

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	588,223	40,661	80,360	111,080	118,027	128,068	87,254	22,773
	MN	0	0	0	0	0	0	0	0
	Total	588,223	40,661	80,360	111,080	118,027	128,068	87,254	22,773
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	556,020	32,216	77,491	107,345	113,459	122,742	83,377	19,390
	MN	0	0	0	0	0	0	0	0
	Total	556,020	32,216	77,491	107,345	113,459	122,742	83,377	19,390
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	5,990,076	237,183	857,999	1,191,327	1,258,346	1,362,652	918,082	164,487
	MN	0	0	0	0	0	0	0	0
	Total	5,990,076	237,183	857,999	1,191,327	1,258,346	1,362,652	918,082	164,487
3b. Average Period of Eligibility	CN	0.90	0.61	0.92	0.92	0.92	0.93	0.92	0.71
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.61	0.92	0.92	0.92	0.93	0.92	0.71
4. Expected Number of Screenings per Eligible	CN		3.05	1.84	0.92	0.92	0.93	0.92	0.71
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.05	1.84	0.92	0.92	0.93	0.92	0.71
5. Expected Number of Screenings	CN	648,605	98,259	142,583	98,757	104,382	114,150	76,707	13,767
	MN	0	0	0	0	0	0	0	0
	Total	648,605	98,259	142,583	98,757	104,382	114,150	76,707	13,767
6. Total Screens Received	CN	433,393	94,958	151,088	65,052	42,710	51,783	25,860	1,942
	MN	0	0	0	0	0	0	0	0
	Total	433,393	94,958	151,088	65,052	42,710	51,783	25,860	1,942
7. SCREENING RATIO	CN	0.67	0.97	1.00	0.66	0.41	0.45	0.34	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	0.97	1.00	0.66	0.41	0.45	0.34	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	517,470	32,216	77,491	98,757	104,382	114,150	76,707	13,767
	MN	0	0	0	0	0	0	0	0
	Total	517,470	32,216	77,491	98,757	104,382	114,150	76,707	13,767
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	273,208	28,926	63,149	62,212	41,575	50,211	25,223	1,912
	MN	0	0	0	0	0	0	0	0
	Total	273,208	28,926	63,149	62,212	41,575	50,211	25,223	1,912
10. PARTICIPANT RATIO	CN	0.53	0.90	0.81	0.63	0.40	0.44	0.33	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.53	0.90	0.81	0.63	0.40	0.44	0.33	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	146,996	13,082	29,717	30,070	27,332	29,259	17,536	2,038
	MN	0	0	0	0	0	0	0	0
	Total	149,034	13,082	29,717	30,070	27,332	29,259	17,536	2,038
12a. Total Eligibles Receiving Any Dental Services	CN	279,420	111	17,877	63,355	74,275	74,422	42,920	6,460
	MN	0	0	0	0	0	0	0	0
	Total	279,420	111	17,877	63,355	74,275	74,422	42,920	6,460
12b. Total Eligibles Receiving Preventive Dental Services	CN	264,603	44	16,034	60,647	71,746	71,483	39,279	5,370
	MN	0	0	0	0	0	0	0	0
	Total	264,603	44	16,034	60,647	71,746	71,483	39,279	5,370
12c. Total Eligibles Receiving Dental Treatment Services	CN	111,531	1	2,079	23,101	33,364	28,942	21,001	3,043
	MN	0	0	0	0	0	0	0	0
	Total	111,531	1	2,079	23,101	33,364	28,942	21,001	3,043
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	25,547				16,570	8,977		
	MN	0				0	0		
	Total	25,547				16,570	8,977		

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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	271,793	108	17,753	62,200	72,299	72,430	41,077	5,926
	MN	0	0	0	0	0	0	0	0
	Total	271,793	108	17,753	62,200	72,299	72,430	41,077	5,926
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,881	455	4,224	202	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	4,881	455	4,224	202	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	283,356	559	21,228	63,492	74,275	74,422	42,920	6,460
	MN	0	0	0	0	0	0	0	0
	Total	283,356	559	21,228	63,492	74,275	74,422	42,920	6,460
13. Total Eligibles Enrolled in Managed Care	CN	542,636	26,048	77,287	106,430	112,284	120,180	79,719	20,688
	MN	0	0	0	0	0	0	0	0
	Total	542,636	26,048	77,287	106,430	112,284	120,180	79,719	20,688
14. Total Number of Screening Blood Lead Tests	CN	48,608	1,538	31,260	15,810				
	MN	0	0	0	0				
	Total	48,608	1,538	31,260	15,810				

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Fiscal Year: 2011

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	94,942	6,222	12,619	16,169	18,272	20,499	15,488	5,673
	MN	0	0	0	0	0	0	0	0
	Total	94,942	6,222	12,619	16,169	18,272	20,499	15,488	5,673
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	89,216	5,086	11,972	15,389	17,466	19,626	14,711	4,966
	MN	0	0	0	0	0	0	0	0
	Total	89,216	5,086	11,972	15,389	17,466	19,626	14,711	4,966
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	12,741	91	1,129	1,680	3,210	3,828	2,519	284
	MN	0	0	0	0	0	0	0	0
	Total	12,741	91	1,129	1,680	3,210	3,828	2,519	284
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	920,704	37,365	124,222	162,868	187,674	211,332	155,142	42,101
	MN	0	0	0	0	0	0	0	0
	Total	920,704	37,365	124,222	162,868	187,674	211,332	155,142	42,101
3b. Average Period of Eligibility	CN	0.86	0.61	0.86	0.88	0.90	0.90	0.88	0.71
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.61	0.86	0.88	0.90	0.90	0.88	0.71
4. Expected Number of Screenings per Eligible	CN		3.05	1.72	0.88	0.45	0.54	0.44	0.36
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.05	1.72	0.88	0.45	0.54	0.44	0.36
5. Expected Number of Screenings	CN	76,365	15,512	20,592	13,542	7,860	10,598	6,473	1,788
	MN	0	0	0	0	0	0	0	0
	Total	76,365	15,512	20,592	13,542	7,860	10,598	6,473	1,788
6. Total Screens Received	CN	56,201	18,133	16,450	8,428	4,148	5,163	3,529	350
	MN	0	0	0	0	0	0	0	0
	Total	56,201	18,133	16,450	8,428	4,148	5,163	3,529	350
7. SCREENING RATIO	CN	0.74	1.00	0.80	0.62	0.53	0.49	0.55	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.74	1.00	0.80	0.62	0.53	0.49	0.55	0.20

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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	57,319	5,086	11,972	13,542	7,860	10,598	6,473	1,788
	MN	0	0	0	0	0	0	0	0
	Total	57,319	5,086	11,972	13,542	7,860	10,598	6,473	1,788
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	32,150	4,700	7,890	7,366	3,915	4,778	3,172	329
	MN	0	0	0	0	0	0	0	0
	Total	32,150	4,700	7,890	7,366	3,915	4,778	3,172	329
10. PARTICIPANT RATIO	CN	0.56	0.92	0.66	0.54	0.50	0.45	0.49	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.56	0.92	0.66	0.54	0.50	0.45	0.49	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	2,765	308	495	548	333	449	515	117
	MN	0	0	0	0	0	0	0	0
	Total	2,765	308	495	548	333	449	515	117
12a. Total Eligibles Receiving Any Dental Services	CN	41,699	61	2,231	7,889	10,553	11,346	7,808	1,811
	MN	0	0	0	0	0	0	0	0
	Total	41,699	61	2,231	7,889	10,553	11,346	7,808	1,811
12b. Total Eligibles Receiving Preventive Dental Services	CN	36,048	32	1,561	6,856	9,588	10,261	6,522	1,228
	MN	0	0	0	0	0	0	0	0
	Total	36,048	32	1,561	6,856	9,588	10,261	6,522	1,228
12c. Total Eligibles Receiving Dental Treatment Services	CN	22,986	8	616	3,741	5,884	6,278	5,148	1,311
	MN	0	0	0	0	0	0	0	0
	Total	22,986	8	616	3,741	5,884	6,278	5,148	1,311
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,575				3,678	3,897		
	MN	0				0	0		
	Total	7,575				3,678	3,897		

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Fiscal Year: 2011

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	38,261	50	2,138	7,455	9,755	10,332	6,912	1,619
	MN	0	0	0	0	0	0	0	0
	Total	38,261	50	2,138	7,455	9,755	10,332	6,912	1,619
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	41,699	61	2,231	7,889	10,553	11,346	7,808	1,811
	MN	0	0	0	0	0	0	0	0
	Total	41,699	61	2,231	7,889	10,553	11,346	7,808	1,811
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	8	0	1	7				
	MN	0	0	0	0				
	Total	8	0	1	7				

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Fiscal Year: 2011

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	806,709	50,587	104,388	150,528	168,082	173,116	118,241	41,767
	MN	0	0	0	0	0	0	0	0
	Total	806,709	50,587	104,388	150,528	168,082	173,116	118,241	41,767
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	771,733	37,247	102,045	146,613	163,614	167,937	113,728	40,549
	MN	0	0	0	0	0	0	0	0
	Total	771,733	37,247	102,045	146,613	163,614	167,937	113,728	40,549
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	24,533	11	260	2,765	5,487	8,867	6,274	869
	MN	0	0	0	0	0	0	0	0
	Total	24,533	11	260	2,765	5,487	8,867	6,274	869
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	7,570,338	285,786	997,022	1,490,727	1,666,769	1,712,388	1,124,979	292,667
	MN	0	0	0	0	0	0	0	0
	Total	7,570,338	285,786	997,022	1,490,727	1,666,769	1,712,388	1,124,979	292,667
3b. Average Period of Eligibility	CN	0.82	0.64	0.81	0.85	0.85	0.85	0.82	0.60
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.82	0.64	0.81	0.85	0.85	0.85	0.82	0.60
4. Expected Number of Screenings per Eligible	CN		3.84	1.62	0.85	0.43	0.85	0.82	0.60
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.84	1.62	0.85	0.43	0.85	0.82	0.60
5. Expected Number of Screenings	CN	763,648	143,028	165,313	124,621	70,354	142,746	93,257	24,329
	MN	0	0	0	0	0	0	0	0
	Total	763,648	143,028	165,313	124,621	70,354	142,746	93,257	24,329
6. Total Screens Received	CN	679,792	195,992	186,473	97,656	75,888	80,861	39,564	3,358
	MN	0	0	0	0	0	0	0	0
	Total	679,792	195,992	186,473	97,656	75,888	80,861	39,564	3,358
7. SCREENING RATIO	CN	0.89	1.00	1.00	0.78	1.00	0.57	0.42	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	1.00	1.00	0.78	1.00	0.57	0.42	0.14

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Fiscal Year: 2011

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	594,599	37,247	102,045	124,621	70,354	142,746	93,257	24,329
	MN	0	0	0	0	0	0	0	0
	Total	594,599	37,247	102,045	124,621	70,354	142,746	93,257	24,329
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	377,924	37,247	79,636	84,781	67,602	71,071	34,530	3,057
	MN	0	0	0	0	0	0	0	0
	Total	377,924	37,247	79,636	84,781	67,602	71,071	34,530	3,057
10. PARTICIPANT RATIO	CN	0.64	1.00	0.78	0.68	0.96	0.50	0.37	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	1.00	0.78	0.68	0.96	0.50	0.37	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	584,912	49,666	83,462	111,544	128,054	127,425	71,279	13,482
	MN	0	0	0	0	0	0	0	0
	Total	584,912	49,666	83,462	111,544	128,054	127,425	71,279	13,482
12a. Total Eligibles Receiving Any Dental Services	CN	374,597	293	22,461	80,273	109,808	101,102	51,442	9,218
	MN	0	0	0	0	0	0	0	0
	Total	374,597	293	22,461	80,273	109,808	101,102	51,442	9,218
12b. Total Eligibles Receiving Preventive Dental Services	CN	338,194	90	13,988	70,550	104,918	95,915	45,887	6,846
	MN	0	0	0	0	0	0	0	0
	Total	338,194	90	13,988	70,550	104,918	95,915	45,887	6,846
12c. Total Eligibles Receiving Dental Treatment Services	CN	180,743	26	3,486	35,751	59,451	48,645	28,043	5,341
	MN	0	0	0	0	0	0	0	0
	Total	180,743	26	3,486	35,751	59,451	48,645	28,043	5,341
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	49,622				28,396	21,226		
	MN	0				0	0		
	Total	49,622				28,396	21,226		

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Fiscal Year: 2011

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	361,512	283	22,199	77,873	105,874	97,660	49,087	8,536
	MN	0	0	0	0	0	0	0	0
	Total	361,512	283	22,199	77,873	105,874	97,660	49,087	8,536
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	374,597	293	22,461	80,273	109,808	101,102	51,442	9,218
	MN	0	0	0	0	0	0	0	0
	Total	374,597	293	22,461	80,273	109,808	101,102	51,442	9,218
13. Total Eligibles Enrolled in Managed Care	CN	795,066	50,110	102,533	148,478	165,762	170,760	116,295	41,128
	MN	0	0	0	0	0	0	0	0
	Total	795,066	50,110	102,533	148,478	165,762	170,760	116,295	41,128
14. Total Number of Screening Blood Lead Tests	CN	41,989	821	22,907	18,261				
	MN	0	0	0	0				
	Total	41,989	821	22,907	18,261				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	419,936	26,770	55,820	81,466	87,479	90,654	61,793	15,954
	MN	462	3	34	49	66	133	124	53
	Total	420,398	26,773	55,854	81,515	87,545	90,787	61,917	16,007
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	383,358	19,216	52,507	77,069	81,662	84,069	56,559	12,276
	MN	355	1	32	44	56	94	86	42
	Total	383,713	19,217	52,539	77,113	81,718	84,163	56,645	12,318
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			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	4,053,502	142,158	567,165	850,173	886,232	908,571	596,885	102,318
	MN	3,380	3	273	442	527	971	861	303
	Total	4,056,882	142,161	567,438	850,615	886,759	909,542	597,746	102,621
3b. Average Period of Eligibility	CN	0.88	0.62	0.90	0.92	0.90	0.90	0.88	0.69
	MN	0.79	0.25	0.71	0.84	0.78	0.86	0.83	0.60
	Total	0.88	0.62	0.90	0.92	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	0.69
	MN		1.50	1.07	0.84	0.39	0.86	0.83	0.60
	Total		3.72	1.35	0.92	0.45	0.90	0.88	0.69
5. Expected Number of Screenings	CN	383,923	71,484	70,884	70,903	36,748	75,662	49,772	8,470
	MN	272	2	34	37	22	81	71	25
	Total	384,195	71,486	70,918	70,940	36,770	75,743	49,843	8,495
6. Total Screens Received	CN	238,983	66,849	74,429	42,232	19,661	23,401	11,792	619
	MN	108	0	29	26	12	23	18	0
	Total	239,091	66,849	74,458	42,258	19,673	23,424	11,810	619
7. SCREENING RATIO	CN	0.62	0.94	1.00	0.60	0.54	0.31	0.24	0.07
	MN	0.40	0.00	0.85	0.70	0.55	0.28	0.25	0.00
	Total	0.62	0.94	1.00	0.60	0.54	0.31	0.24	0.07

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Fiscal Year: 2011
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	313,278	19,216	52,507	70,903	36,748	75,662	49,772	8,470
	MN	269	1	32	37	22	81	71	25
	Total	313,547	19,217	52,539	70,940	36,770	75,743	49,843	8,495
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	145,793	18,048	34,740	39,606	18,992	22,521	11,286	600
	MN	94	0	19	23	12	22	18	0
	Total	145,887	18,048	34,759	39,629	19,004	22,543	11,304	600
10. PARTICIPANT RATIO	CN	0.47	0.94	0.66	0.56	0.52	0.30	0.23	0.07
	MN	0.35	0.00	0.59	0.62	0.55	0.27	0.25	0.00
	Total	0.47	0.94	0.66	0.56	0.52	0.30	0.23	0.07
11. Total Eligibles Referred for Corrective Treatment	CN	101,732	13,676	25,276	27,364	12,677	14,957	7,407	375
	MN	51	0	9	8	9	13	12	0
	Total	101,783	13,676	25,285	27,372	12,686	14,970	7,419	375
12a. Total Eligibles Receiving Any Dental Services	CN	187,561	80	9,132	41,867	52,431	50,606	29,515	3,930
	MN	175	0	4	25	37	62	34	13
	Total	187,736	80	9,136	41,892	52,468	50,668	29,549	3,943
12b. Total Eligibles Receiving Preventive Dental Services	CN	173,315	30	7,347	38,438	49,919	47,845	26,603	3,133
	MN	161	0	4	25	34	59	32	7
	Total	173,476	30	7,351	38,463	49,953	47,904	26,635	3,140
12c. Total Eligibles Receiving Dental Treatment Services	CN	93,728	2	1,108	15,766	28,710	27,545	18,136	2,461
	MN	96	0	1	9	20	39	20	7
	Total	93,824	2	1,109	15,775	28,730	27,584	18,156	2,468
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	18,050				10,246	7,804		
	MN	23				10	13		
	Total	18,073				10,256	7,817		

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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	178,880	80	9,002	40,498	50,173	48,226	27,449	3,452
	MN	166	0	4	24	35	61	32	10
	Total	179,046	80	9,006	40,522	50,208	48,287	27,481	3,462
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	187,561	80	9,132	41,867	52,431	50,606	29,515	3,930
	MN	175	0	4	25	37	62	34	13
	Total	187,736	80	9,136	41,892	52,468	50,668	29,549	3,943
13. Total Eligibles Enrolled in Managed Care	CN	377,466	21,901	51,861	75,572	80,035	81,409	54,422	12,266
	MN	348	0	25	44	50	106	91	32
	Total	377,814	21,901	51,886	75,616	80,085	81,515	54,513	12,298
14. Total Number of Screening Blood Lead Tests	CN	17,137	322	8,716	8,099				
	MN	11	0	7	4				
	Total	17,148	322	8,723	8,103				

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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	3,305,575	183,894	418,628	628,145	697,769	739,893	542,297	94,949
	MN	1,391,891	127,859	189,532	217,395	191,267	225,509	225,362	214,967
	Total	4,697,466	311,753	608,160	845,540	889,036	965,402	767,659	309,916
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	3,182,008	152,732	409,339	611,796	677,930	716,845	523,536	89,830
	MN	983,606	77,990	151,417	163,640	138,164	133,151	134,648	184,596
	Total	4,165,614	230,722	560,756	775,436	816,094	849,996	658,184	274,426
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	233,379	12	39,373	59,697	47,615	47,648	35,026	4,008
	Total	233,379	12	39,373	59,697	47,615	47,648	35,026	4,008
2a. State Periodicity Schedule			6	3	2	1	1	1	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	1.50	0.67	0.25	0.20	0.25	0.50
3a. Total Months of Eligibility	CN	35,194,323	1,133,147	4,633,887	6,906,647	7,646,123	8,074,991	5,846,070	953,458
	MN	9,192,779	544,824	1,496,154	1,595,496	1,302,735	1,224,275	1,264,876	1,764,419
	Total	44,387,102	1,677,971	6,130,041	8,502,143	8,948,858	9,299,266	7,110,946	2,717,877
3b. Average Period of Eligibility	CN	0.92	0.62	0.94	0.94	0.94	0.94	0.93	0.88
	MN	0.78	0.58	0.82	0.81	0.79	0.77	0.78	0.80
	Total	0.89	0.61	0.91	0.91	0.91	0.91	0.90	0.83
4. Expected Number of Screenings per Eligible	CN		3.72	1.41	0.63	0.24	0.19	0.23	0.44
	MN		3.48	1.23	0.54	0.20	0.15	0.20	0.40
	Total		3.66	1.37	0.61	0.23	0.18	0.23	0.42
5. Expected Number of Screenings	CN	1,989,604	568,163	577,168	385,431	162,703	136,201	120,413	39,525
	MN	694,388	271,405	186,243	88,366	27,633	19,973	26,930	73,838
	Total	2,683,992	839,568	763,411	473,797	190,336	156,174	147,343	113,363
6. Total Screens Received	CN	1,883,445	306,360	575,153	351,514	209,475	252,217	170,629	18,097
	MN	585,869	159,351	209,526	82,309	37,073	41,936	35,519	20,155
	Total	2,469,314	465,711	784,679	433,823	246,548	294,153	206,148	38,252
7. SCREENING RATIO	CN	0.95	0.54	1.00	0.91	1.00	1.00	1.00	0.46
	MN	0.84	0.59	1.00	0.93	1.00	1.00	1.00	0.27
	Total	0.92	0.55	1.00	0.92	1.00	1.00	1.00	0.34

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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	1,406,344	152,732	409,339	385,431	162,703	136,201	120,413	39,525
	MN	466,147	77,990	151,417	88,366	27,633	19,973	26,930	73,838
	Total	1,872,491	230,722	560,756	473,797	190,336	156,174	147,343	113,363
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	1,287,333	123,263	283,708	298,113	191,241	226,444	150,223	14,341
	MN	358,741	63,266	101,014	71,709	34,559	38,501	32,156	17,536
	Total	1,646,074	186,529	384,722	369,822	225,800	264,945	182,379	31,877
10. PARTICIPANT RATIO	CN	0.92	0.81	0.69	0.77	1.00	1.00	1.00	0.36
	MN	0.77	0.81	0.67	0.81	1.00	1.00	1.00	0.24
	Total	0.88	0.81	0.69	0.78	1.00	1.00	1.00	0.28
11. Total Eligibles Referred for Corrective Treatment	CN	84,413	5,981	12,130	19,754	16,179	18,166	11,798	405
	MN	26,763	3,353	4,769	5,765	3,805	4,676	3,743	652
	Total	111,176	9,334	16,899	25,519	19,984	22,842	15,541	1,057
12a. Total Eligibles Receiving Any Dental Services	CN	1,302,725	795	68,457	295,865	363,387	339,706	212,146	22,369
	MN	285,619	289	16,651	64,400	59,929	50,307	43,042	51,001
	Total	1,588,344	1,084	85,108	360,265	423,316	390,013	255,188	73,370
12b. Total Eligibles Receiving Preventive Dental Services	CN	1,196,507	494	59,123	273,697	342,855	317,618	185,952	16,768
	MN	255,849	176	14,289	59,212	56,399	46,956	37,395	41,422
	Total	1,452,356	670	73,412	332,909	399,254	364,574	223,347	58,190
12c. Total Eligibles Receiving Dental Treatment Services	CN	717,677	95	15,658	145,911	226,191	190,415	125,018	14,389
	MN	153,365	25	3,221	30,626	36,117	27,229	24,807	31,340
	Total	871,042	120	18,879	176,537	262,308	217,644	149,825	45,729
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	209,861				113,286	96,575		
	MN	33,198				18,129	15,069		
	Total	243,059				131,415	111,644		

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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	1,212,000	622	64,277	280,917	340,273	316,201	190,512	19,198
	MN	259,203	221	15,209	60,468	55,120	46,048	37,994	44,143
	Total	1,471,203	843	79,486	341,385	395,393	362,249	228,506	63,341
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	41,283	847	18,840	19,207	2,219	118	50	2
	MN	10,185	247	5,320	4,183	412	14	6	3
	Total	51,468	1,094	24,160	23,390	2,631	132	56	5
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	1,328,581	1,565	83,504	304,984	364,233	339,754	212,170	22,371
	MN	292,177	513	20,832	66,387	60,087	50,312	43,044	51,002
	Total	1,620,758	2,078	104,336	371,371	424,320	390,066	255,214	73,373
13. Total Eligibles Enrolled in Managed Care	CN	2,818,649	126,927	377,512	558,712	607,624	629,303	449,625	68,946
	MN	822,784	50,391	128,577	140,862	116,279	105,415	108,730	172,530
	Total	3,641,433	177,318	506,089	699,574	723,903	734,718	558,355	241,476
14. Total Number of Screening Blood Lead Tests	CN	272,261	1,755	166,594	103,912				
	MN	96,553	894	61,437	34,222				
	Total	368,814	2,649	228,031	138,134				

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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	453,224	29,344	65,292	91,336	98,398	92,837	57,963	18,054
	MN	0	0	0	0	0	0	0	0
	Total	453,224	29,344	65,292	91,336	98,398	92,837	57,963	18,054
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	412,626	21,373	61,230	85,369	91,043	85,348	52,154	16,109
	MN	0	0	0	0	0	0	0	0
	Total	412,626	21,373	61,230	85,369	91,043	85,348	52,154	16,109
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	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	4,185,449	144,641	633,683	890,106	958,868	896,766	520,348	141,037
	MN	0	0	0	0	0	0	0	0
	Total	4,185,449	144,641	633,683	890,106	958,868	896,766	520,348	141,037
3b. Average Period of Eligibility	CN	0.85	0.56	0.86	0.87	0.88	0.88	0.83	0.73
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.85	0.56	0.86	0.87	0.88	0.88	0.83	0.73
4. Expected Number of Screenings per Eligible	CN		3.36	1.72	0.87	0.88	0.88	0.83	0.73
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.36	1.72	0.87	0.88	0.88	0.83	0.73
5. Expected Number of Screenings	CN	461,672	71,813	105,316	74,271	80,118	75,106	43,288	11,760
	MN	0	0	0	0	0	0	0	0
	Total	461,672	71,813	105,316	74,271	80,118	75,106	43,288	11,760
6. Total Screens Received	CN	291,076	75,572	92,543	46,567	28,692	29,736	14,855	3,111
	MN	0	0	0	0	0	0	0	0
	Total	291,076	75,572	92,543	46,567	28,692	29,736	14,855	3,111
7. SCREENING RATIO	CN	0.63	1.00	0.88	0.63	0.36	0.40	0.34	0.26
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	1.00	0.88	0.63	0.36	0.40	0.34	0.26

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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	367,146	21,373	61,230	74,271	80,118	75,106	43,288	11,760
	MN	0	0	0	0	0	0	0	0
	Total	367,146	21,373	61,230	74,271	80,118	75,106	43,288	11,760
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	173,764	18,644	41,369	42,425	27,305	27,795	13,440	2,786
	MN	0	0	0	0	0	0	0	0
	Total	173,764	18,644	41,369	42,425	27,305	27,795	13,440	2,786
10. PARTICIPANT RATIO	CN	0.47	0.87	0.68	0.57	0.34	0.37	0.31	0.24
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.47	0.87	0.68	0.57	0.34	0.37	0.31	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	112,367	12,403	30,097	24,827	17,343	16,931	8,840	1,926
	MN	0	0	0	0	0	0	0	0
	Total	112,367	12,403	30,097	24,827	17,343	16,931	8,840	1,926
12a. Total Eligibles Receiving Any Dental Services	CN	215,694	1,380	20,983	50,293	59,391	52,362	26,321	4,964
	MN	0	0	0	0	0	0	0	0
	Total	215,694	1,380	20,983	50,293	59,391	52,362	26,321	4,964
12b. Total Eligibles Receiving Preventive Dental Services	CN	199,551	560	18,713	47,837	56,868	49,105	22,914	3,554
	MN	0	0	0	0	0	0	0	0
	Total	199,551	560	18,713	47,837	56,868	49,105	22,914	3,554
12c. Total Eligibles Receiving Dental Treatment Services	CN	107,657	38	2,412	21,427	34,793	29,524	16,073	3,390
	MN	0	0	0	0	0	0	0	0
	Total	107,657	38	2,412	21,427	34,793	29,524	16,073	3,390
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	31,584				18,243	13,341		
	MN	0				0	0		
	Total	31,584				18,243	13,341		

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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	203,901	965	19,436	48,028	56,597	49,831	24,531	4,513
	MN	0	0	0	0	0	0	0	0
	Total	203,901	965	19,436	48,028	56,597	49,831	24,531	4,513
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	12,953	348	3,852	3,515	2,496	1,515	1,006	221
	MN	0	0	0	0	0	0	0	0
	Total	12,953	348	3,852	3,515	2,496	1,515	1,006	221
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	220,719	1,701	23,466	51,257	59,924	52,585	26,782	5,004
	MN	0	0	0	0	0	0	0	0
	Total	220,719	1,701	23,466	51,257	59,924	52,585	26,782	5,004
13. Total Eligibles Enrolled in Managed Care	CN	450,449	28,955	65,014	90,938	97,972	92,316	57,456	17,798
	MN	0	0	0	0	0	0	0	0
	Total	450,449	28,955	65,014	90,938	97,972	92,316	57,456	17,798
14. Total Number of Screening Blood Lead Tests	CN	4,570	25	3,150	1,395				
	MN	0	0	0	0				
	Total	4,570	25	3,150	1,395				

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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	330,639	18,206	37,262	54,684	64,461	75,650	56,281	24,095
	MN	0	0	0	0	0	0	0	0
	Total	330,639	18,206	37,262	54,684	64,461	75,650	56,281	24,095
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	312,828	13,261	35,867	52,688	62,141	72,963	53,872	22,036
	MN	0	0	0	0	0	0	0	0
	Total	312,828	13,261	35,867	52,688	62,141	72,963	53,872	22,036
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	3,419,197	103,823	393,890	588,790	698,749	821,491	599,871	212,583
	MN	0	0	0	0	0	0	0	0
	Total	3,419,197	103,823	393,890	588,790	698,749	821,491	599,871	212,583
3b. Average Period of Eligibility	CN	0.91	0.65	0.92	0.93	0.94	0.94	0.93	0.80
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.65	0.92	0.93	0.94	0.94	0.93	0.80
4. Expected Number of Screenings per Eligible	CN		3.90	2.30	0.93	0.94	0.94	0.93	0.80
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	2.30	0.93	0.94	0.94	0.93	0.80
5. Expected Number of Screenings	CN	377,940	51,718	82,494	49,000	58,413	68,585	50,101	17,629
	MN	0	0	0	0	0	0	0	0
	Total	377,940	51,718	82,494	49,000	58,413	68,585	50,101	17,629
6. Total Screens Received	CN	301,048	52,793	86,024	45,905	35,724	44,847	29,096	6,659
	MN	0	0	0	0	0	0	0	0
	Total	301,048	52,793	86,024	45,905	35,724	44,847	29,096	6,659
7. SCREENING RATIO	CN	0.80	1.00	1.00	0.94	0.61	0.65	0.58	0.38
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	1.00	1.00	0.94	0.61	0.65	0.58	0.38

