,072	200,643	50,209
3b. Average Period of Eligibility	CN	0.84	0.59	0.88	0.86	0.87	0.86	0.85	0.68
	MN	0.48	0.00	0.00	0.00	0.00	0.13	0.45	0.50
	Total	0.84	0.59	0.88	0.86	0.87	0.86	0.85	0.67
4. Expected Number of Screenings per Eligible	CN		3.54	1.76	0.86	0.87	0.86	0.85	0.68
	MN		0.00	0.00	0.00	0.00	0.13	0.45	0.50
	Total		3.54	1.76	0.86	0.87	0.86	0.85	0.67
5. Expected Number of Screenings	CN	120,817	22,826	23,339	14,850	18,328	20,756	16,605	4,113
	MN	109	0	0	0	0	0	32	77
	Total	120,926	22,826	23,339	14,850	18,328	20,756	16,637	4,190
6. Total Screens Received	CN	83,064	20,331	22,758	10,024	10,242	10,870	7,516	1,323
	MN	13	0	0	0	0	0	3	10
	Total	83,077	20,331	22,758	10,024	10,242	10,870	7,519	1,333
7. Screening Ratio	CN	0.69	0.89	0.98	0.68	0.56	0.52	0.45	0.32
	MN	0.12	0.00	0.00	0.00	0.00	0.00	0.09	0.13
	Total	0.69	0.89	0.98	0.68	0.56	0.52	0.45	0.32
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	94,361	6,448	13,261	14,850	18,328	20,756	16,605	4,113
	MN	109	0	0	0	0	0	32	77
	Total	94,470	6,448	13,261	14,850	18,328	20,756	16,637	4,190
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	54,760	5,656	10,214	9,608	10,163	10,755	7,150	1,214
	MN	10	0	0	0	0	0	3	7
	Total	54,770	5,656	10,214	9,608	10,163	10,755	7,153	1,221

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Rhode Island

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.58	0.88	0.77	0.65	0.55	0.52	0.43	0.30
	MN	0.09	0.00	0.00	0.00	0.00	0.00	0.09	0.09
	Total	0.58	0.88	0.77	0.65	0.55	0.52	0.43	0.29
11. Total Eligibles Referred for Corrective Treatment	CN	88,937	5,790	11,569	14,385	17,305	19,694	15,790	4,404
	MN	203	0	0	0	0	2	65	136
	Total	89,140	5,790	11,569	14,385	17,305	19,696	15,855	4,540
12a. Total Eligibles Receiving Any Dental Services	CN	46,151	37	1,633	7,566	12,857	13,637	8,817	1,604
	MN	56	0	0	0	0	0	15	41
	Total	46,207	37	1,633	7,566	12,857	13,637	8,832	1,645
12b. Total Eligibles Receiving Preventive Dental Services	CN	43,280	37	1,488	7,402	12,427	12,563	7,903	1,460
	MN	52	0	0	0	0	0	14	38
	Total	43,332	37	1,488	7,402	12,427	12,563	7,917	1,498
12c. Total Eligibles Receiving Dental Treatment Services	CN	20,406	0	129	1,960	5,146	7,088	5,166	917
	MN	35	0	0	0	0	0	9	26
	Total	20,441	0	129	1,960	5,146	7,088	5,175	943
13. Total Eligibles Enrolled in Managed Care	CN	98,786	6,133	12,747	16,126	19,320	21,639	17,484	5,337
	MN	208	0	0	0	0	1	67	140
	Total	98,994	6,133	12,747	16,126	19,320	21,640	17,551	5,477
14. Total Number of Screening Blood Lead Tests	CN	12,022	278	6,508	5,236				
	MN	0	0	0	0				
	Total	12,022	278	6,508	5,236				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: South Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	555,486	40,902	80,365	94,846	108,394	112,351	87,682	30,946
	MN	0	0	0	0	0	0	0	0
	Total	555,486	40,902	80,365	94,846	108,394	112,351	87,682	30,946
2a. State Periodicity Schedule	CN		6	3	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	1.50	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	5,361,846	256,299	797,949	953,901	1,101,532	1,144,540	881,778	225,847
	MN	0	0	0	0	0	0	0	0
	Total	5,361,846	256,299	797,949	953,901	1,101,532	1,144,540	881,778	225,847
3b. Average Period of Eligibility	CN	0.80	0.52	0.83	0.84	0.85	0.85	0.84	0.61
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	0.52	0.83	0.84	0.85	0.85	0.84	0.61
4. Expected Number of Screenings per Eligible	CN		3.12	1.25	0.84	0.43	0.51	0.42	0.31
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.12	1.25	0.84	0.43	0.51	0.42	0.31
5. Expected Number of Screenings	CN	458,068	127,614	100,456	79,671	46,609	57,299	36,826	9,593
	MN	0	0	0	0	0	0	0	0
	Total	458,068	127,614	100,456	79,671	46,609	57,299	36,826	9,593
6. Total Screens Received	CN	391,400	127,646	140,163	47,609	28,200	29,395	16,551	1,836
	MN	0	0	0	0	0	0	0	0
	Total	391,400	127,646	140,163	47,609	28,200	29,395	16,551	1,836
7. Screening Ratio	CN	0.85	1.00	1.00	0.60	0.61	0.51	0.45	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.85	1.00	1.00	0.60	0.61	0.51	0.45	0.19
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	351,265	40,902	80,365	79,671	46,609	57,299	36,826	9,593
	MN	0	0	0	0	0	0	0	0
	Total	351,265	40,902	80,365	79,671	46,609	57,299	36,826	9,593
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	211,243	36,760	59,858	43,318	26,762	27,562	15,262	1,721
	MN	0	0	0	0	0	0	0	0
	Total	211,243	36,760	59,858	43,318	26,762	27,562	15,262	1,721

