

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Alabama

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	559,430	40,795	81,524	103,148	111,885	118,142	82,497	21,439
	MN	0	0	0	0	0	0	0	0
	Total	559,430	40,795	81,524	103,148	111,885	118,142	82,497	21,439
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	524,367	32,365	77,862	98,820	106,673	112,240	78,089	18,318
	MN	0	0	0	0	0	0	0	0
	Total	524,367	32,365	77,862	98,820	106,673	112,240	78,089	18,318
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			5	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	5,537,439	237,879	845,365	1,074,063	1,160,771	1,220,537	842,092	156,732
	MN	0	0	0	0	0	0	0	0
	Total	5,537,439	237,879	845,365	1,074,063	1,160,771	1,220,537	842,092	156,732
3b. Average Period of Eligibility	CN	0.88	0.61	0.90	0.91	0.91	0.91	0.90	0.71
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	0.61	0.90	0.91	0.91	0.91	0.90	0.71
4. Expected Number of Screenings per Eligible	CN		3.05	1.80	0.91	0.91	0.91	0.90	0.71
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.05	1.80	0.91	0.91	0.91	0.90	0.71
5. Expected Number of Screenings	CN	611,287	98,713	140,152	89,926	97,072	102,138	70,280	13,006
	MN	0	0	0	0	0	0	0	0
	Total	611,287	98,713	140,152	89,926	97,072	102,138	70,280	13,006
6. Total Screens Received	CN	422,672	95,408	151,684	60,509	40,483	48,043	24,663	1,882
	MN	0	0	0	0	0	0	0	0
	Total	422,672	95,408	151,684	60,509	40,483	48,043	24,663	1,882
7. SCREENING RATIO	CN	0.69	0.97	1.00	0.67	0.42	0.47	0.35	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.69	0.97	1.00	0.67	0.42	0.47	0.35	0.14

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State: Alabama

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	482,649	32,365	77,862	89,926	97,072	102,138	70,280	13,006
	MN	0	0	0	0	0	0	0	0
	Total	482,649	32,365	77,862	89,926	97,072	102,138	70,280	13,006
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	262,018	29,093	63,160	57,744	39,483	46,671	24,013	1,854
	MN	0	0	0	0	0	0	0	0
	Total	262,018	29,093	63,160	57,744	39,483	46,671	24,013	1,854
10. PARTICIPANT RATIO	CN	0.54	0.90	0.81	0.64	0.41	0.46	0.34	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.90	0.81	0.64	0.41	0.46	0.34	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	143,940	12,710	31,026	28,645	26,214	26,951	16,406	1,988
	MN	0	0	0	0	0	0	0	0
	Total	143,940	12,710	31,026	28,645	26,214	26,951	16,406	1,988
12a. Total Eligibles Receiving Any Dental Services	CN	259,193	95	16,984	58,358	69,703	67,925	39,901	6,227
	MN	0	0	0	0	0	0	0	0
	Total	259,193	95	16,984	58,358	69,703	67,925	39,901	6,227
12b. Total Eligibles Receiving Preventive Dental Services	CN	244,161	49	15,081	55,386	67,208	65,102	36,269	5,066
	MN	0	0	0	0	0	0	0	0
	Total	244,161	49	15,081	55,386	67,208	65,102	36,269	5,066
12c. Total Eligibles Receiving Dental Treatment Services	CN	105,434	2	2,186	21,582	31,588	27,033	20,071	2,972
	MN	0	0	0	0	0	0	0	0
	Total	105,434	2	2,186	21,582	31,588	27,033	20,071	2,972
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	58,621				31,588	27,033		
	MN	0				0	0		
	Total	58,621				31,588	27,033		

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State: Alabama

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	251,677	90	16,858	57,225	67,777	66,021	37,992	5,714
	MN	0	0	0	0	0	0	0	0
	Total	251,677	90	16,858	57,225	67,777	66,021	37,992	5,714
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,964	465	4,260	239	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	4,964	465	4,260	239	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	263,255	556	20,429	58,514	69,703	67,925	39,901	6,227
	MN	0	0	0	0	0	0	0	0
	Total	263,255	556	20,429	58,514	69,703	67,925	39,901	6,227
13. Total Eligibles Enrolled in Managed Care	CN	507,931	26,133	77,319	97,478	104,997	108,783	73,915	19,306
	MN	0	0	0	0	0	0	0	0
	Total	507,931	26,133	77,319	97,478	104,997	108,783	73,915	19,306
14. Total Number of Screening Blood Lead Tests	CN	47,063	1,557	30,210	15,296				
	MN	0	0	0	0				
	Total	47,063	1,557	30,210	15,296				

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Fiscal Year: 2010

State: Alaska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	90,258	6,360	12,153	15,098	17,302	19,135	14,973	5,237
	MN	0	0	0	0	0	0	0	0
	Total	90,258	6,360	12,153	15,098	17,302	19,135	14,973	5,237
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	85,310	5,189	11,575	14,509	16,701	18,409	14,391	4,536
	MN	0	0	0	0	0	0	0	0
	Total	85,310	5,189	11,575	14,509	16,701	18,409	14,391	4,536
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	11,849	51	1,087	1,534	3,053	3,448	2,407	269
	MN	0	0	0	0	0	0	0	0
	Total	11,849	51	1,087	1,534	3,053	3,448	2,407	269
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	879,197	37,760	120,550	153,231	179,003	198,717	151,912	38,024
	MN	0	0	0	0	0	0	0	0
	Total	879,197	37,760	120,550	153,231	179,003	198,717	151,912	38,024
3b. Average Period of Eligibility	CN	0.86	0.61	0.87	0.88	0.89	0.90	0.88	0.70
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.61	0.87	0.88	0.89	0.90	0.88	0.70
4. Expected Number of Screenings per Eligible	CN		3.05	1.74	0.88	0.45	0.54	0.44	0.35
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.05	1.74	0.88	0.45	0.54	0.44	0.35
5. Expected Number of Screenings	CN	74,111	15,826	20,141	12,768	7,515	9,941	6,332	1,588
	MN	0	0	0	0	0	0	0	0
	Total	74,111	15,826	20,141	12,768	7,515	9,941	6,332	1,588
6. Total Screens Received	CN	53,234	17,923	15,544	7,644	3,861	4,511	3,399	352
	MN	0	0	0	0	0	0	0	0
	Total	53,234	17,923	15,544	7,644	3,861	4,511	3,399	352
7. SCREENING RATIO	CN	0.72	1.00	0.77	0.60	0.51	0.45	0.54	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.72	1.00	0.77	0.60	0.51	0.45	0.54	0.22

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State: Alaska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	54,908	5,189	11,575	12,768	7,515	9,941	6,332	1,588
	MN	0	0	0	0	0	0	0	0
	Total	54,908	5,189	11,575	12,768	7,515	9,941	6,332	1,588
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	30,205	4,766	7,551	6,661	3,644	4,197	3,051	335
	MN	0	0	0	0	0	0	0	0
	Total	30,205	4,766	7,551	6,661	3,644	4,197	3,051	335
10. PARTICIPANT RATIO	CN	0.55	0.92	0.65	0.52	0.48	0.42	0.48	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.55	0.92	0.65	0.52	0.48	0.42	0.48	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	2,734	333	564	436	308	466	508	119
	MN	0	0	0	0	0	0	0	0
	Total	2,734	333	564	436	308	466	508	119
12a. Total Eligibles Receiving Any Dental Services	CN	38,738	62	1,956	7,211	10,023	10,440	7,375	1,671
	MN	0	0	0	0	0	0	0	0
	Total	38,738	62	1,956	7,211	10,023	10,440	7,375	1,671
12b. Total Eligibles Receiving Preventive Dental Services	CN	33,052	36	1,349	6,142	9,032	9,401	5,973	1,119
	MN	0	0	0	0	0	0	0	0
	Total	33,052	36	1,349	6,142	9,032	9,401	5,973	1,119
12c. Total Eligibles Receiving Dental Treatment Services	CN	21,784	4	617	3,474	5,615	5,897	4,978	1,199
	MN	0	0	0	0	0	0	0	0
	Total	21,784	4	617	3,474	5,615	5,897	4,978	1,199
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,152				3,533	3,619		
	MN	0				0	0		
	Total	7,152				3,533	3,619		

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Fiscal Year: 2010

State: Alaska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	35,699	56	1,869	6,767	9,296	9,590	6,628	1,493
	MN	0	0	0	0	0	0	0	0
	Total	35,699	56	1,869	6,767	9,296	9,590	6,628	1,493
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	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
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	38,738	62	1,956	7,211	10,023	10,440	7,375	1,671
	MN	0	0	0	0	0	0	0	0
	Total	38,738	62	1,956	7,211	10,023	10,440	7,375	1,671
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	11	0	1	10				
	MN	0	0	0	0				
	Total	11	0	1	10				

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Fiscal Year: 2010

State: Arizona

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	805,482	53,265	111,887	151,155	164,910	166,749	116,015	41,501
	MN	0	0	0	0	0	0	0	0
	Total	805,482	53,265	111,887	151,155	164,910	166,749	116,015	41,501
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	770,841	39,546	109,523	147,403	160,630	161,826	111,516	40,397
	MN	0	0	0	0	0	0	0	0
	Total	770,841	39,546	109,523	147,403	160,630	161,826	111,516	40,397
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	54,410	31	3,410	7,218	13,616	17,124	11,884	1,127
	MN	0	0	0	0	0	0	0	0
	Total	54,410	31	3,410	7,218	13,616	17,124	11,884	1,127
2a. State Periodicity Schedule			6	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	7,578,161	302,549	1,079,466	1,500,072	1,638,163	1,651,191	1,103,795	302,925
	MN	0	0	0	0	0	0	0	0
	Total	7,578,161	302,549	1,079,466	1,500,072	1,638,163	1,651,191	1,103,795	302,925
3b. Average Period of Eligibility	CN	0.82	0.64	0.82	0.85	0.85	0.85	0.82	0.62
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.82	0.64	0.82	0.85	0.85	0.85	0.82	0.62
4. Expected Number of Screenings per Eligible	CN		3.84	1.64	0.85	0.43	0.85	0.82	0.62
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.84	1.64	0.85	0.43	0.85	0.82	0.62
5. Expected Number of Screenings	CN	779,880	151,857	179,618	125,293	69,071	137,552	91,443	25,046
	MN	0	0	0	0	0	0	0	0
	Total	779,880	151,857	179,618	125,293	69,071	137,552	91,443	25,046
6. Total Screens Received	CN	724,417	209,755	205,405	101,613	77,131	79,457	43,586	7,470
	MN	0	0	0	0	0	0	0	0
	Total	724,417	209,755	205,405	101,613	77,131	79,457	43,586	7,470
7. SCREENING RATIO	CN	0.93	1.00	1.00	0.81	1.00	0.58	0.48	0.30
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	1.00	1.00	0.81	1.00	0.58	0.48	0.30

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State: Arizona

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	597,474	39,546	109,523	125,293	69,071	137,552	91,443	25,046
	MN	0	0	0	0	0	0	0	0
	Total	597,474	39,546	109,523	125,293	69,071	137,552	91,443	25,046
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	385,646	39,546	84,963	85,141	65,888	67,555	36,049	6,504
	MN	0	0	0	0	0	0	0	0
	Total	385,646	39,546	84,963	85,141	65,888	67,555	36,049	6,504
10. PARTICIPANT RATIO	CN	0.65	1.00	0.78	0.68	0.95	0.49	0.39	0.26
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.65	1.00	0.78	0.68	0.95	0.49	0.39	0.26
11. Total Eligibles Referred for Corrective Treatment	CN	592,390	52,113	88,899	111,958	127,056	124,274	71,727	16,363
	MN	0	0	0	0	0	0	0	0
	Total	592,390	52,113	88,899	111,958	127,056	124,274	71,727	16,363
12a. Total Eligibles Receiving Any Dental Services	CN	373,957	221	22,657	80,949	109,672	99,148	51,084	10,226
	MN	0	0	0	0	0	0	0	0
	Total	373,957	221	22,657	80,949	109,672	99,148	51,084	10,226
12b. Total Eligibles Receiving Preventive Dental Services	CN	333,573	62	12,801	70,121	104,411	93,801	44,972	7,405
	MN	0	0	0	0	0	0	0	0
	Total	333,573	62	12,801	70,121	104,411	93,801	44,972	7,405
12c. Total Eligibles Receiving Dental Treatment Services	CN	190,015	29	3,918	37,460	61,868	50,668	29,679	6,393
	MN	0	0	0	0	0	0	0	0
	Total	190,015	29	3,918	37,460	61,868	50,668	29,679	6,393
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	54,152				31,034	23,118		
	MN	0				0	0		
	Total	54,152				31,034	23,118		

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Fiscal Year: 2010

State: Arizona

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	360,073	209	22,393	78,514	105,320	95,465	48,707	9,465
	MN	0	0	0	0	0	0	0	0
	Total	360,073	209	22,393	78,514	105,320	95,465	48,707	9,465
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	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
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	373,957	221	22,657	80,949	109,672	99,148	51,084	10,226
	MN	0	0	0	0	0	0	0	0
	Total	373,957	221	22,657	80,949	109,672	99,148	51,084	10,226
13. Total Eligibles Enrolled in Managed Care	CN	794,248	52,738	110,059	149,237	162,783	164,476	114,097	40,858
	MN	0	0	0	0	0	0	0	0
	Total	794,248	52,738	110,059	149,237	162,783	164,476	114,097	40,858
14. Total Number of Screening Blood Lead Tests	CN	34,782	620	19,432	14,730				
	MN	0	0	0	0				
	Total	34,782	620	19,432	14,730				

Annual EPSDT Participation Report
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Fiscal Year: 2010
State: Arkansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	416,898	27,028	57,774	79,381	86,157	89,172	61,684	15,702
	MN	604	6	31	67	100	174	164	62
	Total	417,502	27,034	57,805	79,448	86,257	89,346	61,848	15,764
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	380,389	19,603	54,408	75,033	80,231	82,510	56,363	12,241
	MN	474	4	28	59	84	140	121	38
	Total	380,863	19,607	54,436	75,092	80,315	82,650	56,484	12,279
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			6	3	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	1.50	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,002,569	145,334	587,547	823,886	864,824	886,497	592,360	102,121
	MN	4,218	29	245	530	794	1,307	1,044	269
	Total	4,006,787	145,363	587,792	824,416	865,618	887,804	593,404	102,390
3b. Average Period of Eligibility	CN	0.88	0.62	0.90	0.92	0.90	0.90	0.88	0.70
	MN	0.74	0.60	0.73	0.75	0.79	0.78	0.72	0.59
	Total	0.88	0.62	0.90	0.91	0.90	0.90	0.88	0.69
4. Expected Number of Screenings per Eligible	CN		3.72	1.35	0.92	0.45	0.90	0.88	0.70
	MN		3.60	1.10	0.75	0.40	0.78	0.72	0.59
	Total		3.72	1.35	0.91	0.45	0.90	0.88	0.69
5. Expected Number of Screenings	CN	383,935	72,923	73,451	69,030	36,104	74,259	49,599	8,569
	MN	341	14	31	44	34	109	87	22
	Total	384,276	72,937	73,482	69,074	36,138	74,368	49,686	8,591
6. Total Screens Received	CN	237,580	67,551	75,119	41,481	18,551	22,323	11,914	641
	MN	126	10	25	25	14	30	21	1
	Total	237,706	67,561	75,144	41,506	18,565	22,353	11,935	642
7. SCREENING RATIO	CN	0.62	0.93	1.00	0.60	0.51	0.30	0.24	0.07
	MN	0.37	0.71	0.81	0.57	0.41	0.28	0.24	0.05
	Total	0.62	0.93	1.00	0.60	0.51	0.30	0.24	0.07

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Arkansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	311,572	19,603	54,408	69,030	36,104	74,259	49,599	8,569
	MN	328	4	28	44	34	109	87	22
	Total	311,900	19,607	54,436	69,074	36,138	74,368	49,686	8,591
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	143,915	18,324	35,666	38,634	17,830	21,445	11,391	625
	MN	109	2	18	25	12	30	21	1
	Total	144,024	18,326	35,684	38,659	17,842	21,475	11,412	626
10. PARTICIPANT RATIO	CN	0.46	0.93	0.66	0.56	0.49	0.29	0.23	0.07
	MN	0.33	0.50	0.64	0.57	0.35	0.28	0.24	0.05
	Total	0.46	0.93	0.66	0.56	0.49	0.29	0.23	0.07
11. Total Eligibles Referred for Corrective Treatment	CN	96,606	12,864	24,779	25,705	11,519	13,992	7,349	398
	MN	65	1	11	11	8	21	12	1
	Total	96,671	12,865	24,790	25,716	11,527	14,013	7,361	399
12a. Total Eligibles Receiving Any Dental Services	CN	180,458	51	8,819	39,722	50,374	48,980	28,673	3,839
	MN	195	0	2	26	50	60	51	6
	Total	180,653	51	8,821	39,748	50,424	49,040	28,724	3,845
12b. Total Eligibles Receiving Preventive Dental Services	CN	165,955	21	6,873	36,275	47,887	46,176	25,735	2,988
	MN	172	0	1	23	48	55	42	3
	Total	166,127	21	6,874	36,298	47,935	46,231	25,777	2,991
12c. Total Eligibles Receiving Dental Treatment Services	CN	91,429	4	1,268	15,045	27,886	27,031	17,740	2,455
	MN	103	0	0	5	25	36	31	6
	Total	91,532	4	1,268	15,050	27,911	27,067	17,771	2,461
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	16,527				9,215	7,312		
	MN	14				4	10		
	Total	16,541				9,219	7,322		

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Fiscal Year: 2010

State: Arkansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	171,241	50	8,613	38,226	47,966	46,475	26,559	3,352
	MN	179	0	1	26	47	55	46	4
	Total	171,420	50	8,614	38,252	48,013	46,530	26,605	3,356
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	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
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	180,458	51	8,819	39,722	50,374	48,980	28,673	3,839
	MN	195	0	2	26	50	60	51	6
	Total	180,653	51	8,821	39,748	50,424	49,040	28,724	3,845
13. Total Eligibles Enrolled in Managed Care	CN	373,472	22,203	53,647	73,505	78,244	79,577	54,174	12,122
	MN	465	2	27	57	81	141	124	33
	Total	373,937	22,205	53,674	73,562	78,325	79,718	54,298	12,155
14. Total Number of Screening Blood Lead Tests	CN	17,855	388	8,593	8,874				
	MN	13	0	4	9				
	Total	17,868	388	8,597	8,883				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: California

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	3,208,215	180,742	431,278	597,889	661,126	712,557	530,507	94,116
	MN	1,483,539	130,892	205,088	231,336	218,968	239,615	230,344	227,296
	Total	4,691,754	311,634	636,366	829,225	880,094	952,172	760,851	321,412
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	3,105,371	149,611	422,762	584,963	646,246	695,681	516,279	89,829
	MN	1,131,069	81,097	166,454	178,590	167,179	168,439	164,067	205,243
	Total	4,236,440	230,708	589,216	763,553	813,425	864,120	680,346	295,072
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	180,612	7	33,866	46,586	35,510	36,747	26,972	924
	Total	180,612	7	33,866	46,586	35,510	36,747	26,972	924
2a. State Periodicity Schedule			5	4	2	1	1	1	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	0.67	0.25	0.20	0.25	0.50
3a. Total Months of Eligibility	CN	27,840,367	806,450	3,886,484	5,356,440	5,941,662	6,393,047	4,687,608	768,676
	MN	8,417,842	394,414	1,303,308	1,374,997	1,265,716	1,246,955	1,231,849	1,600,603
	Total	36,258,209	1,200,864	5,189,792	6,731,437	7,207,378	7,640,002	5,919,457	2,369,279
3b. Average Period of Eligibility	CN	0.75	0.45	0.77	0.76	0.77	0.77	0.76	0.71
	MN	0.62	0.41	0.65	0.64	0.63	0.62	0.63	0.65
	Total	0.71	0.43	0.73	0.73	0.74	0.74	0.73	0.67
4. Expected Number of Screenings per Eligible	CN		2.25	1.54	0.51	0.19	0.15	0.19	0.36
	MN		2.05	1.30	0.43	0.16	0.12	0.16	0.33
	Total		2.15	1.46	0.49	0.19	0.15	0.18	0.34
5. Expected Number of Screenings	CN	1,643,579	336,625	651,053	298,331	122,787	104,352	98,093	32,338
	MN	600,376	166,249	216,390	76,794	26,749	20,213	26,251	67,730
	Total	2,243,955	502,874	867,443	375,125	149,536	124,565	124,344	100,068
6. Total Screens Received	CN	1,898,496	304,201	642,082	372,307	214,882	209,336	137,951	17,737
	MN	612,326	165,352	233,711	89,966	40,354	35,421	29,715	17,807
	Total	2,510,822	469,553	875,793	462,273	255,236	244,757	167,666	35,544
7. SCREENING RATIO	CN	1.00	0.90	0.99	1.00	1.00	1.00	1.00	0.55
	MN	1.00	0.99	1.00	1.00	1.00	1.00	1.00	0.26
	Total	1.00	0.93	1.00	1.00	1.00	1.00	1.00	0.36

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Form CMS-416
Fiscal Year: 2010
State: California

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,228,274	149,611	422,762	298,331	122,787	104,352	98,093	32,338
	MN	465,288	81,097	166,454	76,794	26,749	20,213	26,251	67,730
	Total	1,693,562	230,708	589,216	375,125	149,536	124,565	124,344	100,068
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	1,192,384	121,511	295,612	292,040	180,718	174,687	114,090	13,726
	MN	354,893	66,245	107,908	74,001	35,188	30,942	25,786	14,823
	Total	1,547,277	187,756	403,520	366,041	215,906	205,629	139,876	28,549
10. PARTICIPANT RATIO	CN	0.97	0.81	0.70	0.98	1.00	1.00	1.00	0.42
	MN	0.76	0.82	0.65	0.96	1.00	1.00	0.98	0.22
	Total	0.91	0.81	0.68	0.98	1.00	1.00	1.00	0.29
11. Total Eligibles Referred for Corrective Treatment	CN	93,755	6,258	16,538	23,752	18,836	17,486	10,513	372
	MN	32,636	3,977	6,633	7,494	5,120	4,897	3,692	823
	Total	126,391	10,235	23,171	31,246	23,956	22,383	14,205	1,195
12a. Total Eligibles Receiving Any Dental Services	CN	1,363,911	1,228	81,190	309,887	374,657	350,605	221,335	25,009
	MN	314,092	713	22,343	72,362	65,555	54,289	46,524	52,306
	Total	1,678,003	1,941	103,533	382,249	440,212	404,894	267,859	77,315
12b. Total Eligibles Receiving Preventive Dental Services	CN	1,126,091	377	55,526	254,304	320,700	299,754	178,623	16,807
	MN	245,070	154	13,623	57,158	54,448	45,001	36,237	38,449
	Total	1,371,161	531	69,149	311,462	375,148	344,755	214,860	55,256
12c. Total Eligibles Receiving Dental Treatment Services	CN	721,587	96	16,791	142,774	222,912	190,929	131,928	16,157
	MN	160,055	42	3,716	31,115	36,998	28,031	27,160	32,993
	Total	881,642	138	20,507	173,889	259,910	218,960	159,088	49,150
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	176,431				75,743	100,688		
	MN	28,729				12,864	15,865		
	Total	205,160				88,607	116,553		

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Fiscal Year: 2010
State: California

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	1,168,832	470	62,235	265,105	324,269	307,007	189,496	20,250
	MN	257,637	190	15,209	59,429	54,792	46,003	38,736	43,278
	Total	1,426,469	660	77,444	324,534	379,061	353,010	228,232	63,528
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	32,006	712	14,701	14,961	1,573	44	14	1
	MN	8,567	265	4,523	3,457	315	4	2	1
	Total	40,573	977	19,224	18,418	1,888	48	16	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	1,384,500	1,934	93,658	316,696	375,228	350,635	221,340	25,009
	MN	320,080	974	26,282	74,037	65,667	54,290	46,524	52,306
	Total	1,704,580	2,908	119,940	390,733	440,895	404,925	267,864	77,315
13. Total Eligibles Enrolled in Managed Care	CN	2,638,082	130,574	376,099	511,221	553,338	580,689	421,198	64,963
	MN	802,629	53,477	132,967	133,551	111,130	102,243	106,485	162,776
	Total	3,440,711	184,051	509,066	644,772	664,468	682,932	527,683	227,739
14. Total Number of Screening Blood Lead Tests	CN	264,373	1,921	163,903	98,549				
	MN	83,270	904	56,851	25,515				
	Total	347,643	2,825	220,754	124,064				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Colorado

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	420,327	30,397	65,182	84,908	89,276	81,333	52,404	16,827
	MN	0	0	0	0	0	0	0	0
	Total	420,327	30,397	65,182	84,908	89,276	81,333	52,404	16,827
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	380,262	22,124	60,965	79,102	82,044	74,301	46,816	14,910
	MN	0	0	0	0	0	0	0	0
	Total	380,262	22,124	60,965	79,102	82,044	74,301	46,816	14,910
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			0	0	0	0	0	0	0
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			0.00	0.00	0.00	0.00	0.00	0.00	0.00
3a. Total Months of Eligibility	CN	3,812,817	152,418	628,415	816,455	853,849	769,908	462,885	128,887
	MN	0	0	0	0	0	0	0	0
	Total	3,812,817	152,418	628,415	816,455	853,849	769,908	462,885	128,887
3b. Average Period of Eligibility	CN	0.84	0.57	0.86	0.86	0.87	0.86	0.82	0.72
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.57	0.86	0.86	0.87	0.86	0.82	0.72
4. Expected Number of Screenings per Eligible	CN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Expected Number of Screenings	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
6. Total Screens Received	CN	316,138	84,498	105,884	48,754	29,476	29,163	15,107	3,256
	MN	0	0	0	0	0	0	0	0
	Total	316,138	84,498	105,884	48,754	29,476	29,163	15,107	3,256
7. SCREENING RATIO	CN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Colorado

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	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
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	186,657	22,492	48,224	44,327	27,922	27,090	13,671	2,931
	MN	0	0	0	0	0	0	0	0
	Total	186,657	22,492	48,224	44,327	27,922	27,090	13,671	2,931
10. PARTICIPANT RATIO	CN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Total Eligibles Referred for Corrective Treatment	CN	112,733	13,624	32,740	24,103	16,337	15,423	8,479	2,027
	MN	0	0	0	0	0	0	0	0
	Total	112,733	13,624	32,740	24,103	16,337	15,423	8,479	2,027
12a. Total Eligibles Receiving Any Dental Services	CN	186,843	685	17,397	44,843	52,267	44,216	22,960	4,475
	MN	0	0	0	0	0	0	0	0
	Total	186,843	685	17,397	44,843	52,267	44,216	22,960	4,475
12b. Total Eligibles Receiving Preventive Dental Services	CN	168,129	243	14,994	41,265	48,684	40,412	19,534	2,997
	MN	0	0	0	0	0	0	0	0
	Total	168,129	243	14,994	41,265	48,684	40,412	19,534	2,997
12c. Total Eligibles Receiving Dental Treatment Services	CN	95,120	35	2,463	19,712	30,602	25,232	14,182	2,894
	MN	0	0	0	0	0	0	0	0
	Total	95,120	35	2,463	19,712	30,602	25,232	14,182	2,894
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,396				15,764	10,632		
	MN	0				0	0		
	Total	26,396				15,764	10,632		

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State: Colorado

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	172,603	428	15,623	41,696	48,717	41,229	20,977	3,933
	MN	0	0	0	0	0	0	0	0
	Total	172,603	428	15,623	41,696	48,717	41,229	20,977	3,933
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	7,179	136	1,309	1,975	1,733	1,049	791	186
	MN	0	0	0	0	0	0	0	0
	Total	7,179	136	1,309	1,975	1,733	1,049	791	186
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	188,860	815	18,243	45,231	52,632	44,372	23,063	4,504
	MN	0	0	0	0	0	0	0	0
	Total	188,860	815	18,243	45,231	52,632	44,372	23,063	4,504
13. Total Eligibles Enrolled in Managed Care	CN	417,374	30,068	64,901	84,459	88,797	80,742	51,860	16,547
	MN	0	0	0	0	0	0	0	0
	Total	666,516	30,068	64,901	84,459	194,061	169,486	97,986	25,555
14. Total Number of Screening Blood Lead Tests	CN	1,305	8	841	456				
	MN	0	0	0	0				
	Total	1,305	8	841	456				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Connecticut

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	317,562	17,693	37,687	52,171	61,902	71,597	54,630	21,882
	MN	0	0	0	0	0	0	0	0
	Total	317,562	17,693	37,687	52,171	61,902	71,597	54,630	21,882
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	299,441	12,872	36,268	50,323	59,554	68,933	52,221	19,270
	MN	0	0	0	0	0	0	0	0
	Total	299,441	12,872	36,268	50,323	59,554	68,933	52,221	19,270
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	3,252,481	100,712	397,886	560,094	666,280	772,284	575,178	180,047
	MN	0	0	0	0	0	0	0	0
	Total	3,252,481	100,712	397,886	560,094	666,280	772,284	575,178	180,047
3b. Average Period of Eligibility	CN	0.91	0.65	0.91	0.93	0.93	0.93	0.92	0.78
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.65	0.91	0.93	0.93	0.93	0.92	0.78
4. Expected Number of Screenings per Eligible	CN		3.90	2.28	0.93	0.93	0.93	0.92	0.78
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	2.28	0.93	0.93	0.93	0.92	0.78
5. Expected Number of Screenings	CN	362,259	50,201	82,691	46,800	55,385	64,108	48,043	15,031
	MN	0	0	0	0	0	0	0	0
	Total	362,259	50,201	82,691	46,800	55,385	64,108	48,043	15,031
6. Total Screens Received	CN	289,506	50,518	86,364	43,409	33,714	41,472	28,144	5,885
	MN	0	0	0	0	0	0	0	0
	Total	289,506	50,518	86,364	43,409	33,714	41,472	28,144	5,885
7. SCREENING RATIO	CN	0.80	1.00	1.00	0.93	0.61	0.65	0.59	0.39
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	1.00	1.00	0.93	0.61	0.65	0.59	0.39

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Connecticut

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	278,507	12,872	36,268	46,800	55,385	64,108	48,043	15,031
	MN	0	0	0	0	0	0	0	0
	Total	278,507	12,872	36,268	46,800	55,385	64,108	48,043	15,031
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	146,284	10,500	26,746	30,116	24,768	30,197	19,779	4,178
	MN	0	0	0	0	0	0	0	0
	Total	146,284	10,500	26,746	30,116	24,768	30,197	19,779	4,178
10. PARTICIPANT RATIO	CN	0.53	0.82	0.74	0.64	0.45	0.47	0.41	0.28
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.53	0.82	0.74	0.64	0.45	0.47	0.41	0.28
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	171,871	168	11,768	32,931	43,660	47,250	28,917	7,177
	MN	0	0	0	0	0	0	0	0
	Total	171,871	168	11,768	32,931	43,660	47,250	28,917	7,177
12b. Total Eligibles Receiving Preventive Dental Services	CN	155,098	59	10,113	30,875	41,319	43,248	24,421	5,063
	MN	0	0	0	0	0	0	0	0
	Total	155,098	59	10,113	30,875	41,319	43,248	24,421	5,063
12c. Total Eligibles Receiving Dental Treatment Services	CN	77,450	5	829	9,213	20,448	24,586	17,677	4,692
	MN	0	0	0	0	0	0	0	0
	Total	77,450	5	829	9,213	20,448	24,586	17,677	4,692
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	31,004				13,865	17,139		
	MN	0				0	0		
	Total	31,004				13,865	17,139		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Connecticut