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	292,856	13,261	35,867	49,000	58,413	68,585	50,101	17,629
	MN	0	0	0	0	0	0	0	0
	Total	292,856	13,261	35,867	49,000	58,413	68,585	50,101	17,629
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	153,001	10,735	26,501	31,882	26,178	32,616	20,375	4,714
	MN	0	0	0	0	0	0	0	0
	Total	153,001	10,735	26,501	31,882	26,178	32,616	20,375	4,714
10. PARTICIPANT RATIO	CN	0.52	0.81	0.74	0.65	0.45	0.48	0.41	0.27
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.81	0.74	0.65	0.45	0.48	0.41	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	187,462	173	13,160	35,935	46,430	51,606	31,552	8,606
	MN	0	0	0	0	0	0	0	0
	Total	187,462	173	13,160	35,935	46,430	51,606	31,552	8,606
12b. Total Eligibles Receiving Preventive Dental Services	CN	171,013	71	11,627	34,166	44,169	47,687	26,926	6,367
	MN	0	0	0	0	0	0	0	0
	Total	171,013	71	11,627	34,166	44,169	47,687	26,926	6,367
12c. Total Eligibles Receiving Dental Treatment Services	CN	84,531	25	752	9,814	21,857	26,966	19,420	5,697
	MN	0	0	0	0	0	0	0	0
	Total	84,531	25	752	9,814	21,857	26,966	19,420	5,697
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	33,175				14,672	18,503		
	MN	0				0	0		
	Total	33,175				14,672	18,503		

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Fiscal Year: 2011
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	171,884	135	12,485	34,159	42,979	46,617	27,731	7,778
	MN	0	0	0	0	0	0	0	0
	Total	171,884	135	12,485	34,159	42,979	46,617	27,731	7,778
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,809	205	1,213	391	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	1,809	205	1,213	391	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	188,573	380	13,934	36,065	46,430	51,607	31,553	8,604
	MN	0	0	0	0	0	0	0	0
	Total	188,573	380	13,934	36,065	46,430	51,607	31,553	8,604
13. Total Eligibles Enrolled in Managed Care	CN	307,669	16,319	34,814	52,606	61,936	72,259	52,730	17,005
	MN	0	0	0	0	0	0	0	0
	Total	307,669	16,319	34,814	52,606	61,936	72,259	52,730	17,005
14. Total Number of Screening Blood Lead Tests	CN	0	0	0	0				
	MN	0	0	0	0				
	Total	0	0	0	0				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	106,581	6,816	14,092	19,464	21,539	22,404	16,017	6,249
	MN	0	0	0	0	0	0	0	0
	Total	106,581	6,816	14,092	19,464	21,539	22,404	16,017	6,249
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	99,443	5,118	13,536	18,650	20,479	21,276	15,019	5,365
	MN	0	0	0	0	0	0	0	0
	Total	99,443	5,118	13,536	18,650	20,479	21,276	15,019	5,365
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	23	0	23	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	23	0	23	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	1,042,966	36,409	147,797	203,248	221,256	229,477	157,810	46,969
	MN	0	0	0	0	0	0	0	0
	Total	1,042,966	36,409	147,797	203,248	221,256	229,477	157,810	46,969
3b. Average Period of Eligibility	CN	0.87	0.59	0.91	0.91	0.90	0.90	0.88	0.73
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	0.59	0.91	0.91	0.90	0.90	0.88	0.73
4. Expected Number of Screenings per Eligible	CN		4.13	1.82	0.91	0.90	0.90	0.88	0.73
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.13	1.82	0.91	0.90	0.90	0.88	0.73
5. Expected Number of Screenings	CN	117,457	21,137	24,636	16,972	18,431	19,148	13,217	3,916
	MN	0	0	0	0	0	0	0	0
	Total	117,457	21,137	24,636	16,972	18,431	19,148	13,217	3,916
6. Total Screens Received	CN	85,867	20,584	24,636	12,806	10,483	10,603	5,692	1,063
	MN	0	0	0	0	0	0	0	0
	Total	85,867	20,584	24,636	12,806	10,483	10,603	5,692	1,063
7. SCREENING RATIO	CN	0.73	0.97	1.00	0.75	0.57	0.55	0.43	0.27
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.73	0.97	1.00	0.75	0.57	0.55	0.43	0.27

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Fiscal Year: 2011

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	90,338	5,118	13,536	16,972	18,431	19,148	13,217	3,916
	MN	0	0	0	0	0	0	0	0
	Total	90,338	5,118	13,536	16,972	18,431	19,148	13,217	3,916
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	53,474	4,760	11,048	11,834	9,974	9,892	5,014	952
	MN	0	0	0	0	0	0	0	0
	Total	53,474	4,760	11,048	11,834	9,974	9,892	5,014	952
10. PARTICIPANT RATIO	CN	0.59	0.93	0.82	0.70	0.54	0.52	0.38	0.24
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.59	0.93	0.82	0.70	0.54	0.52	0.38	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	3,566	3,339	134	57	3	17	10	6
	MN	0	0	0	0	0	0	0	0
	Total	3,566	3,339	134	57	3	17	10	6
12a. Total Eligibles Receiving Any Dental Services	CN	44,089	9	1,367	9,231	12,658	12,122	7,032	1,670
	MN	0	0	0	0	0	0	0	0
	Total	44,089	9	1,367	9,231	12,658	12,122	7,032	1,670
12b. Total Eligibles Receiving Preventive Dental Services	CN	41,489	1	1,072	8,806	12,204	11,625	6,422	1,359
	MN	0	0	0	0	0	0	0	0
	Total	41,489	1	1,072	8,806	12,204	11,625	6,422	1,359
12c. Total Eligibles Receiving Dental Treatment Services	CN	19,290	2	181	2,961	5,873	5,590	3,701	982
	MN	0	0	0	0	0	0	0	0
	Total	19,290	2	181	2,961	5,873	5,590	3,701	982
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,886				3,931	3,955		
	MN	0				0	0		
	Total	7,886				3,931	3,955		

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Fiscal Year: 2011

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	40,998	9	1,246	8,625	11,840	11,358	6,444	1,476
	MN	0	0	0	0	0	0	0	0
	Total	40,998	9	1,246	8,625	11,840	11,358	6,444	1,476
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	44,089	9	1,367	9,231	12,658	12,122	7,032	1,670
	MN	0	0	0	0	0	0	0	0
	Total	44,089	9	1,367	9,231	12,658	12,122	7,032	1,670
13. Total Eligibles Enrolled in Managed Care	CN	102,958	6,244	13,763	18,966	20,924	21,773	15,280	6,008
	MN	0	0	0	0	0	0	0	0
	Total	102,958	6,244	13,763	18,966	20,924	21,773	15,280	6,008
14. Total Number of Screening Blood Lead Tests	CN	578	3	306	269				
	MN	0	0	0	0				
	Total	578	3	306	269				

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Fiscal Year: 2011

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	92,714	5,983	12,150	16,352	16,708	19,115	16,352	6,054
	MN	6	0	1	0	0	3	1	1
	Total	92,720	5,983	12,151	16,352	16,708	19,118	16,353	6,055
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	89,116	4,812	11,740	15,950	16,227	18,618	15,939	5,830
	MN	5	0	0	0	0	3	1	1
	Total	89,121	4,812	11,740	15,950	16,227	18,621	15,940	5,831
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	8,748	141	365	664	1,543	2,692	2,341	1,002
	MN	0	0	0	0	0	0	0	0
	Total	8,748	141	365	664	1,543	2,692	2,341	1,002
2a. State Periodicity Schedule			7	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			7.00	1.50	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	801,889	25,406	106,197	146,966	150,345	172,897	147,680	52,398
	MN	17	0	0	0	0	14	2	1
	Total	801,906	25,406	106,197	146,966	150,345	172,911	147,682	52,399
3b. Average Period of Eligibility	CN	0.75	0.44	0.75	0.77	0.77	0.77	0.77	0.75
	MN	0.28	0.00	0.00	0.00	0.00	0.39	0.17	0.08
	Total	0.75	0.44	0.75	0.77	0.77	0.77	0.77	0.75
4. Expected Number of Screenings per Eligible	CN		3.08	1.13	0.77	0.39	0.77	0.77	0.75
	MN		0.00	0.00	0.00	0.00	0.39	0.17	0.08
	Total		3.08	1.13	0.77	0.39	0.77	0.77	0.75
5. Expected Number of Screenings	CN	77,680	14,821	13,266	12,282	6,329	14,336	12,273	4,373
	MN	1	0	0	0	0	1	0	0
	Total	77,681	14,821	13,266	12,282	6,329	14,337	12,273	4,373
6. Total Screens Received	CN	98,505	19,560	24,450	14,328	12,439	13,924	10,674	3,130
	MN	0	0	0	0	0	0	0	0
	Total	98,505	19,560	24,450	14,328	12,439	13,924	10,674	3,130
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	0.97	0.87	0.72
	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	0.97	0.87	0.72

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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	66,145	4,812	11,740	12,282	6,329	14,336	12,273	4,373
	MN	1	0	0	0	0	1	0	0
	Total	66,146	4,812	11,740	12,282	6,329	14,337	12,273	4,373
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	53,288	4,394	9,477	10,574	9,549	10,468	7,160	1,666
	MN	0	0	0	0	0	0	0	0
	Total	53,288	4,394	9,477	10,574	9,549	10,468	7,160	1,666
10. PARTICIPANT RATIO	CN	0.81	0.91	0.81	0.86	1.00	0.73	0.58	0.38
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.81	0.91	0.81	0.86	1.00	0.73	0.58	0.38
11. Total Eligibles Referred for Corrective Treatment	CN	16,555	2,570	2,646	2,762	2,605	2,950	2,387	635
	MN	0	0	0	0	0	0	0	0
	Total	16,555	2,570	2,646	2,762	2,605	2,950	2,387	635
12a. Total Eligibles Receiving Any Dental Services	CN	46,034	21	3,145	10,454	10,893	11,599	7,959	1,963
	MN	0	0	0	0	0	0	0	0
	Total	46,034	21	3,145	10,454	10,893	11,599	7,959	1,963
12b. Total Eligibles Receiving Preventive Dental Services	CN	41,974	13	2,960	9,853	10,288	10,725	6,692	1,443
	MN	0	0	0	0	0	0	0	0
	Total	41,974	13	2,960	9,853	10,288	10,725	6,692	1,443
12c. Total Eligibles Receiving Dental Treatment Services	CN	20,519	1	277	3,206	5,131	5,800	4,846	1,258
	MN	0	0	0	0	0	0	0	0
	Total	20,519	1	277	3,206	5,131	5,800	4,846	1,258
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,383				2,960	4,423		
	MN	0				0	0		
	Total	7,383				2,960	4,423		

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Fiscal Year: 2011

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	41,381	20	3,044	9,960	10,046	10,225	6,554	1,532
	MN	0	0	0	0	0	0	0	0
	Total	41,381	20	3,044	9,960	10,046	10,225	6,554	1,532
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	46,034	21	3,145	10,454	10,893	11,599	7,959	1,963
	MN	0	0	0	0	0	0	0	0
	Total	46,034	21	3,145	10,454	10,893	11,599	7,959	1,963
13. Total Eligibles Enrolled in Managed Care	CN	80,760	4,414	11,190	15,163	15,062	16,626	13,428	4,877
	MN	2	0	0	0	0	2	0	0
	Total	80,762	4,414	11,190	15,163	15,062	16,628	13,428	4,877
14. Total Number of Screening Blood Lead Tests	CN	8,520	276	5,175	3,069				
	MN	0	0	0	0				
	Total	8,520	276	5,175	3,069				

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Form CMS-416

Fiscal Year: 2011

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	2,125,636	142,169	286,391	402,039	423,959	453,295	314,390	103,393
	MN	25,930	522	702	1,254	3,566	6,098	6,074	7,714
	Total	2,151,566	142,691	287,093	403,293	427,525	459,393	320,464	111,107
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,976,012	113,691	274,004	383,370	398,999	424,000	291,735	90,213
	MN	2,248	342	209	57	136	232	234	1,038
	Total	1,978,260	114,033	274,213	383,427	399,135	424,232	291,969	91,251
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	2,165	893	1,269	1	2	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	2,165	893	1,269	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	20,348,973	838,104	2,945,177	4,129,100	4,206,506	4,432,135	2,993,904	804,047
	MN	20,456	2,595	2,155	652	1,378	2,256	2,085	9,335
	Total	20,369,429	840,699	2,947,332	4,129,752	4,207,884	4,434,391	2,995,989	813,382
3b. Average Period of Eligibility	CN	0.86	0.61	0.90	0.90	0.88	0.87	0.86	0.74
	MN	0.76	0.63	0.86	0.95	0.84	0.81	0.74	0.75
	Total	0.86	0.61	0.90	0.90	0.88	0.87	0.86	0.74
4. Expected Number of Screenings per Eligible	CN		3.66	1.80	0.90	0.44	0.87	0.86	0.74
	MN		3.78	1.72	0.95	0.42	0.81	0.74	0.75
	Total		3.66	1.80	0.90	0.44	0.87	0.86	0.74
5. Expected Number of Screenings	CN	2,116,439	416,109	493,207	345,033	175,560	368,880	250,892	66,758
	MN	2,903	1,293	359	54	57	188	173	779
	Total	2,119,342	417,402	493,566	345,087	175,617	369,068	251,065	67,537
6. Total Screens Received	CN	1,907,027	494,453	578,707	307,551	198,893	208,258	105,562	13,603
	MN	3,353	2,122	978	38	43	72	33	67
	Total	1,910,380	496,575	579,685	307,589	198,936	208,330	105,595	13,670
7. SCREENING RATIO	CN	0.90	1.00	1.00	0.89	1.00	0.56	0.42	0.20
	MN	1.00	1.00	1.00	0.70	0.75	0.38	0.19	0.09
	Total	0.90	1.00	1.00	0.89	1.00	0.56	0.42	0.20

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Form CMS-416

Fiscal Year: 2011

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	1,594,818	113,691	274,004	345,033	175,560	368,880	250,892	66,758
	MN	1,802	342	209	54	57	188	173	779
	Total	1,596,620	114,033	274,213	345,087	175,617	369,068	251,065	67,537
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	811,533	98,109	199,028	194,335	123,914	125,663	62,261	8,223
	MN	582	285	156	21	27	35	22	36
	Total	812,115	98,394	199,184	194,356	123,941	125,698	62,283	8,259
10. PARTICIPANT RATIO	CN	0.51	0.86	0.73	0.56	0.71	0.34	0.25	0.12
	MN	0.32	0.83	0.75	0.39	0.47	0.19	0.13	0.05
	Total	0.51	0.86	0.73	0.56	0.71	0.34	0.25	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	92,213	14,241	32,281	18,341	10,543	10,513	5,461	833
	MN	46	32	8	0	0	3	3	0
	Total	92,259	14,273	32,289	18,341	10,543	10,516	5,464	833
12a. Total Eligibles Receiving Any Dental Services	CN	447,407	264	14,909	94,014	132,803	124,696	68,653	12,068
	MN	172	0	3	6	26	34	23	80
	Total	447,579	264	14,912	94,020	132,829	124,730	68,676	12,148
12b. Total Eligibles Receiving Preventive Dental Services	CN	257,033	97	5,734	52,728	78,100	76,150	38,402	5,822
	MN	76	0	0	3	15	14	11	33
	Total	257,109	97	5,734	52,731	78,115	76,164	38,413	5,855
12c. Total Eligibles Receiving Dental Treatment Services	CN	146,574	32	2,686	25,151	42,565	42,005	28,715	5,420
	MN	60	0	0	1	7	9	6	37
	Total	146,634	32	2,686	25,152	42,572	42,014	28,721	5,457
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	44,294				22,916	21,378		
	MN	6				5	1		
	Total	44,300				22,921	21,379		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	401,223	256	14,445	91,529	128,770	90,031	64,877	11,315
	MN	157	0	3	5	24	32	23	70
	Total	401,380	256	14,448	91,534	128,794	90,063	64,900	11,385
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	32,500	2,578	23,663	5,982	104	87	72	14
	MN	31	3	24	4	0	0	0	0
	Total	32,531	2,581	23,687	5,986	104	87	72	14
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	476,571	2,795	37,045	98,474	132,830	124,705	68,654	12,068
	MN	203	3	27	10	26	34	23	80
	Total	476,774	2,798	37,072	98,484	132,856	124,739	68,677	12,148
13. Total Eligibles Enrolled in Managed Care	CN	1,836,236	95,406	260,210	364,569	375,632	393,153	264,093	83,173
	MN	723	1	217	446	2	0	13	44
	Total	1,836,959	95,407	260,427	365,015	375,634	393,153	264,106	83,217
14. Total Number of Screening Blood Lead Tests	CN	165,450	1,727	104,540	59,183				
	MN	161	5	150	6				
	Total	165,611	1,732	104,690	59,189				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	1,259,878	94,383	185,369	245,102	252,200	257,655	171,052	54,117
	MN	64	0	4	13	7	16	16	8
	Total	1,259,942	94,383	185,373	245,115	252,207	257,671	171,068	54,125
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,164,275	66,527	172,239	234,338	239,902	244,580	160,593	46,096
	MN	41	0	2	11	6	7	9	6
	Total	1,164,316	66,527	172,241	234,349	239,908	244,587	160,602	46,102
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	12,017,261	520,089	1,790,655	2,496,707	2,549,159	2,611,406	1,666,017	383,228
	MN	409	0	22	113	65	71	83	55
	Total	12,017,670	520,089	1,790,677	2,496,820	2,549,224	2,611,477	1,666,100	383,283
3b. Average Period of Eligibility	CN	0.86	0.65	0.87	0.89	0.89	0.89	0.86	0.69
	MN	0.83	0.00	0.92	0.86	0.90	0.85	0.77	0.76
	Total	0.86	0.65	0.87	0.89	0.89	0.89	0.86	0.69
4. Expected Number of Screenings per Eligible	CN		4.55	2.18	0.89	0.89	0.89	0.86	0.69
	MN		0.00	2.30	0.86	0.90	0.85	0.77	0.76
	Total		4.55	2.18	0.89	0.89	0.89	0.86	0.69
5. Expected Number of Screenings	CN	1,487,845	302,698	375,481	208,561	213,513	217,676	138,110	31,806
	MN	37	0	5	9	5	6	7	5
	Total	1,487,882	302,698	375,486	208,570	213,518	217,682	138,117	31,811
6. Total Screens Received	CN	884,912	225,314	312,710	146,771	78,227	82,289	37,165	2,436
	MN	17	0	3	7	3	1	2	1
	Total	884,929	225,314	312,713	146,778	78,230	82,290	37,167	2,437
7. SCREENING RATIO	CN	0.59	0.74	0.83	0.70	0.37	0.38	0.27	0.08
	MN	0.46	0.00	0.60	0.78	0.60	0.17	0.29	0.20
	Total	0.59	0.74	0.83	0.70	0.37	0.38	0.27	0.08

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	1,048,432	66,527	172,239	208,561	213,513	217,676	138,110	31,806
	MN	34	0	2	9	5	6	7	5
	Total	1,048,466	66,527	172,241	208,570	213,518	217,682	138,117	31,811
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	515,807	59,563	135,037	132,870	74,222	77,313	34,589	2,213
	MN	16	0	2	7	3	1	2	1
	Total	515,823	59,563	135,039	132,877	74,225	77,314	34,591	2,214
10. PARTICIPANT RATIO	CN	0.49	0.90	0.78	0.64	0.35	0.36	0.25	0.07
	MN	0.47	0.00	1.00	0.78	0.60	0.17	0.29	0.20
	Total	0.49	0.90	0.78	0.64	0.35	0.36	0.25	0.07
11. Total Eligibles Referred for Corrective Treatment	CN	73,640	8,964	19,656	17,329	11,135	10,937	5,187	432
	MN	0	0	0	0	0	0	0	0
	Total	73,640	8,964	19,656	17,329	11,135	10,937	5,187	432
12a. Total Eligibles Receiving Any Dental Services	CN	566,792	224	31,599	137,224	162,109	148,316	75,026	12,294
	MN	26	0	0	10	5	5	4	2
	Total	566,818	224	31,599	137,234	162,114	148,321	75,030	12,296
12b. Total Eligibles Receiving Preventive Dental Services	CN	529,691	67	24,382	130,080	156,643	142,117	67,183	9,219
	MN	26	0	0	10	5	5	4	2
	Total	529,717	67	24,382	130,090	156,648	142,122	67,187	9,221
12c. Total Eligibles Receiving Dental Treatment Services	CN	250,852	39	5,830	53,150	80,232	66,663	38,333	6,605
	MN	12	0	0	4	2	4	2	0
	Total	250,864	39	5,830	53,154	80,234	66,667	38,335	6,605
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	56,316				32,550	23,766		
	MN	1				1	0		
	Total	56,317				32,551	23,766		

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Form CMS-416

Fiscal Year: 2011

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	548,907	217	31,203	133,993	157,684	143,413	71,027	11,370
	MN	25	0	0	10	4	5	4	2
	Total	548,932	217	31,203	134,003	157,688	143,418	71,031	11,372
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	11,101	25	4,136	3,999	1,945	924	64	8
	MN	0	0	0	0	0	0	0	0
	Total	11,101	25	4,136	3,999	1,945	924	64	8
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	566,792	224	31,599	137,224	162,109	148,316	75,026	12,294
	MN	26	0	0	10	5	5	4	2
	Total	566,818	224	31,599	137,234	162,114	148,321	75,030	12,296
13. Total Eligibles Enrolled in Managed Care	CN	1,173,449	86,657	178,844	233,227	236,231	237,540	153,765	47,185
	MN	33	0	1	11	6	7	7	1
	Total	1,173,482	86,657	178,845	233,238	236,237	237,547	153,772	47,186
14. Total Number of Screening Blood Lead Tests	CN	92,793	7,070	69,751	15,972				
	MN	2	0	0	2				
	Total	92,795	7,070	69,751	15,974				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	158,907	9,018	19,491	27,625	31,695	34,078	25,487	11,513
	MN	0	0	0	0	0	0	0	0
	Total	158,907	9,018	19,491	27,625	31,695	34,078	25,487	11,513
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	144,836	5,880	18,090	25,788	29,852	32,087	23,869	9,270
	MN	0	0	0	0	0	0	0	0
	Total	144,836	5,880	18,090	25,788	29,852	32,087	23,869	9,270
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	17,790	65	1,080	2,013	4,287	5,422	4,464	459
	MN	0	0	0	0	0	0	0	0
	Total	17,790	65	1,080	2,013	4,287	5,422	4,464	459
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	1,560,435	42,441	198,672	284,139	330,184	355,452	264,029	85,518
	MN	0	0	0	0	0	0	0	0
	Total	1,560,435	42,441	198,672	284,139	330,184	355,452	264,029	85,518
3b. Average Period of Eligibility	CN	0.90	0.60	0.92	0.92	0.92	0.92	0.92	0.77
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.60	0.92	0.92	0.92	0.92	0.92	0.77
4. Expected Number of Screenings per Eligible	CN		3.00	1.84	0.92	0.46	0.55	0.46	0.39
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.00	1.84	0.92	0.46	0.55	0.46	0.39
5. Expected Number of Screenings	CN	120,626	17,640	33,286	23,725	13,732	17,648	10,980	3,615
	MN	0	0	0	0	0	0	0	0
	Total	120,626	17,640	33,286	23,725	13,732	17,648	10,980	3,615
6. Total Screens Received	CN	115,954	24,105	37,456	18,692	11,927	13,295	9,260	1,219
	MN	0	0	0	0	0	0	0	0
	Total	115,954	24,105	37,456	18,692	11,927	13,295	9,260	1,219
7. SCREENING RATIO	CN	0.96	1.00	1.00	0.79	0.87	0.75	0.84	0.34
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.96	1.00	1.00	0.79	0.87	0.75	0.84	0.34

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	93,670	5,880	18,090	23,725	13,732	17,648	10,980	3,615
	MN	0	0	0	0	0	0	0	0
	Total	93,670	5,880	18,090	23,725	13,732	17,648	10,980	3,615
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	71,328	5,636	15,204	17,098	11,281	12,507	8,500	1,102
	MN	0	0	0	0	0	0	0	0
	Total	71,328	5,636	15,204	17,098	11,281	12,507	8,500	1,102
10. PARTICIPANT RATIO	CN	0.76	0.96	0.84	0.72	0.82	0.71	0.77	0.30
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.76	0.96	0.84	0.72	0.82	0.71	0.77	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	32,686	3,249	8,243	6,566	4,360	5,249	4,150	869
	MN	0	0	0	0	0	0	0	0
	Total	32,686	3,249	8,243	6,566	4,360	5,249	4,150	869
12a. Total Eligibles Receiving Any Dental Services	CN	73,868	129	6,005	15,981	19,062	18,212	11,561	2,918
	MN	0	0	0	0	0	0	0	0
	Total	73,868	129	6,005	15,981	19,062	18,212	11,561	2,918
12b. Total Eligibles Receiving Preventive Dental Services	CN	57,337	26	3,682	12,350	15,566	14,920	8,854	1,939
	MN	0	0	0	0	0	0	0	0
	Total	57,337	26	3,682	12,350	15,566	14,920	8,854	1,939
12c. Total Eligibles Receiving Dental Treatment Services	CN	45,208	84	2,374	9,775	12,642	10,638	7,605	2,090
	MN	0	0	0	0	0	0	0	0
	Total	45,208	84	2,374	9,775	12,642	10,638	7,605	2,090
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,075				3,461	2,614		
	MN	0				0	0		
	Total	6,075				3,461	2,614		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	60,822	46	4,520	13,000	15,772	15,308	9,759	2,417
	MN	0	0	0	0	0	0	0	0
	Total	60,822	46	4,520	13,000	15,772	15,308	9,759	2,417
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	73,868	129	6,005	15,981	19,062	18,212	11,561	2,918
	MN	0	0	0	0	0	0	0	0
	Total	73,868	129	6,005	15,981	19,062	18,212	11,561	2,918
13. Total Eligibles Enrolled in Managed Care	CN	154,594	9,013	19,374	26,774	30,681	32,883	24,644	11,225
	MN	0	0	0	0	0	0	0	0
	Total	154,594	9,013	19,374	26,774	30,681	32,883	24,644	11,225
14. Total Number of Screening Blood Lead Tests	CN	9,411	672	7,261	1,478				
	MN	0	0	0	0				
	Total	9,411	672	7,261	1,478				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	191,808	12,249	25,688	36,149	40,521	41,754	27,503	7,944
	MN	0	0	0	0	0	0	0	0
	Total	191,808	12,249	25,688	36,149	40,521	41,754	27,503	7,944
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	186,659	12,235	24,982	35,255	39,561	40,712	26,831	7,083
	MN	0	0	0	0	0	0	0	0
	Total	186,659	12,235	24,982	35,255	39,561	40,712	26,831	7,083
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	19,803	0	2	0	6,254	7,879	4,959	709
	MN	0	0	0	0	0	0	0	0
	Total	19,803	0	2	0	6,254	7,879	4,959	709
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	1,845,024	132,480	245,934	353,734	399,776	410,992	264,726	37,382
	MN	0	0	0	0	0	0	0	0
	Total	1,845,024	132,480	245,934	353,734	399,776	410,992	264,726	37,382
3b. Average Period of Eligibility	CN	0.82	0.90	0.82	0.84	0.84	0.84	0.82	0.44
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.82	0.90	0.82	0.84	0.84	0.84	0.82	0.44
4. Expected Number of Screenings per Eligible	CN		5.40	2.05	0.84	0.84	0.84	0.82	0.44
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		5.40	2.05	0.84	0.84	0.84	0.82	0.44
5. Expected Number of Screenings	CN	239,443	66,069	51,213	29,614	33,231	34,198	22,001	3,117
	MN	0	0	0	0	0	0	0	0
	Total	239,443	66,069	51,213	29,614	33,231	34,198	22,001	3,117
6. Total Screens Received	CN	130,114	33,540	40,380	19,337	13,589	15,163	7,227	878
	MN	0	0	0	0	0	0	0	0
	Total	130,114	33,540	40,380	19,337	13,589	15,163	7,227	878
7. SCREENING RATIO	CN	0.54	0.51	0.79	0.65	0.41	0.44	0.33	0.28
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.51	0.79	0.65	0.41	0.44	0.33	0.28

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	159,378	12,235	24,982	29,614	33,231	34,198	22,001	3,117
	MN	0	0	0	0	0	0	0	0
	Total	159,378	12,235	24,982	29,614	33,231	34,198	22,001	3,117
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	81,231	10,645	18,653	17,532	12,848	14,073	6,654	826
	MN	0	0	0	0	0	0	0	0
	Total	81,231	10,645	18,653	17,532	12,848	14,073	6,654	826
10. PARTICIPANT RATIO	CN	0.51	0.87	0.75	0.59	0.39	0.41	0.30	0.26
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	0.87	0.75	0.59	0.39	0.41	0.30	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	105,264	1,254	6,687	22,128	28,518	27,607	15,819	3,251
	MN	0	0	0	0	0	0	0	0
	Total	105,264	1,254	6,687	22,128	28,518	27,607	15,819	3,251
12b. Total Eligibles Receiving Preventive Dental Services	CN	84,946	76	4,802	18,282	24,479	23,207	12,242	1,858
	MN	0	0	0	0	0	0	0	0
	Total	84,946	76	4,802	18,282	24,479	23,207	12,242	1,858
12c. Total Eligibles Receiving Dental Treatment Services	CN	49,003	63	1,653	8,951	14,619	13,621	8,567	1,529
	MN	0	0	0	0	0	0	0	0
	Total	49,003	63	1,653	8,951	14,619	13,621	8,567	1,529
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	12,616				7,254	5,362		
	MN	0				0	0		
	Total	12,616				7,254	5,362		