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: South Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.60	0.90	0.74	0.54	0.57	0.48	0.41	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.90	0.74	0.54	0.57	0.48	0.41	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	14,954	2,903	4,142	3,017	1,919	1,824	1,043	106
	MN	0	0	0	0	0	0	0	0
	Total	14,954	2,903	4,142	3,017	1,919	1,824	1,043	106
12a. Total Eligibles Receiving Any Dental Services	CN	259,694	154	16,138	52,354	72,455	68,493	41,739	8,361
	MN	0	0	0	0	0	0	0	0
	Total	259,694	154	16,138	52,354	72,455	68,493	41,739	8,361
12b. Total Eligibles Receiving Preventive Dental Services	CN	245,714	87	14,526	50,028	70,296	66,340	37,891	6,546
	MN	0	0	0	0	0	0	0	0
	Total	245,714	87	14,526	50,028	70,296	66,340	37,891	6,546
12c. Total Eligibles Receiving Dental Treatment Services	CN	125,432	16	2,435	21,227	38,870	33,187	24,486	5,211
	MN	0	0	0	0	0	0	0	0
	Total	125,432	16	2,435	21,227	38,870	33,187	24,486	5,211
13. Total Eligibles Enrolled in Managed Care	CN	424,445	23,924	58,526	78,002	87,386	88,277	67,049	21,281
	MN	0	0	0	0	0	0	0	0
	Total	424,445	23,924	58,526	78,002	87,386	88,277	67,049	21,281
14. Total Number of Screening Blood Lead Tests	CN	22,020	578	16,004	5,438				
	MN	0	0	0	0				
	Total	22,020	578	16,004	5,438				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: South Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	97,657	6,319	13,902	17,706	19,369	19,944	15,163	5,254
	MN	0	0	0	0	0	0	0	0
	Total	97,657	6,319	13,902	17,706	19,369	19,944	15,163	5,254
2a. State Periodicity Schedule	CN		6	4	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,112,930	38,068	164,264	212,417	236,465	242,620	176,626	42,470
	MN	0	0	0	0	0	0	0	0
	Total	1,112,930	38,068	164,264	212,417	236,465	242,620	176,626	42,470
3b. Average Period of Eligibility	CN	0.95	0.50	0.98	1.00	1.02	1.01	0.97	0.67
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.95	0.50	0.98	1.00	1.02	1.01	0.97	0.67
4. Expected Number of Screenings per Eligible	CN		3.00	1.96	1.00	1.02	1.01	0.97	0.67
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.00	1.96	1.00	1.02	1.01	0.97	0.67
5. Expected Number of Screenings	CN	122,038	18,957	27,248	17,706	19,756	20,143	14,708	3,520
	MN	0	0	0	0	0	0	0	0
	Total	122,038	18,957	27,248	17,706	19,756	20,143	14,708	3,520
6. Total Screens Received	CN	77,820	13,549	27,551	12,064	7,690	8,156	6,905	1,905
	MN	0	0	0	0	0	0	0	0
	Total	77,820	13,549	27,551	12,064	7,690	8,156	6,905	1,905
7. Screening Ratio	CN	0.64	0.71	1.00	0.68	0.39	0.40	0.47	0.54
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	0.71	1.00	0.68	0.39	0.40	0.47	0.54
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	95,468	6,319	13,902	17,706	19,369	19,944	14,708	3,520
	MN	0	0	0	0	0	0	0	0
	Total	95,468	6,319	13,902	17,706	19,369	19,944	14,708	3,520
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	44,557	4,965	10,199	9,151	6,426	6,693	5,500	1,623
	MN	0	0	0	0	0	0	0	0
	Total	44,557	4,965	10,199	9,151	6,426	6,693	5,500	1,623

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: South Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.47	0.79	0.73	0.52	0.33	0.34	0.37	0.46
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.47	0.79	0.73	0.52	0.33	0.34	0.37	0.46
11. Total Eligibles Referred for Corrective Treatment	CN	31,983	4,293	8,162	6,379	3,952	4,464	3,749	984
	MN	0	0	0	0	0	0	0	0
	Total	31,983	4,293	8,162	6,379	3,952	4,464	3,749	984
12a. Total Eligibles Receiving Any Dental Services	CN	41,187	25	2,173	8,812	11,008	10,870	6,726	1,573
	MN	0	0	0	0	0	0	0	0
	Total	41,187	25	2,173	8,812	11,008	10,870	6,726	1,573
12b. Total Eligibles Receiving Preventive Dental Services	CN	37,544	22	1,916	8,262	10,364	10,032	5,786	1,162
	MN	0	0	0	0	0	0	0	0
	Total	37,544	22	1,916	8,262	10,364	10,032	5,786	1,162
12c. Total Eligibles Receiving Dental Treatment Services	CN	17,190	1	279	2,799	5,168	4,630	3,509	804
	MN	0	0	0	0	0	0	0	0
	Total	17,190	1	279	2,799	5,168	4,630	3,509	804
13. Total Eligibles Enrolled in Managed Care	CN	66,271	5,363	9,895	12,918	13,988	13,794	9,083	1,230
	MN	0	0	0	0	0	0	0	0
	Total	66,271	5,363	9,895	12,918	13,988	13,794	9,083	1,230
14. Total Number of Screening Blood Lead Tests	CN	3,537	27	1,742	1,768				
	MN	0	0	0	0				
	Total	3,537	27	1,742	1,768				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Tennessee