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	154,875	115	10,773	30,798	39,621	42,108	25,274	6,186
	MN	0	0	0	0	0	0	0	0
	Total	154,875	115	10,773	30,798	39,621	42,108	25,274	6,186
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,456	140	1,090	226	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	1,456	140	1,090	226	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	172,903	311	12,550	33,036	43,662	47,254	28,915	7,175
	MN	0	0	0	0	0	0	0	0
	Total	172,903	311	12,550	33,036	43,662	47,254	28,915	7,175
13. Total Eligibles Enrolled in Managed Care	CN	297,233	15,757	35,301	50,093	59,197	68,056	51,118	17,711
	MN	0	0	0	0	0	0	0	0
	Total	297,233	15,757	35,301	50,093	59,197	68,056	51,118	17,711
14. Total Number of Screening Blood Lead Tests	CN	63,434	2,944	38,844	21,646				
	MN	0	0	0	0				
	Total	63,434	2,944	38,844	21,646				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Delaware

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	101,208	6,685	14,184	18,250	20,035	20,742	15,318	5,994
	MN	0	0	0	0	0	0	0	0
	Total	101,208	6,685	14,184	18,250	20,035	20,742	15,318	5,994
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	93,623	5,089	13,576	17,339	18,891	19,422	14,180	5,126
	MN	0	0	0	0	0	0	0	0
	Total	93,623	5,089	13,576	17,339	18,891	19,422	14,180	5,126
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	28	22	6	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	28	22	6	0	0	0	0	0
2a. State Periodicity Schedule			7	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	964,103	36,093	147,114	185,844	200,477	204,538	145,473	44,564
	MN	0	0	0	0	0	0	0	0
	Total	964,103	36,093	147,114	185,844	200,477	204,538	145,473	44,564
3b. Average Period of Eligibility	CN	0.86	0.59	0.90	0.89	0.88	0.88	0.85	0.72
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.59	0.90	0.89	0.88	0.88	0.85	0.72
4. Expected Number of Screenings per Eligible	CN		4.13	1.80	0.89	0.88	0.88	0.85	0.72
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.13	1.80	0.89	0.88	0.88	0.85	0.72
5. Expected Number of Screenings	CN	110,346	21,018	24,437	15,432	16,624	17,091	12,053	3,691
	MN	0	0	0	0	0	0	0	0
	Total	110,346	21,018	24,437	15,432	16,624	17,091	12,053	3,691
6. Total Screens Received	CN	80,544	19,543	24,437	11,670	9,356	9,340	5,126	1,072
	MN	0	0	0	0	0	0	0	0
	Total	80,544	19,543	24,437	11,670	9,356	9,340	5,126	1,072
7. SCREENING RATIO	CN	0.73	0.93	1.00	0.76	0.56	0.55	0.43	0.29
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.73	0.93	1.00	0.76	0.56	0.55	0.43	0.29

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Form CMS-416

Fiscal Year: 2010

State: Delaware

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	83,556	5,089	13,576	15,432	16,624	17,091	12,053	3,691
	MN	0	0	0	0	0	0	0	0
	Total	83,556	5,089	13,576	15,432	16,624	17,091	12,053	3,691
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	49,119	4,727	10,942	10,695	8,756	8,558	4,512	929
	MN	0	0	0	0	0	0	0	0
	Total	49,119	4,727	10,942	10,695	8,756	8,558	4,512	929
10. PARTICIPANT RATIO	CN	0.59	0.93	0.81	0.69	0.53	0.50	0.37	0.25
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.59	0.93	0.81	0.69	0.53	0.50	0.37	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	3,182	3,003	93	45	4	19	12	6
	MN	0	0	0	0	0	0	0	0
	Total	3,182	3,003	93	45	4	19	12	6
12a. Total Eligibles Receiving Any Dental Services	CN	39,757	7	1,144	8,413	11,322	10,812	6,392	1,667
	MN	0	0	0	0	0	0	0	0
	Total	39,757	7	1,144	8,413	11,322	10,812	6,392	1,667
12b. Total Eligibles Receiving Preventive Dental Services	CN	36,358	1	850	7,714	10,614	10,149	5,674	1,356
	MN	0	0	0	0	0	0	0	0
	Total	36,358	1	850	7,714	10,614	10,149	5,674	1,356
12c. Total Eligibles Receiving Dental Treatment Services	CN	18,765	2	205	2,982	5,755	5,166	3,622	1,033
	MN	0	0	0	0	0	0	0	0
	Total	18,765	2	205	2,982	5,755	5,166	3,622	1,033
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,874				3,939	3,935		
	MN	0				0	0		
	Total	7,874				3,939	3,935		

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Fiscal Year: 2010

State: Delaware

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	36,171	5	1,018	7,702	10,377	9,883	5,708	1,478
	MN	0	0	0	0	0	0	0	0
	Total	36,171	5	1,018	7,702	10,377	9,883	5,708	1,478
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	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
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	39,757	7	1,144	8,413	11,322	10,812	6,392	1,667
	MN	0	0	0	0	0	0	0	0
	Total	39,757	7	1,144	8,413	11,322	10,812	6,392	1,667
13. Total Eligibles Enrolled in Managed Care	CN	97,167	6,106	13,830	17,705	19,387	19,899	14,512	5,728
	MN	0	0	0	0	0	0	0	0
	Total	97,167	6,106	13,830	17,705	19,387	19,899	14,512	5,728
14. Total Number of Screening Blood Lead Tests	CN	540	8	305	227				
	MN	0	0	0	0				
	Total	540	8	305	227				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: District of Columbia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	91,340	5,913	12,372	15,149	16,099	18,842	16,859	6,106
	MN	1	0	0	0	0	0	1	0
	Total	91,341	5,913	12,372	15,149	16,099	18,842	16,860	6,106
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	87,832	4,824	11,924	14,725	15,689	18,365	16,422	5,883
	MN	1	0	0	0	0	0	1	0
	Total	87,833	4,824	11,924	14,725	15,689	18,365	16,423	5,883
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	141	359	760	1,868	2,828	2,636	566
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			7	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	788,257	25,585	107,460	135,077	145,165	170,998	151,760	52,212
	MN	3	0	0	0	0	0	3	0
	Total	788,260	25,585	107,460	135,077	145,165	170,998	151,763	52,212
3b. Average Period of Eligibility	CN	0.75	0.44	0.75	0.76	0.77	0.78	0.77	0.74
	MN	0.25	0.00	0.00	0.00	0.00	0.00	0.25	0.00
	Total	0.75	0.44	0.75	0.76	0.77	0.78	0.77	0.74
4. Expected Number of Screenings per Eligible	CN		3.08	1.50	0.76	0.39	0.78	0.77	0.74
	MN		0.00	0.00	0.00	0.00	0.00	0.25	0.00
	Total		3.08	1.50	0.76	0.39	0.78	0.77	0.74
5. Expected Number of Screenings	CN	81,377	14,858	17,886	11,191	6,119	14,325	12,645	4,353
	MN	0	0	0	0	0	0	0	0
	Total	81,377	14,858	17,886	11,191	6,119	14,325	12,645	4,353
6. Total Screens Received	CN	80,467	17,453	13,276	12,058	11,764	11,749	11,059	3,108
	MN	0	0	0	0	0	0	0	0
	Total	80,467	17,453	13,276	12,058	11,764	11,749	11,059	3,108
7. SCREENING RATIO	CN	0.99	1.00	0.74	1.00	1.00	0.82	0.87	0.71
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.99	1.00	0.74	1.00	1.00	0.82	0.87	0.71

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Form CMS-416

Fiscal Year: 2010

State: District of Columbia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	65,381	4,824	11,924	11,191	6,119	14,325	12,645	4,353
	MN	0	0	0	0	0	0	0	0
	Total	65,381	4,824	11,924	11,191	6,119	14,325	12,645	4,353
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	53,013	4,336	9,579	10,019	9,062	9,690	7,747	2,580
	MN	0	0	0	0	0	0	0	0
	Total	53,013	4,336	9,579	10,019	9,062	9,690	7,747	2,580
10. PARTICIPANT RATIO	CN	0.81	0.90	0.80	0.90	1.00	0.68	0.61	0.59
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.81	0.90	0.80	0.90	1.00	0.68	0.61	0.59
11. Total Eligibles Referred for Corrective Treatment	CN	19,813	1,980	3,096	3,017	3,209	3,311	3,627	1,573
	MN	0	0	0	0	0	0	0	0
	Total	19,813	1,980	3,096	3,017	3,209	3,311	3,627	1,573
12a. Total Eligibles Receiving Any Dental Services	CN	39,394	58	3,190	8,054	9,102	9,526	6,792	2,672
	MN	0	0	0	0	0	0	0	0
	Total	39,394	58	3,190	8,054	9,102	9,526	6,792	2,672
12b. Total Eligibles Receiving Preventive Dental Services	CN	32,473	38	2,923	7,114	7,885	7,946	4,941	1,626
	MN	0	0	0	0	0	0	0	0
	Total	32,473	38	2,923	7,114	7,885	7,946	4,941	1,626
12c. Total Eligibles Receiving Dental Treatment Services	CN	18,067	7	421	2,789	4,233	4,772	4,096	1,749
	MN	0	0	0	0	0	0	0	0
	Total	18,067	7	421	2,789	4,233	4,772	4,096	1,749
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,059				2,095	1,964		
	MN	0				0	0		
	Total	4,059				2,095	1,964		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: District of Columbia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	32,232	52	2,945	7,135	7,622	7,536	5,004	1,938
	MN	0	0	0	0	0	0	0	0
	Total	32,232	52	2,945	7,135	7,622	7,536	5,004	1,938
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	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
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	39,394	58	3,190	8,054	9,102	9,526	6,792	2,672
	MN	0	0	0	0	0	0	0	0
	Total	39,394	58	3,190	8,054	9,102	9,526	6,792	2,672
13. Total Eligibles Enrolled in Managed Care	CN	80,733	4,964	11,622	14,148	14,665	16,494	13,904	4,936
	MN	1	0	0	0	0	0	1	0
	Total	80,734	4,964	11,622	14,148	14,665	16,494	13,905	4,936
14. Total Number of Screening Blood Lead Tests	CN	9,374	1,228	5,204	2,942				
	MN	0	0	0	0				
	Total	9,374	1,228	5,204	2,942				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Florida

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	2,011,976	139,418	290,687	374,781	395,932	417,532	297,577	96,049
	MN	23,097	485	704	1,195	3,143	5,249	5,384	6,937
	Total	2,035,073	139,903	291,391	375,976	399,075	422,781	302,961	102,986
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,868,492	111,557	277,422	356,467	372,491	390,425	276,485	83,645
	MN	1,743	277	156	45	118	181	179	787
	Total	1,870,235	111,834	277,578	356,512	372,609	390,606	276,664	84,432
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	2,125	879	1,243	1	2	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	2,125	879	1,243	1	2	0	0	0
2a. State Periodicity Schedule			6	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	19,154,192	821,544	2,954,126	3,815,276	3,911,012	4,070,888	2,828,756	752,590
	MN	15,704	2,080	1,585	439	1,106	1,781	1,687	7,026
	Total	19,169,896	823,624	2,955,711	3,815,715	3,912,118	4,072,669	2,830,443	759,616
3b. Average Period of Eligibility	CN	0.85	0.61	0.89	0.89	0.87	0.87	0.85	0.75
	MN	0.75	0.63	0.85	0.81	0.78	0.82	0.79	0.74
	Total	0.85	0.61	0.89	0.89	0.87	0.87	0.85	0.75
4. Expected Number of Screenings per Eligible	CN		3.66	1.78	0.89	0.44	0.87	0.85	0.75
	MN		3.78	1.70	0.81	0.39	0.82	0.79	0.74
	Total		3.66	1.78	0.89	0.44	0.87	0.85	0.75
5. Expected Number of Screenings	CN	2,020,678	408,299	493,811	317,256	163,896	339,670	235,012	62,734
	MN	2,265	1,047	265	36	46	148	141	582
	Total	2,022,943	409,346	494,076	317,292	163,942	339,818	235,153	63,316
6. Total Screens Received	CN	1,763,779	630,013	412,994	268,444	170,729	179,518	91,309	10,772
	MN	2,412	2,046	187	28	32	38	28	53
	Total	1,766,191	632,059	413,181	268,472	170,761	179,556	91,337	10,825
7. SCREENING RATIO	CN	0.87	1.00	0.84	0.85	1.00	0.53	0.39	0.17
	MN	1.00	1.00	0.71	0.78	0.70	0.26	0.20	0.09
	Total	0.87	1.00	0.84	0.85	1.00	0.53	0.39	0.17

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Florida

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,507,547	111,557	277,422	317,256	163,896	339,670	235,012	62,734
	MN	1,386	277	156	36	46	148	141	582
	Total	1,508,933	111,834	277,578	317,292	163,942	339,818	235,153	63,316
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	991,598	160,323	223,190	222,772	146,870	152,851	76,693	8,899
	MN	416	264	61	9	21	22	6	33
	Total	992,014	160,587	223,251	222,781	146,891	152,873	76,699	8,932
10. PARTICIPANT RATIO	CN	0.66	1.00	0.80	0.70	0.90	0.45	0.33	0.14
	MN	0.30	0.95	0.39	0.25	0.46	0.15	0.04	0.06
	Total	0.66	1.00	0.80	0.70	0.90	0.45	0.33	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	101,208	20,251	26,932	21,070	12,651	13,622	6,104	578
	MN	16	11	2	2	0	0	0	1
	Total	101,224	20,262	26,934	21,072	12,651	13,622	6,104	579
12a. Total Eligibles Receiving Any Dental Services	CN	440,144	569	19,385	99,309	129,439	115,521	65,847	10,074
	MN	128	0	2	4	14	20	22	66
	Total	440,272	569	19,387	99,313	129,453	115,541	65,869	10,140
12b. Total Eligibles Receiving Preventive Dental Services	CN	266,242	89	9,445	59,396	81,204	73,887	37,444	4,777
	MN	60	0	1	2	8	10	7	32
	Total	266,302	89	9,446	59,398	81,212	73,897	37,451	4,809
12c. Total Eligibles Receiving Dental Treatment Services	CN	146,335	52	3,542	27,160	43,054	40,075	27,677	4,775
	MN	44	0	1	0	4	5	5	29
	Total	146,379	52	3,543	27,160	43,058	40,080	27,682	4,804
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	45,696				24,916	20,780		
	MN	4				2	2		
	Total	45,700				24,918	20,782		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Florida

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	420,871	551	18,749	95,718	124,400	110,252	61,856	9,345
	MN	122	0	2	4	13	19	22	62
	Total	420,993	551	18,751	95,722	124,413	110,271	61,878	9,407
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	33,097	4,272	23,429	3,898	556	542	332	68
	MN	15	3	11	1	0	0	0	0
	Total	33,112	4,275	23,440	3,899	556	542	332	68
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	469,277	4,826	41,593	101,983	129,442	115,518	65,843	10,072
	MN	143	3	13	5	14	20	22	66
	Total	469,420	4,829	41,606	101,988	129,456	115,538	65,865	10,138
13. Total Eligibles Enrolled in Managed Care	CN	1,779,178	95,076	269,270	346,818	359,557	371,705	256,994	79,758
	MN	671	0	217	400	12	0	9	33
	Total	1,779,849	95,076	269,487	347,218	359,569	371,705	257,003	79,791
14. Total Number of Screening Blood Lead Tests	CN	144,694	6,541	91,264	46,889				
	MN	107	15	84	8				
	Total	144,801	6,556	91,348	46,897				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Georgia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,206,023	99,493	188,568	227,958	235,655	236,788	164,876	52,685
	MN	60	1	2	9	11	15	16	6
	Total	1,206,083	99,494	188,570	227,967	235,666	236,803	164,892	52,691
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,095,793	64,437	173,747	216,566	221,188	222,170	153,023	44,662
	MN	24	0	1	9	3	4	3	4
	Total	1,095,817	64,437	173,748	216,575	221,191	222,174	153,026	44,666
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	11,104,397	1,094,919	1,653,859	2,193,374	2,223,982	2,248,079	1,489,000	201,184
	MN	211	0	9	86	44	37	23	12
	Total	11,104,608	1,094,919	1,653,868	2,193,460	2,224,026	2,248,116	1,489,023	201,196
3b. Average Period of Eligibility	CN	0.84	1.42	0.79	0.84	0.84	0.84	0.81	0.38
	MN	0.73	0.00	0.75	0.80	1.22	0.77	0.64	0.25
	Total	0.84	1.42	0.79	0.84	0.84	0.84	0.81	0.38
4. Expected Number of Screenings per Eligible	CN		9.94	1.98	0.84	0.84	0.84	0.81	0.38
	MN		0.00	1.88	0.80	1.22	0.77	0.64	0.25
	Total		9.94	1.98	0.84	0.84	0.84	0.81	0.38
5. Expected Number of Screenings	CN	1,679,780	640,504	344,019	181,915	185,798	186,623	123,949	16,972
	MN	19	0	2	7	4	3	2	1
	Total	1,679,799	640,504	344,021	181,922	185,802	186,626	123,951	16,973
6. Total Screens Received	CN	860,379	357,292	201,438	127,619	70,223	73,311	29,384	1,112
	MN	11	0	1	5	1	1	3	0
	Total	860,390	357,292	201,439	127,624	70,224	73,312	29,387	1,112
7. SCREENING RATIO	CN	0.51	0.56	0.59	0.70	0.38	0.39	0.24	0.07
	MN	0.58	0.00	0.50	0.71	0.25	0.33	1.00	0.00
	Total	0.51	0.56	0.59	0.70	0.38	0.39	0.24	0.07

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Georgia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	933,441	64,437	173,747	181,915	185,798	186,623	123,949	16,972
	MN	17	0	1	7	3	3	2	1
	Total	933,458	64,437	173,748	181,922	185,801	186,626	123,951	16,973
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	478,034	56,528	133,535	118,596	68,143	68,993	29,975	2,264
	MN	9	0	1	5	1	1	1	0
	Total	478,043	56,528	133,536	118,601	68,144	68,994	29,976	2,264
10. PARTICIPANT RATIO	CN	0.51	0.88	0.77	0.65	0.37	0.37	0.24	0.13
	MN	0.53	0.00	1.00	0.71	0.33	0.33	0.50	0.00
	Total	0.51	0.88	0.77	0.65	0.37	0.37	0.24	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	69,813	9,598	21,301	15,388	9,283	9,120	4,649	474
	MN	2	0	1	1	0	0	0	0
	Total	69,815	9,598	21,302	15,389	9,283	9,120	4,649	474
12a. Total Eligibles Receiving Any Dental Services	CN	505,956	151	28,632	122,105	144,308	129,797	69,106	11,857
	MN	10	0	0	4	0	4	1	1
	Total	505,966	151	28,632	122,109	144,308	129,801	69,107	11,858
12b. Total Eligibles Receiving Preventive Dental Services	CN	471,319	50	20,693	115,570	139,493	124,679	61,956	8,878
	MN	9	0	0	4	0	3	1	1
	Total	471,328	50	20,693	115,574	139,493	124,682	61,957	8,879
12c. Total Eligibles Receiving Dental Treatment Services	CN	231,252	24	5,620	47,650	73,237	60,660	37,402	6,659
	MN	4	0	0	1	0	2	0	1
	Total	231,256	24	5,620	47,651	73,237	60,662	37,402	6,660
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	54,412				31,868	22,544		
	MN	1				0	1		
	Total	54,413				31,868	22,545		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Georgia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	491,369	141	28,301	119,495	140,549	125,993	65,821	11,069
	MN	9	0	0	4	0	3	1	1
	Total	491,378	141	28,301	119,499	140,549	125,996	65,822	11,070
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	214	3	64	66	33	33	9	6
	MN	0	0	0	0	0	0	0	0
	Total	214	3	64	66	33	33	9	6
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	505,956	151	28,632	122,105	144,308	129,797	69,106	11,857
	MN	10	0	0	4	0	4	1	1
	Total	505,966	151	28,632	122,109	144,308	129,801	69,107	11,858
13. Total Eligibles Enrolled in Managed Care	CN	1,115,478	90,675	181,542	215,657	219,110	216,579	146,868	45,047
	MN	21	0	1	8	3	4	4	1
	Total	1,115,499	90,675	181,543	215,665	219,113	216,583	146,872	45,048
14. Total Number of Screening Blood Lead Tests	CN	72,368	8,754	52,418	11,196				
	MN	0	0	0	0				
	Total	72,368	8,754	52,418	11,196				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Hawaii

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	152,233	8,813	19,198	25,773	29,783	32,126	24,700	11,840
	MN	2	1	0	1	0	0	0	0
	Total	152,235	8,814	19,198	25,774	29,783	32,126	24,700	11,840
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	135,927	5,919	17,663	23,746	27,340	29,548	22,429	9,282
	MN	0	0	0	0	0	0	0	0
	Total	135,927	5,919	17,663	23,746	27,340	29,548	22,429	9,282
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	26,659	168	1,621	3,280	6,079	7,722	6,407	1,382
	MN	0	0	0	0	0	0	0	0
	Total	26,659	168	1,621	3,280	6,079	7,722	6,407	1,382
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	1,555,615	46,391	203,621	276,806	321,026	348,529	263,892	95,350
	MN	1	0	0	1	0	0	0	0
	Total	1,555,616	46,391	203,621	276,807	321,026	348,529	263,892	95,350
3b. Average Period of Eligibility	CN	0.95	0.65	0.96	0.97	0.98	0.98	0.98	0.86
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.95	0.65	0.96	0.97	0.98	0.98	0.98	0.86
4. Expected Number of Screenings per Eligible	CN		3.25	1.92	0.97	0.49	0.59	0.49	0.43
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.25	1.92	0.97	0.49	0.59	0.49	0.43
5. Expected Number of Screenings	CN	121,995	19,237	33,913	23,034	13,397	17,433	10,990	3,991
	MN	0	0	0	0	0	0	0	0
	Total	121,995	19,237	33,913	23,034	13,397	17,433	10,990	3,991
6. Total Screens Received	CN	117,218	27,540	37,902	17,816	11,199	12,488	8,880	1,393
	MN	0	0	0	0	0	0	0	0
	Total	117,218	27,540	37,902	17,816	11,199	12,488	8,880	1,393
7. SCREENING RATIO	CN	0.96	1.00	1.00	0.77	0.84	0.72	0.81	0.35
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.96	1.00	1.00	0.77	0.84	0.72	0.81	0.35

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Hawaii

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	92,427	5,919	17,663	23,034	13,397	17,433	10,990	3,991
	MN	0	0	0	0	0	0	0	0
	Total	92,427	5,919	17,663	23,034	13,397	17,433	10,990	3,991
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	70,061	7,099	15,320	16,136	10,497	11,703	8,061	1,245
	MN	0	0	0	0	0	0	0	0
	Total	70,061	7,099	15,320	16,136	10,497	11,703	8,061	1,245
10. PARTICIPANT RATIO	CN	0.76	1.00	0.87	0.70	0.78	0.67	0.73	0.31
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.76	1.00	0.87	0.70	0.78	0.67	0.73	0.31
11. Total Eligibles Referred for Corrective Treatment	CN	34,045	4,627	8,375	6,682	4,423	5,028	3,932	978
	MN	0	0	0	0	0	0	0	0
	Total	34,045	4,627	8,375	6,682	4,423	5,028	3,932	978
12a. Total Eligibles Receiving Any Dental Services	CN	68,884	157	9,975	17,218	16,225	15,277	8,519	1,513
	MN	0	0	0	0	0	0	0	0
	Total	68,884	157	9,975	17,218	16,225	15,277	8,519	1,513
12b. Total Eligibles Receiving Preventive Dental Services	CN	53,514	101	7,302	13,579	13,404	12,229	6,088	811
	MN	0	0	0	0	0	0	0	0
	Total	53,514	101	7,302	13,579	13,404	12,229	6,088	811
12c. Total Eligibles Receiving Dental Treatment Services	CN	32,522	43	2,848	8,406	8,068	7,433	4,815	909
	MN	0	0	0	0	0	0	0	0
	Total	32,522	43	2,848	8,406	8,068	7,433	4,815	909
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,693				2,609	2,084		
	MN	0				0	0		
	Total	4,693				2,609	2,084		

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Form CMS-416

Fiscal Year: 2010

State: Hawaii

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	56,536	113	8,149	14,130	13,597	12,637	6,773	1,137
	MN	0	0	0	0	0	0	0	0
	Total	56,536	113	8,149	14,130	13,597	12,637	6,773	1,137
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	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
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	68,884	157	9,975	17,218	16,225	15,277	8,519	1,513
	MN	0	0	0	0	0	0	0	0
	Total	68,884	157	9,975	17,218	16,225	15,277	8,519	1,513
13. Total Eligibles Enrolled in Managed Care	CN	149,281	8,753	18,981	25,445	29,219	31,417	24,049	11,417
	MN	0	0	0	0	0	0	0	0
	Total	149,281	8,753	18,981	25,445	29,219	31,417	24,049	11,417
14. Total Number of Screening Blood Lead Tests	CN	8,943	674	6,821	1,448				
	MN	0	0	0	0				
	Total	8,943	674	6,821	1,448				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Idaho

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	180,157	12,428	25,529	33,650	37,804	38,610	25,254	6,882
	MN	0	0	0	0	0	0	0	0
	Total	180,157	12,428	25,529	33,650	37,804	38,610	25,254	6,882
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	175,559	12,413	24,735	32,860	36,912	37,676	24,563	6,400
	MN	0	0	0	0	0	0	0	0
	Total	175,559	12,413	24,735	32,860	36,912	37,676	24,563	6,400
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	20,410	0	1	2	7,052	7,864	4,851	640
	MN	0	0	0	0	0	0	0	0
	Total	20,410	0	1	2	7,052	7,864	4,851	640
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,707,335	130,653	236,930	322,928	367,914	375,394	240,307	33,209
	MN	0	0	0	0	0	0	0	0
	Total	1,707,335	130,653	236,930	322,928	367,914	375,394	240,307	33,209
3b. Average Period of Eligibility	CN	0.81	0.88	0.80	0.82	0.83	0.83	0.82	0.43
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.81	0.88	0.80	0.82	0.83	0.83	0.82	0.43
4. Expected Number of Screenings per Eligible	CN		5.28	2.00	0.82	0.83	0.83	0.82	0.43
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		5.28	2.00	0.82	0.83	0.83	0.82	0.43
5. Expected Number of Screenings	CN	226,758	65,541	49,470	26,945	30,637	31,271	20,142	2,752
	MN	0	0	0	0	0	0	0	0
	Total	226,758	65,541	49,470	26,945	30,637	31,271	20,142	2,752
6. Total Screens Received	CN	108,109	30,750	34,358	15,524	9,687	11,347	5,725	718
	MN	0	0	0	0	0	0	0	0
	Total	108,109	30,750	34,358	15,524	9,687	11,347	5,725	718
7. SCREENING RATIO	CN	0.48	0.47	0.69	0.58	0.32	0.36	0.28	0.26
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.48	0.47	0.69	0.58	0.32	0.36	0.28	0.26

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Idaho

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	148,895	12,413	24,735	26,945	30,637	31,271	20,142	2,752
	MN	0	0	0	0	0	0	0	0
	Total	148,895	12,413	24,735	26,945	30,637	31,271	20,142	2,752
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	67,968	10,667	17,204	14,155	9,242	10,667	5,349	684
	MN	0	0	0	0	0	0	0	0
	Total	67,968	10,667	17,204	14,155	9,242	10,667	5,349	684
10. PARTICIPANT RATIO	CN	0.46	0.86	0.70	0.53	0.30	0.34	0.27	0.25
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.46	0.86	0.70	0.53	0.30	0.34	0.27	0.25
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	102,235	121	6,630	21,084	27,935	27,446	15,824	3,195
	MN	0	0	0	0	0	0	0	0
	Total	102,235	121	6,630	21,084	27,935	27,446	15,824	3,195
12b. Total Eligibles Receiving Preventive Dental Services	CN	90,222	46	4,595	18,811	26,110	24,999	13,342	2,319
	MN	0	0	0	0	0	0	0	0
	Total	90,222	46	4,595	18,811	26,110	24,999	13,342	2,319
12c. Total Eligibles Receiving Dental Treatment Services	CN	57,266	45	1,729	9,994	16,848	16,176	10,330	2,144
	MN	0	0	0	0	0	0	0	0
	Total	57,266	45	1,729	9,994	16,848	16,176	10,330	2,144
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	11,242				7,952	3,290		
	MN	0				0	0		
	Total	11,242				7,952	3,290		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Idaho

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	96,037	77	5,900	20,073	26,678	25,895	14,517	2,897
	MN	0	0	0	0	0	0	0	0
	Total	96,037	77	5,900	20,073	26,678	25,895	14,517	2,897
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	513	1	26	64	94	149	150	29
	MN	0	0	0	0	0	0	0	0
	Total	513	1	26	64	94	149	150	29
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	102,235	121	6,630	21,084	27,935	27,446	15,824	3,195
	MN	0	0	0	0	0	0	0	0
	Total	102,235	121	6,630	21,084	27,935	27,446	15,824	3,195
13. Total Eligibles Enrolled in Managed Care	CN	159,243	6,827	23,582	30,632	34,614	35,161	22,485	5,942
	MN	0	0	0	0	0	0	0	0
	Total	159,243	6,827	23,582	30,632	34,614	35,161	22,485	5,942
14. Total Number of Screening Blood Lead Tests	CN	4,834	40	3,048	1,746				
	MN	0	0	0	0				
	Total	4,834	40	3,048	1,746				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Illinois

