

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Alabama

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	491,853	36,660	67,394	88,113	94,101	103,810	70,288	31,487
	MN	0	0	0	0	0	0	0	0
	Total	491,853	36,660	67,394	88,113	94,101	103,810	70,288	31,487
2a. State Periodicity Schedule	CN		5	4	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,899,414	331,121	686,168	899,953	954,330	1,056,888	702,455	268,499
	MN	0	0	0	0	0	0	0	0
	Total	4,899,414	331,121	686,168	899,953	954,330	1,056,888	702,455	268,499
3b. Average Period of Eligibility	CN	0.83	0.75	0.85	0.85	0.85	0.85	0.83	0.71
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	0.75	0.85	0.85	0.85	0.85	0.83	0.71
4. Expected Number of Screenings per Eligible	CN		3.75	1.70	0.85	0.85	0.85	0.83	0.71
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.75	1.70	0.85	0.85	0.85	0.83	0.71
5. Expected Number of Screenings	CN	575,861	137,475	114,570	74,896	79,986	88,239	58,339	22,356
	MN	0	0	0	0	0	0	0	0
	Total	575,861	137,475	114,570	74,896	79,986	88,239	58,339	22,356
6. Total Screens Received	CN	311,981	127,329	68,583	43,450	28,089	30,810	13,265	455
	MN	0	0	0	0	0	0	0	0
	Total	311,981	127,329	68,583	43,450	28,089	30,810	13,265	455
7. Screening Ratio	CN	0.54	0.93	0.60	0.58	0.35	0.35	0.23	0.02
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.93	0.60	0.58	0.35	0.35	0.23	0.02
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	427,870	36,660	67,394	74,896	79,986	88,239	58,339	22,356
	MN	0	0	0	0	0	0	0	0
	Total	427,870	36,660	67,394	74,896	79,986	88,239	58,339	22,356
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	202,525	45,771	45,101	41,684	27,034	29,591	12,898	446
	MN	0	0	0	0	0	0	0	0
	Total	202,525	45,771	45,101	41,684	27,034	29,591	12,898	446

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State: Alabama

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.47	1.00	0.67	0.56	0.34	0.34	0.22	0.02
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.47	1.00	0.67	0.56	0.34	0.34	0.22	0.02
11. Total Eligibles Referred for Corrective Treatment	CN	62,462	13,489	11,610	11,113	9,594	10,357	5,768	531
	MN	0	0	0	0	0	0	0	0
	Total	62,462	13,489	11,610	11,113	9,594	10,357	5,768	531
12a. Total Eligibles Receiving Any Dental Services	CN	169,766	134	8,315	42,193	46,860	45,740	24,720	1,804
	MN	0	0	0	0	0	0	0	0
	Total	169,766	134	8,315	42,193	46,860	45,740	24,720	1,804
12b. Total Eligibles Receiving Preventive Dental Services	CN	150,182	47	6,352	37,532	43,070	41,531	20,430	1,220
	MN	0	0	0	0	0	0	0	0
	Total	150,182	47	6,352	37,532	43,070	41,531	20,430	1,220
12c. Total Eligibles Receiving Dental Treatment Services	CN	93,101	34	2,733	20,833	27,410	24,879	15,922	1,290
	MN	0	0	0	0	0	0	0	0
	Total	93,101	34	2,733	20,833	27,410	24,879	15,922	1,290
13. Total Eligibles Enrolled in Managed Care	CN	366,905	2,992	58,812	74,122	78,665	85,336	54,085	12,893
	MN	0	0	0	0	0	0	0	0
	Total	366,905	2,992	58,812	74,122	78,665	85,336	54,085	12,893
14. Total Number of Screening Blood Lead Tests	CN	34,360	5,661	18,718	9,981				
	MN	0	0	0	0				
	Total	34,360	5,661	18,718	9,981				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Alaska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	88,347	5,823	11,203	14,405	16,794	20,709	15,153	4,260
	MN	0	0	0	0	0	0	0	0
	Total	88,347	5,823	11,203	14,405	16,794	20,709	15,153	4,260
2a. State Periodicity Schedule	CN		5	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	813,075	35,750	105,502	136,854	162,503	200,889	142,279	29,298
	MN	0	0	0	0	0	0	0	0
	Total	813,075	35,750	105,502	136,854	162,503	200,889	142,279	29,298
3b. Average Period of Eligibility	CN	0.77	0.51	0.78	0.79	0.81	0.81	0.78	0.57
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.77	0.51	0.78	0.79	0.81	0.81	0.78	0.57
4. Expected Number of Screenings per Eligible	CN		2.55	1.56	0.79	0.41	0.49	0.39	0.29
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.55	1.56	0.79	0.41	0.49	0.39	0.29
5. Expected Number of Screenings	CN	67,884	14,849	17,477	11,380	6,886	10,147	5,910	1,235
	MN	0	0	0	0	0	0	0	0
	Total	67,884	14,849	17,477	11,380	6,886	10,147	5,910	1,235
6. Total Screens Received	CN	46,828	16,272	13,392	7,110	3,118	3,916	2,758	262
	MN	0	0	0	0	0	0	0	0
	Total	46,828	16,272	13,392	7,110	3,118	3,916	2,758	262
7. Screening Ratio	CN	0.69	1.00	0.77	0.62	0.45	0.39	0.47	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.69	1.00	0.77	0.62	0.45	0.39	0.47	0.21
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	52,584	5,823	11,203	11,380	6,886	10,147	5,910	1,235
	MN	0	0	0	0	0	0	0	0
	Total	52,584	5,823	11,203	11,380	6,886	10,147	5,910	1,235
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	26,881	4,842	6,806	6,016	2,879	3,609	2,487	242
	MN	0	0	0	0	0	0	0	0
	Total	26,881	4,842	6,806	6,016	2,879	3,609	2,487	242

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Alaska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.51	0.83	0.61	0.53	0.42	0.36	0.42	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	0.83	0.61	0.53	0.42	0.36	0.42	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	5,155	699	1,684	1,403	477	507	328	57
	MN	0	0	0	0	0	0	0	0
	Total	5,155	699	1,684	1,403	477	507	328	57
12a. Total Eligibles Receiving Any Dental Services	CN	33,867	31	1,243	6,028	8,729	10,113	6,594	1,129
	MN	0	0	0	0	0	0	0	0
	Total	33,867	31	1,243	6,028	8,729	10,113	6,594	1,129
12b. Total Eligibles Receiving Preventive Dental Services	CN	27,047	8	695	4,688	7,458	8,641	4,944	613
	MN	0	0	0	0	0	0	0	0
	Total	27,047	8	695	4,688	7,458	8,641	4,944	613
12c. Total Eligibles Receiving Dental Treatment Services	CN	18,315	5	364	2,764	4,722	5,407	4,245	808
	MN	0	0	0	0	0	0	0	0
	Total	18,315	5	364	2,764	4,722	5,407	4,245	808
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	7	1	2	4				
	MN	0	0	0	0				
	Total	7	1	2	4				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Arizona

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	670,534	54,047	97,216	113,875	115,746	136,397	116,432	36,821
	MN	0	0	0	0	0	0	0	0
	Total	670,534	54,047	97,216	113,875	115,746	136,397	116,432	36,821
2a. State Periodicity Schedule	CN		6	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	5,799,751	296,881	883,544	1,045,899	1,046,276	1,246,715	1,027,977	252,459
	MN	0	0	0	0	0	0	0	0
	Total	5,799,751	296,881	883,544	1,045,899	1,046,276	1,246,715	1,027,977	252,459
3b. Average Period of Eligibility	CN	0.72	0.46	0.76	0.77	0.75	0.76	0.74	0.57
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.72	0.46	0.76	0.77	0.75	0.76	0.74	0.57
4. Expected Number of Screenings per Eligible	CN		2.76	1.52	0.77	0.38	0.46	0.37	0.29
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.76	1.52	0.77	0.38	0.46	0.37	0.29
5. Expected Number of Screenings	CN	545,106	149,170	147,768	87,684	43,983	62,743	43,080	10,678
	MN	0	0	0	0	0	0	0	0
	Total	545,106	149,170	147,768	87,684	43,983	62,743	43,080	10,678
6. Total Screens Received	CN	503,677	187,491	162,251	62,914	33,152	35,772	18,920	3,177
	MN	0	0	0	0	0	0	0	0
	Total	503,677	187,491	162,251	62,914	33,152	35,772	18,920	3,177
7. Screening Ratio	CN	0.92	1.00	1.00	0.72	0.75	0.57	0.44	0.30
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	1.00	1.00	0.72	0.75	0.57	0.44	0.30
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	399,431	54,047	97,216	87,684	43,983	62,743	43,080	10,678
	MN	0	0	0	0	0	0	0	0
	Total	399,431	54,047	97,216	87,684	43,983	62,743	43,080	10,678
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	241,963	51,326	66,399	49,268	27,233	29,519	15,395	2,823
	MN	0	0	0	0	0	0	0	0
	Total	241,963	51,326	66,399	49,268	27,233	29,519	15,395	2,823

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Arizona

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.61	0.95	0.68	0.56	0.62	0.47	0.36	0.26
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	0.95	0.68	0.56	0.62	0.47	0.36	0.26
11. Total Eligibles Referred for Corrective Treatment	CN	374,933	51,206	68,521	68,721	69,929	71,444	37,202	7,910
	MN	0	0	0	0	0	0	0	0
	Total	374,933	51,206	68,521	68,721	69,929	71,444	37,202	7,910
12a. Total Eligibles Receiving Any Dental Services	CN	188,084	71	5,646	43,097	56,991	53,007	24,294	4,978
	MN	0	0	0	0	0	0	0	0
	Total	188,084	71	5,646	43,097	56,991	53,007	24,294	4,978
12b. Total Eligibles Receiving Preventive Dental Services	CN	154,012	4	2,275	34,046	50,418	46,241	18,195	2,833
	MN	0	0	0	0	0	0	0	0
	Total	154,012	4	2,275	34,046	50,418	46,241	18,195	2,833
12c. Total Eligibles Receiving Dental Treatment Services	CN	108,544	11	2,041	22,579	35,251	30,301	15,160	3,201
	MN	0	0	0	0	0	0	0	0
	Total	108,544	11	2,041	22,579	35,251	30,301	15,160	3,201
13. Total Eligibles Enrolled in Managed Care	CN	593,722	53,298	95,545	111,689	113,355	119,355	75,203	25,277
	MN	0	0	0	0	0	0	0	0
	Total	593,722	53,298	95,545	111,689	113,355	119,355	75,203	25,277
14. Total Number of Screening Blood Lead Tests	CN	21,676	945	13,522	7,209				
	MN	0	0	0	0				
	Total	21,676	945	13,522	7,209				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Arkansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	375,801	50,850	45,437	62,194	64,687	72,886	56,121	23,626
	MN	3,200	113	276	460	692	884	497	278
	Total	379,001	50,963	45,713	62,654	65,379	73,770	56,618	23,904
2a. State Periodicity Schedule	CN		6	3	2	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	1.50	0.67	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	3,664,049	410,245	467,193	641,454	653,981	733,655	525,603	231,918
	MN	29,030	937	2,719	4,340	6,550	8,054	4,123	2,307
	Total	3,693,079	411,182	469,912	645,794	660,531	741,709	529,726	234,225
3b. Average Period of Eligibility	CN	0.81	0.67	0.86	0.86	0.84	0.84	0.78	0.82
	MN	0.76	0.69	0.82	0.79	0.79	0.76	0.69	0.69
	Total	0.81	0.67	0.86	0.86	0.84	0.84	0.78	0.82
4. Expected Number of Screenings per Eligible	CN		4.02	1.29	0.58	0.42	0.84	0.78	0.82
	MN		4.14	1.23	0.53	0.40	0.76	0.69	0.69
	Total		4.02	1.29	0.58	0.42	0.84	0.78	0.82
5. Expected Number of Screenings	CN	450,644	204,417	58,614	36,073	27,169	61,224	43,774	19,373
	MN	2,535	468	339	244	277	672	343	192
	Total	453,179	204,885	58,953	36,317	27,446	61,896	44,117	19,565
6. Total Screens Received	CN	127,590	77,717	17,401	17,044	5,084	7,393	2,884	67
	MN	378	95	81	81	39	56	26	0
	Total	127,968	77,812	17,482	17,125	5,123	7,449	2,910	67
7. Screening Ratio	CN	0.28	0.38	0.30	0.47	0.19	0.12	0.07	0.00
	MN	0.15	0.20	0.24	0.33	0.14	0.08	0.08	0.00
	Total	0.28	0.38	0.30	0.47	0.19	0.12	0.07	0.00
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	283,900	50,850	45,437	36,073	27,169	61,224	43,774	19,373
	MN	2,117	113	276	244	277	672	343	192
	Total	286,017	50,963	45,713	36,317	27,446	61,896	44,117	19,565
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	71,351	25,003	13,876	17,044	5,084	7,393	2,884	67
	MN	306	38	66	81	39	56	26	0
	Total	71,657	25,041	13,942	17,125	5,123	7,449	2,910	67

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Arkansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.25	0.49	0.31	0.47	0.19	0.12	0.07	0.00
	MN	0.14	0.34	0.24	0.33	0.14	0.08	0.08	0.00
	Total	0.25	0.49	0.30	0.47	0.19	0.12	0.07	0.00
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	99,245	123	4,951	23,860	27,504	27,580	14,518	709
	MN	715	0	29	130	215	229	95	17
	Total	99,960	123	4,980	23,990	27,719	27,809	14,613	726
12b. Total Eligibles Receiving Preventive Dental Services	CN	87,321	116	4,652	21,227	24,399	24,203	12,170	554
	MN	631	0	29	113	189	200	87	13
	Total	87,952	116	4,681	21,340	24,588	24,403	12,257	567
12c. Total Eligibles Receiving Dental Treatment Services	CN	88,542	28	1,918	18,596	26,466	26,757	14,114	663
	MN	634	0	11	95	199	221	91	17
	Total	89,176	28	1,929	18,691	26,665	26,978	14,205	680
13. Total Eligibles Enrolled in Managed Care	CN	291,874	24,786	41,951	57,224	57,482	63,560	39,840	7,031
	MN	2,366	61	233	381	537	655	350	149
	Total	294,240	24,847	42,184	57,605	58,019	64,215	40,190	7,180
14. Total Number of Screening Blood Lead Tests	CN	2,490	244	1,386	860				
	MN	10	0	7	3				
	Total	2,500	244	1,393	863				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: California

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	3,678,297	272,342	545,574	677,718	733,672	856,060	497,546	95,385
	MN	573,940	31,652	45,791	64,508	90,546	99,409	103,228	138,806
	Total	4,252,237	303,994	591,365	742,226	824,218	955,469	600,774	234,191
2a. State Periodicity Schedule	CN		7	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		7.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	34,324,792	1,533,298	5,066,366	6,261,475	7,100,910	8,371,726	5,009,071	981,946
	MN	5,107,250	119,549	499,876	676,669	878,775	981,769	788,562	1,162,050
	Total	39,432,042	1,652,847	5,566,242	6,938,144	7,979,685	9,353,495	5,797,633	2,143,996
3b. Average Period of Eligibility	CN	0.78	0.47	0.77	0.77	0.81	0.81	0.84	0.86
	MN	0.74	0.31	0.91	0.87	0.81	0.82	0.64	0.70
	Total	0.77	0.45	0.78	0.78	0.81	0.82	0.80	0.76
4. Expected Number of Screenings per Eligible	CN		3.29	1.54	0.77	0.41	0.81	0.84	0.86
	MN		2.17	1.82	0.87	0.41	0.82	0.64	0.70
	Total		3.15	1.56	0.78	0.41	0.82	0.80	0.76
5. Expected Number of Screenings	CN	3,752,217	896,005	840,184	521,843	300,806	693,409	417,939	82,031
	MN	490,016	68,685	83,340	56,122	37,124	81,515	66,066	97,164
	Total	4,242,233	964,690	923,524	577,965	337,930	774,924	484,005	179,195
6. Total Screens Received	CN	2,356,624	471,171	840,523	437,909	229,004	239,993	120,957	17,067
	MN	124,565	20,261	48,644	18,762	9,603	8,618	10,003	8,674
	Total	2,481,189	491,432	889,167	456,671	238,607	248,611	130,960	25,741
7. Screening Ratio	CN	0.63	0.53	1.00	0.84	0.76	0.35	0.29	0.21
	MN	0.25	0.29	0.58	0.33	0.26	0.11	0.15	0.09
	Total	0.58	0.51	0.96	0.79	0.71	0.32	0.27	0.14
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	2,833,944	272,342	545,574	521,843	300,806	693,409	417,939	82,031
	MN	415,434	31,652	45,791	56,122	37,124	81,515	66,066	97,164
	Total	3,249,378	303,994	591,365	577,965	337,930	774,924	484,005	179,195
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	1,409,664	221,660	372,750	328,853	184,411	193,402	96,730	11,858
	MN	72,059	8,754	21,789	13,584	7,449	6,633	7,524	6,326
	Total	1,481,723	230,414	394,539	342,437	191,860	200,035	104,254	18,184

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: California

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.50	0.81	0.68	0.63	0.61	0.28	0.23	0.14
	MN	0.17	0.28	0.48	0.24	0.20	0.08	0.11	0.07
	Total	0.46	0.76	0.67	0.59	0.57	0.26	0.22	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	168,186	9,544	25,786	46,634	34,982	33,566	16,768	906
	MN	6,457	422	1,223	1,367	1,123	983	888	451
	Total	174,643	9,966	27,009	48,001	36,105	34,549	17,656	1,357
12a. Total Eligibles Receiving Any Dental Services	CN	1,157,546	412	38,272	232,996	333,181	352,724	177,344	22,617
	MN	108,816	22	1,885	11,574	19,341	18,155	23,916	33,923
	Total	1,266,362	434	40,157	244,570	352,522	370,879	201,260	56,540
12b. Total Eligibles Receiving Preventive Dental Services	CN	954,726	77	25,667	192,437	285,341	299,168	137,606	14,430
	MN	84,837	1	1,283	9,677	16,622	15,406	17,825	24,023
	Total	1,039,563	78	26,950	202,114	301,963	314,574	155,431	38,453
12c. Total Eligibles Receiving Dental Treatment Services	CN	671,814	110	12,701	121,461	214,304	200,267	107,867	15,104
	MN	66,311	6	616	5,851	12,321	9,931	14,865	22,721
	Total	738,125	116	13,317	127,312	226,625	210,198	122,732	37,825
13. Total Eligibles Enrolled in Managed Care	CN	2,651,210	134,228	398,495	491,682	546,344	623,574	369,670	87,217
	MN	520,028	14,030	65,153	82,359	87,582	93,401	82,281	95,222
	Total	3,171,238	148,258	463,648	574,041	633,926	716,975	451,951	182,439
14. Total Number of Screening Blood Lead Tests	CN	391,688	4,015	243,311	144,362				
	MN	18,394	85	13,113	5,196				
	Total	410,082	4,100	256,424	149,558				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Colorado

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	303,090	29,171	52,904	58,768	54,590	55,854	37,178	14,625
	MN	0	0	0	0	0	0	0	0
	Total	303,090	29,171	52,904	58,768	54,590	55,854	37,178	14,625
2a. State Periodicity Schedule	CN		6	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	3,296,077	208,687	602,674	659,038	616,941	637,255	421,950	149,532
	MN	0	0	0	0	0	0	0	0
	Total	3,296,077	208,687	602,674	659,038	616,941	637,255	421,950	149,532
3b. Average Period of Eligibility	CN	0.91	0.60	0.95	0.93	0.94	0.95	0.95	0.85
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.60	0.95	0.93	0.94	0.95	0.95	0.85
4. Expected Number of Screenings per Eligible	CN		3.60	1.90	0.93	0.47	0.95	0.95	0.85
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.60	1.90	0.93	0.47	0.95	0.95	0.85
5. Expected Number of Screenings	CN	386,656	105,016	100,518	54,654	25,657	53,061	35,319	12,431
	MN	0	0	0	0	0	0	0	0
	Total	386,656	105,016	100,518	54,654	25,657	53,061	35,319	12,431
6. Total Screens Received	CN	253,854	86,096	91,833	32,067	15,794	16,898	8,939	2,227
	MN	0	0	0	0	0	0	0	0
	Total	253,854	86,096	91,833	32,067	15,794	16,898	8,939	2,227
7. Screening Ratio	CN	0.66	0.82	0.91	0.59	0.62	0.32	0.25	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.66	0.82	0.91	0.59	0.62	0.32	0.25	0.18
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	263,197	29,171	52,904	54,654	25,657	53,061	35,319	12,431
	MN	0	0	0	0	0	0	0	0
	Total	263,197	29,171	52,904	54,654	25,657	53,061	35,319	12,431
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	127,492	24,554	38,185	27,025	13,699	14,475	7,582	1,972
	MN	0	0	0	0	0	0	0	0
	Total	127,492	24,554	38,185	27,025	13,699	14,475	7,582	1,972

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Colorado

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.48	0.84	0.72	0.49	0.53	0.27	0.21	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.48	0.84	0.72	0.49	0.53	0.27	0.21	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	135,539	14,444	18,778	27,219	28,076	27,398	15,327	4,297
	MN	0	0	0	0	0	0	0	0
	Total	135,539	14,444	18,778	27,219	28,076	27,398	15,327	4,297
12a. Total Eligibles Receiving Any Dental Services	CN	105,299	146	6,938	26,218	28,287	26,340	14,190	3,180
	MN	0	0	0	0	0	0	0	0
	Total	105,299	146	6,938	26,218	28,287	26,340	14,190	3,180
12b. Total Eligibles Receiving Preventive Dental Services	CN	85,662	44	5,174	20,993	23,886	22,295	11,247	2,023
	MN	0	0	0	0	0	0	0	0
	Total	85,662	44	5,174	20,993	23,886	22,295	11,247	2,023
12c. Total Eligibles Receiving Dental Treatment Services	CN	50,719	11	1,393	11,198	15,157	13,193	7,949	1,818
	MN	0	0	0	0	0	0	0	0
	Total	50,719	11	1,393	11,198	15,157	13,193	7,949	1,818
13. Total Eligibles Enrolled in Managed Care	CN	298,533	28,985	52,757	58,480	54,199	55,391	35,763	12,958
	MN	0	0	0	0	0	0	0	0
	Total	298,533	28,985	52,757	58,480	54,199	55,391	35,763	12,958
14. Total Number of Screening Blood Lead Tests	CN	8,425	100	6,442	1,883				
	MN	0	0	0	0				
	Total	8,425	100	6,442	1,883				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Connecticut