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	774,903	56,731	107,598	133,459	148,933	155,748	120,234	52,200
	MN	79,159	121	1,438	3,771	8,937	13,839	12,957	38,096
	Total	854,062	56,852	109,036	137,230	157,870	169,587	133,191	90,296
2a. State Periodicity Schedule	CN		5	3	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	1.50	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	7,919,653	355,112	1,150,093	1,424,884	1,591,152	1,656,440	1,256,897	485,075
	MN	710,976	725	12,519	41,717	95,865	154,321	143,945	261,884
	Total	8,630,629	355,837	1,162,612	1,466,601	1,687,017	1,810,761	1,400,842	746,959
3b. Average Period of Eligibility	CN	0.85	0.52	0.89	0.89	0.89	0.89	0.87	0.77
	MN	0.75	0.50	0.73	0.92	0.89	0.93	0.93	0.57
	Total	0.84	0.52	0.89	0.89	0.89	0.89	0.88	0.69
4. Expected Number of Screenings per Eligible	CN		2.60	1.34	0.89	0.45	0.89	0.87	0.77
	MN		2.50	1.10	0.92	0.45	0.93	0.93	0.57
	Total		2.60	1.34	0.89	0.45	0.89	0.88	0.69
5. Expected Number of Screenings	CN	760,895	147,501	144,181	118,779	67,020	138,616	104,604	40,194
	MN	56,011	303	1,582	3,469	4,022	12,870	12,050	21,715
	Total	816,906	147,804	145,763	122,248	71,042	151,486	116,654	61,909
6. Total Screens Received	CN	770,548	160,222	230,644	119,776	82,931	87,866	62,307	26,802
	MN	21,884	186	763	2,073	2,969	5,536	4,681	5,676
	Total	792,432	160,408	231,407	121,849	85,900	93,402	66,988	32,478
7. Screening Ratio	CN	1.00	1.00	1.00	1.00	1.00	0.63	0.60	0.67
	MN	0.39	0.61	0.48	0.60	0.74	0.43	0.39	0.26
	Total	0.97	1.00	1.00	1.00	1.00	0.62	0.57	0.52
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	633,542	56,731	107,598	118,779	67,020	138,616	104,604	40,194
	MN	55,685	121	1,438	3,469	4,022	12,870	12,050	21,715
	Total	689,227	56,852	109,036	122,248	71,042	151,486	116,654	61,909
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	410,440	49,068	84,534	85,600	64,638	66,637	43,298	16,665
	MN	16,869	94	435	1,666	2,422	4,452	3,566	4,234
	Total	427,309	49,162	84,969	87,266	67,060	71,089	46,864	20,899

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Tennessee

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.65	0.86	0.79	0.72	0.96	0.48	0.41	0.41
	MN	0.30	0.78	0.30	0.48	0.60	0.35	0.30	0.19
	Total	0.62	0.86	0.78	0.71	0.94	0.47	0.40	0.34
11. Total Eligibles Referred for Corrective Treatment	CN	320,380	33,189	61,974	51,422	51,673	60,699	46,189	15,234
	MN	26,178	26	904	1,324	3,179	5,502	5,003	10,240
	Total	346,558	33,215	62,878	52,746	54,852	66,201	51,192	25,474
12a. Total Eligibles Receiving Any Dental Services	CN	320,752	195	12,960	59,396	88,685	88,386	56,408	14,722
	MN	34,463	0	198	1,665	5,607	8,162	6,442	12,389
	Total	355,215	195	13,158	61,061	94,292	96,548	62,850	27,111
12b. Total Eligibles Receiving Preventive Dental Services	CN	290,023	2	9,739	53,714	83,299	83,097	49,016	11,156
	MN	29,860	0	156	1,520	5,320	7,692	5,627	9,545
	Total	319,883	2	9,895	55,234	88,619	90,789	54,643	20,701
12c. Total Eligibles Receiving Dental Treatment Services	CN	157,819	16	2,026	20,434	43,582	45,343	36,228	10,190
	MN	20,489	0	35	594	2,870	4,195	3,972	8,823
	Total	178,308	16	2,061	21,028	46,452	49,538	40,200	19,013
13. Total Eligibles Enrolled in Managed Care	CN	774,903	56,731	107,598	133,459	148,933	155,748	120,234	52,200
	MN	79,159	121	1,438	3,771	8,937	13,839	12,957	38,096
	Total	854,062	56,852	109,036	137,230	157,870	169,587	133,191	90,296
14. Total Number of Screening Blood Lead Tests	CN	73,021	1,540	48,535	22,946				
	MN	1,154	4	716	434				
	Total	74,175	1,544	49,251	23,380				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Texas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	3,104,160	238,735	500,364	599,174	629,308	583,411	390,978	162,190
	MN	7,615	192	195	227	476	572	989	4,964
	Total	3,111,775	238,927	500,559	599,401	629,784	583,983	391,967	167,154
2a. State Periodicity Schedule	CN		6	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	27,868,237	1,432,410	4,743,451	5,752,070	5,890,323	5,460,727	3,518,802	1,070,454
	MN	26,420	323	211	272	514	686	2,374	22,040
	Total	27,894,657	1,432,733	4,743,662	5,752,342	5,890,837	5,461,413	3,521,176	1,092,494
3b. Average Period of Eligibility	CN	0.75	0.50	0.79	0.80	0.78	0.78	0.75	0.55
	MN	0.29	0.14	0.09	0.10	0.09	0.10	0.20	0.37
	Total	0.75	0.50	0.79	0.80	0.78	0.78	0.75	0.54
4. Expected Number of Screenings per Eligible	CN		3.00	1.58	0.80	0.39	0.78	0.75	0.55
	MN		0.84	0.18	0.10	0.05	0.10	0.20	0.37
	Total		3.00	1.58	0.80	0.39	0.78	0.75	0.54
5. Expected Number of Screenings	CN	3,069,049	716,205	790,575	479,339	245,430	455,061	293,234	89,205
	MN	2,335	161	35	23	24	57	198	1,837
	Total	3,071,384	716,366	790,610	479,362	245,454	455,118	293,432	91,042
6. Total Screens Received	CN	2,461,689	618,137	790,244	378,891	256,607	277,516	130,224	10,070
	MN	277	66	4	0	2	2	24	179
	Total	2,461,966	618,203	790,248	378,891	256,609	277,518	130,248	10,249
7. Screening Ratio	CN	0.80	0.86	1.00	0.79	1.00	0.61	0.44	0.11
	MN	0.12	0.41	0.11	0.00	0.08	0.04	0.12	0.10
	Total	0.80	0.86	1.00	0.79	1.00	0.61	0.44	0.11
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	2,301,368	238,735	500,364	479,339	245,430	455,061	293,234	89,205
	MN	2,335	161	35	23	24	57	198	1,837
	Total	2,303,703	238,896	500,399	479,362	245,454	455,118	293,432	91,042
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	1,484,657	194,087	356,172	327,426	233,342	247,934	116,536	9,160
	MN	242	44	4	0	1	2	21	170
	Total	1,484,899	194,131	356,176	327,426	233,343	247,936	116,557	9,330