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,621,516	80,530	206,759	293,412	338,062	357,230	262,664	82,859
	MN	9,652	42	683	1,748	2,478	2,767	1,779	155
	Total	1,631,168	80,572	207,442	295,160	340,540	359,997	264,443	83,014
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,563,701	65,009	201,871	287,318	330,927	349,234	255,856	73,486
	MN	8,876	33	602	1,604	2,303	2,574	1,642	118
	Total	1,572,577	65,042	202,473	288,922	333,230	351,808	257,498	73,604
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	7,569	0	4	172	1,452	1,538	1,335	3,068
	MN	0	0	0	0	0	0	0	0
	Total	7,569	0	4	172	1,452	1,538	1,335	3,068
2a. State Periodicity Schedule			6	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	17,732,361	473,348	2,338,693	3,359,767	3,871,452	4,077,864	2,952,402	658,835
	MN	89,848	151	5,383	16,081	23,857	26,585	16,859	932
	Total	17,822,209	473,499	2,344,076	3,375,848	3,895,309	4,104,449	2,969,261	659,767
3b. Average Period of Eligibility	CN	0.94	0.61	0.97	0.97	0.97	0.97	0.96	0.75
	MN	0.84	0.38	0.75	0.84	0.86	0.86	0.86	0.66
	Total	0.94	0.61	0.96	0.97	0.97	0.97	0.96	0.75
4. Expected Number of Screenings per Eligible	CN		3.66	1.94	0.97	0.49	0.58	0.48	0.38
	MN		2.28	1.50	0.84	0.43	0.52	0.43	0.33
	Total		3.66	1.92	0.97	0.49	0.58	0.48	0.38
5. Expected Number of Screenings	CN	1,423,707	237,933	391,630	278,698	162,154	202,556	122,811	27,925
	MN	5,398	75	903	1,347	990	1,338	706	39
	Total	1,429,105	238,008	392,533	280,045	163,144	203,894	123,517	27,964
6. Total Screens Received	CN	1,590,936	261,708	452,047	319,174	167,579	240,827	127,337	22,264
	MN	3,961	44	705	1,032	567	1,101	502	10
	Total	1,594,897	261,752	452,752	320,206	168,146	241,928	127,839	22,274
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.80
	MN	0.73	0.59	0.78	0.77	0.57	0.82	0.71	0.26
	Total	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.80

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Illinois

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,061,024	65,009	201,871	278,698	162,154	202,556	122,811	27,925
	MN	5,055	33	602	1,347	990	1,338	706	39
	Total	1,066,079	65,042	202,473	280,045	163,144	203,894	123,517	27,964
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	818,482	59,509	164,836	194,286	122,679	164,938	89,970	22,264
	MN	2,822	21	348	749	468	836	390	10
	Total	821,304	59,530	165,184	195,035	123,147	165,774	90,360	22,274
10. PARTICIPANT RATIO	CN	0.77	0.92	0.82	0.70	0.76	0.81	0.73	0.80
	MN	0.56	0.64	0.58	0.56	0.47	0.62	0.55	0.26
	Total	0.77	0.92	0.82	0.70	0.75	0.81	0.73	0.80
11. Total Eligibles Referred for Corrective Treatment	CN	295,881	30,926	39,430	62,333	56,869	73,579	28,967	3,777
	MN	897	16	110	226	155	305	85	0
	Total	296,778	30,942	39,540	62,559	57,024	73,884	29,052	3,777
12a. Total Eligibles Receiving Any Dental Services	CN	757,851	1,780	52,480	178,573	223,853	197,204	95,108	8,853
	MN	3,510	0	100	685	1,155	1,126	442	2
	Total	761,361	1,780	52,580	179,258	225,008	198,330	95,550	8,855
12b. Total Eligibles Receiving Preventive Dental Services	CN	701,299	1,240	46,405	166,930	213,054	185,841	82,036	5,793
	MN	3,246	0	87	625	1,095	1,052	385	2
	Total	704,545	1,240	46,492	167,555	214,149	186,893	82,421	5,795
12c. Total Eligibles Receiving Dental Treatment Services	CN	281,534	52	4,887	53,741	93,382	76,559	47,856	5,057
	MN	1,336	0	9	212	470	438	206	1
	Total	282,870	52	4,896	53,953	93,852	76,997	48,062	5,058
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	144,440				79,326	65,114		
	MN	803				413	390		
	Total	145,243				79,739	65,504		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Illinois

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	684,305	1,707	50,215	164,355	202,076	176,581	81,993	7,378
	MN	3,119	0	94	621	1,040	993	370	1
	Total	687,424	1,707	50,309	164,976	203,116	177,574	82,363	7,379
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	6,587	1,075	5,392	120	0	0	0	0
	MN	4	0	4	0	0	0	0	0
	Total	6,591	1,075	5,396	120	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	763,176	2,827	56,672	178,659	223,853	197,204	95,108	8,853
	MN	3,511	0	101	685	1,155	1,126	442	2
	Total	766,687	2,827	56,773	179,344	225,008	198,330	95,550	8,855
13. Total Eligibles Enrolled in Managed Care	CN	186,882	7,278	24,147	35,528	39,890	41,594	29,577	8,868
	MN	147	0	11	18	47	37	31	3
	Total	187,029	7,278	24,158	35,546	39,937	41,631	29,608	8,871
14. Total Number of Screening Blood Lead Tests	CN	466,120	62,112	207,842	196,166				
	MN	898	63	342	493				
	Total	467,018	62,175	208,184	196,659				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Indiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	772,155	50,621	104,469	134,321	156,703	168,502	119,722	37,817
	MN	0	0	0	0	0	0	0	0
	Total	772,155	50,621	104,469	134,321	156,703	168,502	119,722	37,817
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	725,544	37,386	100,411	129,437	150,829	161,832	113,121	32,528
	MN	0	0	0	0	0	0	0	0
	Total	725,544	37,386	100,411	129,437	150,829	161,832	113,121	32,528
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	28,807	39	3,356	4,852	6,643	8,532	5,303	82
	MN	0	0	0	0	0	0	0	0
	Total	28,807	39	3,356	4,852	6,643	8,532	5,303	82
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	7,791,845	291,734	1,104,701	1,425,256	1,667,197	1,785,910	1,216,594	300,453
	MN	0	0	0	0	0	0	0	0
	Total	7,791,845	291,734	1,104,701	1,425,256	1,667,197	1,785,910	1,216,594	300,453
3b. Average Period of Eligibility	CN	0.89	0.65	0.92	0.92	0.92	0.92	0.90	0.77
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.65	0.92	0.92	0.92	0.92	0.90	0.77
4. Expected Number of Screenings per Eligible	CN		4.55	2.30	0.92	0.92	0.92	0.90	0.77
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.55	2.30	0.92	0.92	0.92	0.90	0.77
5. Expected Number of Screenings	CN	934,637	170,106	230,945	119,082	138,763	148,885	101,809	25,047
	MN	0	0	0	0	0	0	0	0
	Total	934,637	170,106	230,945	119,082	138,763	148,885	101,809	25,047
6. Total Screens Received	CN	548,454	116,465	174,128	82,763	58,000	73,927	39,475	3,696
	MN	0	0	0	0	0	0	0	0
	Total	548,454	116,465	174,128	82,763	58,000	73,927	39,475	3,696
7. SCREENING RATIO	CN	0.59	0.68	0.75	0.70	0.42	0.50	0.39	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.59	0.68	0.75	0.70	0.42	0.50	0.39	0.15

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Indiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	671,383	37,386	100,411	119,082	138,763	148,885	101,809	25,047
	MN	0	0	0	0	0	0	0	0
	Total	671,383	37,386	100,411	119,082	138,763	148,885	101,809	25,047
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	332,627	33,474	73,591	69,744	52,479	65,104	34,832	3,403
	MN	0	0	0	0	0	0	0	0
	Total	332,627	33,474	73,591	69,744	52,479	65,104	34,832	3,403
10. PARTICIPANT RATIO	CN	0.50	0.90	0.73	0.59	0.38	0.44	0.34	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.50	0.90	0.73	0.59	0.38	0.44	0.34	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	234,167	29,209	50,571	44,094	36,061	45,506	26,045	2,681
	MN	0	0	0	0	0	0	0	0
	Total	234,167	29,209	50,571	44,094	36,061	45,506	26,045	2,681
12a. Total Eligibles Receiving Any Dental Services	CN	228,500	93	8,804	40,434	63,484	65,193	41,645	8,847
	MN	0	0	0	0	0	0	0	0
	Total	228,500	93	8,804	40,434	63,484	65,193	41,645	8,847
12b. Total Eligibles Receiving Preventive Dental Services	CN	201,713	0	6,482	35,480	58,898	60,225	34,618	6,010
	MN	0	0	0	0	0	0	0	0
	Total	201,713	0	6,482	35,480	58,898	60,225	34,618	6,010
12c. Total Eligibles Receiving Dental Treatment Services	CN	102,896	31	1,270	13,851	29,281	29,166	23,569	5,728
	MN	0	0	0	0	0	0	0	0
	Total	102,896	31	1,270	13,851	29,281	29,166	23,569	5,728
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	36,284				16,345	19,939		
	MN	0				0	0		
	Total	36,284				16,345	19,939		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Indiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	214,467	84	8,608	38,506	59,564	61,255	38,442	8,008
	MN	0	0	0	0	0	0	0	0
	Total	214,467	84	8,608	38,506	59,564	61,255	38,442	8,008
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,559	0	596	1,099	555	244	57	8
	MN	0	0	0	0	0	0	0	0
	Total	2,559	0	596	1,099	555	244	57	8
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	230,776	94	9,370	41,404	63,953	65,407	41,695	8,853
	MN	0	0	0	0	0	0	0	0
	Total	230,776	94	9,370	41,404	63,953	65,407	41,695	8,853
13. Total Eligibles Enrolled in Managed Care	CN	733,960	47,274	101,377	128,950	150,025	160,458	111,990	33,886
	MN	0	0	0	0	0	0	0	0
	Total	733,960	47,274	101,377	128,950	150,025	160,458	111,990	33,886
14. Total Number of Screening Blood Lead Tests	CN	95,574	5,096	40,862	49,616				
	MN	0	0	0	0				
	Total	95,574	5,096	40,862	49,616				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Iowa

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	298,916	20,602	41,446	53,896	58,601	61,127	43,702	19,542
	MN	827	3	12	12	25	45	65	665
	Total	299,743	20,605	41,458	53,908	58,626	61,172	43,767	20,207
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	275,458	15,934	38,855	50,640	55,070	57,389	40,501	17,069
	MN	478	2	5	4	9	12	25	421
	Total	275,936	15,936	38,860	50,644	55,079	57,401	40,526	17,490
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	14,737	195	27	0	5,020	5,648	3,797	50
	MN	0	0	0	0	0	0	0	0
	Total	14,737	195	27	0	5,020	5,648	3,797	50
2a. State Periodicity Schedule			6	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	2,656,496	107,728	372,605	500,505	551,877	580,368	397,186	146,227
	MN	3,642	7	29	24	51	71	137	3,323
	Total	2,660,138	107,735	372,634	500,529	551,928	580,439	397,323	149,550
3b. Average Period of Eligibility	CN	0.80	0.56	0.80	0.82	0.84	0.84	0.82	0.71
	MN	0.63	0.29	0.48	0.50	0.47	0.49	0.46	0.66
	Total	0.80	0.56	0.80	0.82	0.84	0.84	0.82	0.71
4. Expected Number of Screenings per Eligible	CN		3.36	1.60	0.82	0.42	0.50	0.41	0.36
	MN		1.74	0.96	0.50	0.24	0.29	0.23	0.33
	Total		3.36	1.60	0.82	0.42	0.50	0.41	0.36
5. Expected Number of Screenings	CN	231,805	53,538	62,168	41,525	23,129	28,695	16,605	6,145
	MN	160	3	5	2	2	3	6	139
	Total	231,965	53,541	62,173	41,527	23,131	28,698	16,611	6,284
6. Total Screens Received	CN	273,459	61,631	85,694	43,988	20,437	24,203	24,084	13,422
	MN	259	0	8	4	2	1	5	239
	Total	273,718	61,631	85,702	43,992	20,439	24,204	24,089	13,661
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	0.88	0.84	1.00	1.00
	MN	1.00	0.00	1.00	1.00	1.00	0.33	0.83	1.00
	Total	1.00	1.00	1.00	1.00	0.88	0.84	1.00	1.00

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Iowa

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	170,888	15,934	38,855	41,525	23,129	28,695	16,605	6,145
	MN	159	2	5	2	2	3	6	139
	Total	171,047	15,936	38,860	41,527	23,131	28,698	16,611	6,284
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	138,437	14,928	32,067	33,047	16,644	19,871	15,502	6,378
	MN	150	0	3	1	2	1	4	139
	Total	138,587	14,928	32,070	33,048	16,646	19,872	15,506	6,517
10. PARTICIPANT RATIO	CN	0.81	0.94	0.83	0.80	0.72	0.69	0.93	1.00
	MN	0.94	0.00	0.60	0.50	1.00	0.33	0.67	1.00
	Total	0.81	0.94	0.83	0.80	0.72	0.69	0.93	1.00
11. Total Eligibles Referred for Corrective Treatment	CN	5,295	4,912	260	50	11	37	24	1
	MN	0	0	0	0	0	0	0	0
	Total	5,295	4,912	260	50	11	37	24	1
12a. Total Eligibles Receiving Any Dental Services	CN	116,960	82	6,732	24,602	30,467	30,756	18,988	5,333
	MN	159	0	0	2	3	3	3	148
	Total	117,119	82	6,732	24,604	30,470	30,759	18,991	5,481
12b. Total Eligibles Receiving Preventive Dental Services	CN	102,999	14	4,713	21,962	28,492	27,853	16,035	3,930
	MN	113	0	0	0	2	3	2	106
	Total	103,112	14	4,713	21,962	28,494	27,856	16,037	4,036
12c. Total Eligibles Receiving Dental Treatment Services	CN	49,027	27	548	7,065	13,741	13,897	10,468	3,281
	MN	98	0	0	0	0	0	2	96
	Total	49,125	27	548	7,065	13,741	13,897	10,470	3,377
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	14,875				8,521	6,354		
	MN	0				0	0		
	Total	14,875				8,521	6,354		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Iowa

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	109,304	61	6,626	23,735	28,488	28,496	17,115	4,783
	MN	136	0	0	2	3	3	1	127
	Total	109,440	61	6,626	23,737	28,491	28,499	17,116	4,910
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	44,811	2,692	10,901	14,897	6,164	3,862	3,329	2,966
	MN	47	0	0	0	0	1	2	44
	Total	44,858	2,692	10,901	14,897	6,164	3,863	3,331	3,010
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	142,048	2,737	15,184	30,386	33,168	32,638	20,747	7,188
	MN	194	0	0	2	3	3	5	181
	Total	142,242	2,737	15,184	30,388	33,171	32,641	20,752	7,369
13. Total Eligibles Enrolled in Managed Care	CN	199,644	12,099	30,482	38,246	39,884	39,884	27,252	11,797
	MN	228	0	2	3	6	7	16	194
	Total	199,872	12,099	30,484	38,249	39,890	39,891	27,268	11,991
14. Total Number of Screening Blood Lead Tests	CN	27,469	110	15,829	11,530				
	MN	3	0	2	1				
	Total	27,472	110	15,831	11,531				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Kansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	244,957	19,746	39,300	48,621	48,915	45,526	31,191	11,658
	MN	400	80	42	54	50	68	59	47
	Total	245,357	19,826	39,342	48,675	48,965	45,594	31,250	11,705
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	224,906	15,882	36,930	45,639	45,489	42,239	28,673	10,054
	MN	264	24	28	48	37	48	42	37
	Total	225,170	15,906	36,958	45,687	45,526	42,287	28,715	10,091
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	2,327,337	122,449	396,750	486,364	483,194	450,018	298,677	89,885
	MN	1,691	169	169	285	224	317	262	265
	Total	2,329,028	122,618	396,919	486,649	483,418	450,335	298,939	90,150
3b. Average Period of Eligibility	CN	0.86	0.64	0.90	0.89	0.89	0.89	0.87	0.75
	MN	0.53	0.59	0.50	0.49	0.50	0.55	0.52	0.60
	Total	0.86	0.64	0.89	0.89	0.88	0.89	0.87	0.74
4. Expected Number of Screenings per Eligible	CN		3.84	2.25	0.89	0.89	0.89	0.87	0.75
	MN		3.54	1.25	0.49	0.50	0.55	0.52	0.60
	Total		3.84	2.23	0.89	0.88	0.89	0.87	0.74
5. Expected Number of Screenings	CN	295,264	60,987	83,093	40,619	40,485	37,593	24,946	7,541
	MN	233	85	35	24	19	26	22	22
	Total	295,497	61,072	83,128	40,643	40,504	37,619	24,968	7,563
6. Total Screens Received	CN	235,110	66,273	64,855	33,308	20,486	21,395	18,282	10,511
	MN	327	87	66	28	15	17	63	51
	Total	235,437	66,360	64,921	33,336	20,501	21,412	18,345	10,562
7. SCREENING RATIO	CN	0.80	1.00	0.78	0.82	0.51	0.57	0.73	1.00
	MN	1.00	1.00	1.00	1.00	0.79	0.65	1.00	1.00
	Total	0.80	1.00	0.78	0.82	0.51	0.57	0.73	1.00

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Form CMS-416

Fiscal Year: 2010

State: Kansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	203,996	15,882	36,930	40,619	40,485	37,593	24,946	7,541
	MN	165	24	28	24	19	26	22	22
	Total	204,161	15,906	36,958	40,643	40,504	37,619	24,968	7,563
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	117,007	14,625	25,992	26,352	17,175	17,022	11,712	4,129
	MN	101	20	16	17	10	12	16	10
	Total	117,108	14,645	26,008	26,369	17,185	17,034	11,728	4,139
10. PARTICIPANT RATIO	CN	0.57	0.92	0.70	0.65	0.42	0.45	0.47	0.55
	MN	0.61	0.83	0.57	0.71	0.53	0.46	0.73	0.45
	Total	0.57	0.92	0.70	0.65	0.42	0.45	0.47	0.55
11. Total Eligibles Referred for Corrective Treatment	CN	593	52	115	124	103	114	78	7
	MN	0	0	0	0	0	0	0	0
	Total	593	52	115	124	103	114	78	7
12a. Total Eligibles Receiving Any Dental Services	CN	94,430	99	6,185	22,567	26,821	23,048	13,367	2,343
	MN	38	0	0	6	6	14	7	5
	Total	94,468	99	6,185	22,573	26,827	23,062	13,374	2,348
12b. Total Eligibles Receiving Preventive Dental Services	CN	87,801	59	4,770	20,977	25,835	22,150	12,152	1,858
	MN	34	0	0	6	6	12	5	5
	Total	87,835	59	4,770	20,983	25,841	22,162	12,157	1,863
12c. Total Eligibles Receiving Dental Treatment Services	CN	42,709	5	731	8,244	13,618	11,091	7,598	1,422
	MN	23	0	0	3	3	6	6	5
	Total	42,732	5	731	8,247	13,621	11,097	7,604	1,427
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	20,148				9,564	10,584		
	MN	6				0	6		
	Total	20,154				9,564	10,590		

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Fiscal Year: 2010

State: Kansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	90,107	81	5,732	21,482	25,810	22,131	12,703	2,168
	MN	34	0	0	5	6	12	6	5
	Total	90,141	81	5,732	21,487	25,816	22,143	12,709	2,173
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	11,149	128	1,499	3,628	2,819	1,918	983	174
	MN	12	0	2	6	2	1	1	0
	Total	11,161	128	1,501	3,634	2,821	1,919	984	174
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	102,138	226	7,509	24,683	28,687	24,482	14,071	2,480
	MN	48	0	2	12	8	14	7	5
	Total	102,186	226	7,511	24,695	28,695	24,496	14,078	2,485
13. Total Eligibles Enrolled in Managed Care	CN	188,619	15,538	34,591	40,539	38,427	32,771	19,594	7,159
	MN	1	0	0	0	0	0	0	1
	Total	188,620	15,538	34,591	40,539	38,427	32,771	19,594	7,160
14. Total Number of Screening Blood Lead Tests	CN	23,076	338	14,244	8,494				
	MN	2	0	0	2				
	Total	23,078	338	14,244	8,496				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Kentucky

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	508,730	32,810	65,859	87,818	101,546	112,401	81,395	26,901
	MN	32,835	1,306	4,576	6,416	6,525	6,802	5,935	1,275
	Total	541,565	34,116	70,435	94,234	108,071	119,203	87,330	28,176
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	478,595	25,815	63,026	84,290	97,402	107,766	77,402	22,894
	MN	30,517	996	4,361	5,955	6,153	6,415	5,586	1,051
	Total	509,112	26,811	67,387	90,245	103,555	114,181	82,988	23,945
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	40,628	265	1,680	2,864	10,555	13,327	10,409	1,528
	MN	286	0	11	14	75	91	92	3
	Total	40,914	265	1,691	2,878	10,630	13,418	10,501	1,531
2a. State Periodicity Schedule			5	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	5,375,649	433,569	577,969	941,993	1,134,845	1,245,917	858,722	182,634
	MN	386,877	22,640	48,331	76,345	79,656	83,705	66,364	9,836
	Total	5,762,526	456,209	626,300	1,018,338	1,214,501	1,329,622	925,086	192,470
3b. Average Period of Eligibility	CN	0.94	1.40	0.76	0.93	0.97	0.96	0.92	0.66
	MN	1.06	1.89	0.92	1.07	1.08	1.09	0.99	0.78
	Total	0.94	1.42	0.77	0.94	0.98	0.97	0.93	0.67
4. Expected Number of Screenings per Eligible	CN		7.00	1.52	0.93	0.49	0.96	0.92	0.66
	MN		9.45	1.84	1.07	0.54	1.09	0.99	0.78
	Total		7.10	1.54	0.94	0.49	0.97	0.93	0.67
5. Expected Number of Screenings	CN	592,397	180,705	95,800	78,390	47,727	103,455	71,210	15,110
	MN	40,473	9,412	8,024	6,372	3,323	6,992	5,530	820
	Total	632,870	190,117	103,824	84,762	51,050	110,447	76,740	15,930
6. Total Screens Received	CN	406,829	153,609	68,139	63,212	33,692	57,385	28,316	2,476
	MN	26,697	7,373	5,183	4,673	2,446	3,812	3,014	196
	Total	433,526	160,982	73,322	67,885	36,138	61,197	31,330	2,672
7. SCREENING RATIO	CN	0.69	0.85	0.71	0.81	0.71	0.55	0.40	0.16
	MN	0.66	0.78	0.65	0.73	0.74	0.55	0.55	0.24
	Total	0.69	0.85	0.71	0.80	0.71	0.55	0.41	0.17

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Fiscal Year: 2010

State: Kentucky

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	404,733	25,815	63,026	78,390	47,727	103,455	71,210	15,110
	MN	27,400	996	4,361	5,955	3,323	6,415	5,530	820
	Total	432,133	26,811	67,387	84,345	51,050	109,870	76,740	15,930
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	229,959	42,207	35,956	50,871	28,876	47,142	22,983	1,924
	MN	15,666	2,015	2,691	3,620	2,041	2,972	2,155	172
	Total	245,625	44,222	38,647	54,491	30,917	50,114	25,138	2,096
10. PARTICIPANT RATIO	CN	0.57	1.00	0.57	0.65	0.61	0.46	0.32	0.13
	MN	0.57	1.00	0.62	0.61	0.61	0.46	0.39	0.21
	Total	0.57	1.00	0.57	0.65	0.61	0.46	0.33	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	99,412	29,274	16,656	19,325	8,679	15,545	9,004	929
	MN	7,507	1,472	1,374	1,447	748	1,205	1,186	75
	Total	106,919	30,746	18,030	20,772	9,427	16,750	10,190	1,004
12a. Total Eligibles Receiving Any Dental Services	CN	220,328	1,450	11,311	45,102	57,362	60,932	37,200	6,971
	MN	15,333	86	954	3,294	3,709	3,778	3,144	368
	Total	235,661	1,536	12,265	48,396	61,071	64,710	40,344	7,339
12b. Total Eligibles Receiving Preventive Dental Services	CN	193,165	990	9,056	40,778	53,197	54,751	29,911	4,482
	MN	13,510	52	729	2,992	3,398	3,433	2,682	224
	Total	206,675	1,042	9,785	43,770	56,595	58,184	32,593	4,706
12c. Total Eligibles Receiving Dental Treatment Services	CN	111,238	137	1,969	15,304	29,021	34,215	25,465	5,127
	MN	7,505	14	141	1,052	1,852	2,122	2,049	275
	Total	118,743	151	2,110	16,356	30,873	36,337	27,514	5,402
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	117,139				56,921	60,218		
	MN	7,406				3,675	3,731		
	Total	124,545				60,596	63,949		

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Form CMS-416

Fiscal Year: 2010

State: Kentucky

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	218,424	1,448	11,304	44,961	56,921	60,218	36,723	6,849
	MN	15,196	86	954	3,283	3,675	3,731	3,105	362
	Total	233,620	1,534	12,258	48,244	60,596	63,949	39,828	7,211
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	8,517	99	519	1,950	2,606	2,031	1,088	224
	MN	561	6	38	143	153	131	80	10
	Total	9,078	105	557	2,093	2,759	2,162	1,168	234
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	220,328	1,450	11,311	45,102	57,362	60,932	37,200	6,971
	MN	15,333	86	954	3,294	3,709	3,778	3,144	368
	Total	235,661	1,536	12,265	48,396	61,071	64,710	40,344	7,339
13. Total Eligibles Enrolled in Managed Care	CN	478,351	44,230	49,906	82,459	96,673	107,820	76,199	21,064
	MN	30,508	2,093	3,667	5,826	6,094	6,446	5,438	944
	Total	508,859	46,323	53,573	88,285	102,767	114,266	81,637	22,008
14. Total Number of Screening Blood Lead Tests	CN	46,332	5,514	27,534	13,284				
	MN	3,403	331	2,040	1,032				
	Total	49,735	5,845	29,574	14,316				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Louisiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	809,278	46,568	99,235	137,438	161,211	181,614	138,468	44,744
	MN	526	14	43	79	93	101	86	110
	Total	809,804	46,582	99,278	137,517	161,304	181,715	138,554	44,854
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	784,318	37,709	97,412	135,309	158,550	178,765	136,194	40,379
	MN	478	12	42	73	88	87	73	103
	Total	784,796	37,721	97,454	135,382	158,638	178,852	136,267	40,482
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	153,573	373	9,133	17,561	35,295	46,092	37,948	7,171
	MN	11	0	1	2	1	3	2	2
	Total	153,584	373	9,134	17,563	35,296	46,095	37,950	7,173
2a. State Periodicity Schedule			6	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	8,826,072	283,721	1,121,122	1,566,339	1,836,773	2,073,441	1,570,334	374,342
	MN	4,863	69	473	833	930	873	642	1,043
	Total	8,830,935	283,790	1,121,595	1,567,172	1,837,703	2,074,314	1,570,976	375,385
3b. Average Period of Eligibility	CN	0.94	0.63	0.96	0.96	0.97	0.97	0.96	0.77
	MN	0.85	0.48	0.94	0.95	0.88	0.84	0.73	0.84
	Total	0.94	0.63	0.96	0.96	0.97	0.97	0.96	0.77
4. Expected Number of Screenings per Eligible	CN		3.78	1.92	0.96	0.49	0.58	0.48	0.39
	MN		2.88	1.88	0.95	0.44	0.50	0.37	0.42
	Total		3.78	1.92	0.96	0.49	0.58	0.48	0.39
5. Expected Number of Screenings	CN	721,963	142,540	187,031	129,897	77,690	103,684	65,373	15,748
	MN	336	35	79	69	39	44	27	43
	Total	722,299	142,575	187,110	129,966	77,729	103,728	65,400	15,791
6. Total Screens Received	CN	656,405	143,085	197,176	106,435	66,005	84,805	53,246	5,653
	MN	199	19	44	46	28	23	11	28
	Total	656,604	143,104	197,220	106,481	66,033	84,828	53,257	5,681
7. SCREENING RATIO	CN	0.91	1.00	1.00	0.82	0.85	0.82	0.81	0.36
	MN	0.59	0.54	0.56	0.67	0.72	0.52	0.41	0.65
	Total	0.91	1.00	1.00	0.82	0.85	0.82	0.81	0.36

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Louisiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	527,513	37,709	97,412	129,897	77,690	103,684	65,373	15,748
	MN	276	12	42	69	39	44	27	43
	Total	527,789	37,721	97,454	129,966	77,729	103,728	65,400	15,791
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	376,162	35,854	78,688	83,843	57,673	71,172	43,959	4,973
	MN	139	10	23	32	22	17	9	26
	Total	376,301	35,864	78,711	83,875	57,695	71,189	43,968	4,999
10. PARTICIPANT RATIO	CN	0.71	0.95	0.81	0.65	0.74	0.69	0.67	0.32
	MN	0.50	0.83	0.55	0.46	0.56	0.39	0.33	0.60
	Total	0.71	0.95	0.81	0.65	0.74	0.69	0.67	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	110,105	11,183	26,463	21,782	18,572	19,497	11,260	1,348
	MN	41	1	10	7	8	3	1	11
	Total	110,146	11,184	26,473	21,789	18,580	19,500	11,261	1,359
12a. Total Eligibles Receiving Any Dental Services	CN	347,483	135	18,177	72,591	91,680	93,607	60,216	11,077
	MN	181	0	2	29	41	29	17	63
	Total	347,664	135	18,179	72,620	91,721	93,636	60,233	11,140
12b. Total Eligibles Receiving Preventive Dental Services	CN	318,055	80	16,467	67,819	86,555	86,982	51,787	8,365
	MN	158	0	2	28	37	29	14	48
	Total	318,213	80	16,469	67,847	86,592	87,011	51,801	8,413
12c. Total Eligibles Receiving Dental Treatment Services	CN	183,602	20	3,159	28,145	52,907	52,506	39,182	7,683
	MN	100	0	0	16	19	11	11	43
	Total	183,702	20	3,159	28,161	52,926	52,517	39,193	7,726
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	33,962				22,026	11,936		
	MN	14				6	8		
	Total	33,976				22,032	11,944		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Louisiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	322,411	115	17,380	68,752	85,767	87,439	53,848	9,110
	MN	168	0	2	27	37	29	15	58
	Total	322,579	115	17,382	68,779	85,804	87,468	53,863	9,168
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	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
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	347,483	135	18,177	72,591	91,680	93,607	60,216	11,077
	MN	181	0	2	29	41	29	17	63
	Total	347,664	135	18,179	72,620	91,721	93,636	60,233	11,140
13. Total Eligibles Enrolled in Managed Care	CN	687,254	34,477	91,755	123,710	139,735	153,033	113,331	31,213
	MN	258	7	14	25	34	18	16	144
	Total	687,512	34,484	91,769	123,735	139,769	153,051	113,347	31,357
14. Total Number of Screening Blood Lead Tests	CN	136,558	82,952	637	52,969				
	MN	44	30	0	14				
	Total	136,602	82,982	637	52,983				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Maine

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	133,677	7,418	14,710	20,907	25,419	30,172	23,300	11,751
	MN	0	0	0	0	0	0	0	0
	Total	133,677	7,418	14,710	20,907	25,419	30,172	23,300	11,751
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	129,560	6,005	14,426	20,515	24,938	29,587	22,725	11,364
	MN	0	0	0	0	0	0	0	0
	Total	129,560	6,005	14,426	20,515	24,938	29,587	22,725	11,364
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	16,269	7	1,071	2,104	3,802	4,982	3,882	421
	MN	0	0	0	0	0	0	0	0
	Total	16,269	7	1,071	2,104	3,802	4,982	3,882	421
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	829,279	31,831	85,051	121,051	155,388	194,636	159,621	81,701
	MN	0	0	0	0	0	0	0	0
	Total	829,279	31,831	85,051	121,051	155,388	194,636	159,621	81,701
3b. Average Period of Eligibility	CN	0.53	0.44	0.49	0.49	0.52	0.55	0.59	0.60
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.53	0.44	0.49	0.49	0.52	0.55	0.59	0.60
4. Expected Number of Screenings per Eligible	CN		2.64	0.98	0.49	0.52	0.55	0.59	0.60
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.64	0.98	0.49	0.52	0.55	0.59	0.60
5. Expected Number of Screenings	CN	89,509	15,853	14,137	10,052	12,968	16,273	13,408	6,818
	MN	0	0	0	0	0	0	0	0
	Total	89,509	15,853	14,137	10,052	12,968	16,273	13,408	6,818
6. Total Screens Received	CN	44,377	13,421	11,057	5,235	4,514	5,745	3,465	940
	MN	0	0	0	0	0	0	0	0
	Total	44,377	13,421	11,057	5,235	4,514	5,745	3,465	940
7. SCREENING RATIO	CN	0.50	0.85	0.78	0.52	0.35	0.35	0.26	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.50	0.85	0.78	0.52	0.35	0.35	0.26	0.14