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	273,800	15,794	32,294	45,016	53,910	66,261	45,540	14,985
	MN	973	1	3	8	12	14	118	817
	Total	274,773	15,795	32,297	45,024	53,922	66,275	45,658	15,802
2a. State Periodicity Schedule	CN		6	4	3	3	4	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.75	0.80	1.00	1.00
3a. Total Months of Eligibility	CN	2,878,468	96,327	353,087	491,294	589,980	726,577	487,750	133,453
	MN	8,951	6	33	87	131	154	1,264	7,276
	Total	2,887,419	96,333	353,120	491,381	590,111	726,731	489,014	140,729
3b. Average Period of Eligibility	CN	0.88	0.51	0.91	0.91	0.91	0.91	0.89	0.74
	MN	0.77	0.50	0.92	0.91	0.91	0.92	0.89	0.74
	Total	0.88	0.51	0.91	0.91	0.91	0.91	0.89	0.74
4. Expected Number of Screenings per Eligible	CN		3.06	1.82	0.91	0.68	0.73	0.89	0.74
	MN		3.00	1.84	0.91	0.68	0.74	0.89	0.74
	Total		3.06	1.82	0.91	0.68	0.73	0.89	0.74
5. Expected Number of Screenings	CN	284,720	48,330	58,775	40,965	36,659	48,371	40,531	11,089
	MN	744	3	6	7	8	10	105	605
	Total	285,464	48,333	58,781	40,972	36,667	48,381	40,636	11,694
6. Total Screens Received	CN	218,950	47,379	64,139	31,917	22,287	30,467	19,252	3,509
	MN	267	3	6	6	5	6	50	191
	Total	219,217	47,382	64,145	31,923	22,292	30,473	19,302	3,700
7. Screening Ratio	CN	0.77	0.98	1.00	0.78	0.61	0.63	0.47	0.32
	MN	0.36	1.00	1.00	0.86	0.63	0.60	0.48	0.32
	Total	0.77	0.98	1.00	0.78	0.61	0.63	0.47	0.32
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	225,703	15,794	32,294	40,965	36,659	48,371	40,531	11,089
	MN	739	1	3	7	8	10	105	605
	Total	226,442	15,795	32,297	40,972	36,667	48,381	40,636	11,694
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	137,145	13,590	26,019	28,514	20,991	28,476	16,725	2,830
	MN	216	1	2	5	5	6	43	154
	Total	137,361	13,591	26,021	28,519	20,996	28,482	16,768	2,984

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Connecticut

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.61	0.86	0.81	0.70	0.57	0.59	0.41	0.26
	MN	0.29	1.00	0.67	0.71	0.63	0.60	0.41	0.25
	Total	0.61	0.86	0.81	0.70	0.57	0.59	0.41	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	89,342	49	2,388	15,882	25,259	28,705	14,329	2,730
	MN	201	0	0	3	6	6	37	149
	Total	89,543	49	2,388	15,885	25,265	28,711	14,366	2,879
12b. Total Eligibles Receiving Preventive Dental Services	CN	73,391	3	1,441	13,675	22,221	23,933	10,591	1,527
	MN	122	0	0	2	5	5	27	83
	Total	73,513	3	1,441	13,677	22,226	23,938	10,618	1,610
12c. Total Eligibles Receiving Dental Treatment Services	CN	38,539	2	333	4,718	10,715	13,263	7,902	1,606
	MN	114	0	0	1	2	3	20	88
	Total	38,653	2	333	4,719	10,717	13,266	7,922	1,694
13. Total Eligibles Enrolled in Managed Care	CN	266,434	14,774	31,707	44,229	52,890	64,737	44,375	13,722
	MN	901	1	3	8	12	14	115	748
	Total	267,335	14,775	31,710	44,237	52,902	64,751	44,490	14,470
14. Total Number of Screening Blood Lead Tests	CN	33,831	2,351	18,004	13,476				
	MN	4	0	2	2				
	Total	33,835	2,351	18,006	13,478				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Delaware

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	79,449	5,856	11,106	13,931	14,873	17,501	11,925	4,257
	MN	0	0	0	0	0	0	0	0
	Total	79,449	5,856	11,106	13,931	14,873	17,501	11,925	4,257
2a. State Periodicity Schedule	CN		6	3	2	2	3	1	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	1.50	0.67	0.50	0.60	0.25	0.50
3a. Total Months of Eligibility	CN	742,100	32,567	110,076	137,404	145,878	171,671	111,956	32,548
	MN	0	0	0	0	0	0	0	0
	Total	742,100	32,567	110,076	137,404	145,878	171,671	111,956	32,548
3b. Average Period of Eligibility	CN	0.78	0.46	0.83	0.82	0.82	0.82	0.78	0.64
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.78	0.46	0.83	0.82	0.82	0.82	0.78	0.64
4. Expected Number of Screenings per Eligible	CN		2.76	1.25	0.55	0.41	0.49	0.20	0.32
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.76	1.25	0.55	0.41	0.49	0.20	0.32
5. Expected Number of Screenings	CN	56,128	16,163	13,883	7,662	6,098	8,575	2,385	1,362
	MN	0	0	0	0	0	0	0	0
	Total	56,128	16,163	13,883	7,662	6,098	8,575	2,385	1,362
6. Total Screens Received	CN	22,528	9,551	5,158	2,175	1,932	2,346	1,129	237
	MN	0	0	0	0	0	0	0	0
	Total	22,528	9,551	5,158	2,175	1,932	2,346	1,129	237
7. Screening Ratio	CN	0.40	0.59	0.37	0.28	0.32	0.27	0.47	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.40	0.59	0.37	0.28	0.32	0.27	0.47	0.17
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	43,044	5,856	11,106	7,662	6,098	8,575	2,385	1,362
	MN	0	0	0	0	0	0	0	0
	Total	43,044	5,856	11,106	7,662	6,098	8,575	2,385	1,362
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	13,641	4,370	2,793	1,905	1,523	1,894	945	211
	MN	0	0	0	0	0	0	0	0
	Total	13,641	4,370	2,793	1,905	1,523	1,894	945	211

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Delaware

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.32	0.75	0.25	0.25	0.25	0.22	0.40	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.32	0.75	0.25	0.25	0.25	0.22	0.40	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	2,533	1,785	4	82	169	267	188	38
	MN	0	0	0	0	0	0	0	0
	Total	2,533	1,785	4	82	169	267	188	38
12a. Total Eligibles Receiving Any Dental Services	CN	20,980	3	371	4,338	6,277	6,275	3,061	655
	MN	0	0	0	0	0	0	0	0
	Total	20,980	3	371	4,338	6,277	6,275	3,061	655
12b. Total Eligibles Receiving Preventive Dental Services	CN	18,376	0	256	3,915	5,714	5,665	2,407	419
	MN	0	0	0	0	0	0	0	0
	Total	18,376	0	256	3,915	5,714	5,665	2,407	419
12c. Total Eligibles Receiving Dental Treatment Services	CN	10,835	0	136	1,686	3,409	3,226	1,917	461
	MN	0	0	0	0	0	0	0	0
	Total	10,835	0	136	1,686	3,409	3,226	1,917	461
13. Total Eligibles Enrolled in Managed Care	CN	76,057	5,241	10,799	13,486	14,376	16,872	11,238	4,045
	MN	0	0	0	0	0	0	0	0
	Total	76,057	5,241	10,799	13,486	14,376	16,872	11,238	4,045
14. Total Number of Screening Blood Lead Tests	CN	996	39	699	258				
	MN	0	0	0	0				
	Total	996	39	699	258				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: District of Columbia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	77,505	4,089	9,212	12,892	15,737	20,227	11,219	4,129
	MN	13,317	970	942	1,401	2,308	3,795	2,630	1,271
	Total	90,822	5,059	10,154	14,293	18,045	24,022	13,849	5,400
2a. State Periodicity Schedule	CN		5	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	776,655	26,191	91,885	132,009	163,287	195,110	130,087	38,086
	MN	84,659	5,015	2,846	5,537	13,718	28,055	20,742	8,746
	Total	861,314	31,206	94,731	137,546	177,005	223,165	150,829	46,832
3b. Average Period of Eligibility	CN	0.84	0.53	0.83	0.85	0.86	0.80	0.97	0.77
	MN	0.53	0.43	0.25	0.33	0.50	0.62	0.66	0.57
	Total	0.79	0.51	0.78	0.80	0.82	0.77	0.91	0.72
4. Expected Number of Screenings per Eligible	CN		2.65	1.66	0.85	0.43	0.80	0.97	0.77
	MN		2.15	0.50	0.33	0.25	0.62	0.66	0.57
	Total		2.55	1.56	0.80	0.41	0.77	0.91	0.72
5. Expected Number of Screenings	CN	74,096	10,836	15,292	10,958	6,767	16,182	10,882	3,179
	MN	8,409	2,086	471	462	577	2,353	1,736	724
	Total	82,505	12,922	15,763	11,420	7,344	18,535	12,618	3,903
6. Total Screens Received	CN	88,681	13,564	23,874	15,224	11,967	13,270	8,520	2,262
	MN	2,031	404	291	213	319	530	226	48
	Total	90,712	13,968	24,165	15,437	12,286	13,800	8,746	2,310
7. Screening Ratio	CN	1.00	1.00	1.00	1.00	1.00	0.82	0.78	0.71
	MN	0.24	0.19	0.62	0.46	0.55	0.23	0.13	0.07
	Total	1.00	1.00	1.00	1.00	1.00	0.74	0.69	0.59
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	61,269	4,089	9,212	10,958	6,767	16,182	10,882	3,179
	MN	7,293	970	471	462	577	2,353	1,736	724
	Total	68,562	5,059	9,683	11,420	7,344	18,535	12,618	3,903
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	48,346	3,634	7,461	9,259	9,356	10,797	6,462	1,377
	MN	1,605	194	170	191	295	496	212	47
	Total	49,951	3,828	7,631	9,450	9,651	11,293	6,674	1,424

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: District of Columbia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.79	0.89	0.81	0.84	1.00	0.67	0.59	0.43
	MN	0.22	0.20	0.36	0.41	0.51	0.21	0.12	0.06
	Total	0.73	0.76	0.79	0.83	1.00	0.61	0.53	0.36
11. Total Eligibles Referred for Corrective Treatment	CN	25,098	1,967	4,264	4,879	4,456	5,393	3,154	985
	MN	0	0	0	0	0	0	0	0
	Total	25,098	1,967	4,264	4,879	4,456	5,393	3,154	985
12a. Total Eligibles Receiving Any Dental Services	CN	24,963	731	1,326	4,350	6,201	6,459	4,546	1,350
	MN	1,643	0	9	170	332	616	395	121
	Total	26,606	731	1,335	4,520	6,533	7,075	4,941	1,471
12b. Total Eligibles Receiving Preventive Dental Services	CN	20,457	707	1,236	3,887	5,176	5,873	2,969	609
	MN	1,612	0	9	164	326	608	386	119
	Total	22,069	707	1,245	4,051	5,502	6,481	3,355	728
12c. Total Eligibles Receiving Dental Treatment Services	CN	8,109	24	72	957	2,126	2,131	1,968	831
	MN	432	0	0	14	58	178	132	50
	Total	8,541	24	72	971	2,184	2,309	2,100	881
13. Total Eligibles Enrolled in Managed Care	CN	77,505	4,089	9,212	12,892	15,737	20,227	11,219	4,129
	MN	0	0	0	0	0	0	0	0
	Total	77,505	4,089	9,212	12,892	15,737	20,227	11,219	4,129
14. Total Number of Screening Blood Lead Tests	CN	9,544	396	4,176	4,972				
	MN	316	8	115	193				
	Total	9,860	404	4,291	5,165				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Florida

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	1,613,816	165,721	241,825	290,051	301,325	340,706	218,270	55,918
	MN	13,019	1,984	1,598	615	1,541	2,310	2,137	2,834
	Total	1,626,835	167,705	243,423	290,666	302,866	343,016	220,407	58,752
2a. State Periodicity Schedule	CN		6	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	14,992,640	1,073,630	2,369,464	2,910,592	2,866,000	3,274,081	2,048,431	450,442
	MN	54,440	13,141	8,844	2,202	5,297	7,341	6,469	11,146
	Total	15,047,080	1,086,771	2,378,308	2,912,794	2,871,297	3,281,422	2,054,900	461,588
3b. Average Period of Eligibility	CN	0.77	0.54	0.82	0.84	0.79	0.80	0.78	0.67
	MN	0.35	0.55	0.46	0.30	0.29	0.26	0.25	0.33
	Total	0.77	0.54	0.81	0.84	0.79	0.80	0.78	0.65
4. Expected Number of Screenings per Eligible	CN		3.24	1.64	0.84	0.40	0.80	0.78	0.67
	MN		3.30	0.92	0.30	0.15	0.26	0.25	0.33
	Total		3.24	1.62	0.84	0.40	0.80	0.78	0.65
5. Expected Number of Screenings	CN	1,777,983	536,936	396,593	243,643	120,530	272,565	170,251	37,465
	MN	10,503	6,547	1,470	185	231	601	534	935
	Total	1,788,486	543,483	398,063	243,828	120,761	273,166	170,785	38,400
6. Total Screens Received	CN	1,174,883	365,289	371,191	180,625	95,126	109,121	47,634	5,897
	MN	6,454	4,618	1,509	61	73	111	54	28
	Total	1,181,337	369,907	372,700	180,686	95,199	109,232	47,688	5,925
7. Screening Ratio	CN	0.66	0.68	0.94	0.74	0.79	0.40	0.28	0.16
	MN	0.61	0.71	1.00	0.33	0.32	0.18	0.10	0.03
	Total	0.66	0.68	0.94	0.74	0.79	0.40	0.28	0.15
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,252,000	165,721	241,825	243,643	120,530	272,565	170,251	37,465
	MN	5,940	1,984	1,470	185	231	601	534	935
	Total	1,257,940	167,705	243,295	243,828	120,761	273,166	170,785	38,400
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	700,819	135,710	177,364	156,314	86,659	97,836	42,095	4,841
	MN	2,372	1,361	700	59	70	102	52	28
	Total	703,191	137,071	178,064	156,373	86,729	97,938	42,147	4,869

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Florida

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.56	0.82	0.73	0.64	0.72	0.36	0.25	0.13
	MN	0.40	0.69	0.48	0.32	0.30	0.17	0.10	0.03
	Total	0.56	0.82	0.73	0.64	0.72	0.36	0.25	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	169,252	26,075	55,620	37,023	16,860	20,761	10,548	2,365
	MN	16	7	4	0	2	1	1	1
	Total	169,268	26,082	55,624	37,023	16,862	20,762	10,549	2,366
12a. Total Eligibles Receiving Any Dental Services	CN	372,446	131	10,543	86,860	102,364	106,256	56,474	9,818
	MN	738	1	10	52	156	215	118	186
	Total	373,184	132	10,553	86,912	102,520	106,471	56,592	10,004
12b. Total Eligibles Receiving Preventive Dental Services	CN	269,095	44	6,819	61,496	77,114	80,031	38,092	5,499
	MN	486	0	5	40	113	159	69	100
	Total	269,581	44	6,824	61,536	77,227	80,190	38,161	5,599
12c. Total Eligibles Receiving Dental Treatment Services	CN	176,766	33	4,340	37,147	48,437	50,550	30,605	5,654
	MN	356	0	6	24	68	90	63	105
	Total	177,122	33	4,346	37,171	48,505	50,640	30,668	5,759
13. Total Eligibles Enrolled in Managed Care	CN	1,430,263	101,313	222,266	272,934	279,774	313,537	192,904	47,535
	MN	22	19	1	0	1	0	1	0
	Total	1,430,285	101,332	222,267	272,934	279,775	313,537	192,905	47,535
14. Total Number of Screening Blood Lead Tests	CN	75,086	3,168	42,027	29,891				
	MN	171	33	128	10				
	Total	75,257	3,201	42,155	29,901				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Georgia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	1,108,963	102,575	179,743	204,626	202,086	226,953	150,584	42,396
	MN	95	2	3	5	12	33	32	8
	Total	1,109,058	102,577	179,746	204,631	202,098	226,986	150,616	42,404
2a. State Periodicity Schedule	CN		6	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	9,810,197	1,058,601	1,434,966	1,901,490	1,812,015	2,101,582	1,284,157	217,386
	MN	310	2	12	11	70	82	90	43
	Total	9,810,507	1,058,603	1,434,978	1,901,501	1,812,085	2,101,664	1,284,247	217,429
3b. Average Period of Eligibility	CN	0.74	0.86	0.67	0.77	0.75	0.77	0.71	0.43
	MN	0.27	0.08	0.33	0.18	0.49	0.21	0.23	0.45
	Total	0.74	0.86	0.67	0.77	0.75	0.77	0.71	0.43
4. Expected Number of Screenings per Eligible	CN		5.16	1.34	0.77	0.38	0.46	0.36	0.22
	MN		0.48	0.66	0.18	0.25	0.13	0.12	0.23
	Total		5.16	1.34	0.77	0.38	0.46	0.36	0.22
5. Expected Number of Screenings	CN	1,172,433	529,287	240,856	157,562	76,793	104,398	54,210	9,327
	MN	17	1	2	1	3	4	4	2
	Total	1,172,450	529,288	240,858	157,563	76,796	104,402	54,214	9,329
6. Total Screens Received	CN	583,986	272,509	145,013	83,216	32,924	37,205	12,517	602
	MN	5	0	1	1	1	1	1	0
	Total	583,991	272,509	145,014	83,217	32,925	37,206	12,518	602
7. Screening Ratio	CN	0.50	0.51	0.60	0.53	0.43	0.36	0.23	0.06
	MN	0.29	0.00	0.50	1.00	0.33	0.25	0.25	0.00
	Total	0.50	0.51	0.60	0.53	0.43	0.36	0.23	0.06
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	684,608	102,575	179,743	157,562	76,793	104,398	54,210	9,327
	MN	17	1	2	1	3	4	4	2
	Total	684,625	102,576	179,745	157,563	76,796	104,402	54,214	9,329
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	341,590	67,515	109,140	79,762	34,006	35,674	14,302	1,191
	MN	5	0	1	0	2	1	1	0
	Total	341,595	67,515	109,141	79,762	34,008	35,675	14,303	1,191

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Georgia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.50	0.66	0.61	0.51	0.44	0.34	0.26	0.13
	MN	0.29	0.00	0.50	0.00	0.67	0.25	0.25	0.00
	Total	0.50	0.66	0.61	0.51	0.44	0.34	0.26	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	72,779	9,826	36,677	11,406	5,918	5,872	2,755	325
	MN	1	0	0	0	0	1	0	0
	Total	72,780	9,826	36,677	11,406	5,918	5,873	2,755	325
12a. Total Eligibles Receiving Any Dental Services	CN	374,917	152	9,443	86,689	107,879	106,761	54,872	9,121
	MN	11	0	0	0	5	2	3	1
	Total	374,928	152	9,443	86,689	107,884	106,763	54,875	9,122
12b. Total Eligibles Receiving Preventive Dental Services	CN	342,842	29	7,238	79,499	101,980	100,242	47,331	6,523
	MN	8	0	0	0	4	2	2	0
	Total	342,850	29	7,238	79,499	101,984	100,244	47,333	6,523
12c. Total Eligibles Receiving Dental Treatment Services	CN	373,883	152	9,429	86,441	107,579	106,460	54,722	9,100
	MN	11	0	0	0	5	2	3	1
	Total	373,894	152	9,429	86,441	107,584	106,462	54,725	9,101
13. Total Eligibles Enrolled in Managed Care	CN	935,533	53,703	168,796	195,360	178,633	195,672	119,903	23,466
	MN	0	0	0	0	0	0	0	0
	Total	935,533	53,703	168,796	195,360	178,633	195,672	119,903	23,466
14. Total Number of Screening Blood Lead Tests	CN	23,112	1,403	18,384	3,325				
	MN	1	0	1	0				
	Total	23,113	1,403	18,385	3,325				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Hawaii

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	121,459	8,127	15,707	20,128	23,377	27,817	18,739	7,564
	MN	18	5	4	1	1	5	1	1
	Total	121,477	8,132	15,711	20,129	23,378	27,822	18,740	7,565
2a. State Periodicity Schedule	CN		5	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	1,120,792	40,768	149,582	195,255	228,137	273,240	178,714	55,096
	MN	100	10	31	9	12	28	3	7
	Total	1,120,892	40,778	149,613	195,264	228,149	273,268	178,717	55,103
3b. Average Period of Eligibility	CN	0.77	0.42	0.79	0.81	0.81	0.82	0.79	0.61
	MN	0.46	0.17	0.65	0.75	1.00	0.47	0.25	0.58
	Total	0.77	0.42	0.79	0.81	0.81	0.82	0.79	0.61
4. Expected Number of Screenings per Eligible	CN		2.10	1.58	0.81	0.41	0.49	0.40	0.31
	MN		0.85	1.30	0.75	0.50	0.28	0.13	0.29
	Total		2.10	1.58	0.81	0.41	0.49	0.40	0.31
5. Expected Number of Screenings	CN	91,244	17,067	24,817	16,304	9,585	13,630	7,496	2,345
	MN	12	4	5	1	1	1	0	0
	Total	91,256	17,071	24,822	16,305	9,586	13,631	7,496	2,345
6. Total Screens Received	CN	81,752	21,635	27,213	12,194	6,324	8,487	4,985	914
	MN	6	0	4	0	0	1	0	1
	Total	81,758	21,635	27,217	12,194	6,324	8,488	4,985	915
7. Screening Ratio	CN	0.90	1.00	1.00	0.75	0.66	0.62	0.67	0.39
	MN	0.50	0.00	0.80	0.00	0.00	1.00	0.00	0.00
	Total	0.90	1.00	1.00	0.75	0.66	0.62	0.67	0.39
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	73,194	8,127	15,707	16,304	9,585	13,630	7,496	2,345
	MN	11	4	4	1	1	1	0	0
	Total	73,205	8,131	15,711	16,305	9,586	13,631	7,496	2,345
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	48,792	6,925	11,699	10,946	5,956	7,980	4,510	776
	MN	3	0	1	0	0	1	0	1
	Total	48,795	6,925	11,700	10,946	5,956	7,981	4,510	777