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Texas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.65	0.81	0.71	0.68	0.95	0.54	0.40	0.10
	MN	0.10	0.27	0.11	0.00	0.04	0.04	0.11	0.09
	Total	0.64	0.81	0.71	0.68	0.95	0.54	0.40	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	76,292	8,358	22,081	16,381	11,680	11,404	5,836	552
	MN	21	1	0	0	0	0	0	20
	Total	76,313	8,359	22,081	16,381	11,680	11,404	5,836	572
12a. Total Eligibles Receiving Any Dental Services	CN	1,673,384	9,129	216,292	379,103	415,489	382,367	223,545	47,459
	MN	1,528	0	0	0	1	2	92	1,433
	Total	1,674,912	9,129	216,292	379,103	415,490	382,369	223,637	48,892
12b. Total Eligibles Receiving Preventive Dental Services	CN	1,378,200	49	104,055	340,460	394,285	342,103	168,608	28,640
	MN	1,011	0	0	0	1	2	64	944
	Total	1,379,211	49	104,055	340,460	394,286	342,105	168,672	29,584
12c. Total Eligibles Receiving Dental Treatment Services	CN	877,681	93	18,342	153,321	246,656	253,977	169,179	36,113
	MN	1,224	0	0	0	1	2	69	1,152
	Total	878,905	93	18,342	153,321	246,657	253,979	169,248	37,265
13. Total Eligibles Enrolled in Managed Care	CN	2,739,770	210,907	474,601	552,271	562,834	502,243	329,611	107,303
	MN	0	0	0	0	0	0	0	0
	Total	2,739,770	210,907	474,601	552,271	562,834	502,243	329,611	107,303
14. Total Number of Screening Blood Lead Tests	CN	194,753	8,322	121,159	65,272				
	MN	0	0	0	0				
	Total	194,753	8,322	121,159	65,272				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Utah

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	193,864	22,642	38,505	41,732	35,244	30,000	20,059	5,682
	MN	174	5	16	13	36	46	55	3
	Total	194,038	22,647	38,521	41,745	35,280	30,046	20,114	5,685
2a. State Periodicity Schedule	CN		6	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,623,434	263,588	288,132	352,280	280,242	253,395	158,123	27,674
	MN	1,228	39	92	126	233	320	378	40
	Total	1,624,662	263,627	288,224	352,406	280,475	253,715	158,501	27,714
3b. Average Period of Eligibility	CN	0.70	0.97	0.62	0.70	0.66	0.70	0.66	0.41
	MN	0.59	0.65	0.48	0.81	0.54	0.58	0.57	1.11
	Total	0.70	0.97	0.62	0.70	0.66	0.70	0.66	0.41
4. Expected Number of Screenings per Eligible	CN		5.82	1.24	0.70	0.33	0.70	0.66	0.41
	MN		3.90	0.96	0.81	0.27	0.58	0.57	1.11
	Total		5.82	1.24	0.70	0.33	0.70	0.66	0.41
5. Expected Number of Screenings	CN	256,934	131,776	47,746	29,212	11,631	21,000	13,239	2,330
	MN	117	20	15	11	10	27	31	3
	Total	257,051	131,796	47,761	29,223	11,641	21,027	13,270	2,333
6. Total Screens Received	CN	169,545	84,603	37,780	23,236	8,885	10,144	4,684	213
	MN	64	12	11	7	7	14	12	1
	Total	169,609	84,615	37,791	23,243	8,892	10,158	4,696	214
7. Screening Ratio	CN	0.66	0.64	0.79	0.80	0.76	0.48	0.35	0.09
	MN	0.55	0.60	0.73	0.64	0.70	0.52	0.39	0.33
	Total	0.66	0.64	0.79	0.80	0.76	0.48	0.35	0.09
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	138,559	22,642	38,505	29,212	11,631	21,000	13,239	2,330
	MN	102	5	15	11	10	27	31	3
	Total	138,661	22,647	38,520	29,223	11,641	21,027	13,270	2,333
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	88,494	18,800	26,944	20,323	9,035	8,767	4,318	307
	MN	50	3	10	6	5	13	12	1
	Total	88,544	18,803	26,954	20,329	9,040	8,780	4,330	308

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Utah

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.64	0.83	0.70	0.70	0.78	0.42	0.33	0.13
	MN	0.49	0.60	0.67	0.55	0.50	0.48	0.39	0.33
	Total	0.64	0.83	0.70	0.70	0.78	0.42	0.33	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	72,417	134	7,919	20,888	18,539	14,823	8,427	1,687
	MN	57	0	4	7	11	13	20	2
	Total	72,474	134	7,923	20,895	18,550	14,836	8,447	1,689
12b. Total Eligibles Receiving Preventive Dental Services	CN	70,809	119	7,836	20,509	18,172	14,480	8,062	1,631
	MN	56	0	4	7	11	13	20	1
	Total	70,865	119	7,840	20,516	18,183	14,493	8,082	1,632
12c. Total Eligibles Receiving Dental Treatment Services	CN	36,877	28	1,472	9,270	10,690	8,544	5,671	1,202
	MN	36	0	0	5	5	11	14	1
	Total	36,913	28	1,472	9,275	10,695	8,555	5,685	1,203
13. Total Eligibles Enrolled in Managed Care	CN	162,050	19,583	33,283	36,166	28,403	24,509	15,682	4,424
	MN	122	3	15	9	27	31	35	2
	Total	162,172	19,586	33,298	36,175	28,430	24,540	15,717	4,426
14. Total Number of Screening Blood Lead Tests	CN	15,196	9,545	4,104	1,547				
	MN	1	0	1	0				
	Total	15,197	9,545	4,105	1,547				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Vermont

