

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	673,038	43,784	80,683	112,998	144,754	154,703	109,483	26,633
	MN	0	0	0	0	0	0	0	0
	Total	673,038	43,784	80,683	112,998	144,754	154,703	109,483	26,633
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	637,841	40,238	76,638	108,054	138,179	147,744	104,247	22,741
	MN	0	0	0	0	0	0	0	0
	Total	637,841	40,238	76,638	108,054	138,179	147,744	104,247	22,741
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	6,823,742	395,076	827,560	1,184,140	1,511,165	1,602,976	1,116,867	185,958
	MN	0	0	0	0	0	0	0	0
	Total	6,823,742	395,076	827,560	1,184,140	1,511,165	1,602,976	1,116,867	185,958
3b. Average Period of Eligibility	CN	0.89	0.82	0.90	0.91	0.91	0.90	0.89	0.68
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.82	0.90	0.91	0.91	0.90	0.89	0.68
4. Expected Number of Screenings per Eligible	CN		4.10	1.80	0.91	0.91	0.90	0.89	0.68
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.10	1.80	0.91	0.91	0.90	0.89	0.68
5. Expected Number of Screenings	CN	768,210	164,976	137,948	98,329	125,743	132,970	92,780	15,464
	MN	0	0	0	0	0	0	0	0
	Total	768,210	164,976	137,948	98,329	125,743	132,970	92,780	15,464
6. Total Screens Received	CN	461,159	100,421	145,915	64,568	53,085	62,481	32,577	2,112
	MN	0	0	0	0	0	0	0	0
	Total	461,159	100,421	145,915	64,568	53,085	62,481	32,577	2,112
7. SCREENING RATIO	CN	0.60	0.61	1.00	0.66	0.42	0.47	0.35	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.61	1.00	0.66	0.42	0.47	0.35	0.14

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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	582,162	40,238	76,638	98,329	125,743	132,970	92,780	15,464
	MN	0	0	0	0	0	0	0	0
	Total	582,162	40,238	76,638	98,329	125,743	132,970	92,780	15,464
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	301,579	32,299	60,838	61,984	51,847	60,778	31,750	2,083
	MN	0	0	0	0	0	0	0	0
	Total	301,579	32,299	60,838	61,984	51,847	60,778	31,750	2,083
10. PARTICIPANT RATIO	CN	0.52	0.80	0.79	0.63	0.41	0.46	0.34	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.80	0.79	0.63	0.41	0.46	0.34	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	104,698	10,638	21,555	18,857	19,064	21,317	12,257	1,010
	MN	0	0	0	0	0	0	0	0
	Total	104,698	10,638	21,555	18,857	19,064	21,317	12,257	1,010
12a. Total Eligibles Receiving Any Dental Services	CN	313,197	129	18,215	62,446	88,072	86,078	51,522	6,735
	MN	0	0	0	0	0	0	0	0
	Total	313,197	129	18,215	62,446	88,072	86,078	51,522	6,735
12b. Total Eligibles Receiving Preventive Dental Services	CN	296,669	59	16,033	59,652	84,974	82,953	47,297	5,701
	MN	0	0	0	0	0	0	0	0
	Total	296,669	59	16,033	59,652	84,974	82,953	47,297	5,701
12c. Total Eligibles Receiving Dental Treatment Services	CN	120,888	2	2,096	22,518	38,912	31,474	22,991	2,895
	MN	0	0	0	0	0	0	0	0
	Total	120,888	2	2,096	22,518	38,912	31,474	22,991	2,895
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,321				17,692	8,629		
	MN	0				0	0		
	Total	26,321				17,692	8,629		

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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	304,688	126	17,997	61,112	85,681	83,959	49,527	6,286
	MN	0	0	0	0	0	0	0	0
	Total	304,688	126	17,997	61,112	85,681	83,959	49,527	6,286
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	5,461	574	4,687	200	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	5,461	574	4,687	200	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	317,831	699	22,141	62,584	88,072	86,078	51,522	6,735
	MN	0	0	0	0	0	0	0	0
	Total	317,831	699	22,141	62,584	88,072	86,078	51,522	6,735
13. Total Eligibles Enrolled in Managed Care	CN	605,759	27,677	74,790	105,603	134,545	143,084	99,258	20,802
	MN	0	0	0	0	0	0	0	0
	Total	605,759	27,677	74,790	105,603	134,545	143,084	99,258	20,802
14. Total Number of Screening Blood Lead Tests	CN	41,328	1,355	28,616	11,357				
	MN	0	0	0	0				
	Total	41,328	1,355	28,616	11,357				

## Annual EPSDT Participation Report

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Fiscal Year: 2014

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	95,533	5,845	11,720	16,118	19,791	21,066	15,635	5,358
	MN	0	0	0	0	0	0	0	0
	Total	95,533	5,845	11,720	16,118	19,791	21,066	15,635	5,358
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	89,913	4,668	11,087	15,362	18,937	20,182	14,980	4,697
	MN	0	0	0	0	0	0	0	0
	Total	89,913	4,668	11,087	15,362	18,937	20,182	14,980	4,697
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	9,245	52	742	1,129	2,505	2,790	1,811	216
	MN	0	0	0	0	0	0	0	0
	Total	9,245	52	742	1,129	2,505	2,790	1,811	216
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	930,375	34,108	114,952	162,340	202,409	216,859	158,595	41,112
	MN	0	0	0	0	0	0	0	0
	Total	930,375	34,108	114,952	162,340	202,409	216,859	158,595	41,112
3b. Average Period of Eligibility	CN	0.86	0.61	0.86	0.88	0.89	0.90	0.88	0.73
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.61	0.86	0.88	0.89	0.90	0.88	0.73
4. Expected Number of Screenings per Eligible	CN		3.66	2.15	0.88	0.89	0.90	0.88	0.73
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	2.15	0.88	0.89	0.90	0.88	0.73
5. Expected Number of Screenings	CN	106,070	17,085	23,837	13,519	16,854	18,164	13,182	3,429
	MN	0	0	0	0	0	0	0	0
	Total	106,070	17,085	23,837	13,519	16,854	18,164	13,182	3,429
6. Total Screens Received	CN	58,431	17,675	16,277	8,636	4,810	6,413	4,282	338
	MN	0	0	0	0	0	0	0	0
	Total	58,431	17,675	16,277	8,636	4,810	6,413	4,282	338
7. SCREENING RATIO	CN	0.55	1.00	0.68	0.64	0.29	0.35	0.32	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.55	1.00	0.68	0.64	0.29	0.35	0.32	0.10

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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	80,903	4,668	11,087	13,519	16,854	18,164	13,182	3,429
	MN	0	0	0	0	0	0	0	0
	Total	80,903	4,668	11,087	13,519	16,854	18,164	13,182	3,429
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	33,307	4,310	7,526	7,353	4,376	5,647	3,791	304
	MN	0	0	0	0	0	0	0	0
	Total	33,307	4,310	7,526	7,353	4,376	5,647	3,791	304
10. PARTICIPANT RATIO	CN	0.41	0.92	0.68	0.54	0.26	0.31	0.29	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.41	0.92	0.68	0.54	0.26	0.31	0.29	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	21,374	4,110	5,707	4,051	2,223	2,829	2,222	232
	MN	0	0	0	0	0	0	0	0
	Total	21,374	4,110	5,707	4,051	2,223	2,829	2,222	232
12a. Total Eligibles Receiving Any Dental Services	CN	43,460	97	2,622	8,227	11,220	11,728	7,897	1,669
	MN	0	0	0	0	0	0	0	0
	Total	43,460	97	2,622	8,227	11,220	11,728	7,897	1,669
12b. Total Eligibles Receiving Preventive Dental Services	CN	38,934	49	2,094	7,456	10,457	10,878	6,804	1,196
	MN	0	0	0	0	0	0	0	0
	Total	38,934	49	2,094	7,456	10,457	10,878	6,804	1,196
12c. Total Eligibles Receiving Dental Treatment Services	CN	23,951	28	746	3,935	6,366	6,502	5,157	1,217
	MN	0	0	0	0	0	0	0	0
	Total	23,951	28	746	3,935	6,366	6,502	5,157	1,217
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,950				4,023	3,927		
	MN	0				0	0		
	Total	7,950				4,023	3,927		

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Fiscal Year: 2014

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	39,844	86	2,440	7,749	10,386	10,625	7,059	1,499
	MN	0	0	0	0	0	0	0	0
	Total	39,844	86	2,440	7,749	10,386	10,625	7,059	1,499
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	274	9	116	65	40	27	16	1
	MN	0	0	0	0	0	0	0	0
	Total	274	9	116	65	40	27	16	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	43,460	97	2,622	8,227	11,220	11,728	7,897	1,669
	MN	0	0	0	0	0	0	0	0
	Total	43,460	97	2,622	8,227	11,220	11,728	7,897	1,669
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	82	1	11	70				
	MN	0	0	0	0				
	Total	82	1	11	70				

## Annual EPSDT Participation Report

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Fiscal Year: 2014

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	797,174	50,748	98,598	136,292	178,285	184,165	123,020	26,066
	MN	0	0	0	0	0	0	0	0
	Total	797,174	50,748	98,598	136,292	178,285	184,165	123,020	26,066
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	764,697	37,319	96,450	132,854	173,883	179,225	119,272	25,694
	MN	0	0	0	0	0	0	0	0
	Total	764,697	37,319	96,450	132,854	173,883	179,225	119,272	25,694
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			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	7,572,671	288,529	948,011	1,355,071	1,779,105	1,843,295	1,188,921	169,739
	MN	0	0	0	0	0	0	0	0
	Total	7,572,671	288,529	948,011	1,355,071	1,779,105	1,843,295	1,188,921	169,739
3b. Average Period of Eligibility	CN	0.83	0.64	0.82	0.85	0.85	0.86	0.83	0.55
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	0.64	0.82	0.85	0.85	0.86	0.83	0.55
4. Expected Number of Screenings per Eligible	CN		4.48	1.64	0.85	0.85	0.86	0.83	0.55
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.48	1.64	0.85	0.85	0.86	0.83	0.55
5. Expected Number of Screenings	CN	853,356	167,189	158,178	112,926	147,801	154,134	98,996	14,132
	MN	0	0	0	0	0	0	0	0
	Total	853,356	167,189	158,178	112,926	147,801	154,134	98,996	14,132
6. Total Screens Received	CN	611,555	158,331	167,318	82,001	77,540	83,880	40,237	2,248
	MN	0	0	0	0	0	0	0	0
	Total	611,555	158,331	167,318	82,001	77,540	83,880	40,237	2,248
7. SCREENING RATIO	CN	0.72	0.95	1.00	0.73	0.52	0.54	0.41	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.72	0.95	1.00	0.73	0.52	0.54	0.41	0.16

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State: Arizona

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	661,758	37,319	96,450	112,926	147,801	154,134	98,996	14,132
	MN	0	0	0	0	0	0	0	0
	Total	661,758	37,319	96,450	112,926	147,801	154,134	98,996	14,132
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	355,816	36,486	71,362	70,471	68,320	72,587	34,582	2,008
	MN	0	0	0	0	0	0	0	0
	Total	355,816	36,486	71,362	70,471	68,320	72,587	34,582	2,008
10. PARTICIPANT RATIO	CN	0.54	0.98	0.74	0.62	0.46	0.47	0.35	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.98	0.74	0.62	0.46	0.47	0.35	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	556,936	36,570	76,515	98,348	131,611	132,150	73,632	8,110
	MN	0	0	0	0	0	0	0	0
	Total	556,936	36,570	76,515	98,348	131,611	132,150	73,632	8,110
12a. Total Eligibles Receiving Any Dental Services	CN	370,286	549	26,484	73,070	110,550	102,412	51,929	5,292
	MN	0	0	0	0	0	0	0	0
	Total	370,286	549	26,484	73,070	110,550	102,412	51,929	5,292
12b. Total Eligibles Receiving Preventive Dental Services	CN	332,457	322	18,548	64,905	102,818	95,589	46,205	4,070
	MN	0	0	0	0	0	0	0	0
	Total	332,457	322	18,548	64,905	102,818	95,589	46,205	4,070
12c. Total Eligibles Receiving Dental Treatment Services	CN	160,685	25	2,813	28,935	55,488	45,237	25,579	2,608
	MN	0	0	0	0	0	0	0	0
	Total	160,685	25	2,813	28,935	55,488	45,237	25,579	2,608
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	46,312				27,691	18,621		
	MN	0				0	0		
	Total	46,312				27,691	18,621		



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12e. Total Eligibles Reciving Dental Diagnostic Services	CN	356,122	349	25,648	70,925	106,089	98,631	49,591	4,889
	MN	0	0	0	0	0	0	0	0
	Total	356,122	349	25,648	70,925	106,089	98,631	49,591	4,889
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	370,286	549	26,484	73,070	110,550	102,412	51,929	5,292
	MN	0	0	0	0	0	0	0	0
	Total	370,286	549	26,484	73,070	110,550	102,412	51,929	5,292
13. Total Eligibles Enrolled in Managed Care	CN	788,026	50,393	97,245	134,724	176,223	182,244	121,525	25,672
	MN	0	0	0	0	0	0	0	0
	Total	788,026	50,393	97,245	134,724	176,223	182,244	121,525	25,672
14. Total Number of Screening Blood Lead Tests	CN	37,736	547	20,941	16,248				
	MN	0	0	0	0				
	Total	37,736	547	20,941	16,248				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	430,945	25,304	53,192	76,803	95,498	96,999	66,633	16,516
	MN	75	0	1	4	6	21	29	14
	Total	431,020	25,304	53,193	76,807	95,504	97,020	66,662	16,530
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	402,051	18,783	50,326	73,695	90,937	92,340	62,931	13,039
	MN	29	0	1	3	3	5	7	10
	Total	402,080	18,783	50,327	73,698	90,940	92,345	62,938	13,049
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	4,467,283	140,979	556,278	845,784	1,043,906	1,054,254	711,056	115,026
	MN	233	0	10	9	22	19	76	97
	Total	4,467,516	140,979	556,288	845,793	1,043,928	1,054,273	711,132	115,123
3b. Average Period of Eligibility	CN	0.93	0.63	0.92	0.96	0.96	0.95	0.94	0.74
	MN	0.67	0.00	0.83	0.25	0.61	0.32	0.90	0.81
	Total	0.93	0.63	0.92	0.96	0.96	0.95	0.94	0.74
4. Expected Number of Screenings per Eligible	CN		3.78	1.38	0.96	0.48	0.95	0.94	0.74
	MN		0.00	1.25	0.25	0.31	0.32	0.90	0.81
	Total		3.78	1.38	0.96	0.48	0.95	0.94	0.74
5. Expected Number of Screenings	CN	411,374	71,000	69,450	70,747	43,650	87,723	59,155	9,649
	MN	19	0	1	1	1	2	6	8
	Total	411,393	71,000	69,451	70,748	43,651	87,725	59,161	9,657
6. Total Screens Received	CN	254,516	64,329	73,362	42,057	25,886	32,224	15,983	675
	MN	4	0	0	1	0	2	1	0
	Total	254,520	64,329	73,362	42,058	25,886	32,226	15,984	675
7. SCREENING RATIO	CN	0.62	0.91	1.00	0.59	0.59	0.37	0.27	0.07
	MN	0.21	0.00	0.00	1.00	0.00	1.00	0.17	0.00
	Total	0.62	0.91	1.00	0.59	0.59	0.37	0.27	0.07

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	340,033	18,783	50,326	70,747	43,650	87,723	59,155	9,649
	MN	19	0	1	1	1	2	6	8
	Total	340,052	18,783	50,327	70,748	43,651	87,725	59,161	9,657
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	164,712	17,304	34,900	39,961	25,210	31,217	15,452	668
	MN	4	0	0	1	0	2	1	0
	Total	164,716	17,304	34,900	39,962	25,210	31,219	15,453	668
10. PARTICIPANT RATIO	CN	0.48	0.92	0.69	0.56	0.58	0.36	0.26	0.07
	MN	0.21	0.00	0.00	1.00	0.00	1.00	0.17	0.00
	Total	0.48	0.92	0.69	0.56	0.58	0.36	0.26	0.07
11. Total Eligibles Referred for Corrective Treatment	CN	126,492	13,834	27,505	30,550	19,027	23,580	11,515	481
	MN	3	0	0	0	0	2	1	0
	Total	126,495	13,834	27,505	30,550	19,027	23,582	11,516	481
12a. Total Eligibles Receiving Any Dental Services	CN	209,071	105	10,400	41,857	60,727	58,389	33,566	4,027
	MN	8	0	0	0	0	1	3	4
	Total	209,079	105	10,400	41,857	60,727	58,390	33,569	4,031
12b. Total Eligibles Receiving Preventive Dental Services	CN	195,938	62	8,663	39,216	58,288	55,779	30,618	3,312
	MN	6	0	0	0	0	1	3	2
	Total	195,944	62	8,663	39,216	58,288	55,780	30,621	3,314
12c. Total Eligibles Receiving Dental Treatment Services	CN	103,404	14	1,231	15,205	32,644	31,398	20,394	2,518
	MN	5	0	0	0	0	1	1	3
	Total	103,409	14	1,231	15,205	32,644	31,399	20,395	2,521
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	20,288				12,082	8,206		
	MN	0				0	0		
	Total	20,288				12,082	8,206		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	204,263	102	10,316	41,168	59,432	57,131	32,323	3,791
	MN	7	0	0	0	0	1	3	3
	Total	204,270	102	10,316	41,168	59,432	57,132	32,326	3,794
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	209,071	105	10,400	41,857	60,727	58,389	33,566	4,027
	MN	8	0	0	0	0	1	3	4
	Total	209,079	105	10,400	41,857	60,727	58,390	33,569	4,031
13. Total Eligibles Enrolled in Managed Care	CN	387,228	20,437	49,282	71,477	87,792	87,548	58,581	12,111
	MN	51	0	1	1	5	14	21	9
	Total	387,279	20,437	49,283	71,478	87,797	87,562	58,602	12,120
14. Total Number of Screening Blood Lead Tests	CN	15,788	353	8,897	6,538				
	MN	0	0	0	0				
	Total	15,788	353	8,897	6,538				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	5,538,757	297,688	603,939	890,703	1,196,241	1,309,251	980,047	260,888
	MN	375,856	12,953	18,506	29,080	38,905	41,605	48,743	186,064
	Total	5,914,613	310,641	622,445	919,783	1,235,146	1,350,856	1,028,790	446,952
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	5,170,737	219,517	567,751	844,986	1,146,504	1,242,435	912,922	236,622
	MN	363,684	10,723	18,148	28,471	38,075	40,759	47,949	179,559
	Total	5,534,421	230,240	585,899	873,457	1,184,579	1,283,194	960,871	416,181
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	47,633	617	2,833	5,081	7,383	8,568	9,042	14,109
	Total	47,633	617	2,833	5,081	7,383	8,568	9,042	14,109
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	45,672,601	1,139,160	5,171,392	7,704,225	10,482,000	11,292,032	8,109,667	1,774,125
	MN	3,323,399	57,846	169,818	263,426	354,971	380,462	448,869	1,648,007
	Total	48,996,000	1,197,006	5,341,210	7,967,651	10,836,971	11,672,494	8,558,536	3,422,132
3b. Average Period of Eligibility	CN	0.74	0.43	0.76	0.76	0.76	0.76	0.74	0.62
	MN	0.76	0.45	0.78	0.77	0.78	0.78	0.78	0.76
	Total	0.74	0.43	0.76	0.76	0.76	0.76	0.74	0.69
4. Expected Number of Screenings per Eligible	CN		3.01	1.52	0.76	0.76	0.76	0.74	0.62
	MN		3.15	1.56	0.77	0.78	0.78	0.78	0.76
	Total		3.01	1.52	0.76	0.76	0.76	0.74	0.69
5. Expected Number of Screenings	CN	4,803,779	660,746	862,982	642,189	871,343	944,251	675,562	146,706
	MN	319,367	33,777	28,311	21,923	29,699	31,792	37,400	136,465
	Total	5,123,146	694,523	891,293	664,112	901,042	976,043	712,962	283,171
6. Total Screens Received	CN	3,699,509	435,879	977,586	654,322	580,454	614,787	381,348	55,133
	MN	157,012	20,754	29,086	19,038	16,334	16,847	15,994	38,959
	Total	3,856,521	456,633	1,006,672	673,360	596,788	631,634	397,342	94,092
7. SCREENING RATIO	CN	0.77	0.66	1.00	1.00	0.67	0.65	0.56	0.38
	MN	0.49	0.61	1.00	0.87	0.55	0.53	0.43	0.29
	Total	0.75	0.66	1.00	1.00	0.66	0.65	0.56	0.33

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

State: California

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	4,067,319	219,517	567,751	642,189	871,343	944,251	675,562	146,706
	MN	286,150	10,723	18,148	21,923	29,699	31,792	37,400	136,465
	Total	4,353,469	230,240	585,899	664,112	901,042	976,043	712,962	283,171
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	2,154,650	166,215	404,047	450,693	409,659	432,488	258,832	32,716
	MN	92,352	7,937	12,282	13,327	11,735	11,792	10,884	24,395
	Total	2,247,002	174,152	416,329	464,020	421,394	444,280	269,716	57,111
10. PARTICIPANT RATIO	CN	0.53	0.76	0.71	0.70	0.47	0.46	0.38	0.22
	MN	0.32	0.74	0.68	0.61	0.40	0.37	0.29	0.18
	Total	0.52	0.76	0.71	0.70	0.47	0.46	0.38	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	96,436	5,463	15,701	19,822	21,397	21,236	12,241	576
	MN	3,523	194	386	629	709	666	484	455
	Total	99,959	5,657	16,087	20,451	22,106	21,902	12,725	1,031
12a. Total Eligibles Receiving Any Dental Services	CN	2,350,022	3,175	127,633	456,107	677,692	644,949	385,307	55,159
	MN	128,370	198	4,293	14,820	20,713	18,619	18,284	51,443
	Total	2,478,392	3,373	131,926	470,927	698,405	663,568	403,591	106,602
12b. Total Eligibles Receiving Preventive Dental Services	CN	1,904,965	635	83,123	366,329	568,343	539,831	306,930	39,774
	MN	102,938	53	3,004	12,480	18,111	16,125	14,501	38,664
	Total	2,007,903	688	86,127	378,809	586,454	555,956	321,431	78,438
12c. Total Eligibles Receiving Dental Treatment Services	CN	1,049,988	129	17,867	180,621	347,235	291,938	184,702	27,496
	MN	62,283	8	624	6,088	11,366	8,787	9,083	26,327
	Total	1,112,271	137	18,491	186,709	358,601	300,725	193,785	53,823
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	375,232				196,799	178,433		
	MN	11,432				6,129	5,303		
	Total	386,664				202,928	183,736		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

State: California

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	1,973,318	979	93,556	381,086	574,938	553,372	324,613	44,774
	MN	109,186	82	3,336	12,909	18,288	16,511	15,417	42,643
	Total	2,082,504	1,061	96,892	393,995	593,226	569,883	340,030	87,417
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	54,912	1,388	26,729	23,317	3,077	279	120	2
	MN	1,030	44	583	341	38	7	5	12
	Total	55,942	1,432	27,312	23,658	3,115	286	125	14
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	2,382,866	4,526	148,525	465,624	678,638	645,038	385,356	55,159
	MN	129,011	241	4,746	14,942	20,726	18,622	18,284	51,450
	Total	2,511,877	4,767	153,271	480,566	699,364	663,660	403,640	106,609
13. Total Eligibles Enrolled in Managed Care	CN	4,884,262	169,491	541,686	817,501	1,104,040	1,182,732	853,740	215,072
	MN	338,739	9,450	17,228	26,524	35,022	36,716	44,537	169,262
	Total	5,223,001	178,941	558,914	844,025	1,139,062	1,219,448	898,277	384,334
14. Total Number of Screening Blood Lead Tests	CN	295,901	2,164	188,113	105,624				
	MN	9,105	102	5,722	3,281				
	Total	305,006	2,266	193,835	108,905				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

State: Colorado

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	584,277	32,675	64,085	97,928	129,175	135,752	86,589	38,073
	MN	0	0	0	0	0	0	0	0
	Total	584,277	32,675	64,085	97,928	129,175	135,752	86,589	38,073
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	549,047	24,028	60,963	93,740	123,800	129,944	81,947	34,625
	MN	0	0	0	0	0	0	0	0
	Total	549,047	24,028	60,963	93,740	123,800	129,944	81,947	34,625
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	5,930,899	167,102	654,052	1,048,779	1,393,768	1,457,572	894,794	314,832
	MN	0	0	0	0	0	0	0	0
	Total	5,930,899	167,102	654,052	1,048,779	1,393,768	1,457,572	894,794	314,832
3b. Average Period of Eligibility	CN	0.90	0.58	0.89	0.93	0.94	0.93	0.91	0.76
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.58	0.89	0.93	0.94	0.93	0.91	0.76
4. Expected Number of Screenings per Eligible	CN		3.48	1.78	0.93	0.94	0.93	0.91	0.76
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.48	1.78	0.93	0.94	0.93	0.91	0.76
5. Expected Number of Screenings	CN	617,416	83,617	108,514	87,178	116,372	120,848	74,572	26,315
	MN	0	0	0	0	0	0	0	0
	Total	617,416	83,617	108,514	87,178	116,372	120,848	74,572	26,315
6. Total Screens Received	CN	392,139	92,417	106,558	58,963	49,162	55,314	25,384	4,341
	MN	0	0	0	0	0	0	0	0
	Total	392,139	92,417	106,558	58,963	49,162	55,314	25,384	4,341
7. SCREENING RATIO	CN	0.64	1.00	0.98	0.68	0.42	0.46	0.34	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	1.00	0.98	0.68	0.42	0.46	0.34	0.16



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	510,276	24,028	60,963	87,178	116,372	120,848	74,572	26,315
	MN	0	0	0	0	0	0	0	0
	Total	510,276	24,028	60,963	87,178	116,372	120,848	74,572	26,315
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	249,608	22,191	46,918	53,860	46,993	51,950	23,642	4,054
	MN	0	0	0	0	0	0	0	0
	Total	249,608	22,191	46,918	53,860	46,993	51,950	23,642	4,054
10. PARTICIPANT RATIO	CN	0.49	0.92	0.77	0.62	0.40	0.43	0.32	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.49	0.92	0.77	0.62	0.40	0.43	0.32	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	234,035	22,147	45,229	49,965	42,905	47,738	22,089	3,962
	MN	0	0	0	0	0	0	0	0
	Total	234,035	22,147	45,229	49,965	42,905	47,738	22,089	3,962
12a. Total Eligibles Receiving Any Dental Services	CN	289,604	1,919	23,586	55,041	79,954	79,464	40,444	9,196
	MN	0	0	0	0	0	0	0	0
	Total	289,604	1,919	23,586	55,041	79,954	79,464	40,444	9,196
12b. Total Eligibles Receiving Preventive Dental Services	CN	267,746	574	21,243	52,658	76,698	74,727	35,447	6,399
	MN	0	0	0	0	0	0	0	0
	Total	267,746	574	21,243	52,658	76,698	74,727	35,447	6,399
12c. Total Eligibles Receiving Dental Treatment Services	CN	138,552	80	2,321	21,092	43,417	42,744	23,292	5,606
	MN	0	0	0	0	0	0	0	0
	Total	138,552	80	2,321	21,092	43,417	42,744	23,292	5,606
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	45,543				24,931	20,612		
	MN	0				0	0		
	Total	45,543				24,931	20,612		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

State: Colorado

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	273,696	1,635	21,966	52,395	76,225	75,253	37,774	8,448
	MN	0	0	0	0	0	0	0	0
	Total	273,696	1,635	21,966	52,395	76,225	75,253	37,774	8,448
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	31,463	995	10,358	7,995	5,803	3,802	2,000	510
	MN	0	0	0	0	0	0	0	0
	Total	31,463	995	10,358	7,995	5,803	3,802	2,000	510
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	303,455	2,827	31,089	57,970	81,281	80,248	40,751	9,289
	MN	0	0	0	0	0	0	0	0
	Total	303,455	2,827	31,089	57,970	81,281	80,248	40,751	9,289
13. Total Eligibles Enrolled in Managed Care	CN	580,904	32,242	63,764	97,453	128,624	135,189	86,018	37,614
	MN	0	0	0	0	0	0	0	0
	Total	580,904	32,242	63,764	97,453	128,624	135,189	86,018	37,614
14. Total Number of Screening Blood Lead Tests	CN	5,911	182	4,053	1,676				
	MN	0	0	0	0				
	Total	5,911	182	4,053	1,676				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	364,343	18,233	37,876	55,973	75,139	84,549	64,218	28,355
	MN	0	0	0	0	0	0	0	0
	Total	364,343	18,233	37,876	55,973	75,139	84,549	64,218	28,355
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	345,223	13,385	36,489	53,902	72,477	81,490	61,417	26,063
	MN	0	0	0	0	0	0	0	0
	Total	345,223	13,385	36,489	53,902	72,477	81,490	61,417	26,063
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	3,807,349	104,577	409,391	607,775	822,224	923,589	684,251	255,542
	MN	0	0	0	0	0	0	0	0
	Total	3,807,349	104,577	409,391	607,775	822,224	923,589	684,251	255,542
3b. Average Period of Eligibility	CN	0.92	0.65	0.93	0.94	0.95	0.94	0.93	0.82
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.65	0.93	0.94	0.95	0.94	0.93	0.82
4. Expected Number of Screenings per Eligible	CN		3.90	2.33	0.94	0.95	0.94	0.93	0.82
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	2.33	0.94	0.95	0.94	0.93	0.82
5. Expected Number of Screenings	CN	411,833	52,202	85,019	50,668	68,853	76,601	57,118	21,372
	MN	0	0	0	0	0	0	0	0
	Total	411,833	52,202	85,019	50,668	68,853	76,601	57,118	21,372
6. Total Screens Received	CN	327,411	61,273	86,146	44,494	43,497	50,370	33,779	7,852
	MN	0	0	0	0	0	0	0	0
	Total	327,411	61,273	86,146	44,494	43,497	50,370	33,779	7,852
7. SCREENING RATIO	CN	0.80	1.00	1.00	0.88	0.63	0.66	0.59	0.37
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	1.00	1.00	0.88	0.63	0.66	0.59	0.37