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Hawaii

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.67	0.85	0.74	0.67	0.62	0.59	0.60	0.33
	MN	0.27	0.00	0.25	0.00	0.00	1.00	0.00	0.00
	Total	0.67	0.85	0.74	0.67	0.62	0.59	0.60	0.33
11. Total Eligibles Referred for Corrective Treatment	CN	19,324	2,851	5,461	3,264	2,098	2,955	2,049	646
	MN	5	1	1	0	1	1	0	1
	Total	19,329	2,852	5,462	3,264	2,099	2,956	2,049	647
12a. Total Eligibles Receiving Any Dental Services	CN	38,099	16	1,985	8,243	10,068	10,393	5,911	1,483
	MN	2	0	0	0	1	1	0	0
	Total	38,101	16	1,985	8,243	10,069	10,394	5,911	1,483
12b. Total Eligibles Receiving Preventive Dental Services	CN	36,492	16	1,950	7,921	9,666	9,973	5,569	1,397
	MN	2	0	0	0	1	1	0	0
	Total	36,494	16	1,950	7,921	9,667	9,974	5,569	1,397
12c. Total Eligibles Receiving Dental Treatment Services	CN	20,077	1	489	4,084	5,798	5,268	3,479	958
	MN	1	0	0	0	1	0	0	0
	Total	20,078	1	489	4,084	5,799	5,268	3,479	958
13. Total Eligibles Enrolled in Managed Care	CN	121,459	8,127	15,707	20,128	23,377	27,817	18,739	7,564
	MN	0	0	0	0	0	0	0	0
	Total	121,459	8,127	15,707	20,128	23,377	27,817	18,739	7,564
14. Total Number of Screening Blood Lead Tests	CN	5,908	415	4,578	915				
	MN	1	0	1	0				
	Total	5,909	415	4,579	915				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Idaho

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	149,986	10,250	22,190	28,400	30,396	31,969	20,193	6,588
	MN	0	0	0	0	0	0	0	0
	Total	149,986	10,250	22,190	28,400	30,396	31,969	20,193	6,588
2a. State Periodicity Schedule	CN		7	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		7.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	1,455,377	61,384	224,498	288,761	309,120	325,274	199,804	46,536
	MN	0	0	0	0	0	0	0	0
	Total	1,455,377	61,384	224,498	288,761	309,120	325,274	199,804	46,536
3b. Average Period of Eligibility	CN	0.81	0.50	0.84	0.85	0.85	0.85	0.82	0.59
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.81	0.50	0.84	0.85	0.85	0.85	0.82	0.59
4. Expected Number of Screenings per Eligible	CN		3.50	1.68	0.85	0.43	0.51	0.41	0.30
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.50	1.68	0.85	0.43	0.51	0.41	0.30
5. Expected Number of Screenings	CN	136,923	35,875	37,279	24,140	13,070	16,304	8,279	1,976
	MN	0	0	0	0	0	0	0	0
	Total	136,923	35,875	37,279	24,140	13,070	16,304	8,279	1,976
6. Total Screens Received	CN	33,108	13,379	10,494	4,103	1,950	2,199	917	66
	MN	0	0	0	0	0	0	0	0
	Total	33,108	13,379	10,494	4,103	1,950	2,199	917	66
7. Screening Ratio	CN	0.24	0.37	0.28	0.17	0.15	0.13	0.11	0.03
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.24	0.37	0.28	0.17	0.15	0.13	0.11	0.03
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	96,209	10,250	22,190	24,140	13,070	16,304	8,279	1,976
	MN	0	0	0	0	0	0	0	0
	Total	96,209	10,250	22,190	24,140	13,070	16,304	8,279	1,976
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	21,971	5,663	7,442	3,931	1,880	2,112	880	63
	MN	0	0	0	0	0	0	0	0
	Total	21,971	5,663	7,442	3,931	1,880	2,112	880	63

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Idaho

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.23	0.55	0.34	0.16	0.14	0.13	0.11	0.03
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.23	0.55	0.34	0.16	0.14	0.13	0.11	0.03
11. Total Eligibles Referred for Corrective Treatment	CN	3,506	86	444	750	789	853	494	90
	MN	0	0	0	0	0	0	0	0
	Total	3,506	86	444	750	789	853	494	90
12a. Total Eligibles Receiving Any Dental Services	CN	39,885	26	1,431	7,750	11,451	11,761	6,515	951
	MN	0	0	0	0	0	0	0	0
	Total	39,885	26	1,431	7,750	11,451	11,761	6,515	951
12b. Total Eligibles Receiving Preventive Dental Services	CN	29,901	6	714	5,814	9,217	9,184	4,472	494
	MN	0	0	0	0	0	0	0	0
	Total	29,901	6	714	5,814	9,217	9,184	4,472	494
12c. Total Eligibles Receiving Dental Treatment Services	CN	23,942	18	781	4,184	6,862	6,939	4,444	714
	MN	0	0	0	0	0	0	0	0
	Total	23,942	18	781	4,184	6,862	6,939	4,444	714
13. Total Eligibles Enrolled in Managed Care	CN	131,071	6,752	20,255	25,732	27,378	28,465	17,470	5,019
	MN	0	0	0	0	0	0	0	0
	Total	131,071	6,752	20,255	25,732	27,378	28,465	17,470	5,019
14. Total Number of Screening Blood Lead Tests	CN	690	21	488	181				
	MN	0	0	0	0				
	Total	690	21	488	181				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Illinois

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	1,206,695	75,246	171,660	217,948	243,733	273,332	169,980	54,796
	MN	2,885	53	405	687	666	696	367	11
	Total	1,209,580	75,299	172,065	218,635	244,399	274,028	170,347	54,807
2a. State Periodicity Schedule	CN		6	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	12,181,984	466,515	1,823,526	2,334,523	2,574,582	2,826,109	1,710,022	446,707
	MN	20,402	197	3,045	4,889	4,831	4,784	2,588	68
	Total	12,202,386	466,712	1,826,571	2,339,412	2,579,413	2,830,893	1,712,610	446,775
3b. Average Period of Eligibility	CN	0.84	0.52	0.89	0.89	0.88	0.86	0.84	0.68
	MN	0.59	0.31	0.63	0.59	0.60	0.57	0.59	0.52
	Total	0.84	0.52	0.88	0.89	0.88	0.86	0.84	0.68
4. Expected Number of Screenings per Eligible	CN		3.12	1.78	0.89	0.44	0.52	0.42	0.34
	MN		1.86	1.26	0.59	0.30	0.34	0.30	0.26
	Total		3.12	1.76	0.89	0.44	0.52	0.42	0.34
5. Expected Number of Screenings	CN	1,073,696	234,768	305,555	193,974	107,243	142,133	71,392	18,631
	MN	1,564	99	510	405	200	237	110	3
	Total	1,075,260	234,867	306,065	194,379	107,443	142,370	71,502	18,634
6. Total Screens Received	CN	1,032,181	366,541	231,684	176,615	67,242	126,233	53,518	10,348
	MN	1,102	136	337	320	77	175	57	0
	Total	1,033,283	366,677	232,021	176,935	67,319	126,408	53,575	10,348
7. Screening Ratio	CN	0.96	1.00	0.76	0.91	0.63	0.89	0.75	0.56
	MN	0.70	1.00	0.66	0.79	0.39	0.74	0.52	0.00
	Total	0.96	1.00	0.76	0.91	0.63	0.89	0.75	0.56
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	780,279	75,246	171,660	193,974	107,243	142,133	71,392	18,631
	MN	1,413	53	405	405	200	237	110	3
	Total	781,692	75,299	172,065	194,379	107,443	142,370	71,502	18,634
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	518,583	64,812	124,011	123,620	55,085	95,302	42,768	12,985
	MN	746	25	211	253	65	143	49	0
	Total	519,329	64,837	124,222	123,873	55,150	95,445	42,817	12,985

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Illinois

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.66	0.86	0.72	0.64	0.51	0.67	0.60	0.70
	MN	0.53	0.47	0.52	0.62	0.33	0.60	0.45	0.00
	Total	0.66	0.86	0.72	0.64	0.51	0.67	0.60	0.70
11. Total Eligibles Referred for Corrective Treatment	CN	215,264	30,480	25,728	37,334	42,549	54,651	20,826	3,696
	MN	241	11	60	44	44	66	16	0
	Total	215,505	30,491	25,788	37,378	42,593	54,717	20,842	3,696
12a. Total Eligibles Receiving Any Dental Services	CN	359,544	341	15,801	90,632	107,254	97,920	41,515	6,081
	MN	677	0	26	154	210	210	77	0
	Total	360,221	341	15,827	90,786	107,464	98,130	41,592	6,081
12b. Total Eligibles Receiving Preventive Dental Services	CN	318,455	130	12,553	81,353	98,545	88,947	33,237	3,690
	MN	581	0	17	137	185	182	60	0
	Total	319,036	130	12,570	81,490	98,730	89,129	33,297	3,690
12c. Total Eligibles Receiving Dental Treatment Services	CN	290,144	320	14,313	71,631	81,708	78,629	37,760	5,783
	MN	567	0	25	130	166	175	71	0
	Total	290,711	320	14,338	71,761	81,874	78,804	37,831	5,783
13. Total Eligibles Enrolled in Managed Care	CN	186,626	13,346	28,257	36,697	40,744	42,610	19,261	5,711
	MN	22	0	7	7	2	6	0	0
	Total	186,648	13,346	28,264	36,704	40,746	42,616	19,261	5,711
14. Total Number of Screening Blood Lead Tests	CN	134,632	17,291	55,905	61,436				
	MN	128	7	56	65				
	Total	134,760	17,298	55,961	61,501				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Indiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	593,195	40,815	81,727	105,894	120,131	132,242	83,572	28,814
	MN	0	0	0	0	0	0	0	0
	Total	593,195	40,815	81,727	105,894	120,131	132,242	83,572	28,814
2a. State Periodicity Schedule	CN		7	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		7.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	5,517,545	237,251	797,652	1,022,763	1,170,906	1,291,366	783,209	214,398
	MN	0	0	0	0	0	0	0	0
	Total	5,517,545	237,251	797,652	1,022,763	1,170,906	1,291,366	783,209	214,398
3b. Average Period of Eligibility	CN	0.78	0.48	0.81	0.80	0.81	0.81	0.78	0.62
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.78	0.48	0.81	0.80	0.81	0.81	0.78	0.62
4. Expected Number of Screenings per Eligible	CN		3.36	1.62	0.80	0.41	0.49	0.39	0.31
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.36	1.62	0.80	0.41	0.49	0.39	0.31
5. Expected Number of Screenings	CN	509,829	137,138	132,398	84,715	49,254	64,799	32,593	8,932
	MN	0	0	0	0	0	0	0	0
	Total	509,829	137,138	132,398	84,715	49,254	64,799	32,593	8,932
6. Total Screens Received	CN	369,586	102,216	137,892	49,042	28,832	32,028	16,565	3,011
	MN	0	0	0	0	0	0	0	0
	Total	369,586	102,216	137,892	49,042	28,832	32,028	16,565	3,011
7. Screening Ratio	CN	0.72	0.75	1.00	0.58	0.59	0.49	0.51	0.34
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.72	0.75	1.00	0.58	0.59	0.49	0.51	0.34
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	362,835	40,815	81,727	84,715	49,254	64,799	32,593	8,932
	MN	0	0	0	0	0	0	0	0
	Total	362,835	40,815	81,727	84,715	49,254	64,799	32,593	8,932
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	194,891	30,986	54,088	40,625	24,716	27,626	14,175	2,675
	MN	0	0	0	0	0	0	0	0
	Total	194,891	30,986	54,088	40,625	24,716	27,626	14,175	2,675

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Indiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.54	0.76	0.66	0.48	0.50	0.43	0.43	0.30
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.76	0.66	0.48	0.50	0.43	0.43	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	24,373	4,826	8,622	4,120	2,791	2,914	1,054	46
	MN	0	0	0	0	0	0	0	0
	Total	24,373	4,826	8,622	4,120	2,791	2,914	1,054	46
12a. Total Eligibles Receiving Any Dental Services	CN	223,422	82	7,715	44,623	64,811	64,464	33,758	7,969
	MN	0	0	0	0	0	0	0	0
	Total	223,422	82	7,715	44,623	64,811	64,464	33,758	7,969
12b. Total Eligibles Receiving Preventive Dental Services	CN	196,336	0	5,292	39,465	59,734	59,033	27,832	4,980
	MN	0	0	0	0	0	0	0	0
	Total	196,336	0	5,292	39,465	59,734	59,033	27,832	4,980
12c. Total Eligibles Receiving Dental Treatment Services	CN	121,020	17	1,603	19,425	36,740	35,411	22,077	5,747
	MN	0	0	0	0	0	0	0	0
	Total	121,020	17	1,603	19,425	36,740	35,411	22,077	5,747
13. Total Eligibles Enrolled in Managed Care	CN	545,291	36,982	78,218	99,486	111,055	120,756	73,572	25,222
	MN	0	0	0	0	0	0	0	0
	Total	545,291	36,982	78,218	99,486	111,055	120,756	73,572	25,222
14. Total Number of Screening Blood Lead Tests	CN	10,842	308	6,694	3,840				
	MN	0	0	0	0				
	Total	10,842	308	6,694	3,840				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Iowa

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	227,705	17,565	31,659	39,801	43,665	48,736	33,181	13,098
	MN	1,033	25	36	39	52	100	133	648
	Total	228,738	17,590	31,695	39,840	43,717	48,836	33,314	13,746
2a. State Periodicity Schedule	CN		6	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	2,086,802	103,513	299,970	380,040	422,186	473,961	306,616	100,516
	MN	5,239	75	163	157	154	342	591	3,757
	Total	2,092,041	103,588	300,133	380,197	422,340	474,303	307,207	104,273
3b. Average Period of Eligibility	CN	0.76	0.49	0.79	0.80	0.81	0.81	0.77	0.64
	MN	0.42	0.25	0.38	0.34	0.25	0.29	0.37	0.48
	Total	0.76	0.49	0.79	0.80	0.81	0.81	0.77	0.63
4. Expected Number of Screenings per Eligible	CN		2.94	1.58	0.80	0.41	0.49	0.39	0.32
	MN		1.50	0.76	0.34	0.13	0.17	0.19	0.24
	Total		2.94	1.58	0.80	0.41	0.49	0.39	0.32
5. Expected Number of Screenings	CN	192,419	51,641	50,021	31,841	17,903	23,881	12,941	4,191
	MN	283	38	27	13	7	17	25	156
	Total	192,702	51,679	50,048	31,854	17,910	23,898	12,966	4,347
6. Total Screens Received	CN	428,404	89,328	103,828	70,412	55,816	59,190	35,613	14,217
	MN	731	31	41	16	6	43	45	549
	Total	429,135	89,359	103,869	70,428	55,822	59,233	35,658	14,766
7. Screening Ratio	CN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MN	1.00	0.82	1.00	1.00	0.86	1.00	1.00	1.00
	Total	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	139,981	17,565	31,659	31,841	17,903	23,881	12,941	4,191
	MN	270	25	27	13	7	17	25	156
	Total	140,251	17,590	31,686	31,854	17,910	23,898	12,966	4,347
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	140,866	16,081	26,295	27,357	21,098	25,629	17,191	7,215
	MN	356	11	13	5	5	18	25	279
	Total	141,222	16,092	26,308	27,362	21,103	25,647	17,216	7,494

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Iowa

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	1.00	0.92	0.83	0.86	1.00	1.00	1.00	1.00
	MN	1.00	0.44	0.48	0.38	0.71	1.00	1.00	1.00
	Total	1.00	0.91	0.83	0.86	1.00	1.00	1.00	1.00
11. Total Eligibles Referred for Corrective Treatment	CN	3,996	3,511	257	93	38	53	40	4
	MN	7	7	0	0	0	0	0	0
	Total	4,003	3,518	257	93	38	53	40	4
12a. Total Eligibles Receiving Any Dental Services	CN	91,599	984	6,406	18,800	22,670	24,072	14,099	4,568
	MN	272	0	4	4	8	18	29	209
	Total	91,871	984	6,410	18,804	22,678	24,090	14,128	4,777
12b. Total Eligibles Receiving Preventive Dental Services	CN	82,084	589	4,676	17,520	21,015	22,138	12,373	3,773
	MN	200	0	2	3	6	16	23	150
	Total	82,284	589	4,678	17,523	21,021	22,154	12,396	3,923
12c. Total Eligibles Receiving Dental Treatment Services	CN	69,784	145	2,125	12,726	19,132	20,664	11,738	3,254
	MN	187	0	2	3	6	10	21	145
	Total	69,971	145	2,127	12,729	19,138	20,674	11,759	3,399
13. Total Eligibles Enrolled in Managed Care	CN	172,861	12,232	26,644	32,246	33,979	36,141	22,478	9,141
	MN	261	1	14	6	5	12	34	189
	Total	173,122	12,233	26,658	32,252	33,984	36,153	22,512	9,330
14. Total Number of Screening Blood Lead Tests	CN	3,542	45	2,035	1,462				
	MN	3	0	2	1				
	Total	3,545	45	2,037	1,463				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Kansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	211,815	17,643	33,956	40,724	39,341	40,856	28,695	10,600
	MN	542	97	54	77	89	107	79	39
	Total	212,357	17,740	34,010	40,801	39,430	40,963	28,774	10,639
2a. State Periodicity Schedule	CN		6	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,913,576	107,389	325,765	387,180	368,444	385,358	263,050	76,390
	MN	2,354	250	220	328	432	528	416	180
	Total	1,915,930	107,639	325,985	387,508	368,876	385,886	263,466	76,570
3b. Average Period of Eligibility	CN	0.75	0.51	0.80	0.79	0.78	0.79	0.76	0.60
	MN	0.36	0.21	0.34	0.35	0.40	0.41	0.44	0.38
	Total	0.75	0.51	0.80	0.79	0.78	0.79	0.76	0.60
4. Expected Number of Screenings per Eligible	CN		3.06	1.60	0.79	0.39	0.79	0.76	0.60
	MN		1.26	0.68	0.35	0.20	0.41	0.44	0.38
	Total		3.06	1.60	0.79	0.39	0.79	0.76	0.60
5. Expected Number of Screenings	CN	216,277	53,988	54,330	32,172	15,343	32,276	21,808	6,360
	MN	298	122	37	27	18	44	35	15
	Total	216,575	54,110	54,367	32,199	15,361	32,320	21,843	6,375
6. Total Screens Received	CN	434,923	69,986	123,887	77,216	51,280	50,834	45,298	16,422
	MN	1,253	364	235	126	112	173	145	98
	Total	436,176	70,350	124,122	77,342	51,392	51,007	45,443	16,520
7. Screening Ratio	CN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MN	1.00	1.00	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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	159,558	17,643	33,956	32,172	15,343	32,276	21,808	6,360
	MN	273	97	37	27	18	44	35	15
	Total	159,831	17,740	33,993	32,199	15,361	32,320	21,843	6,375
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	139,305	15,472	26,972	28,821	22,561	22,690	16,999	5,790
	MN	183	58	16	18	25	26	29	11
	Total	139,488	15,530	26,988	28,839	22,586	22,716	17,028	5,801

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Kansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.87	0.88	0.79	0.90	1.00	0.70	0.78	0.91
	MN	0.67	0.60	0.43	0.67	1.00	0.59	0.83	0.73
	Total	0.87	0.88	0.79	0.90	1.00	0.70	0.78	0.91
11. Total Eligibles Referred for Corrective Treatment	CN	354	0	90	82	70	67	40	5
	MN	1	0	0	0	0	0	1	0
	Total	355	0	90	82	70	67	41	5
12a. Total Eligibles Receiving Any Dental Services	CN	66,745	52	2,101	15,199	18,483	17,961	10,985	1,964
	MN	52	0	1	3	12	17	13	6
	Total	66,797	52	2,102	15,202	18,495	17,978	10,998	1,970
12b. Total Eligibles Receiving Preventive Dental Services	CN	59,428	35	1,457	13,174	17,070	16,645	9,601	1,446
	MN	46	0	1	2	11	17	10	5
	Total	59,474	35	1,458	13,176	17,081	16,662	9,611	1,451
12c. Total Eligibles Receiving Dental Treatment Services	CN	33,028	2	352	5,896	9,954	9,329	6,249	1,246
	MN	29	0	0	2	7	8	8	4
	Total	33,057	2	352	5,898	9,961	9,337	6,257	1,250
13. Total Eligibles Enrolled in Managed Care	CN	128,084	6,867	23,557	26,230	24,744	23,619	15,887	7,180
	MN	98	29	6	10	15	22	15	1
	Total	128,182	6,896	23,563	26,240	24,759	23,641	15,902	7,181
14. Total Number of Screening Blood Lead Tests	CN	18,699	497	10,863	7,339				
	MN	9	0	6	3				
	Total	18,708	497	10,869	7,342				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Kentucky

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	285,937	19,844	35,078	48,145	56,239	69,855	47,217	9,559
	MN	32,071	1,386	4,076	5,970	6,911	7,651	5,336	741
	Total	318,008	21,230	39,154	54,115	63,150	77,506	52,553	10,300
2a. State Periodicity Schedule	CN		5	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	2,930,320	138,323	371,753	504,675	592,453	742,129	496,943	84,044
	MN	336,709	10,288	43,721	64,026	73,989	81,922	56,033	6,730
	Total	3,267,029	148,611	415,474	568,701	666,442	824,051	552,976	90,774
3b. Average Period of Eligibility	CN	0.85	0.58	0.88	0.87	0.88	0.89	0.88	0.73
	MN	0.87	0.62	0.89	0.89	0.89	0.89	0.88	0.76
	Total	0.86	0.58	0.88	0.88	0.88	0.89	0.88	0.73
4. Expected Number of Screenings per Eligible	CN		2.90	1.76	0.87	0.44	0.89	0.88	0.73
	MN		3.10	1.78	0.89	0.45	0.89	0.88	0.76
	Total		2.90	1.76	0.88	0.44	0.89	0.88	0.73
5. Expected Number of Screenings	CN	296,616	57,548	61,737	41,886	24,745	62,171	41,551	6,978
	MN	32,043	4,297	7,255	5,313	3,110	6,809	4,696	563
	Total	328,659	61,845	68,992	47,199	27,855	68,980	46,247	7,541
6. Total Screens Received	CN	177,963	48,425	55,369	27,267	11,403	25,529	9,480	490
	MN	20,462	3,518	6,454	3,790	1,697	3,225	1,748	30
	Total	198,425	51,943	61,823	31,057	13,100	28,754	11,228	520
7. Screening Ratio	CN	0.60	0.84	0.90	0.65	0.46	0.41	0.23	0.07
	MN	0.64	0.82	0.89	0.71	0.55	0.47	0.37	0.05
	Total	0.60	0.84	0.90	0.66	0.47	0.42	0.24	0.07
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	232,253	19,844	35,078	41,886	24,745	62,171	41,551	6,978
	MN	25,953	1,386	4,076	5,313	3,110	6,809	4,696	563
	Total	258,206	21,230	39,154	47,199	27,855	68,980	46,247	7,541
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	102,330	15,555	23,674	22,333	10,129	21,949	8,258	432
	MN	12,472	1,122	2,804	2,988	1,483	2,641	1,407	27
	Total	114,802	16,677	26,478	25,321	11,612	24,590	9,665	459