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	61,213	3,369	7,340	10,086	12,643	14,846	10,418	2,511
	MN	1,928	39	41	47	99	133	575	994
	Total	63,141	3,408	7,381	10,133	12,742	14,979	10,993	3,505
2a. State Periodicity Schedule	CN		7	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		7.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	671,431	20,906	81,735	113,967	143,610	169,153	117,327	24,733
	MN	18,487	200	466	528	1,068	1,474	5,985	8,766
	Total	689,918	21,106	82,201	114,495	144,678	170,627	123,312	33,499
3b. Average Period of Eligibility	CN	0.91	0.52	0.93	0.94	0.95	0.95	0.94	0.82
	MN	0.80	0.43	0.95	0.94	0.90	0.92	0.87	0.73
	Total	0.91	0.52	0.93	0.94	0.95	0.95	0.93	0.80
4. Expected Number of Screenings per Eligible	CN		3.64	1.86	0.94	0.48	0.95	0.94	0.82
	MN		3.01	1.90	0.94	0.45	0.92	0.87	0.73
	Total		3.64	1.86	0.94	0.48	0.95	0.93	0.80
5. Expected Number of Screenings	CN	67,421	12,263	13,652	9,481	6,069	14,104	9,793	2,059
	MN	1,632	117	78	44	45	122	500	726
	Total	69,053	12,380	13,730	9,525	6,114	14,226	10,293	2,785
6. Total Screens Received	CN	41,943	9,142	12,838	5,826	4,718	5,638	3,501	280
	MN	706	153	91	25	37	71	182	147
	Total	42,649	9,295	12,929	5,851	4,755	5,709	3,683	427
7. Screening Ratio	CN	0.62	0.75	0.94	0.61	0.78	0.40	0.36	0.14
	MN	0.43	1.00	1.00	0.57	0.82	0.58	0.36	0.20
	Total	0.62	0.75	0.94	0.61	0.78	0.40	0.36	0.15
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	52,215	3,369	7,340	9,481	6,069	14,104	9,793	2,059
	MN	1,517	39	41	44	45	122	500	726
	Total	53,732	3,408	7,381	9,525	6,114	14,226	10,293	2,785
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	27,526	2,559	5,653	5,561	4,637	5,528	3,322	266
	MN	514	39	34	23	37	69	174	138
	Total	28,040	2,598	5,687	5,584	4,674	5,597	3,496	404

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Vermont

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.53	0.76	0.77	0.59	0.76	0.39	0.34	0.13
	MN	0.34	1.00	0.83	0.52	0.82	0.57	0.35	0.19
	Total	0.52	0.76	0.77	0.59	0.76	0.39	0.34	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	32,460	29	1,566	5,736	8,701	9,695	5,991	742
	MN	862	1	8	33	67	97	313	343
	Total	33,322	30	1,574	5,769	8,768	9,792	6,304	1,085
12b. Total Eligibles Receiving Preventive Dental Services	CN	31,776	29	1,561	5,670	8,543	9,494	5,778	701
	MN	833	1	8	33	66	95	300	330
	Total	32,609	30	1,569	5,703	8,609	9,589	6,078	1,031
12c. Total Eligibles Receiving Dental Treatment Services	CN	13,308	1	231	1,703	3,842	4,013	3,058	460
	MN	500	0	1	15	32	34	190	228
	Total	13,808	1	232	1,718	3,874	4,047	3,248	688
13. Total Eligibles Enrolled in Managed Care	CN	47,037	2,390	5,912	8,116	10,079	11,485	7,735	1,320
	MN	1,355	23	37	39	72	109	372	703
	Total	48,392	2,413	5,949	8,155	10,151	11,594	8,107	2,023
14. Total Number of Screening Blood Lead Tests	CN	5,704	25	4,427	1,252				
	MN	35	0	29	6				
	Total	5,739	25	4,456	1,258				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	607,747	43,902	88,712	106,454	121,225	124,723	93,743	28,988
	MN	164	7	7	4	15	42	47	42
	Total	607,911	43,909	88,719	106,458	121,240	124,765	93,790	29,030
2a. State Periodicity Schedule	CN		6	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	5,913,456	267,588	895,775	1,073,154	1,234,365	1,276,180	946,395	219,999
	MN	1,620	14	37	45	115	403	472	534
	Total	5,915,076	267,602	895,812	1,073,199	1,234,480	1,276,583	946,867	220,533
3b. Average Period of Eligibility	CN	0.81	0.51	0.84	0.84	0.85	0.85	0.84	0.63
	MN	0.82	0.17	0.44	0.94	0.64	0.80	0.84	1.06
	Total	0.81	0.51	0.84	0.84	0.85	0.85	0.84	0.63
4. Expected Number of Screenings per Eligible	CN		3.06	1.68	0.84	0.43	0.51	0.42	0.32
	MN		1.02	0.88	0.94	0.32	0.48	0.42	0.53
	Total		3.06	1.68	0.84	0.43	0.51	0.42	0.32
5. Expected Number of Screenings	CN	537,181	134,340	149,036	89,421	52,127	63,609	39,372	9,276
	MN	84	7	6	4	5	20	20	22
	Total	537,265	134,347	149,042	89,425	52,132	63,629	39,392	9,298
6. Total Screens Received	CN	464,143	102,064	163,394	76,237	41,310	47,903	29,718	3,517
	MN	75	6	3	0	9	24	19	14
	Total	464,218	102,070	163,397	76,237	41,319	47,927	29,737	3,531
7. Screening Ratio	CN	0.86	0.76	1.00	0.85	0.79	0.75	0.75	0.38
	MN	0.89	0.86	0.50	0.00	1.00	1.00	0.95	0.64
	Total	0.86	0.76	1.00	0.85	0.79	0.75	0.75	0.38
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	386,419	43,902	88,712	89,421	52,127	63,609	39,372	9,276
	MN	84	7	6	4	5	20	20	22
	Total	386,503	43,909	88,718	89,425	52,132	63,629	39,392	9,298
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	271,875	31,878	67,615	64,996	36,862	41,989	25,390	3,145
	MN	67	3	3	0	9	24	17	11
	Total	271,942	31,881	67,618	64,996	36,871	42,013	25,407	3,156