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	324,486	13,385	36,489	50,668	68,853	76,601	57,118	21,372
	MN	0	0	0	0	0	0	0	0
	Total	324,486	13,385	36,489	50,668	68,853	76,601	57,118	21,372
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	216,347	12,856	32,505	41,245	42,369	48,896	31,515	6,961
	MN	0	0	0	0	0	0	0	0
	Total	216,347	12,856	32,505	41,245	42,369	48,896	31,515	6,961
10. PARTICIPANT RATIO	CN	0.67	0.96	0.89	0.81	0.62	0.64	0.55	0.33
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	0.96	0.89	0.81	0.62	0.64	0.55	0.33
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	214,135	276	15,705	37,305	53,541	58,153	37,790	11,365
	MN	0	0	0	0	0	0	0	0
	Total	214,135	276	15,705	37,305	53,541	58,153	37,790	11,365
12b. Total Eligibles Receiving Preventive Dental Services	CN	197,889	130	14,151	35,833	51,267	54,291	33,093	9,124
	MN	0	0	0	0	0	0	0	0
	Total	197,889	130	14,151	35,833	51,267	54,291	33,093	9,124
12c. Total Eligibles Receiving Dental Treatment Services	CN	96,202	31	648	10,026	25,321	30,911	22,303	6,962
	MN	0	0	0	0	0	0	0	0
	Total	96,202	31	648	10,026	25,321	30,911	22,303	6,962
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	30,672				15,812	14,860		
	MN	0				0	0		
	Total	30,672				15,812	14,860		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	201,629	234	14,991	36,017	51,238	54,359	34,370	10,420
	MN	0	0	0	0	0	0	0	0
	Total	201,629	234	14,991	36,017	51,238	54,359	34,370	10,420
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	8,075	816	5,947	1,300	3	3	4	2
	MN	0	0	0	0	0	0	0	0
	Total	8,075	816	5,947	1,300	3	3	4	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	218,694	1,060	19,080	37,701	53,541	58,155	37,791	11,366
	MN	0	0	0	0	0	0	0	0
	Total	218,694	1,060	19,080	37,701	53,541	58,155	37,791	11,366
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	42,933	470	25,956	16,507				
	MN	0	0	0	0				
	Total	42,933	470	25,956	16,507				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	118,454	6,489	13,406	19,774	25,220	26,275	18,150	9,140
	MN	0	0	0	0	0	0	0	0
	Total	118,454	6,489	13,406	19,774	25,220	26,275	18,150	9,140
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	112,013	5,018	12,879	18,932	24,178	25,191	17,229	8,586
	MN	0	0	0	0	0	0	0	0
	Total	112,013	5,018	12,879	18,932	24,178	25,191	17,229	8,586
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	3,797	1,280	652	1,040	378	230	206	11
	MN	0	0	0	0	0	0	0	0
	Total	3,797	1,280	652	1,040	378	230	206	11
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	1,165,945	36,042	138,115	202,745	259,608	268,656	180,551	80,228
	MN	0	0	0	0	0	0	0	0
	Total	1,165,945	36,042	138,115	202,745	259,608	268,656	180,551	80,228
3b. Average Period of Eligibility	CN	0.87	0.60	0.89	0.89	0.89	0.89	0.87	0.78
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	0.60	0.89	0.89	0.89	0.89	0.87	0.78
4. Expected Number of Screenings per Eligible	CN		4.20	1.78	0.89	0.89	0.89	0.87	0.78
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.20	1.78	0.89	0.89	0.89	0.87	0.78
5. Expected Number of Screenings	CN	126,474	21,076	22,925	16,849	21,518	22,420	14,989	6,697
	MN	0	0	0	0	0	0	0	0
	Total	126,474	21,076	22,925	16,849	21,518	22,420	14,989	6,697
6. Total Screens Received	CN	90,774	20,007	22,925	13,083	13,047	13,041	6,926	1,745
	MN	0	0	0	0	0	0	0	0
	Total	90,774	20,007	22,925	13,083	13,047	13,041	6,926	1,745
7. SCREENING RATIO	CN	0.72	0.95	1.00	0.78	0.61	0.58	0.46	0.26
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.72	0.95	1.00	0.78	0.61	0.58	0.46	0.26

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	100,370	5,018	12,879	16,849	21,518	22,420	14,989	6,697
	MN	0	0	0	0	0	0	0	0
	Total	100,370	5,018	12,879	16,849	21,518	22,420	14,989	6,697
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	57,417	4,607	10,218	11,582	11,837	11,715	5,976	1,482
	MN	0	0	0	0	0	0	0	0
	Total	57,417	4,607	10,218	11,582	11,837	11,715	5,976	1,482
10. PARTICIPANT RATIO	CN	0.57	0.92	0.79	0.69	0.55	0.52	0.40	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.57	0.92	0.79	0.69	0.55	0.52	0.40	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	125	33	81	8	0	2	1	0
	MN	0	0	0	0	0	0	0	0
	Total	125	33	81	8	0	2	1	0
12a. Total Eligibles Receiving Any Dental Services	CN	53,298	13	2,127	10,043	15,386	14,530	8,469	2,730
	MN	0	0	0	0	0	0	0	0
	Total	53,298	13	2,127	10,043	15,386	14,530	8,469	2,730
12b. Total Eligibles Receiving Preventive Dental Services	CN	50,635	5	1,882	9,649	14,839	14,062	7,856	2,342
	MN	0	0	0	0	0	0	0	0
	Total	50,635	5	1,882	9,649	14,839	14,062	7,856	2,342
12c. Total Eligibles Receiving Dental Treatment Services	CN	21,614	0	130	3,077	6,972	6,033	3,943	1,459
	MN	0	0	0	0	0	0	0	0
	Total	21,614	0	130	3,077	6,972	6,033	3,943	1,459
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	9,599				4,779	4,820		
	MN	0				0	0		
	Total	9,599				4,779	4,820		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	49,778	13	1,878	9,421	14,502	13,644	7,836	2,484
	MN	0	0	0	0	0	0	0	0
	Total	49,778	13	1,878	9,421	14,502	13,644	7,836	2,484
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	53,298	13	2,127	10,043	15,386	14,530	8,469	2,730
	MN	0	0	0	0	0	0	0	0
	Total	53,298	13	2,127	10,043	15,386	14,530	8,469	2,730
13. Total Eligibles Enrolled in Managed Care	CN	110,510	4,783	12,773	18,768	23,966	24,902	16,913	8,405
	MN	0	0	0	0	0	0	0	0
	Total	110,510	4,783	12,773	18,768	23,966	24,902	16,913	8,405
14. Total Number of Screening Blood Lead Tests	CN	447	2	244	201				
	MN	0	0	0	0				
	Total	447	2	244	201				



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	98,347	5,446	11,470	16,789	19,843	19,776	15,811	9,212
	MN	3	0	1	0	0	0	1	1
	Total	98,350	5,446	11,471	16,789	19,843	19,776	15,812	9,213
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	94,806	4,483	11,078	16,319	19,360	19,274	15,377	8,915
	MN	3	0	1	0	0	0	1	1
	Total	94,806	4,483	11,078	16,319	19,360	19,274	15,377	8,915
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	8,060	83	329	748	1,940	2,454	2,228	278
	MN	3	0	1	0	0	0	1	1
	Total	8,063	83	330	748	1,940	2,454	2,229	279
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	1,070,092	32,661	126,537	187,668	223,290	222,669	176,576	100,691
	MN	29	0	5	0	0	0	12	12
	Total	1,070,121	32,661	126,542	187,668	223,290	222,669	176,588	100,703
3b. Average Period of Eligibility	CN	0.94	0.61	0.95	0.96	0.96	0.96	0.96	0.94
	MN	0.81	0.00	0.42	0.00	0.00	0.00	1.00	1.00
	Total	0.94	0.61	0.95	0.96	0.96	0.96	0.96	0.94
4. Expected Number of Screenings per Eligible	CN		4.27	1.90	0.96	0.96	0.96	0.96	0.94
	MN		0.00	0.84	0.00	0.00	0.00	1.00	1.00
	Total		4.27	1.90	0.96	0.96	0.96	0.96	0.94
5. Expected Number of Screenings	CN	116,087	19,142	21,048	15,666	18,586	18,503	14,762	8,380
	MN	3	0	1	0	0	0	1	1
	Total	116,090	19,142	21,049	15,666	18,586	18,503	14,763	8,381
6. Total Screens Received	CN	111,983	19,996	27,244	16,797	16,541	15,947	11,321	4,137
	MN	0	0	0	0	0	0	0	0
	Total	111,983	19,996	27,244	16,797	16,541	15,947	11,321	4,137
7. SCREENING RATIO	CN	0.96	1.00	1.00	1.00	0.89	0.86	0.77	0.49
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.96	1.00	1.00	1.00	0.89	0.86	0.77	0.49

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	91,458	4,483	11,078	15,666	18,586	18,503	14,762	8,380
	MN	3	0	1	0	0	0	1	1
	Total	91,461	4,483	11,079	15,666	18,586	18,503	14,763	8,381
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	57,273	4,021	9,169	11,165	11,756	11,056	7,520	2,586
	MN	0	0	0	0	0	0	0	0
	Total	57,273	4,021	9,169	11,165	11,756	11,056	7,520	2,586
10. PARTICIPANT RATIO	CN	0.63	0.90	0.83	0.71	0.63	0.60	0.51	0.31
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.90	0.83	0.71	0.63	0.60	0.51	0.31
11. Total Eligibles Referred for Corrective Treatment	CN	26,851	3,538	7,094	4,217	4,003	4,015	2,929	1,055
	MN	0	0	0	0	0	0	0	0
	Total	26,851	3,538	7,094	4,217	4,003	4,015	2,929	1,055
12a. Total Eligibles Receiving Any Dental Services	CN	51,635	26	3,660	11,016	13,452	12,219	8,013	3,249
	MN	1	0	0	0	0	0	1	0
	Total	51,636	26	3,660	11,016	13,452	12,219	8,014	3,249
12b. Total Eligibles Receiving Preventive Dental Services	CN	47,924	14	3,277	10,386	12,807	11,633	7,165	2,642
	MN	1	0	0	0	0	0	1	0
	Total	47,925	14	3,277	10,386	12,807	11,633	7,166	2,642
12c. Total Eligibles Receiving Dental Treatment Services	CN	18,601	0	162	2,642	5,116	4,891	3,972	1,818
	MN	0	0	0	0	0	0	0	0
	Total	18,601	0	162	2,642	5,116	4,891	3,972	1,818
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,936				3,759	4,177		
	MN	0				0	0		
	Total	7,936				3,759	4,177		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	49,379	24	3,589	10,730	12,997	11,710	7,387	2,942
	MN	1	0	0	0	0	0	1	0
	Total	49,380	24	3,589	10,730	12,997	11,710	7,388	2,942
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	76	2	74	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	76	2	74	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	51,667	26	3,692	11,016	13,452	12,219	8,013	3,249
	MN	1	0	0	0	0	0	1	0
	Total	51,668	26	3,692	11,016	13,452	12,219	8,014	3,249
13. Total Eligibles Enrolled in Managed Care	CN	87,455	4,139	10,690	15,731	18,350	17,571	13,388	7,586
	MN	2	0	0	0	0	0	1	1
	Total	87,457	4,139	10,690	15,731	18,350	17,571	13,389	7,587
14. Total Number of Screening Blood Lead Tests	CN	9,452	280	6,239	2,933				
	MN	0	0	0	0				
	Total	9,452	280	6,239	2,933				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	2,396,312	147,892	290,428	404,502	518,092	539,367	374,206	121,825
	MN	22,528	673	858	1,612	2,876	4,073	4,239	8,197
	Total	2,418,840	148,565	291,286	406,114	520,968	543,440	378,445	130,022
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	2,246,195	119,028	279,032	387,557	493,036	509,789	351,180	106,573
	MN	1,684	460	226	56	72	112	134	624
	Total	2,247,879	119,488	279,258	387,613	493,108	509,901	351,314	107,197
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	2,065	876	1,187	1	1	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	2,065	876	1,187	1	1	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	23,516,312	875,328	3,050,826	4,237,512	5,313,203	5,420,719	3,653,605	965,119
	MN	14,754	3,623	1,817	529	810	1,205	1,233	5,537
	Total	23,531,066	878,951	3,052,643	4,238,041	5,314,013	5,421,924	3,654,838	970,656
3b. Average Period of Eligibility	CN	0.87	0.61	0.91	0.91	0.90	0.89	0.87	0.75
	MN	0.73	0.66	0.67	0.79	0.94	0.90	0.77	0.74
	Total	0.87	0.61	0.91	0.91	0.90	0.89	0.87	0.75
4. Expected Number of Screenings per Eligible	CN		3.66	1.82	0.91	0.45	0.89	0.87	0.75
	MN		3.96	1.34	0.79	0.47	0.90	0.77	0.74
	Total		3.66	1.82	0.91	0.45	0.89	0.87	0.75
5. Expected Number of Screenings	CN	2,357,192	435,642	507,838	352,677	221,866	453,712	305,527	79,930
	MN	2,869	1,822	303	44	34	101	103	462
	Total	2,360,061	437,464	508,141	352,721	221,900	453,813	305,630	80,392
6. Total Screens Received	CN	2,246,090	607,436	620,963	333,333	285,182	258,201	129,595	11,380
	MN	5,772	3,603	1,895	41	40	57	58	78
	Total	2,251,862	611,039	622,858	333,374	285,222	258,258	129,653	11,458
7. SCREENING RATIO	CN	0.95	1.00	1.00	0.95	1.00	0.57	0.42	0.14
	MN	1.00	1.00	1.00	0.93	1.00	0.56	0.56	0.17
	Total	0.95	1.00	1.00	0.95	1.00	0.57	0.42	0.14

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	1,811,772	119,028	279,032	352,677	221,866	453,712	305,527	79,930
	MN	1,430	460	226	44	34	101	103	462
	Total	1,813,202	119,488	279,258	352,721	221,900	453,813	305,630	80,392
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	963,618	109,866	199,669	207,603	184,199	169,047	86,203	7,031
	MN	648	395	171	12	9	19	10	32
	Total	964,266	110,261	199,840	207,615	184,208	169,066	86,213	7,063
10. PARTICIPANT RATIO	CN	0.53	0.92	0.72	0.59	0.83	0.37	0.28	0.09
	MN	0.45	0.86	0.76	0.27	0.26	0.19	0.10	0.07
	Total	0.53	0.92	0.72	0.59	0.83	0.37	0.28	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	58,030	8,174	12,420	11,433	10,745	9,798	5,091	369
	MN	36	24	8	1	1	2	0	0
	Total	58,066	8,198	12,428	11,434	10,746	9,800	5,091	369
12a. Total Eligibles Receiving Any Dental Services	CN	660,901	431	25,620	127,901	204,086	184,215	100,910	17,738
	MN	73	1	6	5	2	7	5	47
	Total	660,974	432	25,626	127,906	204,088	184,222	100,915	17,785
12b. Total Eligibles Receiving Preventive Dental Services	CN	575,946	200	22,101	113,866	183,185	163,529	80,885	12,180
	MN	30	0	4	4	1	3	3	15
	Total	575,976	200	22,105	113,870	183,186	163,532	80,888	12,195
12c. Total Eligibles Receiving Dental Treatment Services	CN	256,664	50	2,992	38,405	85,972	72,958	47,380	8,907
	MN	34	0	0	0	0	4	4	26
	Total	256,698	50	2,992	38,405	85,972	72,962	47,384	8,933
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	102,599				56,314	46,285		
	MN	0				0	0		
	Total	102,599				56,314	46,285		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	605,235	397	24,074	119,206	188,075	168,474	89,387	15,622
	MN	61	1	6	5	2	5	3	39
	Total	605,296	398	24,080	119,211	188,077	168,479	89,390	15,661
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	74,464	3,052	55,518	15,614	191	74	12	3
	MN	54	13	41	0	0	0	0	0
	Total	74,518	3,065	55,559	15,614	191	74	12	3
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	724,923	3,461	75,383	138,992	204,177	184,253	100,916	17,741
	MN	125	14	45	5	2	7	5	47
	Total	725,048	3,475	75,428	138,997	204,179	184,260	100,921	17,788
13. Total Eligibles Enrolled in Managed Care	CN	1,695,608	30,110	236,644	325,082	389,928	385,341	254,298	74,205
	MN	586	0	143	421	0	0	2	20
	Total	1,696,194	30,110	236,787	325,503	389,928	385,341	254,300	74,225
14. Total Number of Screening Blood Lead Tests	CN	221,326	2,274	150,684	68,368				
	MN	408	11	387	10				
	Total	221,734	2,285	151,071	68,378				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	1,292,570	87,799	167,019	227,249	286,594	288,816	186,820	48,273
	MN	73	4	6	7	14	19	21	2
	Total	1,292,643	87,803	167,025	227,256	286,608	288,835	186,841	48,275
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,214,512	64,290	159,465	219,063	275,376	277,156	178,047	41,115
	MN	52	1	6	6	12	13	13	1
	Total	1,214,564	64,291	159,471	219,069	275,388	277,169	178,060	41,116
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	12,823,639	502,420	1,683,988	2,372,144	2,993,816	3,020,868	1,911,094	339,309
	MN	456	11	50	67	102	105	112	9
	Total	12,824,095	502,431	1,684,038	2,372,211	2,993,918	3,020,973	1,911,206	339,318
3b. Average Period of Eligibility	CN	0.88	0.65	0.88	0.90	0.91	0.91	0.89	0.69
	MN	0.73	0.92	0.69	0.93	0.71	0.67	0.72	0.75
	Total	0.88	0.65	0.88	0.90	0.91	0.91	0.89	0.69
4. Expected Number of Screenings per Eligible	CN		4.55	2.20	0.90	0.91	0.91	0.89	0.69
	MN		6.44	1.73	0.93	0.71	0.67	0.72	0.75
	Total		4.55	2.20	0.90	0.91	0.91	0.89	0.69
5. Expected Number of Screenings	CN	1,530,135	292,520	350,823	197,157	250,592	252,212	158,462	28,369
	MN	50	6	10	6	9	9	9	1
	Total	1,530,185	292,526	350,833	197,163	250,601	252,221	158,471	28,370
6. Total Screens Received	CN	1,028,394	260,545	309,498	152,434	121,589	125,499	55,944	2,885
	MN	30	6	8	7	3	4	2	0
	Total	1,028,424	260,551	309,506	152,441	121,592	125,503	55,946	2,885
7. SCREENING RATIO	CN	0.67	0.89	0.88	0.77	0.49	0.50	0.35	0.10
	MN	0.60	1.00	0.80	1.00	0.33	0.44	0.22	0.00
	Total	0.67	0.89	0.88	0.77	0.49	0.50	0.35	0.10

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	1,110,547	64,290	159,465	197,157	250,592	252,212	158,462	28,369
	MN	41	1	6	6	9	9	9	1
	Total	1,110,588	64,291	159,471	197,163	250,601	252,221	158,471	28,370
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	611,015	61,221	127,559	134,808	114,868	117,666	52,207	2,686
	MN	17	1	3	4	3	4	2	0
	Total	611,032	61,222	127,562	134,812	114,871	117,670	52,209	2,686
10. PARTICIPANT RATIO	CN	0.55	0.95	0.80	0.68	0.46	0.47	0.33	0.09
	MN	0.41	1.00	0.50	0.67	0.33	0.44	0.22	0.00
	Total	0.55	0.95	0.80	0.68	0.46	0.47	0.33	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	31,717	4,826	6,618	6,559	5,777	5,528	2,316	93
	MN	1	0	0	0	0	1	0	0
	Total	31,718	4,826	6,618	6,559	5,777	5,529	2,316	93
12a. Total Eligibles Receiving Any Dental Services	CN	614,512	226	30,854	131,048	186,834	170,093	85,716	9,741
	MN	17	0	1	2	4	4	5	1
	Total	614,529	226	30,855	131,050	186,838	170,097	85,721	9,742
12b. Total Eligibles Receiving Preventive Dental Services	CN	583,415	93	25,881	125,640	181,412	164,529	78,351	7,509
	MN	17	0	1	2	4	4	5	1
	Total	583,432	93	25,882	125,642	181,416	164,533	78,356	7,510
12c. Total Eligibles Receiving Dental Treatment Services	CN	261,181	43	5,614	47,075	90,398	71,831	41,355	4,865
	MN	7	0	0	0	2	0	4	1
	Total	261,188	43	5,614	47,075	90,400	71,831	41,359	4,866
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	62,526				36,698	25,828		
	MN	3				2	1		
	Total	62,529				36,700	25,829		



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	604,429	216	30,493	129,640	184,020	167,367	83,426	9,267
	MN	17	0	1	2	4	4	5	1
	Total	604,446	216	30,494	129,642	184,024	167,371	83,431	9,268
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,324	0	145	521	426	221	11	0
	MN	0	0	0	0	0	0	0	0
	Total	1,324	0	145	521	426	221	11	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	614,512	226	30,854	131,048	186,834	170,093	85,716	9,741
	MN	17	0	1	2	4	4	5	1
	Total	614,529	226	30,855	131,050	186,838	170,097	85,721	9,742
13. Total Eligibles Enrolled in Managed Care	CN	1,134,152	62,971	154,792	208,897	258,152	255,118	161,154	33,068
	MN	45	1	5	6	11	12	10	0
	Total	1,134,197	62,972	154,797	208,903	258,163	255,130	161,164	33,068
14. Total Number of Screening Blood Lead Tests	CN	97,888	3,860	81,204	12,824				
	MN	2	0	2	0				
	Total	97,890	3,860	81,206	12,824				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	168,473	9,712	20,095	28,280	34,438	37,744	26,750	11,454
	MN	0	0	0	0	0	0	0	0
	Total	168,473	9,712	20,095	28,280	34,438	37,744	26,750	11,454
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	155,699	6,862	19,060	26,790	32,615	35,258	25,132	9,982
	MN	0	0	0	0	0	0	0	0
	Total	155,699	6,862	19,060	26,790	32,615	35,258	25,132	9,982
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	23,239	256	1,506	3,088	5,373	7,049	5,248	719
	MN	0	0	0	0	0	0	0	0
	Total	23,239	256	1,506	3,088	5,373	7,049	5,248	719
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	1,591,465	46,670	187,558	270,084	343,532	375,441	267,381	100,798
	MN	0	0	0	0	0	0	0	0
	Total	1,591,465	46,670	187,558	270,084	343,532	375,441	267,381	100,798
3b. Average Period of Eligibility	CN	0.85	0.57	0.82	0.84	0.88	0.89	0.89	0.84
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.85	0.57	0.82	0.84	0.88	0.89	0.89	0.84
4. Expected Number of Screenings per Eligible	CN		3.42	1.64	0.84	0.44	0.53	0.45	0.42
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.42	1.64	0.84	0.44	0.53	0.45	0.42
5. Expected Number of Screenings	CN	125,769	23,468	31,258	22,504	14,351	18,687	11,309	4,192
	MN	0	0	0	0	0	0	0	0
	Total	125,769	23,468	31,258	22,504	14,351	18,687	11,309	4,192
6. Total Screens Received	CN	131,939	27,929	41,037	19,883	14,799	16,192	10,750	1,349
	MN	0	0	0	0	0	0	0	0
	Total	131,939	27,929	41,037	19,883	14,799	16,192	10,750	1,349
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.88	1.00	0.87	0.95	0.32
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	1.00	1.00	0.88	1.00	0.87	0.95	0.32

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	105,184	6,733	18,803	25,156	16,277	21,020	12,573	4,622
	MN	0	0	0	0	0	0	0	0
	Total	105,184	6,733	18,803	25,156	16,277	21,020	12,573	4,622
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	81,559	6,508	16,168	18,390	14,070	15,227	9,963	1,233
	MN	0	0	0	0	0	0	0	0
	Total	81,559	6,508	16,168	18,390	14,070	15,227	9,963	1,233
10. PARTICIPANT RATIO	CN	0.78	0.97	0.86	0.73	0.86	0.72	0.79	0.27
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.78	0.97	0.86	0.73	0.86	0.72	0.79	0.27
11. Total Eligibles Referred for Corrective Treatment	CN	40,580	4,336	10,140	7,577	5,739	6,914	4,949	925
	MN	0	0	0	0	0	0	0	0
	Total	40,580	4,336	10,140	7,577	5,739	6,914	4,949	925
12a. Total Eligibles Receiving Any Dental Services	CN	86,458	105	6,456	17,325	23,031	22,455	13,566	3,520
	MN	0	0	0	0	0	0	0	0
	Total	86,458	105	6,456	17,325	23,031	22,455	13,566	3,520
12b. Total Eligibles Receiving Preventive Dental Services	CN	66,221	18	3,869	12,954	18,290	18,139	10,445	2,506
	MN	0	0	0	0	0	0	0	0
	Total	66,221	18	3,869	12,954	18,290	18,139	10,445	2,506
12c. Total Eligibles Receiving Dental Treatment Services	CN	50,239	71	2,541	10,232	14,500	12,405	8,214	2,276
	MN	0	0	0	0	0	0	0	0
	Total	50,239	71	2,541	10,232	14,500	12,405	8,214	2,276
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,867				3,846	3,021		
	MN	0				0	0		
	Total	6,867				3,846	3,021		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	68,875	36	4,635	13,510	18,482	18,345	10,991	2,876
	MN	0	0	0	0	0	0	0	0
	Total	68,875	36	4,635	13,510	18,482	18,345	10,991	2,876
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	86,458	105	6,456	17,325	23,031	22,455	13,566	3,520
	MN	0	0	0	0	0	0	0	0
	Total	86,458	105	6,456	17,325	23,031	22,455	13,566	3,520
13. Total Eligibles Enrolled in Managed Care	CN	162,251	7,857	19,460	27,514	33,583	36,854	26,076	10,907
	MN	0	0	0	0	0	0	0	0
	Total	162,251	7,857	19,460	27,514	33,583	36,854	26,076	10,907
14. Total Number of Screening Blood Lead Tests	CN	13,936	1,231	8,570	4,135				
	MN	0	0	0	0				
	Total	13,936	1,231	8,570	4,135				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	208,971	12,694	25,533	35,893	46,500	47,825	31,992	8,534
	MN	0	0	0	0	0	0	0	0
	Total	208,971	12,694	25,533	35,893	46,500	47,825	31,992	8,534
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	194,621	9,098	24,259	34,102	44,336	45,467	30,189	7,170
	MN	0	0	0	0	0	0	0	0
	Total	194,621	9,098	24,259	34,102	44,336	45,467	30,189	7,170
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	24,903	1	0	2	8,716	9,479	6,032	673
	MN	0	0	0	0	0	0	0	0
	Total	24,903	1	0	2	8,716	9,479	6,032	673
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	2,084,156	69,347	264,427	371,378	489,583	501,490	328,391	59,540
	MN	0	0	0	0	0	0	0	0
	Total	2,084,156	69,347	264,427	371,378	489,583	501,490	328,391	59,540
3b. Average Period of Eligibility	CN	0.89	0.64	0.91	0.91	0.92	0.92	0.91	0.69
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.64	0.91	0.91	0.92	0.92	0.91	0.69
4. Expected Number of Screenings per Eligible	CN		3.84	2.28	0.91	0.92	0.92	0.91	0.69
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.84	2.28	0.91	0.92	0.92	0.91	0.69
5. Expected Number of Screenings	CN	236,318	34,936	55,311	31,033	40,789	41,830	27,472	4,947
	MN	0	0	0	0	0	0	0	0
	Total	236,318	34,936	55,311	31,033	40,789	41,830	27,472	4,947
6. Total Screens Received	CN	145,455	39,387	42,697	19,568	16,671	17,894	8,372	866
	MN	0	0	0	0	0	0	0	0
	Total	145,455	39,387	42,697	19,568	16,671	17,894	8,372	866
7. SCREENING RATIO	CN	0.62	1.00	0.77	0.63	0.41	0.43	0.30	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	1.00	0.77	0.63	0.41	0.43	0.30	0.18

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	179,428	9,098	24,259	31,033	40,789	41,830	27,472	4,947
	MN	0	0	0	0	0	0	0	0
	Total	179,428	9,098	24,259	31,033	40,789	41,830	27,472	4,947
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	86,082	8,697	18,620	17,675	15,882	16,670	7,741	797
	MN	0	0	0	0	0	0	0	0
	Total	86,082	8,697	18,620	17,675	15,882	16,670	7,741	797
10. PARTICIPANT RATIO	CN	0.48	0.96	0.77	0.57	0.39	0.40	0.28	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.48	0.96	0.77	0.57	0.39	0.40	0.28	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	55,634	7,794	14,516	9,887	8,436	9,311	5,040	650
	MN	0	0	0	0	0	0	0	0
	Total	55,634	7,794	14,516	9,887	8,436	9,311	5,040	650
12a. Total Eligibles Receiving Any Dental Services	CN	99,375	216	7,140	19,409	28,743	27,297	14,894	1,676
	MN	0	0	0	0	0	0	0	0
	Total	99,375	216	7,140	19,409	28,743	27,297	14,894	1,676
12b. Total Eligibles Receiving Preventive Dental Services	CN	92,788	161	5,970	18,190	27,592	26,055	13,527	1,293
	MN	0	0	0	0	0	0	0	0
	Total	92,788	161	5,970	18,190	27,592	26,055	13,527	1,293
12c. Total Eligibles Receiving Dental Treatment Services	CN	45,479	8	732	7,327	15,282	13,099	8,005	1,026
	MN	0	0	0	0	0	0	0	0
	Total	45,479	8	732	7,327	15,282	13,099	8,005	1,026
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	20,218				8,948	11,270		
	MN	0				0	0		
	Total	20,218				8,948	11,270		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	97,909	214	7,129	19,207	28,374	26,851	14,537	1,597
	MN	0	0	0	0	0	0	0	0
	Total	97,909	214	7,129	19,207	28,374	26,851	14,537	1,597
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	99,375	216	7,140	19,409	28,743	27,297	14,894	1,676
	MN	0	0	0	0	0	0	0	0
	Total	99,375	216	7,140	19,409	28,743	27,297	14,894	1,676
13. Total Eligibles Enrolled in Managed Care	CN	197,677	9,410	24,645	34,532	44,848	45,897	30,400	7,945
	MN	0	0	0	0	0	0	0	0
	Total	197,677	9,410	24,645	34,532	44,848	45,897	30,400	7,945
14. Total Number of Screening Blood Lead Tests	CN	5,439	51	3,766	1,622				
	MN	0	0	0	0				
	Total	5,439	51	3,766	1,622				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	1,674,793	71,817	171,689	272,254	370,533	401,659	280,179	106,662
	MN	0	0	0	0	0	0	0	0
	Total	1,674,793	71,817	171,689	272,254	370,533	401,659	280,179	106,662
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,617,585	70,284	166,920	263,904	359,160	388,725	270,343	98,249
	MN	0	0	0	0	0	0	0	0
	Total	1,617,585	70,284	166,920	263,904	359,160	388,725	270,343	98,249
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	85,711	1	0	6,021	26,762	31,037	21,540	350
	MN	0	0	0	0	0	0	0	0
	Total	85,711	1	0	6,021	26,762	31,037	21,540	350
2a. State Periodicity Schedule			6	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	17,662,342	434,641	1,890,848	2,979,537	4,067,832	4,393,674	3,021,893	873,917
	MN	0	0	0	0	0	0	0	0
	Total	17,662,342	434,641	1,890,848	2,979,537	4,067,832	4,393,674	3,021,893	873,917
3b. Average Period of Eligibility	CN	0.91	0.52	0.94	0.94	0.94	0.94	0.93	0.74
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.52	0.94	0.94	0.94	0.94	0.93	0.74
4. Expected Number of Screenings per Eligible	CN		3.12	1.88	0.94	0.47	0.56	0.47	0.37
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.12	1.88	0.94	0.47	0.56	0.47	0.37
5. Expected Number of Screenings	CN	1,331,070	219,286	313,810	248,070	168,805	217,686	127,061	36,352
	MN	0	0	0	0	0	0	0	0
	Total	1,331,070	219,286	313,810	248,070	168,805	217,686	127,061	36,352
6. Total Screens Received	CN	1,564,705	273,537	361,176	286,467	193,965	290,475	137,668	21,417
	MN	0	0	0	0	0	0	0	0
	Total	1,564,705	273,537	361,176	286,467	193,965	290,475	137,668	21,417
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.59
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.59