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Maine

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	79,661	6,005	14,137	10,052	12,968	16,273	13,408	6,818
	MN	0	0	0	0	0	0	0	0
	Total	79,661	6,005	14,137	10,052	12,968	16,273	13,408	6,818
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	30,600	4,841	6,562	5,055	4,300	5,467	3,369	1,006
	MN	0	0	0	0	0	0	0	0
	Total	30,600	4,841	6,562	5,055	4,300	5,467	3,369	1,006
10. PARTICIPANT RATIO	CN	0.38	0.81	0.46	0.50	0.33	0.34	0.25	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.38	0.81	0.46	0.50	0.33	0.34	0.25	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	50,489	3,560	6,706	7,475	8,795	10,232	8,987	4,734
	MN	0	0	0	0	0	0	0	0
	Total	50,489	3,560	6,706	7,475	8,795	10,232	8,987	4,734
12a. Total Eligibles Receiving Any Dental Services	CN	30,321	22	823	4,500	7,129	9,002	6,476	2,369
	MN	0	0	0	0	0	0	0	0
	Total	30,321	22	823	4,500	7,129	9,002	6,476	2,369
12b. Total Eligibles Receiving Preventive Dental Services	CN	24,410	11	679	3,942	6,102	7,339	4,764	1,573
	MN	0	0	0	0	0	0	0	0
	Total	24,410	11	679	3,942	6,102	7,339	4,764	1,573
12c. Total Eligibles Receiving Dental Treatment Services	CN	13,436	5	111	1,233	2,898	4,146	3,644	1,399
	MN	0	0	0	0	0	0	0	0
	Total	13,436	5	111	1,233	2,898	4,146	3,644	1,399
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,665				2,100	2,565		
	MN	0				0	0		
	Total	4,665				2,100	2,565		

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Form CMS-416
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State: Maine

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	23,528	15	691	3,743	5,687	6,674	4,844	1,874
	MN	0	0	0	0	0	0	0	0
	Total	23,528	15	691	3,743	5,687	6,674	4,844	1,874
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	6,875	101	1,143	1,360	1,792	1,522	732	225
	MN	0	0	0	0	0	0	0	0
	Total	6,875	101	1,143	1,360	1,792	1,522	732	225
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	35,585	123	1,901	5,549	8,421	10,115	6,977	2,499
	MN	0	0	0	0	0	0	0	0
	Total	35,585	123	1,901	5,549	8,421	10,115	6,977	2,499
13. Total Eligibles Enrolled in Managed Care	CN	92,814	5,101	11,929	15,957	17,881	19,704	14,284	7,958
	MN	0	0	0	0	0	0	0	0
	Total	92,814	5,101	11,929	15,957	17,881	19,704	14,284	7,958
14. Total Number of Screening Blood Lead Tests	CN	308	34	229	45				
	MN	0	0	0	0				
	Total	308	34	229	45				

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Fiscal Year: 2010

State: Maryland

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	590,493	37,347	79,625	103,553	114,237	123,383	93,316	39,032
	MN	1,327	23	75	124	162	218	241	484
	Total	591,820	37,370	79,700	103,677	114,399	123,601	93,557	39,516
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	560,074	30,069	76,751	99,675	109,892	118,683	89,366	35,638
	MN	938	13	53	83	119	160	172	338
	Total	561,012	30,082	76,804	99,758	110,011	118,843	89,538	35,976
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	128,853	324	10,615	18,577	32,547	36,754	26,072	3,964
	MN	0	0	0	0	0	0	0	0
	Total	128,853	324	10,615	18,577	32,547	36,754	26,072	3,964
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	6,010,763	219,866	841,060	1,097,370	1,216,865	1,311,103	974,336	350,163
	MN	7,241	76	461	688	910	1,305	1,353	2,448
	Total	6,018,004	219,942	841,521	1,098,058	1,217,775	1,312,408	975,689	352,611
3b. Average Period of Eligibility	CN	0.89	0.61	0.91	0.92	0.92	0.92	0.91	0.82
	MN	0.64	0.49	0.72	0.69	0.64	0.68	0.66	0.60
	Total	0.89	0.61	0.91	0.92	0.92	0.92	0.91	0.82
4. Expected Number of Screenings per Eligible	CN		3.66	1.82	0.92	0.92	0.92	0.91	0.82
	MN		2.94	1.44	0.69	0.64	0.68	0.66	0.60
	Total		3.66	1.82	0.92	0.92	0.92	0.91	0.82
5. Expected Number of Screenings	CN	662,276	110,053	139,687	91,701	101,101	109,188	81,323	29,223
	MN	673	38	76	57	76	109	114	203
	Total	662,949	110,091	139,763	91,758	101,177	109,297	81,437	29,426
6. Total Screens Received	CN	605,424	138,878	182,369	85,209	68,572	71,279	47,672	11,445
	MN	359	25	75	43	43	51	68	54
	Total	605,783	138,903	182,444	85,252	68,615	71,330	47,740	11,499
7. SCREENING RATIO	CN	0.91	1.00	1.00	0.93	0.68	0.65	0.59	0.39
	MN	0.53	0.66	0.99	0.75	0.57	0.47	0.60	0.27
	Total	0.91	1.00	1.00	0.93	0.68	0.65	0.59	0.39

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Fiscal Year: 2010

State: Maryland

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	519,356	30,069	76,751	91,701	101,101	109,188	81,323	29,223
	MN	625	13	53	57	76	109	114	203
	Total	519,981	30,082	76,804	91,758	101,177	109,297	81,437	29,426
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	325,385	27,999	64,929	68,757	57,378	58,953	38,235	9,134
	MN	258	6	34	37	37	42	54	48
	Total	325,643	28,005	64,963	68,794	57,415	58,995	38,289	9,182
10. PARTICIPANT RATIO	CN	0.63	0.93	0.85	0.75	0.57	0.54	0.47	0.31
	MN	0.41	0.46	0.64	0.65	0.49	0.39	0.47	0.24
	Total	0.63	0.93	0.85	0.75	0.57	0.54	0.47	0.31
11. Total Eligibles Referred for Corrective Treatment	CN	317,548	26,998	64,407	67,607	56,170	57,417	36,547	8,402
	MN	234	6	33	37	34	41	51	32
	Total	317,782	27,004	64,440	67,644	56,204	57,458	36,598	8,434
12a. Total Eligibles Receiving Any Dental Services	CN	280,897	588	23,288	59,951	71,726	70,334	44,185	10,825
	MN	331	1	11	37	56	81	58	87
	Total	281,228	589	23,299	59,988	71,782	70,415	44,243	10,912
12b. Total Eligibles Receiving Preventive Dental Services	CN	252,781	329	20,462	55,647	67,180	64,163	37,070	7,930
	MN	278	1	8	33	52	73	50	61
	Total	253,059	330	20,470	55,680	67,232	64,236	37,120	7,991
12c. Total Eligibles Receiving Dental Treatment Services	CN	132,499	34	2,728	20,828	36,096	37,939	27,600	7,274
	MN	202	0	4	15	31	42	41	69
	Total	132,701	34	2,732	20,843	36,127	37,981	27,641	7,343
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	47,178				23,631	23,547		
	MN	56				22	34		
	Total	47,234				23,653	23,581		

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Fiscal Year: 2010

State: Maryland

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	258,621	503	22,208	56,376	67,145	64,099	38,971	9,319
	MN	297	1	10	36	53	72	53	72
	Total	258,918	504	22,218	56,412	67,198	64,171	39,024	9,391
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	10,605	1,726	8,016	856	5	1	0	1
	MN	5	0	4	1	0	0	0	0
	Total	10,610	1,726	8,020	857	5	1	0	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	288,780	2,212	29,187	60,307	71,730	70,334	44,185	10,825
	MN	335	1	15	37	56	81	58	87
	Total	289,115	2,213	29,202	60,344	71,786	70,415	44,243	10,912
13. Total Eligibles Enrolled in Managed Care	CN	571,043	35,014	78,089	101,289	111,150	119,333	89,476	36,692
	MN	707	4	48	76	90	114	125	250
	Total	571,750	35,018	78,137	101,365	111,240	119,447	89,601	36,942
14. Total Number of Screening Blood Lead Tests	CN	60,676	938	37,638	22,100				
	MN	25	0	14	11				
	Total	60,701	938	37,652	22,111				

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Form CMS-416

Fiscal Year: 2010

State: Massachusetts

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	615,599	41,915	81,102	97,931	110,147	126,911	106,226	51,367
	MN	0	0	0	0	0	0	0	0
	Total	615,599	41,915	81,102	97,931	110,147	126,911	106,226	51,367
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	538,964	26,491	72,104	88,492	99,810	113,879	93,876	44,312
	MN	0	0	0	0	0	0	0	0
	Total	538,964	26,491	72,104	88,492	99,810	113,879	93,876	44,312
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	206,050	8,281	23,275	30,426	40,857	47,645	41,958	13,608
	MN	0	0	0	0	0	0	0	0
	Total	206,050	8,281	23,275	30,426	40,857	47,645	41,958	13,608
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	5,099,397	170,926	683,630	848,668	968,327	1,118,345	914,462	395,039
	MN	0	0	0	0	0	0	0	0
	Total	5,099,397	170,926	683,630	848,668	968,327	1,118,345	914,462	395,039
3b. Average Period of Eligibility	CN	0.79	0.54	0.79	0.80	0.81	0.82	0.81	0.74
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.79	0.54	0.79	0.80	0.81	0.82	0.81	0.74
4. Expected Number of Screenings per Eligible	CN		3.24	1.58	0.80	0.81	0.82	0.81	0.74
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.24	1.58	0.80	0.81	0.82	0.81	0.74
5. Expected Number of Screenings	CN	553,607	85,831	113,924	70,794	80,846	93,381	76,040	32,791
	MN	0	0	0	0	0	0	0	0
	Total	553,607	85,831	113,924	70,794	80,846	93,381	76,040	32,791
6. Total Screens Received	CN	775,454	114,802	225,895	114,269	100,043	109,725	86,335	24,385
	MN	0	0	0	0	0	0	0	0
	Total	775,454	114,802	225,895	114,269	100,043	109,725	86,335	24,385
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.74
	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	1.00	1.00	1.00	0.74

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Fiscal Year: 2010

State: Massachusetts

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	452,447	26,491	72,104	70,794	80,846	93,381	76,040	32,791
	MN	0	0	0	0	0	0	0	0
	Total	452,447	26,491	72,104	70,794	80,846	93,381	76,040	32,791
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	340,476	19,833	62,304	63,959	62,349	68,483	49,593	13,955
	MN	0	0	0	0	0	0	0	0
	Total	340,476	19,833	62,304	63,959	62,349	68,483	49,593	13,955
10. PARTICIPANT RATIO	CN	0.75	0.75	0.86	0.90	0.77	0.73	0.65	0.43
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.75	0.75	0.86	0.90	0.77	0.73	0.65	0.43
11. Total Eligibles Referred for Corrective Treatment	CN	293,208	7,709	45,823	56,311	57,553	59,799	45,352	20,661
	MN	0	0	0	0	0	0	0	0
	Total	293,208	7,709	45,823	56,311	57,553	59,799	45,352	20,661
12a. Total Eligibles Receiving Any Dental Services	CN	276,900	97	11,833	50,758	69,122	75,995	53,874	15,221
	MN	0	0	0	0	0	0	0	0
	Total	276,900	97	11,833	50,758	69,122	75,995	53,874	15,221
12b. Total Eligibles Receiving Preventive Dental Services	CN	256,428	47	10,677	49,018	66,654	70,793	47,008	12,231
	MN	0	0	0	0	0	0	0	0
	Total	256,428	47	10,677	49,018	66,654	70,793	47,008	12,231
12c. Total Eligibles Receiving Dental Treatment Services	CN	152,810	17	1,985	18,214	38,056	47,496	36,835	10,207
	MN	0	0	0	0	0	0	0	0
	Total	152,810	17	1,985	18,214	38,056	47,496	36,835	10,207
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	61,186				27,969	33,217		
	MN	0				0	0		
	Total	61,186				27,969	33,217		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Massachusetts

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	254,770	88	11,512	48,890	64,919	69,230	47,203	12,928
	MN	0	0	0	0	0	0	0	0
	Total	254,770	88	11,512	48,890	64,919	69,230	47,203	12,928
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	5,172	133	2,334	1,291	662	484	225	43
	MN	0	0	0	0	0	0	0	0
	Total	5,172	133	2,334	1,291	662	484	225	43
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	279,777	228	13,635	51,294	69,307	76,134	53,941	15,238
	MN	0	0	0	0	0	0	0	0
	Total	279,777	228	13,635	51,294	69,307	76,134	53,941	15,238
13. Total Eligibles Enrolled in Managed Care	CN	307,319	7,406	46,394	58,338	60,860	62,857	47,543	23,921
	MN	0	0	0	0	0	0	0	0
	Total	307,319	7,406	46,394	58,338	60,860	62,857	47,543	23,921
14. Total Number of Screening Blood Lead Tests	CN	81,181	2,373	40,977	37,831				
	MN	0	0	0	0				
	Total	81,181	2,373	40,977	37,831				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Michigan

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,222,584	70,079	143,498	197,544	240,008	277,788	216,403	77,264
	MN	25,198	15	32	66	78	118	181	24,708
	Total	1,247,782	70,094	143,530	197,610	240,086	277,906	216,584	101,972
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,165,418	57,453	139,250	191,753	233,008	269,111	203,656	71,187
	MN	21,534	5	22	29	29	43	67	21,339
	Total	1,186,952	57,458	139,272	191,782	233,037	269,154	203,723	92,526
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	6,892	0	0	0	0	0	5,586	1,306
	MN	0	0	0	0	0	0	0	0
	Total	6,892	0	0	0	0	0	5,586	1,306
2a. State Periodicity Schedule			7	4	4	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.33	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	12,529,629	421,334	1,530,005	2,114,606	2,574,480	2,966,349	2,206,386	716,469
	MN	188,920	17	126	220	199	265	437	187,656
	Total	12,718,549	421,351	1,530,131	2,114,826	2,574,679	2,966,614	2,206,823	904,125
3b. Average Period of Eligibility	CN	0.90	0.61	0.92	0.92	0.92	0.92	0.90	0.84
	MN	0.73	0.28	0.48	0.63	0.57	0.51	0.54	0.73
	Total	0.89	0.61	0.92	0.92	0.92	0.92	0.90	0.81
4. Expected Number of Screenings per Eligible	CN		4.27	1.84	1.22	0.92	0.92	0.90	0.84
	MN		1.96	0.96	0.84	0.57	0.51	0.54	0.73
	Total		4.27	1.84	1.22	0.92	0.92	0.90	0.81
5. Expected Number of Screenings	CN	1,440,519	245,324	256,220	233,939	214,367	247,582	183,290	59,797
	MN	15,707	10	21	24	17	22	36	15,577
	Total	1,456,226	245,334	256,241	233,963	214,384	247,604	183,326	75,374
6. Total Screens Received	CN	1,052,086	236,991	290,880	155,442	115,323	141,233	91,850	20,367
	MN	5,173	2	11	5	4	9	7	5,135
	Total	1,057,259	236,993	290,891	155,447	115,327	141,242	91,857	25,502
7. SCREENING RATIO	CN	0.73	0.97	1.00	0.66	0.54	0.57	0.50	0.34
	MN	0.33	0.20	0.52	0.21	0.24	0.41	0.19	0.33
	Total	0.73	0.97	1.00	0.66	0.54	0.57	0.50	0.34

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Michigan

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,093,492	57,453	139,250	191,753	214,367	247,582	183,290	59,797
	MN	15,702	5	21	24	17	22	36	15,577
	Total	1,109,194	57,458	139,271	191,777	214,384	247,604	183,326	75,374
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	551,399	52,520	105,978	112,849	88,797	107,604	68,288	15,363
	MN	4,023	1	5	5	4	5	5	3,998
	Total	555,422	52,521	105,983	112,854	88,801	107,609	68,293	19,361
10. PARTICIPANT RATIO	CN	0.50	0.91	0.76	0.59	0.41	0.43	0.37	0.26
	MN	0.26	0.20	0.24	0.21	0.24	0.23	0.14	0.26
	Total	0.50	0.91	0.76	0.59	0.41	0.43	0.37	0.26
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	400,137	109	10,099	76,667	115,107	113,728	68,497	15,930
	MN	4,069	0	0	3	5	2	6	4,053
	Total	404,206	109	10,099	76,670	115,112	113,730	68,503	19,983
12b. Total Eligibles Receiving Preventive Dental Services	CN	391,448	108	10,041	75,634	113,048	111,274	66,149	15,194
	MN	3,901	0	0	3	4	2	6	3,886
	Total	395,349	108	10,041	75,637	113,052	111,276	66,155	19,080
12c. Total Eligibles Receiving Dental Treatment Services	CN	170,807	9	1,122	22,658	50,014	49,083	38,005	9,916
	MN	2,704	0	0	0	1	0	6	2,697
	Total	173,511	9	1,122	22,658	50,015	49,083	38,011	12,613
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	45,394				27,297	18,097		
	MN	1				1	0		
	Total	45,395				27,298	18,097		

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Fiscal Year: 2010

State: Michigan

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	374,643	100	9,395	72,349	108,374	106,888	63,232	14,305
	MN	3,658	0	0	3	4	2	6	3,643
	Total	378,301	100	9,395	72,352	108,378	106,890	63,238	17,948
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	64,719	131	3,278	12,586	19,716	17,870	9,108	2,030
	MN	467	0	0	0	1	0	0	466
	Total	65,186	131	3,278	12,586	19,717	17,870	9,108	2,496
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	453,347	239	13,089	86,723	130,796	128,925	76,009	17,566
	MN	4,446	0	0	3	6	2	6	4,429
	Total	457,793	239	13,089	86,726	130,802	128,927	76,015	21,995
13. Total Eligibles Enrolled in Managed Care	CN	1,057,946	52,838	130,980	177,261	212,640	241,136	181,283	61,808
	MN	20,670	2	18	26	25	31	53	20,515
	Total	1,078,616	52,840	130,998	177,287	212,665	241,167	181,336	82,323
14. Total Number of Screening Blood Lead Tests	CN	132,882	2,371	76,704	53,807				
	MN	5	0	1	4				
	Total	132,887	2,371	76,705	53,811				

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Form CMS-416
Fiscal Year: 2010
State: Minnesota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	405,987	30,875	61,481	70,615	78,200	79,879	57,479	27,458
	MN	59,725	1,386	4,146	8,965	11,025	13,283	12,030	8,890
	Total	465,712	32,261	65,627	79,580	89,225	93,162	69,509	36,348
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	380,554	24,913	58,491	66,932	74,525	76,027	54,446	25,220
	MN	55,477	1,112	3,918	8,367	10,365	12,525	11,213	7,977
	Total	436,031	26,025	62,409	75,299	84,890	88,552	65,659	33,197
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	28	4	24	0	0	0	0	0
	MN	4	2	2	0	0	0	0	0
	Total	32	6	26	0	0	0	0	0
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	3,947,204	362,887	561,621	688,580	785,525	801,854	571,607	175,130
	MN	555,867	16,750	46,117	82,477	105,790	129,518	117,565	57,650
	Total	4,503,071	379,637	607,738	771,057	891,315	931,372	689,172	232,780
3b. Average Period of Eligibility	CN	0.86	1.21	0.80	0.86	0.88	0.88	0.87	0.58
	MN	0.83	1.26	0.98	0.82	0.85	0.86	0.87	0.60
	Total	0.86	1.22	0.81	0.85	0.87	0.88	0.87	0.58
4. Expected Number of Screenings per Eligible	CN		6.05	1.60	0.86	0.44	0.53	0.44	0.29
	MN		6.30	1.96	0.82	0.43	0.52	0.44	0.30
	Total		6.10	1.62	0.85	0.44	0.53	0.44	0.29
5. Expected Number of Screenings	CN	406,227	150,724	93,586	57,562	32,791	40,294	23,956	7,314
	MN	39,843	7,006	7,679	6,861	4,457	6,513	4,934	2,393
	Total	446,070	157,730	101,265	64,423	37,248	46,807	28,890	9,707
6. Total Screens Received	CN	314,933	137,956	66,891	41,812	22,737	26,653	15,145	3,739
	MN	31,029	6,951	5,197	5,598	3,451	4,780	3,524	1,528
	Total	345,962	144,907	72,088	47,410	26,188	31,433	18,669	5,267
7. SCREENING RATIO	CN	0.78	0.92	0.71	0.73	0.69	0.66	0.63	0.51
	MN	0.78	0.99	0.68	0.82	0.77	0.73	0.71	0.64
	Total	0.78	0.92	0.71	0.74	0.70	0.67	0.65	0.54

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Fiscal Year: 2010
State: Minnesota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	245,321	24,913	58,491	57,562	32,791	40,294	23,956	7,314
	MN	30,188	1,112	3,918	6,861	4,457	6,513	4,934	2,393
	Total	275,509	26,025	62,409	64,423	37,248	46,807	28,890	9,707
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	175,904	22,941	46,426	39,727	22,552	25,215	14,382	4,661
	MN	22,904	1,066	3,261	5,453	3,436	4,620	3,253	1,815
	Total	198,808	24,007	49,687	45,180	25,988	29,835	17,635	6,476
10. PARTICIPANT RATIO	CN	0.72	0.92	0.79	0.69	0.69	0.63	0.60	0.64
	MN	0.76	0.96	0.83	0.79	0.77	0.71	0.66	0.76
	Total	0.72	0.92	0.80	0.70	0.70	0.64	0.61	0.67
11. Total Eligibles Referred for Corrective Treatment	CN	16,570	2,578	5,730	3,165	1,989	2,007	952	149
	MN	2,822	234	612	650	439	519	312	56
	Total	19,392	2,812	6,342	3,815	2,428	2,526	1,264	205
12a. Total Eligibles Receiving Any Dental Services	CN	149,882	151	6,352	30,767	40,566	39,396	24,497	8,153
	MN	30,862	4	460	4,520	7,303	8,771	6,464	3,340
	Total	180,744	155	6,812	35,287	47,869	48,167	30,961	11,493
12b. Total Eligibles Receiving Preventive Dental Services	CN	134,017	125	5,026	28,347	37,783	36,169	20,713	5,854
	MN	28,662	2	344	4,227	7,062	8,389	5,908	2,730
	Total	162,679	127	5,370	32,574	44,845	44,558	26,621	8,584
12c. Total Eligibles Receiving Dental Treatment Services	CN	68,417	6	938	10,858	19,876	18,378	13,260	5,101
	MN	13,304	0	77	1,347	3,215	3,711	3,102	1,852
	Total	81,721	6	1,015	12,205	23,091	22,089	16,362	6,953
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	22,143				12,176	9,967		
	MN	3,875				2,033	1,842		
	Total	26,018				14,209	11,809		

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Fiscal Year: 2010
State: Minnesota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	136,965	41	5,074	28,200	37,584	36,341	22,310	7,415
	MN	29,406	3	426	4,335	7,026	8,432	6,088	3,096
	Total	166,371	44	5,500	32,535	44,610	44,773	28,398	10,511
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	18,081	382	6,096	5,716	2,650	1,987	964	286
	MN	1,586	9	313	528	222	216	186	112
	Total	19,667	391	6,409	6,244	2,872	2,203	1,150	398
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	158,424	447	11,004	32,772	41,194	39,941	24,819	8,247
	MN	31,565	12	719	4,710	7,367	8,849	6,532	3,376
	Total	189,989	459	11,723	37,482	48,561	48,790	31,351	11,623
13. Total Eligibles Enrolled in Managed Care	CN	330,547	25,320	54,285	59,993	63,841	62,694	43,811	20,603
	MN	55,479	1,302	3,935	8,355	10,421	12,571	10,980	7,915
	Total	386,026	26,622	58,220	68,348	74,262	75,265	54,791	28,518
14. Total Number of Screening Blood Lead Tests	CN	44,163	10,893	26,493	6,777				
	MN	3,007	561	1,930	516				
	Total	47,170	11,454	28,423	7,293				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Mississippi

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	427,655	33,060	64,735	82,464	85,333	88,962	58,635	14,466
	MN	0	0	0	0	0	0	0	0
	Total	427,655	33,060	64,735	82,464	85,333	88,962	58,635	14,466
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	396,644	26,563	60,753	78,437	80,230	83,720	55,066	11,875
	MN	0	0	0	0	0	0	0	0
	Total	396,644	26,563	60,753	78,437	80,230	83,720	55,066	11,875
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			5	3	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	1.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,243,423	202,523	666,593	863,720	875,366	920,382	603,663	111,176
	MN	0	0	0	0	0	0	0	0
	Total	4,243,423	202,523	666,593	863,720	875,366	920,382	603,663	111,176
3b. Average Period of Eligibility	CN	0.89	0.64	0.91	0.92	0.91	0.92	0.91	0.78
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.64	0.91	0.92	0.91	0.92	0.91	0.78
4. Expected Number of Screenings per Eligible	CN		3.20	1.37	0.92	0.91	0.92	0.91	0.78
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.20	1.37	0.92	0.91	0.92	0.91	0.78
5. Expected Number of Screenings	CN	449,800	85,002	83,232	72,162	73,009	77,022	50,110	9,263
	MN	0	0	0	0	0	0	0	0
	Total	449,800	85,002	83,232	72,162	73,009	77,022	50,110	9,263
6. Total Screens Received	CN	286,212	85,785	97,791	44,506	21,599	23,217	12,213	1,101
	MN	0	0	0	0	0	0	0	0
	Total	286,212	85,785	97,791	44,506	21,599	23,217	12,213	1,101
7. SCREENING RATIO	CN	0.64	1.00	1.00	0.62	0.30	0.30	0.24	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	1.00	1.00	0.62	0.30	0.30	0.24	0.12

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Fiscal Year: 2010
State: Mississippi

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	368,882	26,563	60,753	72,162	73,009	77,022	50,110	9,263
	MN	0	0	0	0	0	0	0	0
	Total	368,882	26,563	60,753	72,162	73,009	77,022	50,110	9,263
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	155,949	23,587	41,887	38,411	19,497	20,614	10,954	999
	MN	0	0	0	0	0	0	0	0
	Total	155,949	23,587	41,887	38,411	19,497	20,614	10,954	999
10. PARTICIPANT RATIO	CN	0.42	0.89	0.69	0.53	0.27	0.27	0.22	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.42	0.89	0.69	0.53	0.27	0.27	0.22	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	71,903	13,142	23,401	12,932	7,910	8,880	5,076	562
	MN	0	0	0	0	0	0	0	0
	Total	71,903	13,142	23,401	12,932	7,910	8,880	5,076	562
12a. Total Eligibles Receiving Any Dental Services	CN	178,689	130	10,550	46,119	46,868	46,050	25,215	3,757
	MN	0	0	0	0	0	0	0	0
	Total	178,689	130	10,550	46,119	46,868	46,050	25,215	3,757
12b. Total Eligibles Receiving Preventive Dental Services	CN	160,074	21	8,795	41,624	43,672	42,012	21,225	2,725
	MN	0	0	0	0	0	0	0	0
	Total	160,074	21	8,795	41,624	43,672	42,012	21,225	2,725
12c. Total Eligibles Receiving Dental Treatment Services	CN	83,030	4	1,362	15,256	23,228	24,734	15,986	2,460
	MN	0	0	0	0	0	0	0	0
	Total	83,030	4	1,362	15,256	23,228	24,734	15,986	2,460
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	27,625				12,337	15,288		
	MN	0				0	0		
	Total	27,625				12,337	15,288		

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Form CMS-416
Fiscal Year: 2010
State: Mississippi

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	171,950	126	10,428	44,425	45,604	44,133	23,737	3,497
	MN	0	0	0	0	0	0	0	0
	Total	171,950	126	10,428	44,425	45,604	44,133	23,737	3,497
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,906	350	895	223	173	161	90	14
	MN	0	0	0	0	0	0	0	0
	Total	1,906	350	895	223	173	161	90	14
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	179,821	480	11,321	46,128	46,868	46,051	25,216	3,757
	MN	0	0	0	0	0	0	0	0
	Total	179,821	480	11,321	46,128	46,868	46,051	25,216	3,757
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	46,306	1,127	25,112	20,067				
	MN	0	0	0	0				
	Total	46,306	1,127	25,112	20,067				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Missouri

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	687,259	43,863	91,265	121,092	136,504	147,367	110,291	36,877
	MN	0	0	0	0	0	0	0	0
	Total	687,259	43,863	91,265	121,092	136,504	147,367	110,291	36,877
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	634,540	31,785	86,126	114,683	129,291	139,168	103,024	30,463
	MN	0	0	0	0	0	0	0	0
	Total	634,540	31,785	86,126	114,683	129,291	139,168	103,024	30,463
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	92,198	5	2,536	4,164	25,983	32,349	24,101	3,060
	MN	0	0	0	0	0	0	0	0
	Total	92,198	5	2,536	4,164	25,983	32,349	24,101	3,060
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	6,788,559	247,594	939,552	1,260,921	1,427,014	1,535,230	1,109,112	269,136
	MN	0	0	0	0	0	0	0	0
	Total	6,788,559	247,594	939,552	1,260,921	1,427,014	1,535,230	1,109,112	269,136
3b. Average Period of Eligibility	CN	0.89	0.65	0.91	0.92	0.92	0.92	0.90	0.74
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.65	0.91	0.92	0.92	0.92	0.90	0.74
4. Expected Number of Screenings per Eligible	CN		3.25	1.82	0.92	0.46	0.55	0.45	0.37
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.25	1.82	0.92	0.46	0.55	0.45	0.37
5. Expected Number of Screenings	CN	559,206	103,301	156,749	105,508	59,474	76,542	46,361	11,271
	MN	0	0	0	0	0	0	0	0
	Total	559,206	103,301	156,749	105,508	59,474	76,542	46,361	11,271
6. Total Screens Received	CN	705,461	158,124	220,590	123,745	62,846	71,780	52,534	15,842
	MN	0	0	0	0	0	0	0	0
	Total	705,461	158,124	220,590	123,745	62,846	71,780	52,534	15,842
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	0.94	1.00	1.00
	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	1.00	0.94	1.00	1.00