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Kentucky

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.44	0.78	0.67	0.53	0.41	0.35	0.20	0.06
	MN	0.48	0.81	0.69	0.56	0.48	0.39	0.30	0.05
	Total	0.44	0.79	0.68	0.54	0.42	0.36	0.21	0.06
11. Total Eligibles Referred for Corrective Treatment	CN	142	5	44	37	21	32	3	0
	MN	25	1	10	5	2	5	2	0
	Total	167	6	54	42	23	37	5	0
12a. Total Eligibles Receiving Any Dental Services	CN	55,685	803	3,735	9,098	12,746	14,576	11,514	3,213
	MN	6,734	64	518	1,203	1,592	1,662	1,430	265
	Total	62,419	867	4,253	10,301	14,338	16,238	12,944	3,478
12b. Total Eligibles Receiving Preventive Dental Services	CN	37,176	800	3,637	6,951	7,947	8,522	6,728	2,591
	MN	4,513	63	504	930	970	1,001	836	209
	Total	41,689	863	4,141	7,881	8,917	9,523	7,564	2,800
12c. Total Eligibles Receiving Dental Treatment Services	CN	18,509	3	98	2,147	4,799	6,054	4,786	622
	MN	2,221	1	14	273	622	661	594	56
	Total	20,730	4	112	2,420	5,421	6,715	5,380	678
13. Total Eligibles Enrolled in Managed Care	CN	258,668	19,368	34,052	45,311	51,175	61,399	40,175	7,188
	MN	28,166	1,261	3,748	5,439	6,234	6,652	4,144	688
	Total	286,834	20,629	37,800	50,750	57,409	68,051	44,319	7,876
14. Total Number of Screening Blood Lead Tests	CN	17,652	618	10,658	6,376				
	MN	2,257	46	1,349	862				
	Total	19,909	664	12,007	7,238				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Louisiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	732,440	45,867	88,874	122,916	142,987	173,178	121,071	37,547
	MN	963	41	102	131	156	219	138	176
	Total	733,403	45,908	88,976	123,047	143,143	173,397	121,209	37,723
2a. State Periodicity Schedule	CN		6	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	7,788,688	288,394	987,623	1,369,188	1,591,379	1,928,327	1,328,785	294,992
	MN	8,109	191	1,069	1,335	1,468	1,888	897	1,261
	Total	7,796,797	288,585	988,692	1,370,523	1,592,847	1,930,215	1,329,682	296,253
3b. Average Period of Eligibility	CN	0.89	0.52	0.93	0.93	0.93	0.93	0.91	0.65
	MN	0.70	0.39	0.87	0.85	0.78	0.72	0.54	0.60
	Total	0.89	0.52	0.93	0.93	0.93	0.93	0.91	0.65
4. Expected Number of Screenings per Eligible	CN		3.12	1.86	0.93	0.47	0.56	0.46	0.33
	MN		2.34	1.74	0.85	0.39	0.43	0.27	0.30
	Total		3.12	1.86	0.93	0.47	0.56	0.46	0.33
5. Expected Number of Screenings	CN	654,991	143,105	165,306	114,312	67,204	96,980	55,693	12,391
	MN	629	96	177	111	61	94	37	53
	Total	655,620	143,201	165,483	114,423	67,265	97,074	55,730	12,444
6. Total Screens Received	CN	569,436	149,130	168,586	91,868	53,111	64,767	38,306	3,668
	MN	158	13	46	43	24	22	9	1
	Total	569,594	149,143	168,632	91,911	53,135	64,789	38,315	3,669
7. Screening Ratio	CN	0.87	1.00	1.00	0.80	0.79	0.67	0.69	0.30
	MN	0.25	0.14	0.26	0.39	0.39	0.23	0.24	0.02
	Total	0.87	1.00	1.00	0.80	0.79	0.67	0.69	0.29
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	481,321	45,867	88,874	114,312	67,204	96,980	55,693	12,391
	MN	499	41	102	111	61	94	37	53
	Total	481,820	45,908	88,976	114,423	67,265	97,074	55,730	12,444
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	307,566	41,371	66,041	68,120	44,611	53,188	31,036	3,199
	MN	105	6	20	34	19	18	7	1
	Total	307,671	41,377	66,061	68,154	44,630	53,206	31,043	3,200

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Louisiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.64	0.90	0.74	0.60	0.66	0.55	0.56	0.26
	MN	0.21	0.15	0.20	0.31	0.31	0.19	0.19	0.02
	Total	0.64	0.90	0.74	0.60	0.66	0.55	0.56	0.26
11. Total Eligibles Referred for Corrective Treatment	CN	98,898	11,700	24,951	19,589	15,903	17,120	8,766	869
	MN	42	0	8	15	10	6	3	0
	Total	98,940	11,700	24,959	19,604	15,913	17,126	8,769	869
12a. Total Eligibles Receiving Any Dental Services	CN	225,081	71	8,128	46,723	59,757	64,752	39,346	6,304
	MN	101	0	1	20	31	31	13	5
	Total	225,182	71	8,129	46,743	59,788	64,783	39,359	6,309
12b. Total Eligibles Receiving Preventive Dental Services	CN	188,340	22	5,483	39,866	52,341	55,582	30,876	4,170
	MN	82	0	0	16	24	27	12	3
	Total	188,422	22	5,483	39,882	52,365	55,609	30,888	4,173
12c. Total Eligibles Receiving Dental Treatment Services	CN	123,313	13	2,307	19,814	35,047	36,342	25,377	4,413
	MN	62	0	0	10	19	24	5	4
	Total	123,375	13	2,307	19,824	35,066	36,366	25,382	4,417
13. Total Eligibles Enrolled in Managed Care	CN	672,427	34,579	85,634	116,280	133,674	160,511	110,638	31,111
	MN	89	0	12	19	19	24	13	2
	Total	672,516	34,579	85,646	116,299	133,693	160,535	110,651	31,113
14. Total Number of Screening Blood Lead Tests	CN	74,067	1,202	43,886	28,979				
	MN	28	0	14	14				
	Total	74,095	1,202	43,900	28,993				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Maryland

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	464,490	32,155	61,663	78,963	88,817	109,924	72,261	20,707
	MN	28,677	328	3,001	5,270	5,623	6,460	5,394	2,601
	Total	493,167	32,483	64,664	84,233	94,440	116,384	77,655	23,308
2a. State Periodicity Schedule	CN		6	4	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,563,772	196,051	626,958	808,381	914,894	1,140,483	722,174	154,831
	MN	310,227	6,323	42,104	54,309	57,780	67,450	56,582	25,679
	Total	4,873,999	202,374	669,062	862,690	972,674	1,207,933	778,756	180,510
3b. Average Period of Eligibility	CN	0.82	0.51	0.85	0.85	0.86	0.86	0.83	0.62
	MN	0.90	1.61	1.17	0.86	0.86	0.87	0.87	0.82
	Total	0.82	0.52	0.86	0.85	0.86	0.86	0.84	0.65
4. Expected Number of Screenings per Eligible	CN		3.06	1.70	0.85	0.86	0.86	0.83	0.62
	MN		9.66	2.34	0.86	0.86	0.87	0.87	0.82
	Total		3.12	1.72	0.85	0.86	0.86	0.84	0.65
5. Expected Number of Screenings	CN	514,073	98,394	104,827	67,119	76,383	94,535	59,977	12,838
	MN	32,004	3,168	7,022	4,532	4,836	5,620	4,693	2,133
	Total	546,077	101,562	111,849	71,651	81,219	100,155	64,670	14,971
6. Total Screens Received	CN	400,953	94,232	128,846	55,790	40,032	49,314	27,987	4,752
	MN	21,795	2,492	6,601	3,727	2,596	3,065	2,360	954
	Total	422,748	96,724	135,447	59,517	42,628	52,379	30,347	5,706
7. Screening Ratio	CN	0.78	0.96	1.00	0.83	0.52	0.52	0.47	0.37
	MN	0.68	0.79	0.94	0.82	0.54	0.55	0.50	0.45
	Total	0.77	0.95	1.00	0.83	0.52	0.52	0.47	0.38
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	404,670	32,155	61,663	67,119	76,383	94,535	59,977	12,838
	MN	25,143	328	3,001	4,532	4,836	5,620	4,693	2,133
	Total	429,813	32,483	64,664	71,651	81,219	100,155	64,670	14,971
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	219,130	25,685	47,311	44,630	34,097	41,256	22,411	3,740
	MN	13,054	536	2,561	2,921	2,100	2,442	1,786	708
	Total	232,184	26,221	49,872	47,551	36,197	43,698	24,197	4,448

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Maryland

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.54	0.80	0.77	0.66	0.45	0.44	0.37	0.29
	MN	0.52	1.00	0.85	0.64	0.43	0.43	0.38	0.33
	Total	0.54	0.81	0.77	0.66	0.45	0.44	0.37	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	211,400	24,312	46,708	43,584	33,004	39,593	20,945	3,254
	MN	12,562	549	2,527	2,828	2,024	2,330	1,674	630
	Total	223,962	24,861	49,235	46,412	35,028	41,923	22,619	3,884
12a. Total Eligibles Receiving Any Dental Services	CN	131,128	575	4,073	24,626	34,704	39,850	21,859	5,441
	MN	7,489	19	228	1,420	1,604	1,844	1,508	866
	Total	138,617	594	4,301	26,046	36,308	41,694	23,367	6,307
12b. Total Eligibles Receiving Preventive Dental Services	CN	109,646	127	2,192	21,038	30,760	34,649	17,035	3,845
	MN	5,826	2	97	1,159	1,365	1,497	1,125	581
	Total	115,472	129	2,289	22,197	32,125	36,146	18,160	4,426
12c. Total Eligibles Receiving Dental Treatment Services	CN	51,442	9	565	6,897	13,895	17,023	10,786	2,267
	MN	2,813	0	38	365	578	796	672	364
	Total	54,255	9	603	7,262	14,473	17,819	11,458	2,631
13. Total Eligibles Enrolled in Managed Care	CN	443,996	29,887	60,300	76,240	85,103	104,986	68,379	19,101
	MN	26,651	256	2,833	5,007	5,349	6,095	4,984	2,127
	Total	470,647	30,143	63,133	81,247	90,452	111,081	73,363	21,228
14. Total Number of Screening Blood Lead Tests	CN	40,570	808	23,370	16,392				
	MN	3,045	55	1,687	1,303				
	Total	43,615	863	25,057	17,695				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Massachusetts

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	480,199	29,582	58,922	74,168	89,055	113,927	86,012	28,533
	MN	4	0	0	0	0	0	0	4
	Total	480,203	29,582	58,922	74,168	89,055	113,927	86,012	28,537
2a. State Periodicity Schedule	CN		6	4	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,506,000	166,284	566,197	713,346	866,216	1,126,395	836,960	230,602
	MN	0	0	0	0	0	0	0	0
	Total	4,506,000	166,284	566,197	713,346	866,216	1,126,395	836,960	230,602
3b. Average Period of Eligibility	CN	0.78	0.47	0.80	0.80	0.81	0.82	0.81	0.67
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.78	0.47	0.80	0.80	0.81	0.82	0.81	0.67
4. Expected Number of Screenings per Eligible	CN		2.82	1.60	0.80	0.81	0.82	0.81	0.67
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.82	1.60	0.80	0.81	0.82	0.81	0.67
5. Expected Number of Screenings	CN	491,372	83,421	94,275	59,334	72,135	93,420	69,670	19,117
	MN	0	0	0	0	0	0	0	0
	Total	491,372	83,421	94,275	59,334	72,135	93,420	69,670	19,117
6. Total Screens Received	CN	538,298	120,783	139,969	68,708	65,272	81,968	51,990	9,608
	MN	0	0	0	0	0	0	0	0
	Total	538,298	120,783	139,969	68,708	65,272	81,968	51,990	9,608
7. Screening Ratio	CN	1.00	1.00	1.00	1.00	0.90	0.88	0.75	0.50
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	1.00	1.00	1.00	0.90	0.88	0.75	0.50
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	402,180	29,582	58,922	59,334	72,135	93,420	69,670	19,117
	MN	0	0	0	0	0	0	0	0
	Total	402,180	29,582	58,922	59,334	72,135	93,420	69,670	19,117
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	296,768	35,696	50,457	50,869	51,046	64,056	37,884	6,760
	MN	0	0	0	0	0	0	0	0
	Total	296,768	35,696	50,457	50,869	51,046	64,056	37,884	6,760

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Massachusetts

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.74	1.00	0.86	0.86	0.71	0.69	0.54	0.35
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.74	1.00	0.86	0.86	0.71	0.69	0.54	0.35
11. Total Eligibles Referred for Corrective Treatment	CN	33,450	5,849	8,271	6,114	4,015	6,126	2,924	151
	MN	0	0	0	0	0	0	0	0
	Total	33,450	5,849	8,271	6,114	4,015	6,126	2,924	151
12a. Total Eligibles Receiving Any Dental Services	CN	171,348	31	1,921	27,110	43,549	56,289	35,523	6,925
	MN	0	0	0	0	0	0	0	0
	Total	171,348	31	1,921	27,110	43,549	56,289	35,523	6,925
12b. Total Eligibles Receiving Preventive Dental Services	CN	150,200	6	1,234	24,684	39,898	49,973	29,404	5,001
	MN	0	0	0	0	0	0	0	0
	Total	150,200	6	1,234	24,684	39,898	49,973	29,404	5,001
12c. Total Eligibles Receiving Dental Treatment Services	CN	103,463	19	819	11,540	25,240	36,146	24,669	5,030
	MN	0	0	0	0	0	0	0	0
	Total	103,463	19	819	11,540	25,240	36,146	24,669	5,030
13. Total Eligibles Enrolled in Managed Care	CN	320,515	18,943	42,473	52,198	59,296	75,563	53,298	18,744
	MN	0	0	0	0	0	0	0	0
	Total	320,515	18,943	42,473	52,198	59,296	75,563	53,298	18,744
14. Total Number of Screening Blood Lead Tests	CN	72,942	1,241	36,771	34,930				
	MN	0	0	0	0				
	Total	72,942	1,241	36,771	34,930				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Michigan

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	985,874	64,044	122,455	164,140	195,201	240,080	151,956	47,998
	MN	20,259	382	633	1,113	1,435	1,997	2,277	12,422
	Total	1,006,133	64,426	123,088	165,253	196,636	242,077	154,233	60,420
2a. State Periodicity Schedule	CN		5	4	3	2	4	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.80	1.00	1.00
3a. Total Months of Eligibility	CN	9,857,859	392,407	1,261,915	1,702,276	2,030,512	2,502,680	1,537,164	430,905
	MN	155,906	1,962	5,399	9,998	12,658	17,800	16,654	91,435
	Total	10,013,765	394,369	1,267,314	1,712,274	2,043,170	2,520,480	1,553,818	522,340
3b. Average Period of Eligibility	CN	0.83	0.51	0.86	0.86	0.87	0.87	0.84	0.75
	MN	0.64	0.43	0.71	0.75	0.74	0.74	0.61	0.61
	Total	0.83	0.51	0.86	0.86	0.87	0.87	0.84	0.72
4. Expected Number of Screenings per Eligible	CN		2.55	1.72	0.86	0.44	0.70	0.84	0.75
	MN		2.15	1.42	0.75	0.37	0.59	0.61	0.61
	Total		2.55	1.72	0.86	0.44	0.70	0.84	0.72
5. Expected Number of Screenings	CN	932,681	163,312	210,623	141,160	85,888	168,056	127,643	35,999
	MN	13,230	821	899	835	531	1,178	1,389	7,577
	Total	945,911	164,133	211,522	141,995	86,419	169,234	129,032	43,576
6. Total Screens Received	CN	560,378	175,210	165,456	80,904	41,960	57,331	33,189	6,328
	MN	4,201	723	580	488	242	413	297	1,458
	Total	564,579	175,933	166,036	81,392	42,202	57,744	33,486	7,786
7. Screening Ratio	CN	0.60	1.00	0.79	0.57	0.49	0.34	0.26	0.18
	MN	0.32	0.88	0.65	0.58	0.46	0.35	0.21	0.19
	Total	0.60	1.00	0.78	0.57	0.49	0.34	0.26	0.18
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	745,245	64,044	122,455	141,160	85,888	168,056	127,643	35,999
	MN	12,525	382	633	835	531	1,178	1,389	7,577
	Total	757,770	64,426	123,088	141,995	86,419	169,234	129,032	43,576
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	312,099	52,761	74,197	66,399	36,308	49,017	27,934	5,483
	MN	3,061	234	301	404	204	342	263	1,313
	Total	315,160	52,995	74,498	66,803	36,512	49,359	28,197	6,796

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Michigan

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.42	0.82	0.61	0.47	0.42	0.29	0.22	0.15
	MN	0.24	0.61	0.48	0.48	0.38	0.29	0.19	0.17
	Total	0.42	0.82	0.61	0.47	0.42	0.29	0.22	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	299,085	114	5,009	58,808	88,033	91,517	45,582	10,022
	MN	3,203	2	15	271	440	504	358	1,613
	Total	302,288	116	5,024	59,079	88,473	92,021	45,940	11,635
12b. Total Eligibles Receiving Preventive Dental Services	CN	285,808	44	4,196	56,667	85,190	88,361	42,541	8,809
	MN	3,083	1	15	264	434	493	344	1,532
	Total	288,891	45	4,211	56,931	85,624	88,854	42,885	10,341
12c. Total Eligibles Receiving Dental Treatment Services	CN	129,509	12	866	18,432	39,233	40,256	24,911	5,799
	MN	1,789	2	4	84	168	222	204	1,105
	Total	131,298	14	870	18,516	39,401	40,478	25,115	6,904
13. Total Eligibles Enrolled in Managed Care	CN	791,628	38,349	103,152	137,155	161,435	198,302	118,822	34,413
	MN	13,593	186	492	884	1,085	492	1,434	9,020
	Total	805,221	38,535	103,644	138,039	162,520	198,794	120,256	43,433
14. Total Number of Screening Blood Lead Tests	CN	93,801	861	43,565	49,375				
	MN	488	3	175	310				
	Total	94,289	864	43,740	49,685				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Minnesota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	308,642	25,422	49,180	50,998	54,219	62,634	44,889	21,300
	MN	92,342	2,735	6,767	12,634	17,462	23,611	18,506	10,627
	Total	400,984	28,157	55,947	63,632	71,681	86,245	63,395	31,927
2a. State Periodicity Schedule	CN		5	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	2,890,219	154,912	480,706	492,531	531,296	624,193	433,649	172,932
	MN	922,020	16,545	70,106	125,778	177,635	244,553	190,702	96,701
	Total	3,812,239	171,457	550,812	618,309	708,931	868,746	624,351	269,633
3b. Average Period of Eligibility	CN	0.78	0.51	0.81	0.80	0.82	0.83	0.81	0.68
	MN	0.83	0.50	0.86	0.83	0.85	0.86	0.86	0.76
	Total	0.79	0.51	0.82	0.81	0.82	0.84	0.82	0.70
4. Expected Number of Screenings per Eligible	CN		2.55	1.62	0.80	0.41	0.50	0.41	0.34
	MN		2.50	1.72	0.83	0.43	0.52	0.43	0.38
	Total		2.55	1.64	0.81	0.41	0.50	0.41	0.35
5. Expected Number of Screenings	CN	264,489	64,826	79,672	40,798	22,230	31,317	18,404	7,242
	MN	60,746	6,838	11,639	10,486	7,509	12,278	7,958	4,038
	Total	325,235	71,664	91,311	51,284	29,739	43,595	26,362	11,280
6. Total Screens Received	CN	220,955	72,054	76,315	26,678	11,732	18,061	11,757	4,358
	MN	46,924	8,947	12,199	7,508	3,981	7,056	4,790	2,443
	Total	267,879	81,001	88,514	34,186	15,713	25,117	16,547	6,801
7. Screening Ratio	CN	0.84	1.00	0.96	0.65	0.53	0.58	0.64	0.60
	MN	0.77	1.00	1.00	0.72	0.53	0.57	0.60	0.61
	Total	0.82	1.00	0.97	0.67	0.53	0.58	0.63	0.60
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	194,593	25,422	49,180	40,798	22,230	31,317	18,404	7,242
	MN	51,771	2,735	6,767	10,486	7,509	12,278	7,958	4,038
	Total	246,364	28,157	55,947	51,284	29,739	43,595	26,362	11,280
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	194,592	25,422	49,180	40,798	22,229	31,317	18,404	7,242
	MN	51,768	2,735	6,767	10,486	7,508	12,277	7,957	4,038
	Total	246,360	28,157	55,947	51,284	29,737	43,594	26,361	11,280

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Minnesota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MN	1.00	1.00	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
11. Total Eligibles Referred for Corrective Treatment	CN	6,206	1,939	1,719	965	402	609	439	133
	MN	1,285	283	285	255	82	178	140	62
	Total	7,491	2,222	2,004	1,220	484	787	579	195
12a. Total Eligibles Receiving Any Dental Services	CN	85,887	33	1,982	17,351	22,584	24,492	14,598	4,847
	MN	45,197	2	330	5,879	10,895	14,226	9,743	4,122
	Total	131,084	35	2,312	23,230	33,479	38,718	24,341	8,969
12b. Total Eligibles Receiving Preventive Dental Services	CN	72,272	10	1,273	14,993	19,951	21,527	11,428	3,090
	MN	40,627	1	213	5,239	10,246	13,296	8,480	3,152
	Total	112,899	11	1,486	20,232	30,197	34,823	19,908	6,242
12c. Total Eligibles Receiving Dental Treatment Services	CN	43,489	7	536	6,704	11,977	12,187	8,766	3,312
	MN	21,931	2	94	2,009	5,380	6,569	5,317	2,560
	Total	65,420	9	630	8,713	17,357	18,756	14,083	5,872
13. Total Eligibles Enrolled in Managed Care	CN	238,929	16,693	43,137	41,875	42,590	47,531	32,172	14,931
	MN	89,626	2,402	6,721	12,417	17,136	22,963	17,847	10,140
	Total	328,555	19,095	49,858	54,292	59,726	70,494	50,019	25,071
14. Total Number of Screening Blood Lead Tests	CN	32,115	574	21,837	9,704				
	MN	5,170	58	3,314	1,798				
	Total	37,285	632	25,151	11,502				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Mississippi