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	1,035,178	70,284	166,920	248,070	168,805	217,686	127,061	36,352
	MN	0	0	0	0	0	0	0	0
	Total	1,035,178	70,284	166,920	248,070	168,805	217,686	127,061	36,352
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	799,153	59,167	128,793	171,393	137,209	186,152	95,022	21,417
	MN	0	0	0	0	0	0	0	0
	Total	799,153	59,167	128,793	171,393	137,209	186,152	95,022	21,417
10. PARTICIPANT RATIO	CN	0.77	0.84	0.77	0.69	0.81	0.86	0.75	0.59
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.77	0.84	0.77	0.69	0.81	0.86	0.75	0.59
11. Total Eligibles Referred for Corrective Treatment	CN	420,916	15,981	65,746	96,741	90,559	87,124	50,784	13,981
	MN	0	0	0	0	0	0	0	0
	Total	420,916	15,981	65,746	96,741	90,559	87,124	50,784	13,981
12a. Total Eligibles Receiving Any Dental Services	CN	846,520	2,339	54,331	177,853	251,237	235,578	115,806	9,376
	MN	0	0	0	0	0	0	0	0
	Total	846,520	2,339	54,331	177,853	251,237	235,578	115,806	9,376
12b. Total Eligibles Receiving Preventive Dental Services	CN	798,340	1,850	50,294	170,160	242,616	223,821	102,669	6,930
	MN	0	0	0	0	0	0	0	0
	Total	798,340	1,850	50,294	170,160	242,616	223,821	102,669	6,930
12c. Total Eligibles Receiving Dental Treatment Services	CN	318,185	39	3,929	49,969	102,222	98,592	58,363	5,071
	MN	0	0	0	0	0	0	0	0
	Total	318,185	39	3,929	49,969	102,222	98,592	58,363	5,071
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	145,367				79,075	66,292		
	MN	0				0	0		
	Total	145,367				79,075	66,292		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	815,484	2,311	53,388	173,676	243,428	225,821	108,288	8,572
	MN	0	0	0	0	0	0	0	0
	Total	815,484	2,311	53,388	173,676	243,428	225,821	108,288	8,572
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	23,601	4,056	18,850	595	45	40	14	1
	MN	0	0	0	0	0	0	0	0
	Total	23,601	4,056	18,850	595	45	40	14	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	865,091	6,314	68,597	178,162	251,242	235,587	115,812	9,377
	MN	0	0	0	0	0	0	0	0
	Total	865,091	6,314	68,597	178,162	251,242	235,587	115,812	9,377
13. Total Eligibles Enrolled in Managed Care	CN	247,445	9,969	29,203	44,404	55,736	54,532	35,257	18,344
	MN	0	0	0	0	0	0	0	0
	Total	247,445	9,969	29,203	44,404	55,736	54,532	35,257	18,344
14. Total Number of Screening Blood Lead Tests	CN	403,346	12,174	195,798	195,374				
	MN	0	0	0	0				
	Total	403,346	12,174	195,798	195,374				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	795,453	48,561	96,112	131,858	171,561	183,054	124,432	39,875
	MN	0	0	0	0	0	0	0	0
	Total	795,453	48,561	96,112	131,858	171,561	183,054	124,432	39,875
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	750,433	35,532	92,520	126,802	165,637	176,672	118,970	34,300
	MN	0	0	0	0	0	0	0	0
	Total	750,433	35,532	92,520	126,802	165,637	176,672	118,970	34,300
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	27,619	54	3,032	4,976	6,587	7,638	5,075	257
	MN	0	0	0	0	0	0	0	0
	Total	27,619	54	3,032	4,976	6,587	7,638	5,075	257
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	8,065,287	278,445	1,012,256	1,387,332	1,827,238	1,948,440	1,291,474	320,102
	MN	0	0	0	0	0	0	0	0
	Total	8,065,287	278,445	1,012,256	1,387,332	1,827,238	1,948,440	1,291,474	320,102
3b. Average Period of Eligibility	CN	0.90	0.65	0.91	0.91	0.92	0.92	0.90	0.78
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.65	0.91	0.91	0.92	0.92	0.90	0.78
4. Expected Number of Screenings per Eligible	CN		4.55	2.28	0.91	0.92	0.92	0.90	0.78
	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	0.90	0.78
5. Expected Number of Screenings	CN	936,758	161,671	210,946	115,390	152,386	162,538	107,073	26,754
	MN	0	0	0	0	0	0	0	0
	Total	936,758	161,671	210,946	115,390	152,386	162,538	107,073	26,754
6. Total Screens Received	CN	664,910	151,663	187,998	94,084	78,258	94,237	52,552	6,118
	MN	0	0	0	0	0	0	0	0
	Total	664,910	151,663	187,998	94,084	78,258	94,237	52,552	6,118
7. SCREENING RATIO	CN	0.71	0.94	0.89	0.82	0.51	0.58	0.49	0.23
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.71	0.94	0.89	0.82	0.51	0.58	0.49	0.23

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	692,193	35,532	92,520	115,390	152,386	162,538	107,073	26,754
	MN	0	0	0	0	0	0	0	0
	Total	692,193	35,532	92,520	115,390	152,386	162,538	107,073	26,754
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	377,801	33,496	73,197	76,179	68,268	78,260	43,091	5,310
	MN	0	0	0	0	0	0	0	0
	Total	377,801	33,496	73,197	76,179	68,268	78,260	43,091	5,310
10. PARTICIPANT RATIO	CN	0.55	0.94	0.79	0.66	0.45	0.48	0.40	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.55	0.94	0.79	0.66	0.45	0.48	0.40	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	373,578	33,460	72,667	75,094	67,349	77,215	42,554	5,239
	MN	0	0	0	0	0	0	0	0
	Total	373,578	33,460	72,667	75,094	67,349	77,215	42,554	5,239
12a. Total Eligibles Receiving Any Dental Services	CN	363,044	279	19,080	67,386	105,374	102,210	58,432	10,283
	MN	0	0	0	0	0	0	0	0
	Total	363,044	279	19,080	67,386	105,374	102,210	58,432	10,283
12b. Total Eligibles Receiving Preventive Dental Services	CN	340,031	51	16,240	63,351	101,525	98,202	52,780	7,882
	MN	0	0	0	0	0	0	0	0
	Total	340,031	51	16,240	63,351	101,525	98,202	52,780	7,882
12c. Total Eligibles Receiving Dental Treatment Services	CN	154,097	146	2,275	23,147	48,585	43,152	30,745	6,047
	MN	0	0	0	0	0	0	0	0
	Total	154,097	146	2,275	23,147	48,585	43,152	30,745	6,047
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	67,138				31,446	35,692		
	MN	0				0	0		
	Total	67,138				31,446	35,692		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	355,250	198	18,979	66,576	103,188	99,925	56,563	9,821
	MN	0	0	0	0	0	0	0	0
	Total	355,250	198	18,979	66,576	103,188	99,925	56,563	9,821
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	10,960	18	314	1,448	2,837	3,447	2,307	589
	MN	0	0	0	0	0	0	0	0
	Total	10,960	18	314	1,448	2,837	3,447	2,307	589
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	364,834	290	19,171	67,618	105,799	102,745	58,779	10,432
	MN	0	0	0	0	0	0	0	0
	Total	364,834	290	19,171	67,618	105,799	102,745	58,779	10,432
13. Total Eligibles Enrolled in Managed Care	CN	259,813	34,802	32,365	42,756	51,538	51,486	35,144	11,722
	MN	0	0	0	0	0	0	0	0
	Total	259,813	34,802	32,365	42,756	51,538	51,486	35,144	11,722
14. Total Number of Screening Blood Lead Tests	CN	40,539	896	27,335	12,308				
	MN	0	0	0	0				
	Total	40,539	896	27,335	12,308				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	336,922	21,796	41,494	55,390	72,591	72,923	50,793	21,935
	MN	160	0	6	8	3	12	24	107
	Total	337,082	21,796	41,500	55,398	72,594	72,935	50,817	22,042
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	311,566	16,916	38,917	52,241	68,592	68,789	47,314	18,797
	MN	87	0	0	0	2	4	8	73
	Total	311,653	16,916	38,917	52,241	68,594	68,793	47,322	18,870
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	18,643	231	105	7	6,751	6,923	4,557	69
	MN	0	0	0	0	0	0	0	0
	Total	18,643	231	105	7	6,751	6,923	4,557	69
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	3,023,425	115,446	373,263	519,071	692,475	699,717	469,574	153,879
	MN	750	0	0	0	18	24	48	660
	Total	3,024,175	115,446	373,263	519,071	692,493	699,741	469,622	154,539
3b. Average Period of Eligibility	CN	0.81	0.57	0.80	0.83	0.84	0.85	0.83	0.68
	MN	0.72	0.00	0.00	0.00	0.75	0.50	0.50	0.75
	Total	0.81	0.57	0.80	0.83	0.84	0.85	0.83	0.68
4. Expected Number of Screenings per Eligible	CN		3.42	1.60	0.83	0.42	0.51	0.42	0.34
	MN		0.00	0.00	0.00	0.38	0.30	0.25	0.38
	Total		3.42	1.60	0.83	0.42	0.51	0.42	0.34
5. Expected Number of Screenings	CN	253,634	57,853	62,267	43,360	28,809	35,082	19,872	6,391
	MN	32	0	0	0	1	1	2	28
	Total	253,666	57,853	62,267	43,360	28,810	35,083	19,874	6,419
6. Total Screens Received	CN	239,431	64,369	75,954	34,545	21,270	23,763	15,091	4,439
	MN	8	0	0	0	0	0	0	8
	Total	239,439	64,369	75,954	34,545	21,270	23,763	15,091	4,447
7. SCREENING RATIO	CN	0.94	1.00	1.00	0.80	0.74	0.68	0.76	0.69
	MN	0.25	0.00	0.00	0.00	0.00	0.00	0.00	0.29
	Total	0.94	1.00	1.00	0.80	0.74	0.68	0.76	0.69

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	189,347	16,916	38,917	43,360	28,809	35,082	19,872	6,391
	MN	32	0	0	0	1	1	2	28
	Total	189,379	16,916	38,917	43,360	28,810	35,083	19,874	6,419
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	132,066	15,278	29,957	30,031	19,447	21,673	12,831	2,849
	MN	6	0	0	0	0	0	0	6
	Total	132,072	15,278	29,957	30,031	19,447	21,673	12,831	2,855
10. PARTICIPANT RATIO	CN	0.70	0.90	0.77	0.69	0.68	0.62	0.65	0.45
	MN	0.19	0.00	0.00	0.00	0.00	0.00	0.00	0.21
	Total	0.70	0.90	0.77	0.69	0.68	0.62	0.65	0.44
11. Total Eligibles Referred for Corrective Treatment	CN	2,273	2,242	30	1	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	2,273	2,242	30	1	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	158,387	3,375	15,426	32,012	41,756	38,736	22,446	4,636
	MN	26	0	0	0	1	1	3	21
	Total	158,413	3,375	15,426	32,012	41,757	38,737	22,449	4,657
12b. Total Eligibles Receiving Preventive Dental Services	CN	146,001	2,720	13,835	30,544	39,693	36,179	19,556	3,474
	MN	19	0	0	0	1	1	1	16
	Total	146,020	2,720	13,835	30,544	39,694	36,180	19,557	3,490
12c. Total Eligibles Receiving Dental Treatment Services	CN	65,852	99	2,427	11,402	19,806	17,477	11,994	2,647
	MN	15	0	0	0	1	0	2	12
	Total	65,867	99	2,427	11,402	19,807	17,477	11,996	2,659
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	19,571				11,653	7,918		
	MN	0				0	0		
	Total	19,571				11,653	7,918		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	133,839	130	8,773	26,992	38,037	35,560	20,393	3,954
	MN	22	0	0	0	1	1	2	18
	Total	133,861	130	8,773	26,992	38,038	35,561	20,395	3,972
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,625	10	282	1,257	60	13	3	0
	MN	0	0	0	0	0	0	0	0
	Total	1,625	10	282	1,257	60	13	3	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	158,947	3,384	15,602	32,367	41,773	38,739	22,446	4,636
	MN	26	0	0	0	1	1	3	21
	Total	158,973	3,384	15,602	32,367	41,774	38,740	22,449	4,657
13. Total Eligibles Enrolled in Managed Care	CN	273,166	14,976	35,355	46,095	60,247	59,652	40,527	16,314
	MN	38	0	1	2	1	1	5	28
	Total	273,204	14,976	35,356	46,097	60,248	59,653	40,532	16,342
14. Total Number of Screening Blood Lead Tests	CN	27,759	94	16,892	10,773				
	MN	1	0	1	0				
	Total	27,760	94	16,893	10,773				



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	278,788	18,786	37,618	53,273	61,286	58,902	37,691	11,232
	MN	117	35	6	5	4	11	19	37
	Total	278,905	18,821	37,624	53,278	61,290	58,913	37,710	11,269
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	260,591	15,092	36,303	50,925	58,106	55,257	35,166	9,742
	MN	61	6	0	4	3	7	12	29
	Total	260,652	15,098	36,303	50,929	58,109	55,264	35,178	9,771
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	2,820,931	115,844	405,963	568,959	646,661	612,720	383,455	87,329
	MN	471	68	11	23	22	47	65	235
	Total	2,821,402	115,912	405,974	568,982	646,683	612,767	383,520	87,564
3b. Average Period of Eligibility	CN	0.90	0.64	0.93	0.93	0.93	0.92	0.91	0.75
	MN	0.64	0.94	0.00	0.48	0.61	0.56	0.45	0.68
	Total	0.90	0.64	0.93	0.93	0.93	0.92	0.91	0.75
4. Expected Number of Screenings per Eligible	CN		3.84	2.33	0.93	0.93	0.92	0.91	0.75
	MN		5.64	0.00	0.48	0.61	0.56	0.45	0.68
	Total		3.84	2.33	0.93	0.93	0.92	0.91	0.75
5. Expected Number of Screenings	CN	334,082	57,953	84,586	47,360	54,039	50,836	32,001	7,307
	MN	67	34	0	2	2	4	5	20
	Total	334,149	57,987	84,586	47,362	54,041	50,840	32,006	7,327
6. Total Screens Received	CN	272,641	69,585	74,286	41,159	29,525	30,130	20,022	7,934
	MN	38	19	3	2	2	2	4	6
	Total	272,679	69,604	74,289	41,161	29,527	30,132	20,026	7,940
7. SCREENING RATIO	CN	0.82	1.00	0.88	0.87	0.55	0.59	0.63	1.00
	MN	0.57	0.56	0.00	1.00	1.00	0.50	0.80	0.30
	Total	0.82	1.00	0.88	0.87	0.55	0.59	0.63	1.00

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	242,938	15,092	36,303	47,360	54,039	50,836	32,001	7,307
	MN	39	6	0	2	2	4	5	20
	Total	242,977	15,098	36,303	47,362	54,041	50,840	32,006	7,327
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	139,970	14,143	28,048	32,193	24,716	24,057	13,609	3,204
	MN	15	5	0	2	1	1	2	4
	Total	139,985	14,148	28,048	32,195	24,717	24,058	13,611	3,208
10. PARTICIPANT RATIO	CN	0.58	0.94	0.77	0.68	0.46	0.47	0.43	0.44
	MN	0.38	0.83	0.00	1.00	0.50	0.25	0.40	0.20
	Total	0.58	0.94	0.77	0.68	0.46	0.47	0.43	0.44
11. Total Eligibles Referred for Corrective Treatment	CN	81,066	12,434	18,087	15,026	13,642	13,419	7,558	900
	MN	4	2	0	0	1	0	0	1
	Total	81,070	12,436	18,087	15,026	13,643	13,419	7,558	901
12a. Total Eligibles Receiving Any Dental Services	CN	125,899	222	8,550	27,907	37,669	32,341	16,875	2,335
	MN	11	0	0	0	1	0	2	8
	Total	125,910	222	8,550	27,907	37,670	32,341	16,877	2,343
12b. Total Eligibles Receiving Preventive Dental Services	CN	119,181	147	7,469	26,448	36,417	31,264	15,554	1,882
	MN	11	0	0	0	1	0	2	8
	Total	119,192	147	7,469	26,448	36,418	31,264	15,556	1,890
12c. Total Eligibles Receiving Dental Treatment Services	CN	49,399	65	806	8,801	16,753	13,343	8,376	1,255
	MN	4	0	0	0	0	0	1	3
	Total	49,403	65	806	8,801	16,753	13,343	8,377	1,258
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	27,391				12,929	14,462		
	MN	0				0	0		
	Total	27,391				12,929	14,462		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	113,602	54	6,517	25,498	33,869	29,778	15,734	2,152
	MN	11	0	0	0	1	0	2	8
	Total	113,613	54	6,517	25,498	33,870	29,778	15,736	2,160
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	3,505	15	326	824	1,232	765	301	42
	MN	1	0	0	0	0	0	0	1
	Total	3,506	15	326	824	1,232	765	301	43
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	126,693	234	8,640	28,049	37,949	32,526	16,952	2,343
	MN	11	0	0	0	1	0	2	8
	Total	126,704	234	8,640	28,049	37,950	32,526	16,954	2,351
13. Total Eligibles Enrolled in Managed Care	CN	278,101	18,753	37,548	53,169	61,148	58,757	37,552	11,174
	MN	106	31	6	5	4	8	16	36
	Total	278,207	18,784	37,554	53,174	61,152	58,765	37,568	11,210
14. Total Number of Screening Blood Lead Tests	CN	26,504	292	18,083	8,129				
	MN	0	0	0	0				
	Total	26,504	292	18,083	8,129				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	544,292	33,658	64,664	89,563	117,004	126,393	89,067	23,943
	MN	32,250	874	3,497	6,119	7,695	7,389	5,784	892
	Total	576,542	34,532	68,161	95,682	124,699	133,782	94,851	24,835
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	506,959	24,504	61,175	85,410	111,519	120,669	84,194	19,488
	MN	31,223	695	3,543	5,964	7,518	7,196	5,581	726
	Total	538,182	25,199	64,718	91,374	119,037	127,865	89,775	20,214
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	4,897	0	240	525	1,298	1,607	1,221	6
	MN	22	0	0	0	2	9	11	0
	Total	4,919	0	240	525	1,300	1,616	1,232	6
2a. State Periodicity Schedule			5	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	5,007,593	173,179	604,665	868,500	1,127,858	1,240,623	840,286	152,482
	MN	323,563	4,558	35,011	62,538	79,617	77,727	58,457	5,655
	Total	5,331,156	177,737	639,676	931,038	1,207,475	1,318,350	898,743	158,137
3b. Average Period of Eligibility	CN	0.82	0.59	0.82	0.85	0.84	0.86	0.83	0.65
	MN	0.86	0.55	0.82	0.87	0.88	0.90	0.87	0.65
	Total	0.83	0.59	0.82	0.85	0.85	0.86	0.83	0.65
4. Expected Number of Screenings per Eligible	CN		2.95	1.64	0.85	0.42	0.86	0.83	0.65
	MN		2.75	1.64	0.87	0.44	0.90	0.87	0.65
	Total		2.95	1.64	0.85	0.43	0.86	0.83	0.65
5. Expected Number of Screenings	CN	478,374	72,287	100,327	72,599	46,838	103,775	69,881	12,667
	MN	28,022	1,911	5,811	5,189	3,308	6,476	4,855	472
	Total	506,396	74,198	106,138	77,788	50,146	110,251	74,736	13,139
6. Total Screens Received	CN	397,583	83,333	117,777	63,126	40,469	60,742	28,883	3,253
	MN	24,717	2,539	6,949	4,757	3,277	4,040	2,970	185
	Total	422,300	85,872	124,726	67,883	43,746	64,782	31,853	3,438
7. SCREENING RATIO	CN	0.83	1.00	1.00	0.87	0.86	0.59	0.41	0.26
	MN	0.88	1.00	1.00	0.92	0.99	0.62	0.61	0.39
	Total	0.83	1.00	1.00	0.87	0.87	0.59	0.43	0.26

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	391,439	24,504	61,175	72,599	46,838	103,775	69,881	12,667
	MN	24,538	695	3,543	5,189	3,308	6,476	4,855	472
	Total	415,977	25,199	64,718	77,788	50,146	110,251	74,736	13,139
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	223,433	22,055	46,009	49,088	32,965	47,995	22,710	2,611
	MN	14,789	633	2,779	3,554	2,552	3,070	2,061	140
	Total	238,222	22,688	48,788	52,642	35,517	51,065	24,771	2,751
10. PARTICIPANT RATIO	CN	0.57	0.90	0.75	0.68	0.70	0.46	0.32	0.21
	MN	0.60	0.91	0.78	0.68	0.77	0.47	0.42	0.30
	Total	0.57	0.90	0.75	0.68	0.71	0.46	0.33	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	83,202	11,577	21,730	16,614	9,901	14,369	8,008	1,003
	MN	6,225	376	1,476	1,305	893	1,120	989	66
	Total	89,427	11,953	23,206	17,919	10,794	15,489	8,997	1,069
12a. Total Eligibles Receiving Any Dental Services	CN	234,043	137	11,252	45,571	66,374	66,053	38,645	6,011
	MN	16,461	3	888	3,332	4,544	4,259	3,170	265
	Total	250,504	140	12,140	48,903	70,918	70,312	41,815	6,276
12b. Total Eligibles Receiving Preventive Dental Services	CN	205,100	45	9,061	40,817	60,723	58,791	31,576	4,087
	MN	14,656	1	718	3,039	4,187	3,852	2,675	184
	Total	219,756	46	9,779	43,856	64,910	62,643	34,251	4,271
12c. Total Eligibles Receiving Dental Treatment Services	CN	103,527	33	1,214	14,236	29,999	31,701	22,615	3,729
	MN	6,947	0	77	928	1,970	2,014	1,800	158
	Total	110,474	33	1,291	15,164	31,969	33,715	24,415	3,887
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,892				15,443	11,449		
	MN	1,807				1,029	778		
	Total	28,699				16,472	12,227		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	219,738	126	11,111	44,063	62,681	61,068	35,219	5,470
	MN	15,569	3	876	3,228	4,311	3,981	2,934	236
	Total	235,307	129	11,987	47,291	66,992	65,049	38,153	5,706
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	212	0	5	37	61	62	30	17
	MN	23	0	0	3	6	10	2	2
	Total	235	0	5	40	67	72	32	19
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	234,043	137	11,252	45,571	66,374	66,053	38,645	6,011
	MN	16,461	3	888	3,332	4,544	4,259	3,170	265
	Total	250,504	140	12,140	48,903	70,918	70,312	41,815	6,276
13. Total Eligibles Enrolled in Managed Care	CN	506,904	24,498	61,161	85,403	111,513	120,663	84,185	19,481
	MN	31,220	695	3,541	5,964	7,518	7,196	5,580	726
	Total	538,124	25,193	64,702	91,367	119,031	127,859	89,765	20,207
14. Total Number of Screening Blood Lead Tests	CN	32,444	455	21,819	10,170				
	MN	2,156	19	1,391	746				
	Total	34,600	474	23,210	10,916				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	820,425	45,279	89,722	132,474	175,863	193,301	138,659	45,127
	MN	274	13	24	32	57	46	39	63
	Total	820,699	45,292	89,746	132,506	175,920	193,347	138,698	45,190
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	793,580	36,893	87,971	130,161	172,628	190,053	136,243	39,631
	MN	225	9	15	26	53	40	29	53
	Total	793,805	36,902	87,986	130,187	172,681	190,093	136,272	39,684
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	131,413	253	6,049	12,542	29,478	41,871	33,825	7,395
	MN	5	0	0	0	0	1	2	2
	Total	131,418	253	6,049	12,542	29,478	41,872	33,827	7,397
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	9,047,826	277,402	1,020,063	1,520,223	2,019,222	2,228,956	1,592,500	389,460
	MN	2,191	28	162	288	581	444	226	462
	Total	9,050,017	277,430	1,020,225	1,520,511	2,019,803	2,229,400	1,592,726	389,922
3b. Average Period of Eligibility	CN	0.95	0.63	0.97	0.97	0.97	0.98	0.97	0.82
	MN	0.81	0.26	0.90	0.92	0.91	0.93	0.65	0.73
	Total	0.95	0.63	0.97	0.97	0.97	0.98	0.97	0.82
4. Expected Number of Screenings per Eligible	CN		3.78	1.94	0.97	0.49	0.59	0.49	0.41
	MN		1.56	1.80	0.92	0.46	0.56	0.33	0.37
	Total		3.78	1.94	0.97	0.49	0.59	0.49	0.41
5. Expected Number of Screenings	CN	716,103	139,456	170,664	126,256	84,588	112,131	66,759	16,249
	MN	141	14	27	24	24	22	10	20
	Total	716,244	139,470	170,691	126,280	84,612	112,153	66,769	16,269
6. Total Screens Received	CN	725,606	150,034	189,212	108,421	86,341	115,813	68,996	6,789
	MN	121	3	28	26	22	21	14	7
	Total	725,727	150,037	189,240	108,447	86,363	115,834	69,010	6,796
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.86	1.00	1.00	1.00	0.42
	MN	0.86	0.21	1.00	1.00	0.92	0.95	1.00	0.35
	Total	1.00	1.00	1.00	0.86	1.00	1.00	1.00	0.42

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	530,847	36,893	87,971	126,256	84,588	112,131	66,759	16,249
	MN	124	9	15	24	24	22	10	20
	Total	530,971	36,902	87,986	126,280	84,612	112,153	66,769	16,269
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	394,693	34,895	70,864	79,504	68,716	85,368	50,104	5,242
	MN	75	1	13	18	18	12	8	5
	Total	394,768	34,896	70,877	79,522	68,734	85,380	50,112	5,247
10. PARTICIPANT RATIO	CN	0.74	0.95	0.81	0.63	0.81	0.76	0.75	0.32
	MN	0.60	0.11	0.87	0.75	0.75	0.55	0.80	0.25
	Total	0.74	0.95	0.81	0.63	0.81	0.76	0.75	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	150,742	22,624	24,136	25,438	24,503	30,865	20,773	2,403
	MN	34	0	5	6	11	4	4	4
	Total	150,776	22,624	24,141	25,444	24,514	30,869	20,777	2,407
12a. Total Eligibles Receiving Any Dental Services	CN	384,092	227	23,807	74,942	106,439	104,950	63,623	10,104
	MN	109	0	5	16	30	25	12	21
	Total	384,201	227	23,812	74,958	106,469	104,975	63,635	10,125
12b. Total Eligibles Receiving Preventive Dental Services	CN	362,339	144	22,345	71,861	102,005	100,193	57,516	8,275
	MN	99	0	4	16	29	25	11	14
	Total	362,438	144	22,349	71,877	102,034	100,218	57,527	8,289
12c. Total Eligibles Receiving Dental Treatment Services	CN	176,734	19	2,574	26,082	54,812	50,702	36,379	6,166
	MN	52	0	2	5	16	12	3	14
	Total	176,786	19	2,576	26,087	54,828	50,714	36,382	6,180
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	37,408				24,392	13,016		
	MN	10				7	3		
	Total	37,418				24,399	13,019		



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	366,339	215	23,345	72,446	101,745	100,533	59,232	8,823
	MN	102	0	5	16	29	24	12	16
	Total	366,441	215	23,350	72,462	101,774	100,557	59,244	8,839
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,610	0	295	1,054	206	41	12	2
	MN	0	0	0	0	0	0	0	0
	Total	1,610	0	295	1,054	206	41	12	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	384,092	227	23,807	74,942	106,439	104,950	63,623	10,104
	MN	109	0	5	16	30	25	12	21
	Total	384,201	227	23,812	74,958	106,469	104,975	63,635	10,125
13. Total Eligibles Enrolled in Managed Care	CN	778,024	36,100	87,028	127,993	170,158	186,357	132,971	37,417
	MN	216	0	22	30	49	37	32	46
	Total	778,240	36,100	87,050	128,023	170,207	186,394	133,003	37,463
14. Total Number of Screening Blood Lead Tests	CN	64,102	314	42,503	21,285				
	MN	7	0	4	3				
	Total	64,109	314	42,507	21,288				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	149,884	14,364	14,586	21,969	29,520	33,281	25,078	11,086
	MN	324	12	20	38	58	75	73	48
	Total	150,208	14,376	14,606	22,007	29,578	33,356	25,151	11,134
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	144,929	12,928	14,208	21,415	28,787	32,550	24,446	10,595
	MN	312	12	20	36	55	72	72	45
	Total	145,241	12,940	14,228	21,451	28,842	32,622	24,518	10,640
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	10,025	202	534	1,029	2,198	3,141	2,489	432
	MN	38	1	2	5	9	11	10	0
	Total	10,063	203	536	1,034	2,207	3,152	2,499	432
2a. State Periodicity Schedule			6	5	3	3	1	1	1
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	0.75	0.20	0.25	0.50
3a. Total Months of Eligibility	CN	1,586,619	121,907	156,828	238,512	323,242	366,391	270,748	108,991
	MN	1,162	44	84	136	170	240	245	243
	Total	1,587,781	121,951	156,912	238,648	323,412	366,631	270,993	109,234
3b. Average Period of Eligibility	CN	0.91	0.79	0.92	0.93	0.94	0.94	0.92	0.86
	MN	0.31	0.31	0.35	0.31	0.26	0.28	0.28	0.45
	Total	0.91	0.79	0.92	0.93	0.93	0.94	0.92	0.86
4. Expected Number of Screenings per Eligible	CN		4.74	2.30	0.93	0.71	0.19	0.23	0.43
	MN		1.86	0.88	0.31	0.20	0.06	0.07	0.23
	Total		4.74	2.30	0.93	0.70	0.19	0.23	0.43
5. Expected Number of Screenings	CN	150,676	61,279	32,678	19,916	20,439	6,185	5,623	4,556
	MN	81	22	18	11	11	4	5	10
	Total	150,757	61,301	32,696	19,927	20,450	6,189	5,628	4,566
6. Total Screens Received	CN	173,749	57,923	41,724	19,024	18,927	21,072	12,479	2,600
	MN	96	14	27	13	12	12	17	1
	Total	173,845	57,937	41,751	19,037	18,939	21,084	12,496	2,601
7. SCREENING RATIO	CN	1.00	0.95	1.00	0.96	0.93	1.00	1.00	0.57
	MN	1.00	0.64	1.00	1.00	1.00	1.00	1.00	0.10
	Total	1.00	0.95	1.00	0.96	0.93	1.00	1.00	0.57