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Missouri

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	417,067	31,785	86,126	105,508	59,474	76,542	46,361	11,271
	MN	0	0	0	0	0	0	0	0
	Total	417,067	31,785	86,126	105,508	59,474	76,542	46,361	11,271
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	306,148	30,357	69,655	70,773	43,123	49,479	33,787	8,974
	MN	0	0	0	0	0	0	0	0
	Total	306,148	30,357	69,655	70,773	43,123	49,479	33,787	8,974
10. PARTICIPANT RATIO	CN	0.73	0.96	0.81	0.67	0.73	0.65	0.73	0.80
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.73	0.96	0.81	0.67	0.73	0.65	0.73	0.80
11. Total Eligibles Referred for Corrective Treatment	CN	63,454	7,591	10,202	10,333	8,112	9,648	10,829	6,739
	MN	0	0	0	0	0	0	0	0
	Total	63,454	7,591	10,202	10,333	8,112	9,648	10,829	6,739
12a. Total Eligibles Receiving Any Dental Services	CN	205,793	95	6,353	39,205	60,808	59,227	34,832	5,273
	MN	0	0	0	0	0	0	0	0
	Total	205,793	95	6,353	39,205	60,808	59,227	34,832	5,273
12b. Total Eligibles Receiving Preventive Dental Services	CN	183,186	56	4,418	34,725	56,560	54,661	29,089	3,677
	MN	0	0	0	0	0	0	0	0
	Total	183,186	56	4,418	34,725	56,560	54,661	29,089	3,677
12c. Total Eligibles Receiving Dental Treatment Services	CN	93,889	5	763	12,211	28,996	27,849	20,630	3,435
	MN	0	0	0	0	0	0	0	0
	Total	93,889	5	763	12,211	28,996	27,849	20,630	3,435
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	31,256				16,709	14,547		
	MN	0				0	0		
	Total	31,256				16,709	14,547		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Missouri

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	179,041	66	5,836	35,018	53,089	51,099	29,564	4,369
	MN	0	0	0	0	0	0	0	0
	Total	179,041	66	5,836	35,018	53,089	51,099	29,564	4,369
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,261	6	366	476	212	52	121	28
	MN	0	0	0	0	0	0	0	0
	Total	1,261	6	366	476	212	52	121	28
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	206,229	101	6,647	39,303	60,816	59,237	34,847	5,278
	MN	0	0	0	0	0	0	0	0
	Total	206,229	101	6,647	39,303	60,816	59,237	34,847	5,278
13. Total Eligibles Enrolled in Managed Care	CN	462,152	28,513	62,923	82,812	92,768	99,281	73,845	22,010
	MN	0	0	0	0	0	0	0	0
	Total	462,152	28,513	62,923	82,812	92,768	99,281	73,845	22,010
14. Total Number of Screening Blood Lead Tests	CN	79,038	1,368	44,242	33,428				
	MN	0	0	0	0				
	Total	79,038	1,368	44,242	33,428				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Montana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	79,334	5,739	11,551	14,985	16,307	16,032	11,119	3,601
	MN	109	4	4	8	7	32	43	11
	Total	79,443	5,743	11,555	14,993	16,314	16,064	11,162	3,612
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	73,406	4,606	10,897	14,132	15,305	15,047	10,313	3,106
	MN	84	0	1	5	6	26	38	8
	Total	73,490	4,606	10,898	14,137	15,311	15,073	10,351	3,114
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	2,630	145	75	153	1,012	812	375	58
	MN	0	0	0	0	0	0	0	0
	Total	2,630	145	75	153	1,012	812	375	58
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	735,235	32,772	113,053	147,442	158,517	154,479	103,230	25,742
	MN	807	0	6	47	64	258	348	84
	Total	736,042	32,772	113,059	147,489	158,581	154,737	103,578	25,826
3b. Average Period of Eligibility	CN	0.83	0.59	0.86	0.87	0.86	0.86	0.83	0.69
	MN	0.80	0.00	0.50	0.78	0.89	0.83	0.76	0.88
	Total	0.83	0.59	0.86	0.87	0.86	0.86	0.83	0.69
4. Expected Number of Screenings per Eligible	CN		2.95	1.72	0.87	0.43	0.52	0.42	0.35
	MN		0.00	1.00	0.78	0.45	0.50	0.38	0.44
	Total		2.95	1.72	0.87	0.43	0.52	0.42	0.35
5. Expected Number of Screenings	CN	64,449	13,588	18,743	12,295	6,581	7,824	4,331	1,087
	MN	39	0	1	4	3	13	14	4
	Total	64,488	13,588	18,744	12,299	6,584	7,837	4,345	1,091
6. Total Screens Received	CN	62,960	20,116	21,272	9,311	4,066	5,203	2,677	315
	MN	41	2	1	7	6	11	14	0
	Total	63,001	20,118	21,273	9,318	4,072	5,214	2,691	315
7. SCREENING RATIO	CN	0.98	1.00	1.00	0.76	0.62	0.67	0.62	0.29
	MN	1.00	0.00	1.00	1.00	1.00	0.85	1.00	0.00
	Total	0.98	1.00	1.00	0.76	0.62	0.67	0.62	0.29

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Montana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	47,621	4,606	10,897	12,295	6,581	7,824	4,331	1,087
	MN	39	0	1	4	3	13	14	4
	Total	47,660	4,606	10,898	12,299	6,584	7,837	4,345	1,091
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	26,762	4,199	7,344	6,394	2,969	3,691	1,925	240
	MN	34	0	0	3	2	12	14	3
	Total	26,796	4,199	7,344	6,397	2,971	3,703	1,939	243
10. PARTICIPANT RATIO	CN	0.56	0.91	0.67	0.52	0.45	0.47	0.44	0.22
	MN	0.87	0.00	0.00	0.75	0.67	0.92	1.00	0.75
	Total	0.56	0.91	0.67	0.52	0.45	0.47	0.45	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	22,895	3,960	6,610	5,234	2,476	2,861	1,546	208
	MN	28	0	0	5	2	9	12	0
	Total	22,923	3,960	6,610	5,239	2,478	2,870	1,558	208
12a. Total Eligibles Receiving Any Dental Services	CN	27,317	68	2,058	6,570	7,353	6,541	3,828	899
	MN	38	0	0	3	3	9	19	4
	Total	27,355	68	2,058	6,573	7,356	6,550	3,847	903
12b. Total Eligibles Receiving Preventive Dental Services	CN	23,798	55	1,776	5,885	6,714	5,806	2,993	569
	MN	36	0	0	3	3	9	17	4
	Total	23,834	55	1,776	5,888	6,717	5,815	3,010	573
12c. Total Eligibles Receiving Dental Treatment Services	CN	14,810	10	494	3,023	4,353	3,682	2,600	648
	MN	29	0	0	2	3	6	14	4
	Total	14,839	10	494	3,025	4,356	3,688	2,614	652
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,134				2,404	1,730		
	MN	5				1	4		
	Total	4,139				2,405	1,734		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Montana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	25,259	55	1,908	6,165	6,882	6,020	3,423	806
	MN	36	0	0	3	2	9	18	4
	Total	25,295	55	1,908	6,168	6,884	6,029	3,441	810
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	5,551	131	780	1,361	976	711	842	750
	MN	20	0	1	4	0	2	9	4
	Total	5,571	131	781	1,365	976	713	851	754
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	30,234	197	2,587	7,093	7,784	6,897	4,295	1,381
	MN	50	0	1	6	3	11	23	6
	Total	30,284	197	2,588	7,099	7,787	6,908	4,318	1,387
13. Total Eligibles Enrolled in Managed Care	CN	69,760	4,037	11,072	13,880	14,525	13,737	9,377	3,132
	MN	47	0	3	3	8	13	20	0
	Total	69,807	4,037	11,075	13,883	14,533	13,750	9,397	3,132
14. Total Number of Screening Blood Lead Tests	CN	1,220	9	451	760				
	MN	0	0	0	0				
	Total	1,220	9	451	760				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Nebraska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	162,005	13,557	25,546	31,830	34,165	31,705	20,572	4,630
	MN	2,955	47	22	27	51	43	340	2,425
	Total	164,960	13,604	25,568	31,857	34,216	31,748	20,912	7,055
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	152,608	11,347	24,428	30,517	32,651	30,200	19,542	3,923
	MN	2,437	34	19	24	42	24	257	2,037
	Total	155,045	11,381	24,447	30,541	32,693	30,224	19,799	5,960
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	45,825	675	4,242	6,138	11,867	13,022	8,714	1,167
	MN	8	0	0	0	0	0	2	6
	Total	45,833	675	4,242	6,138	11,867	13,022	8,716	1,173
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,467,220	92,830	236,368	297,716	324,442	302,765	188,120	24,979
	MN	11,457	98	76	61	112	54	993	10,063
	Total	1,478,677	92,928	236,444	297,777	324,554	302,819	189,113	35,042
3b. Average Period of Eligibility	CN	0.80	0.68	0.81	0.81	0.83	0.84	0.80	0.53
	MN	0.39	0.24	0.33	0.21	0.22	0.19	0.32	0.41
	Total	0.79	0.68	0.81	0.81	0.83	0.83	0.80	0.49
4. Expected Number of Screenings per Eligible	CN		4.08	2.03	0.81	0.83	0.84	0.80	0.53
	MN		1.44	0.83	0.21	0.22	0.19	0.32	0.41
	Total		4.08	2.03	0.81	0.83	0.83	0.80	0.49
5. Expected Number of Screenings	CN	190,785	46,296	49,589	24,719	27,100	25,368	15,634	2,079
	MN	1,001	49	16	5	9	5	82	835
	Total	191,786	46,345	49,605	24,724	27,109	25,373	15,716	2,914
6. Total Screens Received	CN	120,842	36,715	40,909	17,892	6,589	11,580	6,576	581
	MN	268	30	6	1	2	1	13	215
	Total	121,110	36,745	40,915	17,893	6,591	11,581	6,589	796
7. SCREENING RATIO	CN	0.63	0.79	0.82	0.72	0.24	0.46	0.42	0.28
	MN	0.27	0.61	0.38	0.20	0.22	0.20	0.16	0.26
	Total	0.63	0.79	0.82	0.72	0.24	0.46	0.42	0.27

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Nebraska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	130,675	11,347	24,428	24,719	27,100	25,368	15,634	2,079
	MN	986	34	16	5	9	5	82	835
	Total	131,661	11,381	24,444	24,724	27,109	25,373	15,716	2,914
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	120,842	36,715	40,909	17,892	6,589	11,580	6,576	581
	MN	268	30	6	1	2	1	13	215
	Total	121,110	36,745	40,915	17,893	6,591	11,581	6,589	796
10. PARTICIPANT RATIO	CN	0.92	1.00	1.00	0.72	0.24	0.46	0.42	0.28
	MN	0.27	0.88	0.38	0.20	0.22	0.20	0.16	0.26
	Total	0.92	1.00	1.00	0.72	0.24	0.46	0.42	0.27
11. Total Eligibles Referred for Corrective Treatment	CN	5,802	860	1,644	1,331	469	869	602	27
	MN	8	0	1	0	1	0	0	6
	Total	5,810	860	1,645	1,331	470	869	602	33
12a. Total Eligibles Receiving Any Dental Services	CN	72,637	1,238	4,884	16,221	20,675	18,428	9,910	1,281
	MN	489	0	1	7	9	5	30	437
	Total	73,126	1,238	4,885	16,228	20,684	18,433	9,940	1,718
12b. Total Eligibles Receiving Preventive Dental Services	CN	66,814	740	4,081	15,232	19,731	17,316	8,722	992
	MN	346	0	1	5	9	2	25	304
	Total	67,160	740	4,082	15,237	19,740	17,318	8,747	1,296
12c. Total Eligibles Receiving Dental Treatment Services	CN	32,337	857	668	5,448	10,435	8,686	5,435	808
	MN	300	0	0	3	4	4	20	269
	Total	32,637	857	668	5,451	10,439	8,690	5,455	1,077
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	11,892				6,526	5,366		
	MN	3				2	1		
	Total	11,895				6,528	5,367		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Nebraska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	69,093	1,033	4,756	15,708	19,705	17,511	9,237	1,143
	MN	440	0	1	5	9	3	23	399
	Total	69,533	1,033	4,757	15,713	19,714	17,514	9,260	1,542
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	748	24	472	191	50	11	0	0
	MN	843	26	560	195	51	11	0	0
	Total	1,591	50	1,032	386	101	22	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	73,112	1,258	5,237	16,307	20,684	18,435	9,910	1,281
	MN	489	0	1	7	9	5	30	437
	Total	73,601	1,258	5,238	16,314	20,693	18,440	9,940	1,718
13. Total Eligibles Enrolled in Managed Care	CN	82,705	5,171	13,982	16,993	18,060	16,097	10,202	2,200
	MN	998	1	4	5	9	2	83	894
	Total	83,703	5,172	13,986	16,998	18,069	16,099	10,285	3,094
14. Total Number of Screening Blood Lead Tests	CN	7,753	85	4,746	2,922				
	MN	0	0	0	0				
	Total	7,753	85	4,746	2,922				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Nevada

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	228,169	19,016	36,003	43,890	44,436	42,624	29,090	13,110
	MN	0	0	0	0	0	0	0	0
	Total	228,169	19,016	36,003	43,890	44,436	42,624	29,090	13,110
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	206,110	14,888	33,278	40,519	40,818	38,996	26,315	11,296
	MN	0	0	0	0	0	0	0	0
	Total	206,110	14,888	33,278	40,519	40,818	38,996	26,315	11,296
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	2,020,479	111,369	336,317	410,489	413,188	396,399	262,375	90,342
	MN	0	0	0	0	0	0	0	0
	Total	2,020,479	111,369	336,317	410,489	413,188	396,399	262,375	90,342
3b. Average Period of Eligibility	CN	0.82	0.62	0.84	0.84	0.84	0.85	0.83	0.67
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.82	0.62	0.84	0.84	0.84	0.85	0.83	0.67
4. Expected Number of Screenings per Eligible	CN		3.10	1.68	0.84	0.42	0.51	0.42	0.34
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.10	1.68	0.84	0.42	0.51	0.42	0.34
5. Expected Number of Screenings	CN	188,021	46,153	55,907	34,036	17,144	19,888	11,052	3,841
	MN	0	0	0	0	0	0	0	0
	Total	188,021	46,153	55,907	34,036	17,144	19,888	11,052	3,841
6. Total Screens Received	CN	139,609	39,809	40,797	24,603	14,807	13,149	5,789	655
	MN	0	0	0	0	0	0	0	0
	Total	139,609	39,809	40,797	24,603	14,807	13,149	5,789	655
7. SCREENING RATIO	CN	0.74	0.86	0.73	0.72	0.86	0.66	0.52	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.74	0.86	0.73	0.72	0.86	0.66	0.52	0.17

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Nevada

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	134,127	14,888	33,278	34,036	17,144	19,888	11,052	3,841
	MN	0	0	0	0	0	0	0	0
	Total	134,127	14,888	33,278	34,036	17,144	19,888	11,052	3,841
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	91,092	15,328	24,268	20,894	13,258	11,628	5,118	598
	MN	0	0	0	0	0	0	0	0
	Total	91,092	15,328	24,268	20,894	13,258	11,628	5,118	598
10. PARTICIPANT RATIO	CN	0.68	1.00	0.73	0.61	0.77	0.58	0.46	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.68	1.00	0.73	0.61	0.77	0.58	0.46	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	45,583	8,560	13,199	9,711	6,038	5,261	2,478	336
	MN	0	0	0	0	0	0	0	0
	Total	45,583	8,560	13,199	9,711	6,038	5,261	2,478	336
12a. Total Eligibles Receiving Any Dental Services	CN	79,197	46	4,974	17,543	23,168	20,503	10,982	1,981
	MN	0	0	0	0	0	0	0	0
	Total	79,197	46	4,974	17,543	23,168	20,503	10,982	1,981
12b. Total Eligibles Receiving Preventive Dental Services	CN	69,784	17	3,549	15,583	21,905	18,979	8,578	1,173
	MN	0	0	0	0	0	0	0	0
	Total	69,784	17	3,549	15,583	21,905	18,979	8,578	1,173
12c. Total Eligibles Receiving Dental Treatment Services	CN	45,068	4	988	8,218	14,072	12,641	7,660	1,485
	MN	0	0	0	0	0	0	0	0
	Total	45,068	4	988	8,218	14,072	12,641	7,660	1,485
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	16,350				8,076	8,274		
	MN	0				0	0		
	Total	16,350				8,076	8,274		

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Nevada

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	74,060	44	4,754	16,481	21,781	19,148	10,051	1,801
	MN	0	0	0	0	0	0	0	0
	Total	74,060	44	4,754	16,481	21,781	19,148	10,051	1,801
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	11,301	335	3,827	3,460	2,248	1,110	310	11
	MN	0	0	0	0	0	0	0	0
	Total	11,301	335	3,827	3,460	2,248	1,110	310	11
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	86,382	379	8,448	19,498	24,029	20,909	11,129	1,990
	MN	0	0	0	0	0	0	0	0
	Total	86,382	379	8,448	19,498	24,029	20,909	11,129	1,990
13. Total Eligibles Enrolled in Managed Care	CN	145,120	11,793	20,600	27,845	28,674	28,514	20,545	7,149
	MN	0	0	0	0	0	0	0	0
	Total	145,120	11,793	20,600	27,845	28,674	28,514	20,545	7,149
14. Total Number of Screening Blood Lead Tests	CN	9,370	125	4,925	4,320				
	MN	0	0	0	0				
	Total	9,370	125	4,925	4,320				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: New Hampshire

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	98,889	5,753	12,089	16,478	19,758	22,920	17,059	4,832
	MN	1,492	52	109	224	305	382	281	139
	Total	100,381	5,805	12,198	16,702	20,063	23,302	17,340	4,971
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	89,083	4,062	11,134	15,232	18,309	21,090	15,501	3,755
	MN	1,365	39	111	213	277	351	289	85
	Total	90,448	4,101	11,245	15,445	18,586	21,441	15,790	3,840
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	467	188	279	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	467	188	279	0	0	0	0	0
2a. State Periodicity Schedule			6	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	950,975	31,698	120,859	166,227	201,441	231,198	166,903	32,649
	MN	14,597	297	1,167	2,428	2,826	3,991	3,065	823
	Total	965,572	31,995	122,026	168,655	204,267	235,189	169,968	33,472
3b. Average Period of Eligibility	CN	0.89	0.65	0.90	0.91	0.92	0.91	0.90	0.72
	MN	0.89	0.63	0.88	0.95	0.85	0.95	0.88	0.81
	Total	0.89	0.65	0.90	0.91	0.92	0.91	0.90	0.73
4. Expected Number of Screenings per Eligible	CN		3.90	1.80	0.91	0.46	0.91	0.90	0.72
	MN		3.78	1.76	0.95	0.43	0.95	0.88	0.81
	Total		3.90	1.80	0.91	0.46	0.91	0.90	0.73
5. Expected Number of Screenings	CN	94,013	15,842	20,041	13,861	8,422	19,192	13,951	2,704
	MN	1,319	147	195	202	119	333	254	69
	Total	95,332	15,989	20,236	14,063	8,541	19,525	14,205	2,773
6. Total Screens Received	CN	76,353	12,703	22,103	11,200	10,382	11,970	7,136	859
	MN	995	123	210	161	155	187	142	17
	Total	77,348	12,826	22,313	11,361	10,537	12,157	7,278	876
7. SCREENING RATIO	CN	0.81	0.80	1.00	0.81	1.00	0.62	0.51	0.32
	MN	0.75	0.84	1.00	0.80	1.00	0.56	0.56	0.25
	Total	0.81	0.80	1.00	0.81	1.00	0.62	0.51	0.32

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: New Hampshire

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	73,326	4,062	11,134	13,861	8,422	19,192	13,951	2,704
	MN	1,127	39	111	202	119	333	254	69
	Total	74,453	4,101	11,245	14,063	8,541	19,525	14,205	2,773
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	53,810	3,853	9,786	10,694	10,201	11,672	6,795	809
	MN	768	38	97	150	152	182	134	15
	Total	54,578	3,891	9,883	10,844	10,353	11,854	6,929	824
10. PARTICIPANT RATIO	CN	0.73	0.95	0.88	0.77	1.00	0.61	0.49	0.30
	MN	0.68	0.97	0.87	0.74	1.00	0.55	0.53	0.22
	Total	0.73	0.95	0.88	0.77	1.00	0.61	0.49	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	51,113	40	2,977	9,186	13,289	14,643	9,486	1,492
	MN	807	2	36	133	207	228	160	41
	Total	51,920	42	3,013	9,319	13,496	14,871	9,646	1,533
12b. Total Eligibles Receiving Preventive Dental Services	CN	47,305	25	2,279	8,646	12,802	13,827	8,529	1,197
	MN	741	1	28	124	196	214	145	33
	Total	48,046	26	2,307	8,770	12,998	14,041	8,674	1,230
12c. Total Eligibles Receiving Dental Treatment Services	CN	22,003	0	164	2,345	5,910	6,976	5,746	862
	MN	387	0	0	36	94	121	104	32
	Total	22,390	0	164	2,381	6,004	7,097	5,850	894
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,838				3,855	2,983		
	MN	100				60	40		
	Total	6,938				3,915	3,023		

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Fiscal Year: 2010

State: New Hampshire

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	47,245	29	2,851	8,656	12,306	13,530	8,592	1,281
	MN	755	1	35	131	186	217	147	38
	Total	48,000	30	2,886	8,787	12,492	13,747	8,739	1,319
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	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
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	51,113	40	2,977	9,186	13,289	14,643	9,486	1,492
	MN	807	2	36	133	207	228	160	41
	Total	51,920	42	3,013	9,319	13,496	14,871	9,646	1,533
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	1,835	22	1,347	466				
	MN	14	0	7	7				
	Total	1,849	22	1,354	473				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: New Jersey

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	696,923	45,247	96,376	124,852	139,975	145,054	106,424	38,995
	MN	0	0	0	0	0	0	0	0
	Total	696,923	45,247	96,376	124,852	139,975	145,054	106,424	38,995
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	647,850	30,568	91,317	118,216	133,502	138,524	101,030	34,693
	MN	0	0	0	0	0	0	0	0
	Total	647,850	30,568	91,317	118,216	133,502	138,524	101,030	34,693
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	74,666	4	205	896	20,723	29,212	23,295	331
	MN	0	0	0	0	0	0	0	0
	Total	74,666	4	205	896	20,723	29,212	23,295	331
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	7,220,475	220,874	1,030,994	1,351,464	1,533,335	1,589,494	1,146,971	347,343
	MN	0	0	0	0	0	0	0	0
	Total	7,220,475	220,874	1,030,994	1,351,464	1,533,335	1,589,494	1,146,971	347,343
3b. Average Period of Eligibility	CN	0.93	0.60	0.94	0.95	0.96	0.96	0.95	0.83
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.60	0.94	0.95	0.96	0.96	0.95	0.83
4. Expected Number of Screenings per Eligible	CN		3.60	1.88	0.95	0.96	0.96	0.95	0.83
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.60	1.88	0.95	0.96	0.96	0.95	0.83
5. Expected Number of Screenings	CN	779,945	110,045	171,676	112,305	128,162	132,983	95,979	28,795
	MN	0	0	0	0	0	0	0	0
	Total	779,945	110,045	171,676	112,305	128,162	132,983	95,979	28,795
6. Total Screens Received	CN	712,709	133,240	214,908	118,118	88,041	91,687	56,050	10,665
	MN	0	0	0	0	0	0	0	0
	Total	712,709	133,240	214,908	118,118	88,041	91,687	56,050	10,665
7. SCREENING RATIO	CN	0.91	1.00	1.00	1.00	0.69	0.69	0.58	0.37
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	1.00	1.00	1.00	0.69	0.69	0.58	0.37

Annual EPSDT Participation Report

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Fiscal Year: 2010

State: New Jersey

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	620,109	30,568	91,317	112,305	128,162	132,983	95,979	28,795
	MN	0	0	0	0	0	0	0	0
	Total	620,109	30,568	91,317	112,305	128,162	132,983	95,979	28,795
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	384,652	29,529	77,118	82,422	70,716	73,018	43,694	8,155
	MN	0	0	0	0	0	0	0	0
	Total	384,652	29,529	77,118	82,422	70,716	73,018	43,694	8,155
10. PARTICIPANT RATIO	CN	0.62	0.97	0.84	0.73	0.55	0.55	0.46	0.28
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	0.97	0.84	0.73	0.55	0.55	0.46	0.28
11. Total Eligibles Referred for Corrective Treatment	CN	93,265	141	8,020	25,528	23,197	20,228	12,920	3,231
	MN	0	0	0	0	0	0	0	0
	Total	93,265	141	8,020	25,528	23,197	20,228	12,920	3,231
12a. Total Eligibles Receiving Any Dental Services	CN	281,056	576	15,367	57,316	76,696	73,653	46,059	11,389
	MN	0	0	0	0	0	0	0	0
	Total	281,056	576	15,367	57,316	76,696	73,653	46,059	11,389
12b. Total Eligibles Receiving Preventive Dental Services	CN	245,064	144	12,885	53,231	70,988	65,301	35,534	6,981
	MN	0	0	0	0	0	0	0	0
	Total	245,064	144	12,885	53,231	70,988	65,301	35,534	6,981
12c. Total Eligibles Receiving Dental Treatment Services	CN	149,096	29	2,852	23,296	43,194	43,044	29,581	7,100
	MN	0	0	0	0	0	0	0	0
	Total	149,096	29	2,852	23,296	43,194	43,044	29,581	7,100
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	33,019				17,683	15,336		
	MN	0				0	0		
	Total	33,019				17,683	15,336		

Annual EPSDT Participation Report

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Fiscal Year: 2010

State: New Jersey

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	187,556	56	5,972	35,874	56,705	52,409	29,890	6,650
	MN	0	0	0	0	0	0	0	0
	Total	187,556	56	5,972	35,874	56,705	52,409	29,890	6,650
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	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
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	281,056	576	15,367	57,316	76,696	73,653	46,059	11,389
	MN	0	0	0	0	0	0	0	0
	Total	281,056	576	15,367	57,316	76,696	73,653	46,059	11,389
13. Total Eligibles Enrolled in Managed Care	CN	629,432	29,994	90,635	116,853	130,568	133,603	95,789	31,990
	MN	0	0	0	0	0	0	0	0
	Total	629,432	29,994	90,635	116,853	130,568	133,603	95,789	31,990
14. Total Number of Screening Blood Lead Tests	CN	85,881	1,762	44,665	39,454				
	MN	0	0	0	0				
	Total	85,881	1,762	44,665	39,454				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: New Mexico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	374,082	21,256	47,418	66,729	77,575	82,812	61,376	16,916
	MN	0	0	0	0	0	0	0	0
	Total	374,082	21,256	47,418	66,729	77,575	82,812	61,376	16,916
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	355,324	17,065	45,537	64,315	74,827	79,837	58,904	14,839
	MN	0	0	0	0	0	0	0	0
	Total	355,324	17,065	45,537	64,315	74,827	79,837	58,904	14,839
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	8,198	38	245	385	1,988	3,001	2,487	54
	MN	0	0	0	0	0	0	0	0
	Total	8,198	38	245	385	1,988	3,001	2,487	54
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	3,413,443	136,863	487,751	628,963	731,498	785,321	569,560	73,487
	MN	0	0	0	0	0	0	0	0
	Total	3,413,443	136,863	487,751	628,963	731,498	785,321	569,560	73,487
3b. Average Period of Eligibility	CN	0.80	0.67	0.89	0.81	0.81	0.82	0.81	0.41
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	0.67	0.89	0.81	0.81	0.82	0.81	0.41
4. Expected Number of Screenings per Eligible	CN		3.35	1.78	0.81	0.41	0.49	0.41	0.21
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.35	1.78	0.81	0.41	0.49	0.41	0.21
5. Expected Number of Screenings	CN	287,385	57,168	81,056	52,095	30,679	39,120	24,151	3,116
	MN	0	0	0	0	0	0	0	0
	Total	287,385	57,168	81,056	52,095	30,679	39,120	24,151	3,116
6. Total Screens Received	CN	279,213	60,952	87,986	42,172	29,851	36,559	19,778	1,915
	MN	0	0	0	0	0	0	0	0
	Total	279,213	60,952	87,986	42,172	29,851	36,559	19,778	1,915
7. SCREENING RATIO	CN	0.97	1.00	1.00	0.81	0.97	0.93	0.82	0.61
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.97	1.00	1.00	0.81	0.97	0.93	0.82	0.61

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: New Mexico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	211,763	17,065	45,537	52,095	30,679	39,120	24,151	3,116
	MN	0	0	0	0	0	0	0	0
	Total	211,763	17,065	45,537	52,095	30,679	39,120	24,151	3,116
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	150,808	15,055	33,559	33,063	23,712	28,457	15,319	1,643
	MN	0	0	0	0	0	0	0	0
	Total	150,808	15,055	33,559	33,063	23,712	28,457	15,319	1,643
10. PARTICIPANT RATIO	CN	0.71	0.88	0.74	0.63	0.77	0.73	0.63	0.53
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.71	0.88	0.74	0.63	0.77	0.73	0.63	0.53
11. Total Eligibles Referred for Corrective Treatment	CN	513	127	19	15	16	49	178	109
	MN	0	0	0	0	0	0	0	0
	Total	513	127	19	15	16	49	178	109
12a. Total Eligibles Receiving Any Dental Services	CN	167,686	89	9,350	33,958	47,221	46,552	26,531	3,985
	MN	0	0	0	0	0	0	0	0
	Total	167,686	89	9,350	33,958	47,221	46,552	26,531	3,985
12b. Total Eligibles Receiving Preventive Dental Services	CN	153,919	64	8,519	31,756	44,504	43,073	23,031	2,972
	MN	0	0	0	0	0	0	0	0
	Total	153,919	64	8,519	31,756	44,504	43,073	23,031	2,972
12c. Total Eligibles Receiving Dental Treatment Services	CN	165,651	79	9,212	33,604	46,777	45,954	26,138	3,887
	MN	0	0	0	0	0	0	0	0
	Total	165,651	79	9,212	33,604	46,777	45,954	26,138	3,887
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	21,678				12,363	9,315		
	MN	0				0	0		
	Total	21,678				12,363	9,315		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: New Mexico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	156,441	77	9,103	32,463	44,503	42,944	23,933	3,418
	MN	0	0	0	0	0	0	0	0
	Total	156,441	77	9,103	32,463	44,503	42,944	23,933	3,418
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	18,785	49	1,956	3,888	4,850	4,810	2,823	409
	MN	0	0	0	0	0	0	0	0
	Total	18,785	49	1,956	3,888	4,850	4,810	2,823	409
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	178,569	136	10,940	36,286	49,790	49,070	28,101	4,246
	MN	0	0	0	0	0	0	0	0
	Total	178,569	136	10,940	36,286	49,790	49,070	28,101	4,246
13. Total Eligibles Enrolled in Managed Care	CN	306,030	16,514	39,968	56,071	64,086	67,657	48,370	13,364
	MN	0	0	0	0	0	0	0	0
	Total	306,030	16,514	39,968	56,071	64,086	67,657	48,370	13,364
14. Total Number of Screening Blood Lead Tests	CN	11,622	239	5,980	5,403				
	MN	0	0	0	0				
	Total	11,622	239	5,980	5,403				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: New York