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	88,482	73	5,244	19,024	24,920	23,795	13,159	2,267
	MN	0	0	0	0	0	0	0	0
	Total	88,482	73	5,244	19,024	24,920	23,795	13,159	2,267
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	248	0	15	36	42	71	74	10
	MN	0	0	0	0	0	0	0	0
	Total	248	0	15	36	42	71	74	10
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	105,510	1,254	6,702	22,164	28,559	27,678	15,892	3,261
	MN	0	0	0	0	0	0	0	0
	Total	105,510	1,254	6,702	22,164	28,559	27,678	15,892	3,261
13. Total Eligibles Enrolled in Managed Care	CN	171,734	8,579	23,580	33,282	37,329	38,196	24,572	6,196
	MN	0	0	0	0	0	0	0	0
	Total	171,734	8,579	23,580	33,282	37,329	38,196	24,572	6,196
14. Total Number of Screening Blood Lead Tests	CN	5,395	34	3,319	2,042				
	MN	0	0	0	0				
	Total	5,395	34	3,319	2,042				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	1,662,493	73,747	195,393	304,612	353,046	377,903	272,340	85,452
	MN	9,239	61	572	1,614	2,403	2,706	1,716	167
	Total	1,671,732	73,808	195,965	306,226	355,449	380,609	274,056	85,619
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,604,464	58,573	190,603	298,497	346,050	369,837	265,436	75,468
	MN	8,578	48	522	1,475	2,269	2,523	1,601	140
	Total	1,613,042	58,621	191,125	299,972	348,319	372,360	267,037	75,608
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	7,389	0	0	187	1,388	1,548	1,150	3,116
	MN	0	0	0	0	0	0	0	0
	Total	7,389	0	0	187	1,388	1,548	1,150	3,116
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	18,290,910	435,495	2,211,618	3,500,714	4,064,982	4,333,797	3,075,601	668,703
	MN	87,166	260	4,642	14,644	23,443	26,301	16,811	1,065
	Total	18,378,076	435,755	2,216,260	3,515,358	4,088,425	4,360,098	3,092,412	669,768
3b. Average Period of Eligibility	CN	0.95	0.62	0.97	0.98	0.98	0.98	0.97	0.74
	MN	0.85	0.45	0.74	0.83	0.86	0.87	0.88	0.63
	Total	0.95	0.62	0.97	0.98	0.98	0.98	0.97	0.74
4. Expected Number of Screenings per Eligible	CN		3.72	1.94	0.98	0.49	0.59	0.49	0.37
	MN		2.70	1.48	0.83	0.43	0.52	0.44	0.32
	Total		3.72	1.94	0.98	0.49	0.59	0.49	0.37
5. Expected Number of Screenings	CN	1,425,945	217,892	369,770	292,527	169,565	218,204	130,064	27,923
	MN	5,164	130	773	1,224	976	1,312	704	45
	Total	1,431,109	218,022	370,543	293,751	170,541	219,516	130,768	27,968
6. Total Screens Received	CN	1,563,554	232,799	422,314	326,632	175,049	254,349	131,332	21,079
	MN	3,402	53	565	792	554	991	431	16
	Total	1,566,956	232,852	422,879	327,424	175,603	255,340	131,763	21,095
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.75
	MN	0.66	0.41	0.73	0.65	0.57	0.76	0.61	0.36
	Total	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.75

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	1,087,459	58,573	190,603	292,527	169,565	218,204	130,064	27,923
	MN	4,831	48	522	1,224	976	1,312	704	45
	Total	1,092,290	58,621	191,125	293,751	170,541	219,516	130,768	27,968
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	824,700	52,993	154,911	200,677	128,626	173,775	92,639	21,079
	MN	2,497	23	284	608	460	767	339	16
	Total	827,197	53,016	155,195	201,285	129,086	174,542	92,978	21,095
10. PARTICIPANT RATIO	CN	0.76	0.90	0.81	0.69	0.76	0.80	0.71	0.75
	MN	0.52	0.48	0.54	0.50	0.47	0.58	0.48	0.36
	Total	0.76	0.90	0.81	0.69	0.76	0.80	0.71	0.75
11. Total Eligibles Referred for Corrective Treatment	CN	314,552	26,881	40,300	66,917	62,286	83,543	31,125	3,500
	MN	709	16	90	169	133	223	78	0
	Total	315,261	26,897	40,390	67,086	62,419	83,766	31,203	3,500
12a. Total Eligibles Receiving Any Dental Services	CN	811,112	1,713	55,079	189,618	236,913	214,306	104,836	8,647
	MN	3,489	1	84	609	1,151	1,147	493	4
	Total	814,601	1,714	55,163	190,227	238,064	215,453	105,329	8,651
12b. Total Eligibles Receiving Preventive Dental Services	CN	757,175	1,226	48,884	179,395	226,538	203,172	92,182	5,778
	MN	3,241	0	70	568	1,093	1,069	438	3
	Total	760,416	1,226	48,954	179,963	227,631	204,241	92,620	5,781
12c. Total Eligibles Receiving Dental Treatment Services	CN	297,664	48	4,789	56,885	98,185	82,385	50,580	4,792
	MN	1,275	0	8	173	432	443	217	2
	Total	298,939	48	4,797	57,058	98,617	82,828	50,797	4,794
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	169,236				92,212	77,024		
	MN	776				413	363		
	Total	170,012				92,625	77,387		

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Fiscal Year: 2011

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	778,213	1,668	53,922	183,997	228,554	205,307	97,253	7,512
	MN	3,287	1	83	577	1,085	1,082	456	3
	Total	781,500	1,669	54,005	184,574	229,639	206,389	97,709	7,515
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	11,415	1,668	9,496	248	3	0	0	0
	MN	13	3	10	0	0	0	0	0
	Total	11,428	1,671	9,506	248	3	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	820,067	3,333	62,247	189,784	236,914	214,306	104,836	8,647
	MN	3,500	4	92	609	1,151	1,147	493	4
	Total	823,567	3,337	62,339	190,393	238,065	215,453	105,329	8,651
13. Total Eligibles Enrolled in Managed Care	CN	193,685	7,689	24,274	37,803	41,368	42,734	29,839	9,978
	MN	148	4	6	22	46	45	22	3
	Total	193,833	7,693	24,280	37,825	41,414	42,779	29,861	9,981
14. Total Number of Screening Blood Lead Tests	CN	453,476	52,747	201,558	199,171				
	MN	687	36	308	343				
	Total	454,163	52,783	201,866	199,514				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	786,263	50,122	101,933	138,757	160,282	174,626	122,211	38,332
	MN	0	0	0	0	0	0	0	0
	Total	786,263	50,122	101,933	138,757	160,282	174,626	122,211	38,332
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	739,676	36,708	97,886	133,842	154,502	168,143	115,887	32,708
	MN	0	0	0	0	0	0	0	0
	Total	739,676	36,708	97,886	133,842	154,502	168,143	115,887	32,708
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	33,387	46	3,899	5,711	7,761	9,824	6,057	89
	MN	0	0	0	0	0	0	0	0
	Total	33,387	46	3,899	5,711	7,761	9,824	6,057	89
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	7,915,467	286,371	1,067,818	1,468,320	1,703,698	1,851,907	1,243,153	294,200
	MN	0	0	0	0	0	0	0	0
	Total	7,915,467	286,371	1,067,818	1,468,320	1,703,698	1,851,907	1,243,153	294,200
3b. Average Period of Eligibility	CN	0.89	0.65	0.91	0.91	0.92	0.92	0.89	0.75
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.65	0.91	0.91	0.92	0.92	0.89	0.75
4. Expected Number of Screenings per Eligible	CN		4.55	2.28	0.91	0.92	0.92	0.89	0.75
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.55	2.28	0.91	0.92	0.92	0.89	0.75
5. Expected Number of Screenings	CN	936,501	167,021	223,180	121,796	142,142	154,692	103,139	24,531
	MN	0	0	0	0	0	0	0	0
	Total	936,501	167,021	223,180	121,796	142,142	154,692	103,139	24,531
6. Total Screens Received	CN	519,644	106,750	166,599	81,384	56,472	68,768	36,219	3,452
	MN	0	0	0	0	0	0	0	0
	Total	519,644	106,750	166,599	81,384	56,472	68,768	36,219	3,452
7. SCREENING RATIO	CN	0.55	0.64	0.75	0.67	0.40	0.44	0.35	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.55	0.64	0.75	0.67	0.40	0.44	0.35	0.14

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	680,894	36,708	97,886	121,796	142,142	154,692	103,139	24,531
	MN	0	0	0	0	0	0	0	0
	Total	680,894	36,708	97,886	121,796	142,142	154,692	103,139	24,531
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	319,457	31,698	71,561	68,776	51,046	60,990	32,204	3,182
	MN	0	0	0	0	0	0	0	0
	Total	319,457	31,698	71,561	68,776	51,046	60,990	32,204	3,182
10. PARTICIPANT RATIO	CN	0.47	0.86	0.73	0.56	0.36	0.39	0.31	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.47	0.86	0.73	0.56	0.36	0.39	0.31	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	222,175	27,489	48,392	43,130	35,008	42,218	23,504	2,434
	MN	0	0	0	0	0	0	0	0
	Total	222,175	27,489	48,392	43,130	35,008	42,218	23,504	2,434
12a. Total Eligibles Receiving Any Dental Services	CN	229,202	94	9,260	41,946	63,435	65,286	41,075	8,106
	MN	0	0	0	0	0	0	0	0
	Total	229,202	94	9,260	41,946	63,435	65,286	41,075	8,106
12b. Total Eligibles Receiving Preventive Dental Services	CN	203,246	0	7,049	36,989	58,834	60,577	34,221	5,576
	MN	0	0	0	0	0	0	0	0
	Total	203,246	0	7,049	36,989	58,834	60,577	34,221	5,576
12c. Total Eligibles Receiving Dental Treatment Services	CN	97,689	29	1,263	13,841	27,695	27,563	22,241	5,057
	MN	0	0	0	0	0	0	0	0
	Total	97,689	29	1,263	13,841	27,695	27,563	22,241	5,057
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	35,227				15,763	19,464		
	MN	0				0	0		
	Total	35,227				15,763	19,464		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	214,760	86	9,061	39,740	59,494	61,340	37,776	7,263
	MN	0	0	0	0	0	0	0	0
	Total	214,760	86	9,061	39,740	59,494	61,340	37,776	7,263
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,207	0	149	477	317	179	64	21
	MN	0	0	0	0	0	0	0	0
	Total	1,207	0	149	477	317	179	64	21
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	229,812	94	9,338	42,120	63,587	65,413	41,136	8,124
	MN	0	0	0	0	0	0	0	0
	Total	229,812	94	9,338	42,120	63,587	65,413	41,136	8,124
13. Total Eligibles Enrolled in Managed Care	CN	743,006	47,328	98,649	132,209	152,793	165,200	113,376	33,451
	MN	0	0	0	0	0	0	0	0
	Total	743,006	47,328	98,649	132,209	152,793	165,200	113,376	33,451
14. Total Number of Screening Blood Lead Tests	CN	14,825	190	8,941	5,694				
	MN	0	0	0	0				
	Total	14,825	190	8,941	5,694				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	314,233	20,579	41,874	57,425	62,822	65,616	45,731	20,186
	MN	716	7	9	16	23	40	68	553
	Total	314,949	20,586	41,883	57,441	62,845	65,656	45,799	20,739
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	289,850	15,774	39,214	53,951	59,118	61,755	42,421	17,617
	MN	456	5	4	5	8	13	24	397
	Total	290,306	15,779	39,218	53,956	59,126	61,768	42,445	18,014
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	15,674	266	46	8	5,406	5,934	3,949	65
	MN	0	0	0	0	0	0	0	0
	Total	15,674	266	46	8	5,406	5,934	3,949	65
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	2,801,346	106,828	373,729	532,837	592,474	625,002	418,170	152,306
	MN	3,522	32	20	21	46	54	143	3,206
	Total	2,804,868	106,860	373,749	532,858	592,520	625,056	418,313	155,512
3b. Average Period of Eligibility	CN	0.81	0.56	0.79	0.82	0.84	0.84	0.82	0.72
	MN	0.64	0.53	0.42	0.35	0.48	0.35	0.50	0.67
	Total	0.81	0.56	0.79	0.82	0.84	0.84	0.82	0.72
4. Expected Number of Screenings per Eligible	CN		3.36	1.58	0.82	0.42	0.50	0.41	0.36
	MN		3.18	0.84	0.35	0.24	0.21	0.25	0.34
	Total		3.36	1.58	0.82	0.42	0.50	0.41	0.36
5. Expected Number of Screenings	CN	238,642	53,001	61,958	44,240	24,830	30,878	17,393	6,342
	MN	167	16	3	2	2	3	6	135
	Total	238,809	53,017	61,961	44,242	24,832	30,881	17,399	6,477
6. Total Screens Received	CN	281,016	60,119	85,728	47,500	23,086	27,133	24,702	12,748
	MN	244	1	3	0	1	1	4	234
	Total	281,260	60,120	85,731	47,500	23,087	27,134	24,706	12,982
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	0.93	0.88	1.00	1.00
	MN	1.00	0.06	1.00	0.00	0.50	0.33	0.67	1.00
	Total	1.00	1.00	1.00	1.00	0.93	0.88	1.00	1.00

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	178,671	15,774	39,214	44,240	24,830	30,878	17,393	6,342
	MN	156	5	3	2	2	3	6	135
	Total	178,827	15,779	39,217	44,242	24,832	30,881	17,399	6,477
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	143,823	14,672	32,023	34,681	18,441	21,515	16,094	6,397
	MN	151	1	2	0	1	1	4	142
	Total	143,974	14,673	32,025	34,681	18,442	21,516	16,098	6,539
10. PARTICIPANT RATIO	CN	0.80	0.93	0.82	0.78	0.74	0.70	0.93	1.00
	MN	0.97	0.20	0.67	0.00	0.50	0.33	0.67	1.00
	Total	0.81	0.93	0.82	0.78	0.74	0.70	0.93	1.00
11. Total Eligibles Referred for Corrective Treatment	CN	5,280	4,933	229	25	23	41	29	0
	MN	0	0	0	0	0	0	0	0
	Total	5,280	4,933	229	25	23	41	29	0
12a. Total Eligibles Receiving Any Dental Services	CN	123,747	77	7,030	26,291	32,339	32,950	19,733	5,327
	MN	160	0	0	2	2	2	11	143
	Total	123,907	77	7,030	26,293	32,341	32,952	19,744	5,470
12b. Total Eligibles Receiving Preventive Dental Services	CN	109,741	23	5,163	23,681	30,409	29,980	16,667	3,818
	MN	121	0	0	2	2	2	9	106
	Total	109,862	23	5,163	23,683	30,411	29,982	16,676	3,924
12c. Total Eligibles Receiving Dental Treatment Services	CN	51,182	27	529	7,536	14,339	14,802	10,648	3,301
	MN	100	0	0	1	2	1	3	93
	Total	51,282	27	529	7,537	14,341	14,803	10,651	3,394
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	16,277				9,448	6,829		
	MN	0				0	0		
	Total	16,277				9,448	6,829		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	116,124	55	6,934	25,334	30,434	30,775	17,850	4,742
	MN	143	0	0	1	2	2	10	128
	Total	116,267	55	6,934	25,335	30,436	30,777	17,860	4,870
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	45,205	2,880	11,497	16,520	5,801	3,306	2,673	2,528
	MN	46	0	0	0	1	0	2	43
	Total	45,251	2,880	11,497	16,520	5,802	3,306	2,675	2,571
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	147,666	2,927	15,736	32,317	34,482	34,279	21,021	6,904
	MN	190	0	0	2	3	2	12	171
	Total	147,856	2,927	15,736	32,319	34,485	34,281	21,033	7,075
13. Total Eligibles Enrolled in Managed Care	CN	210,083	11,720	30,670	40,877	42,983	42,917	28,785	12,131
	MN	238	0	0	4	3	4	16	211
	Total	210,321	11,720	30,670	40,881	42,986	42,921	28,801	12,342
14. Total Number of Screening Blood Lead Tests	CN	28,090	122	16,000	11,968				
	MN	0	0	0	0				
	Total	28,090	122	16,000	11,968				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	258,869	19,377	40,132	52,214	52,579	49,913	32,561	12,093
	MN	318	95	33	29	41	48	35	37
	Total	259,187	19,472	40,165	52,243	52,620	49,961	32,596	12,130
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	238,284	15,490	37,857	48,876	49,034	46,497	30,141	10,389
	MN	165	15	18	20	25	33	22	32
	Total	238,449	15,505	37,875	48,896	49,059	46,530	30,163	10,421
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	2,517,242	118,786	413,242	532,703	530,601	506,728	322,052	93,130
	MN	1,129	172	119	119	146	183	166	224
	Total	2,518,371	118,958	413,361	532,822	530,747	506,911	322,218	93,354
3b. Average Period of Eligibility	CN	0.88	0.64	0.91	0.91	0.90	0.91	0.89	0.75
	MN	0.57	0.96	0.55	0.50	0.49	0.46	0.63	0.58
	Total	0.88	0.64	0.91	0.91	0.90	0.91	0.89	0.75
4. Expected Number of Screenings per Eligible	CN		3.84	2.28	0.91	0.90	0.91	0.89	0.75
	MN		5.76	1.38	0.50	0.49	0.46	0.63	0.58
	Total		3.84	2.28	0.91	0.90	0.91	0.89	0.75
5. Expected Number of Screenings	CN	311,333	59,482	86,314	44,477	44,131	42,312	26,825	7,792
	MN	181	86	25	10	12	15	14	19
	Total	311,514	59,568	86,339	44,487	44,143	42,327	26,839	7,811
6. Total Screens Received	CN	248,479	67,258	67,423	37,256	23,537	24,389	18,798	9,818
	MN	191	63	38	12	8	13	23	34
	Total	248,670	67,321	67,461	37,268	23,545	24,402	18,821	9,852
7. SCREENING RATIO	CN	0.80	1.00	0.78	0.84	0.53	0.58	0.70	1.00
	MN	1.00	0.73	1.00	1.00	0.67	0.87	1.00	1.00
	Total	0.80	1.00	0.78	0.84	0.53	0.58	0.70	1.00

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	218,884	15,490	37,857	44,477	44,131	42,312	26,825	7,792
	MN	103	15	18	10	12	15	14	19
	Total	218,987	15,505	37,875	44,487	44,143	42,327	26,839	7,811
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	126,571	14,578	26,894	29,268	19,828	19,607	12,464	3,932
	MN	41	10	9	5	1	5	7	4
	Total	126,612	14,588	26,903	29,273	19,829	19,612	12,471	3,936
10. PARTICIPANT RATIO	CN	0.58	0.94	0.71	0.66	0.45	0.46	0.46	0.50
	MN	0.40	0.67	0.50	0.50	0.08	0.33	0.50	0.21
	Total	0.58	0.94	0.71	0.66	0.45	0.46	0.46	0.50
11. Total Eligibles Referred for Corrective Treatment	CN	475	44	99	91	71	95	75	0
	MN	0	0	0	0	0	0	0	0
	Total	475	44	99	91	71	95	75	0
12a. Total Eligibles Receiving Any Dental Services	CN	98,323	99	6,265	23,485	28,015	24,578	13,555	2,326
	MN	21	0	3	4	3	4	4	3
	Total	98,344	99	6,268	23,489	28,018	24,582	13,559	2,329
12b. Total Eligibles Receiving Preventive Dental Services	CN	91,426	56	4,741	21,674	27,008	23,705	12,424	1,818
	MN	19	0	3	3	3	4	3	3
	Total	91,445	56	4,744	21,677	27,011	23,709	12,427	1,821
12c. Total Eligibles Receiving Dental Treatment Services	CN	44,021	25	778	8,506	13,959	11,577	7,741	1,435
	MN	9	0	2	1	1	3	1	1
	Total	44,030	25	780	8,507	13,960	11,580	7,742	1,436
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	21,442				10,076	11,366		
	MN	3				2	1		
	Total	21,445				10,078	11,367		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	93,983	57	5,724	22,439	26,983	23,711	12,892	2,177
	MN	18	0	2	3	3	3	4	3
	Total	94,001	57	5,726	22,442	26,986	23,714	12,896	2,180
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	14,309	62	1,683	4,289	4,285	2,622	1,145	223
	MN	4	0	0	0	2	0	2	0
	Total	14,313	62	1,683	4,289	4,287	2,622	1,147	223
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	107,858	160	7,727	25,926	30,666	26,483	14,400	2,496
	MN	24	0	3	4	5	4	5	3
	Total	107,882	160	7,730	25,930	30,671	26,487	14,405	2,499
13. Total Eligibles Enrolled in Managed Care	CN	209,386	16,303	36,507	45,553	43,336	37,967	22,092	7,628
	MN	1	0	0	0	0	0	0	1
	Total	209,387	16,303	36,507	45,553	43,336	37,967	22,092	7,629
14. Total Number of Screening Blood Lead Tests	CN	24,429	342	15,206	8,881				
	MN	10	0	8	2				
	Total	24,439	342	15,214	8,883				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	515,814	32,474	64,521	91,039	103,925	116,020	81,512	26,323
	MN	35,556	1,401	4,533	7,377	7,428	7,425	6,035	1,357
	Total	551,370	33,875	69,054	98,416	111,353	123,445	87,547	27,680
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	484,743	25,506	61,418	87,232	99,542	111,216	77,587	22,242
	MN	33,885	1,072	4,521	7,102	7,128	7,135	5,783	1,144
	Total	518,628	26,578	65,939	94,334	106,670	118,351	83,370	23,386
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	42,519	362	1,739	3,624	11,048	13,889	10,448	1,409
	MN	390	1	27	42	109	107	102	2
	Total	42,909	363	1,766	3,666	11,157	13,996	10,550	1,411
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	4,968,194	180,643	628,050	911,639	1,053,607	1,196,154	817,183	180,918
	MN	342,519	7,669	44,462	72,747	73,982	75,377	58,714	9,568
	Total	5,310,713	188,312	672,512	984,386	1,127,589	1,271,531	875,897	190,486
3b. Average Period of Eligibility	CN	0.85	0.59	0.85	0.87	0.88	0.90	0.88	0.68
	MN	0.84	0.60	0.82	0.85	0.86	0.88	0.85	0.70
	Total	0.85	0.59	0.85	0.87	0.88	0.90	0.88	0.68
4. Expected Number of Screenings per Eligible	CN		2.95	1.70	0.87	0.44	0.90	0.88	0.68
	MN		3.00	1.64	0.85	0.43	0.88	0.85	0.70
	Total		2.95	1.70	0.87	0.44	0.90	0.88	0.68
5. Expected Number of Screenings	CN	482,840	75,243	104,411	75,892	43,798	100,094	68,277	15,125
	MN	31,728	3,216	7,414	6,037	3,065	6,279	4,916	801
	Total	514,568	78,459	111,825	81,929	46,863	106,373	73,193	15,926
6. Total Screens Received	CN	401,332	84,931	124,485	65,881	34,122	58,531	29,342	4,040
	MN	29,218	3,796	9,215	5,715	2,833	4,201	3,140	318
	Total	430,550	88,727	133,700	71,596	36,955	62,732	32,482	4,358
7. SCREENING RATIO	CN	0.83	1.00	1.00	0.87	0.78	0.58	0.43	0.27
	MN	0.92	1.00	1.00	0.95	0.92	0.67	0.64	0.40
	Total	0.84	1.00	1.00	0.87	0.79	0.59	0.44	0.27

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	390,110	25,506	61,418	75,892	43,798	100,094	68,277	15,125
	MN	26,691	1,072	4,521	6,037	3,065	6,279	4,916	801
	Total	416,801	26,578	65,939	81,929	46,863	106,373	73,193	15,926
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	225,491	23,413	47,379	52,443	28,473	47,264	23,326	3,193
	MN	17,073	1,014	3,565	4,318	2,303	3,293	2,311	269
	Total	242,564	24,427	50,944	56,761	30,776	50,557	25,637	3,462
10. PARTICIPANT RATIO	CN	0.58	0.92	0.77	0.69	0.65	0.47	0.34	0.21
	MN	0.64	0.95	0.79	0.72	0.75	0.52	0.47	0.34
	Total	0.58	0.92	0.77	0.69	0.66	0.48	0.35	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	96,894	16,123	26,001	20,065	8,679	15,953	8,643	1,430
	MN	7,774	682	2,032	1,687	759	1,286	1,207	121
	Total	104,668	16,805	28,033	21,752	9,438	17,239	9,850	1,551
12a. Total Eligibles Receiving Any Dental Services	CN	227,359	167	9,591	47,084	61,281	63,720	38,128	7,388
	MN	16,903	4	791	3,852	4,278	4,186	3,367	425
	Total	244,262	171	10,382	50,936	65,559	67,906	41,495	7,813
12b. Total Eligibles Receiving Preventive Dental Services	CN	199,935	59	7,492	42,379	56,696	57,405	31,103	4,801
	MN	14,941	2	610	3,475	3,960	3,776	2,830	288
	Total	214,876	61	8,102	45,854	60,656	61,181	33,933	5,089
12c. Total Eligibles Receiving Dental Treatment Services	CN	109,488	45	1,261	14,905	29,116	33,746	25,150	5,265
	MN	7,945	2	100	1,168	1,999	2,197	2,184	295
	Total	117,433	47	1,361	16,073	31,115	35,943	27,334	5,560
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	25,399				14,264	11,135		
	MN	1,619				893	726		
	Total	27,018				15,157	11,861		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	209,601	130	9,275	45,212	57,626	58,405	32,971	5,982
	MN	15,608	3	761	3,703	4,023	3,835	2,933	350
	Total	225,209	133	10,036	48,915	61,649	62,240	35,904	6,332
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	9,312	9	448	1,813	2,993	2,612	1,167	270
	MN	602	0	28	140	175	154	94	11
	Total	9,914	9	476	1,953	3,168	2,766	1,261	281
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	227,359	167	9,591	47,084	61,281	63,720	38,128	7,388
	MN	16,903	4	791	3,852	4,278	4,186	3,367	425
	Total	244,262	171	10,382	50,936	65,559	67,906	41,495	7,813
13. Total Eligibles Enrolled in Managed Care	CN	484,537	25,402	61,401	87,226	99,532	111,200	77,566	22,210
	MN	33,881	1,071	4,521	7,102	7,128	7,133	5,783	1,143
	Total	518,418	26,473	65,922	94,328	106,660	118,333	83,349	23,353
14. Total Number of Screening Blood Lead Tests	CN	45,191	958	28,663	15,570				
	MN	3,392	47	2,077	1,268				
	Total	48,583	1,005	30,740	16,838				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	823,177	45,641	95,619	143,398	164,684	188,461	138,144	47,230
	MN	531	16	37	69	90	113	93	113
	Total	823,708	45,657	95,656	143,467	164,774	188,574	138,237	47,343
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	791,495	36,819	93,508	140,211	160,853	184,048	134,275	41,781
	MN	468	11	34	64	85	90	80	104
	Total	791,963	36,830	93,542	140,275	160,938	184,138	134,355	41,885
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	149,392	268	8,403	16,997	33,971	45,328	36,919	7,506
	MN	12	0	0	3	0	4	2	3
	Total	149,404	268	8,403	17,000	33,971	45,332	36,921	7,509
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	8,915,103	277,284	1,074,604	1,624,796	1,861,507	2,140,514	1,554,084	382,314
	MN	4,434	51	363	686	930	879	621	904
	Total	8,919,537	277,335	1,074,967	1,625,482	1,862,437	2,141,393	1,554,705	383,218
3b. Average Period of Eligibility	CN	0.94	0.63	0.96	0.97	0.96	0.97	0.96	0.76
	MN	0.79	0.39	0.89	0.89	0.91	0.81	0.65	0.72
	Total	0.94	0.63	0.96	0.97	0.96	0.97	0.96	0.76
4. Expected Number of Screenings per Eligible	CN		3.78	1.92	0.97	0.48	0.58	0.48	0.38
	MN		2.34	1.78	0.89	0.46	0.49	0.33	0.36
	Total		3.78	1.92	0.97	0.48	0.58	0.48	0.38
5. Expected Number of Screenings	CN	719,002	139,176	179,535	136,005	77,209	106,748	64,452	15,877
	MN	290	26	61	57	39	44	26	37
	Total	719,292	139,202	179,596	136,062	77,248	106,792	64,478	15,914
6. Total Screens Received	CN	669,798	142,432	192,985	112,072	67,384	92,117	56,388	6,420
	MN	190	2	71	27	24	28	9	29
	Total	669,988	142,434	193,056	112,099	67,408	92,145	56,397	6,449
7. SCREENING RATIO	CN	0.93	1.00	1.00	0.82	0.87	0.86	0.87	0.40
	MN	0.66	0.08	1.00	0.47	0.62	0.64	0.35	0.78
	Total	0.93	1.00	1.00	0.82	0.87	0.86	0.87	0.41

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	530,618	36,819	93,508	136,005	77,209	106,748	64,452	15,877
	MN	248	11	34	57	39	44	26	37
	Total	530,866	36,830	93,542	136,062	77,248	106,792	64,478	15,914
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	387,508	35,199	77,003	88,784	59,010	76,155	45,851	5,506
	MN	119	2	22	21	19	21	8	26
	Total	387,627	35,201	77,025	88,805	59,029	76,176	45,859	5,532
10. PARTICIPANT RATIO	CN	0.73	0.96	0.82	0.65	0.76	0.71	0.71	0.35
	MN	0.48	0.18	0.65	0.37	0.49	0.48	0.31	0.70
	Total	0.73	0.96	0.82	0.65	0.76	0.71	0.71	0.35
11. Total Eligibles Referred for Corrective Treatment	CN	110,297	10,825	24,812	22,540	18,725	20,575	11,376	1,444
	MN	39	1	10	5	8	5	3	7
	Total	110,336	10,826	24,822	22,545	18,733	20,580	11,379	1,451
12a. Total Eligibles Receiving Any Dental Services	CN	380,040	251	21,512	80,712	99,708	102,905	63,322	11,630
	MN	178	0	9	29	38	31	19	52
	Total	380,218	251	21,521	80,741	99,746	102,936	63,341	11,682
12b. Total Eligibles Receiving Preventive Dental Services	CN	353,337	139	20,072	76,668	94,943	96,821	55,668	9,026
	MN	160	0	9	29	33	28	17	44
	Total	353,497	139	20,081	76,697	94,976	96,849	55,685	9,070
12c. Total Eligibles Receiving Dental Treatment Services	CN	197,108	26	3,170	31,180	57,360	56,800	40,718	7,854
	MN	109	0	1	8	26	23	15	36
	Total	197,217	26	3,171	31,188	57,386	56,823	40,733	7,890
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	36,283				23,556	12,727		
	MN	14				11	3		
	Total	36,297				23,567	12,730		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	356,023	229	20,767	76,899	94,116	97,040	57,312	9,660
	MN	165	0	9	29	33	29	18	47
	Total	356,188	229	20,776	76,928	94,149	97,069	57,330	9,707
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	251	251	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	251	251	0	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	380,040	251	21,512	80,712	99,708	102,905	63,322	11,630
	MN	178	0	9	29	38	31	19	52
	Total	380,218	251	21,521	80,741	99,746	102,936	63,341	11,682
13. Total Eligibles Enrolled in Managed Care	CN	695,525	33,384	88,039	128,266	142,591	158,546	113,453	31,246
	MN	245	2	24	21	25	24	21	128
	Total	695,770	33,386	88,063	128,287	142,616	158,570	113,474	31,374
14. Total Number of Screening Blood Lead Tests	CN	75,043	582	50,160	24,301				
	MN	22	0	14	8				
	Total	75,065	582	50,174	24,309				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	138,097	7,279	14,975	21,700	26,779	31,571	23,667	12,126
	MN	0	0	0	0	0	0	0	0
	Total	138,097	7,279	14,975	21,700	26,779	31,571	23,667	12,126
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	134,263	5,845	14,745	21,332	26,357	31,049	23,160	11,775
	MN	0	0	0	0	0	0	0	0
	Total	134,263	5,845	14,745	21,332	26,357	31,049	23,160	11,775
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	19,708	5	1,335	2,615	4,684	5,942	4,590	537
	MN	0	0	0	0	0	0	0	0
	Total	19,708	5	1,335	2,615	4,684	5,942	4,590	537
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	1,500,029	42,636	168,619	243,479	301,218	353,964	260,627	129,486
	MN	0	0	0	0	0	0	0	0
	Total	1,500,029	42,636	168,619	243,479	301,218	353,964	260,627	129,486
3b. Average Period of Eligibility	CN	0.93	0.61	0.95	0.95	0.95	0.95	0.94	0.92
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.61	0.95	0.95	0.95	0.95	0.94	0.92
4. Expected Number of Screenings per Eligible	CN		3.66	1.90	0.95	0.95	0.95	0.94	0.92
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	1.90	0.95	0.95	0.95	0.94	0.92
5. Expected Number of Screenings	CN	156,813	21,393	28,016	20,265	25,039	29,497	21,770	10,833
	MN	0	0	0	0	0	0	0	0
	Total	156,813	21,393	28,016	20,265	25,039	29,497	21,770	10,833
6. Total Screens Received	CN	137,050	29,186	41,532	18,308	15,849	18,475	10,669	3,031
	MN	0	0	0	0	0	0	0	0
	Total	137,050	29,186	41,532	18,308	15,849	18,475	10,669	3,031
7. SCREENING RATIO	CN	0.87	1.00	1.00	0.90	0.63	0.63	0.49	0.28
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	1.00	1.00	0.90	0.63	0.63	0.49	0.28