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	83,855	12,928	14,208	19,916	20,439	6,185	5,623	4,556
	MN	71	12	18	11	11	4	5	10
	Total	83,926	12,940	14,226	19,927	20,450	6,189	5,628	4,566
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	78,155	12,021	12,261	13,515	13,894	15,451	9,066	1,947
	MN	62	8	15	8	9	11	10	1
	Total	78,217	12,029	12,276	13,523	13,903	15,462	9,076	1,948
10. PARTICIPANT RATIO	CN	0.93	0.93	0.86	0.68	0.68	1.00	1.00	0.43
	MN	0.87	0.67	0.83	0.73	0.82	1.00	1.00	0.10
	Total	0.93	0.93	0.86	0.68	0.68	1.00	1.00	0.43
11. Total Eligibles Referred for Corrective Treatment	CN	56,891	10,723	9,911	8,143	9,193	10,600	6,782	1,539
	MN	30	5	8	4	3	8	2	0
	Total	56,921	10,728	9,919	8,147	9,196	10,608	6,784	1,539
12a. Total Eligibles Receiving Any Dental Services	CN	58,654	1,101	2,607	9,188	15,802	16,769	10,416	2,771
	MN	68	0	0	9	19	17	17	6
	Total	58,722	1,101	2,607	9,197	15,821	16,786	10,433	2,777
12b. Total Eligibles Receiving Preventive Dental Services	CN	53,306	970	2,375	8,605	14,860	15,350	9,015	2,131
	MN	56	0	0	9	17	13	13	4
	Total	53,362	970	2,375	8,614	14,877	15,363	9,028	2,135
12c. Total Eligibles Receiving Dental Treatment Services	CN	23,393	50	218	2,714	6,365	7,287	5,221	1,538
	MN	16	0	0	0	3	5	6	2
	Total	23,409	50	218	2,714	6,368	7,292	5,227	1,540
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,143				4,261	3,882		
	MN	8				6	2		
	Total	8,151				4,267	3,884		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	46,691	588	1,803	7,624	12,176	13,397	8,679	2,424
	MN	53	0	0	7	12	13	15	6
	Total	46,744	588	1,803	7,631	12,188	13,410	8,694	2,430
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	25,687	2,773	4,820	4,703	4,900	4,813	2,896	782
	MN	23	2	4	4	2	6	4	1
	Total	25,710	2,775	4,824	4,707	4,902	4,819	2,900	783
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	77,468	3,613	6,583	12,202	18,963	20,242	12,516	3,349
	MN	86	2	4	13	20	20	21	6
	Total	77,554	3,615	6,587	12,215	18,983	20,262	12,537	3,355
13. Total Eligibles Enrolled in Managed Care	CN	118,464	11,638	12,995	18,456	23,522	25,619	18,441	7,793
	MN	183	8	13	26	44	46	45	1
	Total	118,647	11,646	13,008	18,482	23,566	25,665	18,486	7,794
14. Total Number of Screening Blood Lead Tests	CN	4,549	1,507	2,665	377				
	MN	2	1	1	0				
	Total	4,551	1,508	2,666	377				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	693,427	38,761	79,697	116,523	148,931	153,506	108,232	47,777
	MN	498	5	20	35	40	76	103	219
	Total	693,925	38,766	79,717	116,558	148,971	153,582	108,335	47,996
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	667,095	31,373	77,400	113,565	145,108	149,503	105,107	45,039
	MN	402	2	20	31	40	55	78	176
	Total	667,497	31,375	77,420	113,596	145,148	149,558	105,185	45,215
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	149,861	328	8,368	15,376	40,761	46,851	33,134	5,043
	MN	0	0	0	0	0	0	0	0
	Total	149,861	328	8,368	15,376	40,761	46,851	33,134	5,043
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	7,378,416	229,517	871,194	1,287,205	1,653,035	1,696,061	1,176,747	464,657
	MN	3,284	11	164	259	305	481	702	1,362
	Total	7,381,700	229,528	871,358	1,287,464	1,653,340	1,696,542	1,177,449	466,019
3b. Average Period of Eligibility	CN	0.92	0.61	0.94	0.94	0.95	0.95	0.93	0.86
	MN	0.68	0.46	0.68	0.70	0.64	0.73	0.75	0.64
	Total	0.92	0.61	0.94	0.94	0.95	0.95	0.93	0.86
4. Expected Number of Screenings per Eligible	CN		3.66	1.88	0.94	0.95	0.95	0.93	0.86
	MN		2.76	1.36	0.70	0.64	0.73	0.75	0.64
	Total		3.66	1.88	0.94	0.95	0.95	0.93	0.86
5. Expected Number of Screenings	CN	783,453	114,825	145,512	106,751	137,853	142,028	97,750	38,734
	MN	293	6	27	22	26	40	59	113
	Total	783,746	114,831	145,539	106,773	137,879	142,068	97,809	38,847
6. Total Screens Received	CN	751,926	138,592	199,423	109,811	105,171	112,167	68,674	18,088
	MN	158	2	19	18	21	26	24	48
	Total	752,084	138,594	199,442	109,829	105,192	112,193	68,698	18,136
7. SCREENING RATIO	CN	0.96	1.00	1.00	1.00	0.76	0.79	0.70	0.47
	MN	0.54	0.33	0.70	0.82	0.81	0.65	0.41	0.42
	Total	0.96	1.00	1.00	1.00	0.76	0.79	0.70	0.47

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	631,889	31,373	77,400	106,751	137,853	142,028	97,750	38,734
	MN	282	2	20	22	26	40	59	113
	Total	632,171	31,375	77,420	106,773	137,879	142,068	97,809	38,847
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	410,485	28,842	66,033	82,405	82,436	86,126	51,207	13,436
	MN	116	2	8	13	14	21	18	40
	Total	410,601	28,844	66,041	82,418	82,450	86,147	51,225	13,476
10. PARTICIPANT RATIO	CN	0.65	0.92	0.85	0.77	0.60	0.61	0.52	0.35
	MN	0.41	1.00	0.40	0.59	0.54	0.53	0.31	0.35
	Total	0.65	0.92	0.85	0.77	0.60	0.61	0.52	0.35
11. Total Eligibles Referred for Corrective Treatment	CN	404,064	28,103	65,726	81,643	81,582	84,846	49,609	12,555
	MN	104	2	8	13	13	19	17	32
	Total	404,168	28,105	65,734	81,656	81,595	84,865	49,626	12,587
12a. Total Eligibles Receiving Any Dental Services	CN	378,060	315	24,773	72,679	103,503	98,258	60,073	18,459
	MN	142	0	4	12	23	29	32	42
	Total	378,202	315	24,777	72,691	103,526	98,287	60,105	18,501
12b. Total Eligibles Receiving Preventive Dental Services	CN	336,874	133	20,881	67,372	95,379	89,682	49,868	13,559
	MN	111	0	4	10	21	26	22	28
	Total	336,985	133	20,885	67,382	95,400	89,708	49,890	13,587
12c. Total Eligibles Receiving Dental Treatment Services	CN	153,282	14	1,426	20,362	45,646	44,880	30,952	10,002
	MN	71	0	0	5	11	17	19	19
	Total	153,353	14	1,426	20,367	45,657	44,897	30,971	10,021
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	62,748				28,282	34,466		
	MN	14				4	10		
	Total	62,762				28,286	34,476		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	341,731	196	22,623	68,055	95,455	89,508	51,048	14,846
	MN	118	0	4	11	21	26	24	32
	Total	341,849	196	22,627	68,066	95,476	89,534	51,072	14,878
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	17,753	742	14,792	2,219	0	0	0	0
	MN	2	0	2	0	0	0	0	0
	Total	17,755	742	14,794	2,219	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	389,494	1,033	34,550	73,618	103,503	98,258	60,073	18,459
	MN	143	0	5	12	23	29	32	42
	Total	389,637	1,033	34,555	73,630	103,526	98,287	60,105	18,501
13. Total Eligibles Enrolled in Managed Care	CN	673,607	36,228	78,265	114,122	145,776	149,406	104,488	45,322
	MN	320	2	19	24	29	45	68	133
	Total	673,927	36,230	78,284	114,146	145,805	149,451	104,556	45,455
14. Total Number of Screening Blood Lead Tests	CN	68,963	1,398	43,523	24,042				
	MN	3	0	2	1				
	Total	68,966	1,398	43,525	24,043				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	664,085	37,765	73,515	103,081	132,907	144,606	112,646	59,565
	MN	0	0	0	0	0	0	0	0
	Total	664,085	37,765	73,515	103,081	132,907	144,606	112,646	59,565
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	615,378	29,022	68,000	96,861	124,955	136,299	104,879	55,362
	MN	0	0	0	0	0	0	0	0
	Total	615,378	29,022	68,000	96,861	124,955	136,299	104,879	55,362
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	301,774	14,607	34,051	47,459	65,758	71,361	54,290	14,248
	MN	0	0	0	0	0	0	0	0
	Total	301,774	14,607	34,051	47,459	65,758	71,361	54,290	14,248
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	6,536,853	212,299	731,691	1,049,806	1,367,815	1,491,170	1,133,641	550,431
	MN	0	0	0	0	0	0	0	0
	Total	6,536,853	212,299	731,691	1,049,806	1,367,815	1,491,170	1,133,641	550,431
3b. Average Period of Eligibility	CN	0.89	0.61	0.90	0.90	0.91	0.91	0.90	0.83
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.61	0.90	0.90	0.91	0.91	0.90	0.83
4. Expected Number of Screenings per Eligible	CN		3.66	1.80	0.90	0.91	0.91	0.90	0.83
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	1.80	0.90	0.91	0.91	0.90	0.83
5. Expected Number of Screenings	CN	693,878	106,221	122,400	87,175	113,709	124,032	94,391	45,950
	MN	0	0	0	0	0	0	0	0
	Total	693,878	106,221	122,400	87,175	113,709	124,032	94,391	45,950
6. Total Screens Received	CN	844,278	129,914	212,171	122,059	122,188	127,201	95,055	35,690
	MN	0	0	0	0	0	0	0	0
	Total	844,278	129,914	212,171	122,059	122,188	127,201	95,055	35,690
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.78
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.78



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	562,279	29,022	68,000	87,175	113,709	124,032	94,391	45,950
	MN	0	0	0	0	0	0	0	0
	Total	562,279	29,022	68,000	87,175	113,709	124,032	94,391	45,950
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	394,905	20,924	57,024	71,184	81,549	85,839	58,467	19,918
	MN	0	0	0	0	0	0	0	0
	Total	394,905	20,924	57,024	71,184	81,549	85,839	58,467	19,918
10. PARTICIPANT RATIO	CN	0.70	0.72	0.84	0.82	0.72	0.69	0.62	0.43
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	0.72	0.84	0.82	0.72	0.69	0.62	0.43
11. Total Eligibles Referred for Corrective Treatment	CN	325,892	11,328	42,631	56,183	71,015	71,237	50,796	22,702
	MN	0	0	0	0	0	0	0	0
	Total	325,892	11,328	42,631	56,183	71,015	71,237	50,796	22,702
12a. Total Eligibles Receiving Any Dental Services	CN	334,517	286	18,826	58,361	87,086	90,290	58,968	20,700
	MN	0	0	0	0	0	0	0	0
	Total	334,517	286	18,826	58,361	87,086	90,290	58,968	20,700
12b. Total Eligibles Receiving Preventive Dental Services	CN	310,386	189	17,397	56,711	83,921	83,768	51,298	17,102
	MN	0	0	0	0	0	0	0	0
	Total	310,386	189	17,397	56,711	83,921	83,768	51,298	17,102
12c. Total Eligibles Receiving Dental Treatment Services	CN	176,437	55	2,516	19,457	46,484	54,790	39,194	13,941
	MN	0	0	0	0	0	0	0	0
	Total	176,437	55	2,516	19,457	46,484	54,790	39,194	13,941
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	57,901				29,774	28,127		
	MN	0				0	0		
	Total	57,901				29,774	28,127		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	310,484	256	18,254	56,386	82,476	82,884	52,015	18,213
	MN	0	0	0	0	0	0	0	0
	Total	310,484	256	18,254	56,386	82,476	82,884	52,015	18,213
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	31,511	768	8,985	7,740	6,992	4,935	1,883	208
	MN	0	0	0	0	0	0	0	0
	Total	31,511	768	8,985	7,740	6,992	4,935	1,883	208
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	348,736	1,034	24,999	61,238	89,069	91,866	59,730	20,800
	MN	0	0	0	0	0	0	0	0
	Total	348,736	1,034	24,999	61,238	89,069	91,866	59,730	20,800
13. Total Eligibles Enrolled in Managed Care	CN	474,739	13,230	57,497	79,721	101,503	106,099	77,668	39,021
	MN	0	0	0	0	0	0	0	0
	Total	474,739	13,230	57,497	79,721	101,503	106,099	77,668	39,021
14. Total Number of Screening Blood Lead Tests	CN	85,209	4,119	42,049	39,041				
	MN	0	0	0	0				
	Total	85,209	4,119	42,049	39,041				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	1,213,133	69,801	138,523	193,921	250,609	282,914	210,625	66,740
	MN	21,324	1,208	192	237	353	475	846	18,013
	Total	1,234,457	71,009	138,715	194,158	250,962	283,389	211,471	84,753
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,149,856	56,739	132,192	186,195	241,202	272,165	200,880	60,483
	MN	16,520	611	79	108	152	210	500	14,860
	Total	1,166,376	57,350	132,271	186,303	241,354	272,375	201,380	75,343
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	20,003	0	0	0	2	2	18,762	1,237
	MN	0	0	0	0	0	0	0	0
	Total	20,003	0	0	0	2	2	18,762	1,237
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	12,377,283	413,246	1,448,901	2,054,927	2,677,370	3,019,924	2,190,089	572,826
	MN	107,337	2,987	373	524	700	1,040	2,459	99,254
	Total	12,484,620	416,233	1,449,274	2,055,451	2,678,070	3,020,964	2,192,548	672,080
3b. Average Period of Eligibility	CN	0.90	0.61	0.91	0.92	0.93	0.92	0.91	0.79
	MN	0.54	0.41	0.39	0.40	0.38	0.41	0.41	0.56
	Total	0.89	0.60	0.91	0.92	0.92	0.92	0.91	0.74
4. Expected Number of Screenings per Eligible	CN		4.27	1.82	1.22	0.93	0.92	0.91	0.79
	MN		2.87	0.78	0.53	0.38	0.41	0.41	0.56
	Total		4.20	1.82	1.22	0.92	0.92	0.91	0.74
5. Expected Number of Screenings	CN	1,415,316	242,276	240,589	227,158	224,318	250,392	182,801	47,782
	MN	10,544	1,754	62	57	58	86	205	8,322
	Total	1,425,860	244,030	240,651	227,215	224,376	250,478	183,006	56,104
6. Total Screens Received	CN	1,002,343	239,919	271,869	141,210	115,235	136,052	83,863	14,195
	MN	5,335	1,890	32	25	16	40	36	3,296
	Total	1,007,678	241,809	271,901	141,235	115,251	136,092	83,899	17,491
7. SCREENING RATIO	CN	0.71	0.99	1.00	0.62	0.51	0.54	0.46	0.30
	MN	0.51	1.00	0.52	0.44	0.28	0.47	0.18	0.40
	Total	0.71	0.99	1.00	0.62	0.51	0.54	0.46	0.31

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	1,080,419	56,739	132,192	186,195	224,318	250,392	182,801	47,782
	MN	9,401	611	62	57	58	86	205	8,322
	Total	1,089,820	57,350	132,254	186,252	224,376	250,478	183,006	56,104
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	556,793	52,263	101,955	111,190	97,257	113,321	69,174	11,633
	MN	3,371	519	17	21	14	34	34	2,732
	Total	560,164	52,782	101,972	111,211	97,271	113,355	69,208	14,365
10. PARTICIPANT RATIO	CN	0.52	0.92	0.77	0.60	0.43	0.45	0.38	0.24
	MN	0.36	0.85	0.27	0.37	0.24	0.40	0.17	0.33
	Total	0.51	0.92	0.77	0.60	0.43	0.45	0.38	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	453,485	446	13,889	81,021	132,508	131,085	78,909	15,627
	MN	3,513	0	0	8	12	17	62	3,414
	Total	456,998	446	13,889	81,029	132,520	131,102	78,971	19,041
12b. Total Eligibles Receiving Preventive Dental Services	CN	444,446	443	13,842	80,142	130,342	128,443	76,288	14,946
	MN	3,388	0	0	8	12	17	58	3,293
	Total	447,834	443	13,842	80,150	130,354	128,460	76,346	18,239
12c. Total Eligibles Receiving Dental Treatment Services	CN	235,872	14	2,519	32,519	73,043	73,657	45,258	8,862
	MN	2,124	0	0	4	2	4	28	2,086
	Total	237,996	14	2,519	32,523	73,045	73,661	45,286	10,948
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	56,130				31,560	24,570		
	MN	4				2	2		
	Total	56,134				31,562	24,572		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	416,993	193	11,361	75,010	122,684	121,306	72,380	14,059
	MN	3,198	0	0	5	9	16	58	3,110
	Total	420,191	193	11,361	75,015	122,693	121,322	72,438	17,169
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,253	83	997	123	33	16	1	0
	MN	2	0	2	0	0	0	0	0
	Total	1,255	83	999	123	33	16	1	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	454,538	528	14,769	81,108	132,511	131,085	78,910	15,627
	MN	3,515	0	2	8	12	17	62	3,414
	Total	458,053	528	14,771	81,116	132,523	131,102	78,972	19,041
13. Total Eligibles Enrolled in Managed Care	CN	1,048,998	50,879	125,952	173,713	222,068	245,950	177,888	52,548
	MN	14,458	507	51	49	70	84	394	13,303
	Total	1,063,456	51,386	126,003	173,762	222,138	246,034	178,282	65,851
14. Total Number of Screening Blood Lead Tests	CN	120,129	2,478	74,508	43,143				
	MN	34	2	18	14				
	Total	120,163	2,480	74,526	43,157				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	516,753	31,842	64,429	84,147	110,360	116,004	78,676	31,295
	MN	17,465	481	923	2,416	2,504	2,716	3,083	5,342
	Total	534,218	32,323	65,352	86,563	112,864	118,720	81,759	36,637
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	487,345	25,679	60,946	79,786	105,433	111,179	75,349	28,973
	MN	15,988	410	842	2,286	2,352	2,555	2,788	4,755
	Total	503,333	26,089	61,788	82,072	107,785	113,734	78,137	33,728
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	73	11	62	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	73	11	62	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	5,165,069	185,439	658,446	852,095	1,148,596	1,215,539	814,120	290,834
	MN	155,493	4,089	8,573	24,111	24,605	26,371	26,395	41,349
	Total	5,320,562	189,528	667,019	876,206	1,173,201	1,241,910	840,515	332,183
3b. Average Period of Eligibility	CN	0.88	0.60	0.90	0.89	0.91	0.91	0.90	0.84
	MN	0.81	0.83	0.85	0.88	0.87	0.86	0.79	0.72
	Total	0.88	0.61	0.90	0.89	0.91	0.91	0.90	0.82
4. Expected Number of Screenings per Eligible	CN		3.00	1.80	0.89	0.46	0.55	0.45	0.42
	MN		4.15	1.70	0.88	0.44	0.52	0.40	0.36
	Total		3.05	1.80	0.89	0.46	0.55	0.45	0.41
5. Expected Number of Screenings	CN	413,473	77,037	109,703	71,010	48,499	61,148	33,907	12,169
	MN	10,336	1,702	1,431	2,012	1,035	1,329	1,115	1,712
	Total	423,809	78,739	111,134	73,022	49,534	62,477	35,022	13,881
6. Total Screens Received	CN	373,811	94,854	113,742	53,609	38,568	45,246	22,587	5,205
	MN	8,509	1,932	1,283	1,584	926	1,047	864	873
	Total	382,320	96,786	115,025	55,193	39,494	46,293	23,451	6,078
7. SCREENING RATIO	CN	0.90	1.00	1.00	0.75	0.80	0.74	0.67	0.43
	MN	0.82	1.00	0.90	0.79	0.89	0.79	0.77	0.51
	Total	0.90	1.00	1.00	0.76	0.80	0.74	0.67	0.44

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	313,358	25,679	60,946	71,010	48,499	61,148	33,907	12,169
	MN	8,455	410	842	2,012	1,035	1,329	1,115	1,712
	Total	321,813	26,089	61,788	73,022	49,534	62,477	35,022	13,881
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	226,391	23,650	47,956	49,374	36,810	42,580	21,145	4,876
	MN	6,023	387	655	1,473	889	994	800	825
	Total	232,414	24,037	48,611	50,847	37,699	43,574	21,945	5,701
10. PARTICIPANT RATIO	CN	0.72	0.92	0.79	0.70	0.76	0.70	0.62	0.40
	MN	0.71	0.94	0.78	0.73	0.86	0.75	0.72	0.48
	Total	0.72	0.92	0.79	0.70	0.76	0.70	0.63	0.41
11. Total Eligibles Referred for Corrective Treatment	CN	12,212	1,276	2,261	2,525	2,207	2,661	1,142	140
	MN	196	12	24	53	28	37	29	13
	Total	12,408	1,288	2,285	2,578	2,235	2,698	1,171	153
12a. Total Eligibles Receiving Any Dental Services	CN	196,291	146	7,751	34,885	55,844	56,625	32,215	8,825
	MN	6,234	4	127	990	1,315	1,331	1,086	1,381
	Total	202,525	150	7,878	35,875	57,159	57,956	33,301	10,206
12b. Total Eligibles Receiving Preventive Dental Services	CN	176,130	99	6,066	31,979	52,041	51,971	27,454	6,520
	MN	5,437	3	100	887	1,250	1,236	912	1,049
	Total	181,567	102	6,166	32,866	53,291	53,207	28,366	7,569
12c. Total Eligibles Receiving Dental Treatment Services	CN	82,258	2	845	11,291	25,378	23,902	15,939	4,901
	MN	2,738	0	19	254	630	554	533	748
	Total	84,996	2	864	11,545	26,008	24,456	16,472	5,649
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	27,719				15,322	12,397		
	MN	705				401	304		
	Total	28,424				15,723	12,701		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	180,617	88	6,879	32,406	51,446	52,318	29,406	8,074
	MN	5,838	3	122	941	1,254	1,247	984	1,287
	Total	186,455	91	7,001	33,347	52,700	53,565	30,390	9,361
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	23,821	359	11,242	8,580	1,934	1,255	398	53
	MN	447	13	143	243	28	9	11	0
	Total	24,268	372	11,385	8,823	1,962	1,264	409	53
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	212,077	502	17,273	39,326	56,661	57,094	32,378	8,843
	MN	6,512	16	239	1,121	1,329	1,336	1,090	1,381
	Total	218,589	518	17,512	40,447	57,990	58,430	33,468	10,224
13. Total Eligibles Enrolled in Managed Care	CN	429,311	25,155	56,063	71,645	92,588	94,554	63,577	25,729
	MN	15,162	394	824	2,145	2,241	2,418	2,435	4,705
	Total	444,473	25,549	56,887	73,790	94,829	96,972	66,012	30,434
14. Total Number of Screening Blood Lead Tests	CN	40,675	1,610	31,491	7,574				
	MN	651	73	390	188				
	Total	41,326	1,683	31,881	7,762				



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	425,105	28,342	54,465	77,189	96,997	93,229	60,963	13,920
	MN	0	0	0	0	0	0	0	0
	Total	425,105	28,342	54,465	77,189	96,997	93,229	60,963	13,920
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	400,524	23,019	51,837	74,044	92,896	89,313	58,410	11,005
	MN	0	0	0	0	0	0	0	0
	Total	400,524	23,019	51,837	74,044	92,896	89,313	58,410	11,005
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	4,524,632	175,434	605,659	856,262	1,074,240	1,033,226	674,911	104,900
	MN	0	0	0	0	0	0	0	0
	Total	4,524,632	175,434	605,659	856,262	1,074,240	1,033,226	674,911	104,900
3b. Average Period of Eligibility	CN	0.94	0.64	0.97	0.96	0.96	0.96	0.96	0.79
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.94	0.64	0.97	0.96	0.96	0.96	0.96	0.79
4. Expected Number of Screenings per Eligible	CN		3.20	1.46	0.96	0.96	0.96	0.96	0.79
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.20	1.46	0.96	0.96	0.96	0.96	0.79
5. Expected Number of Screenings	CN	460,113	73,661	75,682	71,082	89,180	85,740	56,074	8,694
	MN	0	0	0	0	0	0	0	0
	Total	460,113	73,661	75,682	71,082	89,180	85,740	56,074	8,694
6. Total Screens Received	CN	290,982	79,254	89,531	46,000	28,241	31,048	15,705	1,203
	MN	0	0	0	0	0	0	0	0
	Total	290,982	79,254	89,531	46,000	28,241	31,048	15,705	1,203
7. SCREENING RATIO	CN	0.63	1.00	1.00	0.65	0.32	0.36	0.28	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	1.00	1.00	0.65	0.32	0.36	0.28	0.14

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	385,626	23,019	51,837	71,082	89,180	85,740	56,074	8,694
	MN	0	0	0	0	0	0	0	0
	Total	385,626	23,019	51,837	71,082	89,180	85,740	56,074	8,694
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	164,573	21,968	37,309	38,922	25,086	26,825	13,387	1,076
	MN	0	0	0	0	0	0	0	0
	Total	164,573	21,968	37,309	38,922	25,086	26,825	13,387	1,076
10. PARTICIPANT RATIO	CN	0.43	0.95	0.72	0.55	0.28	0.31	0.24	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.43	0.95	0.72	0.55	0.28	0.31	0.24	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	97,721	20,628	23,869	18,183	13,004	14,092	7,278	667
	MN	0	0	0	0	0	0	0	0
	Total	97,721	20,628	23,869	18,183	13,004	14,092	7,278	667
12a. Total Eligibles Receiving Any Dental Services	CN	204,217	136	11,512	47,383	58,840	53,116	29,710	3,520
	MN	0	0	0	0	0	0	0	0
	Total	204,217	136	11,512	47,383	58,840	53,116	29,710	3,520
12b. Total Eligibles Receiving Preventive Dental Services	CN	187,446	71	10,078	44,494	55,863	48,852	25,447	2,641
	MN	0	0	0	0	0	0	0	0
	Total	187,446	71	10,078	44,494	55,863	48,852	25,447	2,641
12c. Total Eligibles Receiving Dental Treatment Services	CN	93,079	15	1,519	15,717	27,541	27,536	18,544	2,207
	MN	0	0	0	0	0	0	0	0
	Total	93,079	15	1,519	15,717	27,541	27,536	18,544	2,207
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	33,750				16,483	17,267		
	MN	0				0	0		
	Total	33,750				16,483	17,267		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	195,255	111	11,104	45,264	57,275	50,707	27,594	3,200
	MN	0	0	0	0	0	0	0	0
	Total	195,255	111	11,104	45,264	57,275	50,707	27,594	3,200
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	19,532	1,345	7,366	6,373	2,647	805	839	157
	MN	0	0	0	0	0	0	0	0
	Total	19,532	1,345	7,366	6,373	2,647	805	839	157
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	211,570	1,472	16,606	47,966	58,951	53,224	29,804	3,547
	MN	0	0	0	0	0	0	0	0
	Total	211,570	1,472	16,606	47,966	58,951	53,224	29,804	3,547
13. Total Eligibles Enrolled in Managed Care	CN	75,571	22,826	27,755	3,037	5,338	6,938	5,547	4,130
	MN	0	0	0	0	0	0	0	0
	Total	75,571	22,826	27,755	3,037	5,338	6,938	5,547	4,130
14. Total Number of Screening Blood Lead Tests	CN	49,429	938	25,970	22,521				
	MN	0	0	0	0				
	Total	49,429	938	25,970	22,521				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	661,670	40,289	80,865	111,272	145,236	150,695	104,070	29,243
	MN	0	0	0	0	0	0	0	0
	Total	661,670	40,289	80,865	111,272	145,236	150,695	104,070	29,243
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	605,300	29,334	75,311	103,771	136,038	141,357	96,523	22,966
	MN	0	0	0	0	0	0	0	0
	Total	605,300	29,334	75,311	103,771	136,038	141,357	96,523	22,966
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	70,355	3	1,360	2,901	21,082	25,053	17,716	2,240
	MN	0	0	0	0	0	0	0	0
	Total	70,355	3	1,360	2,901	21,082	25,053	17,716	2,240
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	6,551,068	228,883	826,187	1,142,330	1,514,194	1,580,910	1,059,752	198,812
	MN	0	0	0	0	0	0	0	0
	Total	6,551,068	228,883	826,187	1,142,330	1,514,194	1,580,910	1,059,752	198,812
3b. Average Period of Eligibility	CN	0.90	0.65	0.91	0.92	0.93	0.93	0.91	0.72
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.65	0.91	0.92	0.93	0.93	0.91	0.72
4. Expected Number of Screenings per Eligible	CN		3.25	1.82	0.92	0.47	0.56	0.46	0.36
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.25	1.82	0.92	0.47	0.56	0.46	0.36
5. Expected Number of Screenings	CN	523,638	95,336	137,066	95,469	63,938	79,160	44,401	8,268
	MN	0	0	0	0	0	0	0	0
	Total	523,638	95,336	137,066	95,469	63,938	79,160	44,401	8,268
6. Total Screens Received	CN	664,388	144,449	206,719	108,342	70,868	76,700	47,677	9,633
	MN	0	0	0	0	0	0	0	0
	Total	664,388	144,449	206,719	108,342	70,868	76,700	47,677	9,633
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	0.97	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	0.97	1.00	1.00

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	395,881	29,334	75,311	95,469	63,938	79,160	44,401	8,268
	MN	0	0	0	0	0	0	0	0
	Total	395,881	29,334	75,311	95,469	63,938	79,160	44,401	8,268
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	278,040	26,110	59,894	60,651	45,883	50,431	29,870	5,201
	MN	0	0	0	0	0	0	0	0
	Total	278,040	26,110	59,894	60,651	45,883	50,431	29,870	5,201
10. PARTICIPANT RATIO	CN	0.70	0.89	0.80	0.64	0.72	0.64	0.67	0.63
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	0.89	0.80	0.64	0.72	0.64	0.67	0.63
11. Total Eligibles Referred for Corrective Treatment	CN	36,734	4,127	5,982	6,065	5,751	6,156	5,824	2,829
	MN	0	0	0	0	0	0	0	0
	Total	36,734	4,127	5,982	6,065	5,751	6,156	5,824	2,829
12a. Total Eligibles Receiving Any Dental Services	CN	221,370	133	8,753	39,556	67,962	64,047	36,294	4,625
	MN	0	0	0	0	0	0	0	0
	Total	221,370	133	8,753	39,556	67,962	64,047	36,294	4,625
12b. Total Eligibles Receiving Preventive Dental Services	CN	202,084	65	6,653	36,110	64,071	60,187	31,542	3,456
	MN	0	0	0	0	0	0	0	0
	Total	202,084	65	6,653	36,110	64,071	60,187	31,542	3,456
12c. Total Eligibles Receiving Dental Treatment Services	CN	96,954	13	749	12,533	31,922	28,932	20,059	2,746
	MN	0	0	0	0	0	0	0	0
	Total	96,954	13	749	12,533	31,922	28,932	20,059	2,746
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	33,224				18,323	14,901		
	MN	0				0	0		
	Total	33,224				18,323	14,901		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	211,208	110	8,265	37,970	65,220	61,452	33,970	4,221
	MN	0	0	0	0	0	0	0	0
	Total	211,208	110	8,265	37,970	65,220	61,452	33,970	4,221
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,988	123	2,122	2,172	356	64	123	28
	MN	0	0	0	0	0	0	0	0
	Total	4,988	123	2,122	2,172	356	64	123	28
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	224,020	250	10,486	40,305	68,005	64,048	36,297	4,629
	MN	0	0	0	0	0	0	0	0
	Total	224,020	250	10,486	40,305	68,005	64,048	36,297	4,629
13. Total Eligibles Enrolled in Managed Care	CN	438,150	23,837	54,669	74,938	97,973	101,016	68,807	16,910
	MN	0	0	0	0	0	0	0	0
	Total	438,150	23,837	54,669	74,938	97,973	101,016	68,807	16,910
14. Total Number of Screening Blood Lead Tests	CN	55,095	653	32,335	22,107				
	MN	0	0	0	0				
	Total	55,095	653	32,335	22,107				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	107,311	6,407	12,980	18,641	23,989	24,415	16,203	4,676
	MN	95	2	5	3	16	25	39	5
	Total	107,406	6,409	12,985	18,644	24,005	24,440	16,242	4,681
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	99,224	5,084	12,208	17,525	22,603	22,866	14,999	3,939
	MN	87	0	5	3	16	24	35	4
	Total	99,311	5,084	12,213	17,528	22,619	22,890	15,034	3,943
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	8,989	122	411	892	3,008	2,975	1,412	169
	MN	0	0	0	0	0	0	0	0
	Total	8,989	122	411	892	3,008	2,975	1,412	169
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	1,023,989	36,246	128,047	185,308	241,386	244,531	156,540	31,931
	MN	967	0	59	33	190	277	372	36
	Total	1,024,956	36,246	128,106	185,341	241,576	244,808	156,912	31,967
3b. Average Period of Eligibility	CN	0.86	0.59	0.87	0.88	0.89	0.89	0.87	0.68
	MN	0.93	0.00	0.98	0.92	0.99	0.96	0.89	0.75
	Total	0.86	0.59	0.87	0.88	0.89	0.89	0.87	0.68
4. Expected Number of Screenings per Eligible	CN		3.54	2.18	0.88	0.89	0.89	0.87	0.68
	MN		0.00	2.45	0.92	0.99	0.96	0.89	0.75
	Total		3.54	2.18	0.88	0.89	0.89	0.87	0.68
5. Expected Number of Screenings	CN	116,228	17,997	26,613	15,422	20,117	20,351	13,049	2,679
	MN	88	0	12	3	16	23	31	3
	Total	116,316	17,997	26,625	15,425	20,133	20,374	13,080	2,682
6. Total Screens Received	CN	81,050	22,261	26,073	12,429	6,965	8,845	4,121	356
	MN	45	0	4	1	8	11	20	1
	Total	81,095	22,261	26,077	12,430	6,973	8,856	4,141	357
7. SCREENING RATIO	CN	0.70	1.00	0.98	0.81	0.35	0.43	0.32	0.13
	MN	0.51	0.00	0.33	0.33	0.50	0.48	0.65	0.33
	Total	0.70	1.00	0.98	0.81	0.35	0.43	0.32	0.13