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	699,274	23,967	108,209	178,369	126,794	123,885	102,030	36,020
	MN	1,451,474	122,275	190,165	180,518	265,018	292,324	239,422	161,752
	Total	2,150,748	146,242	298,374	358,887	391,812	416,209	341,452	197,772
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	674,180	21,630	104,497	171,841	122,429	120,600	98,978	34,205
	MN	1,374,960	113,463	179,904	173,287	253,799	278,652	226,265	149,590
	Total	2,049,140	135,093	284,401	345,128	376,228	399,252	325,243	183,795
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			6	3	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	1.50	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	7,440,939	183,679	1,151,632	1,893,127	1,364,846	1,372,745	1,112,409	362,501
	MN	14,508,842	1,053,001	1,895,995	1,896,628	2,762,522	3,013,829	2,404,424	1,482,443
	Total	21,949,781	1,236,680	3,047,627	3,789,755	4,127,368	4,386,574	3,516,833	1,844,944
3b. Average Period of Eligibility	CN	0.92	0.71	0.92	0.92	0.93	0.95	0.94	0.88
	MN	0.88	0.77	0.88	0.91	0.91	0.90	0.89	0.83
	Total	0.89	0.76	0.89	0.92	0.91	0.92	0.90	0.84
4. Expected Number of Screenings per Eligible	CN		4.26	1.38	0.92	0.47	0.95	0.94	0.88
	MN		4.62	1.32	0.91	0.46	0.90	0.89	0.83
	Total		4.56	1.34	0.92	0.46	0.92	0.90	0.84
5. Expected Number of Screenings	CN	689,695	92,144	144,206	158,094	57,542	114,570	93,039	30,100
	MN	1,612,434	524,199	237,473	157,691	116,748	250,787	201,376	124,160
	Total	2,302,129	616,343	381,679	315,785	174,290	365,357	294,415	154,260
6. Total Screens Received	CN	665,713	62,349	216,713	173,189	88,381	77,062	42,575	5,444
	MN	1,439,310	373,882	417,896	186,395	181,546	173,539	92,235	13,817
	Total	2,105,023	436,231	634,609	359,584	269,927	250,601	134,810	19,261
7. SCREENING RATIO	CN	0.97	0.68	1.00	1.00	1.00	0.67	0.46	0.18
	MN	0.89	0.71	1.00	1.00	1.00	0.69	0.46	0.11
	Total	0.91	0.71	1.00	1.00	1.00	0.69	0.46	0.12

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	579,472	21,630	104,497	158,094	57,542	114,570	93,039	30,100
	MN	1,144,129	113,463	179,904	157,691	116,748	250,787	201,376	124,160
	Total	1,723,601	135,093	284,401	315,785	174,290	365,357	294,415	154,260
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	355,631	16,647	80,582	110,163	60,443	53,291	30,280	4,225
	MN	688,643	96,445	138,884	113,602	130,195	127,541	70,090	11,886
	Total	1,044,274	113,092	219,466	223,765	190,638	180,832	100,370	16,111
10. PARTICIPANT RATIO	CN	0.61	0.77	0.77	0.70	1.00	0.47	0.33	0.14
	MN	0.60	0.85	0.77	0.72	1.00	0.51	0.35	0.10
	Total	0.61	0.84	0.77	0.71	1.00	0.49	0.34	0.10
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	246,147	77	12,827	73,415	58,048	53,544	37,523	10,713
	MN	527,987	360	15,320	74,938	142,327	149,445	98,740	46,857
	Total	774,134	437	28,147	148,353	200,375	202,989	136,263	57,570
12b. Total Eligibles Receiving Preventive Dental Services	CN	225,821	43	11,704	69,142	54,697	48,628	32,407	9,200
	MN	487,330	236	14,167	71,524	135,830	137,191	86,124	42,258
	Total	713,151	279	25,871	140,666	190,527	185,819	118,531	51,458
12c. Total Eligibles Receiving Dental Treatment Services	CN	101,919	10	1,568	21,417	25,475	26,036	21,460	5,953
	MN	267,086	55	2,054	24,026	71,501	82,490	59,504	27,456
	Total	369,005	65	3,622	45,443	96,976	108,526	80,964	33,409
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	23,047				12,001	11,046		
	MN	63,044				33,081	29,963		
	Total	86,091				45,082	41,009		

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State: New York

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	192,997	32	10,445	61,399	46,495	40,289	26,808	7,529
	MN	434,299	175	12,923	64,835	121,777	121,236	75,355	37,998
	Total	627,296	207	23,368	126,234	168,272	161,525	102,163	45,527
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	74,274	37	3,696	18,475	16,735	18,890	12,548	3,893
	MN	130,571	179	3,837	17,415	30,794	43,515	25,486	9,345
	Total	204,845	216	7,533	35,890	47,529	62,405	38,034	13,238
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	249,919	78	12,891	73,992	59,000	54,698	38,236	11,024
	MN	533,220	369	15,382	75,741	144,054	151,279	99,333	47,062
	Total	783,139	447	28,273	149,733	203,054	205,977	137,569	58,086
13. Total Eligibles Enrolled in Managed Care	CN	550,511	16,340	90,694	150,708	102,590	96,374	71,620	22,185
	MN	1,217,487	96,388	164,421	158,923	229,985	248,994	194,050	124,726
	Total	1,767,998	112,728	255,115	309,631	332,575	345,368	265,670	146,911
14. Total Number of Screening Blood Lead Tests	CN	7,014	43	4,205	2,766				
	MN	8,622	273	5,779	2,570				
	Total	15,636	316	9,984	5,336				

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,112,182	75,827	161,921	219,836	217,270	214,947	153,449	68,932
	MN	3,571	71	104	198	424	637	842	1,295
	Total	1,115,753	75,898	162,025	220,034	217,694	215,584	154,291	70,227
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,045,144	61,822	156,452	212,554	205,635	203,404	144,057	61,220
	MN	2,464	43	87	159	281	446	547	901
	Total	1,047,608	61,865	156,539	212,713	205,916	203,850	144,604	62,121
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	39,532	148	14,189	23,397	1,796	2	0	0
	MN	30	0	4	25	1	0	0	0
	Total	39,562	148	14,193	23,422	1,797	2	0	0
2a. State Periodicity Schedule			4	3	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			4.00	1.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	10,892,799	456,614	1,713,004	2,331,680	2,166,211	2,161,692	1,509,958	553,640
	MN	17,956	260	711	1,318	2,195	3,384	3,986	6,102
	Total	10,910,755	456,874	1,713,715	2,332,998	2,168,406	2,165,076	1,513,944	559,742
3b. Average Period of Eligibility	CN	0.87	0.62	0.91	0.91	0.88	0.89	0.87	0.75
	MN	0.61	0.50	0.68	0.69	0.65	0.63	0.61	0.56
	Total	0.87	0.62	0.91	0.91	0.88	0.89	0.87	0.75
4. Expected Number of Screenings per Eligible	CN		2.48	1.37	0.91	0.88	0.89	0.87	0.75
	MN		2.00	1.02	0.69	0.65	0.63	0.61	0.56
	Total		2.48	1.37	0.91	0.88	0.89	0.87	0.75
5. Expected Number of Screenings	CN	1,094,316	153,319	214,339	193,424	180,959	181,030	125,330	45,915
	MN	1,588	86	89	110	183	281	334	505
	Total	1,095,904	153,405	214,428	193,534	181,142	181,311	125,664	46,420
6. Total Screens Received	CN	895,485	245,945	301,969	151,870	73,366	78,339	39,049	4,947
	MN	376	45	58	49	36	64	59	65
	Total	895,861	245,990	302,027	151,919	73,402	78,403	39,108	5,012
7. SCREENING RATIO	CN	0.82	1.00	1.00	0.79	0.41	0.43	0.31	0.11
	MN	0.24	0.52	0.65	0.45	0.20	0.23	0.18	0.13
	Total	0.82	1.00	1.00	0.78	0.41	0.43	0.31	0.11

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State: North Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	944,932	61,822	156,452	193,424	180,959	181,030	125,330	45,915
	MN	1,543	43	87	110	183	281	334	505
	Total	946,475	61,865	156,539	193,534	181,142	181,311	125,664	46,420
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	522,248	59,480	131,672	142,041	71,185	75,769	37,309	4,792
	MN	324	23	36	46	35	64	56	64
	Total	522,572	59,503	131,708	142,087	71,220	75,833	37,365	4,856
10. PARTICIPANT RATIO	CN	0.55	0.96	0.84	0.73	0.39	0.42	0.30	0.10
	MN	0.21	0.53	0.41	0.42	0.19	0.23	0.17	0.13
	Total	0.55	0.96	0.84	0.73	0.39	0.42	0.30	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	1,570	282	320	476	224	210	55	3
	MN	0	0	0	0	0	0	0	0
	Total	1,570	282	320	476	224	210	55	3
12a. Total Eligibles Receiving Any Dental Services	CN	469,045	336	28,783	106,998	125,823	118,808	70,254	18,043
	MN	1,489	0	4	22	63	107	114	1,179
	Total	470,534	336	28,787	107,020	125,886	118,915	70,368	19,222
12b. Total Eligibles Receiving Preventive Dental Services	CN	430,067	190	26,828	102,196	120,538	110,080	58,107	12,128
	MN	1,052	0	4	18	61	93	94	782
	Total	431,119	190	26,832	102,214	120,599	110,173	58,201	12,910
12c. Total Eligibles Receiving Dental Treatment Services	CN	230,783	30	3,638	39,403	64,813	63,517	46,527	12,855
	MN	1,022	0	1	6	34	58	82	841
	Total	231,805	30	3,639	39,409	64,847	63,575	46,609	13,696
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	59,866				35,351	24,515		
	MN	51				24	27		
	Total	59,917				35,375	24,542		

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	451,548	328	28,499	104,848	122,144	113,950	65,134	16,645
	MN	1,318	0	4	22	61	97	110	1,024
	Total	452,866	328	28,503	104,870	122,205	114,047	65,244	17,669
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	86,768	5,995	67,051	13,451	209	39	21	2
	MN	19	1	13	4	0	0	0	1
	Total	86,787	5,996	67,064	13,455	209	39	21	3
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	536,984	6,244	83,316	114,486	125,827	118,814	70,254	18,043
	MN	1,504	1	16	24	63	107	114	1,179
	Total	538,488	6,245	83,332	114,510	125,890	118,921	70,368	19,222
13. Total Eligibles Enrolled in Managed Care	CN	1,022,975	60,616	156,114	210,482	205,464	199,966	137,880	52,453
	MN	2,280	37	78	149	270	436	541	769
	Total	1,025,255	60,653	156,192	210,631	205,734	200,402	138,421	53,222
14. Total Number of Screening Blood Lead Tests	CN	97,555	472	75,362	21,721				
	MN	28	0	18	10				
	Total	97,583	472	75,380	21,731				

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Form CMS-416
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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	48,174	3,581	7,638	9,900	9,203	8,842	6,169	2,841
	MN	2,198	32	35	65	271	367	383	1,045
	Total	50,372	3,613	7,673	9,965	9,474	9,209	6,552	3,886
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	44,033	2,813	7,122	9,277	8,565	8,203	5,656	2,397
	MN	924	10	10	15	57	89	139	604
	Total	44,957	2,823	7,132	9,292	8,622	8,292	5,795	3,001
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			7	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	449,029	20,697	74,673	97,886	90,309	86,465	58,332	20,667
	MN	6,959	70	74	124	579	809	1,030	4,273
	Total	455,988	20,767	74,747	98,010	90,888	87,274	59,362	24,940
3b. Average Period of Eligibility	CN	0.85	0.61	0.87	0.88	0.88	0.88	0.86	0.72
	MN	0.63	0.58	0.62	0.69	0.85	0.76	0.62	0.59
	Total	0.85	0.61	0.87	0.88	0.88	0.88	0.85	0.69
4. Expected Number of Screenings per Eligible	CN		4.27	1.74	0.88	0.88	0.88	0.86	0.72
	MN		4.06	1.24	0.69	0.85	0.76	0.62	0.59
	Total		4.27	1.74	0.88	0.88	0.88	0.85	0.69
5. Expected Number of Screenings	CN	53,914	12,012	12,392	8,164	7,537	7,219	4,864	1,726
	MN	621	41	12	10	48	68	86	356
	Total	54,535	12,053	12,404	8,174	7,585	7,287	4,950	2,082
6. Total Screens Received	CN	32,226	9,359	9,808	4,954	2,194	3,405	2,089	417
	MN	138	26	6	1	6	22	22	55
	Total	32,364	9,385	9,814	4,955	2,200	3,427	2,111	472
7. SCREENING RATIO	CN	0.60	0.78	0.79	0.61	0.29	0.47	0.43	0.24
	MN	0.22	0.63	0.50	0.10	0.13	0.32	0.26	0.15
	Total	0.59	0.78	0.79	0.61	0.29	0.47	0.43	0.23

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	39,445	2,813	7,122	8,164	7,537	7,219	4,864	1,726
	MN	588	10	10	10	48	68	86	356
	Total	40,033	2,823	7,132	8,174	7,585	7,287	4,950	2,082
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	18,418	2,566	4,722	4,229	1,971	2,832	1,733	365
	MN	109	8	5	1	5	19	20	51
	Total	18,527	2,574	4,727	4,230	1,976	2,851	1,753	416
10. PARTICIPANT RATIO	CN	0.47	0.91	0.66	0.52	0.26	0.39	0.36	0.21
	MN	0.19	0.80	0.50	0.10	0.10	0.28	0.23	0.14
	Total	0.46	0.91	0.66	0.52	0.26	0.39	0.35	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	6,995	2,608	2,673	659	194	506	307	48
	MN	17	6	1	0	1	3	2	4
	Total	7,012	2,614	2,674	659	195	509	309	52
12a. Total Eligibles Receiving Any Dental Services	CN	16,043	10	535	3,901	4,280	4,104	2,559	654
	MN	185	0	0	3	18	33	27	104
	Total	16,228	10	535	3,904	4,298	4,137	2,586	758
12b. Total Eligibles Receiving Preventive Dental Services	CN	12,643	5	423	3,116	3,421	3,205	2,002	471
	MN	142	0	0	3	15	29	21	74
	Total	12,785	5	423	3,119	3,436	3,234	2,023	545
12c. Total Eligibles Receiving Dental Treatment Services	CN	6,504	1	86	1,149	1,753	1,778	1,373	364
	MN	104	0	0	3	8	13	18	62
	Total	6,608	1	86	1,152	1,761	1,791	1,391	426
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	2,119				1,079	1,040		
	MN	10				5	5		
	Total	2,129				1,084	1,045		

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	12,643	5	423	3,116	3,421	3,205	2,002	471
	MN	142	0	0	3	15	29	21	74
	Total	12,785	5	423	3,119	3,436	3,234	2,023	545
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,251	6	210	421	256	224	110	24
	MN	7	0	0	1	0	3	2	1
	Total	1,258	6	210	422	256	227	112	25
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	16,549	15	717	4,068	4,370	4,181	2,595	603
	MN	193	0	0	4	18	38	28	105
	Total	16,742	15	717	4,072	4,388	4,219	2,623	708
13. Total Eligibles Enrolled in Managed Care	CN	40,720	2,941	6,705	8,685	7,926	7,364	4,870	2,229
	MN	1,516	13	18	35	173	204	218	855
	Total	42,236	2,954	6,723	8,720	8,099	7,568	5,088	3,084
14. Total Number of Screening Blood Lead Tests	CN	1,837	38	939	860				
	MN	1	0	0	1				
	Total	1,838	38	939	861				

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Fiscal Year: 2010

State: Ohio

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,379,150	79,793	170,041	231,049	272,247	306,149	227,453	92,418
	MN	0	0	0	0	0	0	0	0
	Total	1,379,150	79,793	170,041	231,049	272,247	306,149	227,453	92,418
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,150,761	48,507	141,441	195,329	233,541	264,375	195,083	72,485
	MN	0	0	0	0	0	0	0	0
	Total	1,150,761	48,507	141,441	195,329	233,541	264,375	195,083	72,485
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	175,434	4,932	14,171	17,388	32,580	41,555	47,530	17,278
	MN	0	0	0	0	0	0	0	0
	Total	175,434	4,932	14,171	17,388	32,580	41,555	47,530	17,278
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	14,319,969	497,216	1,833,911	2,509,175	2,964,087	3,320,300	2,402,655	792,625
	MN	0	0	0	0	0	0	0	0
	Total	14,319,969	497,216	1,833,911	2,509,175	2,964,087	3,320,300	2,402,655	792,625
3b. Average Period of Eligibility	CN	1.04	0.85	1.08	1.07	1.06	1.05	1.03	0.91
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.04	0.85	1.08	1.07	1.06	1.05	1.03	0.91
4. Expected Number of Screenings per Eligible	CN		5.95	2.70	1.07	1.06	1.05	1.03	0.91
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		5.95	2.70	1.07	1.06	1.05	1.03	0.91
5. Expected Number of Screenings	CN	1,671,553	288,617	381,891	209,002	247,553	277,594	200,935	65,961
	MN	0	0	0	0	0	0	0	0
	Total	1,671,553	288,617	381,891	209,002	247,553	277,594	200,935	65,961
6. Total Screens Received	CN	1,027,715	258,287	316,038	160,806	97,294	115,747	69,988	9,555
	MN	0	0	0	0	0	0	0	0
	Total	1,027,715	258,287	316,038	160,806	97,294	115,747	69,988	9,555
7. SCREENING RATIO	CN	0.61	0.89	0.83	0.77	0.39	0.42	0.35	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	0.89	0.83	0.77	0.39	0.42	0.35	0.14

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Ohio

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,144,237	48,507	141,441	195,329	233,541	264,375	195,083	65,961
	MN	0	0	0	0	0	0	0	0
	Total	1,144,237	48,507	141,441	195,329	233,541	264,375	195,083	65,961
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	647,174	83,438	148,668	144,684	91,356	107,378	63,182	8,468
	MN	0	0	0	0	0	0	0	0
	Total	647,174	83,438	148,668	144,684	91,356	107,378	63,182	8,468
10. PARTICIPANT RATIO	CN	0.57	1.00	1.00	0.74	0.39	0.41	0.32	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.57	1.00	1.00	0.74	0.39	0.41	0.32	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	87,052	18,197	28,768	14,842	8,575	10,297	5,785	588
	MN	0	0	0	0	0	0	0	0
	Total	87,052	18,197	28,768	14,842	8,575	10,297	5,785	588
12a. Total Eligibles Receiving Any Dental Services	CN	529,303	426	22,026	103,498	141,487	145,112	90,360	26,394
	MN	0	0	0	0	0	0	0	0
	Total	529,303	426	22,026	103,498	141,487	145,112	90,360	26,394
12b. Total Eligibles Receiving Preventive Dental Services	CN	484,909	407	21,152	97,842	134,778	134,907	76,945	18,878
	MN	0	0	0	0	0	0	0	0
	Total	484,909	407	21,152	97,842	134,778	134,907	76,945	18,878
12c. Total Eligibles Receiving Dental Treatment Services	CN	225,113	71	4,551	30,239	59,402	64,124	50,556	16,170
	MN	0	0	0	0	0	0	0	0
	Total	225,113	71	4,551	30,239	59,402	64,124	50,556	16,170
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	5				3	2		
	MN	0				0	0		
	Total	5				3	2		

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Fiscal Year: 2010

State: Ohio

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	74,488	27	2,103	13,111	17,158	19,854	15,971	6,264
	MN	0	0	0	0	0	0	0	0
	Total	74,488	27	2,103	13,111	17,158	19,854	15,971	6,264
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	22,568	103	2,614	5,499	4,855	4,838	3,468	1,191
	MN	0	0	0	0	0	0	0	0
	Total	22,568	103	2,614	5,499	4,855	4,838	3,468	1,191
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	83,396	120	3,890	14,168	18,865	21,728	17,646	6,979
	MN	0	0	0	0	0	0	0	0
	Total	83,396	120	3,890	14,168	18,865	21,728	17,646	6,979
13. Total Eligibles Enrolled in Managed Care	CN	1,231,593	72,102	160,266	214,020	246,604	269,731	192,684	76,186
	MN	0	0	0	0	0	0	0	0
	Total	1,231,593	72,102	160,266	214,020	246,604	269,731	192,684	76,186
14. Total Number of Screening Blood Lead Tests	CN	102,587	1,431	64,173	36,983				
	MN	0	0	0	0				
	Total	102,587	1,431	64,173	36,983				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Oklahoma

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	569,228	37,523	76,430	103,685	117,782	122,679	84,631	26,498
	MN	0	0	0	0	0	0	0	0
	Total	569,228	37,523	76,430	103,685	117,782	122,679	84,631	26,498
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	530,281	26,684	72,894	98,744	112,522	116,795	79,896	22,746
	MN	0	0	0	0	0	0	0	0
	Total	530,281	26,684	72,894	98,744	112,522	116,795	79,896	22,746
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	57,282	1,053	4,031	6,048	16,089	18,175	11,749	137
	MN	0	0	0	0	0	0	0	0
	Total	57,282	1,053	4,031	6,048	16,089	18,175	11,749	137
2a. State Periodicity Schedule			6	3	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	1.50	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	5,632,072	207,312	791,493	1,077,110	1,234,650	1,280,552	852,530	188,425
	MN	0	0	0	0	0	0	0	0
	Total	5,632,072	207,312	791,493	1,077,110	1,234,650	1,280,552	852,530	188,425
3b. Average Period of Eligibility	CN	0.89	0.65	0.90	0.91	0.91	0.91	0.89	0.69
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.65	0.90	0.91	0.91	0.91	0.89	0.69
4. Expected Number of Screenings per Eligible	CN		3.90	1.35	0.91	0.46	0.55	0.45	0.35
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	1.35	0.91	0.46	0.55	0.45	0.35
5. Expected Number of Screenings	CN	452,243	104,068	98,407	89,857	51,760	64,237	35,953	7,961
	MN	0	0	0	0	0	0	0	0
	Total	452,243	104,068	98,407	89,857	51,760	64,237	35,953	7,961
6. Total Screens Received	CN	350,263	101,801	113,716	51,546	31,368	33,685	16,524	1,623
	MN	0	0	0	0	0	0	0	0
	Total	350,263	101,801	113,716	51,546	31,368	33,685	16,524	1,623
7. SCREENING RATIO	CN	0.77	0.98	1.00	0.57	0.61	0.52	0.46	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.77	0.98	1.00	0.57	0.61	0.52	0.46	0.20

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Fiscal Year: 2010

State: Oklahoma

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	349,346	26,684	72,894	89,857	51,760	64,237	35,953	7,961
	MN	0	0	0	0	0	0	0	0
	Total	349,346	26,684	72,894	89,857	51,760	64,237	35,953	7,961
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	195,352	25,254	50,187	44,421	28,716	30,427	14,842	1,505
	MN	0	0	0	0	0	0	0	0
	Total	195,352	25,254	50,187	44,421	28,716	30,427	14,842	1,505
10. PARTICIPANT RATIO	CN	0.56	0.95	0.69	0.49	0.55	0.47	0.41	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.56	0.95	0.69	0.49	0.55	0.47	0.41	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	205,511	6,871	15,220	30,056	51,161	56,240	38,014	7,949
	MN	0	0	0	0	0	0	0	0
	Total	205,511	6,871	15,220	30,056	51,161	56,240	38,014	7,949
12a. Total Eligibles Receiving Any Dental Services	CN	257,354	158	12,476	51,598	71,108	72,234	42,180	7,600
	MN	0	0	0	0	0	0	0	0
	Total	257,354	158	12,476	51,598	71,108	72,234	42,180	7,600
12b. Total Eligibles Receiving Preventive Dental Services	CN	236,250	87	10,356	48,111	68,045	67,104	36,536	6,011
	MN	0	0	0	0	0	0	0	0
	Total	236,250	87	10,356	48,111	68,045	67,104	36,536	6,011
12c. Total Eligibles Receiving Dental Treatment Services	CN	142,356	22	2,130	20,619	40,735	44,322	29,234	5,294
	MN	0	0	0	0	0	0	0	0
	Total	142,356	22	2,130	20,619	40,735	44,322	29,234	5,294
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	21,333				12,581	8,752		
	MN	0				0	0		
	Total	21,333				12,581	8,752		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Oklahoma

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	237,213	143	11,428	48,212	66,929	66,469	37,378	6,654
	MN	0	0	0	0	0	0	0	0
	Total	237,213	143	11,428	48,212	66,929	66,469	37,378	6,654
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	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
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	257,354	158	12,476	51,598	71,108	72,234	42,180	7,600
	MN	0	0	0	0	0	0	0	0
	Total	257,354	158	12,476	51,598	71,108	72,234	42,180	7,600
13. Total Eligibles Enrolled in Managed Care	CN	477,145	29,311	68,414	89,708	99,594	102,010	68,229	19,879
	MN	0	0	0	0	0	0	0	0
	Total	477,145	29,311	68,414	89,708	99,594	102,010	68,229	19,879
14. Total Number of Screening Blood Lead Tests	CN	4,684	56	3,265	1,363				
	MN	0	0	0	0				
	Total	4,684	56	3,265	1,363				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Oregon

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	339,022	25,245	51,105	64,407	64,882	66,369	48,727	18,287
	MN	0	0	0	0	0	0	0	0
	Total	339,022	25,245	51,105	64,407	64,882	66,369	48,727	18,287
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	310,652	18,080	48,082	60,717	61,166	62,049	44,706	15,852
	MN	0	0	0	0	0	0	0	0
	Total	310,652	18,080	48,082	60,717	61,166	62,049	44,706	15,852
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			5	3	3	2	2	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	1.50	1.00	0.50	0.40	0.50	0.50
3a. Total Months of Eligibility	CN	3,276,755	139,447	518,027	655,235	664,352	675,681	475,569	148,444
	MN	0	0	0	0	0	0	0	0
	Total	3,276,755	139,447	518,027	655,235	664,352	675,681	475,569	148,444
3b. Average Period of Eligibility	CN	0.88	0.64	0.90	0.90	0.91	0.91	0.89	0.78
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	0.64	0.90	0.90	0.91	0.91	0.89	0.78
4. Expected Number of Screenings per Eligible	CN		3.20	1.35	0.90	0.46	0.36	0.45	0.39
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.20	1.35	0.90	0.46	0.36	0.45	0.39
5. Expected Number of Screenings	CN	254,186	57,856	64,911	54,645	28,136	22,338	20,118	6,182
	MN	0	0	0	0	0	0	0	0
	Total	254,186	57,856	64,911	54,645	28,136	22,338	20,118	6,182
6. Total Screens Received	CN	229,600	70,595	82,924	32,786	16,333	16,268	8,897	1,797
	MN	0	0	0	0	0	0	0	0
	Total	229,600	70,595	82,924	32,786	16,333	16,268	8,897	1,797
7. SCREENING RATIO	CN	0.90	1.00	1.00	0.60	0.58	0.73	0.44	0.29
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	1.00	1.00	0.60	0.58	0.73	0.44	0.29

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Oregon

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	197,581	18,080	48,082	54,645	28,136	22,338	20,118	6,182
	MN	0	0	0	0	0	0	0	0
	Total	197,581	18,080	48,082	54,645	28,136	22,338	20,118	6,182
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	124,431	17,226	37,371	29,819	15,147	15,110	8,072	1,686
	MN	0	0	0	0	0	0	0	0
	Total	124,431	17,226	37,371	29,819	15,147	15,110	8,072	1,686
10. PARTICIPANT RATIO	CN	0.63	0.95	0.78	0.55	0.54	0.68	0.40	0.27
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.95	0.78	0.55	0.54	0.68	0.40	0.27
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	122,607	97	8,099	27,385	32,474	30,038	19,549	4,965
	MN	0	0	0	0	0	0	0	0
	Total	122,607	97	8,099	27,385	32,474	30,038	19,549	4,965
12b. Total Eligibles Receiving Preventive Dental Services	CN	105,505	67	6,146	24,095	29,402	26,909	15,626	3,260
	MN	0	0	0	0	0	0	0	0
	Total	105,505	67	6,146	24,095	29,402	26,909	15,626	3,260
12c. Total Eligibles Receiving Dental Treatment Services	CN	58,922	6	931	10,554	17,694	15,179	11,438	3,120
	MN	0	0	0	0	0	0	0	0
	Total	58,922	6	931	10,554	17,694	15,179	11,438	3,120
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	16,801				8,880	7,921		
	MN	0				0	0		
	Total	16,801				8,880	7,921		

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Oregon

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	109,483	92	7,763	25,295	28,798	26,575	16,681	4,279
	MN	0	0	0	0	0	0	0	0
	Total	109,483	92	7,763	25,295	28,798	26,575	16,681	4,279
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,407	45	1,484	1,927	811	117	18	5
	MN	0	0	0	0	0	0	0	0
	Total	4,407	45	1,484	1,927	811	117	18	5
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	125,155	141	9,307	28,186	32,837	30,137	19,573	4,974
	MN	0	0	0	0	0	0	0	0
	Total	125,155	141	9,307	28,186	32,837	30,137	19,573	4,974
13. Total Eligibles Enrolled in Managed Care	CN	306,868	23,297	48,432	59,168	58,835	59,051	42,345	15,740
	MN	0	0	0	0	0	0	0	0
	Total	306,868	23,297	48,432	59,168	58,835	59,051	42,345	15,740
14. Total Number of Screening Blood Lead Tests	CN	9,180	197	5,420	3,563				
	MN	0	0	0	0				
	Total	9,180	197	5,420	3,563				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Pennsylvania

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,191,342	70,150	153,686	203,646	227,692	248,815	198,615	88,738
	MN	31,510	37	109	188	651	1,065	2,376	27,084
	Total	1,222,852	70,187	153,795	203,834	228,343	249,880	200,991	115,822
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,109,417	53,320	145,897	193,566	215,179	234,792	185,660	81,003
	MN	28,817	25	90	156	549	910	1,982	25,105
	Total	1,138,234	53,345	145,987	193,722	215,728	235,702	187,642	106,108
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			6	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	12,112,507	415,569	1,620,465	2,159,341	2,401,791	2,627,109	2,047,225	841,007
	MN	295,552	173	825	1,400	5,121	8,178	18,579	261,276
	Total	12,408,059	415,742	1,621,290	2,160,741	2,406,912	2,635,287	2,065,804	1,102,283
3b. Average Period of Eligibility	CN	0.91	0.65	0.93	0.93	0.93	0.93	0.92	0.87
	MN	0.85	0.58	0.76	0.75	0.78	0.75	0.78	0.87
	Total	0.91	0.65	0.93	0.93	0.93	0.93	0.92	0.87
4. Expected Number of Screenings per Eligible	CN		3.90	1.86	0.93	0.47	0.93	0.92	0.87
	MN		3.48	1.52	0.75	0.39	0.75	0.78	0.87
	Total		3.90	1.86	0.93	0.47	0.93	0.92	0.87
5. Expected Number of Screenings	CN	1,220,103	207,948	271,368	180,016	101,134	218,357	170,807	70,473
	MN	24,625	87	137	117	214	683	1,546	21,841
	Total	1,244,728	208,035	271,505	180,133	101,348	219,040	172,353	92,314
6. Total Screens Received	CN	823,093	174,872	259,893	117,342	92,065	95,797	68,766	14,358
	MN	5,546	108	109	69	145	236	476	4,403
	Total	828,639	174,980	260,002	117,411	92,210	96,033	69,242	18,761
7. SCREENING RATIO	CN	0.67	0.84	0.96	0.65	0.91	0.44	0.40	0.20
	MN	0.23	1.00	0.80	0.59	0.68	0.35	0.31	0.20
	Total	0.67	0.84	0.96	0.65	0.91	0.44	0.40	0.20