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	127,994	5,845	14,745	20,265	25,039	29,497	21,770	10,833
	MN	0	0	0	0	0	0	0	0
	Total	127,994	5,845	14,745	20,265	25,039	29,497	21,770	10,833
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	64,776	5,434	12,041	12,732	11,323	13,264	7,650	2,332
	MN	0	0	0	0	0	0	0	0
	Total	64,776	5,434	12,041	12,732	11,323	13,264	7,650	2,332
10. PARTICIPANT RATIO	CN	0.51	0.93	0.82	0.63	0.45	0.45	0.35	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	0.93	0.82	0.63	0.45	0.45	0.35	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	88,830	4,558	11,420	14,408	16,987	19,175	15,035	7,247
	MN	0	0	0	0	0	0	0	0
	Total	88,830	4,558	11,420	14,408	16,987	19,175	15,035	7,247
12a. Total Eligibles Receiving Any Dental Services	CN	46,961	15	1,451	7,759	11,691	13,849	9,128	3,068
	MN	0	0	0	0	0	0	0	0
	Total	46,961	15	1,451	7,759	11,691	13,849	9,128	3,068
12b. Total Eligibles Receiving Preventive Dental Services	CN	41,175	10	1,252	7,229	10,708	12,199	7,549	2,228
	MN	0	0	0	0	0	0	0	0
	Total	41,175	10	1,252	7,229	10,708	12,199	7,549	2,228
12c. Total Eligibles Receiving Dental Treatment Services	CN	21,637	2	199	2,274	5,251	6,888	5,131	1,892
	MN	0	0	0	0	0	0	0	0
	Total	21,637	2	199	2,274	5,251	6,888	5,131	1,892
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	11,332				5,487	5,845		
	MN	0				0	0		
	Total	11,332				5,487	5,845		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	40,183	12	1,197	6,968	10,262	11,523	7,602	2,619
	MN	0	0	0	0	0	0	0	0
	Total	40,183	12	1,197	6,968	10,262	11,523	7,602	2,619
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	21,706	177	2,757	3,816	6,156	5,364	2,626	810
	MN	0	0	0	0	0	0	0	0
	Total	21,706	177	2,757	3,816	6,156	5,364	2,626	810
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	63,220	192	3,982	10,596	16,131	17,711	10,968	3,640
	MN	0	0	0	0	0	0	0	0
	Total	63,220	192	3,982	10,596	16,131	17,711	10,968	3,640
13. Total Eligibles Enrolled in Managed Care	CN	103,233	4,984	13,125	17,639	20,500	22,168	16,349	8,468
	MN	0	0	0	0	0	0	0	0
	Total	103,233	4,984	13,125	17,639	20,500	22,168	16,349	8,468
14. Total Number of Screening Blood Lead Tests	CN	2,636	31	2,126	479				
	MN	0	0	0	0				
	Total	2,636	31	2,126	479				

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Form CMS-416

Fiscal Year: 2011

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	620,635	37,808	79,222	111,734	121,075	132,291	96,410	42,095
	MN	1,496	39	82	131	185	271	234	554
	Total	622,131	37,847	79,304	111,865	121,260	132,562	96,644	42,649
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	591,924	30,610	76,635	108,092	117,021	127,876	92,679	39,011
	MN	1,104	24	60	105	132	205	181	397
	Total	593,028	30,634	76,695	108,197	117,153	128,081	92,860	39,408
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	127,870	331	9,941	18,544	32,132	36,973	25,998	3,951
	MN	0	0	0	0	0	0	0	0
	Total	127,870	331	9,941	18,544	32,132	36,973	25,998	3,951
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	6,409,999	224,977	845,736	1,200,245	1,304,416	1,423,979	1,018,432	392,214
	MN	8,582	131	499	883	1,040	1,589	1,457	2,983
	Total	6,418,581	225,108	846,235	1,201,128	1,305,456	1,425,568	1,019,889	395,197
3b. Average Period of Eligibility	CN	0.90	0.61	0.92	0.93	0.93	0.93	0.92	0.84
	MN	0.65	0.45	0.69	0.70	0.66	0.65	0.67	0.63
	Total	0.90	0.61	0.92	0.93	0.93	0.93	0.92	0.84
4. Expected Number of Screenings per Eligible	CN		3.66	1.84	0.93	0.93	0.93	0.92	0.84
	MN		2.70	1.38	0.70	0.66	0.65	0.67	0.63
	Total		3.66	1.84	0.93	0.93	0.93	0.92	0.84
5. Expected Number of Screenings	CN	699,356	112,033	141,008	100,526	108,830	118,925	85,265	32,769
	MN	813	65	83	74	87	133	121	250
	Total	700,169	112,098	141,091	100,600	108,917	119,058	85,386	33,019
6. Total Screens Received	CN	646,071	145,476	185,255	93,626	75,302	80,131	53,066	13,215
	MN	430	34	92	52	43	75	46	88
	Total	646,501	145,510	185,347	93,678	75,345	80,206	53,112	13,303
7. SCREENING RATIO	CN	0.92	1.00	1.00	0.93	0.69	0.67	0.62	0.40
	MN	0.53	0.52	1.00	0.70	0.49	0.56	0.38	0.35
	Total	0.92	1.00	1.00	0.93	0.69	0.67	0.62	0.40

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Form CMS-416

Fiscal Year: 2011

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	553,560	30,610	76,635	100,526	108,830	118,925	85,265	32,769
	MN	749	24	60	74	87	133	121	250
	Total	554,309	30,634	76,695	100,600	108,917	119,058	85,386	33,019
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	351,255	28,657	65,480	75,717	62,879	65,913	42,137	10,472
	MN	299	9	42	40	37	56	37	78
	Total	351,554	28,666	65,522	75,757	62,916	65,969	42,174	10,550
10. PARTICIPANT RATIO	CN	0.63	0.94	0.85	0.75	0.58	0.55	0.49	0.32
	MN	0.40	0.38	0.70	0.54	0.43	0.42	0.31	0.31
	Total	0.63	0.94	0.85	0.75	0.58	0.55	0.49	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	343,293	27,701	65,032	74,562	61,774	64,239	40,278	9,707
	MN	277	9	42	37	37	53	36	63
	Total	343,570	27,710	65,074	74,599	61,811	64,292	40,314	9,770
12a. Total Eligibles Receiving Any Dental Services	CN	310,239	706	26,216	67,110	77,834	78,077	47,479	12,817
	MN	408	1	12	54	73	93	58	117
	Total	310,647	707	26,228	67,164	77,907	78,170	47,537	12,934
12b. Total Eligibles Receiving Preventive Dental Services	CN	279,505	465	23,147	62,420	72,925	71,171	39,987	9,390
	MN	342	1	10	49	65	77	57	83
	Total	279,847	466	23,157	62,469	72,990	71,248	40,044	9,473
12c. Total Eligibles Receiving Dental Treatment Services	CN	142,383	16	2,779	22,756	38,065	41,365	28,873	8,529
	MN	237	1	2	15	38	47	52	82
	Total	142,620	17	2,781	22,771	38,103	41,412	28,925	8,611
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	50,024				24,149	25,875		
	MN	56				25	31		
	Total	50,080				24,174	25,906		

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Fiscal Year: 2011

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	284,978	628	24,806	63,105	72,867	71,049	41,728	10,795
	MN	350	0	10	48	65	74	52	101
	Total	285,328	628	24,816	63,153	72,932	71,123	41,780	10,896
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	14,790	2,489	11,281	1,020	0	0	0	0
	MN	6	2	4	0	0	0	0	0
	Total	14,796	2,491	11,285	1,020	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	320,815	3,041	34,165	67,402	77,834	78,077	47,479	12,817
	MN	412	2	15	54	73	93	58	117
	Total	321,227	3,043	34,180	67,456	77,907	78,170	47,537	12,934
13. Total Eligibles Enrolled in Managed Care	CN	603,583	35,718	77,982	109,630	118,434	128,623	93,052	40,144
	MN	837	7	52	89	112	153	127	297
	Total	604,420	35,725	78,034	109,719	118,546	128,776	93,179	40,441
14. Total Number of Screening Blood Lead Tests	CN	64,013	953	38,939	24,121				
	MN	28	0	19	9				
	Total	64,041	953	38,958	24,130				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	616,447	39,234	75,646	102,234	113,674	130,408	105,662	49,589
	MN	0	0	0	0	0	0	0	0
	Total	616,447	39,234	75,646	102,234	113,674	130,408	105,662	49,589
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	548,254	25,222	68,130	93,699	104,324	118,885	95,121	42,873
	MN	0	0	0	0	0	0	0	0
	Total	548,254	25,222	68,130	93,699	104,324	118,885	95,121	42,873
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	217,757	8,885	23,613	32,780	43,575	51,404	43,761	13,739
	MN	0	0	0	0	0	0	0	0
	Total	217,757	8,885	23,613	32,780	43,575	51,404	43,761	13,739
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	5,644,025	168,895	706,375	986,515	1,103,116	1,260,644	1,002,296	416,184
	MN	0	0	0	0	0	0	0	0
	Total	5,644,025	168,895	706,375	986,515	1,103,116	1,260,644	1,002,296	416,184
3b. Average Period of Eligibility	CN	0.86	0.56	0.86	0.88	0.88	0.88	0.88	0.81
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.56	0.86	0.88	0.88	0.88	0.88	0.81
4. Expected Number of Screenings per Eligible	CN		3.36	1.72	0.88	0.88	0.88	0.88	0.81
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.36	1.72	0.88	0.88	0.88	0.88	0.81
5. Expected Number of Screenings	CN	599,242	84,746	117,184	82,455	91,805	104,619	83,706	34,727
	MN	0	0	0	0	0	0	0	0
	Total	599,242	84,746	117,184	82,455	91,805	104,619	83,706	34,727
6. Total Screens Received	CN	715,035	106,299	198,866	109,461	94,073	104,205	79,055	23,076
	MN	0	0	0	0	0	0	0	0
	Total	715,035	106,299	198,866	109,461	94,073	104,205	79,055	23,076
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	1.00	0.94	0.66
	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	0.94	0.66

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Fiscal Year: 2011

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	490,664	25,222	68,130	82,455	91,805	104,619	83,706	34,727
	MN	0	0	0	0	0	0	0	0
	Total	490,664	25,222	68,130	82,455	91,805	104,619	83,706	34,727
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	348,414	19,183	59,643	67,860	65,411	72,310	50,445	13,562
	MN	0	0	0	0	0	0	0	0
	Total	348,414	19,183	59,643	67,860	65,411	72,310	50,445	13,562
10. PARTICIPANT RATIO	CN	0.71	0.76	0.88	0.82	0.71	0.69	0.60	0.39
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.71	0.76	0.88	0.82	0.71	0.69	0.60	0.39
11. Total Eligibles Referred for Corrective Treatment	CN	303,890	7,396	42,934	60,715	61,253	64,065	47,761	19,766
	MN	0	0	0	0	0	0	0	0
	Total	303,890	7,396	42,934	60,715	61,253	64,065	47,761	19,766
12a. Total Eligibles Receiving Any Dental Services	CN	288,167	166	12,899	54,207	72,350	79,219	54,641	14,685
	MN	0	0	0	0	0	0	0	0
	Total	288,167	166	12,899	54,207	72,350	79,219	54,641	14,685
12b. Total Eligibles Receiving Preventive Dental Services	CN	267,043	90	11,726	52,568	69,915	73,586	47,403	11,755
	MN	0	0	0	0	0	0	0	0
	Total	267,043	90	11,726	52,568	69,915	73,586	47,403	11,755
12c. Total Eligibles Receiving Dental Treatment Services	CN	159,043	24	1,967	18,790	39,886	50,211	38,146	10,019
	MN	0	0	0	0	0	0	0	0
	Total	159,043	24	1,967	18,790	39,886	50,211	38,146	10,019
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	51,096				28,280	22,816		
	MN	0				0	0		
	Total	51,096				28,280	22,816		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	266,541	144	12,370	52,354	68,613	72,575	47,886	12,599
	MN	0	0	0	0	0	0	0	0
	Total	266,541	144	12,370	52,354	68,613	72,575	47,886	12,599
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	9,944	148	3,172	2,358	2,193	1,516	494	63
	MN	0	0	0	0	0	0	0	0
	Total	9,944	148	3,172	2,358	2,193	1,516	494	63
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	292,992	310	15,303	55,230	72,956	79,672	54,815	14,706
	MN	0	0	0	0	0	0	0	0
	Total	292,992	310	15,303	55,230	72,956	79,672	54,815	14,706
13. Total Eligibles Enrolled in Managed Care	CN	311,674	6,728	42,324	62,094	63,845	65,827	48,245	22,611
	MN	0	0	0	0	0	0	0	0
	Total	311,674	6,728	42,324	62,094	63,845	65,827	48,245	22,611
14. Total Number of Screening Blood Lead Tests	CN	81,690	2,394	39,583	39,713				
	MN	0	0	0	0				
	Total	81,690	2,394	39,583	39,713				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	1,231,974	71,790	141,516	200,868	241,626	282,617	214,929	78,628
	MN	24,142	14	37	37	62	126	129	23,737
	Total	1,256,116	71,804	141,553	200,905	241,688	282,743	215,058	102,365
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,171,869	58,128	136,827	194,492	233,971	273,560	202,439	72,452
	MN	20,891	4	12	10	18	29	37	20,781
	Total	1,192,760	58,132	136,839	194,502	233,989	273,589	202,476	93,233
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	6,845	0	0	0	0	1	6,062	782
	MN	0	0	0	0	0	0	0	0
	Total	6,845	0	0	0	0	1	6,062	782
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	12,584,544	423,225	1,493,168	2,138,838	2,585,269	3,018,972	2,196,855	728,217
	MN	192,687	21	86	51	141	175	233	191,980
	Total	12,777,231	423,246	1,493,254	2,138,889	2,585,410	3,019,147	2,197,088	920,197
3b. Average Period of Eligibility	CN	0.89	0.61	0.91	0.92	0.92	0.92	0.90	0.84
	MN	0.77	0.44	0.60	0.43	0.65	0.50	0.52	0.77
	Total	0.89	0.61	0.91	0.92	0.92	0.92	0.90	0.82
4. Expected Number of Screenings per Eligible	CN		4.27	1.82	1.22	0.92	0.92	0.90	0.84
	MN		3.08	1.20	0.57	0.65	0.50	0.52	0.77
	Total		4.27	1.82	1.22	0.92	0.92	0.90	0.82
5. Expected Number of Screenings	CN	1,444,495	248,207	249,025	237,280	215,253	251,675	182,195	60,860
	MN	16,079	12	14	6	12	15	19	16,001
	Total	1,460,574	248,219	249,039	237,286	215,265	251,690	182,214	76,861
6. Total Screens Received	CN	1,110,489	257,156	302,371	162,265	119,310	154,095	94,596	20,696
	MN	5,111	3	14	2	6	7	2	5,077
	Total	1,115,600	257,159	302,385	162,267	119,316	154,102	94,598	25,773
7. SCREENING RATIO	CN	0.77	1.00	1.00	0.68	0.55	0.61	0.52	0.34
	MN	0.32	0.25	1.00	0.33	0.50	0.47	0.11	0.32
	Total	0.76	1.00	1.00	0.68	0.55	0.61	0.52	0.34

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	1,099,430	58,128	136,827	194,492	215,253	251,675	182,195	60,860
	MN	16,069	4	12	6	12	15	19	16,001
	Total	1,115,499	58,132	136,839	194,498	215,265	251,690	182,214	76,861
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	563,098	53,292	105,288	115,147	91,096	113,712	69,174	15,389
	MN	3,928	1	6	2	3	6	2	3,908
	Total	567,026	53,293	105,294	115,149	91,099	113,718	69,176	19,297
10. PARTICIPANT RATIO	CN	0.51	0.92	0.77	0.59	0.42	0.45	0.38	0.25
	MN	0.24	0.25	0.50	0.33	0.25	0.40	0.11	0.24
	Total	0.51	0.92	0.77	0.59	0.42	0.45	0.38	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	417,204	206	10,814	78,999	119,108	120,168	71,448	16,461
	MN	4,166	0	1	0	5	6	5	4,149
	Total	421,370	206	10,815	78,999	119,113	120,174	71,453	20,610
12b. Total Eligibles Receiving Preventive Dental Services	CN	409,657	202	10,759	78,134	117,328	118,050	69,410	15,774
	MN	4,018	0	1	0	5	6	5	4,001
	Total	413,675	202	10,760	78,134	117,333	118,056	69,415	19,775
12c. Total Eligibles Receiving Dental Treatment Services	CN	171,788	17	1,123	22,641	50,650	49,787	37,800	9,770
	MN	2,640	0	1	0	5	3	4	2,627
	Total	174,428	17	1,124	22,641	50,655	49,790	37,804	12,397
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	44,825				26,870	17,955		
	MN	1				1	0		
	Total	44,826				26,871	17,955		

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Fiscal Year: 2011

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	391,061	123	9,392	74,394	112,387	113,399	66,469	14,897
	MN	3,778	0	1	0	5	6	4	3,762
	Total	394,839	123	9,393	74,394	112,392	113,405	66,473	18,659
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	60,565	179	3,717	11,705	18,747	16,637	7,823	1,757
	MN	464	0	0	0	0	1	0	463
	Total	61,029	179	3,717	11,705	18,747	16,638	7,823	2,220
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	467,400	385	14,189	88,015	134,025	134,545	78,246	17,995
	MN	4,556	0	1	0	5	7	5	4,538
	Total	471,956	385	14,190	88,015	134,030	134,552	78,251	22,533
13. Total Eligibles Enrolled in Managed Care	CN	1,076,566	51,838	130,776	182,203	216,547	248,633	181,906	64,663
	MN	19,588	7	8	3	10	8	14	19,538
	Total	1,096,154	51,845	130,784	182,206	216,557	248,641	181,920	84,201
14. Total Number of Screening Blood Lead Tests	CN	157,596	2,901	94,692	60,003				
	MN	5	0	4	1				
	Total	157,601	2,901	94,696	60,004				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	416,803	30,144	60,128	73,515	81,990	84,789	58,356	27,881
	MN	65,643	1,589	4,347	10,462	12,501	14,785	13,136	8,823
	Total	482,446	31,733	64,475	83,977	94,491	99,574	71,492	36,704
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	391,702	24,401	57,250	69,859	78,250	80,966	55,409	25,567
	MN	61,800	1,284	4,175	9,836	11,901	14,119	12,378	8,107
	Total	453,502	25,685	61,425	79,695	90,151	95,085	67,787	33,674
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	26	3	23	0	0	0	0	0
	MN	7	0	7	0	0	0	0	0
	Total	33	3	30	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	4,082,567	178,195	603,096	741,264	843,396	878,840	592,761	245,015
	MN	628,555	9,112	43,747	99,940	123,265	147,781	127,274	77,436
	Total	4,711,122	187,307	646,843	841,204	966,661	1,026,621	720,035	322,451
3b. Average Period of Eligibility	CN	0.87	0.61	0.88	0.88	0.90	0.90	0.89	0.80
	MN	0.85	0.59	0.87	0.85	0.86	0.87	0.86	0.80
	Total	0.87	0.61	0.88	0.88	0.89	0.90	0.89	0.80
4. Expected Number of Screenings per Eligible	CN		3.05	1.76	0.88	0.45	0.54	0.45	0.40
	MN		2.95	1.74	0.85	0.43	0.52	0.43	0.40
	Total		3.05	1.76	0.88	0.45	0.54	0.45	0.40
5. Expected Number of Screenings	CN	350,755	74,423	100,760	61,476	35,213	43,722	24,934	10,227
	MN	40,439	3,788	7,265	8,361	5,117	7,342	5,323	3,243
	Total	391,194	78,211	108,025	69,837	40,330	51,064	30,257	13,470
6. Total Screens Received	CN	305,615	84,889	104,792	44,036	24,610	27,782	14,963	4,543
	MN	33,100	4,967	7,548	6,443	3,997	5,007	3,397	1,741
	Total	338,715	89,856	112,340	50,479	28,607	32,789	18,360	6,284
7. SCREENING RATIO	CN	0.87	1.00	1.00	0.72	0.70	0.64	0.60	0.44
	MN	0.82	1.00	1.00	0.77	0.78	0.68	0.64	0.54
	Total	0.87	1.00	1.00	0.72	0.71	0.64	0.61	0.47

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Fiscal Year: 2011
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	257,223	24,401	57,250	61,476	35,213	43,722	24,934	10,227
	MN	34,845	1,284	4,175	8,361	5,117	7,342	5,323	3,243
	Total	292,068	25,685	61,425	69,837	40,330	51,064	30,257	13,470
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	175,564	22,241	45,390	40,388	23,383	26,022	13,857	4,283
	MN	24,471	1,223	3,509	6,089	3,892	4,851	3,257	1,650
	Total	200,035	23,464	48,899	46,477	27,275	30,873	17,114	5,933
10. PARTICIPANT RATIO	CN	0.68	0.91	0.79	0.66	0.66	0.60	0.56	0.42
	MN	0.70	0.95	0.84	0.73	0.76	0.66	0.61	0.51
	Total	0.68	0.91	0.80	0.67	0.68	0.60	0.57	0.44
11. Total Eligibles Referred for Corrective Treatment	CN	22,076	3,491	6,990	4,697	2,625	2,838	1,260	175
	MN	4,414	348	817	1,150	700	884	443	72
	Total	26,490	3,839	7,807	5,847	3,325	3,722	1,703	247
12a. Total Eligibles Receiving Any Dental Services	CN	150,661	153	6,295	30,993	41,341	40,568	23,639	7,672
	MN	33,268	3	542	5,137	8,192	9,425	6,748	3,221
	Total	183,929	156	6,837	36,130	49,533	49,993	30,387	10,893
12b. Total Eligibles Receiving Preventive Dental Services	CN	133,779	112	4,967	28,399	38,322	36,960	19,671	5,348
	MN	30,653	2	395	4,781	7,853	8,963	6,073	2,586
	Total	164,432	114	5,362	33,180	46,175	45,923	25,744	7,934
12c. Total Eligibles Receiving Dental Treatment Services	CN	65,689	4	807	10,478	19,579	17,953	12,321	4,547
	MN	13,646	1	78	1,421	3,594	3,737	3,082	1,733
	Total	79,335	5	885	11,899	23,173	21,690	15,403	6,280
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	20,767				11,429	9,338		
	MN	4,039				2,161	1,878		
	Total	24,806				13,590	11,216		

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Fiscal Year: 2011
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	137,732	71	5,263	28,847	38,119	37,170	21,314	6,948
	MN	31,598	2	494	4,937	7,852	8,996	6,320	2,997
	Total	169,330	73	5,757	33,784	45,971	46,166	27,634	9,945
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	20,473	346	7,461	7,353	2,475	1,812	790	236
	MN	1,957	12	507	883	207	152	127	69
	Total	22,430	358	7,968	8,236	2,682	1,964	917	305
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	161,158	434	12,137	33,867	41,984	41,042	23,932	7,762
	MN	34,215	15	954	5,460	8,265	9,475	6,796	3,250
	Total	195,373	449	13,091	39,327	50,249	50,517	30,728	11,012
13. Total Eligibles Enrolled in Managed Care	CN	341,620	24,609	53,075	63,269	67,331	67,063	45,010	21,263
	MN	61,167	1,500	4,113	9,742	11,797	13,993	11,999	8,023
	Total	402,787	26,109	57,188	73,011	79,128	81,056	57,009	29,286
14. Total Number of Screening Blood Lead Tests	CN	41,749	1,508	31,869	8,372				
	MN	3,089	73	2,338	678				
	Total	44,838	1,581	34,207	9,050				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	433,617	32,159	60,509	86,380	87,545	92,654	59,499	14,871
	MN	0	0	0	0	0	0	0	0
	Total	433,617	32,159	60,509	86,380	87,545	92,654	59,499	14,871
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	398,485	25,705	56,794	81,759	81,571	86,121	55,028	11,507
	MN	0	0	0	0	0	0	0	0
	Total	398,485	25,705	56,794	81,759	81,571	86,121	55,028	11,507
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	4,286,302	194,036	628,454	906,162	894,409	951,413	605,325	106,503
	MN	0	0	0	0	0	0	0	0
	Total	4,286,302	194,036	628,454	906,162	894,409	951,413	605,325	106,503
3b. Average Period of Eligibility	CN	0.90	0.63	0.92	0.92	0.91	0.92	0.92	0.77
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.63	0.92	0.92	0.91	0.92	0.92	0.77
4. Expected Number of Screenings per Eligible	CN		3.15	1.38	0.92	0.91	0.92	0.92	0.77
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.15	1.38	0.92	0.91	0.92	0.92	0.77
5. Expected Number of Screenings	CN	447,512	80,971	78,376	75,218	74,230	79,231	50,626	8,860
	MN	0	0	0	0	0	0	0	0
	Total	447,512	80,971	78,376	75,218	74,230	79,231	50,626	8,860
6. Total Screens Received	CN	280,497	84,280	93,431	46,422	20,685	23,003	11,688	988
	MN	0	0	0	0	0	0	0	0
	Total	280,497	84,280	93,431	46,422	20,685	23,003	11,688	988
7. SCREENING RATIO	CN	0.63	1.00	1.00	0.62	0.28	0.29	0.23	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	1.00	1.00	0.62	0.28	0.29	0.23	0.11

Annual EPSDT Participation Report
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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	370,664	25,705	56,794	75,218	74,230	79,231	50,626	8,860
	MN	0	0	0	0	0	0	0	0
	Total	370,664	25,705	56,794	75,218	74,230	79,231	50,626	8,860
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	153,845	23,031	40,188	40,162	18,695	20,396	10,469	904
	MN	0	0	0	0	0	0	0	0
	Total	153,845	23,031	40,188	40,162	18,695	20,396	10,469	904
10. PARTICIPANT RATIO	CN	0.42	0.90	0.71	0.53	0.25	0.26	0.21	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.42	0.90	0.71	0.53	0.25	0.26	0.21	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	86,205	21,254	23,514	16,212	9,051	10,140	5,485	549
	MN	0	0	0	0	0	0	0	0
	Total	86,205	21,254	23,514	16,212	9,051	10,140	5,485	549
12a. Total Eligibles Receiving Any Dental Services	CN	184,555	122	10,633	48,896	48,383	47,603	25,529	3,389
	MN	0	0	0	0	0	0	0	0
	Total	184,555	122	10,633	48,896	48,383	47,603	25,529	3,389
12b. Total Eligibles Receiving Preventive Dental Services	CN	166,340	32	9,212	44,847	45,073	43,373	21,358	2,445
	MN	0	0	0	0	0	0	0	0
	Total	166,340	32	9,212	44,847	45,073	43,373	21,358	2,445
12c. Total Eligibles Receiving Dental Treatment Services	CN	83,303	8	1,342	15,476	23,041	25,100	16,178	2,158
	MN	0	0	0	0	0	0	0	0
	Total	83,303	8	1,342	15,476	23,041	25,100	16,178	2,158
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	28,708				12,735	15,973		
	MN	0				0	0		
	Total	28,708				12,735	15,973		

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Fiscal Year: 2011
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	176,456	112	10,282	46,541	47,030	45,520	23,805	3,166
	MN	0	0	0	0	0	0	0	0
	Total	176,456	112	10,282	46,541	47,030	45,520	23,805	3,166
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	7,556	1,135	5,367	818	146	65	19	6
	MN	0	0	0	0	0	0	0	0
	Total	7,556	1,135	5,367	818	146	65	19	6
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	190,324	1,249	14,929	49,188	48,401	47,623	25,541	3,393
	MN	0	0	0	0	0	0	0	0
	Total	190,324	1,249	14,929	49,188	48,401	47,623	25,541	3,393
13. Total Eligibles Enrolled in Managed Care	CN	28,574	300	1,454	3,433	5,654	8,435	6,481	2,817
	MN	0	0	0	0	0	0	0	0
	Total	28,574	300	1,454	3,433	5,654	8,435	6,481	2,817
14. Total Number of Screening Blood Lead Tests	CN	56,745	1,502	28,823	26,420				
	MN	0	0	0	0				
	Total	56,745	1,502	28,823	26,420				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	697,563	43,470	88,699	125,412	140,718	152,571	110,125	36,568
	MN	0	0	0	0	0	0	0	0
	Total	697,563	43,470	88,699	125,412	140,718	152,571	110,125	36,568
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	643,784	31,194	83,469	118,981	133,376	144,136	103,006	29,622
	MN	0	0	0	0	0	0	0	0
	Total	643,784	31,194	83,469	118,981	133,376	144,136	103,006	29,622
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	92,288	8	2,522	4,518	26,109	32,396	23,651	3,084
	MN	0	0	0	0	0	0	0	0
	Total	92,288	8	2,522	4,518	26,109	32,396	23,651	3,084
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	6,873,898	242,794	907,005	1,302,660	1,467,685	1,584,377	1,108,001	261,376
	MN	0	0	0	0	0	0	0	0
	Total	6,873,898	242,794	907,005	1,302,660	1,467,685	1,584,377	1,108,001	261,376
3b. Average Period of Eligibility	CN	0.89	0.65	0.91	0.91	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	0.91	0.92	0.92	0.90	0.74
4. Expected Number of Screenings per Eligible	CN		3.25	1.82	0.91	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	0.91	0.46	0.55	0.45	0.37
5. Expected Number of Screenings	CN	559,509	101,381	151,914	108,273	61,353	79,275	46,353	10,960
	MN	0	0	0	0	0	0	0	0
	Total	559,509	101,381	151,914	108,273	61,353	79,275	46,353	10,960
6. Total Screens Received	CN	689,731	150,356	206,861	126,025	65,478	75,207	51,494	14,310
	MN	0	0	0	0	0	0	0	0
	Total	689,731	150,356	206,861	126,025	65,478	75,207	51,494	14,310
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	0.95	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	0.95	1.00	1.00