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	88,910	5,084	12,208	15,422	20,117	20,351	13,049	2,679
	MN	81	0	5	3	16	23	31	3
	Total	88,991	5,084	12,213	15,425	20,133	20,374	13,080	2,682
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	36,962	4,862	8,724	8,515	5,077	6,441	3,049	294
	MN	23	0	1	1	4	7	9	1
	Total	36,985	4,862	8,725	8,516	5,081	6,448	3,058	295
10. PARTICIPANT RATIO	CN	0.42	0.96	0.71	0.55	0.25	0.32	0.23	0.11
	MN	0.28	0.00	0.20	0.33	0.25	0.30	0.29	0.33
	Total	0.42	0.96	0.71	0.55	0.25	0.32	0.23	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	30,428	4,350	7,640	6,698	4,221	4,975	2,310	234
	MN	28	0	2	1	3	7	14	1
	Total	30,456	4,350	7,642	6,699	4,224	4,982	2,324	235
12a. Total Eligibles Receiving Any Dental Services	CN	47,827	217	3,802	10,378	13,213	12,163	6,653	1,401
	MN	46	0	2	0	10	13	20	1
	Total	47,873	217	3,804	10,378	13,223	12,176	6,673	1,402
12b. Total Eligibles Receiving Preventive Dental Services	CN	40,492	68	3,012	9,323	11,851	10,566	5,017	655
	MN	39	0	2	0	10	10	17	0
	Total	40,531	68	3,014	9,323	11,861	10,576	5,034	655
12c. Total Eligibles Receiving Dental Treatment Services	CN	22,116	15	620	3,980	6,581	6,234	3,962	724
	MN	26	0	1	0	3	7	14	1
	Total	22,142	15	621	3,980	6,584	6,241	3,976	725
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,937				3,895	3,042		
	MN	1				0	1		
	Total	6,938				3,895	3,043		



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	39,430	63	3,050	9,043	10,985	10,013	5,348	928
	MN	40	0	2	0	10	9	18	1
	Total	39,470	63	3,052	9,043	10,995	10,022	5,366	929
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	25	0	5	5	3	3	5	4
	MN	0	0	0	0	0	0	0	0
	Total	25	0	5	5	3	3	5	4
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	47,828	217	3,802	10,378	13,213	12,163	6,654	1,401
	MN	46	0	2	0	10	13	20	1
	Total	47,874	217	3,804	10,378	13,223	12,176	6,674	1,402
13. Total Eligibles Enrolled in Managed Care	CN	93,831	4,304	12,024	16,984	21,524	21,472	13,746	3,777
	MN	22	0	2	1	8	9	2	0
	Total	93,853	4,304	12,026	16,985	21,532	21,481	13,748	3,777
14. Total Number of Screening Blood Lead Tests	CN	1,574	6	836	732				
	MN	0	0	0	0				
	Total	1,574	6	836	732				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	197,518	12,932	25,063	35,160	44,386	44,159	28,227	7,591
	MN	658	17	25	14	20	30	53	499
	Total	198,176	12,949	25,088	35,174	44,406	44,189	28,280	8,090
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	186,882	10,520	23,998	33,698	42,617	42,510	26,996	6,543
	MN	609	12	25	14	18	28	50	462
	Total	187,491	10,532	24,023	33,712	42,635	42,538	27,046	7,005
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	49,933	665	4,460	7,115	12,598	14,412	9,369	1,314
	MN	1	0	0	0	0	0	0	1
	Total	49,934	665	4,460	7,115	12,598	14,412	9,369	1,315
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	1,924,397	76,017	251,806	353,650	453,717	454,387	282,639	52,181
	MN	2,662	36	156	95	136	141	271	1,827
	Total	1,927,059	76,053	251,962	353,745	453,853	454,528	282,910	54,008
3b. Average Period of Eligibility	CN	0.86	0.60	0.87	0.87	0.89	0.89	0.87	0.66
	MN	0.36	0.25	0.52	0.57	0.63	0.42	0.45	0.33
	Total	0.86	0.60	0.87	0.87	0.89	0.89	0.87	0.64
4. Expected Number of Screenings per Eligible	CN		3.60	2.18	0.87	0.89	0.89	0.87	0.66
	MN		1.50	1.30	0.57	0.63	0.42	0.45	0.33
	Total		3.60	2.18	0.87	0.89	0.89	0.87	0.64
5. Expected Number of Screenings	CN	223,073	37,872	52,316	29,317	37,929	37,834	23,487	4,318
	MN	257	18	33	8	11	12	23	152
	Total	223,330	37,890	52,349	29,325	37,940	37,846	23,510	4,470
6. Total Screens Received	CN	115,679	37,189	35,423	15,853	8,159	12,228	6,264	563
	MN	45	0	2	2	4	4	9	24
	Total	115,724	37,189	35,425	15,855	8,163	12,232	6,273	587
7. SCREENING RATIO	CN	0.52	0.98	0.68	0.54	0.22	0.32	0.27	0.13
	MN	0.18	0.00	0.06	0.25	0.36	0.33	0.39	0.16
	Total	0.52	0.98	0.68	0.54	0.22	0.32	0.27	0.13

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	167,403	10,520	23,998	29,317	37,929	37,834	23,487	4,318
	MN	243	12	25	8	11	12	23	152
	Total	167,646	10,532	24,023	29,325	37,940	37,846	23,510	4,470
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	58,832	9,390	14,872	12,283	6,848	9,963	5,007	469
	MN	33	0	1	2	2	2	7	19
	Total	58,865	9,390	14,873	12,285	6,850	9,965	5,014	488
10. PARTICIPANT RATIO	CN	0.35	0.89	0.62	0.42	0.18	0.26	0.21	0.11
	MN	0.14	0.00	0.04	0.25	0.18	0.17	0.30	0.13
	Total	0.35	0.89	0.62	0.42	0.18	0.26	0.21	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	3,040	1,084	665	365	241	339	319	27
	MN	4	0	0	0	0	0	2	2
	Total	3,044	1,084	665	365	241	339	321	29
12a. Total Eligibles Receiving Any Dental Services	CN	97,717	63	5,858	19,418	28,810	27,324	14,076	2,168
	MN	121	0	3	6	8	11	17	76
	Total	97,838	63	5,861	19,424	28,818	27,335	14,093	2,244
12b. Total Eligibles Receiving Preventive Dental Services	CN	92,101	44	5,271	18,593	27,844	25,959	12,654	1,736
	MN	92	0	2	6	8	11	15	50
	Total	92,193	44	5,273	18,599	27,852	25,970	12,669	1,786
12c. Total Eligibles Receiving Dental Treatment Services	CN	41,450	13	480	6,292	13,808	12,162	7,424	1,271
	MN	70	0	0	5	1	4	7	53
	Total	41,520	13	480	6,297	13,809	12,166	7,431	1,324
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	18,060				9,474	8,586		
	MN	1				1	0		
	Total	18,061				9,475	8,586		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	93,743	60	5,786	18,971	27,559	26,089	13,274	2,004
	MN	105	0	3	6	8	10	17	61
	Total	93,848	60	5,789	18,977	27,567	26,099	13,291	2,065
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,715	38	843	440	262	129	3	0
	MN	1	0	0	1	0	0	0	0
	Total	1,716	38	843	441	262	129	3	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	98,564	100	6,424	19,588	28,852	27,356	14,076	2,168
	MN	121	0	3	6	8	11	17	76
	Total	98,685	100	6,427	19,594	28,860	27,367	14,093	2,244
13. Total Eligibles Enrolled in Managed Care	CN	187,287	11,897	24,528	33,890	42,290	41,571	26,270	6,841
	MN	467	8	22	4	4	6	21	402
	Total	187,754	11,905	24,550	33,894	42,294	41,577	26,291	7,243
14. Total Number of Screening Blood Lead Tests	CN	13,710	94	7,917	5,699				
	MN	3	0	2	1				
	Total	13,713	94	7,919	5,700				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	311,955	21,176	40,087	55,160	68,038	66,342	43,136	18,016
	MN	0	0	0	0	0	0	0	0
	Total	311,955	21,176	40,087	55,160	68,038	66,342	43,136	18,016
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	292,263	16,357	38,303	52,567	64,775	63,059	40,708	16,494
	MN	0	0	0	0	0	0	0	0
	Total	292,263	16,357	38,303	52,567	64,775	63,059	40,708	16,494
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	2,977,808	114,563	407,282	552,440	680,563	659,340	415,829	147,791
	MN	0	0	0	0	0	0	0	0
	Total	2,977,808	114,563	407,282	552,440	680,563	659,340	415,829	147,791
3b. Average Period of Eligibility	CN	0.85	0.58	0.89	0.88	0.88	0.87	0.85	0.75
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.85	0.58	0.89	0.88	0.88	0.87	0.85	0.75
4. Expected Number of Screenings per Eligible	CN		2.90	1.78	0.88	0.44	0.52	0.43	0.38
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.90	1.78	0.88	0.44	0.52	0.43	0.38
5. Expected Number of Screenings	CN	246,937	47,435	68,179	46,259	28,501	32,791	17,504	6,268
	MN	0	0	0	0	0	0	0	0
	Total	246,937	47,435	68,179	46,259	28,501	32,791	17,504	6,268
6. Total Screens Received	CN	227,279	59,048	65,898	35,400	26,683	26,523	12,232	1,495
	MN	0	0	0	0	0	0	0	0
	Total	227,279	59,048	65,898	35,400	26,683	26,523	12,232	1,495
7. SCREENING RATIO	CN	0.92	1.00	0.97	0.77	0.94	0.81	0.70	0.24
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	1.00	0.97	0.77	0.94	0.81	0.70	0.24

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	185,983	16,357	38,303	46,259	28,501	32,791	17,504	6,268
	MN	0	0	0	0	0	0	0	0
	Total	185,983	16,357	38,303	46,259	28,501	32,791	17,504	6,268
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	125,481	14,993	27,249	27,477	22,522	21,808	10,123	1,309
	MN	0	0	0	0	0	0	0	0
	Total	125,481	14,993	27,249	27,477	22,522	21,808	10,123	1,309
10. PARTICIPANT RATIO	CN	0.67	0.92	0.71	0.59	0.79	0.67	0.58	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	0.92	0.71	0.59	0.79	0.67	0.58	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	75,362	13,374	18,896	15,670	11,229	10,486	4,992	715
	MN	0	0	0	0	0	0	0	0
	Total	75,362	13,374	18,896	15,670	11,229	10,486	4,992	715
12a. Total Eligibles Receiving Any Dental Services	CN	109,914	82	6,590	21,421	32,575	29,999	15,660	3,587
	MN	0	0	0	0	0	0	0	0
	Total	109,914	82	6,590	21,421	32,575	29,999	15,660	3,587
12b. Total Eligibles Receiving Preventive Dental Services	CN	101,015	58	5,614	19,971	31,127	28,279	13,448	2,518
	MN	0	0	0	0	0	0	0	0
	Total	101,015	58	5,614	19,971	31,127	28,279	13,448	2,518
12c. Total Eligibles Receiving Dental Treatment Services	CN	53,282	3	879	8,496	17,223	15,505	8,936	2,240
	MN	0	0	0	0	0	0	0	0
	Total	53,282	3	879	8,496	17,223	15,505	8,936	2,240
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	23,708				11,132	12,576		
	MN	0				0	0		
	Total	23,708				11,132	12,576		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	106,123	81	6,528	20,905	31,439	28,887	14,888	3,395
	MN	0	0	0	0	0	0	0	0
	Total	106,123	81	6,528	20,905	31,439	28,887	14,888	3,395
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	8,566	179	1,054	1,946	1,946	1,423	1,267	751
	MN	0	0	0	0	0	0	0	0
	Total	8,566	179	1,054	1,946	1,946	1,423	1,267	751
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	113,790	258	7,347	22,119	33,198	30,495	16,287	4,086
	MN	0	0	0	0	0	0	0	0
	Total	113,790	258	7,347	22,119	33,198	30,495	16,287	4,086
13. Total Eligibles Enrolled in Managed Care	CN	234,647	14,085	32,686	43,725	51,766	48,805	30,606	12,974
	MN	0	0	0	0	0	0	0	0
	Total	234,647	14,085	32,686	43,725	51,766	48,805	30,606	12,974
14. Total Number of Screening Blood Lead Tests	CN	10,146	103	6,411	3,632				
	MN	0	0	0	0				
	Total	10,146	103	6,411	3,632				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	113,880	5,724	12,305	18,278	24,366	27,576	20,555	5,076
	MN	1,702	11	57	189	435	433	252	325
	Total	115,582	5,735	12,362	18,467	24,801	28,009	20,807	5,401
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	106,012	4,003	11,664	17,344	23,174	26,181	19,326	4,320
	MN	171	1	5	16	38	39	22	50
	Total	106,183	4,004	11,669	17,360	23,212	26,220	19,348	4,370
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	10,629	175	1,052	1,677	2,259	2,930	2,248	288
	MN	0	0	0	0	0	0	0	0
	Total	10,629	175	1,052	1,677	2,259	2,930	2,248	288
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	1,030,077	18,863	114,894	174,296	236,767	269,588	193,609	22,060
	MN	1,611	8	48	186	414	413	245	297
	Total	1,031,688	18,871	114,942	174,482	237,181	270,001	193,854	22,357
3b. Average Period of Eligibility	CN	0.81	0.39	0.82	0.84	0.85	0.86	0.83	0.43
	MN	0.79	0.67	0.80	0.97	0.91	0.88	0.93	0.50
	Total	0.81	0.39	0.82	0.84	0.85	0.86	0.83	0.43
4. Expected Number of Screenings per Eligible	CN		2.34	1.64	0.84	0.43	0.86	0.83	0.43
	MN		4.02	1.60	0.97	0.46	0.88	0.93	0.50
	Total		2.34	1.64	0.84	0.43	0.86	0.83	0.43
5. Expected Number of Screenings	CN	93,445	9,367	19,129	14,569	9,965	22,516	16,041	1,858
	MN	124	4	8	16	17	34	20	25
	Total	93,569	9,371	19,137	14,585	9,982	22,550	16,061	1,883
6. Total Screens Received	CN	77,362	13,764	21,207	10,674	11,058	12,341	7,516	802
	MN	91	2	11	20	28	14	6	10
	Total	77,453	13,766	21,218	10,694	11,086	12,355	7,522	812
7. SCREENING RATIO	CN	0.83	1.00	1.00	0.73	1.00	0.55	0.47	0.43
	MN	0.73	0.50	1.00	1.00	1.00	0.41	0.30	0.40
	Total	0.83	1.00	1.00	0.73	1.00	0.55	0.47	0.43



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	80,616	4,003	11,664	14,569	9,965	22,516	16,041	1,858
	MN	118	1	5	16	17	34	20	25
	Total	80,734	4,004	11,669	14,585	9,982	22,550	16,061	1,883
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	53,293	3,449	9,059	9,852	10,857	12,073	7,260	743
	MN	71	1	5	7	28	14	6	10
	Total	53,364	3,450	9,064	9,859	10,885	12,087	7,266	753
10. PARTICIPANT RATIO	CN	0.66	0.86	0.78	0.68	1.00	0.54	0.45	0.40
	MN	0.60	1.00	1.00	0.44	1.00	0.41	0.30	0.40
	Total	0.66	0.86	0.78	0.68	1.00	0.54	0.45	0.40
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	57,271	86	3,419	9,796	15,251	16,680	10,696	1,343
	MN	88	0	3	11	20	19	15	20
	Total	57,359	86	3,422	9,807	15,271	16,699	10,711	1,363
12b. Total Eligibles Receiving Preventive Dental Services	CN	51,474	39	2,786	9,106	13,953	15,094	9,410	1,086
	MN	65	0	3	8	18	14	12	10
	Total	51,539	39	2,789	9,114	13,971	15,108	9,422	1,096
12c. Total Eligibles Receiving Dental Treatment Services	CN	22,248	5	125	2,499	6,626	7,180	5,194	619
	MN	49	0	1	3	10	10	10	15
	Total	22,297	5	126	2,502	6,636	7,190	5,204	634
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,029				4,560	3,469		
	MN	5				4	1		
	Total	8,034				4,564	3,470		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	52,417	77	3,243	9,187	14,034	15,196	9,515	1,165
	MN	71	0	3	9	18	16	12	13
	Total	52,488	77	3,246	9,196	14,052	15,212	9,527	1,178
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,768	11	111	387	738	403	105	13
	MN	0	0	0	0	0	0	0	0
	Total	1,768	11	111	387	738	403	105	13
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	57,764	96	3,486	9,860	15,457	16,799	10,722	1,344
	MN	88	0	3	11	20	19	15	20
	Total	57,852	96	3,489	9,871	15,477	16,818	10,737	1,364
13. Total Eligibles Enrolled in Managed Care	CN	78,800	2,665	8,885	13,064	17,447	19,450	14,241	3,048
	MN	63	0	4	5	19	16	11	8
	Total	78,863	2,665	8,889	13,069	17,466	19,466	14,252	3,056
14. Total Number of Screening Blood Lead Tests	CN	5,034	43	3,973	1,018				
	MN	3	0	3	0				
	Total	5,037	43	3,976	1,018				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	811,477	52,496	94,866	135,236	172,436	180,725	124,783	50,935
	MN	0	0	0	0	0	0	0	0
	Total	811,477	52,496	94,866	135,236	172,436	180,725	124,783	50,935
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	748,124	30,548	90,359	129,105	164,484	171,604	117,442	44,582
	MN	0	0	0	0	0	0	0	0
	Total	748,124	30,548	90,359	129,105	164,484	171,604	117,442	44,582
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	85,818	6	146	947	24,435	34,081	25,769	434
	MN	0	0	0	0	0	0	0	0
	Total	85,818	6	146	947	24,435	34,081	25,769	434
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	8,321,139	220,117	1,018,842	1,471,179	1,881,130	1,960,471	1,330,237	439,163
	MN	0	0	0	0	0	0	0	0
	Total	8,321,139	220,117	1,018,842	1,471,179	1,881,130	1,960,471	1,330,237	439,163
3b. Average Period of Eligibility	CN	0.93	0.60	0.94	0.95	0.95	0.95	0.94	0.82
	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	0.95	0.95	0.94	0.82
4. Expected Number of Screenings per Eligible	CN		3.60	1.88	0.95	0.95	0.95	0.94	0.82
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.60	1.88	0.95	0.95	0.95	0.94	0.82
5. Expected Number of Screenings	CN	868,734	109,973	169,875	122,650	156,260	163,024	110,395	36,557
	MN	0	0	0	0	0	0	0	0
	Total	868,734	109,973	169,875	122,650	156,260	163,024	110,395	36,557
6. Total Screens Received	CN	720,301	96,997	205,247	116,841	106,766	112,492	67,424	14,534
	MN	0	0	0	0	0	0	0	0
	Total	720,301	96,997	205,247	116,841	106,766	112,492	67,424	14,534
7. SCREENING RATIO	CN	0.83	0.88	1.00	0.95	0.68	0.69	0.61	0.40
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	0.88	1.00	0.95	0.68	0.69	0.61	0.40

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	709,793	30,548	90,359	122,650	156,260	163,024	110,395	36,557
	MN	0	0	0	0	0	0	0	0
	Total	709,793	30,548	90,359	122,650	156,260	163,024	110,395	36,557
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	436,909	27,466	75,890	88,056	88,151	91,877	54,234	11,235
	MN	0	0	0	0	0	0	0	0
	Total	436,909	27,466	75,890	88,056	88,151	91,877	54,234	11,235
10. PARTICIPANT RATIO	CN	0.62	0.90	0.84	0.72	0.56	0.56	0.49	0.31
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	0.90	0.84	0.72	0.56	0.56	0.49	0.31
11. Total Eligibles Referred for Corrective Treatment	CN	110,125	182	10,789	27,889	27,391	23,426	15,672	4,776
	MN	0	0	0	0	0	0	0	0
	Total	110,125	182	10,789	27,889	27,391	23,426	15,672	4,776
12a. Total Eligibles Receiving Any Dental Services	CN	367,793	222	19,367	71,811	105,216	99,623	56,906	14,648
	MN	0	0	0	0	0	0	0	0
	Total	367,793	222	19,367	71,811	105,216	99,623	56,906	14,648
12b. Total Eligibles Receiving Preventive Dental Services	CN	341,437	138	18,450	69,092	100,230	93,202	49,235	11,090
	MN	0	0	0	0	0	0	0	0
	Total	341,437	138	18,450	69,092	100,230	93,202	49,235	11,090
12c. Total Eligibles Receiving Dental Treatment Services	CN	180,530	38	2,818	27,393	56,314	53,406	32,072	8,489
	MN	0	0	0	0	0	0	0	0
	Total	180,530	38	2,818	27,393	56,314	53,406	32,072	8,489
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	44,101				24,759	19,342		
	MN	0				0	0		
	Total	44,101				24,759	19,342		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	277,028	116	11,229	51,273	84,369	78,594	41,557	9,890
	MN	0	0	0	0	0	0	0	0
	Total	277,028	116	11,229	51,273	84,369	78,594	41,557	9,890
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	9,014	681	4,185	2,868	1,021	105	52	2
	MN	0	0	0	0	0	0	0	0
	Total	9,014	681	4,185	2,868	1,021	105	52	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	376,807	903	23,552	74,679	106,237	99,728	56,958	14,650
	MN	0	0	0	0	0	0	0	0
	Total	376,807	903	23,552	74,679	106,237	99,728	56,958	14,650
13. Total Eligibles Enrolled in Managed Care	CN	742,309	29,340	90,003	128,552	163,791	170,490	116,281	43,852
	MN	0	0	0	0	0	0	0	0
	Total	742,309	29,340	90,003	128,552	163,791	170,490	116,281	43,852
14. Total Number of Screening Blood Lead Tests	CN	89,494	1,836	45,456	42,202				
	MN	0	0	0	0				
	Total	89,494	1,836	45,456	42,202				

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2014  
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	393,190	19,831	41,651	63,024	85,756	93,171	64,967	24,790
	MN	0	0	0	0	0	0	0	0
	Total	393,190	19,831	41,651	63,024	85,756	93,171	64,967	24,790
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	376,147	16,020	40,189	61,174	83,212	90,511	62,764	22,277
	MN	0	0	0	0	0	0	0	0
	Total	376,147	16,020	40,189	61,174	83,212	90,511	62,764	22,277
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	12,573	36	557	1,195	3,208	4,153	3,287	137
	MN	0	0	0	0	0	0	0	0
	Total	12,573	36	557	1,195	3,208	4,153	3,287	137
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	3,353,224	137,575	363,330	560,952	757,557	831,253	558,944	143,613
	MN	0	0	0	0	0	0	0	0
	Total	3,353,224	137,575	363,330	560,952	757,557	831,253	558,944	143,613
3b. Average Period of Eligibility	CN	0.74	0.72	0.75	0.76	0.76	0.77	0.74	0.54
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.74	0.72	0.75	0.76	0.76	0.77	0.74	0.54
4. Expected Number of Screenings per Eligible	CN		4.32	1.50	0.76	0.38	0.62	0.74	0.54
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.32	1.50	0.76	0.38	0.62	0.74	0.54
5. Expected Number of Screenings	CN	322,195	69,206	60,284	46,492	31,621	56,117	46,445	12,030
	MN	0	0	0	0	0	0	0	0
	Total	322,195	69,206	60,284	46,492	31,621	56,117	46,445	12,030
6. Total Screens Received	CN	262,672	49,332	73,267	38,623	34,624	42,074	22,283	2,469
	MN	0	0	0	0	0	0	0	0
	Total	262,672	49,332	73,267	38,623	34,624	42,074	22,283	2,469
7. SCREENING RATIO	CN	0.82	0.71	1.00	0.83	1.00	0.75	0.48	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.82	0.71	1.00	0.83	1.00	0.75	0.48	0.21

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	248,914	16,020	40,189	46,492	31,621	56,117	46,445	12,030
	MN	0	0	0	0	0	0	0	0
	Total	248,914	16,020	40,189	46,492	31,621	56,117	46,445	12,030
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	155,768	13,348	29,521	31,235	28,276	33,798	17,564	2,026
	MN	0	0	0	0	0	0	0	0
	Total	155,768	13,348	29,521	31,235	28,276	33,798	17,564	2,026
10. PARTICIPANT RATIO	CN	0.63	0.83	0.73	0.67	0.89	0.60	0.38	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.83	0.73	0.67	0.89	0.60	0.38	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	604	293	25	20	17	49	100	100
	MN	0	0	0	0	0	0	0	0
	Total	604	293	25	20	17	49	100	100
12a. Total Eligibles Receiving Any Dental Services	CN	189,298	164	10,843	34,408	53,227	54,280	30,735	5,641
	MN	0	0	0	0	0	0	0	0
	Total	189,298	164	10,843	34,408	53,227	54,280	30,735	5,641
12b. Total Eligibles Receiving Preventive Dental Services	CN	170,635	125	9,909	31,528	48,899	49,407	26,506	4,261
	MN	0	0	0	0	0	0	0	0
	Total	170,635	125	9,909	31,528	48,899	49,407	26,506	4,261
12c. Total Eligibles Receiving Dental Treatment Services	CN	187,644	163	10,727	34,159	52,869	53,785	30,375	5,566
	MN	0	0	0	0	0	0	0	0
	Total	187,644	163	10,727	34,159	52,869	53,785	30,375	5,566
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	23,569				12,781	10,788		
	MN	0				0	0		
	Total	23,569				12,781	10,788		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	172,609	158	10,404	32,162	49,086	49,116	26,989	4,694
	MN	0	0	0	0	0	0	0	0
	Total	172,609	158	10,404	32,162	49,086	49,116	26,989	4,694
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,889	103	1,734	795	830	843	509	75
	MN	0	0	0	0	0	0	0	0
	Total	4,889	103	1,734	795	830	843	509	75
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	191,926	260	12,145	34,778	53,504	54,634	30,934	5,671
	MN	0	0	0	0	0	0	0	0
	Total	191,926	260	12,145	34,778	53,504	54,634	30,934	5,671
13. Total Eligibles Enrolled in Managed Care	CN	278,741	2,327	31,402	47,856	65,864	71,208	48,459	11,625
	MN	0	0	0	0	0	0	0	0
	Total	278,741	2,327	31,402	47,856	65,864	71,208	48,459	11,625
14. Total Number of Screening Blood Lead Tests	CN	11,256	193	6,693	4,370				
	MN	0	0	0	0				
	Total	11,256	193	6,693	4,370				



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	767,723	21,234	132,286	233,515	135,689	123,840	91,609	29,550
	MN	1,722,149	127,648	168,218	159,481	354,092	406,719	312,763	193,228
	Total	2,489,872	148,882	300,504	392,996	489,781	530,559	404,372	222,778
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	744,302	19,169	128,594	226,276	131,852	121,077	89,393	27,941
	MN	1,624,836	116,431	156,983	150,585	338,865	388,140	294,839	178,993
	Total	2,369,138	135,600	285,577	376,861	470,717	509,217	384,232	206,934
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	8,350,974	163,763	1,445,094	2,540,003	1,496,177	1,390,979	1,015,808	299,150
	MN	17,098,305	1,047,401	1,596,549	1,579,894	3,695,090	4,220,872	3,153,359	1,805,140
	Total	25,449,279	1,211,164	3,041,643	4,119,897	5,191,267	5,611,851	4,169,167	2,104,290
3b. Average Period of Eligibility	CN	0.93	0.71	0.94	0.94	0.95	0.96	0.95	0.89
	MN	0.88	0.75	0.85	0.87	0.91	0.91	0.89	0.84
	Total	0.90	0.74	0.89	0.91	0.92	0.92	0.90	0.85
4. Expected Number of Screenings per Eligible	CN		4.26	1.41	0.94	0.48	0.96	0.95	0.89
	MN		4.50	1.28	0.87	0.46	0.91	0.89	0.84
	Total		4.44	1.34	0.91	0.46	0.92	0.90	0.85
5. Expected Number of Screenings	CN	764,990	81,660	181,318	212,699	63,289	116,234	84,923	24,867
	MN	1,777,733	523,940	200,938	131,009	155,878	353,207	262,407	150,354
	Total	2,542,723	605,600	382,256	343,708	219,167	469,441	347,330	175,221
6. Total Screens Received	CN	872,651	67,239	298,783	243,847	104,368	91,344	56,083	10,987
	MN	1,790,488	443,863	380,110	152,907	257,775	290,021	191,226	74,586
	Total	2,663,139	511,102	678,893	396,754	362,143	381,365	247,309	85,573
7. SCREENING RATIO	CN	1.00	0.82	1.00	1.00	1.00	0.79	0.66	0.44
	MN	1.00	0.85	1.00	1.00	1.00	0.82	0.73	0.50
	Total	1.00	0.84	1.00	1.00	1.00	0.81	0.71	0.49