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Pennsylvania

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	940,004	53,320	145,897	180,016	101,134	218,357	170,807	70,473
	MN	24,516	25	90	117	214	683	1,546	21,841
	Total	964,520	53,345	145,987	180,133	101,348	219,040	172,353	92,314
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	524,073	47,448	112,681	107,582	89,356	92,334	62,360	12,312
	MN	4,814	21	54	62	145	229	446	3,857
	Total	528,887	47,469	112,735	107,644	89,501	92,563	62,806	16,169
10. PARTICIPANT RATIO	CN	0.56	0.89	0.77	0.60	0.88	0.42	0.37	0.17
	MN	0.20	0.84	0.60	0.53	0.68	0.34	0.29	0.18
	Total	0.55	0.89	0.77	0.60	0.88	0.42	0.36	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	374,430	1,585	8,901	107,582	89,356	92,334	62,360	12,312
	MN	4,746	1	6	62	145	229	446	3,857
	Total	379,176	1,586	8,907	107,644	89,501	92,563	62,806	16,169
12a. Total Eligibles Receiving Any Dental Services	CN	445,234	104	15,778	89,137	118,179	119,106	80,056	22,874
	MN	8,216	0	5	45	231	304	563	7,068
	Total	453,450	104	15,783	89,182	118,410	119,410	80,619	29,942
12b. Total Eligibles Receiving Preventive Dental Services	CN	394,543	37	12,315	80,886	110,339	108,031	66,078	16,857
	MN	6,298	0	3	43	214	271	429	5,338
	Total	400,841	37	12,318	80,929	110,553	108,302	66,507	22,195
12c. Total Eligibles Receiving Dental Treatment Services	CN	215,353	23	3,030	30,353	57,714	61,271	47,927	15,035
	MN	5,150	0	0	18	114	147	333	4,538
	Total	220,503	23	3,030	30,371	57,828	61,418	48,260	19,573
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	60,648				31,940	28,708		
	MN	135				55	80		
	Total	60,783				31,995	28,788		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Pennsylvania

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	408,097	85	15,032	85,286	111,133	108,133	69,170	19,258
	MN	7,014	0	5	44	217	269	467	6,012
	Total	415,111	85	15,037	85,330	111,350	108,402	69,637	25,270
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,195	8	815	252	6	80	34	0
	MN	0	0	0	0	0	0	0	0
	Total	1,195	8	815	252	6	80	34	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	446,251	112	16,535	89,302	118,182	119,166	80,080	22,874
	MN	8,216	0	5	45	231	304	563	7,068
	Total	454,467	112	16,540	89,347	118,413	119,470	80,643	29,942
13. Total Eligibles Enrolled in Managed Care	CN	1,143,570	66,912	150,006	197,453	219,744	239,431	190,107	79,917
	MN	29,957	29	99	161	579	943	2,110	26,036
	Total	1,173,527	66,941	150,105	197,614	220,323	240,374	192,217	105,953
14. Total Number of Screening Blood Lead Tests	CN	96,766	5,589	71,836	19,341				
	MN	37	3	29	5				
	Total	96,803	5,592	71,865	19,346				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Rhode Island

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	111,646	6,347	13,344	18,452	21,978	25,184	20,182	6,159
	MN	184	0	0	0	1	1	55	127
	Total	111,830	6,347	13,344	18,452	21,979	25,185	20,237	6,286
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	104,207	4,368	12,723	17,628	20,927	23,989	19,201	5,371
	MN	178	0	0	0	0	1	52	125
	Total	104,385	4,368	12,723	17,628	20,927	23,990	19,253	5,496
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	8,298	0	0	0	244	4,424	3,586	44
	MN	0	0	0	0	0	0	0	0
	Total	8,298	0	0	0	244	4,424	3,586	44
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,066,678	32,203	133,416	184,558	220,237	250,288	198,490	47,486
	MN	872	0	0	0	0	6	273	593
	Total	1,067,550	32,203	133,416	184,558	220,237	250,294	198,763	48,079
3b. Average Period of Eligibility	CN	0.85	0.61	0.87	0.87	0.88	0.87	0.86	0.74
	MN	0.41	0.00	0.00	0.00	0.00	0.50	0.44	0.40
	Total	0.85	0.61	0.87	0.87	0.88	0.87	0.86	0.73
4. Expected Number of Screenings per Eligible	CN		3.66	1.74	0.87	0.88	0.87	0.86	0.74
	MN		0.00	0.00	0.00	0.00	0.50	0.44	0.40
	Total		3.66	1.74	0.87	0.88	0.87	0.86	0.73
5. Expected Number of Screenings	CN	113,235	15,987	22,138	15,336	18,416	20,870	16,513	3,975
	MN	74	0	0	0	0	1	23	50
	Total	113,309	15,987	22,138	15,336	18,416	20,871	16,536	4,025
6. Total Screens Received	CN	84,356	16,939	23,545	11,443	10,543	12,153	8,398	1,335
	MN	11	0	0	0	0	0	3	8
	Total	84,367	16,939	23,545	11,443	10,543	12,153	8,401	1,343
7. SCREENING RATIO	CN	0.74	1.00	1.00	0.75	0.57	0.58	0.51	0.34
	MN	0.15	0.00	0.00	0.00	0.00	0.00	0.13	0.16
	Total	0.74	1.00	1.00	0.75	0.57	0.58	0.51	0.33

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Rhode Island

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	92,201	4,368	12,723	15,336	18,416	20,870	16,513	3,975
	MN	74	0	0	0	0	1	23	50
	Total	92,275	4,368	12,723	15,336	18,416	20,871	16,536	4,025
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	56,541	4,016	10,367	10,698	10,393	11,903	7,949	1,215
	MN	11	0	0	0	0	0	3	8
	Total	56,552	4,016	10,367	10,698	10,393	11,903	7,952	1,223
10. PARTICIPANT RATIO	CN	0.61	0.92	0.81	0.70	0.56	0.57	0.48	0.31
	MN	0.15	0.00	0.00	0.00	0.00	0.00	0.13	0.16
	Total	0.61	0.92	0.81	0.70	0.56	0.57	0.48	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	89,576	4,130	11,532	15,564	17,851	20,314	16,022	4,163
	MN	131	0	0	0	0	1	39	91
	Total	89,707	4,130	11,532	15,564	17,851	20,315	16,061	4,254
12a. Total Eligibles Receiving Any Dental Services	CN	49,022	50	2,045	8,306	13,427	14,225	9,371	1,598
	MN	57	0	0	0	0	1	14	42
	Total	49,079	50	2,045	8,306	13,427	14,226	9,385	1,640
12b. Total Eligibles Receiving Preventive Dental Services	CN	42,873	12	1,568	7,369	12,402	12,567	7,770	1,185
	MN	42	0	0	0	0	1	11	30
	Total	42,915	12	1,568	7,369	12,402	12,568	7,781	1,215
12c. Total Eligibles Receiving Dental Treatment Services	CN	21,476	3	149	2,038	5,629	7,349	5,397	911
	MN	31	0	0	0	0	1	4	26
	Total	21,507	3	149	2,038	5,629	7,350	5,401	937
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	5,660				3,277	2,383		
	MN	0				0	0		
	Total	5,660				3,277	2,383		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Rhode Island

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	43,013	48	1,970	7,669	12,106	12,071	7,831	1,318
	MN	49	0	0	0	0	1	13	35
	Total	43,062	48	1,970	7,669	12,106	12,072	7,844	1,353
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	280	0	191	85	1	0	3	0
	MN	0	0	0	0	0	0	0	0
	Total	280	0	191	85	1	0	3	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	49,022	50	2,045	8,306	13,427	14,225	9,371	1,598
	MN	57	0	0	0	0	1	14	42
	Total	49,079	50	2,045	8,306	13,427	14,226	9,385	1,640
13. Total Eligibles Enrolled in Managed Care	CN	101,546	5,987	12,644	17,082	20,001	22,427	18,001	5,404
	MN	161	0	0	0	0	1	46	114
	Total	101,707	5,987	12,644	17,082	20,001	22,428	18,047	5,518
14. Total Number of Screening Blood Lead Tests	CN	11,056	304	6,050	4,702				
	MN	0	0	0	0				
	Total	11,056	304	6,050	4,702				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: South Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	591,865	38,926	81,503	105,465	116,409	124,446	91,838	33,278
	MN	0	0	0	0	0	0	0	0
	Total	591,865	38,926	81,503	105,465	116,409	124,446	91,838	33,278
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	554,470	31,427	77,831	100,569	111,117	118,705	87,265	27,556
	MN	0	0	0	0	0	0	0	0
	Total	554,470	31,427	77,831	100,569	111,117	118,705	87,265	27,556
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	40,600	0	1,474	2,591	11,098	14,604	10,487	346
	MN	0	0	0	0	0	0	0	0
	Total	40,600	0	1,474	2,591	11,098	14,604	10,487	346
2a. State Periodicity Schedule			6	3	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	1.50	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	5,859,237	232,037	835,286	1,090,654	1,214,205	1,303,424	947,825	235,806
	MN	0	0	0	0	0	0	0	0
	Total	5,859,237	232,037	835,286	1,090,654	1,214,205	1,303,424	947,825	235,806
3b. Average Period of Eligibility	CN	0.88	0.62	0.89	0.90	0.91	0.92	0.91	0.71
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	0.62	0.89	0.90	0.91	0.92	0.91	0.71
4. Expected Number of Screenings per Eligible	CN		3.72	1.34	0.90	0.46	0.55	0.46	0.36
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.72	1.34	0.90	0.46	0.55	0.46	0.36
5. Expected Number of Screenings	CN	478,178	116,908	104,294	90,512	51,114	65,288	40,142	9,920
	MN	0	0	0	0	0	0	0	0
	Total	478,178	116,908	104,294	90,512	51,114	65,288	40,142	9,920
6. Total Screens Received	CN	402,528	112,010	144,276	55,849	34,306	35,870	18,475	1,742
	MN	0	0	0	0	0	0	0	0
	Total	402,528	112,010	144,276	55,849	34,306	35,870	18,475	1,742
7. SCREENING RATIO	CN	0.84	0.96	1.00	0.62	0.67	0.55	0.46	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.96	1.00	0.62	0.67	0.55	0.46	0.18

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: South Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	366,234	31,427	77,831	90,512	51,114	65,288	40,142	9,920
	MN	0	0	0	0	0	0	0	0
	Total	366,234	31,427	77,831	90,512	51,114	65,288	40,142	9,920
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	227,904	29,609	61,023	51,352	32,786	34,087	17,391	1,656
	MN	0	0	0	0	0	0	0	0
	Total	227,904	29,609	61,023	51,352	32,786	34,087	17,391	1,656
10. PARTICIPANT RATIO	CN	0.62	0.94	0.78	0.57	0.64	0.52	0.43	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	0.94	0.78	0.57	0.64	0.52	0.43	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	41,028	4,802	7,530	7,736	6,653	6,838	5,321	2,148
	MN	0	0	0	0	0	0	0	0
	Total	41,028	4,802	7,530	7,736	6,653	6,838	5,321	2,148
12a. Total Eligibles Receiving Any Dental Services	CN	291,447	166	17,765	59,777	79,437	78,994	46,287	9,021
	MN	0	0	0	0	0	0	0	0
	Total	291,447	166	17,765	59,777	79,437	78,994	46,287	9,021
12b. Total Eligibles Receiving Preventive Dental Services	CN	277,227	90	16,224	57,323	77,215	76,608	42,488	7,279
	MN	0	0	0	0	0	0	0	0
	Total	277,227	90	16,224	57,323	77,215	76,608	42,488	7,279
12c. Total Eligibles Receiving Dental Treatment Services	CN	135,844	17	2,639	23,204	41,216	37,096	26,230	5,442
	MN	0	0	0	0	0	0	0	0
	Total	135,844	17	2,639	23,204	41,216	37,096	26,230	5,442
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	33,451				18,699	14,752		
	MN	0				0	0		
	Total	33,451				18,699	14,752		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: South Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	273,881	142	16,971	57,463	74,009	73,356	43,633	8,307
	MN	0	0	0	0	0	0	0	0
	Total	273,881	142	16,971	57,463	74,009	73,356	43,633	8,307
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	3,207	50	1,284	1,066	416	167	185	39
	MN	0	0	0	0	0	0	0	0
	Total	3,207	50	1,284	1,066	416	167	185	39
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	292,309	215	18,541	59,812	79,437	78,996	46,287	9,021
	MN	0	0	0	0	0	0	0	0
	Total	292,309	215	18,541	59,812	79,437	78,996	46,287	9,021
13. Total Eligibles Enrolled in Managed Care	CN	486,944	27,226	65,837	91,762	98,905	103,741	74,213	25,260
	MN	0	0	0	0	0	0	0	0
	Total	486,944	27,226	65,837	91,762	98,905	103,741	74,213	25,260
14. Total Number of Screening Blood Lead Tests	CN	11,223	323	7,983	2,917				
	MN	0	0	0	0				
	Total	11,223	323	7,983	2,917				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: South Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	89,232	5,615	12,085	16,487	18,019	18,620	13,999	4,407
	MN	0	0	0	0	0	0	0	0
	Total	89,232	5,615	12,085	16,487	18,019	18,620	13,999	4,407
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	81,407	4,367	11,057	15,304	16,769	17,289	12,977	3,644
	MN	0	0	0	0	0	0	0	0
	Total	81,407	4,367	11,057	15,304	16,769	17,289	12,977	3,644
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	12,305	370	860	1,710	3,164	3,533	2,301	367
	MN	0	0	0	0	0	0	0	0
	Total	12,305	370	860	1,710	3,164	3,533	2,301	367
2a. State Periodicity Schedule			7	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	824,066	32,393	112,242	159,594	176,253	182,190	132,060	29,334
	MN	0	0	0	0	0	0	0	0
	Total	824,066	32,393	112,242	159,594	176,253	182,190	132,060	29,334
3b. Average Period of Eligibility	CN	0.84	0.62	0.85	0.87	0.88	0.88	0.85	0.67
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.62	0.85	0.87	0.88	0.88	0.85	0.67
4. Expected Number of Screenings per Eligible	CN		4.34	1.70	0.87	0.88	0.88	0.85	0.67
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	1.70	0.87	0.88	0.88	0.85	0.67
5. Expected Number of Screenings	CN	94,506	18,953	18,797	13,314	14,757	15,214	11,030	2,441
	MN	0	0	0	0	0	0	0	0
	Total	94,506	18,953	18,797	13,314	14,757	15,214	11,030	2,441
6. Total Screens Received	CN	67,226	14,375	20,150	11,476	6,614	7,681	5,885	1,045
	MN	0	0	0	0	0	0	0	0
	Total	67,226	14,375	20,150	11,476	6,614	7,681	5,885	1,045
7. SCREENING RATIO	CN	0.71	0.76	1.00	0.86	0.45	0.50	0.53	0.43
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.71	0.76	1.00	0.86	0.45	0.50	0.53	0.43

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: South Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	72,180	4,367	11,057	13,314	14,757	15,214	11,030	2,441
	MN	0	0	0	0	0	0	0	0
	Total	72,180	4,367	11,057	13,314	14,757	15,214	11,030	2,441
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	36,819	3,887	8,130	8,281	5,188	5,909	4,604	820
	MN	0	0	0	0	0	0	0	0
	Total	36,819	3,887	8,130	8,281	5,188	5,909	4,604	820
10. PARTICIPANT RATIO	CN	0.51	0.89	0.74	0.62	0.35	0.39	0.42	0.34
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	0.89	0.74	0.62	0.35	0.39	0.42	0.34
11. Total Eligibles Referred for Corrective Treatment	CN	25,082	4,345	5,607	5,190	2,834	3,652	2,877	577
	MN	0	0	0	0	0	0	0	0
	Total	25,082	4,345	5,607	5,190	2,834	3,652	2,877	577
12a. Total Eligibles Receiving Any Dental Services	CN	33,696	39	2,153	7,639	9,162	8,794	5,046	863
	MN	0	0	0	0	0	0	0	0
	Total	33,696	39	2,153	7,639	9,162	8,794	5,046	863
12b. Total Eligibles Receiving Preventive Dental Services	CN	30,123	24	1,809	7,010	8,503	7,987	4,182	608
	MN	0	0	0	0	0	0	0	0
	Total	30,123	24	1,809	7,010	8,503	7,987	4,182	608
12c. Total Eligibles Receiving Dental Treatment Services	CN	12,033	7	242	2,099	3,540	3,203	2,464	478
	MN	0	0	0	0	0	0	0	0
	Total	12,033	7	242	2,099	3,540	3,203	2,464	478
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	3,378				2,005	1,373		
	MN	0				0	0		
	Total	3,378				2,005	1,373		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: South Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	28,038	19	1,846	6,508	7,704	7,320	4,038	603
	MN	0	0	0	0	0	0	0	0
	Total	28,038	19	1,846	6,508	7,704	7,320	4,038	603
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	154	6	114	33	1	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	154	6	114	33	1	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	33,802	43	2,238	7,655	9,163	8,794	5,046	863
	MN	0	0	0	0	0	0	0	0
	Total	33,802	43	2,238	7,655	9,163	8,794	5,046	863
13. Total Eligibles Enrolled in Managed Care	CN	49,904	3,663	7,482	10,480	11,321	11,179	4,966	813
	MN	0	0	0	0	0	0	0	0
	Total	49,904	3,663	7,482	10,480	11,321	11,179	4,966	813
14. Total Number of Screening Blood Lead Tests	CN	2,351	27	1,104	1,220				
	MN	0	0	0	0				
	Total	2,351	27	1,104	1,220				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Tennessee

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	793,953	55,103	106,797	141,694	154,205	164,149	121,761	50,244
	MN	86,966	131	1,449	3,629	8,859	13,846	12,800	46,252
	Total	880,919	55,234	108,246	145,323	163,064	177,995	134,561	96,496
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	727,538	40,469	100,270	133,365	144,932	154,133	113,035	41,334
	MN	76,649	84	1,235	3,354	8,272	13,155	12,226	38,323
	Total	804,187	40,553	101,505	136,719	153,204	167,288	125,261	79,657
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	99	0	3	7	13	30	45	1
	MN	27,589	0	909	2,343	5,721	9,511	8,886	219
	Total	27,688	0	912	2,350	5,734	9,541	8,931	220
2a. State Periodicity Schedule			5	3	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	1.50	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	8,115,483	317,180	1,138,324	1,518,855	1,650,924	1,746,499	1,267,264	476,437
	MN	716,257	647	9,697	34,724	85,705	144,029	134,272	307,183
	Total	8,831,740	317,827	1,148,021	1,553,579	1,736,629	1,890,528	1,401,536	783,620
3b. Average Period of Eligibility	CN	0.93	0.65	0.95	0.95	0.95	0.94	0.93	0.96
	MN	0.78	0.64	0.65	0.86	0.86	0.91	0.92	0.67
	Total	0.92	0.65	0.94	0.95	0.94	0.94	0.93	0.82
4. Expected Number of Screenings per Eligible	CN		3.25	1.43	0.95	0.48	0.94	0.93	0.96
	MN		3.20	0.98	0.86	0.43	0.91	0.92	0.67
	Total		3.25	1.41	0.95	0.47	0.94	0.93	0.82
5. Expected Number of Screenings	CN	760,863	131,524	143,386	126,697	69,567	144,885	105,123	39,681
	MN	56,815	269	1,210	2,884	3,557	11,971	11,248	25,676
	Total	817,678	131,793	144,596	129,581	73,124	156,856	116,371	65,357
6. Total Screens Received	CN	775,129	140,632	234,435	133,431	86,792	97,643	60,966	21,230
	MN	33,648	171	2,424	2,801	4,211	7,223	5,428	11,390
	Total	808,777	140,803	236,859	136,232	91,003	104,866	66,394	32,620
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	0.67	0.58	0.54
	MN	0.59	0.64	1.00	0.97	1.00	0.60	0.48	0.44
	Total	0.99	1.00	1.00	1.00	1.00	0.67	0.57	0.50

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Tennessee

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	626,692	40,469	100,270	126,697	69,567	144,885	105,123	39,681
	MN	56,630	84	1,210	2,884	3,557	11,971	11,248	25,676
	Total	683,322	40,553	101,480	129,581	73,124	156,856	116,371	65,357
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	411,676	38,121	83,590	93,423	67,446	73,497	42,798	12,801
	MN	24,508	80	1,006	2,179	3,401	5,785	4,127	7,930
	Total	436,184	38,201	84,596	95,602	70,847	79,282	46,925	20,731
10. PARTICIPANT RATIO	CN	0.66	0.94	0.83	0.74	0.97	0.51	0.41	0.32
	MN	0.43	0.95	0.83	0.76	0.96	0.48	0.37	0.31
	Total	0.64	0.94	0.83	0.74	0.97	0.51	0.40	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	335,623	27,795	64,598	59,229	55,082	67,356	46,811	14,752
	MN	26,752	12	774	1,364	3,041	5,645	4,938	10,978
	Total	362,375	27,807	65,372	60,593	58,123	73,001	51,749	25,730
12a. Total Eligibles Receiving Any Dental Services	CN	339,721	209	15,015	65,592	92,655	93,834	58,040	14,376
	MN	34,773	0	183	1,640	5,226	8,000	6,333	13,391
	Total	374,494	209	15,198	67,232	97,881	101,834	64,373	27,767
12b. Total Eligibles Receiving Preventive Dental Services	CN	309,955	5	11,656	59,880	87,667	88,610	50,949	11,188
	MN	30,123	0	139	1,498	4,973	7,560	5,542	10,411
	Total	340,078	5	11,795	61,378	92,640	96,170	56,491	21,599
12c. Total Eligibles Receiving Dental Treatment Services	CN	166,093	19	2,156	21,959	45,665	49,185	37,206	9,903
	MN	20,921	0	29	580	2,624	4,197	3,990	9,501
	Total	187,014	19	2,185	22,539	48,289	53,382	41,196	19,404
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	40,119				22,747	17,372		
	MN	2,433				1,177	1,256		
	Total	42,552				23,924	18,628		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Tennessee

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	321,096	198	14,680	63,291	88,786	88,509	52,955	12,677
	MN	31,753	0	173	1,574	4,989	7,496	5,693	11,828
	Total	352,849	198	14,853	64,865	93,775	96,005	58,648	24,505
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	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
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	339,721	209	15,015	65,592	92,655	93,834	58,040	14,376
	MN	34,773	0	183	1,640	5,226	8,000	6,333	13,391
	Total	374,494	209	15,198	67,232	97,881	101,834	64,373	27,767
13. Total Eligibles Enrolled in Managed Care	CN	793,953	55,103	106,797	141,694	154,205	164,149	121,761	50,244
	MN	86,966	131	1,449	3,629	8,859	13,846	12,800	46,252
	Total	880,919	55,234	108,246	145,323	163,064	177,995	134,561	96,496
14. Total Number of Screening Blood Lead Tests	CN	80,044	1,237	53,017	25,790				
	MN	1,133	1	712	420				
	Total	81,177	1,238	53,729	26,210				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Texas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	3,338,982	239,244	514,851	651,688	693,639	660,377	429,160	150,023
	MN	8,043	184	214	239	431	546	918	5,511
	Total	3,347,025	239,428	515,065	651,927	694,070	660,923	430,078	155,534
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	3,077,142	170,893	488,542	619,576	652,869	617,598	396,367	131,297
	MN	5,500	34	80	86	118	107	399	4,676
	Total	3,082,642	170,927	488,622	619,662	652,987	617,705	396,766	135,973
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	30,384,422	1,228,498	4,990,998	6,391,811	6,624,200	6,237,550	3,879,909	1,031,455
	MN	43,821	221	593	582	823	736	3,339	37,527
	Total	30,428,243	1,228,720	4,991,591	6,392,393	6,625,023	6,238,286	3,883,249	1,068,982
3b. Average Period of Eligibility	CN	0.82	0.60	0.85	0.86	0.85	0.84	0.82	0.65
	MN	0.66	0.54	0.62	0.56	0.58	0.57	0.70	0.67
	Total	0.82	0.60	0.85	0.86	0.85	0.84	0.82	0.66
4. Expected Number of Screenings per Eligible	CN		4.20	2.13	0.86	0.85	0.84	0.82	0.65
	MN		3.78	1.55	0.56	0.58	0.57	0.70	0.67
	Total		4.20	2.13	0.86	0.85	0.84	0.82	0.66
5. Expected Number of Screenings	CN	3,775,265	717,751	1,040,594	532,835	554,939	518,782	325,021	85,343
	MN	3,842	129	124	48	68	61	279	3,133
	Total	3,779,107	717,880	1,040,718	532,883	555,007	518,843	325,300	88,476
6. Total Screens Received	CN	2,881,757	584,972	909,629	473,054	378,536	357,003	165,231	13,332
	MN	731	73	99	33	48	37	67	374
	Total	2,882,488	585,045	909,728	473,087	378,584	357,040	165,298	13,706
7. SCREENING RATIO	CN	0.76	0.82	0.87	0.89	0.68	0.69	0.51	0.16
	MN	0.19	0.57	0.80	0.69	0.71	0.61	0.24	0.12
	Total	0.76	0.81	0.87	0.89	0.68	0.69	0.51	0.15

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Texas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	2,676,355	170,893	488,542	532,835	554,939	518,782	325,021	85,343
	MN	3,703	34	80	48	68	61	279	3,133
	Total	2,680,058	170,927	488,622	532,883	555,007	518,843	325,300	88,476
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	1,748,417	158,723	394,528	393,454	331,198	311,849	146,501	12,164
	MN	595	27	61	31	47	35	57	337
	Total	1,749,012	158,750	394,589	393,485	331,245	311,884	146,558	12,501
10. PARTICIPANT RATIO	CN	0.65	0.93	0.81	0.74	0.60	0.60	0.45	0.14
	MN	0.16	0.79	0.76	0.65	0.69	0.57	0.20	0.11
	Total	0.65	0.93	0.81	0.74	0.60	0.60	0.45	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	103,335	11,171	27,188	21,797	18,150	16,245	7,981	803
	MN	43	3	4	0	1	2	6	27
	Total	103,378	11,174	27,192	21,797	18,151	16,247	7,987	830
12a. Total Eligibles Receiving Any Dental Services	CN	1,953,154	19,323	257,161	438,800	483,900	450,936	254,268	48,766
	MN	2,321	4	27	39	67	55	218	1,911
	Total	1,955,475	19,327	257,188	438,839	483,967	450,991	254,486	50,677
12b. Total Eligibles Receiving Preventive Dental Services	CN	1,590,582	926	66,553	389,800	466,071	420,076	212,035	35,121
	MN	1,601	1	5	31	64	47	161	1,292
	Total	1,592,183	927	66,558	389,831	466,135	420,123	212,196	36,413
12c. Total Eligibles Receiving Dental Treatment Services	CN	1,035,435	95	20,831	181,044	293,763	309,165	194,390	36,147
	MN	1,818	0	3	11	36	35	189	1,544
	Total	1,037,253	95	20,834	181,055	293,799	309,200	194,579	37,691
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	278,221				149,009	129,212		
	MN	39				21	18		
	Total	278,260				149,030	129,230		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Texas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	1,875,987	19,210	256,370	430,143	470,605	426,003	230,536	43,120
	MN	2,077	4	27	37	63	50	193	1,703
	Total	1,878,064	19,214	256,397	430,180	470,668	426,053	230,729	44,823
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	94,917	13,121	73,563	8,228	2	2	0	1
	MN	15	5	10	0	0	0	0	0
	Total	94,932	13,126	73,573	8,228	2	2	0	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	1,994,353	29,418	286,330	440,732	483,901	450,938	254,268	48,766
	MN	2,329	6	33	39	67	55	218	1,911
	Total	1,996,682	29,424	286,363	440,771	483,968	450,993	254,486	50,677
13. Total Eligibles Enrolled in Managed Care	CN	3,019,648	213,412	493,930	611,447	632,707	580,959	370,611	116,582
	MN	0	0	0	0	0	0	0	0
	Total	3,019,648	213,412	493,930	611,447	632,707	580,959	370,611	116,582
14. Total Number of Screening Blood Lead Tests	CN	338,001	13,342	203,923	120,736				
	MN	0	0	0	0				
	Total	338,001	13,342	203,923	120,736				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Utah

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	212,723	20,886	40,523	47,377	40,745	34,780	21,713	6,699
	MN	237	6	25	25	42	59	70	10
	Total	212,960	20,892	40,548	47,402	40,787	34,839	21,783	6,709
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	185,635	17,304	36,507	42,253	35,476	30,246	18,586	5,263
	MN	201	4	21	22	36	49	59	10
	Total	185,836	17,308	36,528	42,275	35,512	30,295	18,645	5,273
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			6	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,801,785	160,073	360,680	419,515	342,970	300,841	177,876	39,830
	MN	1,931	42	210	234	360	465	525	95
	Total	1,803,716	160,115	360,890	419,749	343,330	301,306	178,401	39,925
3b. Average Period of Eligibility	CN	0.81	0.77	0.82	0.83	0.81	0.83	0.80	0.63
	MN	0.80	0.88	0.83	0.89	0.83	0.79	0.74	0.79
	Total	0.81	0.77	0.82	0.83	0.81	0.83	0.80	0.63
4. Expected Number of Screenings per Eligible	CN		4.62	1.64	0.83	0.41	0.83	0.80	0.63
	MN		5.28	1.66	0.89	0.42	0.79	0.74	0.79
	Total		4.62	1.64	0.83	0.41	0.83	0.80	0.63
5. Expected Number of Screenings	CN	232,719	79,944	59,871	35,070	14,545	25,104	14,869	3,316
	MN	182	21	35	20	15	39	44	8
	Total	232,901	79,965	59,906	35,090	14,560	25,143	14,913	3,324
6. Total Screens Received	CN	177,872	62,893	64,463	25,318	10,312	9,794	4,816	276
	MN	114	11	38	13	14	21	14	3
	Total	177,986	62,904	64,501	25,331	10,326	9,815	4,830	279
7. SCREENING RATIO	CN	0.76	0.79	1.00	0.72	0.71	0.39	0.32	0.08
	MN	0.63	0.52	1.00	0.65	0.93	0.54	0.32	0.38
	Total	0.76	0.79	1.00	0.72	0.71	0.39	0.32	0.08