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	460,033	43,148	71,348	75,930	82,568	97,207	66,400	23,432
	MN	0	0	0	0	0	0	0	0
	Total	460,033	43,148	71,348	75,930	82,568	97,207	66,400	23,432
2a. State Periodicity Schedule	CN		5	3	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	1.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,365,088	256,863	681,798	767,372	828,781	984,857	665,715	179,702
	MN	0	0	0	0	0	0	0	0
	Total	4,365,088	256,863	681,798	767,372	828,781	984,857	665,715	179,702
3b. Average Period of Eligibility	CN	0.79	0.50	0.80	0.84	0.84	0.84	0.84	0.64
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.79	0.50	0.80	0.84	0.84	0.84	0.84	0.64
4. Expected Number of Screenings per Eligible	CN		2.50	1.20	0.84	0.84	0.84	0.84	0.64
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.50	1.20	0.84	0.84	0.84	0.84	0.64
5. Expected Number of Screenings	CN	479,052	107,870	85,618	63,781	69,357	81,654	55,776	14,996
	MN	0	0	0	0	0	0	0	0
	Total	479,052	107,870	85,618	63,781	69,357	81,654	55,776	14,996
6. Total Screens Received	CN	192,157	98,181	35,959	27,120	11,575	11,597	6,566	1,159
	MN	0	0	0	0	0	0	0	0
	Total	192,157	98,181	35,959	27,120	11,575	11,597	6,566	1,159
7. Screening Ratio	CN	0.40	0.91	0.42	0.43	0.17	0.14	0.12	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.40	0.91	0.42	0.43	0.17	0.14	0.12	0.08
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	400,060	43,148	71,348	63,781	69,357	81,654	55,776	14,996
	MN	0	0	0	0	0	0	0	0
	Total	400,060	43,148	71,348	63,781	69,357	81,654	55,776	14,996
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	130,003	28,951	37,457	28,398	13,752	12,333	7,267	1,845
	MN	0	0	0	0	0	0	0	0
	Total	130,003	28,951	37,457	28,398	13,752	12,333	7,267	1,845

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Mississippi

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.32	0.67	0.52	0.45	0.20	0.15	0.13	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.32	0.67	0.52	0.45	0.20	0.15	0.13	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	41,369	19,138	9,915	4,136	2,365	2,646	2,177	992
	MN	0	0	0	0	0	0	0	0
	Total	41,369	19,138	9,915	4,136	2,365	2,646	2,177	992
12a. Total Eligibles Receiving Any Dental Services	CN	279,235	327	9,097	65,799	70,728	80,515	46,951	5,818
	MN	0	0	0	0	0	0	0	0
	Total	279,235	327	9,097	65,799	70,728	80,515	46,951	5,818
12b. Total Eligibles Receiving Preventive Dental Services	CN	145,673	51	3,888	35,088	39,861	44,936	19,993	1,856
	MN	0	0	0	0	0	0	0	0
	Total	145,673	51	3,888	35,088	39,861	44,936	19,993	1,856
12c. Total Eligibles Receiving Dental Treatment Services	CN	116,869	45	2,258	22,265	28,820	35,701	24,617	3,163
	MN	0	0	0	0	0	0	0	0
	Total	116,869	45	2,258	22,265	28,820	35,701	24,617	3,163
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	43,898	4,483	21,599	17,816				
	MN	0	0	0	0				
	Total	43,898	4,483	21,599	17,816				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Missouri

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	684,632	41,501	82,422	115,028	134,300	161,650	111,071	38,660
	MN	0	0	0	0	0	0	0	0
	Total	684,632	41,501	82,422	115,028	134,300	161,650	111,071	38,660
2a. State Periodicity Schedule	CN		5	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	6,910,424	233,288	866,102	1,216,575	1,425,542	1,721,202	1,145,484	302,231
	MN	0	0	0	0	0	0	0	0
	Total	6,910,424	233,288	866,102	1,216,575	1,425,542	1,721,202	1,145,484	302,231
3b. Average Period of Eligibility	CN	0.84	0.47	0.88	0.88	0.88	0.89	0.86	0.65
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.47	0.88	0.88	0.88	0.89	0.86	0.65
4. Expected Number of Screenings per Eligible	CN		2.35	1.76	0.88	0.44	0.53	0.43	0.33
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.35	1.76	0.88	0.44	0.53	0.43	0.33
5. Expected Number of Screenings	CN	549,101	97,527	145,063	101,225	59,092	85,675	47,761	12,758
	MN	0	0	0	0	0	0	0	0
	Total	549,101	97,527	145,063	101,225	59,092	85,675	47,761	12,758
6. Total Screens Received	CN	590,699	145,523	174,697	97,995	47,979	59,997	47,379	17,129
	MN	0	0	0	0	0	0	0	0
	Total	590,699	145,523	174,697	97,995	47,979	59,997	47,379	17,129
7. Screening Ratio	CN	1.00	1.00	1.00	0.97	0.81	0.70	0.99	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	0.97	0.81	0.70	0.99	1.00
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	430,434	41,501	82,422	101,225	59,092	85,675	47,761	12,758
	MN	0	0	0	0	0	0	0	0
	Total	430,434	41,501	82,422	101,225	59,092	85,675	47,761	12,758
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	269,259	37,008	60,735	58,526	33,050	41,615	29,308	9,017
	MN	0	0	0	0	0	0	0	0
	Total	269,259	37,008	60,735	58,526	33,050	41,615	29,308	9,017

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Missouri

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.63	0.89	0.74	0.58	0.56	0.49	0.61	0.71
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.89	0.74	0.58	0.56	0.49	0.61	0.71
11. Total Eligibles Referred for Corrective Treatment	CN	168,644	24,008	43,608	33,926	18,877	22,480	18,514	7,231
	MN	0	0	0	0	0	0	0	0
	Total	168,644	24,008	43,608	33,926	18,877	22,480	18,514	7,231
12a. Total Eligibles Receiving Any Dental Services	CN	148,743	39	2,128	27,625	42,268	46,816	25,285	4,582
	MN	0	0	0	0	0	0	0	0
	Total	148,743	39	2,128	27,625	42,268	46,816	25,285	4,582
12b. Total Eligibles Receiving Preventive Dental Services	CN	125,708	7	1,294	22,865	37,577	40,978	19,976	3,011
	MN	0	0	0	0	0	0	0	0
	Total	125,708	7	1,294	22,865	37,577	40,978	19,976	3,011
12c. Total Eligibles Receiving Dental Treatment Services	CN	88,189	22	1,032	14,406	24,914	27,405	17,125	3,285
	MN	0	0	0	0	0	0	0	0
	Total	88,189	22	1,032	14,406	24,914	27,405	17,125	3,285
13. Total Eligibles Enrolled in Managed Care	CN	405,292	23,891	49,604	69,050	80,604	98,072	64,617	19,454
	MN	0	0	0	0	0	0	0	0
	Total	405,292	23,891	49,604	69,050	80,604	98,072	64,617	19,454
14. Total Number of Screening Blood Lead Tests	CN	60,715	856	33,428	26,431				
	MN	0	0	0	0				
	Total	60,715	856	33,428	26,431				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Montana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	64,631	5,158	9,673	11,882	11,885	13,219	9,388	3,426
	MN	482	15	27	64	84	141	134	17
	Total	65,113	5,173	9,700	11,946	11,969	13,360	9,522	3,443
2a. State Periodicity Schedule	CN		5	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	587,096	30,029	93,202	114,834	112,992	125,586	85,325	25,128
	MN	3,797	60	214	581	658	1,059	1,116	109
	Total	590,893	30,089	93,416	115,415	113,650	126,645	86,441	25,237
3b. Average Period of Eligibility	CN	0.76	0.49	0.80	0.81	0.79	0.79	0.76	0.61
	MN	0.66	0.33	0.66	0.76	0.65	0.63	0.69	0.53
	Total	0.76	0.48	0.80	0.81	0.79	0.79	0.76	0.61
4. Expected Number of Screenings per Eligible	CN		2.45	1.60	0.81	0.40	0.47	0.38	0.31
	MN		1.65	1.32	0.76	0.33	0.38	0.35	0.27
	Total		2.40	1.60	0.81	0.40	0.47	0.38	0.31
5. Expected Number of Screenings	CN	53,334	12,637	15,477	9,624	4,754	6,213	3,567	1,062
	MN	244	25	36	49	28	54	47	5
	Total	53,578	12,662	15,513	9,673	4,782	6,267	3,614	1,067
6. Total Screens Received	CN	47,541	16,469	16,003	6,581	2,210	3,704	2,271	303
	MN	118	8	9	26	14	18	42	1
	Total	47,659	16,477	16,012	6,607	2,224	3,722	2,313	304
7. Screening Ratio	CN	0.89	1.00	1.00	0.68	0.46	0.60	0.64	0.29
	MN	0.48	0.32	0.25	0.53	0.50	0.33	0.89	0.20
	Total	0.89	1.00	1.00	0.68	0.47	0.59	0.64	0.28
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	40,051	5,158	9,673	9,624	4,754	6,213	3,567	1,062
	MN	225	15	27	49	28	54	47	5
	Total	40,276	5,173	9,700	9,673	4,782	6,267	3,614	1,067
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	21,778	4,357	6,114	4,727	1,702	2,923	1,729	226
	MN	67	2	3	12	8	14	27	1
	Total	21,845	4,359	6,117	4,739	1,710	2,937	1,756	227

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Montana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.54	0.84	0.63	0.49	0.36	0.47	0.48	0.21
	MN	0.30	0.13	0.11	0.24	0.29	0.26	0.57	0.20
	Total	0.54	0.84	0.63	0.49	0.36	0.47	0.49	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	22,865	4,226	6,379	5,050	1,869	3,108	1,991	242
	MN	96	0	9	20	14	22	30	1
	Total	22,961	4,226	6,388	5,070	1,883	3,130	2,021	243
12a. Total Eligibles Receiving Any Dental Services	CN	14,607	5	469	3,352	3,916	4,014	2,387	464
	MN	100	0	0	12	15	30	41	2
	Total	14,707	5	469	3,364	3,931	4,044	2,428	466
12b. Total Eligibles Receiving Preventive Dental Services	CN	12,010	0	227	2,586	3,468	3,547	1,908	274
	MN	86	0	0	10	10	29	37	0
	Total	12,096	0	227	2,596	3,478	3,576	1,945	274
12c. Total Eligibles Receiving Dental Treatment Services	CN	7,997	2	151	1,647	2,333	2,129	1,438	297
	MN	56	0	0	7	10	14	23	2
	Total	8,053	2	151	1,654	2,343	2,143	1,461	299
13. Total Eligibles Enrolled in Managed Care	CN	57,411	3,593	9,258	11,082	10,766	11,642	8,102	2,968
	MN	288	4	18	45	51	72	90	8
	Total	57,699	3,597	9,276	11,127	10,817	11,714	8,192	2,976
14. Total Number of Screening Blood Lead Tests	CN	256	13	137	106				
	MN	1	0	0	1				
	Total	257	13	137	107				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Nebraska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	156,650	12,591	23,369	27,975	30,262	33,280	22,813	6,360
	MN	375	27	26	40	39	55	111	77
	Total	157,025	12,618	23,395	28,015	30,301	33,335	22,924	6,437
2a. State Periodicity Schedule	CN		6	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,446,580	75,477	224,292	269,707	292,948	323,945	216,374	43,837
	MN	3,080	128	230	383	351	476	1,012	500
	Total	1,449,660	75,605	224,522	270,090	293,299	324,421	217,386	44,337
3b. Average Period of Eligibility	CN	0.77	0.50	0.80	0.80	0.81	0.81	0.79	0.57
	MN	0.68	0.40	0.74	0.80	0.75	0.72	0.76	0.54
	Total	0.77	0.50	0.80	0.80	0.81	0.81	0.79	0.57
4. Expected Number of Screenings per Eligible	CN		3.00	1.60	0.80	0.41	0.81	0.79	0.57
	MN		2.40	1.48	0.80	0.38	0.72	0.76	0.54
	Total		3.00	1.60	0.80	0.41	0.81	0.79	0.57
5. Expected Number of Screenings	CN	158,554	37,773	37,390	22,380	12,407	26,957	18,022	3,625
	MN	316	65	38	32	15	40	84	42
	Total	158,870	37,838	37,428	22,412	12,422	26,997	18,106	3,667
6. Total Screens Received	CN	121,677	42,263	38,694	15,276	5,130	11,339	7,843	1,132
	MN	40	36	0	3	0	0	0	1
	Total	121,717	42,299	38,694	15,279	5,130	11,339	7,843	1,133
7. Screening Ratio	CN	0.77	1.00	1.00	0.68	0.41	0.42	0.44	0.31
	MN	0.13	0.55	0.00	0.09	0.00	0.00	0.00	0.02
	Total	0.77	1.00	1.00	0.68	0.41	0.42	0.43	0.31
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	119,351	12,591	23,369	22,380	12,407	26,957	18,022	3,625
	MN	266	27	26	32	15	40	84	42
	Total	119,617	12,618	23,395	22,412	12,422	26,997	18,106	3,667
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	62,267	11,505	16,449	12,614	4,510	9,863	6,404	922
	MN	15	7	0	1	0	2	0	5
	Total	62,282	11,512	16,449	12,615	4,510	9,865	6,404	927

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Nebraska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.52	0.91	0.70	0.56	0.36	0.37	0.36	0.25
	MN	0.06	0.26	0.00	0.03	0.00	0.05	0.00	0.12
	Total	0.52	0.91	0.70	0.56	0.36	0.37	0.35	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	434	70	102	84	40	67	62	9
	MN	0	0	0	0	0	0	0	0
	Total	434	70	102	84	40	67	62	9
12a. Total Eligibles Receiving Any Dental Services	CN	67,141	893	2,117	13,377	18,380	19,188	10,995	2,191
	MN	10	0	1	2	1	2	4	0
	Total	67,151	893	2,118	13,379	18,381	19,190	10,999	2,191
12b. Total Eligibles Receiving Preventive Dental Services	CN	59,157	470	1,411	11,846	16,920	17,538	9,399	1,573
	MN	8	0	0	2	1	2	3	0
	Total	59,165	470	1,411	11,848	16,921	17,540	9,402	1,573
12c. Total Eligibles Receiving Dental Treatment Services	CN	34,183	636	513	5,224	10,331	9,723	6,335	1,421
	MN	9	0	1	2	0	2	4	0
	Total	34,192	636	514	5,226	10,331	9,725	6,339	1,421
13. Total Eligibles Enrolled in Managed Care	CN	39,353	3,362	6,161	6,977	7,673	8,256	5,388	1,536
	MN	0	0	0	0	0	0	0	0
	Total	39,353	3,362	6,161	6,977	7,673	8,256	5,388	1,536
14. Total Number of Screening Blood Lead Tests	CN	6,203	92	3,809	2,302				
	MN	0	0	0	0				
	Total	6,203	92	3,809	2,302				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Nevada

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	150,620	13,838	24,778	27,631	29,397	31,239	18,586	5,151
	MN	0	0	0	0	0	0	0	0
	Total	150,620	13,838	24,778	27,631	29,397	31,239	18,586	5,151
2a. State Periodicity Schedule	CN		5	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	1,218,959	76,180	204,238	231,112	247,809	267,538	156,070	36,012
	MN	0	0	0	0	0	0	0	0
	Total	1,218,959	76,180	204,238	231,112	247,809	267,538	156,070	36,012
3b. Average Period of Eligibility	CN	0.67	0.46	0.69	0.70	0.70	0.71	0.70	0.58
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	0.46	0.69	0.70	0.70	0.71	0.70	0.58
4. Expected Number of Screenings per Eligible	CN		2.30	1.38	0.70	0.35	0.43	0.35	0.29
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.30	1.38	0.70	0.35	0.43	0.35	0.29
5. Expected Number of Screenings	CN	117,084	31,827	34,194	19,342	10,289	13,433	6,505	1,494
	MN	0	0	0	0	0	0	0	0
	Total	117,084	31,827	34,194	19,342	10,289	13,433	6,505	1,494
6. Total Screens Received	CN	74,664	20,056	32,156	10,460	4,981	4,720	2,043	248
	MN	0	0	0	0	0	0	0	0
	Total	74,664	20,056	32,156	10,460	4,981	4,720	2,043	248
7. Screening Ratio	CN	0.64	0.63	0.94	0.54	0.48	0.35	0.31	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	0.63	0.94	0.54	0.48	0.35	0.31	0.17
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	89,679	13,838	24,778	19,342	10,289	13,433	6,505	1,494
	MN	0	0	0	0	0	0	0	0
	Total	89,679	13,838	24,778	19,342	10,289	13,433	6,505	1,494
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	34,475	8,406	11,714	6,190	3,462	3,135	1,380	188
	MN	0	0	0	0	0	0	0	0
	Total	34,475	8,406	11,714	6,190	3,462	3,135	1,380	188

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Nevada

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.38	0.61	0.47	0.32	0.34	0.23	0.21	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.38	0.61	0.47	0.32	0.34	0.23	0.21	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	895	87	201	190	174	166	72	5
	MN	0	0	0	0	0	0	0	0
	Total	895	87	201	190	174	166	72	5
12a. Total Eligibles Receiving Any Dental Services	CN	18,656	42	1,131	3,549	5,418	5,359	2,745	412
	MN	0	0	0	0	0	0	0	0
	Total	18,656	42	1,131	3,549	5,418	5,359	2,745	412
12b. Total Eligibles Receiving Preventive Dental Services	CN	14,449	32	818	2,669	4,400	4,371	1,977	182
	MN	0	0	0	0	0	0	0	0
	Total	14,449	32	818	2,669	4,400	4,371	1,977	182
12c. Total Eligibles Receiving Dental Treatment Services	CN	3,507	7	66	475	1,018	1,048	713	180
	MN	0	0	0	0	0	0	0	0
	Total	3,507	7	66	475	1,018	1,048	713	180
13. Total Eligibles Enrolled in Managed Care	CN	111,600	10,167	20,244	21,363	21,849	21,914	11,980	4,083
	MN	0	0	0	0	0	0	0	0
	Total	111,600	10,167	20,244	21,363	21,849	21,914	11,980	4,083
14. Total Number of Screening Blood Lead Tests	CN	296	10	165	121				
	MN	0	0	0	0				
	Total	296	10	165	121				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: New Hampshire

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	84,001	5,134	10,015	13,670	16,906	20,237	13,838	4,201
	MN	3,470	138	306	573	715	867	637	234
	Total	87,471	5,272	10,321	14,243	17,621	21,104	14,475	4,435
2a. State Periodicity Schedule	CN		6	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	769,805	29,770	94,787	129,992	162,247	195,707	129,556	27,746
	MN	15,367	349	1,124	2,470	3,243	4,116	3,146	919
	Total	785,172	30,119	95,911	132,462	165,490	199,823	132,702	28,665
3b. Average Period of Eligibility	CN	0.76	0.48	0.79	0.79	0.80	0.81	0.78	0.55
	MN	0.37	0.21	0.31	0.36	0.38	0.40	0.41	0.33
	Total	0.75	0.48	0.77	0.78	0.78	0.79	0.76	0.54
4. Expected Number of Screenings per Eligible	CN		2.88	1.58	0.79	0.40	0.81	0.78	0.55
	MN		1.26	0.62	0.36	0.19	0.40	0.41	0.33
	Total		2.88	1.54	0.78	0.39	0.79	0.76	0.54
5. Expected Number of Screenings	CN	77,668	14,786	15,824	10,799	6,762	16,392	10,794	2,311
	MN	1,391	174	190	206	136	347	261	77
	Total	79,059	14,960	16,014	11,005	6,898	16,739	11,055	2,388
6. Total Screens Received	CN	47,599	11,871	13,119	6,178	5,391	6,520	3,744	776
	MN	746	164	125	130	127	117	67	16
	Total	48,345	12,035	13,244	6,308	5,518	6,637	3,811	792
7. Screening Ratio	CN	0.61	0.80	0.83	0.57	0.80	0.40	0.35	0.34
	MN	0.54	0.94	0.66	0.63	0.93	0.34	0.26	0.21
	Total	0.61	0.80	0.83	0.57	0.80	0.40	0.34	0.33
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	62,207	5,134	10,015	10,799	6,762	16,392	10,794	2,311
	MN	1,355	138	190	206	136	347	261	77
	Total	63,562	5,272	10,205	11,005	6,898	16,739	11,055	2,388
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	36,538	4,319	7,131	7,047	6,048	7,236	4,025	732
	MN	696	96	103	141	136	126	81	13
	Total	37,234	4,415	7,234	7,188	6,184	7,362	4,106	745

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: New Hampshire

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.59	0.84	0.71	0.65	0.89	0.44	0.37	0.32
	MN	0.51	0.70	0.54	0.68	1.00	0.36	0.31	0.17
	Total	0.59	0.84	0.71	0.65	0.90	0.44	0.37	0.31
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	29,860	5	440	4,853	8,129	9,722	5,787	924
	MN	765	0	7	106	204	266	144	38
	Total	30,625	5	447	4,959	8,333	9,988	5,931	962
12b. Total Eligibles Receiving Preventive Dental Services	CN	26,494	1	264	4,338	7,564	8,812	4,882	633
	MN	589	0	2	94	173	199	99	22
	Total	27,083	1	266	4,432	7,737	9,011	4,981	655
12c. Total Eligibles Receiving Dental Treatment Services	CN	14,364	2	93	1,467	3,871	4,923	3,419	589
	MN	346	0	1	25	76	133	86	25
	Total	14,710	2	94	1,492	3,947	5,056	3,505	614
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	4,137	122	3,230	785				
	MN	44	3	33	8				
	Total	4,181	125	3,263	793				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: New Jersey