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.70	0.73	0.76	0.73	0.71	0.66	0.64	0.34
	MN	0.80	0.43	0.50	0.00	1.00	1.00	0.85	0.50
	Total	0.70	0.73	0.76	0.73	0.71	0.66	0.64	0.34
11. Total Eligibles Referred for Corrective Treatment	CN	258,397	30,858	64,834	61,202	34,503	39,967	23,989	3,044
	MN	59	3	3	0	9	21	14	9
	Total	258,456	30,861	64,837	61,202	34,512	39,988	24,003	3,053
12a. Total Eligibles Receiving Any Dental Services	CN	251,502	108	12,976	50,825	69,060	68,001	43,333	7,199
	MN	85	0	0	3	12	26	24	20
	Total	251,587	108	12,976	50,828	69,072	68,027	43,357	7,219
12b. Total Eligibles Receiving Preventive Dental Services	CN	232,284	58	11,371	47,922	66,155	63,639	37,765	5,374
	MN	77	0	0	3	10	26	19	19
	Total	232,361	58	11,371	47,925	66,165	63,665	37,784	5,393
12c. Total Eligibles Receiving Dental Treatment Services	CN	131,098	18	2,246	19,905	36,826	38,557	28,606	4,940
	MN	36	0	0	0	0	12	11	13
	Total	131,134	18	2,246	19,905	36,826	38,569	28,617	4,953
13. Total Eligibles Enrolled in Managed Care	CN	516,481	34,309	81,897	94,493	104,584	104,306	75,265	21,627
	MN	3	0	0	0	1	1	1	0
	Total	516,484	34,309	81,897	94,493	104,585	104,307	75,266	21,627
14. Total Number of Screening Blood Lead Tests	CN	41,240	508	23,478	17,254				
	MN	1	0	1	0				
	Total	41,241	508	23,479	17,254				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Washington

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	713,710	42,608	99,058	125,804	145,051	153,532	112,607	35,050
	MN	500	8	37	67	76	130	131	51
	Total	714,210	42,616	99,095	125,871	145,127	153,662	112,738	35,101
2a. State Periodicity Schedule	CN		5	2	3	3	2	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	1.00	1.00	0.75	0.40	0.50	0.50
3a. Total Months of Eligibility	CN	7,299,061	286,827	1,042,521	1,330,601	1,546,679	1,637,738	1,177,677	277,018
	MN	3,092	46	279	464	447	747	778	331
	Total	7,302,153	286,873	1,042,800	1,331,065	1,547,126	1,638,485	1,178,455	277,349
3b. Average Period of Eligibility	CN	0.85	0.56	0.88	0.88	0.89	0.89	0.87	0.66
	MN	0.52	0.48	0.63	0.58	0.49	0.48	0.49	0.54
	Total	0.85	0.56	0.88	0.88	0.89	0.89	0.87	0.66
4. Expected Number of Screenings per Eligible	CN		2.80	0.88	0.88	0.67	0.36	0.44	0.33
	MN		2.40	0.63	0.58	0.37	0.19	0.25	0.27
	Total		2.80	0.88	0.88	0.67	0.36	0.44	0.33
5. Expected Number of Screenings	CN	530,751	119,302	87,171	110,708	97,184	55,272	49,547	11,567
	MN	181	19	23	39	28	25	33	14
	Total	530,932	119,321	87,194	110,747	97,212	55,297	49,580	11,581
6. Total Screens Received	CN	458,025	99,157	161,707	70,958	46,786	51,219	25,446	2,752
	MN	96	6	41	14	8	14	13	0
	Total	458,121	99,163	161,748	70,972	46,794	51,233	25,459	2,752
7. Screening Ratio	CN	0.86	0.83	1.00	0.64	0.48	0.93	0.51	0.24
	MN	0.53	0.32	1.00	0.36	0.29	0.56	0.39	0.00
	Total	0.86	0.83	1.00	0.64	0.48	0.93	0.51	0.24
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	454,057	42,608	87,171	110,708	97,184	55,272	49,547	11,567
	MN	170	8	23	39	28	25	33	14
	Total	454,227	42,616	87,194	110,747	97,212	55,297	49,580	11,581
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	294,429	34,485	73,913	65,967	44,908	48,766	23,936	2,454
	MN	77	5	26	14	8	13	11	0
	Total	294,506	34,490	73,939	65,981	44,916	48,779	23,947	2,454