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	649,775	19,169	128,594	212,699	63,289	116,234	84,923	24,867
	MN	1,326,269	116,431	156,983	131,009	155,878	353,207	262,407	150,354
	Total	1,976,044	135,600	285,577	343,708	219,167	469,441	347,330	175,221
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	478,126	15,863	106,016	162,860	77,083	67,164	41,194	7,946
	MN	954,742	102,452	122,092	101,450	200,260	224,124	147,027	57,337
	Total	1,432,868	118,315	228,108	264,310	277,343	291,288	188,221	65,283
10. PARTICIPANT RATIO	CN	0.74	0.83	0.82	0.77	1.00	0.58	0.49	0.32
	MN	0.72	0.88	0.78	0.77	1.00	0.63	0.56	0.38
	Total	0.73	0.87	0.80	0.77	1.00	0.62	0.54	0.37
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	302,963	77	22,437	113,665	67,377	56,153	34,874	8,380
	MN	701,847	397	17,414	69,110	201,909	218,655	135,273	59,089
	Total	1,004,810	474	39,851	182,775	269,286	274,808	170,147	67,469
12b. Total Eligibles Receiving Preventive Dental Services	CN	293,348	67	22,189	112,014	65,843	53,676	31,871	7,688
	MN	674,622	344	17,191	68,004	197,799	210,335	125,456	55,493
	Total	967,970	411	39,380	180,018	263,642	264,011	157,327	63,181
12c. Total Eligibles Receiving Dental Treatment Services	CN	114,876	11	2,448	33,116	28,856	26,356	19,454	4,635
	MN	346,904	79	1,990	21,225	99,885	113,644	76,315	33,766
	Total	461,780	90	4,438	54,341	128,741	140,000	95,769	38,401
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,286				14,563	11,723		
	MN	94,868				50,454	44,414		
	Total	121,154				65,017	56,137		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	269,879	63	21,264	106,170	60,366	47,783	27,689	6,544
	MN	627,037	320	16,532	64,640	185,979	193,612	114,616	51,338
	Total	896,916	383	37,796	170,810	246,345	241,395	142,305	57,882
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	76,879	70	7,795	28,559	16,256	13,156	8,342	2,701
	MN	137,966	427	6,907	17,785	40,578	39,331	22,301	10,637
	Total	214,845	497	14,702	46,344	56,834	52,487	30,643	13,338
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	310,868	120	24,964	116,787	68,243	56,723	35,268	8,763
	MN	711,788	706	20,303	71,383	203,428	219,490	135,808	60,670
	Total	1,022,656	826	45,267	188,170	271,671	276,213	171,076	69,433
13. Total Eligibles Enrolled in Managed Care	CN	740,424	20,595	124,609	219,560	129,044	118,678	88,060	39,878
	MN	1,699,169	134,696	153,432	147,441	329,605	378,007	288,044	267,944
	Total	2,439,593	155,291	278,041	367,001	458,649	496,685	376,104	307,822
14. Total Number of Screening Blood Lead Tests	CN	6,926	37	3,926	2,963				
	MN	5,559	210	3,522	1,827				
	Total	12,485	247	7,448	4,790				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	1,268,410	74,028	151,180	226,666	277,326	284,036	193,255	61,919
	MN	1,535	38	36	58	165	250	312	676
	Total	1,269,945	74,066	151,216	226,724	277,491	284,286	193,567	62,595
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,211,093	60,445	147,280	221,027	267,315	273,996	185,932	55,098
	MN	749	10	15	29	76	112	139	368
	Total	1,211,842	60,455	147,295	221,056	267,391	274,108	186,071	55,466
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	118,731	692	13,363	25,191	27,503	30,377	21,039	566
	MN	0	0	0	0	0	0	0	0
	Total	118,731	692	13,363	25,191	27,503	30,377	21,039	566
2a. State Periodicity Schedule			3	2	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	13,183,566	454,272	1,683,791	2,531,039	2,965,219	3,006,080	2,024,503	518,662
	MN	5,185	62	110	181	517	750	874	2,691
	Total	13,188,751	454,334	1,683,901	2,531,220	2,965,736	3,006,830	2,025,377	521,353
3b. Average Period of Eligibility	CN	0.91	0.63	0.95	0.95	0.92	0.91	0.91	0.78
	MN	0.58	0.52	0.61	0.52	0.57	0.56	0.52	0.61
	Total	0.91	0.63	0.95	0.95	0.92	0.91	0.91	0.78
4. Expected Number of Screenings per Eligible	CN		1.89	0.95	0.95	0.92	0.91	0.91	0.78
	MN		1.56	0.61	0.52	0.57	0.56	0.52	0.61
	Total		1.89	0.95	0.95	0.92	0.91	0.91	0.78
5. Expected Number of Screenings	CN	1,171,573	114,241	139,916	209,976	245,930	249,336	169,198	42,976
	MN	442	16	9	15	43	63	72	224
	Total	1,172,015	114,257	139,925	209,991	245,973	249,399	169,270	43,200
6. Total Screens Received	CN	1,034,824	244,846	297,689	168,095	120,362	129,009	66,229	8,594
	MN	152	16	14	9	14	26	18	55
	Total	1,034,976	244,862	297,703	168,104	120,376	129,035	66,247	8,649
7. SCREENING RATIO	CN	0.88	1.00	1.00	0.80	0.49	0.52	0.39	0.20
	MN	0.34	1.00	1.00	0.60	0.33	0.41	0.25	0.25
	Total	0.88	1.00	1.00	0.80	0.49	0.52	0.39	0.20

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	1,117,777	60,445	139,916	209,976	245,930	249,336	169,198	42,976
	MN	436	10	9	15	43	63	72	224
	Total	1,118,213	60,455	139,925	209,991	245,973	249,399	169,270	43,200
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	646,454	56,796	123,862	155,446	116,071	123,613	62,571	8,095
	MN	133	5	8	9	14	26	17	54
	Total	646,587	56,801	123,870	155,455	116,085	123,639	62,588	8,149
10. PARTICIPANT RATIO	CN	0.58	0.94	0.89	0.74	0.47	0.50	0.37	0.19
	MN	0.31	0.50	0.89	0.60	0.33	0.41	0.24	0.24
	Total	0.58	0.94	0.89	0.74	0.47	0.50	0.37	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	90,076	51,817	33,476	1,776	760	998	1,066	183
	MN	9	5	3	0	0	0	1	0
	Total	90,085	51,822	33,479	1,776	760	998	1,067	183
12a. Total Eligibles Receiving Any Dental Services	CN	604,075	590	35,711	119,898	171,231	165,010	94,284	17,351
	MN	226	1	2	10	30	41	37	105
	Total	604,301	591	35,713	119,908	171,261	165,051	94,321	17,456
12b. Total Eligibles Receiving Preventive Dental Services	CN	567,930	403	33,984	115,970	165,881	156,642	82,173	12,877
	MN	176	1	2	9	29	38	28	69
	Total	568,106	404	33,986	115,979	165,910	156,680	82,201	12,946
12c. Total Eligibles Receiving Dental Treatment Services	CN	277,399	63	3,371	42,198	83,729	80,275	56,564	11,199
	MN	116	0	0	0	11	18	16	71
	Total	277,515	63	3,371	42,198	83,740	80,293	56,580	11,270
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	84,974				52,779	32,195		
	MN	21				15	6		
	Total	84,995				52,794	32,201		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	588,823	578	35,597	118,664	168,563	160,584	88,674	16,163
	MN	206	1	2	10	26	40	33	94
	Total	589,029	579	35,599	118,674	168,589	160,624	88,707	16,257
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	99,993	6,869	75,117	17,786	121	79	16	5
	MN	5	0	4	1	0	0	0	0
	Total	99,998	6,869	75,121	17,787	121	79	16	5
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	676,285	7,290	91,972	129,057	171,270	165,050	94,291	17,355
	MN	230	1	6	10	30	41	37	105
	Total	676,515	7,291	91,978	129,067	171,300	165,091	94,328	17,460
13. Total Eligibles Enrolled in Managed Care	CN	1,142,533	51,257	141,161	211,535	255,898	260,969	174,554	47,159
	MN	610	6	13	26	66	92	109	298
	Total	1,143,143	51,263	141,174	211,561	255,964	261,061	174,663	47,457
14. Total Number of Screening Blood Lead Tests	CN	108,153	489	88,353	19,311				
	MN	3	0	2	1				
	Total	108,156	489	88,355	19,312				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	53,636	3,904	8,126	10,233	11,523	10,433	7,011	2,406
	MN	1,094	6	15	36	155	196	186	500
	Total	54,730	3,910	8,141	10,269	11,678	10,629	7,197	2,906
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	48,593	3,138	7,501	9,431	10,513	9,573	6,414	2,023
	MN	476	2	4	6	34	54	69	307
	Total	49,069	3,140	7,505	9,437	10,547	9,627	6,483	2,330
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	479,486	23,228	75,217	95,030	106,813	97,760	64,236	17,202
	MN	4,082	11	40	70	351	499	596	2,515
	Total	483,568	23,239	75,257	95,100	107,164	98,259	64,832	19,717
3b. Average Period of Eligibility	CN	0.82	0.62	0.84	0.84	0.85	0.85	0.83	0.71
	MN	0.71	0.46	0.83	0.97	0.86	0.77	0.72	0.68
	Total	0.82	0.62	0.84	0.84	0.85	0.85	0.83	0.71
4. Expected Number of Screenings per Eligible	CN		4.34	1.68	0.84	0.85	0.85	0.83	0.71
	MN		3.22	1.66	0.97	0.86	0.77	0.72	0.68
	Total		4.34	1.68	0.84	0.85	0.85	0.83	0.71
5. Expected Number of Screenings	CN	57,976	13,619	12,602	7,922	8,936	8,137	5,324	1,436
	MN	349	6	7	6	29	42	50	209
	Total	58,325	13,625	12,609	7,928	8,965	8,179	5,374	1,645
6. Total Screens Received	CN	33,578	10,097	9,830	4,607	2,843	3,870	2,112	219
	MN	56	5	1	3	1	13	7	26
	Total	33,634	10,102	9,831	4,610	2,844	3,883	2,119	245
7. SCREENING RATIO	CN	0.58	0.74	0.78	0.58	0.32	0.48	0.40	0.15
	MN	0.16	0.83	0.14	0.50	0.03	0.31	0.14	0.12
	Total	0.58	0.74	0.78	0.58	0.32	0.47	0.39	0.15

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	42,394	3,138	7,501	7,922	8,936	8,137	5,324	1,436
	MN	342	2	4	6	29	42	50	209
	Total	42,736	3,140	7,505	7,928	8,965	8,179	5,374	1,645
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	19,213	2,788	4,701	3,939	2,530	3,274	1,784	197
	MN	48	2	1	2	1	10	6	26
	Total	19,261	2,790	4,702	3,941	2,531	3,284	1,790	223
10. PARTICIPANT RATIO	CN	0.45	0.89	0.63	0.50	0.28	0.40	0.34	0.14
	MN	0.14	1.00	0.25	0.33	0.03	0.24	0.12	0.12
	Total	0.45	0.89	0.63	0.50	0.28	0.40	0.33	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	10,291	2,356	1,402	1,251	2,068	1,790	1,177	247
	MN	36	1	0	0	1	6	2	26
	Total	10,327	2,357	1,402	1,251	2,069	1,796	1,179	273
12a. Total Eligibles Receiving Any Dental Services	CN	14,736	7	649	3,244	4,406	3,801	2,213	416
	MN	110	0	1	2	5	14	20	68
	Total	14,846	7	650	3,246	4,411	3,815	2,233	484
12b. Total Eligibles Receiving Preventive Dental Services	CN	13,199	2	450	2,887	4,127	3,517	1,916	300
	MN	88	0	0	2	4	13	15	54
	Total	13,287	2	450	2,889	4,131	3,530	1,931	354
12c. Total Eligibles Receiving Dental Treatment Services	CN	6,441	2	106	1,163	2,021	1,673	1,222	254
	MN	60	0	0	0	3	6	8	43
	Total	6,501	2	106	1,163	2,024	1,679	1,230	297
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	2,306				1,316	990		
	MN	3				0	3		
	Total	2,309				1,316	993		



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	13,952	7	633	3,107	4,173	3,589	2,061	382
	MN	99	0	1	2	4	12	16	64
	Total	14,051	7	634	3,109	4,177	3,601	2,077	446
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	5,290	14	450	1,303	1,488	1,367	543	125
	MN	20	0	0	0	1	3	1	15
	Total	5,310	14	450	1,303	1,489	1,370	544	140
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	18,570	21	1,033	4,044	5,484	4,858	2,611	519
	MN	126	0	1	2	6	16	21	80
	Total	18,696	21	1,034	4,046	5,490	4,874	2,632	599
13. Total Eligibles Enrolled in Managed Care	CN	41,492	2,674	6,414	8,288	9,258	8,069	5,147	1,642
	MN	316	0	1	1	16	28	29	241
	Total	41,808	2,674	6,415	8,289	9,274	8,097	5,176	1,883
14. Total Number of Screening Blood Lead Tests	CN	2,318	19	1,167	1,132				
	MN	0	0	0	0				
	Total	2,318	19	1,167	1,132				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	1,486,091	90,173	162,767	233,365	300,530	328,607	239,608	131,041
	MN	0	0	0	0	0	0	0	0
	Total	1,486,091	90,173	162,767	233,365	300,530	328,607	239,608	131,041
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,402,004	67,476	156,533	225,331	291,085	317,570	228,623	115,386
	MN	0	0	0	0	0	0	0	0
	Total	1,402,004	67,476	156,533	225,331	291,085	317,570	228,623	115,386
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	127,015	2,023	9,510	12,961	25,129	33,008	36,944	7,440
	MN	0	0	0	0	0	0	0	0
	Total	127,015	2,023	9,510	12,961	25,129	33,008	36,944	7,440
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	15,272,168	501,266	1,754,418	2,538,441	3,299,257	3,591,852	2,521,261	1,065,673
	MN	0	0	0	0	0	0	0	0
	Total	15,272,168	501,266	1,754,418	2,538,441	3,299,257	3,591,852	2,521,261	1,065,673
3b. Average Period of Eligibility	CN	0.91	0.62	0.93	0.94	0.94	0.94	0.92	0.77
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.62	0.93	0.94	0.94	0.94	0.92	0.77
4. Expected Number of Screenings per Eligible	CN		4.34	2.33	0.94	0.94	0.94	0.92	0.77
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	2.33	0.94	0.94	0.94	0.92	0.77
5. Expected Number of Screenings	CN	1,740,695	292,846	364,722	211,811	273,620	298,516	210,333	88,847
	MN	0	0	0	0	0	0	0	0
	Total	1,740,695	292,846	364,722	211,811	273,620	298,516	210,333	88,847
6. Total Screens Received	CN	960,019	198,170	274,844	155,503	114,814	130,712	75,083	10,893
	MN	0	0	0	0	0	0	0	0
	Total	960,019	198,170	274,844	155,503	114,814	130,712	75,083	10,893
7. SCREENING RATIO	CN	0.55	0.68	0.75	0.73	0.42	0.44	0.36	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.55	0.68	0.75	0.73	0.42	0.44	0.36	0.12

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	1,307,136	67,476	156,533	211,811	273,620	298,516	210,333	88,847
	MN	0	0	0	0	0	0	0	0
	Total	1,307,136	67,476	156,533	211,811	273,620	298,516	210,333	88,847
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	482,338	50,009	102,105	105,266	78,419	88,290	50,551	7,698
	MN	0	0	0	0	0	0	0	0
	Total	482,338	50,009	102,105	105,266	78,419	88,290	50,551	7,698
10. PARTICIPANT RATIO	CN	0.37	0.74	0.65	0.50	0.29	0.30	0.24	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.37	0.74	0.65	0.50	0.29	0.30	0.24	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	235,636	37,104	54,268	41,450	36,912	36,225	25,259	4,418
	MN	0	0	0	0	0	0	0	0
	Total	235,636	37,104	54,268	41,450	36,912	36,225	25,259	4,418
12a. Total Eligibles Receiving Any Dental Services	CN	501,649	180	14,815	90,116	143,061	144,814	87,809	20,854
	MN	0	0	0	0	0	0	0	0
	Total	501,649	180	14,815	90,116	143,061	144,814	87,809	20,854
12b. Total Eligibles Receiving Preventive Dental Services	CN	444,128	87	12,553	82,111	132,942	129,827	72,058	14,550
	MN	0	0	0	0	0	0	0	0
	Total	444,128	87	12,553	82,111	132,942	129,827	72,058	14,550
12c. Total Eligibles Receiving Dental Treatment Services	CN	197,192	30	1,178	21,771	55,955	60,743	45,732	11,783
	MN	0	0	0	0	0	0	0	0
	Total	197,192	30	1,178	21,771	55,955	60,743	45,732	11,783
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	68,024				38,248	29,776		
	MN	0				0	0		
	Total	68,024				38,248	29,776		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	473,797	169	14,567	88,120	135,419	135,289	80,976	19,257
	MN	0	0	0	0	0	0	0	0
	Total	473,797	169	14,567	88,120	135,419	135,289	80,976	19,257
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	93,763	2,654	16,969	16,906	17,338	15,974	15,440	8,482
	MN	0	0	0	0	0	0	0	0
	Total	93,763	2,654	16,969	16,906	17,338	15,974	15,440	8,482
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	555,033	2,818	29,722	98,802	149,909	151,530	95,659	26,593
	MN	0	0	0	0	0	0	0	0
	Total	555,033	2,818	29,722	98,802	149,909	151,530	95,659	26,593
13. Total Eligibles Enrolled in Managed Care	CN	1,283,513	53,587	150,231	215,047	278,655	298,489	207,674	79,830
	MN	0	0	0	0	0	0	0	0
	Total	1,283,513	53,587	150,231	215,047	278,655	298,489	207,674	79,830
14. Total Number of Screening Blood Lead Tests	CN	103,391	3,000	67,768	32,623				
	MN	0	0	0	0				
	Total	103,391	3,000	67,768	32,623				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	615,493	38,275	76,204	105,138	134,488	140,629	93,736	27,023
	MN	0	0	0	0	0	0	0	0
	Total	615,493	38,275	76,204	105,138	134,488	140,629	93,736	27,023
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	573,038	27,579	72,272	99,931	128,385	133,889	88,404	22,578
	MN	0	0	0	0	0	0	0	0
	Total	573,038	27,579	72,272	99,931	128,385	133,889	88,404	22,578
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	86,382	1,463	6,329	9,668	24,177	27,044	17,470	231
	MN	0	0	0	0	0	0	0	0
	Total	86,382	1,463	6,329	9,668	24,177	27,044	17,470	231
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	6,167,774	216,933	784,208	1,099,413	1,423,824	1,486,543	967,034	189,819
	MN	0	0	0	0	0	0	0	0
	Total	6,167,774	216,933	784,208	1,099,413	1,423,824	1,486,543	967,034	189,819
3b. Average Period of Eligibility	CN	0.90	0.66	0.90	0.92	0.92	0.93	0.91	0.70
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.66	0.90	0.92	0.92	0.93	0.91	0.70
4. Expected Number of Screenings per Eligible	CN		3.96	1.35	0.92	0.46	0.56	0.46	0.35
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.96	1.35	0.92	0.46	0.56	0.46	0.35
5. Expected Number of Screenings	CN	481,320	109,213	97,567	91,937	59,057	74,978	40,666	7,902
	MN	0	0	0	0	0	0	0	0
	Total	481,320	109,213	97,567	91,937	59,057	74,978	40,666	7,902
6. Total Screens Received	CN	406,377	108,693	122,942	58,851	43,313	49,087	21,705	1,786
	MN	0	0	0	0	0	0	0	0
	Total	406,377	108,693	122,942	58,851	43,313	49,087	21,705	1,786
7. SCREENING RATIO	CN	0.84	1.00	1.00	0.64	0.73	0.65	0.53	0.23
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	1.00	1.00	0.64	0.73	0.65	0.53	0.23

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	374,391	27,579	72,272	91,937	59,057	74,978	40,666	7,902
	MN	0	0	0	0	0	0	0	0
	Total	374,391	27,579	72,272	91,937	59,057	74,978	40,666	7,902
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	223,376	25,239	50,591	48,576	37,697	41,500	18,300	1,473
	MN	0	0	0	0	0	0	0	0
	Total	223,376	25,239	50,591	48,576	37,697	41,500	18,300	1,473
10. PARTICIPANT RATIO	CN	0.60	0.92	0.70	0.53	0.64	0.55	0.45	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.92	0.70	0.53	0.64	0.55	0.45	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	37,938	1,028	1,977	6,055	9,564	10,117	7,510	1,687
	MN	0	0	0	0	0	0	0	0
	Total	37,938	1,028	1,977	6,055	9,564	10,117	7,510	1,687
12a. Total Eligibles Receiving Any Dental Services	CN	285,281	257	14,767	53,108	81,003	82,237	46,986	6,923
	MN	0	0	0	0	0	0	0	0
	Total	285,281	257	14,767	53,108	81,003	82,237	46,986	6,923
12b. Total Eligibles Receiving Preventive Dental Services	CN	263,099	155	11,617	48,839	77,409	77,900	41,777	5,402
	MN	0	0	0	0	0	0	0	0
	Total	263,099	155	11,617	48,839	77,409	77,900	41,777	5,402
12c. Total Eligibles Receiving Dental Treatment Services	CN	142,303	24	1,814	19,320	42,057	45,148	29,677	4,263
	MN	0	0	0	0	0	0	0	0
	Total	142,303	24	1,814	19,320	42,057	45,148	29,677	4,263
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	25,322				14,898	10,424		
	MN	0				0	0		
	Total	25,322				14,898	10,424		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	274,828	200	13,144	51,735	79,100	79,746	44,449	6,454
	MN	0	0	0	0	0	0	0	0
	Total	274,828	200	13,144	51,735	79,100	79,746	44,449	6,454
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	311	6	164	44	7	44	41	5
	MN	0	0	0	0	0	0	0	0
	Total	311	6	164	44	7	44	41	5
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	285,448	263	14,871	53,126	81,004	82,249	47,009	6,926
	MN	0	0	0	0	0	0	0	0
	Total	285,448	263	14,871	53,126	81,004	82,249	47,009	6,926
13. Total Eligibles Enrolled in Managed Care	CN	522,405	26,314	68,223	92,400	117,328	120,407	78,087	19,646
	MN	0	0	0	0	0	0	0	0
	Total	522,405	26,314	68,223	92,400	117,328	120,407	78,087	19,646
14. Total Number of Screening Blood Lead Tests	CN	8,553	137	5,813	2,603				
	MN	0	0	0	0				
	Total	8,553	137	5,813	2,603				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	451,623	28,233	52,473	71,944	93,849	99,413	73,051	32,660
	MN	0	0	0	0	0	0	0	0
	Total	451,623	28,233	52,473	71,944	93,849	99,413	73,051	32,660
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	424,632	20,684	49,959	68,820	90,073	95,444	69,632	30,020
	MN	0	0	0	0	0	0	0	0
	Total	424,632	20,684	49,959	68,820	90,073	95,444	69,632	30,020
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	4,686,388	160,488	560,610	780,242	1,023,022	1,080,380	776,657	304,989
	MN	0	0	0	0	0	0	0	0
	Total	4,686,388	160,488	560,610	780,242	1,023,022	1,080,380	776,657	304,989
3b. Average Period of Eligibility	CN	0.92	0.65	0.94	0.94	0.95	0.94	0.93	0.85
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.65	0.94	0.94	0.95	0.94	0.93	0.85
4. Expected Number of Screenings per Eligible	CN		3.90	2.35	0.94	0.95	0.94	0.93	0.85
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	2.35	0.94	0.95	0.94	0.93	0.85
5. Expected Number of Screenings	CN	528,324	80,668	117,404	64,691	85,569	89,717	64,758	25,517
	MN	0	0	0	0	0	0	0	0
	Total	528,324	80,668	117,404	64,691	85,569	89,717	64,758	25,517
6. Total Screens Received	CN	271,501	74,340	83,680	37,595	27,332	29,751	15,938	2,865
	MN	0	0	0	0	0	0	0	0
	Total	271,501	74,340	83,680	37,595	27,332	29,751	15,938	2,865
7. SCREENING RATIO	CN	0.51	0.92	0.71	0.58	0.32	0.33	0.25	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	0.92	0.71	0.58	0.32	0.33	0.25	0.11



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	400,895	20,684	49,959	64,691	85,569	89,717	64,758	25,517
	MN	0	0	0	0	0	0	0	0
	Total	400,895	20,684	49,959	64,691	85,569	89,717	64,758	25,517
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	161,176	18,508	37,522	34,516	25,688	27,695	14,612	2,635
	MN	0	0	0	0	0	0	0	0
	Total	161,176	18,508	37,522	34,516	25,688	27,695	14,612	2,635
10. PARTICIPANT RATIO	CN	0.40	0.89	0.75	0.53	0.30	0.31	0.23	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.40	0.89	0.75	0.53	0.30	0.31	0.23	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	153,763	18,354	37,017	32,712	23,302	26,145	13,718	2,515
	MN	0	0	0	0	0	0	0	0
	Total	153,763	18,354	37,017	32,712	23,302	26,145	13,718	2,515
12a. Total Eligibles Receiving Any Dental Services	CN	162,318	209	9,312	29,975	46,344	43,109	26,316	7,053
	MN	0	0	0	0	0	0	0	0
	Total	162,318	209	9,312	29,975	46,344	43,109	26,316	7,053
12b. Total Eligibles Receiving Preventive Dental Services	CN	141,693	145	7,471	27,074	42,239	38,984	21,291	4,489
	MN	0	0	0	0	0	0	0	0
	Total	141,693	145	7,471	27,074	42,239	38,984	21,291	4,489
12c. Total Eligibles Receiving Dental Treatment Services	CN	64,917	5	676	9,919	21,747	16,812	12,078	3,680
	MN	0	0	0	0	0	0	0	0
	Total	64,917	5	676	9,919	21,747	16,812	12,078	3,680
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	19,506				10,938	8,568		
	MN	0				0	0		
	Total	19,506				10,938	8,568		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	145,114	200	8,808	27,518	41,167	38,439	22,744	6,238
	MN	0	0	0	0	0	0	0	0
	Total	145,114	200	8,808	27,518	41,167	38,439	22,744	6,238
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	12,210	212	3,565	3,669	3,138	1,450	142	34
	MN	0	0	0	0	0	0	0	0
	Total	12,210	212	3,565	3,669	3,138	1,450	142	34
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	169,409	414	12,137	31,771	47,770	43,831	26,409	7,077
	MN	0	0	0	0	0	0	0	0
	Total	169,409	414	12,137	31,771	47,770	43,831	26,409	7,077
13. Total Eligibles Enrolled in Managed Care	CN	389,982	19,276	47,369	64,428	83,285	87,006	62,312	26,306
	MN	0	0	0	0	0	0	0	0
	Total	389,982	19,276	47,369	64,428	83,285	87,006	62,312	26,306
14. Total Number of Screening Blood Lead Tests	CN	8,109	184	5,039	2,886				
	MN	0	0	0	0				
	Total	8,109	184	5,039	2,886				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	1,239,005	70,497	148,821	211,068	265,520	285,622	206,676	50,801
	MN	63,689	118	381	571	1,367	2,181	3,730	55,341
	Total	1,302,694	70,615	149,202	211,639	266,887	287,803	210,406	106,142
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,146,084	53,242	139,970	198,592	249,801	267,972	191,865	44,642
	MN	58,903	86	347	528	1,249	1,989	3,359	51,345
	Total	1,204,987	53,328	140,317	199,120	251,050	269,961	195,224	95,987
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	12,350,314	415,051	1,526,343	2,177,201	2,747,422	2,949,962	2,084,496	449,839
	MN	607,488	697	3,460	5,302	12,809	20,274	34,159	530,787
	Total	12,957,802	415,748	1,529,803	2,182,503	2,760,231	2,970,236	2,118,655	980,626
3b. Average Period of Eligibility	CN	0.90	0.65	0.91	0.91	0.92	0.92	0.91	0.84
	MN	0.86	0.68	0.83	0.84	0.85	0.85	0.85	0.86
	Total	0.90	0.65	0.91	0.91	0.92	0.92	0.90	0.85
4. Expected Number of Screenings per Eligible	CN		3.90	2.28	0.91	0.92	0.92	0.91	0.84
	MN		4.08	2.08	0.84	0.85	0.85	0.85	0.86
	Total		3.90	2.28	0.91	0.92	0.92	0.90	0.85
5. Expected Number of Screenings	CN	1,395,942	207,644	319,132	180,719	229,817	246,534	174,597	37,499
	MN	51,282	351	722	444	1,062	1,691	2,855	44,157
	Total	1,447,224	207,995	319,854	181,163	230,879	248,225	177,452	81,656
6. Total Screens Received	CN	1,041,441	257,961	289,649	140,186	123,995	131,087	86,926	11,637
	MN	17,020	405	637	338	558	841	1,284	12,957
	Total	1,058,461	258,366	290,286	140,524	124,553	131,928	88,210	24,594
7. SCREENING RATIO	CN	0.75	1.00	0.91	0.78	0.54	0.53	0.50	0.31
	MN	0.33	1.00	0.88	0.76	0.53	0.50	0.45	0.29
	Total	0.73	1.00	0.91	0.78	0.54	0.53	0.50	0.30

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	1,062,378	53,242	139,970	180,719	229,817	246,534	174,597	37,499
	MN	50,642	86	347	444	1,062	1,691	2,855	44,157
	Total	1,113,020	53,328	140,317	181,163	230,879	248,225	177,452	81,656
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	629,038	50,063	115,713	126,276	120,518	126,452	79,760	10,256
	MN	14,672	80	266	307	546	816	1,184	11,473
	Total	643,710	50,143	115,979	126,583	121,064	127,268	80,944	21,729
10. PARTICIPANT RATIO	CN	0.59	0.94	0.83	0.70	0.52	0.51	0.46	0.27
	MN	0.29	0.93	0.77	0.69	0.51	0.48	0.41	0.26
	Total	0.58	0.94	0.83	0.70	0.52	0.51	0.46	0.27
11. Total Eligibles Referred for Corrective Treatment	CN	371,021	46,864	88,134	58,265	58,351	65,986	46,509	6,912
	MN	8,427	75	201	128	246	433	677	6,667
	Total	379,448	46,939	88,335	58,393	58,597	66,419	47,186	13,579
12a. Total Eligibles Receiving Any Dental Services	CN	519,672	248	24,345	103,630	146,282	143,846	87,941	13,380
	MN	19,196	2	45	262	730	1,037	1,319	15,801
	Total	538,868	250	24,390	103,892	147,012	144,883	89,260	29,181
12b. Total Eligibles Receiving Preventive Dental Services	CN	474,686	151	21,870	97,266	138,588	132,231	74,242	10,338
	MN	15,439	0	38	250	696	941	1,087	12,427
	Total	490,125	151	21,908	97,516	139,284	133,172	75,329	22,765
12c. Total Eligibles Receiving Dental Treatment Services	CN	233,692	23	2,905	31,695	68,206	71,760	50,904	8,199
	MN	11,218	2	8	66	320	497	722	9,603
	Total	244,910	25	2,913	31,761	68,526	72,257	51,626	17,802
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	72,309				39,224	33,085		
	MN	427				194	233		
	Total	72,736				39,418	33,318		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	481,286	218	23,289	99,310	138,490	132,044	76,568	11,367
	MN	16,591	0	41	248	685	922	1,122	13,573
	Total	497,877	218	23,330	99,558	139,175	132,966	77,690	24,940
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	23,185	816	12,732	6,388	1,354	1,230	646	19
	MN	73	0	33	15	3	5	4	13
	Total	23,258	816	12,765	6,403	1,357	1,235	650	32
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	534,105	1,059	34,348	106,330	146,561	144,168	88,252	13,387
	MN	19,248	2	76	272	730	1,038	1,320	15,810
	Total	553,353	1,061	34,424	106,602	147,291	145,206	89,572	29,197
13. Total Eligibles Enrolled in Managed Care	CN	1,130,042	52,630	138,623	196,198	246,279	263,539	188,712	44,061
	MN	57,855	83	338	511	1,199	1,906	3,203	50,615
	Total	1,187,897	52,713	138,961	196,709	247,478	265,445	191,915	94,676
14. Total Number of Screening Blood Lead Tests	CN	115,063	6,071	78,684	30,308				
	MN	73	4	58	11				
	Total	115,136	6,075	78,742	30,319				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