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	420,877	31,194	83,469	108,273	61,353	79,275	46,353	10,960
	MN	0	0	0	0	0	0	0	0
	Total	420,877	31,194	83,469	108,273	61,353	79,275	46,353	10,960
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	314,555	29,865	68,141	74,274	46,552	53,437	34,075	8,211
	MN	0	0	0	0	0	0	0	0
	Total	314,555	29,865	68,141	74,274	46,552	53,437	34,075	8,211
10. PARTICIPANT RATIO	CN	0.75	0.96	0.82	0.69	0.76	0.67	0.74	0.75
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.75	0.96	0.82	0.69	0.76	0.67	0.74	0.75
11. Total Eligibles Referred for Corrective Treatment	CN	61,970	7,311	10,208	10,808	7,986	9,319	10,199	6,139
	MN	0	0	0	0	0	0	0	0
	Total	61,970	7,311	10,208	10,808	7,986	9,319	10,199	6,139
12a. Total Eligibles Receiving Any Dental Services	CN	221,909	136	7,497	43,048	65,917	63,681	36,264	5,366
	MN	0	0	0	0	0	0	0	0
	Total	221,909	136	7,497	43,048	65,917	63,681	36,264	5,366
12b. Total Eligibles Receiving Preventive Dental Services	CN	199,103	83	5,505	38,513	61,613	58,978	30,620	3,791
	MN	0	0	0	0	0	0	0	0
	Total	199,103	83	5,505	38,513	61,613	58,978	30,620	3,791
12c. Total Eligibles Receiving Dental Treatment Services	CN	100,876	9	825	13,904	31,584	29,939	21,111	3,504
	MN	0	0	0	0	0	0	0	0
	Total	100,876	9	825	13,904	31,584	29,939	21,111	3,504
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	33,025				17,929	15,096		
	MN	0				0	0		
	Total	33,025				17,929	15,096		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	196,418	102	6,851	39,147	58,477	56,041	31,297	4,503
	MN	0	0	0	0	0	0	0	0
	Total	196,418	102	6,851	39,147	58,477	56,041	31,297	4,503
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,156	26	778	1,029	242	47	26	8
	MN	0	0	0	0	0	0	0	0
	Total	2,156	26	778	1,029	242	47	26	8
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	222,908	160	8,147	43,311	65,959	63,700	36,264	5,367
	MN	0	0	0	0	0	0	0	0
	Total	222,908	160	8,147	43,311	65,959	63,700	36,264	5,367
13. Total Eligibles Enrolled in Managed Care	CN	472,004	28,350	61,192	86,780	96,052	103,444	74,392	21,794
	MN	0	0	0	0	0	0	0	0
	Total	472,004	28,350	61,192	86,780	96,052	103,444	74,392	21,794
14. Total Number of Screening Blood Lead Tests	CN	70,519	1,177	39,260	30,082				
	MN	0	0	0	0				
	Total	70,519	1,177	39,260	30,082				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	87,533	5,807	11,790	16,556	18,346	18,578	12,495	3,961
	MN	84	6	2	3	10	25	32	6
	Total	87,617	5,813	11,792	16,559	18,356	18,603	12,527	3,967
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	81,123	4,596	11,131	15,601	17,308	17,478	11,655	3,354
	MN	69	0	1	2	9	23	29	5
	Total	81,192	4,596	11,132	15,603	17,317	17,501	11,684	3,359
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	4,586	130	280	252	1,614	1,492	724	94
	MN	0	0	0	0	0	0	0	0
	Total	4,586	130	280	252	1,614	1,492	724	94
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	833,791	32,816	116,745	164,796	185,102	186,262	120,927	27,143
	MN	729	0	3	24	108	249	299	46
	Total	834,520	32,816	116,748	164,820	185,210	186,511	121,226	27,189
3b. Average Period of Eligibility	CN	0.86	0.60	0.87	0.88	0.89	0.89	0.86	0.67
	MN	0.88	0.00	0.25	1.00	1.00	0.90	0.86	0.77
	Total	0.86	0.60	0.87	0.88	0.89	0.89	0.86	0.67
4. Expected Number of Screenings per Eligible	CN		3.00	1.74	0.88	0.45	0.53	0.43	0.34
	MN		0.00	0.50	1.00	0.50	0.54	0.43	0.39
	Total		3.00	1.74	0.88	0.45	0.53	0.43	0.34
5. Expected Number of Screenings	CN	70,089	13,788	19,368	13,729	7,789	9,263	5,012	1,140
	MN	34	0	1	2	5	12	12	2
	Total	70,123	13,788	19,369	13,731	7,794	9,275	5,024	1,142
6. Total Screens Received	CN	69,904	20,033	23,699	11,145	5,093	6,351	3,195	388
	MN	54	1	0	1	4	13	31	4
	Total	69,958	20,034	23,699	11,146	5,097	6,364	3,226	392
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.81	0.65	0.69	0.64	0.34
	MN	1.00	0.00	0.00	0.50	0.80	1.00	1.00	1.00
	Total	1.00	1.00	1.00	0.81	0.65	0.69	0.64	0.34

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	52,660	4,596	11,131	13,729	7,789	9,263	5,012	1,140
	MN	34	0	1	2	5	12	12	2
	Total	52,694	4,596	11,132	13,731	7,794	9,275	5,024	1,142
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	29,294	4,133	7,622	7,149	3,500	4,381	2,232	277
	MN	31	0	0	1	3	9	16	2
	Total	29,325	4,133	7,622	7,150	3,503	4,390	2,248	279
10. PARTICIPANT RATIO	CN	0.56	0.90	0.68	0.52	0.45	0.47	0.45	0.24
	MN	0.91	0.00	0.00	0.50	0.60	0.75	1.00	1.00
	Total	0.56	0.90	0.68	0.52	0.45	0.47	0.45	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	25,480	3,978	6,988	5,989	2,913	3,523	1,860	229
	MN	33	1	0	1	3	9	17	2
	Total	25,513	3,979	6,988	5,990	2,916	3,532	1,877	231
12a. Total Eligibles Receiving Any Dental Services	CN	30,956	55	2,269	7,524	8,274	7,588	4,255	991
	MN	51	0	0	0	4	18	26	3
	Total	31,007	55	2,269	7,524	8,278	7,606	4,281	994
12b. Total Eligibles Receiving Preventive Dental Services	CN	27,281	42	1,965	6,812	7,648	6,774	3,415	625
	MN	48	0	0	0	4	17	24	3
	Total	27,329	42	1,965	6,812	7,652	6,791	3,439	628
12c. Total Eligibles Receiving Dental Treatment Services	CN	16,223	3	410	3,393	4,774	4,171	2,782	690
	MN	29	0	0	0	3	7	18	1
	Total	16,252	3	410	3,393	4,777	4,178	2,800	691
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,140				2,444	1,696		
	MN	5				2	3		
	Total	4,145				2,446	1,699		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	28,345	47	2,119	7,033	7,673	6,876	3,753	844
	MN	46	0	0	0	4	15	25	2
	Total	28,391	47	2,119	7,033	7,677	6,891	3,778	846
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	5,925	113	828	1,604	1,042	789	892	657
	MN	8	0	0	0	1	3	3	1
	Total	5,933	113	828	1,604	1,043	792	895	658
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	33,841	162	2,773	8,068	8,718	7,987	4,748	1,385
	MN	54	0	0	0	5	19	26	4
	Total	33,895	162	2,773	8,068	8,723	8,006	4,774	1,389
13. Total Eligibles Enrolled in Managed Care	CN	78,555	3,941	11,279	15,454	16,766	16,574	11,013	3,528
	MN	32	0	1	3	4	10	14	0
	Total	78,587	3,941	11,280	15,457	16,770	16,584	11,027	3,528
14. Total Number of Screening Blood Lead Tests	CN	1,235	9	468	758				
	MN	0	0	0	0				
	Total	1,235	9	468	758				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	168,694	11,385	25,269	34,025	36,398	34,740	21,874	5,003
	MN	3,335	64	47	54	82	57	341	2,690
	Total	172,029	11,449	25,316	34,079	36,480	34,797	22,215	7,693
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	159,262	9,303	24,262	32,603	34,848	33,176	20,763	4,307
	MN	2,830	46	39	42	62	47	269	2,325
	Total	162,092	9,349	24,301	32,645	34,910	33,223	21,032	6,632
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	50,410	648	4,404	6,996	13,125	14,508	9,341	1,388
	MN	13	0	0	0	0	0	5	8
	Total	50,423	648	4,404	6,996	13,125	14,508	9,346	1,396
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	1,527,781	61,119	235,412	320,391	348,033	333,353	201,927	27,546
	MN	14,873	61	116	118	171	153	1,158	13,096
	Total	1,542,654	61,180	235,528	320,509	348,204	333,506	203,085	40,642
3b. Average Period of Eligibility	CN	0.80	0.55	0.81	0.82	0.83	0.84	0.81	0.53
	MN	0.44	0.11	0.25	0.23	0.23	0.27	0.36	0.47
	Total	0.79	0.55	0.81	0.82	0.83	0.84	0.80	0.51
4. Expected Number of Screenings per Eligible	CN		3.30	2.03	0.82	0.83	0.84	0.81	0.53
	MN		0.66	0.63	0.23	0.23	0.27	0.36	0.47
	Total		3.30	2.03	0.82	0.83	0.84	0.80	0.51
5. Expected Number of Screenings	CN	182,579	30,700	49,252	26,734	28,924	27,868	16,818	2,283
	MN	1,282	30	25	10	14	13	97	1,093
	Total	183,861	30,730	49,277	26,744	28,938	27,881	16,915	3,376
6. Total Screens Received	CN	128,333	34,446	42,669	20,235	8,664	14,348	7,370	601
	MN	353	51	10	6	2	4	25	255
	Total	128,686	34,497	42,679	20,241	8,666	14,352	7,395	856
7. SCREENING RATIO	CN	0.70	1.00	0.87	0.76	0.30	0.51	0.44	0.26
	MN	0.28	1.00	0.40	0.60	0.14	0.31	0.26	0.23
	Total	0.70	1.00	0.87	0.76	0.30	0.51	0.44	0.25

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	136,192	9,303	24,262	26,734	28,924	27,868	16,818	2,283
	MN	1,282	30	25	10	14	13	97	1,093
	Total	137,474	9,333	24,287	26,744	28,938	27,881	16,915	3,376
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	69,235	8,506	17,747	16,535	7,595	12,200	6,157	495
	MN	262	31	7	5	1	4	19	195
	Total	69,497	8,537	17,754	16,540	7,596	12,204	6,176	690
10. PARTICIPANT RATIO	CN	0.51	0.91	0.73	0.62	0.26	0.44	0.37	0.22
	MN	0.20	1.00	0.28	0.50	0.07	0.31	0.20	0.18
	Total	0.51	0.91	0.73	0.62	0.26	0.44	0.37	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	5,707	809	1,531	1,343	466	940	596	22
	MN	5	1	0	0	0	0	0	4
	Total	5,712	810	1,531	1,343	466	940	596	26
12a. Total Eligibles Receiving Any Dental Services	CN	76,849	51	4,969	17,430	22,264	20,179	10,586	1,370
	MN	582	0	1	5	18	11	49	498
	Total	77,431	51	4,970	17,435	22,282	20,190	10,635	1,868
12b. Total Eligibles Receiving Preventive Dental Services	CN	71,403	31	4,316	16,446	21,300	18,915	9,347	1,048
	MN	391	0	0	4	15	7	29	336
	Total	71,794	31	4,316	16,450	21,315	18,922	9,376	1,384
12c. Total Eligibles Receiving Dental Treatment Services	CN	32,392	3	459	5,606	10,845	9,096	5,551	832
	MN	350	0	0	3	9	7	30	301
	Total	32,742	3	459	5,609	10,854	9,103	5,581	1,133
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	13,079				7,141	5,938		
	MN	7				5	2		
	Total	13,086				7,146	5,940		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	73,545	48	4,913	16,996	21,241	19,201	9,914	1,232
	MN	512	0	1	3	15	7	40	446
	Total	74,057	48	4,914	16,999	21,256	19,208	9,954	1,678
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,861	71	1,251	836	469	233	1	0
	MN	0	0	0	0	0	0	0	0
	Total	2,861	71	1,251	836	469	233	1	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	78,197	120	5,801	17,701	22,377	20,242	10,586	1,370
	MN	582	0	1	5	18	11	49	498
	Total	78,779	120	5,802	17,706	22,395	20,253	10,635	1,868
13. Total Eligibles Enrolled in Managed Care	CN	89,737	4,633	14,195	18,849	19,953	18,369	11,242	2,496
	MN	1,258	1	8	8	11	13	110	1,107
	Total	90,995	4,634	14,203	18,857	19,964	18,382	11,352	3,603
14. Total Number of Screening Blood Lead Tests	CN	9,709	79	5,780	3,850				
	MN	0	0	0	0				
	Total	9,709	79	5,780	3,850				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	247,282	19,246	37,315	49,229	50,277	48,426	32,028	10,761
	MN	0	0	0	0	0	0	0	0
	Total	247,282	19,246	37,315	49,229	50,277	48,426	32,028	10,761
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	225,462	15,034	34,781	46,004	46,543	44,771	29,206	9,123
	MN	0	0	0	0	0	0	0	0
	Total	225,462	15,034	34,781	46,004	46,543	44,771	29,206	9,123
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	2,245,270	108,139	356,159	472,848	476,166	460,254	294,602	77,102
	MN	0	0	0	0	0	0	0	0
	Total	2,245,270	108,139	356,159	472,848	476,166	460,254	294,602	77,102
3b. Average Period of Eligibility	CN	0.83	0.60	0.85	0.86	0.85	0.86	0.84	0.70
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	0.60	0.85	0.86	0.85	0.86	0.84	0.70
4. Expected Number of Screenings per Eligible	CN		3.00	1.70	0.86	0.43	0.52	0.42	0.35
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.00	1.70	0.86	0.43	0.52	0.42	0.35
5. Expected Number of Screenings	CN	202,547	45,102	59,128	39,563	20,013	23,281	12,267	3,193
	MN	0	0	0	0	0	0	0	0
	Total	202,547	45,102	59,128	39,563	20,013	23,281	12,267	3,193
6. Total Screens Received	CN	169,786	45,270	52,964	30,600	17,068	16,295	6,949	640
	MN	0	0	0	0	0	0	0	0
	Total	169,786	45,270	52,964	30,600	17,068	16,295	6,949	640
7. SCREENING RATIO	CN	0.84	1.00	0.90	0.77	0.85	0.70	0.57	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	1.00	0.90	0.77	0.85	0.70	0.57	0.20

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	148,132	15,034	34,781	39,563	20,013	23,281	12,267	3,193
	MN	0	0	0	0	0	0	0	0
	Total	148,132	15,034	34,781	39,563	20,013	23,281	12,267	3,193
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	99,019	13,303	25,608	24,534	14,957	14,003	6,023	591
	MN	0	0	0	0	0	0	0	0
	Total	99,019	13,303	25,608	24,534	14,957	14,003	6,023	591
10. PARTICIPANT RATIO	CN	0.67	0.88	0.74	0.62	0.75	0.60	0.49	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	0.88	0.74	0.62	0.75	0.60	0.49	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	47,447	8,509	14,081	10,736	5,786	5,603	2,442	290
	MN	0	0	0	0	0	0	0	0
	Total	47,447	8,509	14,081	10,736	5,786	5,603	2,442	290
12a. Total Eligibles Receiving Any Dental Services	CN	92,782	71	5,586	20,746	27,530	24,056	12,625	2,168
	MN	0	0	0	0	0	0	0	0
	Total	92,782	71	5,586	20,746	27,530	24,056	12,625	2,168
12b. Total Eligibles Receiving Preventive Dental Services	CN	83,564	35	4,271	18,863	26,221	22,489	10,379	1,306
	MN	0	0	0	0	0	0	0	0
	Total	83,564	35	4,271	18,863	26,221	22,489	10,379	1,306
12c. Total Eligibles Receiving Dental Treatment Services	CN	51,032	11	988	9,523	16,267	14,215	8,446	1,582
	MN	0	0	0	0	0	0	0	0
	Total	51,032	11	988	9,523	16,267	14,215	8,446	1,582
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	19,362				9,775	9,587		
	MN	0				0	0		
	Total	19,362				9,775	9,587		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	86,868	69	5,412	19,629	25,904	22,455	11,467	1,932
	MN	0	0	0	0	0	0	0	0
	Total	86,868	69	5,412	19,629	25,904	22,455	11,467	1,932
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	8,763	248	3,166	2,665	1,479	915	280	10
	MN	0	0	0	0	0	0	0	0
	Total	8,763	248	3,166	2,665	1,479	915	280	10
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	97,951	318	8,178	22,111	28,014	24,415	12,745	2,170
	MN	0	0	0	0	0	0	0	0
	Total	97,951	318	8,178	22,111	28,014	24,415	12,745	2,170
13. Total Eligibles Enrolled in Managed Care	CN	210,815	14,544	32,328	42,873	45,003	42,690	25,847	7,530
	MN	0	0	0	0	0	0	0	0
	Total	210,815	14,544	32,328	42,873	45,003	42,690	25,847	7,530
14. Total Number of Screening Blood Lead Tests	CN	9,079	125	4,848	4,106				
	MN	0	0	0	0				
	Total	9,079	125	4,848	4,106				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	100,075	5,828	11,821	16,903	20,147	23,440	17,213	4,723
	MN	1,582	37	129	247	292	413	321	143
	Total	101,657	5,865	11,950	17,150	20,439	23,853	17,534	4,866
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	90,991	4,193	10,979	15,721	18,794	21,898	15,815	3,591
	MN	1,413	26	121	227	267	379	288	105
	Total	92,404	4,219	11,100	15,948	19,061	22,277	16,103	3,696
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	573	262	311	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	573	262	311	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	968,656	32,589	118,013	171,323	206,089	239,199	170,512	30,931
	MN	15,446	211	1,346	2,539	3,009	4,195	3,144	1,002
	Total	984,102	32,800	119,359	173,862	209,098	243,394	173,656	31,933
3b. Average Period of Eligibility	CN	0.89	0.65	0.90	0.91	0.91	0.91	0.90	0.72
	MN	0.91	0.68	0.93	0.93	0.94	0.92	0.91	0.80
	Total	0.89	0.65	0.90	0.91	0.91	0.91	0.90	0.72
4. Expected Number of Screenings per Eligible	CN		3.90	1.80	0.91	0.46	0.91	0.90	0.72
	MN		4.08	1.86	0.93	0.47	0.92	0.91	0.80
	Total		3.90	1.80	0.91	0.46	0.91	0.90	0.72
5. Expected Number of Screenings	CN	95,813	16,353	19,762	14,306	8,645	19,927	14,234	2,586
	MN	1,362	106	225	211	125	349	262	84
	Total	97,175	16,459	19,987	14,517	8,770	20,276	14,496	2,670
6. Total Screens Received	CN	75,469	12,988	21,400	11,378	10,271	11,829	6,868	735
	MN	926	110	229	153	112	189	113	20
	Total	76,395	13,098	21,629	11,531	10,383	12,018	6,981	755
7. SCREENING RATIO	CN	0.79	0.79	1.00	0.80	1.00	0.59	0.48	0.28
	MN	0.68	1.00	1.00	0.73	0.90	0.54	0.43	0.24
	Total	0.79	0.80	1.00	0.79	1.00	0.59	0.48	0.28

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	74,870	4,193	10,979	14,306	8,645	19,927	14,234	2,586
	MN	1,178	26	121	211	125	349	262	84
	Total	76,048	4,219	11,100	14,517	8,770	20,276	14,496	2,670
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	53,616	3,984	9,583	10,925	10,122	11,656	6,642	704
	MN	702	26	106	146	112	186	108	18
	Total	54,318	4,010	9,689	11,071	10,234	11,842	6,750	722
10. PARTICIPANT RATIO	CN	0.72	0.95	0.87	0.76	1.00	0.58	0.47	0.27
	MN	0.60	1.00	0.88	0.69	0.90	0.53	0.41	0.21
	Total	0.71	0.95	0.87	0.76	1.00	0.58	0.47	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	52,278	50	3,064	9,510	13,538	15,067	9,676	1,373
	MN	830	0	41	135	183	257	176	38
	Total	53,108	50	3,105	9,645	13,721	15,324	9,852	1,411
12b. Total Eligibles Receiving Preventive Dental Services	CN	48,448	37	2,340	8,993	13,052	14,253	8,669	1,104
	MN	756	0	35	125	178	239	149	30
	Total	49,204	37	2,375	9,118	13,230	14,492	8,818	1,134
12c. Total Eligibles Receiving Dental Treatment Services	CN	22,232	0	147	2,554	6,120	7,014	5,625	772
	MN	373	0	5	38	74	125	107	24
	Total	22,605	0	152	2,592	6,194	7,139	5,732	796
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,098				3,905	3,193		
	MN	115				63	52		
	Total	7,213				3,968	3,245		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	48,340	40	2,912	9,004	12,545	13,892	8,746	1,201
	MN	762	0	41	125	169	236	160	31
	Total	49,102	40	2,953	9,129	12,714	14,128	8,906	1,232
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	52,278	50	3,064	9,510	13,538	15,067	9,676	1,373
	MN	830	0	41	135	183	257	176	38
	Total	53,108	50	3,105	9,645	13,721	15,324	9,852	1,411
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	1,693	50	1,257	386				
	MN	16	0	11	5				
	Total	1,709	50	1,268	391				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	736,451	44,992	96,182	134,919	150,117	157,581	111,771	40,889
	MN	0	0	0	0	0	0	0	0
	Total	736,451	44,992	96,182	134,919	150,117	157,581	111,771	40,889
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	687,880	30,498	91,506	129,178	143,994	150,429	105,942	36,333
	MN	0	0	0	0	0	0	0	0
	Total	687,880	30,498	91,506	129,178	143,994	150,429	105,942	36,333
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	80,154	4	190	993	21,873	31,845	24,911	338
	MN	0	0	0	0	0	0	0	0
	Total	80,154	4	190	993	21,873	31,845	24,911	338
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	7,675,603	220,827	1,033,048	1,478,757	1,652,317	1,725,842	1,203,218	361,594
	MN	0	0	0	0	0	0	0	0
	Total	7,675,603	220,827	1,033,048	1,478,757	1,652,317	1,725,842	1,203,218	361,594
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	817,990	109,793	172,031	122,719	138,234	144,412	100,645	30,156
	MN	0	0	0	0	0	0	0	0
	Total	817,990	109,793	172,031	122,719	138,234	144,412	100,645	30,156
6. Total Screens Received	CN	740,236	133,325	215,082	127,273	93,405	99,945	60,143	11,063
	MN	0	0	0	0	0	0	0	0
	Total	740,236	133,325	215,082	127,273	93,405	99,945	60,143	11,063
7. SCREENING RATIO	CN	0.90	1.00	1.00	1.00	0.68	0.69	0.60	0.37
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	1.00	1.00	1.00	0.68	0.69	0.60	0.37

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	658,170	30,498	91,506	122,719	138,234	144,412	100,645	30,156
	MN	0	0	0	0	0	0	0	0
	Total	658,170	30,498	91,506	122,719	138,234	144,412	100,645	30,156
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	411,747	29,545	78,301	91,151	76,465	80,423	47,353	8,509
	MN	0	0	0	0	0	0	0	0
	Total	411,747	29,545	78,301	91,151	76,465	80,423	47,353	8,509
10. PARTICIPANT RATIO	CN	0.63	0.97	0.86	0.74	0.55	0.56	0.47	0.28
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.97	0.86	0.74	0.55	0.56	0.47	0.28
11. Total Eligibles Referred for Corrective Treatment	CN	101,026	141	9,247	28,781	24,797	21,228	13,314	3,518
	MN	0	0	0	0	0	0	0	0
	Total	101,026	141	9,247	28,781	24,797	21,228	13,314	3,518
12a. Total Eligibles Receiving Any Dental Services	CN	317,639	705	19,251	67,557	86,481	81,798	49,286	12,561
	MN	0	0	0	0	0	0	0	0
	Total	317,639	705	19,251	67,557	86,481	81,798	49,286	12,561
12b. Total Eligibles Receiving Preventive Dental Services	CN	285,854	240	16,783	63,836	81,660	75,034	39,964	8,337
	MN	0	0	0	0	0	0	0	0
	Total	285,854	240	16,783	63,836	81,660	75,034	39,964	8,337
12c. Total Eligibles Receiving Dental Treatment Services	CN	160,962	20	3,333	27,563	48,221	44,321	29,966	7,538
	MN	0	0	0	0	0	0	0	0
	Total	160,962	20	3,333	27,563	48,221	44,321	29,966	7,538
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	38,167				20,755	17,412		
	MN	0				0	0		
	Total	38,167				20,755	17,412		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	220,653	94	8,287	43,786	66,163	61,048	33,580	7,695
	MN	0	0	0	0	0	0	0	0
	Total	220,653	94	8,287	43,786	66,163	61,048	33,580	7,695
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	317,639	705	19,251	67,557	86,481	81,798	49,286	12,561
	MN	0	0	0	0	0	0	0	0
	Total	317,639	705	19,251	67,557	86,481	81,798	49,286	12,561
13. Total Eligibles Enrolled in Managed Care	CN	680,658	29,980	91,113	128,525	142,949	148,863	104,122	35,106
	MN	0	0	0	0	0	0	0	0
	Total	680,658	29,980	91,113	128,525	142,949	148,863	104,122	35,106
14. Total Number of Screening Blood Lead Tests	CN	89,925	1,917	45,657	42,351				
	MN	0	0	0	0				
	Total	89,925	1,917	45,657	42,351				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	380,942	20,742	45,381	68,703	80,003	86,824	61,824	17,465
	MN	0	0	0	0	0	0	0	0
	Total	380,942	20,742	45,381	68,703	80,003	86,824	61,824	17,465
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	362,825	16,847	43,654	66,505	77,448	84,019	59,580	14,772
	MN	0	0	0	0	0	0	0	0
	Total	362,825	16,847	43,654	66,505	77,448	84,019	59,580	14,772
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	7,807	29	254	376	1,833	2,947	2,329	39
	MN	0	0	0	0	0	0	0	0
	Total	7,807	29	254	376	1,833	2,947	2,329	39
2a. State Periodicity Schedule			6	4	3	2	4	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	0.80	1.00	1.00
3a. Total Months of Eligibility	CN	3,472,261	131,949	465,396	652,488	751,019	823,508	575,894	72,007
	MN	0	0	0	0	0	0	0	0
	Total	3,472,261	131,949	465,396	652,488	751,019	823,508	575,894	72,007
3b. Average Period of Eligibility	CN	0.80	0.65	0.89	0.82	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	0.65	0.89	0.82	0.81	0.82	0.81	0.41
4. Expected Number of Screenings per Eligible	CN		3.90	1.78	0.82	0.41	0.66	0.81	0.41
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	1.78	0.82	0.41	0.66	0.81	0.41
5. Expected Number of Screenings	CN	339,465	65,703	77,704	54,534	31,754	55,453	48,260	6,057
	MN	0	0	0	0	0	0	0	0
	Total	339,465	65,703	77,704	54,534	31,754	55,453	48,260	6,057
6. Total Screens Received	CN	272,656	57,870	81,501	43,354	30,463	38,030	19,662	1,776
	MN	0	0	0	0	0	0	0	0
	Total	272,656	57,870	81,501	43,354	30,463	38,030	19,662	1,776
7. SCREENING RATIO	CN	0.80	0.88	1.00	0.79	0.96	0.69	0.41	0.29
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	0.88	1.00	0.79	0.96	0.69	0.41	0.29

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	256,559	16,847	43,654	54,534	31,754	55,453	48,260	6,057
	MN	0	0	0	0	0	0	0	0
	Total	256,559	16,847	43,654	54,534	31,754	55,453	48,260	6,057
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	154,679	14,978	32,739	34,608	24,933	30,506	15,399	1,516
	MN	0	0	0	0	0	0	0	0
	Total	154,679	14,978	32,739	34,608	24,933	30,506	15,399	1,516
10. PARTICIPANT RATIO	CN	0.60	0.89	0.75	0.63	0.79	0.55	0.32	0.25
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.89	0.75	0.63	0.79	0.55	0.32	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	350	126	18	13	14	46	96	37
	MN	0	0	0	0	0	0	0	0
	Total	350	126	18	13	14	46	96	37
12a. Total Eligibles Receiving Any Dental Services	CN	177,791	174	10,504	36,093	49,250	49,892	27,934	3,944
	MN	0	0	0	0	0	0	0	0
	Total	177,791	174	10,504	36,093	49,250	49,892	27,934	3,944
12b. Total Eligibles Receiving Preventive Dental Services	CN	162,695	135	9,531	33,600	46,130	45,998	24,342	2,959
	MN	0	0	0	0	0	0	0	0
	Total	162,695	135	9,531	33,600	46,130	45,998	24,342	2,959
12c. Total Eligibles Receiving Dental Treatment Services	CN	175,599	165	10,277	35,748	48,776	49,300	27,473	3,860
	MN	0	0	0	0	0	0	0	0
	Total	175,599	165	10,277	35,748	48,776	49,300	27,473	3,860
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	23,025				12,713	10,312		
	MN	0				0	0		
	Total	23,025				12,713	10,312		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	165,125	163	10,148	34,346	46,165	45,927	25,016	3,360
	MN	0	0	0	0	0	0	0	0
	Total	165,125	163	10,148	34,346	46,165	45,927	25,016	3,360
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	14,658	58	1,441	2,786	3,917	3,894	2,214	348
	MN	0	0	0	0	0	0	0	0
	Total	14,658	58	1,441	2,786	3,917	3,894	2,214	348
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	185,544	229	11,630	37,571	51,138	51,720	29,074	4,182
	MN	0	0	0	0	0	0	0	0
	Total	185,544	229	11,630	37,571	51,138	51,720	29,074	4,182
13. Total Eligibles Enrolled in Managed Care	CN	316,489	16,385	38,698	58,177	67,055	72,150	50,094	13,930
	MN	0	0	0	0	0	0	0	0
	Total	316,489	16,385	38,698	58,177	67,055	72,150	50,094	13,930
14. Total Number of Screening Blood Lead Tests	CN	12,050	254	6,118	5,678				
	MN	0	0	0	0				
	Total	12,050	254	6,118	5,678				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	709,575	23,101	107,224	186,571	129,867	126,699	100,205	35,908
	MN	1,486,424	124,755	187,921	189,096	273,949	303,854	243,154	163,695
	Total	2,195,999	147,856	295,145	375,667	403,816	430,553	343,359	199,603
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	684,197	20,817	103,872	179,648	125,182	123,317	97,260	34,101
	MN	1,407,280	115,760	177,944	181,255	261,932	288,865	229,575	151,949
	Total	2,091,477	136,577	281,816	360,903	387,114	412,182	326,835	186,050
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	7,558,772	177,379	1,147,483	1,980,524	1,395,504	1,403,073	1,093,645	361,164
	MN	14,874,690	1,072,930	1,882,290	1,984,823	2,852,682	3,124,950	2,442,232	1,514,783
	Total	22,433,462	1,250,309	3,029,773	3,965,347	4,248,186	4,528,023	3,535,877	1,875,947
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	0.90	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	1.35	0.92	0.46	0.92	0.90	0.84
5. Expected Number of Screenings	CN	694,719	88,680	143,343	165,276	58,836	117,151	91,424	30,009
	MN	1,645,547	534,811	234,886	164,942	120,489	259,979	204,322	126,118
	Total	2,340,266	623,491	378,229	330,218	179,325	377,130	295,746	156,127
6. Total Screens Received	CN	683,831	60,282	221,774	182,190	89,716	80,477	44,099	5,293
	MN	1,498,648	385,830	432,432	193,950	187,466	186,040	99,204	13,726
	Total	2,182,479	446,112	654,206	376,140	277,182	266,517	143,303	19,019
7. SCREENING RATIO	CN	0.98	0.68	1.00	1.00	1.00	0.69	0.48	0.18
	MN	0.91	0.72	1.00	1.00	1.00	0.72	0.49	0.11
	Total	0.93	0.72	1.00	1.00	1.00	0.71	0.48	0.12