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	534,765	37,646	79,207	95,426	104,287	119,594	76,968	21,637
	MN	0	0	0	0	0	0	0	0
	Total	534,765	37,646	79,207	95,426	104,287	119,594	76,968	21,637
2a. State Periodicity Schedule	CN		6	4	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	5,493,925	219,443	825,418	1,017,332	1,122,303	1,290,507	818,422	200,500
	MN	0	0	0	0	0	0	0	0
	Total	5,493,925	219,443	825,418	1,017,332	1,122,303	1,290,507	818,422	200,500
3b. Average Period of Eligibility	CN	0.86	0.49	0.87	0.89	0.90	0.90	0.89	0.77
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.49	0.87	0.89	0.90	0.90	0.89	0.77
4. Expected Number of Screenings per Eligible	CN		2.94	1.74	0.89	0.90	0.90	0.89	0.77
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.94	1.74	0.89	0.90	0.90	0.89	0.77
5. Expected Number of Screenings	CN	620,083	110,679	137,820	84,929	93,858	107,635	68,502	16,660
	MN	0	0	0	0	0	0	0	0
	Total	620,083	110,679	137,820	84,929	93,858	107,635	68,502	16,660
6. Total Screens Received	CN	472,510	103,753	143,191	75,705	47,249	55,379	39,945	7,288
	MN	0	0	0	0	0	0	0	0
	Total	472,510	103,753	143,191	75,705	47,249	55,379	39,945	7,288
7. Screening Ratio	CN	0.76	0.94	1.00	0.89	0.50	0.51	0.58	0.44
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.76	0.94	1.00	0.89	0.50	0.51	0.58	0.44
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	488,437	37,646	79,207	84,929	93,858	107,635	68,502	16,660
	MN	0	0	0	0	0	0	0	0
	Total	488,437	37,646	79,207	84,929	93,858	107,635	68,502	16,660
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	264,012	35,668	57,449	53,516	38,640	44,459	29,353	4,927
	MN	0	0	0	0	0	0	0	0
	Total	264,012	35,668	57,449	53,516	38,640	44,459	29,353	4,927

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: New Jersey

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.54	0.95	0.73	0.63	0.41	0.41	0.43	0.30
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.95	0.73	0.63	0.41	0.41	0.43	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	12,066	358	4,126	4,264	1,976	942	381	19
	MN	0	0	0	0	0	0	0	0
	Total	12,066	358	4,126	4,264	1,976	942	381	19
12a. Total Eligibles Receiving Any Dental Services	CN	116,993	66	2,888	20,801	31,823	35,866	21,302	4,247
	MN	0	0	0	0	0	0	0	0
	Total	116,993	66	2,888	20,801	31,823	35,866	21,302	4,247
12b. Total Eligibles Receiving Preventive Dental Services	CN	81,470	23	1,915	15,946	24,471	25,170	11,868	2,077
	MN	0	0	0	0	0	0	0	0
	Total	81,470	23	1,915	15,946	24,471	25,170	11,868	2,077
12c. Total Eligibles Receiving Dental Treatment Services	CN	68,284	17	1,090	9,812	17,789	21,990	14,566	3,020
	MN	0	0	0	0	0	0	0	0
	Total	68,284	17	1,090	9,812	17,789	21,990	14,566	3,020
13. Total Eligibles Enrolled in Managed Care	CN	484,488	30,818	74,760	89,345	96,097	108,098	67,210	18,160
	MN	0	0	0	0	0	0	0	0
	Total	484,488	30,818	74,760	89,345	96,097	108,098	67,210	18,160
14. Total Number of Screening Blood Lead Tests	CN	70,300	2,202	35,635	32,463				
	MN	0	0	0	0				
	Total	70,300	2,202	35,635	32,463				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: New Mexico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	329,214	20,340	41,389	55,636	64,424	76,931	53,923	16,571
	MN	0	0	0	0	0	0	0	0
	Total	329,214	20,340	41,389	55,636	64,424	76,931	53,923	16,571
2a. State Periodicity Schedule	CN		6	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	3,254,123	124,246	420,365	572,785	665,662	797,625	542,668	130,772
	MN	0	0	0	0	0	0	0	0
	Total	3,254,123	124,246	420,365	572,785	665,662	797,625	542,668	130,772
3b. Average Period of Eligibility	CN	0.82	0.51	0.85	0.86	0.86	0.86	0.84	0.66
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.82	0.51	0.85	0.86	0.86	0.86	0.84	0.66
4. Expected Number of Screenings per Eligible	CN		3.06	1.70	0.86	0.43	0.52	0.42	0.33
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.06	1.70	0.86	0.43	0.52	0.42	0.33
5. Expected Number of Screenings	CN	276,270	62,240	70,361	47,847	27,702	40,004	22,648	5,468
	MN	0	0	0	0	0	0	0	0
	Total	276,270	62,240	70,361	47,847	27,702	40,004	22,648	5,468
6. Total Screens Received	CN	181,880	51,491	59,438	26,258	13,817	18,828	10,644	1,404
	MN	0	0	0	0	0	0	0	0
	Total	181,880	51,491	59,438	26,258	13,817	18,828	10,644	1,404
7. Screening Ratio	CN	0.66	0.83	0.84	0.55	0.50	0.47	0.47	0.26
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.66	0.83	0.84	0.55	0.50	0.47	0.47	0.26
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	205,398	20,340	41,389	47,847	27,702	40,004	22,648	5,468
	MN	0	0	0	0	0	0	0	0
	Total	205,398	20,340	41,389	47,847	27,702	40,004	22,648	5,468
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	101,553	16,192	26,178	21,391	11,854	15,903	8,816	1,219
	MN	0	0	0	0	0	0	0	0
	Total	101,553	16,192	26,178	21,391	11,854	15,903	8,816	1,219

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: New Mexico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.49	0.80	0.63	0.45	0.43	0.40	0.39	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.49	0.80	0.63	0.45	0.43	0.40	0.39	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	257	28	137	30	14	28	18	2
	MN	0	0	0	0	0	0	0	0
	Total	257	28	137	30	14	28	18	2
12a. Total Eligibles Receiving Any Dental Services	CN	124,660	78	5,025	24,651	35,126	38,190	18,977	2,613
	MN	0	0	0	0	0	0	0	0
	Total	124,660	78	5,025	24,651	35,126	38,190	18,977	2,613
12b. Total Eligibles Receiving Preventive Dental Services	CN	117,957	54	4,786	23,614	33,852	36,319	17,209	2,123
	MN	0	0	0	0	0	0	0	0
	Total	117,957	54	4,786	23,614	33,852	36,319	17,209	2,123
12c. Total Eligibles Receiving Dental Treatment Services	CN	64,215	28	1,494	11,803	18,769	19,431	10,988	1,702
	MN	0	0	0	0	0	0	0	0
	Total	64,215	28	1,494	11,803	18,769	19,431	10,988	1,702
13. Total Eligibles Enrolled in Managed Care	CN	267,082	15,948	35,210	46,601	53,158	61,546	42,484	12,135
	MN	0	0	0	0	0	0	0	0
	Total	267,082	15,948	35,210	46,601	53,158	61,546	42,484	12,135
14. Total Number of Screening Blood Lead Tests	CN	3,459	85	2,078	1,296				
	MN	0	0	0	0				
	Total	3,459	85	2,078	1,296				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: New York

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	775,473	29,627	114,123	187,491	140,028	159,032	110,090	35,082
	MN	1,337,846	114,833	168,107	145,356	246,864	309,427	232,514	120,745
	Total	2,113,319	144,460	282,230	332,847	386,892	468,459	342,604	155,827
2a. State Periodicity Schedule	CN		6	3	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	1.50	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	8,095,721	214,598	1,159,245	1,931,457	1,497,662	1,742,000	1,189,710	361,049
	MN	12,963,077	997,900	1,611,147	1,431,911	2,474,194	3,106,574	2,254,861	1,086,490
	Total	21,058,798	1,212,498	2,770,392	3,363,368	3,971,856	4,848,574	3,444,571	1,447,539
3b. Average Period of Eligibility	CN	0.87	0.60	0.85	0.86	0.89	0.91	0.90	0.86
	MN	0.81	0.72	0.80	0.82	0.84	0.84	0.81	0.75
	Total	0.83	0.70	0.82	0.84	0.86	0.86	0.84	0.77
4. Expected Number of Screenings per Eligible	CN		3.60	1.28	0.86	0.45	0.55	0.45	0.43
	MN		4.32	1.20	0.82	0.42	0.50	0.41	0.38
	Total		4.20	1.23	0.84	0.43	0.52	0.42	0.39
5. Expected Number of Screenings	CN	629,083	106,657	146,077	161,242	63,013	87,468	49,541	15,085
	MN	1,216,610	496,079	201,728	119,192	103,683	154,714	95,331	45,883
	Total	1,845,693	602,736	347,805	280,434	166,696	242,182	144,872	60,968
6. Total Screens Received	CN	1,558,599	87,201	380,915	406,487	224,819	237,181	164,584	57,412
	MN	2,508,551	427,485	563,123	300,101	364,111	412,009	290,356	151,366
	Total	4,067,150	514,686	944,038	706,588	588,930	649,190	454,940	208,778
7. Screening Ratio	CN	1.00	0.82	1.00	1.00	1.00	1.00	1.00	1.00
	MN	1.00	0.86	1.00	1.00	1.00	1.00	1.00	1.00
	Total	1.00	0.85	1.00	1.00	1.00	1.00	1.00	1.00
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	520,099	29,627	114,123	161,242	63,013	87,468	49,541	15,085
	MN	801,743	114,833	168,107	119,192	103,683	154,714	95,331	45,883
	Total	1,321,842	144,460	282,230	280,434	166,696	242,182	144,872	60,968
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	473,894	19,718	82,339	125,942	81,001	89,445	57,981	17,468
	MN	773,565	90,817	118,974	93,350	137,154	164,462	113,857	54,951
	Total	1,247,459	110,535	201,313	219,292	218,155	253,907	171,838	72,419

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: New York

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.91	0.67	0.72	0.78	1.00	1.00	1.00	1.00
	MN	0.96	0.79	0.71	0.78	1.00	1.00	1.00	1.00
	Total	0.94	0.77	0.71	0.78	1.00	1.00	1.00	1.00
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	197,720	28	5,357	49,784	47,499	54,052	31,978	9,022
	MN	337,762	187	4,508	36,104	92,955	114,036	65,098	24,874
	Total	535,482	215	9,865	85,888	140,454	168,088	97,076	33,896
12b. Total Eligibles Receiving Preventive Dental Services	CN	121,930	3	2,796	32,247	31,724	32,958	17,426	4,776
	MN	216,722	42	2,327	24,160	65,116	72,988	37,414	14,675
	Total	338,652	45	5,123	56,407	96,840	105,946	54,840	19,451
12c. Total Eligibles Receiving Dental Treatment Services	CN	77,286	3	915	13,101	17,558	24,433	16,584	4,692
	MN	155,055	52	866	10,058	38,014	56,136	35,907	14,022
	Total	232,341	55	1,781	23,159	55,572	80,569	52,491	18,714
13. Total Eligibles Enrolled in Managed Care	CN	547,717	18,952	87,037	145,734	104,426	107,810	65,017	18,741
	MN	1,028,097	78,265	136,188	119,220	198,595	243,655	167,182	84,992
	Total	1,575,814	97,217	223,225	264,954	303,021	351,465	232,199	103,733
14. Total Number of Screening Blood Lead Tests	CN	0	0	0	0				
	MN	0	0	0	0				
	Total	0	0	0	0				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: North Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	856,074	68,042	125,965	157,683	159,502	180,514	120,037	44,331
	MN	2,676	125	122	209	338	571	628	683
	Total	858,750	68,167	126,087	157,892	159,840	181,085	120,665	45,014
2a. State Periodicity Schedule	CN		4	4	3	1	2	1	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		4.00	2.00	1.00	0.25	0.40	0.25	0.50
3a. Total Months of Eligibility	CN	8,141,141	420,967	1,253,752	1,578,725	1,574,109	1,796,878	1,167,986	348,724
	MN	14,343	565	729	1,278	1,877	3,321	3,404	3,169
	Total	8,155,484	421,532	1,254,481	1,580,003	1,575,986	1,800,199	1,171,390	351,893
3b. Average Period of Eligibility	CN	0.79	0.52	0.83	0.83	0.82	0.83	0.81	0.66
	MN	0.45	0.38	0.50	0.51	0.46	0.48	0.45	0.39
	Total	0.79	0.52	0.83	0.83	0.82	0.83	0.81	0.65
4. Expected Number of Screenings per Eligible	CN		2.08	1.66	0.83	0.21	0.33	0.20	0.33
	MN		1.52	1.00	0.51	0.12	0.19	0.11	0.20
	Total		2.08	1.66	0.83	0.21	0.33	0.20	0.33
5. Expected Number of Screenings	CN	613,207	141,527	209,102	130,877	33,495	59,570	24,007	14,629
	MN	774	190	122	107	41	108	69	137
	Total	613,981	141,717	209,224	130,984	33,536	59,678	24,076	14,766
6. Total Screens Received	CN	620,881	323,343	121,975	80,522	33,083	41,098	18,827	2,033
	MN	401	193	37	23	26	53	51	18
	Total	621,282	323,536	122,012	80,545	33,109	41,151	18,878	2,051
7. Screening Ratio	CN	1.00	1.00	0.58	0.62	0.99	0.69	0.78	0.14
	MN	0.52	1.00	0.30	0.21	0.63	0.49	0.74	0.13
	Total	1.00	1.00	0.58	0.61	0.99	0.69	0.78	0.14
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	456,585	68,042	125,965	130,877	33,495	59,570	24,007	14,629
	MN	709	125	122	107	41	108	69	137
	Total	457,294	68,167	126,087	130,984	33,536	59,678	24,076	14,766
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	330,980	94,153	74,362	72,559	31,661	38,773	17,552	1,920
	MN	315	129	30	21	25	48	45	17
	Total	331,295	94,282	74,392	72,580	31,686	38,821	17,597	1,937

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: North Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.72	1.00	0.59	0.55	0.95	0.65	0.73	0.13
	MN	0.44	1.00	0.25	0.20	0.61	0.44	0.65	0.12
	Total	0.72	1.00	0.59	0.55	0.94	0.65	0.73	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	9,679	3,616	2,290	1,740	842	882	296	13
	MN	2	0	0	1	1	0	0	0
	Total	9,681	3,616	2,290	1,741	843	882	296	13
12a. Total Eligibles Receiving Any Dental Services	CN	299,331	13,256	37,075	58,941	68,859	74,277	37,716	9,207
	MN	469	14	24	35	61	116	102	117
	Total	299,800	13,270	37,099	58,976	68,920	74,393	37,818	9,324
12b. Total Eligibles Receiving Preventive Dental Services	CN	261,693	12,884	34,911	52,547	62,616	65,253	28,314	5,168
	MN	328	2	9	29	52	92	73	71
	Total	262,021	12,886	34,920	52,576	62,668	65,345	28,387	5,239
12c. Total Eligibles Receiving Dental Treatment Services	CN	141,875	74	3,995	27,855	38,561	40,438	24,397	6,555
	MN	263	3	5	13	30	61	59	92
	Total	142,138	77	4,000	27,868	38,591	40,499	24,456	6,647
13. Total Eligibles Enrolled in Managed Care	CN	756,573	51,421	117,304	145,727	145,350	161,336	102,119	33,316
	MN	1,527	68	77	132	201	340	347	362
	Total	758,100	51,489	117,381	145,859	145,551	161,676	102,466	33,678
14. Total Number of Screening Blood Lead Tests	CN	59,796	12,135	36,812	10,849				
	MN	16	0	10	6				
	Total	59,812	12,135	36,822	10,855				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: North Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	39,590	3,081	5,788	7,263	7,622	8,057	5,413	2,366
	MN	4,303	64	238	447	873	1,158	946	577
	Total	43,893	3,145	6,026	7,710	8,495	9,215	6,359	2,943
2a. State Periodicity Schedule	CN		5	4	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	334,856	15,575	51,588	66,585	67,763	71,221	44,870	17,254
	MN	14,632	165	899	1,383	2,731	4,025	3,327	2,102
	Total	349,488	15,740	52,487	67,968	70,494	75,246	48,197	19,356
3b. Average Period of Eligibility	CN	0.70	0.42	0.74	0.76	0.74	0.74	0.69	0.61
	MN	0.28	0.21	0.31	0.26	0.26	0.29	0.29	0.30
	Total	0.66	0.42	0.73	0.73	0.69	0.68	0.63	0.55
4. Expected Number of Screenings per Eligible	CN		2.10	1.48	0.76	0.74	0.74	0.69	0.61
	MN		1.05	0.62	0.26	0.26	0.29	0.29	0.30
	Total		2.10	1.46	0.73	0.69	0.68	0.63	0.55
5. Expected Number of Screenings	CN	37,336	6,470	8,566	5,520	5,640	5,962	3,735	1,443
	MN	1,341	67	148	116	227	336	274	173
	Total	38,677	6,537	8,714	5,636	5,867	6,298	4,009	1,616
6. Total Screens Received	CN	25,162	8,541	6,113	3,536	1,911	2,812	1,768	481
	MN	485	99	99	53	41	91	94	8
	Total	25,647	8,640	6,212	3,589	1,952	2,903	1,862	489
7. Screening Ratio	CN	0.67	1.00	0.71	0.64	0.34	0.47	0.47	0.33
	MN	0.36	1.00	0.67	0.46	0.18	0.27	0.34	0.05
	Total	0.66	1.00	0.71	0.64	0.33	0.46	0.46	0.30
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	31,169	3,081	5,788	5,520	5,640	5,962	3,735	1,443
	MN	1,338	64	148	116	227	336	274	173
	Total	32,507	3,145	5,936	5,636	5,867	6,298	4,009	1,616
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	13,192	2,420	2,802	2,671	1,604	2,094	1,245	356
	MN	290	35	49	42	33	71	54	6
	Total	13,482	2,455	2,851	2,713	1,637	2,165	1,299	362

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: North Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.42	0.79	0.48	0.48	0.28	0.35	0.33	0.25
	MN	0.22	0.55	0.33	0.36	0.15	0.21	0.20	0.03
	Total	0.41	0.78	0.48	0.48	0.28	0.34	0.32	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	16,190	2,260	2,549	2,812	2,849	3,245	1,947	528
	MN	694	35	74	77	137	192	147	32
	Total	16,884	2,295	2,623	2,889	2,986	3,437	2,094	560
12a. Total Eligibles Receiving Any Dental Services	CN	10,642	4	237	2,309	2,860	2,943	1,791	498
	MN	395	0	4	48	86	124	103	30
	Total	11,037	4	241	2,357	2,946	3,067	1,894	528
12b. Total Eligibles Receiving Preventive Dental Services	CN	8,785	0	99	1,735	2,501	2,623	1,506	321
	MN	340	0	1	40	81	117	87	14
	Total	9,125	0	100	1,775	2,582	2,740	1,593	335
12c. Total Eligibles Receiving Dental Treatment Services	CN	5,294	1	52	805	1,444	1,505	1,155	332
	MN	219	0	2	13	54	62	73	15
	Total	5,513	1	54	818	1,498	1,567	1,228	347
13. Total Eligibles Enrolled in Managed Care	CN	31,396	2,241	4,841	6,136	6,370	6,335	3,815	1,658
	MN	3,167	31	138	327	695	902	682	392
	Total	34,563	2,272	4,979	6,463	7,065	7,237	4,497	2,050
14. Total Number of Screening Blood Lead Tests	CN	976	40	677	259				
	MN	14	0	11	3				
	Total	990	40	688	262				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Ohio

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	1,154,022	72,592	143,191	196,375	228,657	268,113	178,798	66,296
	MN	0	0	0	0	0	0	0	0
	Total	1,154,022	72,592	143,191	196,375	228,657	268,113	178,798	66,296
2a. State Periodicity Schedule	CN		6	3	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	1.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	11,516,900	446,217	1,488,878	2,046,913	2,390,458	2,798,472	1,802,018	543,944
	MN	0	0	0	0	0	0	0	0
	Total	11,516,900	446,217	1,488,878	2,046,913	2,390,458	2,798,472	1,802,018	543,944
3b. Average Period of Eligibility	CN	0.83	0.51	0.87	0.87	0.87	0.87	0.84	0.68
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	0.51	0.87	0.87	0.87	0.87	0.84	0.68
4. Expected Number of Screenings per Eligible	CN		3.06	1.31	0.87	0.87	0.87	0.84	0.68
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.06	1.31	0.87	0.87	0.87	0.84	0.68
5. Expected Number of Screenings	CN	1,208,019	222,132	187,580	170,846	198,932	233,258	150,190	45,081
	MN	0	0	0	0	0	0	0	0
	Total	1,208,019	222,132	187,580	170,846	198,932	233,258	150,190	45,081
6. Total Screens Received	CN	793,233	197,116	247,621	130,029	71,447	91,170	50,947	4,903
	MN	0	0	0	0	0	0	0	0
	Total	793,233	197,116	247,621	130,029	71,447	91,170	50,947	4,903
7. Screening Ratio	CN	0.66	0.89	1.00	0.76	0.36	0.39	0.34	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.66	0.89	1.00	0.76	0.36	0.39	0.34	0.11
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,014,090	72,592	143,191	170,846	198,932	233,258	150,190	45,081
	MN	0	0	0	0	0	0	0	0
	Total	1,014,090	72,592	143,191	170,846	198,932	233,258	150,190	45,081
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	472,785	65,038	108,951	108,717	62,864	79,373	43,648	4,194
	MN	0	0	0	0	0	0	0	0
	Total	472,785	65,038	108,951	108,717	62,864	79,373	43,648	4,194

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Ohio

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.47	0.90	0.76	0.64	0.32	0.34	0.29	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.47	0.90	0.76	0.64	0.32	0.34	0.29	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	149,165	21,002	51,577	32,269	15,238	18,388	10,139	552
	MN	0	0	0	0	0	0	0	0
	Total	149,165	21,002	51,577	32,269	15,238	18,388	10,139	552
12a. Total Eligibles Receiving Any Dental Services	CN	377,907	148	6,708	76,587	104,328	111,417	62,084	16,635
	MN	0	0	0	0	0	0	0	0
	Total	377,907	148	6,708	76,587	104,328	111,417	62,084	16,635
12b. Total Eligibles Receiving Preventive Dental Services	CN	320,797	16	4,001	65,464	93,184	98,203	49,119	10,810
	MN	0	0	0	0	0	0	0	0
	Total	320,797	16	4,001	65,464	93,184	98,203	49,119	10,810
12c. Total Eligibles Receiving Dental Treatment Services	CN	159,414	50	1,089	21,219	45,104	48,774	33,243	9,935
	MN	0	0	0	0	0	0	0	0
	Total	159,414	50	1,089	21,219	45,104	48,774	33,243	9,935
13. Total Eligibles Enrolled in Managed Care	CN	493,599	29,407	63,900	87,517	99,899	115,473	71,787	25,616
	MN	0	0	0	0	0	0	0	0
	Total	493,599	29,407	63,900	87,517	99,899	115,473	71,787	25,616
14. Total Number of Screening Blood Lead Tests	CN	60,027	1,119	34,412	24,496				
	MN	0	0	0	0				
	Total	60,027	1,119	34,412	24,496				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Oklahoma