State: Puerto Rico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	452,072	12,876	37,736	62,814	86,395	109,750	94,272	48,229
	MN	170,993	8,877	23,879	28,581	30,083	32,813	29,420	17,340
	Total	623,065	21,753	61,615	91,395	116,478	142,563	123,692	65,569
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	353,600	3	22,676	51,385	71,251	91,153	77,975	39,157
	MN	131,297	0	14,356	24,053	25,537	28,123	24,946	14,282
	Total	484,897	3	37,032	75,438	96,788	119,276	102,921	53,439
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	39,548	0	2,578	5,924	7,957	10,136	8,597	4,356
	MN	12,789	0	1,372	2,313	2,504	2,650	2,518	1,432
	Total	52,337	0	3,950	8,237	10,461	12,786	11,115	5,788
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	3,935,334	31	243,322	567,293	791,745	1,021,834	877,045	434,064
	MN	1,471,524	0	153,405	266,748	286,917	319,747	284,781	159,926
	Total	5,406,858	31	396,727	834,041	1,078,662	1,341,581	1,161,826	593,990
3b. Average Period of Eligibility	CN	0.93	0.86	0.89	0.92	0.93	0.93	0.94	0.92
	MN	0.93	0.00	0.89	0.92	0.94	0.95	0.95	0.93
	Total	0.93	0.86	0.89	0.92	0.93	0.94	0.94	0.93
4. Expected Number of Screenings per Eligible	CN		6.02	2.23	0.92	0.93	0.93	0.94	0.92
	MN		0.00	2.23	0.92	0.94	0.95	0.95	0.93
	Total		6.02	2.23	0.92	0.93	0.94	0.94	0.93
5. Expected Number of Screenings	CN	358,215	18	50,567	47,274	66,263	84,772	73,297	36,024
	MN	141,846	0	32,014	22,129	24,005	26,717	23,699	13,282
	Total	500,061	18	82,581	69,403	90,268	111,489	96,996	49,306
6. Total Screens Received	CN	8,020,865	74	693,412	1,421,396	1,682,581	1,955,733	1,543,701	723,968
	MN	3,284,947	0	450,074	704,475	654,791	651,092	557,621	266,894
	Total	11,305,812	74	1,143,486	2,125,871	2,337,372	2,606,825	2,101,322	990,862
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MN	1.00	0.00	1.00	1.00	1.00	1.00	1.00	1.00
	Total	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

State: Puerto Rico

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	330,309	3	22,676	47,274	66,263	84,772	73,297	36,024
	MN	124,188	0	14,356	22,129	24,005	26,717	23,699	13,282
	Total	454,497	3	37,032	69,403	90,268	111,489	96,996	49,306
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	172,896	2	13,243	28,877	36,210	42,609	34,983	16,972
	MN	69,606	0	8,599	14,088	13,744	14,229	12,389	6,557
	Total	242,502	2	21,842	42,965	49,954	56,838	47,372	23,529
10. PARTICIPANT RATIO	CN	0.52	0.67	0.58	0.61	0.55	0.50	0.48	0.47
	MN	0.56	0.00	0.60	0.64	0.57	0.53	0.52	0.49
	Total	0.53	0.67	0.59	0.62	0.55	0.51	0.49	0.48
11. Total Eligibles Referred for Corrective Treatment	CN	1,110,040	0	5,035	106,686	289,930	315,148	280,577	112,664
	MN	418,892	0	3,720	52,265	111,379	107,941	100,340	43,247
	Total	1,528,932	0	8,755	158,951	401,309	423,089	380,917	155,911
12a. Total Eligibles Receiving Any Dental Services	CN	188,457	3	5,875	31,669	43,477	50,418	39,541	17,474
	MN	71,561	0	3,434	15,068	16,379	16,669	13,435	6,576
	Total	260,018	3	9,309	46,737	59,856	67,087	52,976	24,050
12b. Total Eligibles Receiving Preventive Dental Services	CN	175,035	3	5,471	30,369	40,461	47,104	36,068	15,559
	MN	66,759	0	3,170	14,465	15,278	15,643	12,328	5,875
	Total	241,794	3	8,641	44,834	55,739	62,747	48,396	21,434
12c. Total Eligibles Receiving Dental Treatment Services	CN	84,636	0	282	7,318	22,872	25,509	19,867	8,788
	MN	30,696	0	180	3,445	8,650	8,360	6,723	3,338
	Total	115,332	0	462	10,763	31,522	33,869	26,590	12,126
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	13,342				6,800	6,542		
	MN	4,531				2,468	2,063		
	Total	17,873				9,268	8,605		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

State: Puerto Rico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	183,142	3	5,852	31,242	42,215	48,869	38,133	16,828
	MN	69,720	0	3,423	14,876	15,947	16,181	12,948	6,345
	Total	252,862	3	9,275	46,118	58,162	65,050	51,081	23,173
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	188,457	3	5,875	31,669	43,477	50,418	39,541	17,474
	MN	71,561	0	3,434	15,068	16,379	16,669	13,435	6,576
	Total	260,018	3	9,309	46,737	59,856	67,087	52,976	24,050
13. Total Eligibles Enrolled in Managed Care	CN	353,600	3	22,676	51,385	71,251	91,153	77,975	39,157
	MN	131,297	0	14,356	24,053	25,537	28,123	24,946	14,282
	Total	484,897	3	37,032	75,438	96,788	119,276	102,921	53,439
14. Total Number of Screening Blood Lead Tests	CN	11,156	1	1,742	9,413				
	MN	5,353	0	899	4,454				
	Total	16,509	1	2,641	13,867				



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	117,999	0	13,173	18,963	25,739	29,046	21,907	9,171
	MN	0	0	0	0	0	0	0	0
	Total	117,999	0	13,173	18,963	25,739	29,046	21,907	9,171
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	113,749	0	12,578	18,335	24,923	28,236	21,214	8,463
	MN	75	0	0	0	0	0	20	55
	Total	113,824	0	12,578	18,335	24,923	28,236	21,234	8,518
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			0	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			0.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,201,301	0	133,037	197,030	269,407	306,474	226,711	68,642
	MN	486	0	0	0	0	0	130	356
	Total	1,201,787	0	133,037	197,030	269,407	306,474	226,841	68,998
3b. Average Period of Eligibility	CN	0.88	0.00	0.88	0.90	0.90	0.90	0.89	0.68
	MN	0.54	0.00	0.00	0.00	0.00	0.00	0.54	0.54
	Total	0.88	0.00	0.88	0.90	0.90	0.90	0.89	0.68
4. Expected Number of Screenings per Eligible	CN		0.00	1.76	0.90	0.90	0.90	0.89	0.68
	MN		0.00	0.00	0.00	0.00	0.00	0.54	0.54
	Total		0.00	1.76	0.90	0.90	0.90	0.89	0.68
5. Expected Number of Screenings	CN	111,117	0	22,137	16,502	22,431	25,412	18,880	5,755
	MN	41	0	0	0	0	0	11	30
	Total	111,158	0	22,137	16,502	22,431	25,412	18,891	5,785
6. Total Screens Received	CN	81,723	0	25,452	13,634	14,363	15,457	10,299	2,518
	MN	7	0	0	0	0	0	2	5
	Total	81,730	0	25,452	13,634	14,363	15,457	10,301	2,523
7. SCREENING RATIO	CN	0.74	0.00	1.00	0.83	0.64	0.61	0.55	0.44
	MN	0.17	0.00	0.00	0.00	0.00	0.00	0.18	0.17
	Total	0.74	0.00	1.00	0.83	0.64	0.61	0.55	0.44

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	101,558	0	12,578	16,502	22,431	25,412	18,880	5,755
	MN	41	0	0	0	0	0	11	30
	Total	101,599	0	12,578	16,502	22,431	25,412	18,891	5,785
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	62,056	0	10,315	11,825	13,627	14,636	9,446	2,207
	MN	5	0	0	0	0	0	2	3
	Total	62,061	0	10,315	11,825	13,627	14,636	9,448	2,210
10. PARTICIPANT RATIO	CN	0.61	0.00	0.82	0.72	0.61	0.58	0.50	0.38
	MN	0.12	0.00	0.00	0.00	0.00	0.00	0.18	0.10
	Total	0.61	0.00	0.82	0.72	0.61	0.58	0.50	0.38
11. Total Eligibles Referred for Corrective Treatment	CN	39,710	0	8,646	7,179	7,343	8,661	6,319	1,562
	MN	5	0	0	0	0	0	3	2
	Total	39,715	0	8,646	7,179	7,343	8,661	6,322	1,564
12a. Total Eligibles Receiving Any Dental Services	CN	56,695	0	3,227	9,418	15,379	16,613	9,755	2,303
	MN	32	0	0	0	0	0	9	23
	Total	56,727	0	3,227	9,418	15,379	16,613	9,764	2,326
12b. Total Eligibles Receiving Preventive Dental Services	CN	50,495	0	2,789	8,608	14,261	14,923	8,173	1,741
	MN	23	0	0	0	0	0	6	17
	Total	50,518	0	2,789	8,608	14,261	14,923	8,179	1,758
12c. Total Eligibles Receiving Dental Treatment Services	CN	22,492	0	109	2,054	6,500	7,905	4,795	1,129
	MN	14	0	0	0	0	0	6	8
	Total	22,506	0	109	2,054	6,500	7,905	4,801	1,137
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,269				3,790	3,479		
	MN	0				0	0		
	Total	7,269				3,790	3,479		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	54,717	0	3,225	9,342	15,123	15,784	9,079	2,164
	MN	32	0	0	0	0	0	9	23
	Total	54,749	0	3,225	9,342	15,123	15,784	9,088	2,187
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	56,695	0	3,227	9,418	15,379	16,613	9,755	2,303
	MN	32	0	0	0	0	0	9	23
	Total	56,727	0	3,227	9,418	15,379	16,613	9,764	2,326
13. Total Eligibles Enrolled in Managed Care	CN	99,391	0	11,888	16,892	22,437	24,844	18,563	4,767
	MN	63	0	0	0	0	0	16	47
	Total	99,454	0	11,888	16,892	22,437	24,844	18,579	4,814
14. Total Number of Screening Blood Lead Tests	CN	12,251	0	6,544	5,707				
	MN	0	0	0	0				
	Total	12,251	0	6,544	5,707				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	731,861	38,508	90,822	121,233	158,801	166,253	116,061	40,183
	MN	0	0	0	0	0	0	0	0
	Total	731,861	38,508	90,822	121,233	158,801	166,253	116,061	40,183
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	688,601	31,219	83,704	116,249	152,539	159,315	110,983	34,592
	MN	0	0	0	0	0	0	0	0
	Total	688,601	31,219	83,704	116,249	152,539	159,315	110,983	34,592
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	78,692	59	3,091	8,653	19,663	25,749	18,964	2,513
	MN	0	0	0	0	0	0	0	0
	Total	78,692	59	3,091	8,653	19,663	25,749	18,964	2,513
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	7,743,923	233,826	931,355	1,340,831	1,767,003	1,843,300	1,274,173	353,435
	MN	0	0	0	0	0	0	0	0
	Total	7,743,923	233,826	931,355	1,340,831	1,767,003	1,843,300	1,274,173	353,435
3b. Average Period of Eligibility	CN	0.94	0.62	0.93	0.96	0.97	0.96	0.96	0.85
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.94	0.62	0.93	0.96	0.97	0.96	0.96	0.85
4. Expected Number of Screenings per Eligible	CN		3.72	1.40	0.96	0.49	0.58	0.48	0.43
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.72	1.40	0.96	0.49	0.58	0.48	0.43
5. Expected Number of Screenings	CN	580,214	116,135	117,186	111,599	74,744	92,403	53,272	14,875
	MN	0	0	0	0	0	0	0	0
	Total	580,214	116,135	117,186	111,599	74,744	92,403	53,272	14,875
6. Total Screens Received	CN	462,584	116,153	143,376	64,702	51,148	56,213	28,247	2,745
	MN	0	0	0	0	0	0	0	0
	Total	462,584	116,153	143,376	64,702	51,148	56,213	28,247	2,745
7. SCREENING RATIO	CN	0.80	1.00	1.00	0.58	0.68	0.61	0.53	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	1.00	1.00	0.58	0.68	0.61	0.53	0.18

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	461,816	31,219	83,704	111,599	74,744	92,403	53,272	14,875
	MN	0	0	0	0	0	0	0	0
	Total	461,816	31,219	83,704	111,599	74,744	92,403	53,272	14,875
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	280,932	29,325	59,989	60,162	49,002	53,276	26,575	2,603
	MN	0	0	0	0	0	0	0	0
	Total	280,932	29,325	59,989	60,162	49,002	53,276	26,575	2,603
10. PARTICIPANT RATIO	CN	0.61	0.94	0.72	0.54	0.66	0.58	0.50	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	0.94	0.72	0.54	0.66	0.58	0.50	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	37,543	1,561	3,124	6,823	8,380	8,456	6,711	2,488
	MN	0	0	0	0	0	0	0	0
	Total	37,543	1,561	3,124	6,823	8,380	8,456	6,711	2,488
12a. Total Eligibles Receiving Any Dental Services	CN	349,003	211	20,525	66,657	102,009	96,343	53,562	9,696
	MN	0	0	0	0	0	0	0	0
	Total	349,003	211	20,525	66,657	102,009	96,343	53,562	9,696
12b. Total Eligibles Receiving Preventive Dental Services	CN	332,421	106	19,134	63,890	98,612	93,232	49,379	8,068
	MN	0	0	0	0	0	0	0	0
	Total	332,421	106	19,134	63,890	98,612	93,232	49,379	8,068
12c. Total Eligibles Receiving Dental Treatment Services	CN	140,618	27	1,754	22,042	46,136	38,713	26,735	5,211
	MN	0	0	0	0	0	0	0	0
	Total	140,618	27	1,754	22,042	46,136	38,713	26,735	5,211
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	46,516				26,792	19,724		
	MN	0				0	0		
	Total	46,516				26,792	19,724		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	326,079	209	20,088	64,153	94,041	88,583	50,010	8,995
	MN	0	0	0	0	0	0	0	0
	Total	326,079	209	20,088	64,153	94,041	88,583	50,010	8,995
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	8,712	214	5,564	2,153	569	119	66	27
	MN	0	0	0	0	0	0	0	0
	Total	8,712	214	5,564	2,153	569	119	66	27
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	353,047	422	24,099	66,910	102,012	96,344	53,564	9,696
	MN	0	0	0	0	0	0	0	0
	Total	353,047	422	24,099	66,910	102,012	96,344	53,564	9,696
13. Total Eligibles Enrolled in Managed Care	CN	628,288	32,876	72,742	107,641	140,457	144,428	97,798	32,346
	MN	0	0	0	0	0	0	0	0
	Total	628,288	32,876	72,742	107,641	140,457	144,428	97,798	32,346
14. Total Number of Screening Blood Lead Tests	CN	6,272	77	4,485	1,710				
	MN	0	0	0	0				
	Total	6,272	77	4,485	1,710				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	93,100	5,936	11,760	16,242	20,842	20,664	13,597	4,059
	MN	0	0	0	0	0	0	0	0
	Total	93,100	5,936	11,760	16,242	20,842	20,664	13,597	4,059
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	84,978	4,663	10,825	15,132	19,329	19,258	12,604	3,167
	MN	0	0	0	0	0	0	0	0
	Total	84,978	4,663	10,825	15,132	19,329	19,258	12,604	3,167
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	12,959	345	895	1,646	3,735	3,644	2,304	390
	MN	0	0	0	0	0	0	0	0
	Total	12,959	345	895	1,646	3,735	3,644	2,304	390
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	857,269	33,352	110,267	156,384	201,302	201,564	129,416	24,984
	MN	0	0	0	0	0	0	0	0
	Total	857,269	33,352	110,267	156,384	201,302	201,564	129,416	24,984
3b. Average Period of Eligibility	CN	0.84	0.60	0.85	0.86	0.87	0.87	0.86	0.66
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.60	0.85	0.86	0.87	0.87	0.86	0.66
4. Expected Number of Screenings per Eligible	CN		4.20	1.70	0.86	0.87	0.87	0.86	0.66
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.20	1.70	0.86	0.87	0.87	0.86	0.66
5. Expected Number of Screenings	CN	97,501	19,585	18,403	13,014	16,816	16,754	10,839	2,090
	MN	0	0	0	0	0	0	0	0
	Total	97,501	19,585	18,403	13,014	16,816	16,754	10,839	2,090
6. Total Screens Received	CN	69,725	14,455	20,180	10,703	7,294	9,258	6,477	1,358
	MN	0	0	0	0	0	0	0	0
	Total	69,725	14,455	20,180	10,703	7,294	9,258	6,477	1,358
7. SCREENING RATIO	CN	0.72	0.74	1.00	0.82	0.43	0.55	0.60	0.65
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.72	0.74	1.00	0.82	0.43	0.55	0.60	0.65

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	75,001	4,663	10,825	13,014	16,816	16,754	10,839	2,090
	MN	0	0	0	0	0	0	0	0
	Total	75,001	4,663	10,825	13,014	16,816	16,754	10,839	2,090
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	35,943	3,924	7,445	7,554	5,544	6,383	4,266	827
	MN	0	0	0	0	0	0	0	0
	Total	35,943	3,924	7,445	7,554	5,544	6,383	4,266	827
10. PARTICIPANT RATIO	CN	0.48	0.84	0.69	0.58	0.33	0.38	0.39	0.40
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.48	0.84	0.69	0.58	0.33	0.38	0.39	0.40
11. Total Eligibles Referred for Corrective Treatment	CN	37,764	4,611	7,777	7,750	5,734	6,571	4,406	915
	MN	0	0	0	0	0	0	0	0
	Total	37,764	4,611	7,777	7,750	5,734	6,571	4,406	915
12a. Total Eligibles Receiving Any Dental Services	CN	35,287	41	1,973	7,213	10,480	9,733	5,149	698
	MN	0	0	0	0	0	0	0	0
	Total	35,287	41	1,973	7,213	10,480	9,733	5,149	698
12b. Total Eligibles Receiving Preventive Dental Services	CN	31,865	31	1,768	6,598	9,745	8,877	4,319	527
	MN	0	0	0	0	0	0	0	0
	Total	31,865	31	1,768	6,598	9,745	8,877	4,319	527
12c. Total Eligibles Receiving Dental Treatment Services	CN	13,251	2	221	2,275	4,325	3,720	2,377	331
	MN	0	0	0	0	0	0	0	0
	Total	13,251	2	221	2,275	4,325	3,720	2,377	331
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	3,699				2,214	1,485		
	MN	0				0	0		
	Total	3,699				2,214	1,485		



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	29,168	20	1,740	6,208	8,859	7,855	3,968	518
	MN	0	0	0	0	0	0	0	0
	Total	29,168	20	1,740	6,208	8,859	7,855	3,968	518
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	389	4	310	69	6	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	389	4	310	69	6	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	35,589	45	2,225	7,255	10,484	9,733	5,149	698
	MN	0	0	0	0	0	0	0	0
	Total	35,589	45	2,225	7,255	10,484	9,733	5,149	698
13. Total Eligibles Enrolled in Managed Care	CN	61,309	4,223	8,187	11,905	14,966	14,376	6,882	770
	MN	0	0	0	0	0	0	0	0
	Total	61,309	4,223	8,187	11,905	14,966	14,376	6,882	770
14. Total Number of Screening Blood Lead Tests	CN	942	2	940	0				
	MN	0	0	0	0				
	Total	942	2	940	0				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	805,956	50,047	98,960	137,022	175,389	179,088	124,192	41,258
	MN	19,993	8	256	508	1,244	1,930	1,898	14,149
	Total	825,949	50,055	99,216	137,530	176,633	181,018	126,090	55,407
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	756,138	36,189	94,951	131,228	167,621	171,134	118,525	36,490
	MN	19,257	8	243	463	1,147	1,775	1,772	13,849
	Total	775,395	36,197	95,194	131,691	168,768	172,909	120,297	50,339
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	19,222	0	720	1,712	4,475	6,041	4,985	1,289
	MN	2,152	0	74	221	384	653	633	187
	Total	21,374	0	794	1,933	4,859	6,694	5,618	1,476
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	8,591,829	267,506	1,096,403	1,522,096	1,947,928	1,987,071	1,366,678	404,147
	MN	224,948	72	2,842	5,391	13,379	20,773	20,593	161,898
	Total	8,816,777	267,578	1,099,245	1,527,487	1,961,307	2,007,844	1,387,271	566,045
3b. Average Period of Eligibility	CN	0.95	0.62	0.96	0.97	0.97	0.97	0.96	0.92
	MN	0.97	0.75	0.97	0.97	0.97	0.98	0.97	0.97
	Total	0.95	0.62	0.96	0.97	0.97	0.97	0.96	0.94
4. Expected Number of Screenings per Eligible	CN		4.34	2.40	0.97	0.97	0.97	0.96	0.92
	MN		5.25	2.43	0.97	0.97	0.98	0.97	0.97
	Total		4.34	2.40	0.97	0.97	0.97	0.96	0.94
5. Expected Number of Screenings	CN	988,180	157,060	227,882	127,291	162,592	166,000	113,784	33,571
	MN	19,087	42	590	449	1,113	1,740	1,719	13,434
	Total	1,007,267	157,102	228,472	127,740	163,705	167,740	115,503	47,005
6. Total Screens Received	CN	727,533	126,705	207,879	111,334	101,725	105,951	58,318	15,621
	MN	6,786	23	458	392	599	957	742	3,615
	Total	734,319	126,728	208,337	111,726	102,324	106,908	59,060	19,236
7. SCREENING RATIO	CN	0.74	0.81	0.91	0.87	0.63	0.64	0.51	0.47
	MN	0.36	0.55	0.78	0.87	0.54	0.55	0.43	0.27
	Total	0.73	0.81	0.91	0.87	0.63	0.64	0.51	0.41

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	734,378	36,189	94,951	127,291	162,592	166,000	113,784	33,571
	MN	18,706	8	243	449	1,113	1,740	1,719	13,434
	Total	753,084	36,197	95,194	127,740	163,705	167,740	115,503	47,005
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	434,060	32,782	79,374	91,397	85,265	87,932	47,274	10,036
	MN	5,359	7	202	315	528	853	649	2,805
	Total	439,419	32,789	79,576	91,712	85,793	88,785	47,923	12,841
10. PARTICIPANT RATIO	CN	0.59	0.91	0.84	0.72	0.52	0.53	0.42	0.30
	MN	0.29	0.88	0.83	0.70	0.47	0.49	0.38	0.21
	Total	0.58	0.91	0.84	0.72	0.52	0.53	0.41	0.27
11. Total Eligibles Referred for Corrective Treatment	CN	285,975	30,629	65,816	51,454	48,869	50,892	30,461	7,854
	MN	3,723	5	171	214	319	523	444	2,047
	Total	289,698	30,634	65,987	51,668	49,188	51,415	30,905	9,901
12a. Total Eligibles Receiving Any Dental Services	CN	378,852	211	19,122	69,424	110,298	106,299	61,601	11,897
	MN	7,817	0	57	246	777	1,186	996	4,555
	Total	386,669	211	19,179	69,670	111,075	107,485	62,597	16,452
12b. Total Eligibles Receiving Preventive Dental Services	CN	349,061	62	15,063	63,784	104,733	100,935	54,893	9,591
	MN	6,588	0	51	226	741	1,116	877	3,577
	Total	355,649	62	15,114	64,010	105,474	102,051	55,770	13,168
12c. Total Eligibles Receiving Dental Treatment Services	CN	168,537	11	2,009	22,287	49,938	51,130	36,051	7,111
	MN	4,564	0	9	76	342	590	575	2,972
	Total	173,101	11	2,018	22,363	50,280	51,720	36,626	10,083
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	50,862				30,090	20,772		
	MN	448				225	223		
	Total	51,310				30,315	20,995		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	367,767	210	18,974	68,262	108,116	102,884	58,181	11,140
	MN	7,419	0	57	239	752	1,138	932	4,301
	Total	375,186	210	19,031	68,501	108,868	104,022	59,113	15,441
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	17,278	19	989	3,156	7,039	4,664	1,258	153
	MN	179	0	1	9	45	54	16	54
	Total	17,457	19	990	3,165	7,084	4,718	1,274	207
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	378,875	214	19,126	69,439	110,298	106,300	61,601	11,897
	MN	7,817	0	57	246	777	1,186	996	4,555
	Total	386,692	214	19,183	69,685	111,075	107,486	62,597	16,452
13. Total Eligibles Enrolled in Managed Care	CN	756,138	36,189	94,951	131,228	167,621	171,134	118,525	36,490
	MN	19,257	8	243	463	1,147	1,775	1,772	13,849
	Total	775,395	36,197	95,194	131,691	168,768	172,909	120,297	50,339
14. Total Number of Screening Blood Lead Tests	CN	17,645	122	12,233	5,290				
	MN	34	0	24	10				
	Total	17,679	122	12,257	5,300				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	3,742,659	258,009	476,529	651,825	822,108	839,720	526,998	167,470
	MN	2,897	183	241	314	461	551	590	557
	Total	3,745,556	258,192	476,770	652,139	822,569	840,271	527,588	168,027
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	3,537,448	248,110	439,978	625,651	789,321	807,569	499,641	127,178
	MN	1,014	30	69	78	86	83	78	590
	Total	3,538,462	248,140	440,047	625,729	789,407	807,652	499,719	127,768
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	34,594,453	1,610,608	4,565,815	6,465,524	7,928,217	8,051,798	4,870,521	1,101,970
	MN	6,012	161	488	536	564	541	480	3,242
	Total	34,600,465	1,610,769	4,566,303	6,466,060	7,928,781	8,052,339	4,871,001	1,105,212
3b. Average Period of Eligibility	CN	0.81	0.54	0.86	0.86	0.84	0.83	0.81	0.72
	MN	0.49	0.45	0.59	0.57	0.55	0.54	0.51	0.46
	Total	0.81	0.54	0.86	0.86	0.84	0.83	0.81	0.72
4. Expected Number of Screenings per Eligible	CN		3.78	2.15	0.86	0.84	0.83	0.81	0.72
	MN		3.15	1.48	0.57	0.55	0.54	0.51	0.46
	Total		3.78	2.15	0.86	0.84	0.83	0.81	0.72
5. Expected Number of Screenings	CN	4,251,458	937,856	945,953	538,060	663,030	670,282	404,709	91,568
	MN	644	95	102	44	47	45	40	271
	Total	4,252,102	937,951	946,055	538,104	663,077	670,327	404,749	91,839
6. Total Screens Received	CN	3,467,820	897,678	923,359	498,944	451,140	465,596	215,192	15,911
	MN	378	52	76	58	44	39	17	92
	Total	3,468,198	897,730	923,435	499,002	451,184	465,635	215,209	16,003
7. SCREENING RATIO	CN	0.82	0.96	0.98	0.93	0.68	0.69	0.53	0.17
	MN	0.59	0.55	0.75	1.00	0.94	0.87	0.43	0.34
	Total	0.82	0.96	0.98	0.93	0.68	0.69	0.53	0.17

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	3,055,737	248,110	439,978	538,060	663,030	670,282	404,709	91,568
	MN	546	30	69	44	47	45	40	271
	Total	3,056,283	248,140	440,047	538,104	663,077	670,327	404,749	91,839
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	2,019,568	229,546	362,765	408,170	402,535	411,546	190,581	14,425
	MN	288	23	43	46	39	37	16	84
	Total	2,019,856	229,569	362,808	408,216	402,574	411,583	190,597	14,509
10. PARTICIPANT RATIO	CN	0.66	0.93	0.82	0.76	0.61	0.61	0.47	0.16
	MN	0.53	0.77	0.62	1.00	0.83	0.82	0.40	0.31
	Total	0.66	0.93	0.82	0.76	0.61	0.61	0.47	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	811,588	162,057	205,995	135,034	111,157	124,980	65,594	6,771
	MN	226	20	36	29	25	28	8	80
	Total	811,814	162,077	206,031	135,063	111,182	125,008	65,602	6,851
12a. Total Eligibles Receiving Any Dental Services	CN	2,101,386	33,768	255,627	423,827	545,556	526,487	278,227	37,894
	MN	377	3	30	43	44	43	30	184
	Total	2,101,763	33,771	255,657	423,870	545,600	526,530	278,257	38,078
12b. Total Eligibles Receiving Preventive Dental Services	CN	1,732,798	921	24,048	373,516	530,730	512,590	258,720	32,273
	MN	319	0	3	35	41	42	29	169
	Total	1,733,117	921	24,051	373,551	530,771	512,632	258,749	32,442
12c. Total Eligibles Receiving Dental Treatment Services	CN	977,031	144	14,585	163,891	313,992	292,271	169,926	22,222
	MN	255	0	1	19	27	27	19	162
	Total	977,286	144	14,586	163,910	314,019	292,298	169,945	22,384
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	320,593				162,987	157,606		
	MN	29				15	14		
	Total	320,622				163,002	157,620		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	2,071,829	33,736	255,357	420,853	538,914	518,785	268,004	36,180
	MN	374	3	30	42	44	42	29	184
	Total	2,072,203	33,739	255,387	420,895	538,958	518,827	268,033	36,364
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	136,300	19,245	99,833	17,222	0	0	0	0
	MN	17	0	11	6	0	0	0	0
	Total	136,317	19,245	99,844	17,228	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	2,150,833	46,320	288,727	427,622	545,556	526,487	278,227	37,894
	MN	387	3	37	46	44	43	30	184
	Total	2,151,220	46,323	288,764	427,668	545,600	526,530	278,257	38,078
13. Total Eligibles Enrolled in Managed Care	CN	3,134,989	231,438	417,163	573,296	701,256	693,936	421,162	96,738
	MN	307	18	55	50	58	48	52	26
	Total	3,135,296	231,456	417,218	573,346	701,314	693,984	421,214	96,764
14. Total Number of Screening Blood Lead Tests	CN	303,166	5,285	211,867	86,014				
	MN	42	0	22	20				
	Total	303,208	5,285	211,889	86,034				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	259,381	19,520	36,898	48,859	57,777	55,289	33,792	7,246
	MN	39	1	2	5	6	6	6	13
	Total	259,420	19,521	36,900	48,864	57,783	55,295	33,798	7,259
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	232,419	16,319	33,403	44,597	52,237	50,289	30,169	5,405
	MN	25	0	0	2	1	5	6	11
	Total	232,444	16,319	33,403	44,599	52,238	50,294	30,175	5,416
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	2,263,445	158,800	327,150	445,168	512,368	491,713	288,052	40,194
	MN	250	0	0	19	8	50	55	118
	Total	2,263,695	158,800	327,150	445,187	512,376	491,763	288,107	40,312
3b. Average Period of Eligibility	CN	0.81	0.81	0.82	0.83	0.82	0.81	0.80	0.62
	MN	0.83	0.00	0.00	0.79	0.67	0.83	0.76	0.89
	Total	0.81	0.81	0.82	0.83	0.82	0.81	0.80	0.62
4. Expected Number of Screenings per Eligible	CN		4.86	1.64	0.83	0.41	0.81	0.80	0.62
	MN		0.00	0.00	0.79	0.34	0.83	0.76	0.89
	Total		4.86	1.64	0.83	0.41	0.81	0.80	0.62
5. Expected Number of Screenings	CN	260,744	79,310	54,781	37,016	21,417	40,734	24,135	3,351
	MN	21	0	0	2	0	4	5	10
	Total	260,765	79,310	54,781	37,018	21,417	40,738	24,140	3,361
6. Total Screens Received	CN	200,305	62,634	65,877	27,053	17,206	18,218	8,912	405
	MN	1	0	0	0	0	0	1	0
	Total	200,306	62,634	65,877	27,053	17,206	18,218	8,913	405
7. SCREENING RATIO	CN	0.77	0.79	1.00	0.73	0.80	0.45	0.37	0.12
	MN	0.05	0.00	0.00	0.00	0.00	0.00	0.20	0.00
	Total	0.77	0.79	1.00	0.73	0.80	0.45	0.37	0.12