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
State: New York

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	587,385	20,817	103,872	165,276	58,836	117,151	91,424	30,009
	MN	1,169,554	115,760	177,944	164,942	120,489	259,979	204,322	126,118
	Total	1,756,939	136,577	281,816	330,218	179,325	377,130	295,746	156,127
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	371,120	16,028	81,954	118,161	63,157	56,143	31,449	4,228
	MN	726,095	98,742	141,490	121,379	138,418	138,296	75,997	11,773
	Total	1,097,215	114,770	223,444	239,540	201,575	194,439	107,446	16,001
10. PARTICIPANT RATIO	CN	0.63	0.77	0.79	0.71	1.00	0.48	0.34	0.14
	MN	0.62	0.85	0.80	0.74	1.00	0.53	0.37	0.09
	Total	0.62	0.84	0.79	0.73	1.00	0.52	0.36	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	256,510	90	14,935	78,688	59,960	54,925	37,457	10,455
	MN	559,664	520	19,039	81,622	149,463	157,118	102,630	49,272
	Total	816,174	610	33,974	160,310	209,423	212,043	140,087	59,727
12b. Total Eligibles Receiving Preventive Dental Services	CN	239,405	69	14,040	75,559	57,273	50,559	32,739	9,166
	MN	522,381	405	18,045	78,751	144,384	145,822	90,267	44,707
	Total	761,786	474	32,085	154,310	201,657	196,381	123,006	53,873
12c. Total Eligibles Receiving Dental Treatment Services	CN	103,066	7	1,559	22,157	25,820	26,452	21,347	5,724
	MN	278,810	60	2,154	24,966	74,552	85,794	62,100	29,184
	Total	381,876	67	3,713	47,123	100,372	112,246	83,447	34,908
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	25,312				13,141	12,171		
	MN	69,871				36,779	33,092		
	Total	95,183				49,920	45,263		

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Form CMS-416

Fiscal Year: 2011

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	199,829	33	11,376	65,705	47,655	41,013	26,693	7,354
	MN	458,735	212	14,355	69,781	128,067	127,772	78,419	40,129
	Total	658,564	245	25,731	135,486	175,722	168,785	105,112	47,483
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	77,552	62	5,129	20,180	17,164	18,897	12,328	3,792
	MN	140,792	301	6,390	20,057	32,062	45,425	27,012	9,545
	Total	218,344	363	11,519	40,237	49,226	64,322	39,340	13,337
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	260,330	98	15,305	79,427	60,882	55,829	38,099	10,690
	MN	564,201	576	19,571	82,295	150,832	158,285	103,142	49,500
	Total	824,531	674	34,876	161,722	211,714	214,114	141,241	60,190
13. Total Eligibles Enrolled in Managed Care	CN	568,125	16,190	91,830	160,282	106,432	99,761	71,540	22,090
	MN	1,270,130	100,571	164,838	168,873	241,919	262,870	201,315	129,744
	Total	1,838,255	116,761	256,668	329,155	348,351	362,631	272,855	151,834
14. Total Number of Screening Blood Lead Tests	CN	6,914	30	4,098	2,786				
	MN	8,788	314	5,815	2,659				
	Total	15,702	344	9,913	5,445				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

State: North Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,135,309	74,236	156,729	227,712	223,902	227,264	155,490	69,976
	MN	3,504	73	102	184	434	645	826	1,240
	Total	1,138,813	74,309	156,831	227,896	224,336	227,909	156,316	71,216
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,064,276	60,226	151,245	220,015	210,717	214,473	145,346	62,254
	MN	2,437	56	82	149	286	420	560	884
	Total	1,066,713	60,282	151,327	220,164	211,003	214,893	145,906	63,138
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	40,295	131	14,302	24,444	1,418	0	0	0
	MN	47	9	15	19	4	0	0	0
	Total	40,342	140	14,317	24,463	1,422	0	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	11,099,079	444,679	1,653,792	2,414,183	2,217,077	2,282,625	1,525,532	561,191
	MN	17,677	380	680	1,285	2,162	3,008	4,011	6,151
	Total	11,116,756	445,059	1,654,472	2,415,468	2,219,239	2,285,633	1,529,543	567,342
3b. Average Period of Eligibility	CN	0.87	0.62	0.91	0.91	0.88	0.89	0.87	0.75
	MN	0.60	0.57	0.69	0.72	0.63	0.60	0.60	0.58
	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		2.28	1.04	0.72	0.63	0.60	0.60	0.58
	Total		2.48	1.37	0.91	0.88	0.89	0.87	0.75
5. Expected Number of Screenings	CN	1,106,234	149,360	207,206	200,214	185,431	190,881	126,451	46,691
	MN	1,601	128	85	107	180	252	336	513
	Total	1,107,835	149,488	207,291	200,321	185,611	191,133	126,787	47,204
6. Total Screens Received	CN	918,294	241,200	292,869	160,467	83,318	91,047	43,954	5,439
	MN	418	54	54	60	52	58	76	64
	Total	918,712	241,254	292,923	160,527	83,370	91,105	44,030	5,503
7. SCREENING RATIO	CN	0.83	1.00	1.00	0.80	0.45	0.48	0.35	0.12
	MN	0.26	0.42	0.64	0.56	0.29	0.23	0.23	0.12
	Total	0.83	1.00	1.00	0.80	0.45	0.48	0.35	0.12

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Form CMS-416

Fiscal Year: 2011

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	961,139	60,226	151,245	200,214	185,431	190,881	126,451	46,691
	MN	1,526	56	82	107	180	252	336	513
	Total	962,665	60,282	151,327	200,321	185,611	191,133	126,787	47,204
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	551,311	57,851	127,703	150,005	80,779	87,749	41,974	5,250
	MN	361	26	35	55	51	57	73	64
	Total	551,672	57,877	127,738	150,060	80,830	87,806	42,047	5,314
10. PARTICIPANT RATIO	CN	0.57	0.96	0.84	0.75	0.44	0.46	0.33	0.11
	MN	0.24	0.46	0.43	0.51	0.28	0.23	0.22	0.12
	Total	0.57	0.96	0.84	0.75	0.44	0.46	0.33	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	1,803	266	457	494	266	238	81	1
	MN	0	0	0	0	0	0	0	0
	Total	1,803	266	457	494	266	238	81	1
12a. Total Eligibles Receiving Any Dental Services	CN	495,947	368	30,220	114,608	130,943	127,984	72,886	18,938
	MN	759	0	6	47	115	135	169	287
	Total	496,706	368	30,226	114,655	131,058	128,119	73,055	19,225
12b. Total Eligibles Receiving Preventive Dental Services	CN	457,164	245	28,435	109,891	125,746	119,019	60,827	13,001
	MN	589	0	6	40	109	119	135	180
	Total	457,753	245	28,441	109,931	125,855	119,138	60,962	13,181
12c. Total Eligibles Receiving Dental Treatment Services	CN	238,865	32	3,448	40,766	65,630	67,732	47,854	13,403
	MN	497	0	1	15	60	76	122	223
	Total	239,362	32	3,449	40,781	65,690	67,808	47,976	13,626
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	61,351				35,609	25,742		
	MN	71				36	35		
	Total	61,422				35,645	25,777		

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Fiscal Year: 2011

State: North 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	478,267	362	30,001	112,676	127,478	122,998	67,378	17,374
	MN	708	0	5	46	108	126	158	265
	Total	478,975	362	30,006	112,722	127,586	123,124	67,536	17,639
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	86,007	5,866	66,343	13,798	0	0	0	0
	MN	18	0	9	9	0	0	0	0
	Total	86,025	5,866	66,352	13,807	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	562,331	6,118	83,214	122,248	130,943	127,984	72,886	18,938
	MN	774	0	13	55	115	135	169	287
	Total	563,105	6,118	83,227	122,303	131,058	128,119	73,055	19,225
13. Total Eligibles Enrolled in Managed Care	CN	1,051,305	59,928	151,282	219,200	212,948	212,978	141,221	53,748
	MN	2,361	47	82	147	291	432	540	822
	Total	1,053,666	59,975	151,364	219,347	213,239	213,410	141,761	54,570
14. Total Number of Screening Blood Lead Tests	CN	94,602	362	73,461	20,779				
	MN	22	0	12	10				
	Total	94,624	362	73,473	20,789				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
State: North Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	49,989	3,701	7,665	10,337	9,887	9,247	6,292	2,860
	MN	2,362	17	39	59	289	449	400	1,109
	Total	52,351	3,718	7,704	10,396	10,176	9,696	6,692	3,969
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	45,295	2,935	7,143	9,560	9,082	8,477	5,708	2,390
	MN	1,030	3	9	14	75	125	137	667
	Total	46,325	2,938	7,152	9,574	9,157	8,602	5,845	3,057
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	461,825	21,815	74,192	100,903	95,686	89,926	58,854	20,449
	MN	7,433	24	88	123	601	996	1,026	4,575
	Total	469,258	21,839	74,280	101,026	96,287	90,922	59,880	25,024
3b. Average Period of Eligibility	CN	0.85	0.62	0.87	0.88	0.88	0.88	0.86	0.71
	MN	0.60	0.67	0.81	0.73	0.67	0.66	0.62	0.57
	Total	0.84	0.62	0.87	0.88	0.88	0.88	0.85	0.68
4. Expected Number of Screenings per Eligible	CN		4.34	1.74	0.88	0.88	0.88	0.86	0.71
	MN		4.69	1.62	0.73	0.67	0.66	0.62	0.57
	Total		4.34	1.74	0.88	0.88	0.88	0.85	0.68
5. Expected Number of Screenings	CN	55,638	12,738	12,429	8,413	7,992	7,460	4,909	1,697
	MN	637	14	15	10	50	83	85	380
	Total	56,275	12,752	12,444	8,423	8,042	7,543	4,994	2,077
6. Total Screens Received	CN	31,592	9,474	9,443	4,610	2,320	3,436	1,954	355
	MN	130	6	5	4	14	9	13	79
	Total	31,722	9,480	9,448	4,614	2,334	3,445	1,967	434
7. SCREENING RATIO	CN	0.57	0.74	0.76	0.55	0.29	0.46	0.40	0.21
	MN	0.20	0.43	0.33	0.40	0.28	0.11	0.15	0.21
	Total	0.56	0.74	0.76	0.55	0.29	0.46	0.39	0.21

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Form CMS-416
Fiscal Year: 2011
State: North 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	40,549	2,935	7,143	8,413	7,992	7,460	4,909	1,697
	MN	620	3	9	10	50	83	85	380
	Total	41,169	2,938	7,152	8,423	8,042	7,543	4,994	2,077
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	18,283	2,695	4,712	3,967	2,059	2,900	1,648	302
	MN	100	3	2	3	8	8	12	64
	Total	18,383	2,698	4,714	3,970	2,067	2,908	1,660	366
10. PARTICIPANT RATIO	CN	0.45	0.92	0.66	0.47	0.26	0.39	0.34	0.18
	MN	0.16	1.00	0.22	0.30	0.16	0.10	0.14	0.17
	Total	0.45	0.92	0.66	0.47	0.26	0.39	0.33	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	13,796	333	465	3,543	3,556	3,441	1,995	463
	MN	159	0	0	4	11	18	21	105
	Total	13,955	333	465	3,547	3,567	3,459	2,016	568
12a. Total Eligibles Receiving Any Dental Services	CN	13,968	5	531	3,310	3,921	3,567	2,135	499
	MN	199	0	0	2	17	27	27	126
	Total	14,167	5	531	3,312	3,938	3,594	2,162	625
12b. Total Eligibles Receiving Preventive Dental Services	CN	12,263	1	339	2,852	3,644	3,265	1,808	354
	MN	145	0	0	1	15	21	24	84
	Total	12,408	1	339	2,853	3,659	3,286	1,832	438
12c. Total Eligibles Receiving Dental Treatment Services	CN	6,458	4	99	1,160	1,879	1,681	1,296	339
	MN	125	0	0	1	9	16	16	83
	Total	6,583	4	99	1,161	1,888	1,697	1,312	422
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	2,151				1,143	1,008		
	MN	10				1	9		
	Total	2,161				1,144	1,017		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

State: North 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	13,010	4	518	3,147	3,668	3,291	1,929	453
	MN	175	0	0	2	14	21	25	113
	Total	13,185	4	518	3,149	3,682	3,312	1,954	566
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,392	6	342	1,244	1,084	1,047	510	159
	MN	47	0	1	2	6	2	6	30
	Total	4,439	6	343	1,246	1,090	1,049	516	189
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	16,960	11	791	4,062	4,668	4,318	2,479	631
	MN	233	0	1	3	22	29	29	149
	Total	17,193	11	792	4,065	4,690	4,347	2,508	780
13. Total Eligibles Enrolled in Managed Care	CN	42,045	3,013	6,626	9,111	8,526	7,615	4,944	2,210
	MN	1,539	3	17	27	168	235	192	897
	Total	43,584	3,016	6,643	9,138	8,694	7,850	5,136	3,107
14. Total Number of Screening Blood Lead Tests	CN	1,742	37	934	771				
	MN	1	0	0	1				
	Total	1,743	37	934	772				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	1,414,340	78,523	166,542	240,649	279,498	319,871	230,940	98,317
	MN	0	0	0	0	0	0	0	0
	Total	1,414,340	78,523	166,542	240,649	279,498	319,871	230,940	98,317
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,328,340	56,082	159,858	231,110	268,430	306,250	218,739	87,871
	MN	0	0	0	0	0	0	0	0
	Total	1,328,340	56,082	159,858	231,110	268,430	306,250	218,739	87,871
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	104,817	3,761	12,408	17,295	20,836	27,033	21,312	2,172
	MN	0	0	0	0	0	0	0	0
	Total	104,817	3,761	12,408	17,295	20,836	27,033	21,312	2,172
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	14,522,723	432,443	1,778,979	2,591,711	3,020,933	3,440,351	2,412,488	845,818
	MN	0	0	0	0	0	0	0	0
	Total	14,522,723	432,443	1,778,979	2,591,711	3,020,933	3,440,351	2,412,488	845,818
3b. Average Period of Eligibility	CN	0.91	0.64	0.93	0.93	0.94	0.94	0.92	0.80
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.64	0.93	0.93	0.94	0.94	0.92	0.80
4. Expected Number of Screenings per Eligible	CN		4.48	2.33	0.93	0.94	0.94	0.92	0.80
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.48	2.33	0.93	0.94	0.94	0.92	0.80
5. Expected Number of Screenings	CN	1,650,384	251,247	372,469	214,932	252,324	287,875	201,240	70,297
	MN	0	0	0	0	0	0	0	0
	Total	1,650,384	251,247	372,469	214,932	252,324	287,875	201,240	70,297
6. Total Screens Received	CN	962,430	216,443	294,243	155,936	98,460	116,739	70,176	10,433
	MN	0	0	0	0	0	0	0	0
	Total	962,430	216,443	294,243	155,936	98,460	116,739	70,176	10,433
7. SCREENING RATIO	CN	0.58	0.86	0.79	0.73	0.39	0.41	0.35	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.58	0.86	0.79	0.73	0.39	0.41	0.35	0.15

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	1,242,608	56,082	159,858	214,932	252,324	287,875	201,240	70,297
	MN	0	0	0	0	0	0	0	0
	Total	1,242,608	56,082	159,858	214,932	252,324	287,875	201,240	70,297
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	574,943	52,146	124,779	135,356	88,599	103,849	61,151	9,063
	MN	0	0	0	0	0	0	0	0
	Total	574,943	52,146	124,779	135,356	88,599	103,849	61,151	9,063
10. PARTICIPANT RATIO	CN	0.46	0.93	0.78	0.63	0.35	0.36	0.30	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.46	0.93	0.78	0.63	0.35	0.36	0.30	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	42,398	4,527	12,969	9,501	5,363	5,796	3,804	438
	MN	0	0	0	0	0	0	0	0
	Total	42,398	4,527	12,969	9,501	5,363	5,796	3,804	438
12a. Total Eligibles Receiving Any Dental Services	CN	534,088	227	17,744	104,947	143,923	151,942	90,777	24,528
	MN	0	0	0	0	0	0	0	0
	Total	534,088	227	17,744	104,947	143,923	151,942	90,777	24,528
12b. Total Eligibles Receiving Preventive Dental Services	CN	321,778	99	9,870	64,176	90,989	95,383	50,424	10,837
	MN	0	0	0	0	0	0	0	0
	Total	321,778	99	9,870	64,176	90,989	95,383	50,424	10,837
12c. Total Eligibles Receiving Dental Treatment Services	CN	199,151	23	1,636	25,917	52,013	59,728	46,204	13,630
	MN	0	0	0	0	0	0	0	0
	Total	199,151	23	1,636	25,917	52,013	59,728	46,204	13,630
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	54,165				29,334	24,831		
	MN	0				0	0		
	Total	54,165				29,334	24,831		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	475,288	211	16,490	96,600	127,900	133,082	79,348	21,657
	MN	0	0	0	0	0	0	0	0
	Total	475,288	211	16,490	96,600	127,900	133,082	79,348	21,657
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	21,953	303	6,222	5,167	3,957	4,019	2,039	246
	MN	0	0	0	0	0	0	0	0
	Total	21,953	303	6,222	5,167	3,957	4,019	2,039	246
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	542,719	525	22,697	106,194	144,708	152,797	91,220	24,578
	MN	0	0	0	0	0	0	0	0
	Total	542,719	525	22,697	106,194	144,708	152,797	91,220	24,578
13. Total Eligibles Enrolled in Managed Care	CN	1,235,161	53,849	154,777	220,840	251,816	280,510	195,354	78,015
	MN	0	0	0	0	0	0	0	0
	Total	1,235,161	53,849	154,777	220,840	251,816	280,510	195,354	78,015
14. Total Number of Screening Blood Lead Tests	CN	107,421	1,466	67,147	38,808				
	MN	0	0	0	0				
	Total	107,421	1,466	67,147	38,808				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	608,318	39,415	82,281	110,564	125,540	132,498	88,582	29,438
	MN	0	0	0	0	0	0	0	0
	Total	608,318	39,415	82,281	110,564	125,540	132,498	88,582	29,438
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	552,648	27,959	77,441	102,960	116,947	122,934	80,823	23,584
	MN	0	0	0	0	0	0	0	0
	Total	552,648	27,959	77,441	102,960	116,947	122,934	80,823	23,584
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	57,710	1,309	4,086	6,461	15,926	18,466	11,374	88
	MN	0	0	0	0	0	0	0	0
	Total	57,710	1,309	4,086	6,461	15,926	18,466	11,374	88
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	5,626,671	218,480	789,330	1,071,868	1,227,384	1,293,738	832,370	193,501
	MN	0	0	0	0	0	0	0	0
	Total	5,626,671	218,480	789,330	1,071,868	1,227,384	1,293,738	832,370	193,501
3b. Average Period of Eligibility	CN	0.85	0.65	0.85	0.87	0.87	0.88	0.86	0.68
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.85	0.65	0.85	0.87	0.87	0.88	0.86	0.68
4. Expected Number of Screenings per Eligible	CN		3.90	1.28	0.87	0.44	0.53	0.43	0.34
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	1.28	0.87	0.44	0.53	0.43	0.34
5. Expected Number of Screenings	CN	457,124	109,040	99,124	89,575	51,457	65,155	34,754	8,019
	MN	0	0	0	0	0	0	0	0
	Total	457,124	109,040	99,124	89,575	51,457	65,155	34,754	8,019
6. Total Screens Received	CN	337,778	96,211	108,455	50,057	30,729	35,235	15,762	1,329
	MN	0	0	0	0	0	0	0	0
	Total	337,778	96,211	108,455	50,057	30,729	35,235	15,762	1,329
7. SCREENING RATIO	CN	0.74	0.88	1.00	0.56	0.60	0.54	0.45	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.74	0.88	1.00	0.56	0.60	0.54	0.45	0.17

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	354,360	27,959	77,441	89,575	51,457	65,155	34,754	8,019
	MN	0	0	0	0	0	0	0	0
	Total	354,360	27,959	77,441	89,575	51,457	65,155	34,754	8,019
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	195,169	24,850	50,368	43,891	28,415	32,075	14,322	1,248
	MN	0	0	0	0	0	0	0	0
	Total	195,169	24,850	50,368	43,891	28,415	32,075	14,322	1,248
10. PARTICIPANT RATIO	CN	0.55	0.89	0.65	0.49	0.55	0.49	0.41	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.55	0.89	0.65	0.49	0.55	0.49	0.41	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	206,531	6,999	14,777	30,535	51,416	57,243	37,643	7,918
	MN	0	0	0	0	0	0	0	0
	Total	206,531	6,999	14,777	30,535	51,416	57,243	37,643	7,918
12a. Total Eligibles Receiving Any Dental Services	CN	258,475	168	12,203	51,940	71,236	73,564	41,885	7,479
	MN	0	0	0	0	0	0	0	0
	Total	258,475	168	12,203	51,940	71,236	73,564	41,885	7,479
12b. Total Eligibles Receiving Preventive Dental Services	CN	233,347	68	9,648	47,471	67,179	67,607	35,709	5,665
	MN	0	0	0	0	0	0	0	0
	Total	233,347	68	9,648	47,471	67,179	67,607	35,709	5,665
12c. Total Eligibles Receiving Dental Treatment Services	CN	138,866	25	1,898	20,308	39,422	43,613	28,465	5,135
	MN	0	0	0	0	0	0	0	0
	Total	138,866	25	1,898	20,308	39,422	43,613	28,465	5,135
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	21,708				12,826	8,882		
	MN	0				0	0		
	Total	21,708				12,826	8,882		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	240,485	150	11,621	49,250	67,434	68,400	37,131	6,499
	MN	0	0	0	0	0	0	0	0
	Total	240,485	150	11,621	49,250	67,434	68,400	37,131	6,499
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	258,475	168	12,203	51,940	71,236	73,564	41,885	7,479
	MN	0	0	0	0	0	0	0	0
	Total	258,475	168	12,203	51,940	71,236	73,564	41,885	7,479
13. Total Eligibles Enrolled in Managed Care	CN	522,881	31,585	74,293	97,826	108,917	113,445	73,568	23,247
	MN	0	0	0	0	0	0	0	0
	Total	522,881	31,585	74,293	97,826	108,917	113,445	73,568	23,247
14. Total Number of Screening Blood Lead Tests	CN	5,872	79	3,968	1,825				
	MN	0	0	0	0				
	Total	5,872	79	3,968	1,825				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	370,105	25,728	51,495	71,383	72,301	75,024	54,208	19,966
	MN	0	0	0	0	0	0	0	0
	Total	370,105	25,728	51,495	71,383	72,301	75,024	54,208	19,966
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	341,540	18,581	48,575	67,497	68,447	70,744	50,263	17,433
	MN	0	0	0	0	0	0	0	0
	Total	341,540	18,581	48,575	67,497	68,447	70,744	50,263	17,433
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	3,667,861	144,090	529,680	740,589	756,429	783,158	545,493	168,422
	MN	0	0	0	0	0	0	0	0
	Total	3,667,861	144,090	529,680	740,589	756,429	783,158	545,493	168,422
3b. Average Period of Eligibility	CN	0.89	0.65	0.91	0.91	0.92	0.92	0.90	0.81
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.65	0.91	0.91	0.92	0.92	0.90	0.81
4. Expected Number of Screenings per Eligible	CN		3.25	1.37	0.91	0.46	0.37	0.45	0.41
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.25	1.37	0.91	0.46	0.37	0.45	0.41
5. Expected Number of Screenings	CN	275,785	60,388	66,548	61,422	31,486	26,175	22,618	7,148
	MN	0	0	0	0	0	0	0	0
	Total	275,785	60,388	66,548	61,422	31,486	26,175	22,618	7,148
6. Total Screens Received	CN	248,809	73,782	85,800	37,912	19,594	19,704	10,240	1,777
	MN	0	0	0	0	0	0	0	0
	Total	248,809	73,782	85,800	37,912	19,594	19,704	10,240	1,777
7. SCREENING RATIO	CN	0.90	1.00	1.00	0.62	0.62	0.75	0.45	0.25
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	1.00	1.00	0.62	0.62	0.75	0.45	0.25

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	216,005	18,581	48,575	61,422	31,486	26,175	22,618	7,148
	MN	0	0	0	0	0	0	0	0
	Total	216,005	18,581	48,575	61,422	31,486	26,175	22,618	7,148
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	137,255	17,691	38,002	34,351	18,151	18,173	9,245	1,642
	MN	0	0	0	0	0	0	0	0
	Total	137,255	17,691	38,002	34,351	18,151	18,173	9,245	1,642
10. PARTICIPANT RATIO	CN	0.64	0.95	0.78	0.56	0.58	0.69	0.41	0.23
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	0.95	0.78	0.56	0.58	0.69	0.41	0.23
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	144,723	200	9,309	32,422	38,815	35,993	22,595	5,389
	MN	0	0	0	0	0	0	0	0
	Total	144,723	200	9,309	32,422	38,815	35,993	22,595	5,389
12b. Total Eligibles Receiving Preventive Dental Services	CN	127,386	156	7,331	29,111	35,823	32,878	18,559	3,528
	MN	0	0	0	0	0	0	0	0
	Total	127,386	156	7,331	29,111	35,823	32,878	18,559	3,528
12c. Total Eligibles Receiving Dental Treatment Services	CN	66,563	7	952	12,228	20,389	16,892	12,793	3,302
	MN	0	0	0	0	0	0	0	0
	Total	66,563	7	952	12,228	20,389	16,892	12,793	3,302
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	19,561				10,572	8,989		
	MN	0				0	0		
	Total	19,561				10,572	8,989		

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	130,035	149	8,592	29,918	34,729	32,443	19,603	4,601
	MN	0	0	0	0	0	0	0	0
	Total	130,035	149	8,592	29,918	34,729	32,443	19,603	4,601
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,496	99	1,757	1,667	716	212	41	4
	MN	0	0	0	0	0	0	0	0
	Total	4,496	99	1,757	1,667	716	212	41	4
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	147,128	299	10,682	33,055	39,015	36,064	22,621	5,392
	MN	0	0	0	0	0	0	0	0
	Total	147,128	299	10,682	33,055	39,015	36,064	22,621	5,392
13. Total Eligibles Enrolled in Managed Care	CN	333,772	23,620	48,266	65,521	65,242	66,584	47,161	17,378
	MN	0	0	0	0	0	0	0	0
	Total	333,772	23,620	48,266	65,521	65,242	66,584	47,161	17,378
14. Total Number of Screening Blood Lead Tests	CN	9,188	144	5,375	3,669				
	MN	0	0	0	0				
	Total	9,188	144	5,375	3,669				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	1,221,821	71,308	153,022	215,040	238,162	261,767	199,803	82,719
	MN	34,254	28	127	228	674	1,087	2,634	29,476
	Total	1,256,075	71,336	153,149	215,268	238,836	262,854	202,437	112,195
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,138,335	53,982	145,180	204,139	225,137	247,571	187,060	75,266
	MN	31,322	17	115	195	579	934	2,228	27,254
	Total	1,169,657	53,999	145,295	204,334	225,716	248,505	189,288	102,520
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	11,631,322	411,887	1,505,269	2,123,982	2,343,106	2,579,759	1,928,482	738,837
	MN	301,579	122	1,057	1,737	5,142	8,080	20,319	265,122
	Total	11,932,901	412,009	1,506,326	2,125,719	2,348,248	2,587,839	1,948,801	1,003,959
3b. Average Period of Eligibility	CN	0.85	0.64	0.86	0.87	0.87	0.87	0.86	0.82
	MN	0.80	0.60	0.77	0.74	0.74	0.72	0.76	0.81
	Total	0.85	0.64	0.86	0.87	0.87	0.87	0.86	0.82
4. Expected Number of Screenings per Eligible	CN		3.84	1.72	0.87	0.44	0.87	0.86	0.82
	MN		3.60	1.54	0.74	0.37	0.72	0.76	0.81
	Total		3.84	1.72	0.87	0.44	0.87	0.86	0.82
5. Expected Number of Screenings	CN	1,171,639	207,291	249,710	177,601	99,060	215,387	160,872	61,718
	MN	25,037	61	177	144	214	672	1,693	22,076
	Total	1,196,676	207,352	249,887	177,745	99,274	216,059	162,565	83,794
6. Total Screens Received	CN	885,488	186,938	267,314	129,284	101,392	109,279	75,408	15,873
	MN	6,827	62	180	83	177	289	608	5,428
	Total	892,315	187,000	267,494	129,367	101,569	109,568	76,016	21,301
7. SCREENING RATIO	CN	0.76	0.90	1.00	0.73	1.00	0.51	0.47	0.26
	MN	0.27	1.00	1.00	0.58	0.83	0.43	0.36	0.25
	Total	0.75	0.90	1.00	0.73	1.00	0.51	0.47	0.25