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Washington

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.65	0.81	0.85	0.60	0.46	0.88	0.48	0.21
	MN	0.45	0.63	1.00	0.36	0.29	0.52	0.33	0.00
	Total	0.65	0.81	0.85	0.60	0.46	0.88	0.48	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	8,779	1,363	1,427	1,227	1,264	1,650	1,455	393
	MN	14	1	1	2	3	2	5	0
	Total	8,793	1,364	1,428	1,229	1,267	1,652	1,460	393
12a. Total Eligibles Receiving Any Dental Services	CN	342,794	949	34,688	72,503	90,468	84,874	51,114	8,198
	MN	126	0	7	18	27	41	25	8
	Total	342,920	949	34,695	72,521	90,495	84,915	51,139	8,206
12b. Total Eligibles Receiving Preventive Dental Services	CN	319,115	803	33,426	70,374	85,738	79,109	43,962	5,703
	MN	111	0	7	17	25	36	20	6
	Total	319,226	803	33,433	70,391	85,763	79,145	43,982	5,709
12c. Total Eligibles Receiving Dental Treatment Services	CN	156,176	22	2,308	23,844	49,204	44,872	30,682	5,244
	MN	60	0	1	6	17	17	15	4
	Total	156,236	22	2,309	23,850	49,221	44,889	30,697	5,248
13. Total Eligibles Enrolled in Managed Care	CN	494,627	29,250	75,637	92,380	103,144	105,234	74,515	14,467
	MN	1	0	0	0	0	0	1	0
	Total	494,628	29,250	75,637	92,380	103,144	105,234	74,516	14,467
14. Total Number of Screening Blood Lead Tests	CN	5,574	110	3,350	2,114				
	MN	1	0	1	0				
	Total	5,575	110	3,351	2,114				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: West Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	212,764	14,114	27,837	35,718	41,830	45,981	35,497	11,787
	MN	626	0	2	1	8	10	15	590
	Total	213,390	14,114	27,839	35,719	41,838	45,991	35,512	12,377
2a. State Periodicity Schedule	CN		7	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		7.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	2,060,463	80,271	281,818	363,661	423,015	467,844	356,011	87,843
	MN	3,680	0	6	5	28	56	87	3,498
	Total	2,064,143	80,271	281,824	363,666	423,043	467,900	356,098	91,341
3b. Average Period of Eligibility	CN	0.81	0.47	0.84	0.85	0.84	0.85	0.84	0.62
	MN	0.49	0.00	0.25	0.42	0.29	0.47	0.48	0.49
	Total	0.81	0.47	0.84	0.85	0.84	0.85	0.84	0.61
4. Expected Number of Screenings per Eligible	CN		3.29	1.68	0.85	0.42	0.85	0.84	0.62
	MN		0.00	0.50	0.42	0.15	0.47	0.48	0.49
	Total		3.29	1.68	0.85	0.42	0.85	0.84	0.61
5. Expected Number of Screenings	CN	217,339	46,435	46,766	30,360	17,569	39,084	29,817	7,308
	MN	303	0	1	0	1	5	7	289
	Total	217,642	46,435	46,767	30,360	17,570	39,089	29,824	7,597
6. Total Screens Received	CN	174,009	45,544	41,886	30,518	21,635	22,057	11,628	741
	MN	64	0	2	0	1	0	15	46
	Total	174,073	45,544	41,888	30,518	21,636	22,057	11,643	787
7. Screening Ratio	CN	0.80	0.98	0.90	1.00	1.00	0.56	0.39	0.10
	MN	0.21	0.00	1.00	0.00	1.00	0.00	1.00	0.16
	Total	0.80	0.98	0.90	1.00	1.00	0.56	0.39	0.10
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	166,089	14,114	27,837	30,360	17,569	39,084	29,817	7,308
	MN	303	0	1	0	1	5	7	289
	Total	166,392	14,114	27,838	30,360	17,570	39,089	29,824	7,597
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	77,930	13,752	17,598	16,311	11,204	11,815	6,662	588
	MN	49	0	1	0	1	0	6	41
	Total	77,979	13,752	17,599	16,311	11,205	11,815	6,668	629

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: West Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.47	0.97	0.63	0.54	0.64	0.30	0.22	0.08
	MN	0.16	0.00	1.00	0.00	1.00	0.00	0.86	0.14
	Total	0.47	0.97	0.63	0.54	0.64	0.30	0.22	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	38,253	1,124	1,209	3,914	7,536	13,862	10,071	537
	MN	30	0	1	0	0	0	2	27
	Total	38,283	1,124	1,210	3,914	7,536	13,862	10,073	564
12a. Total Eligibles Receiving Any Dental Services	CN	92,556	176	4,326	19,645	24,235	25,418	16,950	1,806
	MN	145	0	0	0	2	1	11	131
	Total	92,701	176	4,326	19,645	24,237	25,419	16,961	1,937
12b. Total Eligibles Receiving Preventive Dental Services	CN	81,108	62	3,444	17,628	22,265	22,793	13,801	1,115
	MN	91	0	0	0	2	0	7	82
	Total	81,199	62	3,444	17,628	22,267	22,793	13,808	1,197
12c. Total Eligibles Receiving Dental Treatment Services	CN	92,386	176	4,595	19,556	24,163	25,224	16,873	1,799
	MN	144	0	0	0	2	1	11	130
	Total	92,530	176	4,595	19,556	24,165	25,225	16,884	1,929
13. Total Eligibles Enrolled in Managed Care	CN	193,109	13,631	26,253	33,289	38,232	41,080	30,916	9,708
	MN	491	0	1	1	5	5	9	470
	Total	193,600	13,631	26,254	33,290	38,237	41,085	30,925	10,178
14. Total Number of Screening Blood Lead Tests	CN	10,685	991	6,915	2,779				
	MN	0	0	0	0				
	Total	10,685	991	6,915	2,779				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Wisconsin

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	575,521	37,699	73,828	95,530	111,426	117,198	96,304	43,536
	MN	234	3	16	27	35	53	46	54
	Total	575,755	37,702	73,844	95,557	111,461	117,251	96,350	43,590
2a. State Periodicity Schedule	CN		5	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	5,675,068	230,491	762,599	994,319	1,161,750	1,214,185	955,352	356,372
	MN	1,242	11	109	138	199	303	243	239
	Total	5,676,310	230,502	762,708	994,457	1,161,949	1,214,488	955,595	356,611
3b. Average Period of Eligibility	CN	0.82	0.51	0.86	0.87	0.87	0.86	0.83	0.68
	MN	0.44	0.31	0.57	0.43	0.47	0.48	0.44	0.37
	Total	0.82	0.51	0.86	0.87	0.87	0.86	0.83	0.68
4. Expected Number of Screenings per Eligible	CN		2.55	1.72	0.87	0.44	0.52	0.42	0.34
	MN		1.55	1.14	0.43	0.24	0.29	0.22	0.19
	Total		2.55	1.72	0.87	0.44	0.52	0.42	0.34
5. Expected Number of Screenings	CN	471,447	96,132	126,984	83,111	49,027	60,943	40,448	14,802
	MN	78	5	18	12	8	15	10	10
	Total	471,525	96,137	127,002	83,123	49,035	60,958	40,458	14,812
6. Total Screens Received	CN	422,919	116,617	129,991	58,110	39,541	42,441	28,208	8,011
	MN	46	3	13	3	3	12	2	10
	Total	422,965	116,620	130,004	58,113	39,544	42,453	28,210	8,021
7. Screening Ratio	CN	0.90	1.00	1.00	0.70	0.81	0.70	0.70	0.54
	MN	0.59	0.60	0.72	0.25	0.38	0.80	0.20	1.00
	Total	0.90	1.00	1.00	0.70	0.81	0.70	0.70	0.54
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	359,858	37,699	73,828	83,111	49,027	60,943	40,448	14,802
	MN	74	3	16	12	8	15	10	10
	Total	359,932	37,702	73,844	83,123	49,035	60,958	40,458	14,812
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	253,902	32,593	55,813	52,473	38,090	40,671	26,556	7,706
	MN	37	1	6	3	3	12	2	10
	Total	253,939	32,594	55,819	52,476	38,093	40,683	26,558	7,716