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Utah

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	146,715	17,304	36,507	35,070	14,545	25,104	14,869	3,316
	MN	151	4	21	20	15	39	44	8
	Total	146,866	17,308	36,528	35,090	14,560	25,143	14,913	3,324
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	89,667	15,609	28,512	22,317	9,588	9,036	4,340	265
	MN	80	4	16	11	12	21	13	3
	Total	89,747	15,613	28,528	22,328	9,600	9,057	4,353	268
10. PARTICIPANT RATIO	CN	0.61	0.90	0.78	0.64	0.66	0.36	0.29	0.08
	MN	0.53	1.00	0.76	0.55	0.80	0.54	0.30	0.38
	Total	0.61	0.90	0.78	0.64	0.66	0.36	0.29	0.08
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	83,135	108	8,450	24,127	21,952	17,528	9,310	1,660
	MN	112	0	1	12	26	35	33	5
	Total	83,247	108	8,451	24,139	21,978	17,563	9,343	1,665
12b. Total Eligibles Receiving Preventive Dental Services	CN	81,498	96	8,399	23,761	21,541	17,156	8,973	1,572
	MN	110	0	1	11	26	34	33	5
	Total	81,608	96	8,400	23,772	21,567	17,190	9,006	1,577
12c. Total Eligibles Receiving Dental Treatment Services	CN	40,836	24	1,393	10,260	12,269	9,595	6,089	1,206
	MN	59	0	0	5	14	17	19	4
	Total	40,895	24	1,393	10,265	12,283	9,612	6,108	1,210
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	12,267				6,313	5,954		
	MN	18				6	12		
	Total	12,285				6,319	5,966		

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State: Utah

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	80,525	82	8,198	23,647	21,247	16,915	8,880	1,556
	MN	110	0	1	11	26	34	33	5
	Total	80,635	82	8,199	23,658	21,273	16,949	8,913	1,561
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	375	13	260	101	0	0	0	1
	MN	0	0	0	0	0	0	0	0
	Total	375	13	260	101	0	0	0	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	83,510	121	8,710	24,228	21,952	17,528	9,310	1,661
	MN	112	0	1	12	26	35	33	5
	Total	83,622	121	8,711	24,240	21,978	17,563	9,343	1,666
13. Total Eligibles Enrolled in Managed Care	CN	174,380	17,837	34,874	39,386	32,115	27,971	16,808	5,389
	MN	188	6	23	20	36	47	49	7
	Total	174,568	17,843	34,897	39,406	32,151	28,018	16,857	5,396
14. Total Number of Screening Blood Lead Tests	CN	14,601	8,173	4,766	1,662				
	MN	5	2	2	1				
	Total	14,606	8,175	4,768	1,663				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Vermont

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	60,922	3,494	6,956	10,354	13,002	15,120	10,103	1,893
	MN	1,940	69	56	67	100	136	544	968
	Total	62,862	3,563	7,012	10,421	13,102	15,256	10,647	2,861
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	58,828	2,573	6,813	10,147	12,755	14,810	9,921	1,809
	MN	1,771	32	56	65	98	127	502	891
	Total	60,599	2,605	6,869	10,212	12,853	14,937	10,423	2,700
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			7	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	671,446	19,841	78,768	117,662	148,545	171,876	114,984	19,770
	MN	18,409	230	616	748	1,084	1,371	5,381	8,979
	Total	689,855	20,071	79,384	118,410	149,629	173,247	120,365	28,749
3b. Average Period of Eligibility	CN	0.95	0.64	0.96	0.97	0.97	0.97	0.97	0.91
	MN	0.87	0.60	0.92	0.96	0.92	0.90	0.89	0.84
	Total	0.95	0.64	0.96	0.97	0.97	0.97	0.96	0.89
4. Expected Number of Screenings per Eligible	CN		4.48	1.92	0.97	0.49	0.97	0.97	0.91
	MN		4.20	1.84	0.96	0.46	0.90	0.89	0.84
	Total		4.48	1.92	0.97	0.49	0.97	0.96	0.89
5. Expected Number of Screenings	CN	66,336	11,527	13,081	9,843	6,250	14,366	9,623	1,646
	MN	1,653	134	103	62	45	114	447	748
	Total	67,989	11,661	13,184	9,905	6,295	14,480	10,070	2,394
6. Total Screens Received	CN	42,006	9,271	12,288	5,970	5,012	5,780	3,422	263
	MN	701	204	94	30	32	55	159	127
	Total	42,707	9,475	12,382	6,000	5,044	5,835	3,581	390
7. SCREENING RATIO	CN	0.63	0.80	0.94	0.61	0.80	0.40	0.36	0.16
	MN	0.42	1.00	0.91	0.48	0.71	0.48	0.36	0.17
	Total	0.63	0.81	0.94	0.61	0.80	0.40	0.36	0.16

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State: Vermont

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	51,114	2,573	6,813	9,843	6,250	14,366	9,623	1,646
	MN	1,504	32	56	62	45	114	447	748
	Total	52,618	2,605	6,869	9,905	6,295	14,480	10,070	2,394
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	27,094	2,425	5,414	5,668	4,567	5,566	3,208	246
	MN	441	32	36	29	31	53	145	115
	Total	27,535	2,457	5,450	5,697	4,598	5,619	3,353	361
10. PARTICIPANT RATIO	CN	0.53	0.94	0.79	0.58	0.73	0.39	0.33	0.15
	MN	0.29	1.00	0.64	0.47	0.69	0.46	0.32	0.15
	Total	0.52	0.94	0.79	0.58	0.73	0.39	0.33	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	33,325	9	1,513	5,866	9,123	10,051	5,993	770
	MN	775	0	6	25	66	89	275	314
	Total	34,100	9	1,519	5,891	9,189	10,140	6,268	1,084
12b. Total Eligibles Receiving Preventive Dental Services	CN	32,659	9	1,508	5,799	8,948	9,849	5,805	741
	MN	753	0	6	25	65	89	265	303
	Total	33,412	9	1,514	5,824	9,013	9,938	6,070	1,044
12c. Total Eligibles Receiving Dental Treatment Services	CN	13,548	3	257	1,710	4,013	4,055	3,029	481
	MN	458	0	0	10	31	37	169	211
	Total	14,006	3	257	1,720	4,044	4,092	3,198	692
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,404				2,189	2,215		
	MN	29				13	16		
	Total	4,433				2,202	2,231		

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State: Vermont

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	29,971	8	1,299	5,325	8,348	9,021	5,297	673
	MN	677	0	6	24	63	82	238	264
	Total	30,648	8	1,305	5,349	8,411	9,103	5,535	937
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	810	68	290	284	107	29	25	7
	MN	19	2	7	1	2	2	2	3
	Total	829	70	297	285	109	31	27	10
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	33,606	77	1,714	5,876	9,123	10,051	5,995	770
	MN	785	2	12	25	66	90	275	315
	Total	34,391	79	1,726	5,901	9,189	10,141	6,270	1,085
13. Total Eligibles Enrolled in Managed Care	CN	48,105	2,474	5,875	8,420	10,456	11,762	7,738	1,380
	MN	1,272	32	33	35	78	104	335	655
	Total	49,377	2,506	5,908	8,455	10,534	11,866	8,073	2,035
14. Total Number of Screening Blood Lead Tests	CN	5,284	37	4,135	1,112				
	MN	25	0	20	5				
	Total	5,309	37	4,155	1,117				

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Fiscal Year: 2010

State: Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	653,203	43,216	91,087	118,625	131,716	136,889	99,820	31,850
	MN	149	6	2	9	13	47	44	28
	Total	653,352	43,222	91,089	118,634	131,729	136,936	99,864	31,878
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	606,881	31,167	86,328	112,803	125,033	130,078	94,585	26,887
	MN	323	20	40	21	19	56	54	113
	Total	607,204	31,187	86,368	112,824	125,052	130,134	94,639	27,000
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	81,463	1	3	4	25,763	30,337	21,925	3,430
	MN	0	0	0	0	0	0	0	0
	Total	81,463	1	3	4	25,763	30,337	21,925	3,430
2a. State Periodicity Schedule			6	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	6,535,575	267,386	941,051	1,234,066	1,380,391	1,434,933	1,035,295	242,453
	MN	2,331	1,171	11	92	114	347	337	259
	Total	6,537,906	268,557	941,062	1,234,158	1,380,505	1,435,280	1,035,632	242,712
3b. Average Period of Eligibility	CN	0.90	0.71	0.91	0.91	0.92	0.92	0.91	0.75
	MN	0.60	4.88	0.02	0.37	0.50	0.52	0.52	0.19
	Total	0.90	0.72	0.91	0.91	0.92	0.92	0.91	0.75
4. Expected Number of Screenings per Eligible	CN		4.26	1.82	0.91	0.46	0.55	0.46	0.38
	MN		29.28	0.04	0.37	0.25	0.31	0.26	0.10
	Total		4.32	1.82	0.91	0.46	0.55	0.46	0.38
5. Expected Number of Screenings	CN	575,323	132,771	157,117	102,651	57,515	71,543	43,509	10,217
	MN	643	586	2	8	5	17	14	11
	Total	575,966	133,357	157,119	102,659	57,520	71,560	43,523	10,228
6. Total Screens Received	CN	510,952	114,851	173,621	85,148	46,369	54,331	32,854	3,778
	MN	75	6	3	0	9	24	19	14
	Total	511,027	114,857	173,624	85,148	46,378	54,355	32,873	3,792
7. SCREENING RATIO	CN	0.89	0.87	1.00	0.83	0.81	0.76	0.76	0.37
	MN	0.12	0.01	1.00	0.00	1.00	1.00	1.00	1.00
	Total	0.89	0.86	1.00	0.83	0.81	0.76	0.76	0.37

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Fiscal Year: 2010

State: Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	402,930	31,167	86,328	102,651	57,515	71,543	43,509	10,217
	MN	77	20	2	8	5	17	14	11
	Total	403,007	31,187	86,330	102,659	57,520	71,560	43,523	10,228
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	293,121	41,417	69,890	67,714	38,887	45,049	26,870	3,294
	MN	67	3	3	0	9	24	17	11
	Total	293,188	41,420	69,893	67,714	38,896	45,073	26,887	3,305
10. PARTICIPANT RATIO	CN	0.73	1.00	0.81	0.66	0.68	0.63	0.62	0.32
	MN	0.87	0.15	1.00	0.00	1.00	1.00	1.00	1.00
	Total	0.73	1.00	0.81	0.66	0.68	0.63	0.62	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	277,410	37,557	68,321	64,076	36,376	42,660	25,248	3,172
	MN	59	3	3	0	9	21	14	9
	Total	277,469	37,560	68,324	64,076	36,385	42,681	25,262	3,181
12a. Total Eligibles Receiving Any Dental Services	CN	287,233	152	15,837	59,252	77,747	77,594	48,223	8,428
	MN	98	0	4	3	17	31	22	21
	Total	287,331	152	15,841	59,255	77,764	77,625	48,245	8,449
12b. Total Eligibles Receiving Preventive Dental Services	CN	265,215	90	14,086	55,865	74,436	72,363	42,048	6,327
	MN	87	0	3	3	17	29	19	16
	Total	265,302	90	14,089	55,868	74,453	72,392	42,067	6,343
12c. Total Eligibles Receiving Dental Treatment Services	CN	148,223	27	2,745	23,488	40,840	43,730	31,731	5,662
	MN	42	0	1	1	5	8	13	14
	Total	148,265	27	2,746	23,489	40,845	43,738	31,744	5,676
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	37,330				21,052	16,278		
	MN	5				2	3		
	Total	37,335				21,054	16,281		

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Fiscal Year: 2010

State: Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	274,713	98	14,548	57,973	75,534	73,809	45,057	7,694
	MN	92	0	2	3	17	29	22	19
	Total	274,805	98	14,550	57,976	75,551	73,838	45,079	7,713
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,437	122	1,958	354	2	0	1	0
	MN	1	0	1	0	0	0	0	0
	Total	2,438	122	1,959	354	2	0	1	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	289,175	272	17,476	59,434	77,748	77,594	48,223	8,428
	MN	99	0	5	3	17	31	22	21
	Total	289,274	272	17,481	59,437	77,765	77,625	48,245	8,449
13. Total Eligibles Enrolled in Managed Care	CN	519,298	32,724	79,563	100,447	106,817	105,140	73,208	21,399
	MN	0	0	0	0	0	0	0	0
	Total	519,298	32,724	79,563	100,447	106,817	105,140	73,208	21,399
14. Total Number of Screening Blood Lead Tests	CN	47,326	702	26,457	20,167				
	MN	1	0	1	0				
	Total	47,327	702	26,458	20,167				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Washington

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	781,954	43,222	103,312	140,043	159,598	171,765	124,056	39,958
	MN	470	11	36	55	78	114	130	46
	Total	782,424	43,233	103,348	140,098	159,676	171,879	124,186	40,004
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	737,829	36,827	98,981	133,972	152,785	164,190	117,865	33,209
	MN	300	10	23	35	45	75	84	28
	Total	738,129	36,837	99,004	134,007	152,830	164,265	117,949	33,237
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			5	3	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	1.50	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	7,963,217	267,139	1,095,229	1,488,034	1,703,980	1,829,854	1,287,090	291,891
	MN	1,613	28	116	209	267	349	458	186
	Total	7,964,830	267,167	1,095,345	1,488,243	1,704,247	1,830,203	1,287,548	292,077
3b. Average Period of Eligibility	CN	0.90	0.60	0.92	0.93	0.93	0.93	0.91	0.73
	MN	0.45	0.23	0.42	0.50	0.49	0.39	0.45	0.55
	Total	0.90	0.60	0.92	0.93	0.93	0.93	0.91	0.73
4. Expected Number of Screenings per Eligible	CN		3.00	1.38	0.93	0.47	0.56	0.46	0.37
	MN		1.15	0.63	0.50	0.25	0.23	0.23	0.28
	Total		3.00	1.38	0.93	0.47	0.56	0.46	0.37
5. Expected Number of Screenings	CN	601,929	110,481	136,594	124,594	71,809	91,946	54,218	12,287
	MN	99	12	14	18	11	17	19	8
	Total	602,028	110,493	136,608	124,612	71,820	91,963	54,237	12,295
6. Total Screens Received	CN	487,560	223,365	88,950	63,829	40,632	48,042	21,045	1,697
	MN	60	22	14	6	6	7	4	1
	Total	487,620	223,387	88,964	63,835	40,638	48,049	21,049	1,698
7. SCREENING RATIO	CN	0.81	1.00	0.65	0.51	0.57	0.52	0.39	0.14
	MN	0.61	1.00	1.00	0.33	0.55	0.41	0.21	0.13
	Total	0.81	1.00	0.65	0.51	0.57	0.52	0.39	0.14

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Washington

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	490,662	36,827	98,981	124,594	71,809	91,946	54,218	12,287
	MN	97	10	14	18	11	17	19	8
	Total	490,759	36,837	98,995	124,612	71,820	91,963	54,237	12,295
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	312,517	32,918	76,228	72,805	48,334	52,907	25,340	3,985
	MN	44	6	11	7	7	8	4	1
	Total	312,561	32,924	76,239	72,812	48,341	52,915	25,344	3,986
10. PARTICIPANT RATIO	CN	0.64	0.89	0.77	0.58	0.67	0.58	0.47	0.32
	MN	0.45	0.60	0.79	0.39	0.64	0.47	0.21	0.13
	Total	0.64	0.89	0.77	0.58	0.67	0.58	0.47	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	38,972	1,894	12,766	8,379	6,431	5,874	3,089	539
	MN	9	1	4	1	2	0	0	1
	Total	38,981	1,895	12,770	8,380	6,433	5,874	3,089	540
12a. Total Eligibles Receiving Any Dental Services	CN	389,957	1,474	41,834	83,194	98,845	96,413	57,539	10,658
	MN	76	0	5	11	18	18	21	3
	Total	390,033	1,474	41,839	83,205	98,863	96,431	57,560	10,661
12b. Total Eligibles Receiving Preventive Dental Services	CN	358,635	1,033	38,505	79,052	94,108	89,732	48,944	7,261
	MN	70	0	5	11	17	17	17	3
	Total	358,705	1,033	38,510	79,063	94,125	89,749	48,961	7,264
12c. Total Eligibles Receiving Dental Treatment Services	CN	225,716	644	20,946	52,150	58,180	52,364	34,729	6,703
	MN	35	0	1	7	9	5	10	3
	Total	225,751	644	20,947	52,157	58,189	52,369	34,739	6,706
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	59,796				34,574	25,222		
	MN	15				11	4		
	Total	59,811				34,585	25,226		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Washington

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	365,328	1,150	38,902	79,174	93,058	90,328	53,117	9,599
	MN	65	0	4	9	14	15	20	3
	Total	365,393	1,150	38,906	79,183	93,072	90,343	53,137	9,602
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	114,257	975	18,050	27,430	28,384	22,643	14,194	2,581
	MN	15	0	3	4	3	1	3	1
	Total	114,272	975	18,053	27,434	28,387	22,644	14,197	2,582
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	396,456	1,557	43,919	84,097	101,213	97,343	57,550	10,777
	MN	97	0	8	18	20	22	25	4
	Total	396,553	1,557	43,927	84,115	101,233	97,365	57,575	10,781
13. Total Eligibles Enrolled in Managed Care	CN	653,299	38,665	93,540	121,516	133,172	138,540	98,896	28,970
	MN	122	2	15	20	25	20	29	11
	Total	653,421	38,667	93,555	121,536	133,197	138,560	98,925	28,981
14. Total Number of Screening Blood Lead Tests	CN	11,157	148	6,264	4,745				
	MN	2	0	2	0				
	Total	11,159	148	6,266	4,745				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: West Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	218,871	13,799	28,200	37,464	43,221	47,622	36,045	12,520
	MN	705	0	3	3	4	7	28	660
	Total	219,576	13,799	28,203	37,467	43,225	47,629	36,073	13,180
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	203,483	9,889	26,889	35,822	41,135	45,229	34,019	10,500
	MN	537	0	0	1	1	5	22	508
	Total	204,020	9,889	26,889	35,823	41,136	45,234	34,041	11,008
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			7	2	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	1.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	2,149,985	78,863	289,607	387,767	443,852	490,609	365,356	93,931
	MN	4,273	0	5	5	10	35	169	4,049
	Total	2,154,258	78,863	289,612	387,772	443,862	490,644	365,525	97,980
3b. Average Period of Eligibility	CN	0.88	0.66	0.90	0.90	0.90	0.90	0.89	0.75
	MN	0.66	0.00	0.00	0.42	0.83	0.58	0.64	0.66
	Total	0.88	0.66	0.90	0.90	0.90	0.90	0.89	0.74
4. Expected Number of Screenings per Eligible	CN		4.62	0.90	0.90	0.45	0.90	0.89	0.75
	MN		0.00	0.00	0.42	0.42	0.58	0.64	0.66
	Total		4.62	0.90	0.90	0.45	0.90	0.89	0.74
5. Expected Number of Screenings	CN	199,496	45,687	24,200	32,240	18,511	40,706	30,277	7,875
	MN	352	0	0	0	0	3	14	335
	Total	199,848	45,687	24,200	32,240	18,511	40,709	30,291	8,210
6. Total Screens Received	CN	178,178	45,900	43,970	31,638	22,413	22,231	11,315	711
	MN	55	0	0	0	0	1	4	50
	Total	178,233	45,900	43,970	31,638	22,413	22,232	11,319	761
7. SCREENING RATIO	CN	0.89	1.00	1.00	0.98	1.00	0.55	0.37	0.09
	MN	0.16	0.00	0.00	0.00	0.00	0.33	0.29	0.15
	Total	0.89	1.00	1.00	0.98	1.00	0.55	0.37	0.09

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: West Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	163,698	9,889	24,200	32,240	18,511	40,706	30,277	7,875
	MN	352	0	0	0	0	3	14	335
	Total	164,050	9,889	24,200	32,240	18,511	40,709	30,291	8,210
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	75,828	9,601	18,599	17,103	11,392	11,961	6,582	590
	MN	48	0	0	0	0	1	2	45
	Total	75,876	9,601	18,599	17,103	11,392	11,962	6,584	635
10. PARTICIPANT RATIO	CN	0.46	0.97	0.77	0.53	0.62	0.29	0.22	0.07
	MN	0.14	0.00	0.00	0.00	0.00	0.33	0.14	0.13
	Total	0.46	0.97	0.77	0.53	0.62	0.29	0.22	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	41,672	1,219	1,376	4,003	7,493	15,387	11,627	567
	MN	39	0	0	0	0	0	0	39
	Total	41,711	1,219	1,376	4,003	7,493	15,387	11,627	606
12a. Total Eligibles Receiving Any Dental Services	CN	97,086	182	5,237	20,194	25,539	26,435	17,582	1,917
	MN	168	0	0	1	2	3	14	148
	Total	97,254	182	5,237	20,195	25,541	26,438	17,596	2,065
12b. Total Eligibles Receiving Preventive Dental Services	CN	84,638	72	3,982	18,339	23,152	23,590	14,339	1,164
	MN	104	0	0	1	2	3	8	90
	Total	84,742	72	3,982	18,340	23,154	23,593	14,347	1,254
12c. Total Eligibles Receiving Dental Treatment Services	CN	96,326	181	5,204	20,075	25,203	26,260	17,491	1,912
	MN	168	0	0	1	2	3	14	148
	Total	96,494	181	5,204	20,076	25,205	26,263	17,505	2,060
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	11,894				5,505	6,389		
	MN	0				0	0		
	Total	11,894				5,505	6,389		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: West Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	91,101	163	5,062	19,403	23,943	24,687	16,166	1,677
	MN	155	0	0	1	2	3	12	137
	Total	91,256	163	5,062	19,404	23,945	24,690	16,178	1,814
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	105	2	4	17	17	19	20	26
	MN	0	0	0	0	0	0	0	0
	Total	105	2	4	17	17	19	20	26
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	97,191	184	5,241	20,211	25,556	26,454	17,602	1,943
	MN	168	0	0	1	2	3	14	148
	Total	97,359	184	5,241	20,212	25,558	26,457	17,616	2,091
13. Total Eligibles Enrolled in Managed Care	CN	147,548	10,775	20,496	27,859	30,451	32,656	22,460	2,851
	MN	123	0	1	2	2	3	9	106
	Total	147,671	10,775	20,497	27,861	30,453	32,659	22,469	2,957
14. Total Number of Screening Blood Lead Tests	CN	11,525	1,027	7,406	3,092				
	MN	0	0	0	0				
	Total	11,525	1,027	7,406	3,092				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Wisconsin

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	563,839	36,377	75,426	100,870	113,234	118,780	87,704	31,448
	MN	172	6	10	30	22	32	44	28
	Total	564,011	36,383	75,436	100,900	113,256	118,812	87,748	31,476
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	524,625	26,276	72,007	96,644	107,634	112,575	82,105	27,384
	MN	125	1	5	21	20	26	30	22
	Total	524,750	26,277	72,012	96,665	107,654	112,601	82,135	27,406
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	78,975	0	3	21	24,057	30,198	22,071	2,625
	MN	0	0	0	0	0	0	0	0
	Total	78,975	0	3	21	24,057	30,198	22,071	2,625
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	5,580,962	203,867	784,973	1,064,033	1,175,844	1,225,747	876,011	250,487
	MN	842	8	25	149	122	146	236	156
	Total	5,581,804	203,875	784,998	1,064,182	1,175,966	1,225,893	876,247	250,643
3b. Average Period of Eligibility	CN	0.89	0.65	0.91	0.92	0.91	0.91	0.89	0.76
	MN	0.56	0.67	0.42	0.59	0.51	0.47	0.66	0.59
	Total	0.89	0.65	0.91	0.92	0.91	0.91	0.89	0.76
4. Expected Number of Screenings per Eligible	CN		3.25	1.82	0.92	0.46	0.55	0.45	0.38
	MN		3.35	0.84	0.59	0.26	0.28	0.33	0.30
	Total		3.25	1.82	0.92	0.46	0.55	0.45	0.38
5. Expected Number of Screenings	CN	464,143	85,397	131,053	88,912	49,512	61,916	36,947	10,406
	MN	48	3	4	12	5	7	10	7
	Total	464,191	85,400	131,057	88,924	49,517	61,923	36,957	10,413
6. Total Screens Received	CN	440,179	108,166	144,487	66,006	43,327	45,734	27,574	4,885
	MN	21	6	7	3	1	3	1	0
	Total	440,200	108,172	144,494	66,009	43,328	45,737	27,575	4,885
7. SCREENING RATIO	CN	0.95	1.00	1.00	0.74	0.88	0.74	0.75	0.47
	MN	0.44	1.00	1.00	0.25	0.20	0.43	0.10	0.00
	Total	0.95	1.00	1.00	0.74	0.88	0.74	0.75	0.47

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Wisconsin

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	345,976	26,276	72,007	88,912	49,512	61,916	36,947	10,406
	MN	46	1	4	12	5	7	10	7
	Total	346,022	26,277	72,011	88,924	49,517	61,923	36,957	10,413
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	257,223	24,924	59,321	58,665	41,224	43,154	25,423	4,512
	MN	11	1	2	3	1	3	1	0
	Total	257,234	24,925	59,323	58,668	41,225	43,157	25,424	4,512
10. PARTICIPANT RATIO	CN	0.74	0.95	0.82	0.66	0.83	0.70	0.69	0.43
	MN	0.24	1.00	0.50	0.25	0.20	0.43	0.10	0.00
	Total	0.74	0.95	0.82	0.66	0.83	0.70	0.69	0.43
11. Total Eligibles Referred for Corrective Treatment	CN	12,532	1,628	4,111	2,392	1,604	1,696	1,014	87
	MN	1	0	1	0	0	0	0	0
	Total	12,533	1,628	4,112	2,392	1,604	1,696	1,014	87
12a. Total Eligibles Receiving Any Dental Services	CN	128,582	32	2,997	26,045	39,203	35,775	20,520	4,010
	MN	5	0	0	1	2	2	0	0
	Total	128,587	32	2,997	26,046	39,205	35,777	20,520	4,010
12b. Total Eligibles Receiving Preventive Dental Services	CN	114,876	12	2,373	24,047	36,442	32,531	16,839	2,632
	MN	5	0	0	1	2	2	0	0
	Total	114,881	12	2,373	24,048	36,444	32,533	16,839	2,632
12c. Total Eligibles Receiving Dental Treatment Services	CN	57,373	6	452	8,743	18,062	16,054	11,581	2,475
	MN	0	0	0	0	0	0	0	0
	Total	57,373	6	452	8,743	18,062	16,054	11,581	2,475
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	21,019				11,583	9,436		
	MN	0				0	0		
	Total	21,019				11,583	9,436		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Wisconsin

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	113,228	26	2,721	23,472	34,646	31,437	17,508	3,418
	MN	5	0	0	1	2	2	0	0
	Total	113,233	26	2,721	23,473	34,648	31,439	17,508	3,418
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	55,078	304	6,949	13,568	14,466	11,722	6,630	1,439
	MN	3	0	0	0	3	0	0	0
	Total	55,081	304	6,949	13,568	14,469	11,722	6,630	1,439
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	173,061	334	9,594	36,111	50,360	45,416	26,050	5,196
	MN	8	0	0	1	5	2	0	0
	Total	173,069	334	9,594	36,112	50,365	45,418	26,050	5,196
13. Total Eligibles Enrolled in Managed Care	CN	477,239	30,319	68,228	88,576	96,558	97,874	69,348	26,336
	MN	41	1	4	7	8	8	7	6
	Total	477,280	30,320	68,232	88,583	96,566	97,882	69,355	26,342
14. Total Number of Screening Blood Lead Tests	CN	70,430	1,557	46,250	22,623				
	MN	0	0	0	0				
	Total	70,430	1,557	46,250	22,623				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Wyoming

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	59,949	4,118	8,916	11,614	11,883	11,635	8,588	3,195
	MN	0	0	0	0	0	0	0	0
	Total	59,949	4,118	8,916	11,614	11,883	11,635	8,588	3,195
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	54,965	3,260	8,340	10,822	11,070	10,857	7,922	2,694
	MN	0	0	0	0	0	0	0	0
	Total	54,965	3,260	8,340	10,822	11,070	10,857	7,922	2,694
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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
2a. State Periodicity Schedule			6	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	565,048	24,983	87,569	114,623	116,948	115,136	82,369	23,420
	MN	0	0	0	0	0	0	0	0
	Total	565,048	24,983	87,569	114,623	116,948	115,136	82,369	23,420
3b. Average Period of Eligibility	CN	0.86	0.64	0.87	0.88	0.88	0.88	0.87	0.72
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.64	0.87	0.88	0.88	0.88	0.87	0.72
4. Expected Number of Screenings per Eligible	CN		3.84	1.74	0.88	0.44	0.88	0.87	0.72
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.84	1.74	0.88	0.44	0.88	0.87	0.72
5. Expected Number of Screenings	CN	59,810	12,518	14,512	9,523	4,871	9,554	6,892	1,940
	MN	0	0	0	0	0	0	0	0
	Total	59,810	12,518	14,512	9,523	4,871	9,554	6,892	1,940
6. Total Screens Received	CN	47,552	14,851	16,302	6,831	2,795	4,286	2,298	189
	MN	0	0	0	0	0	0	0	0
	Total	47,552	14,851	16,302	6,831	2,795	4,286	2,298	189
7. SCREENING RATIO	CN	0.80	1.00	1.00	0.72	0.57	0.45	0.33	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	1.00	1.00	0.72	0.57	0.45	0.33	0.10

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2010
State: Wyoming

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	44,380	3,260	8,340	9,523	4,871	9,554	6,892	1,940
	MN	0	0	0	0	0	0	0	0
	Total	44,380	3,260	8,340	9,523	4,871	9,554	6,892	1,940
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	22,649	3,734	6,221	5,013	2,373	3,350	1,800	158
	MN	0	0	0	0	0	0	0	0
	Total	22,649	3,734	6,221	5,013	2,373	3,350	1,800	158
10. PARTICIPANT RATIO	CN	0.51	1.00	0.75	0.53	0.49	0.35	0.26	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	1.00	0.75	0.53	0.49	0.35	0.26	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	350	66	95	74	26	50	37	2
	MN	0	0	0	0	0	0	0	0
	Total	350	66	95	74	26	50	37	2
12a. Total Eligibles Receiving Any Dental Services	CN	22,489	26	1,114	4,842	6,228	5,810	3,676	793
	MN	0	0	0	0	0	0	0	0
	Total	22,489	26	1,114	4,842	6,228	5,810	3,676	793
12b. Total Eligibles Receiving Preventive Dental Services	CN	22,443	77	1,831	4,732	6,124	5,693	3,366	620
	MN	0	0	0	0	0	0	0	0
	Total	22,443	77	1,831	4,732	6,124	5,693	3,366	620
12c. Total Eligibles Receiving Dental Treatment Services	CN	12,290	13	303	2,175	3,751	3,214	2,297	537
	MN	0	0	0	0	0	0	0	0
	Total	12,290	13	303	2,175	3,751	3,214	2,297	537
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	3,244				1,736	1,508		
	MN	0				0	0		
	Total	3,244				1,736	1,508		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2010

State: Wyoming

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	21,239	25	1,107	4,652	5,883	5,491	3,390	691
	MN	0	0	0	0	0	0	0	0
	Total	21,239	25	1,107	4,652	5,883	5,491	3,390	691
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,579	67	1,125	478	361	326	178	44
	MN	0	0	0	0	0	0	0	0
	Total	2,579	67	1,125	478	361	326	178	44
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	24,649	91	2,087	5,170	6,543	6,096	3,829	833
	MN	0	0	0	0	0	0	0	0
	Total	24,649	91	2,087	5,170	6,543	6,096	3,829	833
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	1,667	6	898	763				
	MN	0	0	0	0				
	Total	1,667	6	898	763				