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	913,800	53,982	145,180	177,601	99,060	215,387	160,872	61,718
	MN	24,931	17	115	144	214	672	1,693	22,076
	Total	938,731	53,999	145,295	177,745	99,274	216,059	162,565	83,794
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	566,452	49,565	114,147	117,480	98,200	105,050	68,326	13,684
	MN	5,949	12	78	79	177	280	560	4,763
	Total	572,401	49,577	114,225	117,559	98,377	105,330	68,886	18,447
10. PARTICIPANT RATIO	CN	0.62	0.92	0.79	0.66	0.99	0.49	0.42	0.22
	MN	0.24	0.71	0.68	0.55	0.83	0.42	0.33	0.22
	Total	0.61	0.92	0.79	0.66	0.99	0.49	0.42	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	412,477	1,504	8,233	117,480	98,200	105,050	68,326	13,684
	MN	5,866	0	7	79	177	280	560	4,763
	Total	418,343	1,504	8,240	117,559	98,377	105,330	68,886	18,447
12a. Total Eligibles Receiving Any Dental Services	CN	453,608	103	15,944	92,064	120,619	122,787	80,263	21,828
	MN	8,891	0	5	60	245	344	622	7,615
	Total	462,499	103	15,949	92,124	120,864	123,131	80,885	29,443
12b. Total Eligibles Receiving Preventive Dental Services	CN	394,065	33	13,201	82,639	110,132	108,355	64,207	15,498
	MN	6,672	0	3	59	227	309	482	5,592
	Total	400,737	33	13,204	82,698	110,359	108,664	64,689	21,090
12c. Total Eligibles Receiving Dental Treatment Services	CN	209,631	24	2,461	30,032	55,968	60,503	46,709	13,934
	MN	5,401	0	1	18	125	172	357	4,728
	Total	215,032	24	2,462	30,050	56,093	60,675	47,066	18,662
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	56,305				29,779	26,526		
	MN	158				81	77		
	Total	56,463				29,860	26,603		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	403,810	81	15,041	86,075	110,238	107,866	66,827	17,682
	MN	7,279	0	4	58	220	310	508	6,179
	Total	411,089	81	15,045	86,133	110,458	108,176	67,335	23,861
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	6,620	313	3,405	1,823	522	434	121	2
	MN	5	0	2	1	1	1	0	0
	Total	6,625	313	3,407	1,824	523	435	121	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	458,186	414	18,881	92,999	120,779	122,958	80,326	21,829
	MN	8,893	0	7	60	245	344	622	7,615
	Total	467,079	414	18,888	93,059	121,024	123,302	80,948	29,444
13. Total Eligibles Enrolled in Managed Care	CN	1,181,926	67,983	149,596	209,058	230,511	252,494	192,107	80,177
	MN	32,640	25	116	199	614	987	2,346	28,353
	Total	1,214,566	68,008	149,712	209,257	231,125	253,481	194,453	108,530
14. Total Number of Screening Blood Lead Tests	CN	96,892	4,820	63,948	28,124				
	MN	42	0	33	9				
	Total	96,934	4,820	63,981	28,133				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	114,534	6,245	13,065	19,330	22,816	26,207	20,339	6,532
	MN	147	0	0	0	1	1	38	107
	Total	114,681	6,245	13,065	19,330	22,817	26,208	20,377	6,639
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	107,104	4,305	12,399	18,458	21,799	25,036	19,414	5,693
	MN	122	0	0	0	0	1	29	92
	Total	107,226	4,305	12,399	18,458	21,799	25,037	19,443	5,785
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	12,529	0	0	0	2,268	5,880	4,321	60
	MN	0	0	0	0	0	0	0	0
	Total	12,529	0	0	0	2,268	5,880	4,321	60
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	1,103,070	32,076	130,084	193,062	230,024	264,880	203,256	49,688
	MN	660	0	0	0	0	3	149	508
	Total	1,103,730	32,076	130,084	193,062	230,024	264,883	203,405	50,196
3b. Average Period of Eligibility	CN	0.86	0.62	0.87	0.87	0.88	0.88	0.87	0.73
	MN	0.45	0.00	0.00	0.00	0.00	0.25	0.43	0.46
	Total	0.86	0.62	0.87	0.87	0.88	0.88	0.87	0.72
4. Expected Number of Screenings per Eligible	CN		3.72	1.74	0.87	0.88	0.88	0.87	0.73
	MN		0.00	0.00	0.00	0.00	0.25	0.43	0.46
	Total		3.72	1.74	0.87	0.88	0.88	0.87	0.72
5. Expected Number of Screenings	CN	115,908	16,015	21,574	16,058	19,183	22,032	16,890	4,156
	MN	54	0	0	0	0	0	12	42
	Total	115,962	16,015	21,574	16,058	19,183	22,032	16,902	4,198
6. Total Screens Received	CN	84,916	17,244	23,309	11,446	10,446	12,561	8,568	1,342
	MN	8	0	0	0	0	0	0	8
	Total	84,924	17,244	23,309	11,446	10,446	12,561	8,568	1,350
7. SCREENING RATIO	CN	0.73	1.00	1.00	0.71	0.54	0.57	0.51	0.32
	MN	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.19
	Total	0.73	1.00	1.00	0.71	0.54	0.57	0.51	0.32

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	95,023	4,305	12,399	16,058	19,183	22,032	16,890	4,156
	MN	54	0	0	0	0	0	12	42
	Total	95,077	4,305	12,399	16,058	19,183	22,032	16,902	4,198
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	55,538	4,150	9,716	10,378	10,175	11,953	7,934	1,232
	MN	8	0	0	0	0	0	0	8
	Total	55,546	4,150	9,716	10,378	10,175	11,953	7,934	1,240
10. PARTICIPANT RATIO	CN	0.58	0.96	0.78	0.65	0.53	0.54	0.47	0.30
	MN	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.19
	Total	0.58	0.96	0.78	0.65	0.53	0.54	0.47	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	89,339	4,110	10,978	15,067	17,582	21,025	16,216	4,361
	MN	98	0	0	0	0	1	27	70
	Total	89,437	4,110	10,978	15,067	17,582	21,026	16,243	4,431
12a. Total Eligibles Receiving Any Dental Services	CN	50,036	36	2,146	8,702	13,667	14,718	9,198	1,569
	MN	37	0	0	0	0	1	6	30
	Total	50,073	36	2,146	8,702	13,667	14,719	9,204	1,599
12b. Total Eligibles Receiving Preventive Dental Services	CN	43,792	16	1,654	7,656	12,584	12,996	7,707	1,179
	MN	28	0	0	0	0	1	5	22
	Total	43,820	16	1,654	7,656	12,584	12,997	7,712	1,201
12c. Total Eligibles Receiving Dental Treatment Services	CN	21,070	3	132	1,986	5,608	7,315	5,142	884
	MN	22	0	0	0	0	0	3	19
	Total	21,092	3	132	1,986	5,608	7,315	5,145	903
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	5,741				3,249	2,492		
	MN	0				0	0		
	Total	5,741				3,249	2,492		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	43,323	31	2,011	7,937	12,115	12,332	7,588	1,309
	MN	34	0	0	0	0	1	5	28
	Total	43,357	31	2,011	7,937	12,115	12,333	7,593	1,337
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	305	0	201	96	3	0	5	0
	MN	0	0	0	0	0	0	0	0
	Total	305	0	201	96	3	0	5	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	50,036	36	2,146	8,702	13,667	14,718	9,198	1,569
	MN	37	0	0	0	0	1	6	30
	Total	50,073	36	2,146	8,702	13,667	14,719	9,204	1,599
13. Total Eligibles Enrolled in Managed Care	CN	103,682	5,919	12,363	17,871	20,664	23,239	17,974	5,652
	MN	120	0	0	0	0	1	31	88
	Total	103,802	5,919	12,363	17,871	20,664	23,240	18,005	5,740
14. Total Number of Screening Blood Lead Tests	CN	12,142	334	6,644	5,164				
	MN	0	0	0	0				
	Total	12,142	334	6,644	5,164				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	609,391	38,493	79,181	111,547	121,547	132,672	92,806	33,145
	MN	0	0	0	0	0	0	0	0
	Total	609,391	38,493	79,181	111,547	121,547	132,672	92,806	33,145
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	571,305	30,992	75,698	106,704	116,031	126,575	88,104	27,201
	MN	0	0	0	0	0	0	0	0
	Total	571,305	30,992	75,698	106,704	116,031	126,575	88,104	27,201
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	64,456	55	3,799	6,726	16,399	21,408	15,618	451
	MN	0	0	0	0	0	0	0	0
	Total	64,456	55	3,799	6,726	16,399	21,408	15,618	451
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	6,087,200	229,405	820,405	1,162,323	1,277,747	1,401,043	966,793	229,484
	MN	0	0	0	0	0	0	0	0
	Total	6,087,200	229,405	820,405	1,162,323	1,277,747	1,401,043	966,793	229,484
3b. Average Period of Eligibility	CN	0.89	0.62	0.90	0.91	0.92	0.92	0.91	0.70
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.62	0.90	0.91	0.92	0.92	0.91	0.70
4. Expected Number of Screenings per Eligible	CN		3.72	1.35	0.91	0.46	0.55	0.46	0.35
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.72	1.35	0.91	0.46	0.55	0.46	0.35
5. Expected Number of Screenings	CN	487,621	115,290	102,192	97,101	53,374	69,616	40,528	9,520
	MN	0	0	0	0	0	0	0	0
	Total	487,621	115,290	102,192	97,101	53,374	69,616	40,528	9,520
6. Total Screens Received	CN	409,958	111,848	141,736	60,050	36,479	39,136	18,952	1,757
	MN	0	0	0	0	0	0	0	0
	Total	409,958	111,848	141,736	60,050	36,479	39,136	18,952	1,757
7. SCREENING RATIO	CN	0.84	0.97	1.00	0.62	0.68	0.56	0.47	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.97	1.00	0.62	0.68	0.56	0.47	0.18

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	376,829	30,992	75,698	97,101	53,374	69,616	40,528	9,520
	MN	0	0	0	0	0	0	0	0
	Total	376,829	30,992	75,698	97,101	53,374	69,616	40,528	9,520
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	236,078	29,138	59,676	55,540	35,009	37,148	17,876	1,691
	MN	0	0	0	0	0	0	0	0
	Total	236,078	29,138	59,676	55,540	35,009	37,148	17,876	1,691
10. PARTICIPANT RATIO	CN	0.63	0.94	0.79	0.57	0.66	0.53	0.44	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.94	0.79	0.57	0.66	0.53	0.44	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	47,311	5,168	9,100	9,294	7,702	8,087	5,923	2,037
	MN	0	0	0	0	0	0	0	0
	Total	47,311	5,168	9,100	9,294	7,702	8,087	5,923	2,037
12a. Total Eligibles Receiving Any Dental Services	CN	301,369	195	18,147	63,124	82,314	83,305	45,916	8,368
	MN	0	0	0	0	0	0	0	0
	Total	301,369	195	18,147	63,124	82,314	83,305	45,916	8,368
12b. Total Eligibles Receiving Preventive Dental Services	CN	286,817	112	16,707	60,584	79,747	80,672	42,166	6,829
	MN	0	0	0	0	0	0	0	0
	Total	286,817	112	16,707	60,584	79,747	80,672	42,166	6,829
12c. Total Eligibles Receiving Dental Treatment Services	CN	133,898	11	2,262	23,638	41,130	37,140	24,884	4,833
	MN	0	0	0	0	0	0	0	0
	Total	133,898	11	2,262	23,638	41,130	37,140	24,884	4,833
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	35,399				19,951	15,448		
	MN	0				0	0		
	Total	35,399				19,951	15,448		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	282,108	193	17,712	60,579	76,005	76,700	43,248	7,671
	MN	0	0	0	0	0	0	0	0
	Total	282,108	193	17,712	60,579	76,005	76,700	43,248	7,671
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	3,434	38	1,540	1,325	357	81	70	23
	MN	0	0	0	0	0	0	0	0
	Total	3,434	38	1,540	1,325	357	81	70	23
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	302,369	232	19,067	63,165	82,314	83,305	45,917	8,369
	MN	0	0	0	0	0	0	0	0
	Total	302,369	232	19,067	63,165	82,314	83,305	45,917	8,369
13. Total Eligibles Enrolled in Managed Care	CN	535,931	28,681	69,306	102,250	109,976	118,499	80,622	26,597
	MN	0	0	0	0	0	0	0	0
	Total	535,931	28,681	69,306	102,250	109,976	118,499	80,622	26,597
14. Total Number of Screening Blood Lead Tests	CN	11,348	241	8,056	3,051				
	MN	0	0	0	0				
	Total	11,348	241	8,056	3,051				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	97,031	6,231	12,604	18,200	20,199	20,492	14,452	4,853
	MN	0	0	0	0	0	0	0	0
	Total	97,031	6,231	12,604	18,200	20,199	20,492	14,452	4,853
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	90,410	4,921	11,927	17,260	19,187	19,417	13,620	4,078
	MN	0	0	0	0	0	0	0	0
	Total	90,410	4,921	11,927	17,260	19,187	19,417	13,620	4,078
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	12,813	209	908	1,475	3,445	3,782	2,553	441
	MN	0	0	0	0	0	0	0	0
	Total	12,813	209	908	1,475	3,445	3,782	2,553	441
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	940,872	36,708	125,643	184,977	206,493	209,907	143,656	33,488
	MN	0	0	0	0	0	0	0	0
	Total	940,872	36,708	125,643	184,977	206,493	209,907	143,656	33,488
3b. Average Period of Eligibility	CN	0.87	0.62	0.88	0.89	0.90	0.90	0.88	0.68
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	0.62	0.88	0.89	0.90	0.90	0.88	0.68
4. Expected Number of Screenings per Eligible	CN		4.34	1.76	0.89	0.90	0.90	0.88	0.68
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	1.76	0.89	0.90	0.90	0.88	0.68
5. Expected Number of Screenings	CN	107,212	21,357	20,992	15,361	17,268	17,475	11,986	2,773
	MN	0	0	0	0	0	0	0	0
	Total	107,212	21,357	20,992	15,361	17,268	17,475	11,986	2,773
6. Total Screens Received	CN	69,599	14,260	20,409	12,206	7,246	8,338	5,732	1,408
	MN	0	0	0	0	0	0	0	0
	Total	69,599	14,260	20,409	12,206	7,246	8,338	5,732	1,408
7. SCREENING RATIO	CN	0.65	0.67	0.97	0.79	0.42	0.48	0.48	0.51
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.65	0.67	0.97	0.79	0.42	0.48	0.48	0.51

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	81,711	4,921	11,927	15,361	17,268	17,475	11,986	2,773
	MN	0	0	0	0	0	0	0	0
	Total	81,711	4,921	11,927	15,361	17,268	17,475	11,986	2,773
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	42,651	4,406	9,121	9,763	6,306	7,006	4,858	1,191
	MN	0	0	0	0	0	0	0	0
	Total	42,651	4,406	9,121	9,763	6,306	7,006	4,858	1,191
10. PARTICIPANT RATIO	CN	0.52	0.90	0.76	0.64	0.37	0.40	0.41	0.43
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.90	0.76	0.64	0.37	0.40	0.41	0.43
11. Total Eligibles Referred for Corrective Treatment	CN	32,368	4,528	7,585	7,061	4,012	4,814	3,507	861
	MN	0	0	0	0	0	0	0	0
	Total	32,368	4,528	7,585	7,061	4,012	4,814	3,507	861
12a. Total Eligibles Receiving Any Dental Services	CN	41,468	43	2,339	9,234	11,430	10,847	6,301	1,274
	MN	0	0	0	0	0	0	0	0
	Total	41,468	43	2,339	9,234	11,430	10,847	6,301	1,274
12b. Total Eligibles Receiving Preventive Dental Services	CN	37,465	32	2,020	8,604	10,671	9,917	5,311	910
	MN	0	0	0	0	0	0	0	0
	Total	37,465	32	2,020	8,604	10,671	9,917	5,311	910
12c. Total Eligibles Receiving Dental Treatment Services	CN	16,736	6	276	2,927	5,135	4,411	3,230	751
	MN	0	0	0	0	0	0	0	0
	Total	16,736	6	276	2,927	5,135	4,411	3,230	751
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,889				2,920	1,969		
	MN	0				0	0		
	Total	4,889				2,920	1,969		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	34,440	18	2,046	7,936	9,691	8,898	4,923	928
	MN	0	0	0	0	0	0	0	0
	Total	34,440	18	2,046	7,936	9,691	8,898	4,923	928
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	231	8	156	67	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	231	8	156	67	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	41,641	51	2,468	9,270	11,430	10,847	6,301	1,274
	MN	0	0	0	0	0	0	0	0
	Total	41,641	51	2,468	9,270	11,430	10,847	6,301	1,274
13. Total Eligibles Enrolled in Managed Care	CN	64,869	4,974	9,057	13,304	14,501	13,991	8,022	1,020
	MN	0	0	0	0	0	0	0	0
	Total	64,869	4,974	9,057	13,304	14,501	13,991	8,022	1,020
14. Total Number of Screening Blood Lead Tests	CN	3,235	16	1,706	1,513				
	MN	0	0	0	0				
	Total	3,235	16	1,706	1,513				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	802,758	56,155	102,873	147,162	157,908	169,068	119,895	49,697
	MN	90,023	144	1,508	3,539	9,309	14,218	13,224	48,081
	Total	892,781	56,299	104,381	150,701	167,217	183,286	133,119	97,778
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	732,349	40,815	96,555	138,614	147,899	158,038	110,472	39,956
	MN	79,154	97	1,307	3,266	8,662	13,425	12,485	39,912
	Total	811,503	40,912	97,862	141,880	156,561	171,463	122,957	79,868
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	333	0	14	23	75	116	103	2
	MN	21,068	1	999	2,085	4,849	6,813	6,203	118
	Total	21,401	1	1,013	2,108	4,924	6,929	6,306	120
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	8,202,243	321,482	1,092,870	1,579,835	1,693,252	1,804,696	1,251,328	458,780
	MN	716,282	743	9,713	32,299	84,747	136,793	126,722	325,265
	Total	8,918,525	322,225	1,102,583	1,612,134	1,777,999	1,941,489	1,378,050	784,045
3b. Average Period of Eligibility	CN	0.93	0.66	0.94	0.95	0.95	0.95	0.94	0.96
	MN	0.75	0.64	0.62	0.82	0.82	0.85	0.85	0.68
	Total	0.92	0.66	0.94	0.95	0.95	0.94	0.93	0.82
4. Expected Number of Screenings per Eligible	CN		3.30	1.41	0.95	0.48	0.95	0.94	0.96
	MN		3.20	0.93	0.82	0.41	0.85	0.85	0.68
	Total		3.30	1.41	0.95	0.48	0.94	0.93	0.82
5. Expected Number of Screenings	CN	765,846	134,690	136,143	131,683	70,992	150,136	103,844	38,358
	MN	56,918	310	1,216	2,678	3,551	11,411	10,612	27,140
	Total	822,764	135,000	137,359	134,361	74,543	161,547	114,456	65,498
6. Total Screens Received	CN	826,984	140,998	247,594	144,366	96,080	110,802	66,082	21,062
	MN	36,227	203	3,042	2,924	4,709	7,392	5,782	12,175
	Total	863,211	141,201	250,636	147,290	100,789	118,194	71,864	33,237
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	0.74	0.64	0.55
	MN	0.64	0.65	1.00	1.00	1.00	0.65	0.54	0.45
	Total	1.00	1.00	1.00	1.00	1.00	0.73	0.63	0.51

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	632,383	40,815	96,555	131,683	70,992	150,136	103,844	38,358
	MN	56,705	97	1,216	2,678	3,551	11,411	10,612	27,140
	Total	689,088	40,912	97,771	134,361	74,543	161,547	114,456	65,498
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	418,013	38,438	80,909	96,705	68,369	77,136	43,982	12,474
	MN	24,441	86	1,096	2,137	3,539	5,548	4,123	7,912
	Total	442,454	38,524	82,005	98,842	71,908	82,684	48,105	20,386
10. PARTICIPANT RATIO	CN	0.66	0.94	0.84	0.73	0.96	0.51	0.42	0.33
	MN	0.43	0.89	0.90	0.80	1.00	0.49	0.39	0.29
	Total	0.64	0.94	0.84	0.74	0.96	0.51	0.42	0.31
11. Total Eligibles Referred for Corrective Treatment	CN	342,674	27,791	63,339	63,000	57,260	70,355	46,768	14,161
	MN	27,183	23	844	1,367	3,214	5,602	4,936	11,197
	Total	369,857	27,814	64,183	64,367	60,474	75,957	51,704	25,358
12a. Total Eligibles Receiving Any Dental Services	CN	358,677	267	17,712	71,392	97,880	99,652	58,036	13,738
	MN	35,956	0	259	1,647	5,741	8,311	6,490	13,508
	Total	394,633	267	17,971	73,039	103,621	107,963	64,526	27,246
12b. Total Eligibles Receiving Preventive Dental Services	CN	328,509	99	13,947	65,491	92,675	94,484	51,202	10,611
	MN	31,391	0	202	1,518	5,502	7,868	5,748	10,553
	Total	359,900	99	14,149	67,009	98,177	102,352	56,950	21,164
12c. Total Eligibles Receiving Dental Treatment Services	CN	171,110	17	2,065	23,856	46,964	51,427	37,345	9,436
	MN	21,512	0	34	507	2,804	4,342	4,102	9,723
	Total	192,622	17	2,099	24,363	49,768	55,769	41,447	19,159
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	49,870				28,178	21,692		
	MN	2,995				1,590	1,405		
	Total	52,865				29,768	23,097		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	342,653	257	17,392	69,512	94,979	95,050	53,383	12,080
	MN	33,281	0	256	1,605	5,561	7,876	5,917	12,066
	Total	375,934	257	17,648	71,117	100,540	102,926	59,300	24,146
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	358,677	267	17,712	71,392	97,880	99,652	58,036	13,738
	MN	35,956	0	259	1,647	5,741	8,311	6,490	13,508
	Total	394,633	267	17,971	73,039	103,621	107,963	64,526	27,246
13. Total Eligibles Enrolled in Managed Care	CN	802,758	56,155	102,873	147,162	157,908	169,068	119,895	49,697
	MN	90,023	144	1,508	3,539	9,309	14,218	13,224	48,081
	Total	892,781	56,299	104,381	150,701	167,217	183,286	133,119	97,778
14. Total Number of Screening Blood Lead Tests	CN	80,645	1,143	53,047	26,455				
	MN	1,238	2	827	409				
	Total	81,883	1,145	53,874	26,864				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	3,539,631	258,260	508,528	686,761	739,881	722,081	461,162	162,958
	MN	5,903	152	193	252	493	674	813	3,326
	Total	3,545,534	258,412	508,721	687,013	740,374	722,755	461,975	166,284
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	3,273,838	186,911	483,543	655,226	699,438	679,080	428,729	140,911
	MN	3,859	44	83	83	155	178	235	3,081
	Total	3,277,697	186,955	483,626	655,309	699,593	679,258	428,964	143,992
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	32,945,904	1,472,004	5,016,541	6,878,150	7,220,038	6,979,097	4,268,751	1,111,323
	MN	30,408	321	663	614	1,139	1,360	1,966	24,345
	Total	32,976,312	1,472,325	5,017,204	6,878,764	7,221,177	6,980,457	4,270,717	1,135,668
3b. Average Period of Eligibility	CN	0.84	0.66	0.86	0.87	0.86	0.86	0.83	0.66
	MN	0.66	0.61	0.67	0.62	0.61	0.64	0.70	0.66
	Total	0.84	0.66	0.86	0.87	0.86	0.86	0.83	0.66
4. Expected Number of Screenings per Eligible	CN		4.62	2.15	0.87	0.86	0.86	0.83	0.66
	MN		4.27	1.68	0.62	0.61	0.64	0.70	0.66
	Total		4.62	2.15	0.87	0.86	0.86	0.83	0.66
5. Expected Number of Screenings	CN	4,107,565	863,529	1,039,617	570,047	601,517	584,009	355,845	93,001
	MN	2,785	188	139	51	95	114	165	2,033
	Total	4,110,350	863,717	1,039,756	570,098	601,612	584,123	356,010	95,034
6. Total Screens Received	CN	3,115,230	710,294	931,805	510,169	395,310	379,451	174,436	13,765
	MN	644	104	100	32	51	70	56	231
	Total	3,115,874	710,398	931,905	510,201	395,361	379,521	174,492	13,996
7. SCREENING RATIO	CN	0.76	0.82	0.90	0.89	0.66	0.65	0.49	0.15
	MN	0.23	0.55	0.72	0.63	0.54	0.61	0.34	0.11
	Total	0.76	0.82	0.90	0.89	0.66	0.65	0.49	0.15

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	2,874,873	186,911	483,543	570,047	601,517	584,009	355,845	93,001
	MN	2,585	44	83	51	95	114	165	2,033
	Total	2,877,458	186,955	483,626	570,098	601,612	584,123	356,010	95,034
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	1,844,646	175,731	395,130	419,377	350,963	335,638	155,238	12,569
	MN	498	34	59	31	47	63	46	218
	Total	1,845,144	175,765	395,189	419,408	351,010	335,701	155,284	12,787
10. PARTICIPANT RATIO	CN	0.64	0.94	0.82	0.74	0.58	0.57	0.44	0.14
	MN	0.19	0.77	0.71	0.61	0.49	0.55	0.28	0.11
	Total	0.64	0.94	0.82	0.74	0.58	0.57	0.44	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	123,299	14,810	31,339	26,553	21,228	19,238	9,291	840
	MN	45	1	3	1	1	3	3	33
	Total	123,344	14,811	31,342	26,554	21,229	19,241	9,294	873
12a. Total Eligibles Receiving Any Dental Services	CN	2,157,741	28,550	274,614	475,724	529,845	509,175	284,822	55,011
	MN	1,798	8	28	32	100	103	137	1,390
	Total	2,159,539	28,558	274,642	475,756	529,945	509,278	284,959	56,401
12b. Total Eligibles Receiving Preventive Dental Services	CN	1,730,335	928	54,299	417,877	509,311	472,346	236,331	39,243
	MN	1,268	0	3	27	94	87	102	955
	Total	1,731,603	928	54,302	417,904	509,405	472,433	236,433	40,198
12c. Total Eligibles Receiving Dental Treatment Services	CN	1,161,881	94	20,669	198,496	325,927	354,962	220,825	40,908
	MN	1,430	0	2	13	59	73	108	1,175
	Total	1,163,311	94	20,671	198,509	325,986	355,035	220,933	42,083
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	307,278				161,210	146,068		
	MN	51				28	23		
	Total	307,329				161,238	146,091		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	2,065,070	28,488	273,924	466,201	514,586	478,404	255,677	47,790
	MN	1,571	8	28	30	96	90	116	1,203
	Total	2,066,641	28,496	273,952	466,231	514,682	478,494	255,793	48,993
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	124,511	17,214	93,979	13,310	2	3	1	2
	MN	14	2	12	0	0	0	0	0
	Total	124,525	17,216	93,991	13,310	2	3	1	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	2,206,203	40,384	308,186	478,777	529,846	509,176	284,823	55,011
	MN	1,809	9	38	32	100	103	137	1,390
	Total	2,208,012	40,393	308,224	478,809	529,946	509,279	284,960	56,401
13. Total Eligibles Enrolled in Managed Care	CN	3,220,929	227,699	489,906	649,874	681,099	642,338	402,865	127,148
	MN	0	0	0	0	0	0	0	0
	Total	3,220,929	227,699	489,906	649,874	681,099	642,338	402,865	127,148
14. Total Number of Screening Blood Lead Tests	CN	323,413	11,574	203,441	108,398				
	MN	0	0	0	0				
	Total	323,413	11,574	203,441	108,398				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	226,349	20,608	40,077	51,135	44,708	39,209	24,055	6,557
	MN	131	1	6	11	28	38	36	11
	Total	226,480	20,609	40,083	51,146	44,736	39,247	24,091	6,568
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	200,891	17,392	36,453	46,348	39,622	34,798	21,074	5,204
	MN	98	1	5	10	19	26	31	6
	Total	200,989	17,393	36,458	46,358	39,641	34,824	21,105	5,210
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	1,995,653	169,455	364,140	470,731	391,706	352,717	206,665	40,239
	MN	961	6	39	102	192	249	303	70
	Total	1,996,614	169,461	364,179	470,833	391,898	352,966	206,968	40,309
3b. Average Period of Eligibility	CN	0.83	0.81	0.83	0.85	0.82	0.84	0.82	0.64
	MN	0.82	0.50	0.65	0.85	0.84	0.80	0.81	0.97
	Total	0.83	0.81	0.83	0.85	0.82	0.84	0.82	0.64
4. Expected Number of Screenings per Eligible	CN		4.86	1.66	0.85	0.41	0.84	0.82	0.64
	MN		3.00	1.30	0.85	0.42	0.80	0.81	0.97
	Total		4.86	1.66	0.85	0.41	0.84	0.82	0.64
5. Expected Number of Screenings	CN	250,520	84,525	60,512	39,396	16,245	29,230	17,281	3,331
	MN	79	3	7	9	8	21	25	6
	Total	250,599	84,528	60,519	39,405	16,253	29,251	17,306	3,337
6. Total Screens Received	CN	190,007	64,317	66,123	29,027	12,596	11,902	5,744	298
	MN	35	0	8	6	6	9	6	0
	Total	190,042	64,317	66,131	29,033	12,602	11,911	5,750	298
7. SCREENING RATIO	CN	0.76	0.76	1.00	0.74	0.78	0.41	0.33	0.09
	MN	0.44	0.00	1.00	0.67	0.75	0.43	0.24	0.00
	Total	0.76	0.76	1.00	0.74	0.78	0.41	0.33	0.09

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	159,328	17,392	36,453	39,396	16,245	29,230	17,281	3,331
	MN	75	1	5	9	8	21	25	6
	Total	159,403	17,393	36,458	39,405	16,253	29,251	17,306	3,337
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	94,806	15,475	28,502	24,315	11,100	10,284	4,860	270
	MN	24	0	3	4	4	9	4	0
	Total	94,830	15,475	28,505	24,319	11,104	10,293	4,864	270
10. PARTICIPANT RATIO	CN	0.60	0.89	0.78	0.62	0.68	0.35	0.28	0.08
	MN	0.32	0.00	0.60	0.44	0.50	0.43	0.16	0.00
	Total	0.59	0.89	0.78	0.62	0.68	0.35	0.28	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	90,425	101	8,112	25,788	24,503	19,906	10,351	1,664
	MN	57	0	0	7	13	17	16	4
	Total	90,482	101	8,112	25,795	24,516	19,923	10,367	1,668
12b. Total Eligibles Receiving Preventive Dental Services	CN	87,887	83	8,069	25,219	23,842	19,307	9,828	1,539
	MN	56	0	0	7	13	17	15	4
	Total	87,943	83	8,069	25,226	23,855	19,324	9,843	1,543
12c. Total Eligibles Receiving Dental Treatment Services	CN	43,938	24	1,293	10,733	13,285	10,686	6,749	1,168
	MN	25	0	0	2	5	7	10	1
	Total	43,963	24	1,293	10,735	13,290	10,693	6,759	1,169
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	0				0	0		
	MN	0				0	0		
	Total	0				0	0		