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Wisconsin

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.71	0.86	0.76	0.63	0.78	0.67	0.66	0.52
	MN	0.50	0.33	0.38	0.25	0.38	0.80	0.20	1.00
	Total	0.71	0.86	0.76	0.63	0.78	0.67	0.66	0.52
11. Total Eligibles Referred for Corrective Treatment	CN	14,873	2,110	4,128	2,892	2,013	2,156	1,400	174
	MN	3	0	1	0	0	1	0	1
	Total	14,876	2,110	4,129	2,892	2,013	2,157	1,400	175
12a. Total Eligibles Receiving Any Dental Services	CN	153,941	318	7,807	30,889	44,368	40,789	24,965	4,805
	MN	53	0	1	3	10	13	11	15
	Total	153,994	318	7,808	30,892	44,378	40,802	24,976	4,820
12b. Total Eligibles Receiving Preventive Dental Services	CN	136,100	286	7,041	28,415	40,899	36,688	19,888	2,883
	MN	36	0	1	2	10	8	10	5
	Total	136,136	286	7,042	28,417	40,909	36,696	19,898	2,888
12c. Total Eligibles Receiving Dental Treatment Services	CN	64,327	15	475	9,105	20,121	17,807	13,873	2,931
	MN	29	0	0	1	5	7	6	10
	Total	64,356	15	475	9,106	20,126	17,814	13,879	2,941
13. Total Eligibles Enrolled in Managed Care	CN	460,324	32,113	65,736	82,473	93,317	94,173	68,552	23,960
	MN	27	0	2	1	0	3	3	18
	Total	460,351	32,113	65,738	82,474	93,317	94,176	68,555	23,978
14. Total Number of Screening Blood Lead Tests	CN	70,872	1,526	45,745	23,601				
	MN	8	0	4	4				
	Total	70,880	1,526	45,749	23,605				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Wyoming

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	56,593	4,201	8,669	10,676	10,960	10,720	8,339	3,028
	MN	0	0	0	0	0	0	0	0
	Total	56,593	4,201	8,669	10,676	10,960	10,720	8,339	3,028
2a. State Periodicity Schedule	CN		7	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		7.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	516,200	25,049	82,730	102,855	104,034	102,176	77,580	21,776
	MN	0	0	0	0	0	0	0	0
	Total	516,200	25,049	82,730	102,855	104,034	102,176	77,580	21,776
3b. Average Period of Eligibility	CN	0.76	0.50	0.80	0.80	0.79	0.79	0.78	0.60
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.76	0.50	0.80	0.80	0.79	0.79	0.78	0.60
4. Expected Number of Screenings per Eligible	CN		3.50	1.60	0.80	0.40	0.79	0.78	0.60
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.50	1.60	0.80	0.40	0.79	0.78	0.60
5. Expected Number of Screenings	CN	58,289	14,704	13,870	8,541	4,384	8,469	6,504	1,817
	MN	0	0	0	0	0	0	0	0
	Total	58,289	14,704	13,870	8,541	4,384	8,469	6,504	1,817
6. Total Screens Received	CN	45,062	15,493	15,685	6,022	2,197	3,495	1,987	183
	MN	0	0	0	0	0	0	0	0
	Total	45,062	15,493	15,685	6,022	2,197	3,495	1,987	183
7. Screening Ratio	CN	0.77	1.00	1.00	0.71	0.50	0.41	0.31	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.77	1.00	1.00	0.71	0.50	0.41	0.31	0.10
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	42,585	4,201	8,669	8,541	4,384	8,469	6,504	1,817
	MN	0	0	0	0	0	0	0	0
	Total	42,585	4,201	8,669	8,541	4,384	8,469	6,504	1,817
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	20,423	3,826	5,825	4,453	1,837	2,767	1,559	156
	MN	0	0	0	0	0	0	0	0
	Total	20,423	3,826	5,825	4,453	1,837	2,767	1,559	156

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2009

State: Wyoming

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.48	0.91	0.67	0.52	0.42	0.33	0.24	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.48	0.91	0.67	0.52	0.42	0.33	0.24	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	431	82	92	94	45	66	51	1
	MN	0	0	0	0	0	0	0	0
	Total	431	82	92	94	45	66	51	1
12a. Total Eligibles Receiving Any Dental Services	CN	22,303	85	1,878	4,559	5,936	5,491	3,608	746
	MN	0	0	0	0	0	0	0	0
	Total	22,303	85	1,878	4,559	5,936	5,491	3,608	746
12b. Total Eligibles Receiving Preventive Dental Services	CN	20,011	66	1,567	4,145	5,504	5,117	3,089	523
	MN	0	0	0	0	0	0	0	0
	Total	20,011	66	1,567	4,145	5,504	5,117	3,089	523
12c. Total Eligibles Receiving Dental Treatment Services	CN	11,532	4	285	2,079	3,415	3,035	2,210	504
	MN	0	0	0	0	0	0	0	0
	Total	11,532	4	285	2,079	3,415	3,035	2,210	504
13. Total Eligibles Enrolled in Managed Care	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
14. Total Number of Screening Blood Lead Tests	CN	1,270	16	730	524				
	MN	0	0	0	0				
	Total	1,270	16	730	524				