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	176,375	16,319	33,403	37,016	21,417	40,734	24,135	3,351
	MN	21	0	0	2	0	4	5	10
	Total	176,396	16,319	33,403	37,018	21,417	40,738	24,140	3,361
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	100,727	15,135	25,342	22,018	14,864	15,592	7,426	350
	MN	1	0	0	0	0	0	1	0
	Total	100,728	15,135	25,342	22,018	14,864	15,592	7,427	350
10. PARTICIPANT RATIO	CN	0.57	0.93	0.76	0.59	0.69	0.38	0.31	0.10
	MN	0.05	0.00	0.00	0.00	0.00	0.00	0.20	0.00
	Total	0.57	0.93	0.76	0.59	0.69	0.38	0.31	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	64,523	14,608	20,012	10,487	6,891	7,813	4,456	256
	MN	1	0	0	0	0	0	1	0
	Total	64,524	14,608	20,012	10,487	6,891	7,813	4,457	256
12a. Total Eligibles Receiving Any Dental Services	CN	104,698	168	7,487	23,303	30,749	27,490	14,061	1,440
	MN	11	0	0	1	0	4	1	5
	Total	104,709	168	7,487	23,304	30,749	27,494	14,062	1,445
12b. Total Eligibles Receiving Preventive Dental Services	CN	101,945	157	7,457	22,850	30,090	26,703	13,340	1,348
	MN	9	0	0	1	0	2	1	5
	Total	101,954	157	7,457	22,851	30,090	26,705	13,341	1,353
12c. Total Eligibles Receiving Dental Treatment Services	CN	49,351	35	1,050	9,273	15,753	13,693	8,576	971
	MN	8	0	0	1	0	4	0	3
	Total	49,359	35	1,050	9,274	15,753	13,697	8,576	974
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	16,394				8,291	8,103		
	MN	0				0	0		
	Total	16,394				8,291	8,103		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	100,756	157	7,438	22,754	29,555	26,299	13,216	1,337
	MN	9	0	0	1	0	2	1	5
	Total	100,765	157	7,438	22,755	29,555	26,301	13,217	1,342
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	399	2	240	157	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	399	2	240	157	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	105,097	170	7,727	23,460	30,749	27,490	14,061	1,440
	MN	11	0	0	1	0	4	1	5
	Total	105,108	170	7,727	23,461	30,749	27,494	14,062	1,445
13. Total Eligibles Enrolled in Managed Care	CN	205,900	14,357	29,553	40,023	46,828	44,680	26,199	4,260
	MN	22	0	0	2	1	5	4	10
	Total	205,922	14,357	29,553	40,025	46,829	44,685	26,203	4,270
14. Total Number of Screening Blood Lead Tests	CN	10,066	1,990	6,231	1,845				
	MN	0	0	0	0				
	Total	10,066	1,990	6,231	1,845				

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2014  
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	56,494	1,942	6,303	9,416	12,584	14,294	10,227	1,728
	MN	1,505	27	86	75	109	146	421	641
	Total	57,999	1,969	6,389	9,491	12,693	14,440	10,648	2,369
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	56,255	1,870	6,287	9,391	12,554	14,242	10,191	1,720
	MN	1,503	27	86	75	109	146	421	639
	Total	57,758	1,897	6,373	9,466	12,663	14,388	10,612	2,359
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	6,864	118	555	691	1,424	1,969	1,618	489
	MN	0	0	0	0	0	0	0	0
	Total	6,864	118	555	691	1,424	1,969	1,618	489
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	650,369	15,207	73,444	109,963	147,432	167,085	118,890	18,348
	MN	17,417	236	1,010	871	1,291	1,722	4,962	7,325
	Total	667,786	15,443	74,454	110,834	148,723	168,807	123,852	25,673
3b. Average Period of Eligibility	CN	0.96	0.68	0.97	0.98	0.98	0.98	0.97	0.89
	MN	0.97	0.73	0.98	0.97	0.99	0.98	0.98	0.96
	Total	0.96	0.68	0.97	0.98	0.98	0.98	0.97	0.91
4. Expected Number of Screenings per Eligible	CN		4.76	2.43	0.98	0.98	0.98	0.97	0.89
	MN		5.11	2.45	0.97	0.99	0.98	0.98	0.96
	Total		4.76	2.43	0.98	0.98	0.98	0.97	0.91
5. Expected Number of Screenings	CN	71,057	8,901	15,277	9,203	12,303	13,957	9,885	1,531
	MN	1,699	138	211	73	108	143	413	613
	Total	72,756	9,039	15,488	9,276	12,411	14,100	10,298	2,144
6. Total Screens Received	CN	43,885	7,479	12,631	6,375	6,281	6,838	4,035	246
	MN	727	173	178	59	48	73	118	78
	Total	44,612	7,652	12,809	6,434	6,329	6,911	4,153	324
7. SCREENING RATIO	CN	0.62	0.84	0.83	0.69	0.51	0.49	0.41	0.16
	MN	0.43	1.00	0.84	0.81	0.44	0.51	0.29	0.13
	Total	0.61	0.85	0.83	0.69	0.51	0.49	0.40	0.15

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	55,036	1,870	6,287	9,203	12,303	13,957	9,885	1,531
	MN	1,463	27	86	73	108	143	413	613
	Total	56,499	1,897	6,373	9,276	12,411	14,100	10,298	2,144
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	29,863	1,870	5,263	5,825	6,102	6,676	3,890	237
	MN	460	27	74	52	47	71	113	76
	Total	30,323	1,897	5,337	5,877	6,149	6,747	4,003	313
10. PARTICIPANT RATIO	CN	0.54	1.00	0.84	0.63	0.50	0.48	0.39	0.15
	MN	0.31	1.00	0.86	0.71	0.44	0.50	0.27	0.12
	Total	0.54	1.00	0.84	0.63	0.50	0.48	0.39	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	34,149	10	1,636	5,795	9,416	10,122	6,509	661
	MN	660	0	24	41	73	103	237	182
	Total	34,809	10	1,660	5,836	9,489	10,225	6,746	843
12b. Total Eligibles Receiving Preventive Dental Services	CN	33,775	9	1,629	5,760	9,337	10,017	6,387	636
	MN	639	0	24	41	73	102	225	174
	Total	34,414	9	1,653	5,801	9,410	10,119	6,612	810
12c. Total Eligibles Receiving Dental Treatment Services	CN	12,589	1	233	1,599	3,691	3,743	2,978	344
	MN	313	0	4	9	33	44	116	107
	Total	12,902	1	237	1,608	3,724	3,787	3,094	451
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,048				2,116	1,932		
	MN	34				17	17		
	Total	4,082				2,133	1,949		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	30,759	9	1,441	5,273	8,549	9,130	5,785	572
	MN	566	0	21	38	70	93	193	151
	Total	31,325	9	1,462	5,311	8,619	9,223	5,978	723
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,170	51	521	369	162	32	30	5
	MN	17	0	11	3	1	1	1	0
	Total	1,187	51	532	372	163	33	31	5
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	34,578	60	1,969	5,837	9,416	10,123	6,512	661
	MN	668	0	32	41	73	103	237	182
	Total	35,246	60	2,001	5,878	9,489	10,226	6,749	843
13. Total Eligibles Enrolled in Managed Care	CN	53,881	1,902	6,093	9,050	12,030	13,484	9,635	1,687
	MN	1,505	27	86	75	109	146	421	641
	Total	55,386	1,929	6,179	9,125	12,139	13,630	10,056	2,328
14. Total Number of Screening Blood Lead Tests	CN	5,282	23	4,422	837				
	MN	89	0	70	19				
	Total	5,371	23	4,492	856				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	716,096	43,638	86,414	122,182	157,782	161,674	108,376	36,030
	MN	257	48	63	10	22	22	31	61
	Total	716,353	43,686	86,477	122,192	157,804	161,696	108,407	36,091
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	665,260	30,395	81,838	116,063	149,877	153,873	102,577	30,637
	MN	176	22	46	7	15	19	21	46
	Total	665,436	30,417	81,884	116,070	149,892	153,892	102,598	30,683
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	87,760	1	2	6	28,708	33,017	22,387	3,639
	MN	0	0	0	0	0	0	0	0
	Total	87,760	1	2	6	28,708	33,017	22,387	3,639
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	6,861,178	225,574	837,565	1,224,601	1,577,135	1,650,631	1,089,417	256,255
	MN	1,281	175	340	50	107	132	160	317
	Total	6,862,459	225,749	837,905	1,224,651	1,577,242	1,650,763	1,089,577	256,572
3b. Average Period of Eligibility	CN	0.86	0.62	0.85	0.88	0.88	0.89	0.89	0.70
	MN	0.61	0.66	0.62	0.60	0.59	0.58	0.63	0.57
	Total	0.86	0.62	0.85	0.88	0.88	0.89	0.88	0.70
4. Expected Number of Screenings per Eligible	CN		3.72	1.70	0.88	0.44	0.53	0.45	0.35
	MN		3.96	1.24	0.60	0.30	0.35	0.32	0.29
	Total		3.72	1.70	0.88	0.44	0.53	0.44	0.35
5. Expected Number of Screenings	CN	558,711	113,069	139,125	102,135	65,946	81,553	46,160	10,723
	MN	180	87	57	4	5	7	7	13
	Total	558,891	113,156	139,182	102,139	65,951	81,560	46,167	10,736
6. Total Screens Received	CN	483,154	90,361	151,975	83,390	56,849	62,826	34,221	3,532
	MN	203	76	107	0	4	8	5	3
	Total	483,357	90,437	152,082	83,390	56,853	62,834	34,226	3,535
7. SCREENING RATIO	CN	0.86	0.80	1.00	0.82	0.86	0.77	0.74	0.33
	MN	1.00	0.87	1.00	0.00	0.80	1.00	0.71	0.23
	Total	0.86	0.80	1.00	0.82	0.86	0.77	0.74	0.33

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	418,750	30,395	81,838	102,135	65,946	81,553	46,160	10,723
	MN	104	22	46	4	5	7	7	13
	Total	418,854	30,417	81,884	102,139	65,951	81,560	46,167	10,736
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	310,874	24,403	65,747	75,120	53,588	58,379	30,639	2,998
	MN	81	21	40	0	4	8	5	3
	Total	310,955	24,424	65,787	75,120	53,592	58,387	30,644	3,001
10. PARTICIPANT RATIO	CN	0.74	0.80	0.80	0.74	0.81	0.72	0.66	0.28
	MN	0.78	0.95	0.87	0.00	0.80	1.00	0.71	0.23
	Total	0.74	0.80	0.80	0.74	0.81	0.72	0.66	0.28
11. Total Eligibles Referred for Corrective Treatment	CN	191,510	22,949	52,646	38,141	27,253	30,525	17,955	2,041
	MN	69	19	36	0	4	5	2	3
	Total	191,579	22,968	52,682	38,141	27,257	30,530	17,957	2,044
12a. Total Eligibles Receiving Any Dental Services	CN	332,345	181	19,439	64,787	95,612	92,781	52,234	7,311
	MN	30	0	0	0	9	8	7	6
	Total	332,375	181	19,439	64,787	95,621	92,789	52,241	7,317
12b. Total Eligibles Receiving Preventive Dental Services	CN	313,189	103	17,845	61,989	92,297	88,012	47,055	5,888
	MN	24	0	0	0	9	5	6	4
	Total	313,213	103	17,845	61,989	92,306	88,017	47,061	5,892
12c. Total Eligibles Receiving Dental Treatment Services	CN	175,309	43	3,802	26,049	52,918	54,054	33,828	4,615
	MN	16	0	0	0	4	5	3	4
	Total	175,325	43	3,802	26,049	52,922	54,059	33,831	4,619
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	42,529				25,137	17,392		
	MN	5				4	1		
	Total	42,534				25,141	17,393		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	319,997	133	17,957	63,283	93,132	89,110	49,545	6,837
	MN	27	0	0	0	8	6	7	6
	Total	320,024	133	17,957	63,283	93,140	89,116	49,552	6,843
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,095	38	1,758	1,145	644	274	189	47
	MN	3	0	2	0	1	0	0	0
	Total	4,098	38	1,760	1,145	645	274	189	47
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	334,080	218	20,618	65,085	95,714	92,841	52,279	7,325
	MN	32	0	2	0	9	8	7	6
	Total	334,112	218	20,620	65,085	95,723	92,849	52,286	7,331
13. Total Eligibles Enrolled in Managed Care	CN	610,095	28,983	78,788	109,856	139,705	140,406	91,414	20,943
	MN	1	0	1	0	0	0	0	0
	Total	610,096	28,983	78,789	109,856	139,705	140,406	91,414	20,943
14. Total Number of Screening Blood Lead Tests	CN	50,389	482	29,029	20,878				
	MN	13	1	12	0				
	Total	50,402	483	29,041	20,878				



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	868,604	45,826	97,412	143,880	187,697	198,088	141,863	53,838
	MN	133	1	6	15	21	22	49	19
	Total	868,737	45,827	97,418	143,895	187,718	198,110	141,912	53,857
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	826,683	37,196	93,648	138,901	181,552	191,259	136,251	47,876
	MN	62	0	2	8	12	10	22	8
	Total	826,745	37,196	93,650	138,909	181,564	191,269	136,273	47,884
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	8,789,812	272,596	1,020,843	1,514,854	1,992,567	2,096,998	1,465,404	426,550
	MN	351	2	10	44	55	54	130	56
	Total	8,790,163	272,598	1,020,853	1,514,898	1,992,622	2,097,052	1,465,534	426,606
3b. Average Period of Eligibility	CN	0.89	0.61	0.91	0.91	0.91	0.91	0.90	0.74
	MN	0.47	0.00	0.42	0.46	0.38	0.45	0.49	0.58
	Total	0.89	0.61	0.91	0.91	0.91	0.91	0.90	0.74
4. Expected Number of Screenings per Eligible	CN		3.05	1.37	0.91	0.46	0.55	0.45	0.37
	MN		0.00	0.63	0.46	0.19	0.27	0.25	0.29
	Total		3.05	1.37	0.91	0.46	0.55	0.45	0.37
5. Expected Number of Screenings	CN	635,879	113,448	128,298	126,400	83,514	105,192	61,313	17,714
	MN	18	0	1	4	2	3	6	2
	Total	635,897	113,448	128,299	126,404	83,516	105,195	61,319	17,716
6. Total Screens Received	CN	587,617	120,842	176,252	89,605	72,068	79,461	41,345	8,044
	MN	2	0	0	2	0	0	0	0
	Total	587,619	120,842	176,252	89,607	72,068	79,461	41,345	8,044
7. SCREENING RATIO	CN	0.92	1.00	1.00	0.71	0.86	0.76	0.67	0.45
	MN	0.11	0.00	0.00	0.50	0.00	0.00	0.00	0.00
	Total	0.92	1.00	1.00	0.71	0.86	0.76	0.67	0.45

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	524,977	37,196	93,648	126,400	83,514	105,192	61,313	17,714
	MN	18	0	1	4	2	3	6	2
	Total	524,995	37,196	93,649	126,404	83,516	105,195	61,319	17,716
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	370,988	33,611	74,535	80,926	66,515	72,716	36,856	5,829
	MN	2	0	0	2	0	0	0	0
	Total	370,990	33,611	74,535	80,928	66,515	72,716	36,856	5,829
10. PARTICIPANT RATIO	CN	0.71	0.90	0.80	0.64	0.80	0.69	0.60	0.33
	MN	0.11	0.00	0.00	0.50	0.00	0.00	0.00	0.00
	Total	0.71	0.90	0.80	0.64	0.80	0.69	0.60	0.33
11. Total Eligibles Referred for Corrective Treatment	CN	24,474	5,543	6,760	2,730	3,060	3,613	2,299	469
	MN	0	0	0	0	0	0	0	0
	Total	24,474	5,543	6,760	2,730	3,060	3,613	2,299	469
12a. Total Eligibles Receiving Any Dental Services	CN	476,554	3,130	48,319	92,952	125,482	121,655	71,218	13,798
	MN	16	0	1	5	1	0	7	2
	Total	476,570	3,130	48,320	92,957	125,483	121,655	71,225	13,800
12b. Total Eligibles Receiving Preventive Dental Services	CN	437,506	1,752	44,573	89,209	120,116	112,831	59,605	9,420
	MN	14	0	1	3	1	0	7	2
	Total	437,520	1,752	44,574	89,212	120,117	112,831	59,612	9,422
12c. Total Eligibles Receiving Dental Treatment Services	CN	278,697	1,577	29,253	63,929	70,614	62,780	42,293	8,251
	MN	11	0	1	5	1	0	3	1
	Total	278,708	1,577	29,254	63,934	70,615	62,780	42,296	8,252
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	68,914				38,413	30,501		
	MN	0				0	0		
	Total	68,914				38,413	30,501		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	447,882	2,468	44,820	88,597	118,713	114,977	65,797	12,510
	MN	12	0	0	4	1	0	5	2
	Total	447,894	2,468	44,820	88,601	118,714	114,977	65,802	12,512
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	52,040	1,190	12,242	16,781	10,869	6,073	3,992	893
	MN	3	0	0	1	1	0	1	0
	Total	52,043	1,190	12,242	16,782	10,870	6,073	3,993	893
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	479,780	3,163	48,583	93,365	126,903	122,614	71,305	13,847
	MN	17	0	1	5	2	0	7	2
	Total	479,797	3,163	48,584	93,370	126,905	122,614	71,312	13,849
13. Total Eligibles Enrolled in Managed Care	CN	765,268	39,959	89,573	130,219	166,424	171,639	121,202	46,252
	MN	31	0	1	2	6	2	16	4
	Total	765,299	39,959	89,574	130,221	166,430	171,641	121,218	46,256
14. Total Number of Screening Blood Lead Tests	CN	15,609	228	10,060	5,321				
	MN	0	0	0	0				
	Total	15,609	228	10,060	5,321				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	239,109	13,909	27,589	38,622	48,256	53,646	39,162	17,925
	MN	172	1	0	2	2	0	14	153
	Total	239,281	13,910	27,589	38,624	48,258	53,646	39,176	18,078
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	224,864	9,920	26,615	37,297	46,379	51,444	37,258	15,951
	MN	158	0	0	2	2	0	10	144
	Total	225,022	9,920	26,615	37,299	46,381	51,444	37,268	16,095
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	2,462,623	73,419	298,857	416,791	517,849	573,045	415,069	167,593
	MN	1,481	1	0	15	13	0	86	1,366
	Total	2,464,104	73,420	298,857	416,806	517,862	573,045	415,155	168,959
3b. Average Period of Eligibility	CN	0.91	0.62	0.94	0.93	0.93	0.93	0.93	0.88
	MN	0.78	0.00	0.00	0.63	0.54	0.00	0.72	0.79
	Total	0.91	0.62	0.94	0.93	0.93	0.93	0.93	0.87
4. Expected Number of Screenings per Eligible	CN		4.34	1.88	0.93	0.47	0.93	0.93	0.88
	MN		0.00	0.00	0.63	0.27	0.00	0.72	0.79
	Total		4.34	1.88	0.93	0.47	0.93	0.93	0.87
5. Expected Number of Screenings	CN	246,103	43,053	50,036	34,686	21,798	47,843	34,650	14,037
	MN	123	0	0	1	1	0	7	114
	Total	246,226	43,053	50,036	34,687	21,799	47,843	34,657	14,151
6. Total Screens Received	CN	242,868	48,707	55,341	46,612	34,494	36,732	19,549	1,433
	MN	15	0	0	0	0	0	5	10
	Total	242,883	48,707	55,341	46,612	34,494	36,732	19,554	1,443
7. SCREENING RATIO	CN	0.99	1.00	1.00	1.00	1.00	0.77	0.56	0.10
	MN	0.12	0.00	0.00	0.00	0.00	0.00	0.71	0.09
	Total	0.99	1.00	1.00	1.00	1.00	0.77	0.56	0.10

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	189,549	9,920	26,615	34,686	21,798	47,843	34,650	14,037
	MN	123	0	0	1	1	0	7	114
	Total	189,672	9,920	26,615	34,687	21,799	47,843	34,657	14,151
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	101,392	9,592	22,255	22,985	16,740	18,563	10,192	1,065
	MN	14	0	0	0	0	0	4	10
	Total	101,406	9,592	22,255	22,985	16,740	18,563	10,196	1,075
10. PARTICIPANT RATIO	CN	0.53	0.97	0.84	0.66	0.77	0.39	0.29	0.08
	MN	0.11	0.00	0.00	0.00	0.00	0.00	0.57	0.09
	Total	0.53	0.97	0.84	0.66	0.77	0.39	0.29	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	26,160	1,978	2,059	5,429	5,472	6,430	4,300	492
	MN	9	0	0	0	0	0	2	7
	Total	26,169	1,978	2,059	5,429	5,472	6,430	4,302	499
12a. Total Eligibles Receiving Any Dental Services	CN	110,387	219	6,003	22,190	29,352	30,555	18,780	3,288
	MN	37	0	0	0	1	0	5	31
	Total	110,424	219	6,003	22,190	29,353	30,555	18,785	3,319
12b. Total Eligibles Receiving Preventive Dental Services	CN	97,705	118	4,622	20,262	27,068	27,618	15,744	2,273
	MN	23	0	0	0	1	0	3	19
	Total	97,728	118	4,622	20,262	27,069	27,618	15,747	2,292
12c. Total Eligibles Receiving Dental Treatment Services	CN	109,163	170	5,819	21,998	29,030	30,248	18,620	3,278
	MN	36	0	0	0	1	0	5	30
	Total	109,199	170	5,819	21,998	29,031	30,248	18,625	3,308
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	15,743				7,365	8,378		
	MN	0				0	0		
	Total	15,743				7,365	8,378		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	102,998	160	5,671	21,147	27,531	28,379	17,134	2,976
	MN	33	0	0	0	1	0	5	27
	Total	103,031	160	5,671	21,147	27,532	28,379	17,139	3,003
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	15	0	0	2	3	7	3	0
	MN	0	0	0	0	0	0	0	0
	Total	15	0	0	2	3	7	3	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	110,402	219	6,003	22,192	29,355	30,562	18,783	3,288
	MN	37	0	0	0	1	0	5	31
	Total	110,439	219	6,003	22,192	29,356	30,562	18,788	3,319
13. Total Eligibles Enrolled in Managed Care	CN	166,202	11,424	21,148	29,532	35,978	38,669	26,161	3,290
	MN	21	0	0	0	1	0	8	12
	Total	166,223	11,424	21,148	29,532	35,979	38,669	26,169	3,302
14. Total Number of Screening Blood Lead Tests	CN	13,185	780	9,005	3,400				
	MN	0	0	0	0				
	Total	13,185	780	9,005	3,400				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	598,428	35,136	69,850	102,145	129,174	134,668	93,301	34,154
	MN	82	2	4	4	12	19	18	23
	Total	598,510	35,138	69,854	102,149	129,186	134,687	93,319	34,177
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	557,751	25,425	66,668	97,746	123,033	127,851	87,609	29,419
	MN	53	0	3	1	8	12	9	20
	Total	557,804	25,425	66,671	97,747	123,041	127,863	87,618	29,439
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	86,224	0	8	19	27,374	33,373	22,762	2,688
	MN	0	0	0	0	0	0	0	0
	Total	86,224	0	8	19	27,374	33,373	22,762	2,688
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	5,867,193	195,942	715,761	1,063,062	1,331,241	1,382,748	929,169	249,270
	MN	365	0	20	6	51	78	63	147
	Total	5,867,558	195,942	715,781	1,063,068	1,331,292	1,382,826	929,232	249,417
3b. Average Period of Eligibility	CN	0.88	0.64	0.89	0.91	0.90	0.90	0.88	0.71
	MN	0.57	0.00	0.56	0.50	0.53	0.54	0.58	0.61
	Total	0.88	0.64	0.89	0.91	0.90	0.90	0.88	0.71
4. Expected Number of Screenings per Eligible	CN		3.20	1.78	0.91	0.45	0.54	0.44	0.36
	MN		0.00	1.12	0.50	0.27	0.32	0.29	0.31
	Total		3.20	1.78	0.91	0.45	0.54	0.44	0.36
5. Expected Number of Screenings	CN	462,522	81,360	118,669	88,949	55,365	69,040	38,548	10,591
	MN	19	0	3	1	2	4	3	6
	Total	462,541	81,360	118,672	88,950	55,367	69,044	38,551	10,597
6. Total Screens Received	CN	549,181	133,620	163,866	79,897	64,020	67,747	34,868	5,163
	MN	6	0	4	0	0	1	1	0
	Total	549,187	133,620	163,870	79,897	64,020	67,748	34,869	5,163
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.90	1.00	0.98	0.90	0.49
	MN	0.32	0.00	1.00	0.00	0.00	0.25	0.33	0.00
	Total	1.00	1.00	1.00	0.90	1.00	0.98	0.90	0.49

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2014

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	354,586	25,425	66,668	88,949	55,365	69,040	38,548	10,591
	MN	19	0	3	1	2	4	3	6
	Total	354,605	25,425	66,671	88,950	55,367	69,044	38,551	10,597
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	270,910	24,102	54,409	58,615	50,547	51,865	27,207	4,165
	MN	5	0	3	0	0	1	1	0
	Total	270,915	24,102	54,412	58,615	50,547	51,866	27,208	4,165
10. PARTICIPANT RATIO	CN	0.76	0.95	0.82	0.66	0.91	0.75	0.71	0.39
	MN	0.26	0.00	1.00	0.00	0.00	0.25	0.33	0.00
	Total	0.76	0.95	0.82	0.66	0.91	0.75	0.71	0.39
11. Total Eligibles Referred for Corrective Treatment	CN	200,068	23,627	48,286	38,971	31,227	34,311	20,209	3,437
	MN	4	0	3	0	0	0	1	0
	Total	200,072	23,627	48,289	38,971	31,227	34,311	20,210	3,437
12a. Total Eligibles Receiving Any Dental Services	CN	152,930	52	4,036	28,033	49,447	44,687	22,801	3,874
	MN	6	0	0	0	2	2	1	1
	Total	152,936	52	4,036	28,033	49,449	44,689	22,802	3,875
12b. Total Eligibles Receiving Preventive Dental Services	CN	139,488	16	3,419	26,354	46,769	41,372	18,956	2,602
	MN	6	0	0	0	2	2	1	1
	Total	139,494	16	3,419	26,354	46,771	41,374	18,957	2,603
12c. Total Eligibles Receiving Dental Treatment Services	CN	60,591	16	519	9,229	19,294	17,414	11,867	2,252
	MN	1	0	0	0	1	0	0	0
	Total	60,592	16	519	9,229	19,295	17,414	11,867	2,252
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	29,440				16,572	12,868		
	MN	3				2	1		
	Total	29,443				16,574	12,869		



## Annual EPSDT Participation Report

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Fiscal Year: 2014

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	141,272	47	3,736	26,908	45,881	40,991	20,269	3,440
	MN	5	0	0	0	2	1	1	1
	Total	141,277	47	3,736	26,908	45,883	40,992	20,270	3,441
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	83,410	416	9,944	19,188	23,592	18,948	9,511	1,811
	MN	1	0	1	0	0	0	0	0
	Total	83,411	416	9,945	19,188	23,592	18,948	9,511	1,811
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	214,362	464	13,253	41,588	65,135	58,350	30,176	5,396
	MN	7	0	1	0	2	2	1	1
	Total	214,369	464	13,254	41,588	65,137	58,352	30,177	5,397
13. Total Eligibles Enrolled in Managed Care	CN	528,417	31,749	64,815	93,981	115,540	116,297	78,870	27,165
	MN	37	0	4	3	8	11	6	5
	Total	528,454	31,749	64,819	93,984	115,548	116,308	78,876	27,170
14. Total Number of Screening Blood Lead Tests	CN	61,090	1,222	39,575	20,293				
	MN	1	0	1	0				
	Total	61,091	1,222	39,576	20,293				

Annual EPSDT Participation Report  
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Fiscal Year: 2014  
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	57,708	3,551	7,354	10,124	12,926	12,369	8,637	2,747
	MN	0	0	0	0	0	0	0	0
	Total	57,708	3,551	7,354	10,124	12,926	12,369	8,637	2,747
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	53,446	2,920	6,880	9,464	12,153	11,657	8,062	2,310
	MN	0	0	0	0	0	0	0	0
	Total	53,446	2,920	6,880	9,464	12,153	11,657	8,062	2,310
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	569,861	21,183	75,635	103,882	132,440	127,345	87,517	21,859
	MN	0	0	0	0	0	0	0	0
	Total	569,861	21,183	75,635	103,882	132,440	127,345	87,517	21,859
3b. Average Period of Eligibility	CN	0.89	0.60	0.92	0.91	0.91	0.91	0.90	0.79
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.60	0.92	0.91	0.91	0.91	0.90	0.79
4. Expected Number of Screenings per Eligible	CN		4.20	1.84	0.91	0.46	0.91	0.90	0.79
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.20	1.84	0.91	0.46	0.91	0.90	0.79
5. Expected Number of Screenings	CN	58,814	12,264	12,659	8,612	5,590	10,608	7,256	1,825
	MN	0	0	0	0	0	0	0	0
	Total	58,814	12,264	12,659	8,612	5,590	10,608	7,256	1,825
6. Total Screens Received	CN	35,843	11,218	11,912	4,830	2,503	3,387	1,869	124
	MN	0	0	0	0	0	0	0	0
	Total	35,843	11,218	11,912	4,830	2,503	3,387	1,869	124
7. SCREENING RATIO	CN	0.61	0.91	0.94	0.56	0.45	0.32	0.26	0.07
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	0.91	0.94	0.56	0.45	0.32	0.26	0.07

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Fiscal Year: 2014

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	43,691	2,920	6,880	8,612	5,590	10,608	7,256	1,825
	MN	0	0	0	0	0	0	0	0
	Total	43,691	2,920	6,880	8,612	5,590	10,608	7,256	1,825
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	19,068	2,685	4,958	4,228	2,350	3,071	1,662	114
	MN	0	0	0	0	0	0	0	0
	Total	19,068	2,685	4,958	4,228	2,350	3,071	1,662	114
10. PARTICIPANT RATIO	CN	0.44	0.92	0.72	0.49	0.42	0.29	0.23	0.06
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.44	0.92	0.72	0.49	0.42	0.29	0.23	0.06
11. Total Eligibles Referred for Corrective Treatment	CN	347	65	104	65	30	41	42	0
	MN	0	0	0	0	0	0	0	0
	Total	347	65	104	65	30	41	42	0
12a. Total Eligibles Receiving Any Dental Services	CN	24,058	32	1,242	4,699	7,146	6,400	3,913	626
	MN	0	0	0	0	0	0	0	0
	Total	24,058	32	1,242	4,699	7,146	6,400	3,913	626
12b. Total Eligibles Receiving Preventive Dental Services	CN	21,964	22	1,041	4,332	6,737	5,991	3,379	462
	MN	0	0	0	0	0	0	0	0
	Total	21,964	22	1,041	4,332	6,737	5,991	3,379	462
12c. Total Eligibles Receiving Dental Treatment Services	CN	12,182	3	202	1,973	3,877	3,371	2,342	414
	MN	0	0	0	0	0	0	0	0
	Total	12,182	3	202	1,973	3,877	3,371	2,342	414
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	3,709				2,098	1,611		
	MN	0				0	0		
	Total	3,709				2,098	1,611		

## Annual EPSDT Participation Report

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Fiscal Year: 2014

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	22,883	31	1,230	4,530	6,817	6,075	3,644	556
	MN	0	0	0	0	0	0	0	0
	Total	22,883	31	1,230	4,530	6,817	6,075	3,644	556
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,084	32	723	383	406	358	153	29
	MN	0	0	0	0	0	0	0	0
	Total	2,084	32	723	383	406	358	153	29
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	25,761	64	1,852	4,972	7,471	6,720	4,036	646
	MN	0	0	0	0	0	0	0	0
	Total	25,761	64	1,852	4,972	7,471	6,720	4,036	646
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	1,748	8	909	831				
	MN	0	0	0	0				
	Total	1,748	8	909	831				