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Fiscal Year: 2011
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	86,470	61	7,806	25,051	23,403	18,941	9,687	1,521
	MN	56	0	0	7	13	17	15	4
	Total	86,526	61	7,806	25,058	23,416	18,958	9,702	1,525
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	896	47	659	189	0	1	0	0
	MN	0	0	0	0	0	0	0	0
	Total	896	47	659	189	0	1	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	91,320	148	8,771	25,976	24,503	19,907	10,351	1,664
	MN	57	0	0	7	13	17	16	4
	Total	91,377	148	8,771	25,983	24,516	19,924	10,367	1,668
13. Total Eligibles Enrolled in Managed Care	CN	190,301	17,717	34,595	44,377	36,323	32,661	19,384	5,244
	MN	94	1	5	10	18	27	25	8
	Total	190,395	17,718	34,600	44,387	36,341	32,688	19,409	5,252
14. Total Number of Screening Blood Lead Tests	CN	14,971	7,487	5,399	2,085				
	MN	1	0	1	0				
	Total	14,972	7,487	5,400	2,085				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	61,276	3,461	6,798	10,608	13,121	15,422	10,015	1,851
	MN	1,925	62	39	75	94	147	529	979
	Total	63,201	3,523	6,837	10,683	13,215	15,569	10,544	2,830
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	59,204	2,494	6,665	10,409	12,892	15,151	9,820	1,773
	MN	1,768	26	38	75	90	139	501	899
	Total	60,972	2,520	6,703	10,484	12,982	15,290	10,321	2,672
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	677,933	19,463	77,084	120,709	150,339	176,745	114,207	19,386
	MN	18,492	203	395	870	996	1,551	5,495	8,982
	Total	696,425	19,666	77,479	121,579	151,335	178,296	119,702	28,368
3b. Average Period of Eligibility	CN	0.95	0.65	0.96	0.97	0.97	0.97	0.97	0.91
	MN	0.87	0.65	0.87	0.97	0.92	0.93	0.91	0.83
	Total	0.95	0.65	0.96	0.97	0.97	0.97	0.97	0.88
4. Expected Number of Screenings per Eligible	CN		4.55	1.92	0.97	0.49	0.97	0.97	0.91
	MN		4.55	1.74	0.97	0.46	0.93	0.91	0.83
	Total		4.55	1.92	0.97	0.49	0.97	0.97	0.88
5. Expected Number of Screenings	CN	66,393	11,348	12,797	10,097	6,317	14,696	9,525	1,613
	MN	1,629	118	66	73	41	129	456	746
	Total	68,022	11,466	12,863	10,170	6,358	14,825	9,981	2,359
6. Total Screens Received	CN	45,027	9,677	13,183	6,629	5,365	6,337	3,566	270
	MN	608	151	54	44	37	72	134	116
	Total	45,635	9,828	13,237	6,673	5,402	6,409	3,700	386
7. SCREENING RATIO	CN	0.68	0.85	1.00	0.66	0.85	0.43	0.37	0.17
	MN	0.37	1.00	0.82	0.60	0.90	0.56	0.29	0.16
	Total	0.67	0.86	1.00	0.66	0.85	0.43	0.37	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	51,407	2,494	6,665	10,097	6,317	14,696	9,525	1,613
	MN	1,509	26	38	73	41	129	456	746
	Total	52,916	2,520	6,703	10,170	6,358	14,825	9,981	2,359
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	29,317	2,448	5,460	6,236	5,259	6,215	3,440	259
	MN	444	26	29	44	37	71	129	108
	Total	29,761	2,474	5,489	6,280	5,296	6,286	3,569	367
10. PARTICIPANT RATIO	CN	0.57	0.98	0.82	0.62	0.83	0.42	0.36	0.16
	MN	0.29	1.00	0.76	0.60	0.90	0.55	0.28	0.14
	Total	0.56	0.98	0.82	0.62	0.83	0.42	0.36	0.16
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	33,961	17	1,549	6,160	9,284	10,342	5,886	723
	MN	774	0	7	38	57	89	278	305
	Total	34,735	17	1,556	6,198	9,341	10,431	6,164	1,028
12b. Total Eligibles Receiving Preventive Dental Services	CN	33,387	17	1,544	6,097	9,124	10,180	5,722	703
	MN	750	0	7	38	57	89	266	293
	Total	34,137	17	1,551	6,135	9,181	10,269	5,988	996
12c. Total Eligibles Receiving Dental Treatment Services	CN	13,240	5	251	1,722	3,883	4,038	2,909	432
	MN	422	0	1	9	23	38	166	185
	Total	13,662	5	252	1,731	3,906	4,076	3,075	617
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,193				2,069	2,124		
	MN	36				19	17		
	Total	4,229				2,088	2,141		

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Fiscal Year: 2011

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	30,365	16	1,331	5,552	8,374	9,228	5,223	641
	MN	674	0	7	35	50	80	242	260
	Total	31,039	16	1,338	5,587	8,424	9,308	5,465	901
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	887	67	359	294	107	27	23	10
	MN	12	1	1	1	5	0	4	0
	Total	899	68	360	295	112	27	27	10
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	34,314	83	1,802	6,189	9,284	10,344	5,889	723
	MN	775	1	7	38	57	89	278	305
	Total	35,089	84	1,809	6,227	9,341	10,433	6,167	1,028
13. Total Eligibles Enrolled in Managed Care	CN	49,433	2,489	5,916	8,867	10,742	12,271	7,812	1,336
	MN	1,358	28	31	60	74	113	362	690
	Total	50,791	2,517	5,947	8,927	10,816	12,384	8,174	2,026
14. Total Number of Screening Blood Lead Tests	CN	5,326	23	4,213	1,090				
	MN	28	0	21	7				
	Total	5,354	23	4,234	1,097				

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Fiscal Year: 2011

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	677,756	42,850	89,042	125,977	138,798	146,380	101,851	32,858
	MN	383	78	34	16	29	36	51	139
	Total	678,139	42,928	89,076	125,993	138,827	146,416	101,902	32,997
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	629,146	30,188	84,487	119,645	131,698	139,204	96,455	27,469
	MN	244	37	21	13	16	29	36	92
	Total	629,390	30,225	84,508	119,658	131,714	139,233	96,491	27,561
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	86,823	2	2	9	27,295	32,860	22,954	3,701
	MN	0	0	0	0	0	0	0	0
	Total	86,823	2	2	9	27,295	32,860	22,954	3,701
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	6,467,286	222,523	871,315	1,259,674	1,383,325	1,486,565	1,018,764	225,120
	MN	1,894	239	136	111	159	247	322	680
	Total	6,469,180	222,762	871,451	1,259,785	1,383,484	1,486,812	1,019,086	225,800
3b. Average Period of Eligibility	CN	0.86	0.61	0.86	0.88	0.88	0.89	0.88	0.68
	MN	0.65	0.54	0.54	0.71	0.83	0.71	0.75	0.62
	Total	0.86	0.61	0.86	0.88	0.88	0.89	0.88	0.68
4. Expected Number of Screenings per Eligible	CN		3.66	1.72	0.88	0.44	0.53	0.44	0.34
	MN		3.24	1.08	0.71	0.42	0.43	0.38	0.31
	Total		3.66	1.72	0.88	0.44	0.53	0.44	0.34
5. Expected Number of Screenings	CN	544,598	110,488	145,318	105,288	57,947	73,778	42,440	9,339
	MN	214	120	23	9	7	12	14	29
	Total	544,812	110,608	145,341	105,297	57,954	73,790	42,454	9,368
6. Total Screens Received	CN	377,858	77,376	125,849	67,491	36,433	42,676	25,166	2,867
	MN	166	96	32	6	4	13	7	8
	Total	378,024	77,472	125,881	67,497	36,437	42,689	25,173	2,875
7. SCREENING RATIO	CN	0.69	0.70	0.87	0.64	0.63	0.58	0.59	0.31
	MN	0.78	0.80	1.00	0.67	0.57	1.00	0.50	0.28
	Total	0.69	0.70	0.87	0.64	0.63	0.58	0.59	0.31

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Fiscal Year: 2011

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	403,467	30,188	84,487	105,288	57,947	73,778	42,440	9,339
	MN	129	37	21	9	7	12	14	29
	Total	403,596	30,225	84,508	105,297	57,954	73,790	42,454	9,368
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	249,081	21,902	62,143	62,854	35,318	40,902	23,281	2,681
	MN	84	32	16	6	4	12	6	8
	Total	249,165	21,934	62,159	62,860	35,322	40,914	23,287	2,689
10. PARTICIPANT RATIO	CN	0.62	0.73	0.74	0.60	0.61	0.55	0.55	0.29
	MN	0.65	0.86	0.76	0.67	0.57	1.00	0.43	0.28
	Total	0.62	0.73	0.74	0.60	0.61	0.55	0.55	0.29
11. Total Eligibles Referred for Corrective Treatment	CN	226,427	17,392	60,744	57,819	31,438	36,115	20,571	2,348
	MN	21	3	0	5	2	5	2	4
	Total	226,448	17,395	60,744	57,824	31,440	36,120	20,573	2,352
12a. Total Eligibles Receiving Any Dental Services	CN	302,942	150	17,400	63,315	81,756	82,888	49,295	8,138
	MN	62	0	0	7	6	17	13	19
	Total	303,004	150	17,400	63,322	81,762	82,905	49,308	8,157
12b. Total Eligibles Receiving Preventive Dental Services	CN	282,262	92	15,743	60,138	78,521	77,871	43,607	6,290
	MN	52	0	0	7	6	14	10	15
	Total	282,314	92	15,743	60,145	78,527	77,885	43,617	6,305
12c. Total Eligibles Receiving Dental Treatment Services	CN	156,899	26	2,966	25,002	43,232	47,694	32,444	5,535
	MN	32	0	0	4	1	7	9	11
	Total	156,931	26	2,966	25,006	43,233	47,701	32,453	5,546
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	36,565				20,694	15,871		
	MN	3				0	3		
	Total	36,568				20,694	15,874		

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Fiscal Year: 2011

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	290,961	122	15,670	62,035	79,763	79,405	46,470	7,496
	MN	59	0	0	7	6	16	12	18
	Total	291,020	122	15,670	62,042	79,769	79,421	46,482	7,514
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,217	196	3,313	704	3	0	1	0
	MN	0	0	0	0	0	0	0	0
	Total	4,217	196	3,313	704	3	0	1	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	306,292	340	20,157	63,716	81,757	82,888	49,296	8,138
	MN	62	0	0	7	6	17	13	19
	Total	306,354	340	20,157	63,723	81,763	82,905	49,309	8,157
13. Total Eligibles Enrolled in Managed Care	CN	538,938	30,630	77,471	106,746	113,649	113,448	75,286	21,708
	MN	0	0	0	0	0	0	0	0
	Total	538,938	30,630	77,471	106,746	113,649	113,448	75,286	21,708
14. Total Number of Screening Blood Lead Tests	CN	42,357	382	23,298	18,677				
	MN	9	1	6	2				
	Total	42,366	383	23,304	18,679				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	826,601	47,369	102,324	149,395	169,553	185,093	131,116	41,751
	MN	398	9	44	53	62	88	104	38
	Total	826,999	47,378	102,368	149,448	169,615	185,181	131,220	41,789
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	779,108	37,575	98,160	143,353	162,825	177,354	124,774	35,067
	MN	262	3	31	34	43	52	72	27
	Total	779,370	37,578	98,191	143,387	162,868	177,406	124,846	35,094
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	8,426,884	292,088	1,090,320	1,597,258	1,816,971	1,973,118	1,358,164	298,965
	MN	1,503	21	177	218	249	294	380	164
	Total	8,428,387	292,109	1,090,497	1,597,476	1,817,220	1,973,412	1,358,544	299,129
3b. Average Period of Eligibility	CN	0.90	0.65	0.93	0.93	0.93	0.93	0.91	0.71
	MN	0.48	0.58	0.48	0.53	0.48	0.47	0.44	0.51
	Total	0.90	0.65	0.93	0.93	0.93	0.93	0.91	0.71
4. Expected Number of Screenings per Eligible	CN		3.25	1.40	0.93	0.47	0.56	0.46	0.36
	MN		2.90	0.72	0.53	0.24	0.28	0.22	0.26
	Total		3.25	1.40	0.93	0.47	0.56	0.46	0.36
5. Expected Number of Screenings	CN	638,727	122,119	137,424	133,318	76,528	99,318	57,396	12,624
	MN	97	9	22	18	10	15	16	7
	Total	638,824	122,128	137,446	133,336	76,538	99,333	57,412	12,631
6. Total Screens Received	CN	537,994	123,645	174,530	88,063	56,597	62,433	29,306	3,420
	MN	43	0	22	3	2	6	7	3
	Total	538,037	123,645	174,552	88,066	56,599	62,439	29,313	3,423
7. SCREENING RATIO	CN	0.84	1.00	1.00	0.66	0.74	0.63	0.51	0.27
	MN	0.44	0.00	1.00	0.17	0.20	0.40	0.44	0.43
	Total	0.84	1.00	1.00	0.66	0.74	0.63	0.51	0.27

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	514,919	37,575	98,160	133,318	76,528	99,318	57,396	12,624
	MN	91	3	22	18	10	15	16	7
	Total	515,010	37,578	98,182	133,336	76,538	99,333	57,412	12,631
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	333,792	33,924	77,040	80,897	53,440	58,529	27,210	2,752
	MN	35	0	15	3	2	6	7	2
	Total	333,827	33,924	77,055	80,900	53,442	58,535	27,217	2,754
10. PARTICIPANT RATIO	CN	0.65	0.90	0.78	0.61	0.70	0.59	0.47	0.22
	MN	0.38	0.00	0.68	0.17	0.20	0.40	0.44	0.29
	Total	0.65	0.90	0.78	0.61	0.70	0.59	0.47	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	1,459	285	461	213	175	195	101	29
	MN	0	0	0	0	0	0	0	0
	Total	1,459	285	461	213	175	195	101	29
12a. Total Eligibles Receiving Any Dental Services	CN	423,720	2,481	46,641	91,247	106,307	105,305	61,760	9,979
	MN	54	0	5	9	10	11	14	5
	Total	423,774	2,481	46,646	91,256	106,317	105,316	61,774	9,984
12b. Total Eligibles Receiving Preventive Dental Services	CN	394,658	1,645	43,687	87,464	101,745	98,845	54,093	7,179
	MN	43	0	5	4	10	11	10	3
	Total	394,701	1,645	43,692	87,468	101,755	98,856	54,103	7,182
12c. Total Eligibles Receiving Dental Treatment Services	CN	253,594	1,241	25,031	60,037	64,499	57,946	38,372	6,468
	MN	25	0	2	4	3	4	9	3
	Total	253,619	1,241	25,033	60,041	64,502	57,950	38,381	6,471
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	66,005				38,297	27,708		
	MN	7				4	3		
	Total	66,012				38,301	27,711		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	395,702	2,034	43,140	86,289	99,865	98,588	56,898	8,888
	MN	40	0	3	4	8	9	11	5
	Total	395,742	2,034	43,143	86,293	99,873	98,597	56,909	8,893
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	163,270	1,943	26,532	40,539	39,020	32,846	19,182	3,208
	MN	24	0	6	4	6	1	5	2
	Total	163,294	1,943	26,538	40,543	39,026	32,847	19,187	3,210
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	434,906	2,669	48,504	93,289	110,298	107,926	62,187	10,033
	MN	58	0	6	9	12	11	15	5
	Total	434,964	2,669	48,510	93,298	110,310	107,937	62,202	10,038
13. Total Eligibles Enrolled in Managed Care	CN	693,774	40,843	93,125	130,481	142,601	150,428	105,376	30,920
	MN	84	3	16	13	11	12	23	6
	Total	693,858	40,846	93,141	130,494	142,612	150,440	105,399	30,926
14. Total Number of Screening Blood Lead Tests	CN	13,341	164	7,668	5,509				
	MN	2	0	2	0				
	Total	13,343	164	7,670	5,509				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	220,690	13,636	27,771	38,470	43,798	48,769	35,742	12,504
	MN	638	0	2	3	4	7	18	604
	Total	221,328	13,636	27,773	38,473	43,802	48,776	35,760	13,108
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	205,048	9,586	26,486	36,779	41,651	46,371	33,739	10,436
	MN	505	0	0	2	1	7	13	482
	Total	205,553	9,586	26,486	36,781	41,652	46,378	33,752	10,918
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	2,166,307	77,201	283,876	397,219	449,173	502,798	363,342	92,698
	MN	4,035	0	4	11	5	61	98	3,856
	Total	2,170,342	77,201	283,880	397,230	449,178	502,859	363,440	96,554
3b. Average Period of Eligibility	CN	0.88	0.67	0.89	0.90	0.90	0.90	0.90	0.74
	MN	0.67	0.00	0.00	0.46	0.42	0.73	0.63	0.67
	Total	0.88	0.67	0.89	0.90	0.90	0.90	0.90	0.74
4. Expected Number of Screenings per Eligible	CN		4.69	1.78	0.90	0.45	0.90	0.90	0.74
	MN		0.00	0.00	0.46	0.21	0.73	0.63	0.67
	Total		4.69	1.78	0.90	0.45	0.90	0.90	0.74
5. Expected Number of Screenings	CN	223,769	44,958	47,145	33,101	18,743	41,734	30,365	7,723
	MN	337	0	0	1	0	5	8	323
	Total	224,106	44,958	47,145	33,102	18,743	41,739	30,373	8,046
6. Total Screens Received	CN	181,683	46,555	44,216	32,618	22,711	23,040	11,795	748
	MN	54	0	0	0	7	0	3	44
	Total	181,737	46,555	44,216	32,618	22,718	23,040	11,798	792
7. SCREENING RATIO	CN	0.81	1.00	0.94	0.99	1.00	0.55	0.39	0.10
	MN	0.16	0.00	0.00	0.00	0.00	0.00	0.38	0.14
	Total	0.81	1.00	0.94	0.99	1.00	0.55	0.39	0.10

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	167,738	9,586	26,486	33,101	18,743	41,734	30,365	7,723
	MN	337	0	0	1	0	5	8	323
	Total	168,075	9,586	26,486	33,102	18,743	41,739	30,373	8,046
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	74,121	9,155	17,938	16,792	11,179	12,012	6,479	566
	MN	40	0	0	0	1	0	3	36
	Total	74,161	9,155	17,938	16,792	11,180	12,012	6,482	602
10. PARTICIPANT RATIO	CN	0.44	0.96	0.68	0.51	0.60	0.29	0.21	0.07
	MN	0.12	0.00	0.00	0.00	0.00	0.00	0.38	0.11
	Total	0.44	0.96	0.68	0.51	0.60	0.29	0.21	0.07
11. Total Eligibles Referred for Corrective Treatment	CN	41,005	1,727	1,518	3,858	7,380	13,768	12,542	212
	MN	25	0	0	0	1	0	2	22
	Total	41,030	1,727	1,518	3,858	7,381	13,768	12,544	234
12a. Total Eligibles Receiving Any Dental Services	CN	96,478	176	5,014	20,226	25,410	26,932	16,985	1,735
	MN	142	0	0	1	0	2	12	127
	Total	96,620	176	5,014	20,227	25,410	26,934	16,997	1,862
12b. Total Eligibles Receiving Preventive Dental Services	CN	81,936	78	3,808	18,000	22,705	23,277	13,025	1,043
	MN	73	0	0	1	0	2	7	63
	Total	82,009	78	3,808	18,001	22,705	23,279	13,032	1,106
12c. Total Eligibles Receiving Dental Treatment Services	CN	95,105	176	4,972	20,080	25,193	26,688	16,281	1,715
	MN	142	0	0	1	0	2	12	127
	Total	95,247	176	4,972	20,081	25,193	26,690	16,293	1,842
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	12,421				5,765	6,656		
	MN	2				0	2		
	Total	12,423				5,765	6,658		

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Form CMS-416

Fiscal Year: 2011

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	89,340	169	4,822	19,159	23,659	24,826	15,219	1,486
	MN	120	0	0	1	0	1	11	107
	Total	89,460	169	4,822	19,160	23,659	24,827	15,230	1,593
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	87	0	5	19	12	21	16	14
	MN	0	0	0	0	0	0	0	0
	Total	87	0	5	19	12	21	16	14
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	96,565	176	5,019	20,245	25,422	26,953	17,001	1,749
	MN	142	0	0	1	0	2	12	127
	Total	96,707	176	5,019	20,246	25,422	26,955	17,013	1,876
13. Total Eligibles Enrolled in Managed Care	CN	148,254	11,632	19,845	28,453	30,337	33,007	22,087	2,893
	MN	144	0	0	1	1	1	7	134
	Total	148,398	11,632	19,845	28,454	30,338	33,008	22,094	3,027
14. Total Number of Screening Blood Lead Tests	CN	12,235	878	7,539	3,818				
	MN	0	0	0	0				
	Total	12,235	878	7,539	3,818				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	578,507	34,971	74,445	105,921	117,698	125,217	89,074	31,181
	MN	171	2	14	19	32	30	36	38
	Total	578,678	34,973	74,459	105,940	117,730	125,247	89,110	31,219
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	539,482	24,921	71,278	101,587	112,151	118,862	83,734	26,949
	MN	118	0	10	13	23	14	29	29
	Total	539,600	24,921	71,288	101,600	112,174	118,876	83,763	26,978
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	80,528	1	3	12	24,685	31,052	22,181	2,594
	MN	0	0	0	0	0	0	0	0
	Total	80,528	1	3	12	24,685	31,052	22,181	2,594
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	5,731,116	190,303	766,669	1,106,420	1,226,310	1,299,156	897,373	244,885
	MN	799	0	63	71	148	94	208	215
	Total	5,731,915	190,303	766,732	1,106,491	1,226,458	1,299,250	897,581	245,100
3b. Average Period of Eligibility	CN	0.89	0.64	0.90	0.91	0.91	0.91	0.89	0.76
	MN	0.56	0.00	0.53	0.46	0.54	0.56	0.60	0.62
	Total	0.89	0.64	0.90	0.91	0.91	0.91	0.89	0.76
4. Expected Number of Screenings per Eligible	CN		3.20	1.80	0.91	0.46	0.55	0.45	0.38
	MN		0.00	1.06	0.46	0.27	0.34	0.30	0.31
	Total		3.20	1.80	0.91	0.46	0.55	0.45	0.38
5. Expected Number of Screenings	CN	465,375	79,747	128,300	92,444	51,589	65,374	37,680	10,241
	MN	46	0	11	6	6	5	9	9
	Total	465,421	79,747	128,311	92,450	51,595	65,379	37,689	10,250
6. Total Screens Received	CN	439,807	102,831	143,298	68,286	45,179	48,319	27,228	4,666
	MN	30	0	11	3	5	6	5	0
	Total	439,837	102,831	143,309	68,289	45,184	48,325	27,233	4,666
7. SCREENING RATIO	CN	0.95	1.00	1.00	0.74	0.88	0.74	0.72	0.46
	MN	0.65	0.00	1.00	0.50	0.83	1.00	0.56	0.00
	Total	0.95	1.00	1.00	0.74	0.88	0.74	0.72	0.46

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	353,527	24,921	71,278	92,444	51,589	65,374	37,680	10,241
	MN	45	0	10	6	6	5	9	9
	Total	353,572	24,921	71,288	92,450	51,595	65,379	37,689	10,250
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	262,546	23,601	58,934	61,236	43,262	45,889	25,317	4,307
	MN	23	0	6	3	5	4	5	0
	Total	262,569	23,601	58,940	61,239	43,267	45,893	25,322	4,307
10. PARTICIPANT RATIO	CN	0.74	0.95	0.83	0.66	0.84	0.70	0.67	0.42
	MN	0.51	0.00	0.60	0.50	0.83	0.80	0.56	0.00
	Total	0.74	0.95	0.83	0.66	0.84	0.70	0.67	0.42
11. Total Eligibles Referred for Corrective Treatment	CN	11,579	1,483	3,610	2,343	1,511	1,582	958	92
	MN	1	0	1	0	0	0	0	0
	Total	11,580	1,483	3,611	2,343	1,511	1,582	958	92
12a. Total Eligibles Receiving Any Dental Services	CN	143,230	37	3,434	28,447	44,273	40,849	22,004	4,186
	MN	7	0	0	0	3	1	3	0
	Total	143,237	37	3,434	28,447	44,276	40,850	22,007	4,186
12b. Total Eligibles Receiving Preventive Dental Services	CN	126,223	25	2,763	26,137	40,810	36,503	17,431	2,554
	MN	6	0	0	0	2	1	3	0
	Total	126,229	25	2,763	26,137	40,812	36,504	17,434	2,554
12c. Total Eligibles Receiving Dental Treatment Services	CN	60,640	5	423	9,212	18,576	17,329	12,451	2,644
	MN	3	0	0	0	1	1	1	0
	Total	60,643	5	423	9,212	18,577	17,330	12,452	2,644
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	24,888				13,592	11,296		
	MN	0				0	0		
	Total	24,888				13,592	11,296		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	120,934	24	2,951	25,323	36,863	33,937	18,380	3,456
	MN	5	0	0	0	2	1	2	0
	Total	120,939	24	2,951	25,323	36,865	33,938	18,382	3,456
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	69,982	401	9,391	17,653	17,850	14,938	8,090	1,659
	MN	7	0	2	1	3	0	1	0
	Total	69,989	401	9,393	17,654	17,853	14,938	8,091	1,659
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	198,555	435	12,363	41,512	57,289	52,684	28,688	5,584
	MN	12	0	2	1	4	1	4	0
	Total	198,567	435	12,365	41,513	57,293	52,685	28,692	5,584
13. Total Eligibles Enrolled in Managed Care	CN	504,176	30,618	68,492	95,744	103,006	106,128	73,355	26,833
	MN	55	0	8	9	13	9	7	9
	Total	504,231	30,618	68,500	95,753	103,019	106,137	73,362	26,842
14. Total Number of Screening Blood Lead Tests	CN	74,443	1,531	48,424	24,488				
	MN	4	0	4	0				
	Total	74,447	1,531	48,428	24,488				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2011
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	60,862	3,922	8,514	11,945	12,432	12,140	8,583	3,326
	MN	0	0	0	0	0	0	0	0
	Total	60,862	3,922	8,514	11,945	12,432	12,140	8,583	3,326
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	55,873	3,121	7,983	11,164	11,594	11,260	7,935	2,816
	MN	0	0	0	0	0	0	0	0
	Total	55,873	3,121	7,983	11,164	11,594	11,260	7,935	2,816
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	566,394	22,570	82,718	116,762	120,781	118,283	81,896	23,384
	MN	0	0	0	0	0	0	0	0
	Total	566,394	22,570	82,718	116,762	120,781	118,283	81,896	23,384
3b. Average Period of Eligibility	CN	0.84	0.60	0.86	0.87	0.87	0.88	0.86	0.69
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.60	0.86	0.87	0.87	0.88	0.86	0.69
4. Expected Number of Screenings per Eligible	CN		4.20	1.72	0.87	0.44	0.88	0.86	0.69
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.20	1.72	0.87	0.44	0.88	0.86	0.69
5. Expected Number of Screenings	CN	60,329	13,108	13,731	9,713	5,101	9,909	6,824	1,943
	MN	0	0	0	0	0	0	0	0
	Total	60,329	13,108	13,731	9,713	5,101	9,909	6,824	1,943
6. Total Screens Received	CN	37,782	11,912	12,922	5,326	2,197	3,373	1,871	181
	MN	0	0	0	0	0	0	0	0
	Total	37,782	11,912	12,922	5,326	2,197	3,373	1,871	181
7. SCREENING RATIO	CN	0.63	0.91	0.94	0.55	0.43	0.34	0.27	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.91	0.94	0.55	0.43	0.34	0.27	0.09

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	44,594	3,121	7,983	9,713	5,101	9,909	6,824	1,943
	MN	0	0	0	0	0	0	0	0
	Total	44,594	3,121	7,983	9,713	5,101	9,909	6,824	1,943
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	20,079	2,889	5,584	4,676	2,050	3,049	1,665	166
	MN	0	0	0	0	0	0	0	0
	Total	20,079	2,889	5,584	4,676	2,050	3,049	1,665	166
10. PARTICIPANT RATIO	CN	0.45	0.93	0.70	0.48	0.40	0.31	0.24	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.45	0.93	0.70	0.48	0.40	0.31	0.24	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	254	42	86	50	15	40	19	2
	MN	0	0	0	0	0	0	0	0
	Total	254	42	86	50	15	40	19	2
12a. Total Eligibles Receiving Any Dental Services	CN	23,235	12	1,108	5,076	6,435	6,103	3,775	726
	MN	0	0	0	0	0	0	0	0
	Total	23,235	12	1,108	5,076	6,435	6,103	3,775	726
12b. Total Eligibles Receiving Preventive Dental Services	CN	20,939	6	842	4,633	6,028	5,666	3,232	532
	MN	0	0	0	0	0	0	0	0
	Total	20,939	6	842	4,633	6,028	5,666	3,232	532
12c. Total Eligibles Receiving Dental Treatment Services	CN	13,013	9	264	2,401	3,883	3,465	2,470	521
	MN	0	0	0	0	0	0	0	0
	Total	13,013	9	264	2,401	3,883	3,465	2,470	521
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	3,126				1,735	1,391		
	MN	0				0	0		
	Total	3,126				1,735	1,391		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2011

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	21,956	11	1,095	4,887	6,117	5,752	3,458	636
	MN	0	0	0	0	0	0	0	0
	Total	21,956	11	1,095	4,887	6,117	5,752	3,458	636
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,418	45	1,000	530	357	288	160	38
	MN	0	0	0	0	0	0	0	0
	Total	2,418	45	1,000	530	357	288	160	38
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	25,198	57	1,957	5,435	6,727	6,362	3,903	757
	MN	0	0	0	0	0	0	0	0
	Total	25,198	57	1,957	5,435	6,727	6,362	3,903	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	1,713	11	897	805				
	MN	0	0	0	0				
	Total	1,713	11	897	805				