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	460,440	33,758	64,639	82,999	90,949	100,852	67,538	19,705
	MN	0	0	0	0	0	0	0	0
	Total	460,440	33,758	64,639	82,999	90,949	100,852	67,538	19,705
2a. State Periodicity Schedule	CN		5	4	3	2	2	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.40	0.50	0.50
3a. Total Months of Eligibility	CN	4,285,265	196,684	628,398	812,140	892,148	982,774	633,520	139,601
	MN	0	0	0	0	0	0	0	0
	Total	4,285,265	196,684	628,398	812,140	892,148	982,774	633,520	139,601
3b. Average Period of Eligibility	CN	0.78	0.49	0.81	0.82	0.82	0.81	0.78	0.59
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.78	0.49	0.81	0.82	0.82	0.81	0.78	0.59
4. Expected Number of Screenings per Eligible	CN		2.45	1.62	0.82	0.41	0.32	0.39	0.30
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.45	1.62	0.82	0.41	0.32	0.39	0.30
5. Expected Number of Screenings	CN	357,295	82,707	104,715	68,059	37,289	32,273	26,340	5,912
	MN	0	0	0	0	0	0	0	0
	Total	357,295	82,707	104,715	68,059	37,289	32,273	26,340	5,912
6. Total Screens Received	CN	215,341	74,113	68,461	30,009	15,520	18,078	8,287	873
	MN	0	0	0	0	0	0	0	0
	Total	215,341	74,113	68,461	30,009	15,520	18,078	8,287	873
7. Screening Ratio	CN	0.60	0.90	0.65	0.44	0.42	0.56	0.31	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.90	0.65	0.44	0.42	0.56	0.31	0.15
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	268,270	33,758	64,639	68,059	37,289	32,273	26,340	5,912
	MN	0	0	0	0	0	0	0	0
	Total	268,270	33,758	64,639	68,059	37,289	32,273	26,340	5,912
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	126,604	27,935	34,453	25,488	14,130	16,350	7,433	815
	MN	0	0	0	0	0	0	0	0
	Total	126,604	27,935	34,453	25,488	14,130	16,350	7,433	815

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Oklahoma

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.47	0.83	0.53	0.37	0.38	0.51	0.28	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.47	0.83	0.53	0.37	0.38	0.51	0.28	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	89,568	11,010	14,438	12,805	14,943	18,384	14,069	3,919
	MN	0	0	0	0	0	0	0	0
	Total	89,568	11,010	14,438	12,805	14,943	18,384	14,069	3,919
12a. Total Eligibles Receiving Any Dental Services	CN	122,025	27	3,173	24,073	35,008	36,284	20,431	3,029
	MN	0	0	0	0	0	0	0	0
	Total	122,025	27	3,173	24,073	35,008	36,284	20,431	3,029
12b. Total Eligibles Receiving Preventive Dental Services	CN	108,627	12	2,092	20,631	32,412	33,578	17,635	2,267
	MN	0	0	0	0	0	0	0	0
	Total	108,627	12	2,092	20,631	32,412	33,578	17,635	2,267
12c. Total Eligibles Receiving Dental Treatment Services	CN	50,955	3	780	9,593	16,523	12,442	9,885	1,729
	MN	0	0	0	0	0	0	0	0
	Total	50,955	3	780	9,593	16,523	12,442	9,885	1,729
13. Total Eligibles Enrolled in Managed Care	CN	408,147	25,719	60,557	75,430	81,432	89,340	58,516	17,153
	MN	0	0	0	0	0	0	0	0
	Total	408,147	25,719	60,557	75,430	81,432	89,340	58,516	17,153
14. Total Number of Screening Blood Lead Tests	CN	7,969	195	5,519	2,255				
	MN	0	0	0	0				
	Total	7,969	195	5,519	2,255				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Oregon

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	273,778	22,307	41,491	50,696	52,349	55,168	39,232	12,535
	MN	0	0	0	0	0	0	0	0
	Total	273,778	22,307	41,491	50,696	52,349	55,168	39,232	12,535
2a. State Periodicity Schedule	CN		5	3	3	2	2	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	1.50	1.00	0.50	0.40	0.50	0.50
3a. Total Months of Eligibility	CN	2,287,418	119,235	368,102	445,657	453,636	486,867	330,148	83,773
	MN	0	0	0	0	0	0	0	0
	Total	2,287,418	119,235	368,102	445,657	453,636	486,867	330,148	83,773
3b. Average Period of Eligibility	CN	0.70	0.45	0.74	0.73	0.72	0.74	0.70	0.56
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	0.45	0.74	0.73	0.72	0.74	0.70	0.56
4. Expected Number of Screenings per Eligible	CN		2.25	1.11	0.73	0.36	0.30	0.35	0.28
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.25	1.11	0.73	0.36	0.30	0.35	0.28
5. Expected Number of Screenings	CN	185,891	50,191	46,055	37,008	18,846	16,550	13,731	3,510
	MN	0	0	0	0	0	0	0	0
	Total	185,891	50,191	46,055	37,008	18,846	16,550	13,731	3,510
6. Total Screens Received	CN	154,894	52,999	57,470	20,576	8,930	9,991	4,538	390
	MN	0	0	0	0	0	0	0	0
	Total	154,894	52,999	57,470	20,576	8,930	9,991	4,538	390
7. Screening Ratio	CN	0.83	1.00	1.00	0.56	0.47	0.60	0.33	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	1.00	1.00	0.56	0.47	0.60	0.33	0.11
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	153,443	22,307	41,491	37,008	18,846	16,550	13,731	3,510
	MN	0	0	0	0	0	0	0	0
	Total	153,443	22,307	41,491	37,008	18,846	16,550	13,731	3,510
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	85,075	18,390	27,015	18,174	8,116	8,976	4,062	342
	MN	0	0	0	0	0	0	0	0
	Total	85,075	18,390	27,015	18,174	8,116	8,976	4,062	342

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Oregon

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.55	0.82	0.65	0.49	0.43	0.54	0.30	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.55	0.82	0.65	0.49	0.43	0.54	0.30	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	75,884	42	3,085	15,870	21,010	20,236	12,721	2,920
	MN	0	0	0	0	0	0	0	0
	Total	75,884	42	3,085	15,870	21,010	20,236	12,721	2,920
12b. Total Eligibles Receiving Preventive Dental Services	CN	58,526	21	2,142	12,467	17,137	16,233	8,967	1,559
	MN	0	0	0	0	0	0	0	0
	Total	58,526	21	2,142	12,467	17,137	16,233	8,967	1,559
12c. Total Eligibles Receiving Dental Treatment Services	CN	39,120	9	622	6,935	11,776	10,386	7,601	1,791
	MN	0	0	0	0	0	0	0	0
	Total	39,120	9	622	6,935	11,776	10,386	7,601	1,791
13. Total Eligibles Enrolled in Managed Care	CN	225,142	18,298	35,949	42,685	43,285	44,430	30,573	9,922
	MN	0	0	0	0	0	0	0	0
	Total	225,142	18,298	35,949	42,685	43,285	44,430	30,573	9,922
14. Total Number of Screening Blood Lead Tests	CN	4,974	138	3,323	1,513				
	MN	0	0	0	0				
	Total	4,974	138	3,323	1,513				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Pennsylvania

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	971,766	54,096	119,115	156,823	181,629	226,214	160,886	73,003
	MN	28,837	97	424	903	1,410	2,159	2,745	21,099
	Total	1,000,603	54,193	119,539	157,726	183,039	228,373	163,631	94,102
2a. State Periodicity Schedule	CN		5	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	9,449,037	290,827	1,194,683	1,583,888	1,857,476	2,332,429	1,597,693	592,041
	MN	209,422	476	3,985	8,115	12,983	19,494	20,150	144,219
	Total	9,658,459	291,303	1,198,668	1,592,003	1,870,459	2,351,923	1,617,843	736,260
3b. Average Period of Eligibility	CN	0.81	0.45	0.84	0.84	0.85	0.86	0.83	0.68
	MN	0.61	0.41	0.78	0.75	0.77	0.75	0.61	0.57
	Total	0.80	0.45	0.84	0.84	0.85	0.86	0.82	0.65
4. Expected Number of Screenings per Eligible	CN		2.25	1.68	0.84	0.43	0.86	0.83	0.68
	MN		2.05	1.56	0.75	0.39	0.75	0.61	0.57
	Total		2.25	1.68	0.84	0.43	0.86	0.82	0.65
5. Expected Number of Screenings	CN	909,381	121,716	200,113	131,731	78,100	194,544	133,535	49,642
	MN	17,406	199	661	677	550	1,619	1,674	12,026
	Total	926,787	121,915	200,774	132,408	78,650	196,163	135,209	61,668
6. Total Screens Received	CN	626,077	150,163	186,266	81,787	63,391	79,238	52,956	12,276
	MN	5,005	226	552	448	452	679	606	2,042
	Total	631,082	150,389	186,818	82,235	63,843	79,917	53,562	14,318
7. Screening Ratio	CN	0.69	1.00	0.93	0.62	0.81	0.41	0.40	0.25
	MN	0.29	1.00	0.84	0.66	0.82	0.42	0.36	0.17
	Total	0.68	1.00	0.93	0.62	0.81	0.41	0.40	0.23
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	760,763	54,096	119,115	131,731	78,100	194,544	133,535	49,642
	MN	17,067	97	424	677	550	1,619	1,674	12,026
	Total	777,830	54,193	119,539	132,408	78,650	196,163	135,209	61,668
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	382,419	44,925	84,472	70,231	57,138	71,441	45,050	9,162
	MN	4,050	69	268	363	405	612	526	1,807
	Total	386,469	44,994	84,740	70,594	57,543	72,053	45,576	10,969

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Pennsylvania

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.50	0.83	0.71	0.53	0.73	0.37	0.34	0.18
	MN	0.24	0.71	0.63	0.54	0.74	0.38	0.31	0.15
	Total	0.50	0.83	0.71	0.53	0.73	0.37	0.34	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	34,176	10,228	5,682	4,036	4,103	5,436	4,058	633
	MN	339	11	22	17	23	34	34	198
	Total	34,515	10,239	5,704	4,053	4,126	5,470	4,092	831
12a. Total Eligibles Receiving Any Dental Services	CN	262,530	53	5,428	48,453	68,893	78,686	48,431	12,586
	MN	5,391	0	29	249	480	606	517	3,510
	Total	267,921	53	5,457	48,702	69,373	79,292	48,948	16,096
12b. Total Eligibles Receiving Preventive Dental Services	CN	218,435	9	2,982	40,177	61,067	68,585	37,623	7,992
	MN	3,749	0	22	197	420	522	376	2,212
	Total	222,184	9	3,004	40,374	61,487	69,107	37,999	10,204
12c. Total Eligibles Receiving Dental Treatment Services	CN	133,574	15	1,667	18,271	35,960	41,090	28,330	8,241
	MN	3,376	0	7	105	273	327	322	2,342
	Total	136,950	15	1,674	18,376	36,233	41,417	28,652	10,583
13. Total Eligibles Enrolled in Managed Care	CN	753,483	41,421	94,251	122,782	141,363	175,955	121,938	55,773
	MN	19,861	82	359	748	1,137	1,675	1,941	13,919
	Total	773,344	41,503	94,610	123,530	142,500	177,630	123,879	69,692
14. Total Number of Screening Blood Lead Tests	CN	97,498	12,892	61,321	23,285				
	MN	357	57	175	125				
	Total	97,855	12,949	61,496	23,410				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Rhode Island

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	112,286	6,338	12,828	17,870	22,266	28,036	19,278	5,670
	MN	222	0	0	1	1	1	71	148
	Total	112,508	6,338	12,828	17,871	22,267	28,037	19,349	5,818
2a. State Periodicity Schedule	CN		6	3	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	1.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,173,664	40,896	138,445	192,722	241,979	304,785	205,947	48,890
	MN	1,191	0	0	1	3	1	359	827
	Total	1,174,855	40,896	138,445	192,723	241,982	304,786	206,306	49,717
3b. Average Period of Eligibility	CN	0.87	0.54	0.90	0.90	0.91	0.91	0.89	0.72
	MN	0.45	0.00	0.00	0.08	0.25	0.08	0.42	0.47
	Total	0.87	0.54	0.90	0.90	0.91	0.91	0.89	0.71
4. Expected Number of Screenings per Eligible	CN		3.24	1.35	0.90	0.91	0.91	0.89	0.72
	MN		0.00	0.00	0.08	0.25	0.08	0.42	0.47
	Total		3.24	1.35	0.90	0.91	0.91	0.89	0.71
5. Expected Number of Screenings	CN	120,950	20,535	17,318	16,083	20,262	25,513	17,157	4,082
	MN	100	0	0	0	0	0	30	70
	Total	121,050	20,535	17,318	16,083	20,262	25,513	17,187	4,152
6. Total Screens Received	CN	84,875	19,577	23,528	10,457	10,340	12,749	7,125	1,099
	MN	2	0	0	0	0	0	1	1
	Total	84,877	19,577	23,528	10,457	10,340	12,749	7,126	1,100
7. Screening Ratio	CN	0.70	0.95	1.00	0.65	0.51	0.50	0.42	0.27
	MN	0.02	0.00	0.00	0.00	0.00	0.00	0.03	0.01
	Total	0.70	0.95	1.00	0.65	0.51	0.50	0.41	0.26
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	102,263	6,338	12,828	16,083	20,262	25,513	17,157	4,082
	MN	100	0	0	0	0	0	30	70
	Total	102,363	6,338	12,828	16,083	20,262	25,513	17,187	4,152
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	55,396	5,475	9,996	9,931	10,076	12,299	6,625	994
	MN	2	0	0	0	0	0	1	1
	Total	55,398	5,475	9,996	9,931	10,076	12,299	6,626	995

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Rhode Island

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.54	0.86	0.78	0.62	0.50	0.48	0.39	0.24
	MN	0.02	0.00	0.00	0.00	0.00	0.00	0.03	0.01
	Total	0.54	0.86	0.78	0.62	0.50	0.48	0.39	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	88,391	5,518	10,995	14,694	17,238	21,502	14,598	3,846
	MN	185	0	0	0	0	0	58	127
	Total	88,576	5,518	10,995	14,694	17,238	21,502	14,656	3,973
12a. Total Eligibles Receiving Any Dental Services	CN	39,124	3	150	5,221	11,358	13,706	7,378	1,308
	MN	20	0	0	0	0	0	6	14
	Total	39,144	3	150	5,221	11,358	13,706	7,384	1,322
12b. Total Eligibles Receiving Preventive Dental Services	CN	31,755	0	73	4,048	9,723	11,392	5,652	867
	MN	12	0	0	0	0	0	4	8
	Total	31,767	0	73	4,048	9,723	11,392	5,656	875
12c. Total Eligibles Receiving Dental Treatment Services	CN	18,163	2	43	1,262	4,585	7,014	4,437	820
	MN	11	0	0	0	0	0	4	7
	Total	18,174	2	43	1,262	4,585	7,014	4,441	827
13. Total Eligibles Enrolled in Managed Care	CN	103,630	6,062	12,424	16,755	20,422	25,356	17,491	5,120
	MN	212	0	0	0	1	0	66	145
	Total	103,842	6,062	12,424	16,755	20,423	25,356	17,557	5,265
14. Total Number of Screening Blood Lead Tests	CN	8,832	154	4,503	4,175				
	MN	0	0	0	0				
	Total	8,832	154	4,503	4,175				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: South Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	640,690	36,157	73,551	102,275	127,642	157,226	109,919	33,920
	MN	0	0	0	0	0	0	0	0
	Total	640,690	36,157	73,551	102,275	127,642	157,226	109,919	33,920
2a. State Periodicity Schedule	CN		6	3	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	1.50	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	6,772,109	272,826	808,312	1,118,605	1,393,587	1,712,332	1,183,719	282,728
	MN	0	0	0	0	0	0	0	0
	Total	6,772,109	272,826	808,312	1,118,605	1,393,587	1,712,332	1,183,719	282,728
3b. Average Period of Eligibility	CN	0.88	0.63	0.92	0.91	0.91	0.91	0.90	0.69
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	0.63	0.92	0.91	0.91	0.91	0.90	0.69
4. Expected Number of Screenings per Eligible	CN		3.78	1.38	0.91	0.46	0.55	0.45	0.35
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.78	1.38	0.91	0.46	0.55	0.45	0.35
5. Expected Number of Screenings	CN	537,768	136,673	101,500	93,070	58,715	86,474	49,464	11,872
	MN	0	0	0	0	0	0	0	0
	Total	537,768	136,673	101,500	93,070	58,715	86,474	49,464	11,872
6. Total Screens Received	CN	279,844	97,694	107,780	33,046	15,543	16,786	8,585	410
	MN	0	0	0	0	0	0	0	0
	Total	279,844	97,694	107,780	33,046	15,543	16,786	8,585	410
7. Screening Ratio	CN	0.52	0.71	1.00	0.36	0.26	0.19	0.17	0.03
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.71	1.00	0.36	0.26	0.19	0.17	0.03
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	409,303	36,157	73,551	93,070	58,715	86,474	49,464	11,872
	MN	0	0	0	0	0	0	0	0
	Total	409,303	36,157	73,551	93,070	58,715	86,474	49,464	11,872
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	134,710	25,351	43,206	28,840	14,085	15,212	7,663	353
	MN	0	0	0	0	0	0	0	0
	Total	134,710	25,351	43,206	28,840	14,085	15,212	7,663	353

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: South Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.33	0.70	0.59	0.31	0.24	0.18	0.15	0.03
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.33	0.70	0.59	0.31	0.24	0.18	0.15	0.03
11. Total Eligibles Referred for Corrective Treatment	CN	162	1	27	33	44	35	21	1
	MN	0	0	0	0	0	0	0	0
	Total	162	1	27	33	44	35	21	1
12a. Total Eligibles Receiving Any Dental Services	CN	252,343	82	6,382	43,636	72,161	79,134	43,598	7,350
	MN	0	0	0	0	0	0	0	0
	Total	252,343	82	6,382	43,636	72,161	79,134	43,598	7,350
12b. Total Eligibles Receiving Preventive Dental Services	CN	251,870	41	5,270	43,085	75,402	80,525	41,704	5,843
	MN	0	0	0	0	0	0	0	0
	Total	251,870	41	5,270	43,085	75,402	80,525	41,704	5,843
12c. Total Eligibles Receiving Dental Treatment Services	CN	138,761	8	1,483	20,320	42,287	41,673	27,868	5,122
	MN	0	0	0	0	0	0	0	0
	Total	138,761	8	1,483	20,320	42,287	41,673	27,868	5,122
13. Total Eligibles Enrolled in Managed Care	CN	22,153	690	2,296	3,737	5,314	5,873	3,640	603
	MN	0	0	0	0	0	0	0	0
	Total	22,153	690	2,296	3,737	5,314	5,873	3,640	603
14. Total Number of Screening Blood Lead Tests	CN	19,714	241	13,630	5,843				
	MN	0	0	0	0				
	Total	19,714	241	13,630	5,843				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: South Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	83,268	5,753	11,224	14,181	16,157	18,514	13,383	4,056
	MN	0	0	0	0	0	0	0	0
	Total	83,268	5,753	11,224	14,181	16,157	18,514	13,383	4,056
2a. State Periodicity Schedule	CN		7	4	3	4	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		7.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	777,047	33,743	108,657	138,319	159,252	183,089	125,986	28,001
	MN	0	0	0	0	0	0	0	0
	Total	777,047	33,743	108,657	138,319	159,252	183,089	125,986	28,001
3b. Average Period of Eligibility	CN	0.78	0.49	0.81	0.81	0.82	0.82	0.78	0.58
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.78	0.49	0.81	0.81	0.82	0.82	0.78	0.58
4. Expected Number of Screenings per Eligible	CN		3.43	1.62	0.81	0.82	0.82	0.78	0.58
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.43	1.62	0.81	0.82	0.82	0.78	0.58
5. Expected Number of Screenings	CN	90,624	19,733	18,183	11,487	13,249	15,181	10,439	2,352
	MN	0	0	0	0	0	0	0	0
	Total	90,624	19,733	18,183	11,487	13,249	15,181	10,439	2,352
6. Total Screens Received	CN	48,660	14,570	14,332	6,313	3,445	4,975	4,025	1,000
	MN	0	0	0	0	0	0	0	0
	Total	48,660	14,570	14,332	6,313	3,445	4,975	4,025	1,000
7. Screening Ratio	CN	0.54	0.74	0.79	0.55	0.26	0.33	0.39	0.43
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.74	0.79	0.55	0.26	0.33	0.39	0.43
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	69,685	5,753	11,224	11,487	13,249	15,181	10,439	2,352
	MN	0	0	0	0	0	0	0	0
	Total	69,685	5,753	11,224	11,487	13,249	15,181	10,439	2,352
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	30,233	4,952	7,072	5,738	3,235	4,598	3,691	947
	MN	0	0	0	0	0	0	0	0
	Total	30,233	4,952	7,072	5,738	3,235	4,598	3,691	947

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: South Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.43	0.86	0.63	0.50	0.24	0.30	0.35	0.40
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.43	0.86	0.63	0.50	0.24	0.30	0.35	0.40
11. Total Eligibles Referred for Corrective Treatment	CN	14,249	2,830	3,750	2,707	1,143	2,069	1,404	346
	MN	0	0	0	0	0	0	0	0
	Total	14,249	2,830	3,750	2,707	1,143	2,069	1,404	346
12a. Total Eligibles Receiving Any Dental Services	CN	25,641	17	680	5,084	7,179	7,544	4,267	870
	MN	0	0	0	0	0	0	0	0
	Total	25,641	17	680	5,084	7,179	7,544	4,267	870
12b. Total Eligibles Receiving Preventive Dental Services	CN	22,019	15	571	4,368	6,401	6,611	3,438	615
	MN	0	0	0	0	0	0	0	0
	Total	22,019	15	571	4,368	6,401	6,611	3,438	615
12c. Total Eligibles Receiving Dental Treatment Services	CN	7,208	0	55	997	2,137	2,204	1,462	353
	MN	0	0	0	0	0	0	0	0
	Total	7,208	0	55	997	2,137	2,204	1,462	353
13. Total Eligibles Enrolled in Managed Care	CN	53,411	4,447	7,607	9,895	11,033	12,234	7,106	1,089
	MN	0	0	0	0	0	0	0	0
	Total	53,411	4,447	7,607	9,895	11,033	12,234	7,106	1,089
14. Total Number of Screening Blood Lead Tests	CN	783	8	487	288				
	MN	0	0	0	0				
	Total	783	8	487	288				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Tennessee

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	616,978	47,528	81,585	107,159	114,470	132,758	93,273	40,205
	MN	158,254	1,631	7,880	15,315	26,666	36,967	28,321	41,474
	Total	775,232	49,159	89,465	122,474	141,136	169,725	121,594	81,679
2a. State Periodicity Schedule	CN		5	3	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	1.50	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	6,278,936	293,263	868,883	1,140,088	1,226,873	1,422,721	972,067	355,041
	MN	1,413,557	9,652	62,110	142,526	247,340	359,666	278,651	313,612
	Total	7,692,493	302,915	930,993	1,282,614	1,474,213	1,782,387	1,250,718	668,653
3b. Average Period of Eligibility	CN	0.85	0.51	0.89	0.89	0.89	0.89	0.87	0.74
	MN	0.74	0.49	0.66	0.78	0.77	0.81	0.82	0.63
	Total	0.83	0.51	0.87	0.87	0.87	0.88	0.86	0.68
4. Expected Number of Screenings per Eligible	CN		2.55	1.34	0.89	0.45	0.89	0.87	0.74
	MN		2.45	0.99	0.78	0.39	0.81	0.82	0.63
	Total		2.55	1.31	0.87	0.44	0.88	0.86	0.68
5. Expected Number of Screenings	CN	606,459	121,196	109,324	95,372	51,512	118,155	81,148	29,752
	MN	113,438	3,996	7,801	11,946	10,400	29,943	23,223	26,129
	Total	719,897	125,192	117,125	107,318	61,912	148,098	104,371	55,881
6. Total Screens Received	CN	468,469	107,551	147,171	78,770	42,929	51,907	31,151	8,990
	MN	59,376	3,717	11,652	9,557	8,371	12,464	7,482	6,133
	Total	527,845	111,268	158,823	88,327	51,300	64,371	38,633	15,123
7. Screening Ratio	CN	0.77	0.89	1.00	0.83	0.83	0.44	0.38	0.30
	MN	0.52	0.93	1.00	0.80	0.80	0.42	0.32	0.23
	Total	0.73	0.89	1.00	0.82	0.83	0.43	0.37	0.27
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	505,052	47,528	81,585	95,372	51,512	118,155	81,148	29,752
	MN	111,073	1,631	7,801	11,946	10,400	29,943	23,223	26,129
	Total	616,125	49,159	89,386	107,318	61,912	148,098	104,371	55,881
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	252,600	36,751	57,146	58,541	32,667	38,826	22,718	5,951
	MN	39,991	1,365	5,079	7,433	6,502	9,531	5,715	4,366
	Total	292,591	38,116	62,225	65,974	39,169	48,357	28,433	10,317

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Tennessee

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.50	0.77	0.70	0.61	0.63	0.33	0.28	0.20
	MN	0.36	0.84	0.65	0.62	0.63	0.32	0.25	0.17
	Total	0.47	0.78	0.70	0.61	0.63	0.33	0.27	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	209,845	24,390	35,433	30,223	32,048	43,869	32,049	11,833
	MN	45,968	404	2,998	3,840	7,212	11,723	8,979	10,812
	Total	255,813	24,794	38,431	34,063	39,260	55,592	41,028	22,645
12a. Total Eligibles Receiving Any Dental Services	CN	220,625	83	5,470	40,340	59,476	67,247	38,360	9,649
	MN	60,108	1	531	5,237	13,087	18,015	11,366	11,871
	Total	280,733	84	6,001	45,577	72,563	85,262	49,726	21,520
12b. Total Eligibles Receiving Preventive Dental Services	CN	191,337	25	3,748	35,152	53,638	60,724	31,425	6,625
	MN	50,335	1	310	4,520	11,926	16,027	9,146	8,405
	Total	241,672	26	4,058	39,672	65,564	76,751	40,571	15,030
12c. Total Eligibles Receiving Dental Treatment Services	CN	107,778	12	1,117	14,028	26,828	33,930	24,962	6,901
	MN	35,201	1	142	1,975	6,464	10,056	7,759	8,804
	Total	142,979	13	1,259	16,003	33,292	43,986	32,721	15,705
13. Total Eligibles Enrolled in Managed Care	CN	616,978	47,528	81,585	107,159	114,470	132,758	93,273	40,205
	MN	158,254	1,631	7,880	15,315	26,666	36,967	28,321	41,474
	Total	775,232	49,159	89,465	122,474	141,136	169,725	121,594	81,679
14. Total Number of Screening Blood Lead Tests	CN	38,108	979	22,265	14,864				
	MN	3,486	27	1,941	1,518				
	Total	41,594	1,006	24,206	16,382				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Texas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	2,700,417	247,856	451,911	520,894	512,449	519,478	326,117	121,712
	MN	12,156	557	235	270	494	714	1,881	8,005
	Total	2,712,573	248,413	452,146	521,164	512,943	520,192	327,998	129,717
2a. State Periodicity Schedule	CN		6	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	23,992,475	1,516,879	4,338,346	5,000,582	4,735,029	4,799,977	2,856,785	744,877
	MN	44,075	668	254	292	593	857	5,869	35,542
	Total	24,036,550	1,517,547	4,338,600	5,000,874	4,735,622	4,800,834	2,862,654	780,419
3b. Average Period of Eligibility	CN	0.74	0.51	0.80	0.80	0.77	0.77	0.73	0.51
	MN	0.30	0.10	0.09	0.09	0.10	0.10	0.26	0.37
	Total	0.74	0.51	0.80	0.80	0.77	0.77	0.73	0.50
4. Expected Number of Screenings per Eligible	CN		3.06	1.60	0.80	0.39	0.77	0.73	0.51
	MN		0.60	0.18	0.09	0.05	0.10	0.26	0.37
	Total		3.06	1.60	0.80	0.39	0.77	0.73	0.50
5. Expected Number of Screenings	CN	2,798,203	758,439	723,058	416,715	199,855	399,998	238,065	62,073
	MN	3,947	334	42	24	25	71	489	2,962
	Total	2,802,150	758,773	723,100	416,739	199,880	400,069	238,554	65,035
6. Total Screens Received	CN	2,087,136	669,650	687,589	287,396	164,974	190,756	81,307	5,464
	MN	611	289	2	0	1	1	45	273
	Total	2,087,747	669,939	687,591	287,396	164,975	190,757	81,352	5,737
7. Screening Ratio	CN	0.75	0.88	0.95	0.69	0.83	0.48	0.34	0.09
	MN	0.15	0.87	0.05	0.00	0.04	0.01	0.09	0.09
	Total	0.75	0.88	0.95	0.69	0.83	0.48	0.34	0.09
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	2,016,473	247,856	451,911	416,715	199,855	399,998	238,065	62,073
	MN	3,947	334	42	24	25	71	489	2,962
	Total	2,020,420	248,190	451,953	416,739	199,880	400,069	238,554	65,035
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	1,253,109	244,883	335,363	256,309	156,492	178,228	76,570	5,264
	MN	517	200	2	0	1	1	43	270
	Total	1,253,626	245,083	335,365	256,309	156,493	178,229	76,613	5,534

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Texas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.62	0.99	0.74	0.62	0.78	0.45	0.32	0.08
	MN	0.13	0.60	0.05	0.00	0.04	0.01	0.09	0.09
	Total	0.62	0.99	0.74	0.62	0.78	0.45	0.32	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	33,193	6,991	11,122	5,874	3,608	3,825	1,665	108
	MN	6	5	0	0	0	1	0	0
	Total	33,199	6,996	11,122	5,874	3,608	3,826	1,665	108
12a. Total Eligibles Receiving Any Dental Services	CN	1,141,056	156	135,299	270,077	287,351	277,109	140,658	30,406
	MN	1,910	0	0	2	6	3	218	1,681
	Total	1,142,966	156	135,299	270,079	287,357	277,112	140,876	32,087
12b. Total Eligibles Receiving Preventive Dental Services	CN	998,177	7	111,878	243,030	267,438	247,179	108,900	19,745
	MN	1,210	0	0	2	2	2	141	1,063
	Total	999,387	7	111,878	243,032	267,440	247,181	109,041	20,808
12c. Total Eligibles Receiving Dental Treatment Services	CN	590,806	99	13,246	112,613	169,740	172,317	100,641	22,150
	MN	1,529	0	0	1	4	2	165	1,357
	Total	592,335	99	13,246	112,614	169,744	172,319	100,806	23,507
13. Total Eligibles Enrolled in Managed Care	CN	1,538,873	137,570	282,420	309,067	291,518	284,195	172,541	61,562
	MN	0	0	0	0	0	0	0	0
	Total	1,538,873	137,570	282,420	309,067	291,518	284,195	172,541	61,562
14. Total Number of Screening Blood Lead Tests	CN	240,317	39,139	134,944	66,234				
	MN	0	0	0	0				
	Total	240,317	39,139	134,944	66,234				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Utah

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	170,831	31,444	30,391	34,120	26,796	24,863	16,869	6,348
	MN	1,511	161	114	228	292	413	294	9
	Total	172,342	31,605	30,505	34,348	27,088	25,276	17,163	6,357
2a. State Periodicity Schedule	CN		6	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,462,784	269,901	258,905	301,458	234,338	221,459	137,327	39,396
	MN	8,432	830	725	1,351	1,566	2,198	1,683	79
	Total	1,471,216	270,731	259,630	302,809	235,904	223,657	139,010	39,475
3b. Average Period of Eligibility	CN	0.71	0.72	0.71	0.74	0.73	0.74	0.68	0.52
	MN	0.47	0.43	0.53	0.49	0.45	0.44	0.48	0.73
	Total	0.71	0.71	0.71	0.73	0.73	0.74	0.67	0.52
4. Expected Number of Screenings per Eligible	CN		4.32	1.42	0.74	0.37	0.74	0.68	0.52
	MN		2.58	1.06	0.49	0.23	0.44	0.48	0.73
	Total		4.26	1.42	0.73	0.37	0.74	0.67	0.52
5. Expected Number of Screenings	CN	247,328	135,838	43,155	25,249	9,915	18,399	11,471	3,301
	MN	1,045	415	121	112	67	182	141	7
	Total	248,373	136,253	43,276	25,361	9,982	18,581	11,612	3,308
6. Total Screens Received	CN	137,245	85,432	26,916	14,434	4,005	4,014	2,311	133
	MN	277	162	36	23	7	35	12	2
	Total	137,522	85,594	26,952	14,457	4,012	4,049	2,323	135
7. Screening Ratio	CN	0.55	0.63	0.62	0.57	0.40	0.22	0.20	0.04
	MN	0.27	0.39	0.30	0.21	0.10	0.19	0.09	0.29
	Total	0.55	0.63	0.62	0.57	0.40	0.22	0.20	0.04
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	130,170	31,444	30,391	25,249	9,915	18,399	11,471	3,301
	MN	784	161	114	112	67	182	141	7
	Total	130,954	31,605	30,505	25,361	9,982	18,581	11,612	3,308
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	64,519	26,077	16,452	12,477	3,677	3,654	2,053	129
	MN	146	51	23	22	7	30	11	2
	Total	64,665	26,128	16,475	12,499	3,684	3,684	2,064	131

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Utah

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.50	0.83	0.54	0.49	0.37	0.20	0.18	0.04
	MN	0.19	0.32	0.20	0.20	0.10	0.16	0.08	0.29
	Total	0.49	0.83	0.54	0.49	0.37	0.20	0.18	0.04
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	51,675	266	5,052	15,467	12,727	10,707	6,279	1,177
	MN	204	0	14	29	45	66	47	3
	Total	51,879	266	5,066	15,496	12,772	10,773	6,326	1,180
12b. Total Eligibles Receiving Preventive Dental Services	CN	10,871	21	656	2,481	3,577	2,936	1,107	93
	MN	47	0	0	5	12	20	10	0
	Total	10,918	21	656	2,486	3,589	2,956	1,117	93
12c. Total Eligibles Receiving Dental Treatment Services	CN	23,025	27	1,115	6,835	5,872	4,950	3,560	666
	MN	97	0	5	13	21	26	31	1
	Total	23,122	27	1,120	6,848	5,893	4,976	3,591	667
13. Total Eligibles Enrolled in Managed Care	CN	114,289	20,474	21,715	23,910	18,343	16,316	10,459	3,072
	MN	524	46	53	95	98	126	103	3
	Total	114,813	20,520	21,768	24,005	18,441	16,442	10,562	3,075
14. Total Number of Screening Blood Lead Tests	CN	1,472	407	671	394				
	MN	0	0	0	0				
	Total	1,472	407	671	394				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Vermont

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	72,188	3,598	7,628	11,233	14,231	18,305	13,129	4,064
	MN	1,163	106	35	36	61	94	217	614
	Total	73,351	3,704	7,663	11,269	14,292	18,399	13,346	4,678
2a. State Periodicity Schedule	CN		5	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	477,801	8,938	44,287	75,295	98,164	132,184	91,605	27,328
	MN	4,220	208	107	114	274	644	817	2,056
	Total	482,021	9,146	44,394	75,409	98,438	132,828	92,422	29,384
3b. Average Period of Eligibility	CN	0.55	0.21	0.48	0.56	0.57	0.60	0.58	0.56
	MN	0.30	0.16	0.25	0.26	0.37	0.57	0.31	0.28
	Total	0.55	0.21	0.48	0.56	0.57	0.60	0.58	0.52
4. Expected Number of Screenings per Eligible	CN		1.05	0.96	0.56	0.29	0.36	0.29	0.28
	MN		0.80	0.50	0.26	0.19	0.34	0.16	0.14
	Total		1.05	0.96	0.56	0.29	0.36	0.29	0.26
5. Expected Number of Screenings	CN	33,053	3,778	7,323	6,290	4,127	6,590	3,807	1,138
	MN	277	85	18	9	12	32	35	86
	Total	33,330	3,863	7,341	6,299	4,139	6,622	3,842	1,224
6. Total Screens Received	CN	45,378	8,876	15,489	6,283	4,576	5,846	3,804	504
	MN	422	232	56	20	7	15	37	55
	Total	45,800	9,108	15,545	6,303	4,583	5,861	3,841	559
7. Screening Ratio	CN	1.00	1.00	1.00	1.00	1.00	0.89	1.00	0.44
	MN	1.00	1.00	1.00	1.00	0.58	0.47	1.00	0.64
	Total	1.00	1.00	1.00	1.00	1.00	0.89	1.00	0.46
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	32,873	3,598	7,323	6,290	4,127	6,590	3,807	1,138
	MN	277	85	18	9	12	32	35	86
	Total	33,150	3,683	7,341	6,299	4,139	6,622	3,842	1,224
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	27,588	2,535	5,904	5,580	4,255	5,432	3,425	457
	MN	213	73	15	14	7	15	36	53
	Total	27,801	2,608	5,919	5,594	4,262	5,447	3,461	510

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Vermont

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.84	0.70	0.81	0.89	1.00	0.82	0.90	0.40
	MN	0.77	0.86	0.83	1.00	0.58	0.47	1.00	0.62
	Total	0.84	0.71	0.81	0.89	1.00	0.82	0.90	0.42
11. Total Eligibles Referred for Corrective Treatment	CN	5,584	11	23	1,480	1,539	1,706	804	21
	MN	32	0	0	8	6	6	3	9
	Total	5,616	11	23	1,488	1,545	1,712	807	30
12a. Total Eligibles Receiving Any Dental Services	CN	33,784	4	726	5,297	8,920	11,122	6,843	872
	MN	254	0	1	14	14	26	59	140
	Total	34,038	4	727	5,311	8,934	11,148	6,902	1,012
12b. Total Eligibles Receiving Preventive Dental Services	CN	30,489	2	567	4,845	8,310	10,298	5,902	565
	MN	158	0	1	12	13	24	35	73
	Total	30,647	2	568	4,857	8,323	10,322	5,937	638
12c. Total Eligibles Receiving Dental Treatment Services	CN	15,242	0	172	1,682	4,121	4,899	3,778	590
	MN	173	0	0	5	7	13	39	109
	Total	15,415	0	172	1,687	4,128	4,912	3,817	699
13. Total Eligibles Enrolled in Managed Care	CN	68,178	2,826	7,402	10,851	13,705	17,697	12,586	3,111
	MN	804	0	41	44	55	89	171	404
	Total	68,982	2,826	7,443	10,895	13,760	17,786	12,757	3,515
14. Total Number of Screening Blood Lead Tests	CN	93	0	79	14				
	MN	1	0	1	0				
	Total	94	0	80	14				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	493,939	75,148	61,750	80,454	91,967	111,712	68,443	4,465
	MN	260	73	8	13	24	55	72	15
	Total	494,199	75,221	61,758	80,467	91,991	111,767	68,515	4,480
2a. State Periodicity Schedule	CN		6	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	3,918,628	450,341	507,164	599,622	795,932	989,462	547,565	28,542
	MN	1,648	126	35	84	227	489	544	143
	Total	3,920,276	450,467	507,199	599,706	796,159	989,951	548,109	28,685
3b. Average Period of Eligibility	CN	0.66	0.50	0.68	0.62	0.72	0.74	0.67	0.53
	MN	0.53	0.14	0.36	0.54	0.79	0.74	0.63	0.79
	Total	0.66	0.50	0.68	0.62	0.72	0.74	0.67	0.53
4. Expected Number of Screenings per Eligible	CN		3.00	1.36	0.62	0.36	0.44	0.34	0.27
	MN		0.84	0.72	0.54	0.40	0.44	0.32	0.40
	Total		3.00	1.36	0.62	0.36	0.44	0.34	0.27
5. Expected Number of Screenings	CN	466,043	225,444	83,980	49,881	33,108	49,153	23,271	1,206
	MN	137	61	6	7	10	24	23	6
	Total	466,180	225,505	83,986	49,888	33,118	49,177	23,294	1,212
6. Total Screens Received	CN	305,391	169,905	42,427	38,830	17,277	24,585	11,805	562
	MN	83	38	2	3	10	11	15	4
	Total	305,474	169,943	42,429	38,833	17,287	24,596	11,820	566
7. Screening Ratio	CN	0.66	0.75	0.51	0.78	0.52	0.50	0.51	0.47
	MN	0.61	0.62	0.33	0.43	1.00	0.46	0.65	0.67
	Total	0.66	0.75	0.51	0.78	0.52	0.50	0.51	0.47
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	293,517	75,148	61,750	49,881	33,108	49,153	23,271	1,206
	MN	137	61	6	7	10	24	23	6
	Total	293,654	75,209	61,756	49,888	33,118	49,177	23,294	1,212
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	164,954	54,956	29,784	32,815	15,463	21,379	10,075	482
	MN	58	24	1	2	8	9	11	3
	Total	165,012	54,980	29,785	32,817	15,471	21,388	10,086	485

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.56	0.73	0.48	0.66	0.47	0.43	0.43	0.40
	MN	0.42	0.39	0.17	0.29	0.80	0.38	0.48	0.50
	Total	0.56	0.73	0.48	0.66	0.47	0.43	0.43	0.40
11. Total Eligibles Referred for Corrective Treatment	CN	110	35	21	22	12	13	7	0
	MN	0	0	0	0	0	0	0	0
	Total	110	35	21	22	12	13	7	0
12a. Total Eligibles Receiving Any Dental Services	CN	112,101	307	6,765	24,814	30,122	33,661	15,857	575
	MN	53	0	0	3	10	25	11	4
	Total	112,154	307	6,765	24,817	30,132	33,686	15,868	579
12b. Total Eligibles Receiving Preventive Dental Services	CN	97,170	146	5,253	22,006	27,517	29,498	12,371	379
	MN	50	0	0	3	9	24	10	4
	Total	97,220	146	5,253	22,009	27,526	29,522	12,381	383
12c. Total Eligibles Receiving Dental Treatment Services	CN	10,860	38	563	1,885	2,060	3,329	2,832	153
	MN	2	0	0	0	0	1	1	0
	Total	10,862	38	563	1,885	2,060	3,330	2,833	153
13. Total Eligibles Enrolled in Managed Care	CN	365,209	54,029	48,022	60,078	69,067	83,319	48,188	2,506
	MN	49	6	5	8	10	14	6	0
	Total	365,258	54,035	48,027	60,086	69,077	83,333	48,194	2,506
14. Total Number of Screening Blood Lead Tests	CN	18,764	5,899	5,998	6,867				
	MN	0	0	0	0				
	Total	18,764	5,899	5,998	6,867				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Washington

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	660,886	37,187	83,626	115,484	134,968	153,813	104,644	31,164
	MN	471	14	47	56	84	130	111	29
	Total	661,357	37,201	83,673	115,540	135,052	153,943	104,755	31,193
2a. State Periodicity Schedule	CN		5	2	3	3	2	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	1.00	1.00	0.75	0.40	0.50	0.50
3a. Total Months of Eligibility	CN	6,436,066	246,164	837,347	1,158,098	1,361,330	1,555,263	1,030,094	247,770
	MN	3,201	69	333	386	666	877	681	189
	Total	6,439,267	246,233	837,680	1,158,484	1,361,996	1,556,140	1,030,775	247,959
3b. Average Period of Eligibility	CN	0.81	0.55	0.83	0.84	0.84	0.84	0.82	0.66
	MN	0.57	0.41	0.59	0.57	0.66	0.56	0.51	0.54
	Total	0.81	0.55	0.83	0.84	0.84	0.84	0.82	0.66
4. Expected Number of Screenings per Eligible	CN		2.75	0.83	0.84	0.63	0.34	0.41	0.33
	MN		2.05	0.59	0.57	0.50	0.22	0.26	0.27
	Total		2.75	0.83	0.84	0.63	0.34	0.41	0.33
5. Expected Number of Screenings	CN	459,195	102,264	69,410	97,007	85,030	52,296	42,904	10,284
	MN	197	29	28	32	42	29	29	8
	Total	459,392	102,293	69,438	97,039	85,072	52,325	42,933	10,292
6. Total Screens Received	CN	345,871	86,214	119,342	53,167	29,696	37,304	18,311	1,837
	MN	95	14	36	14	10	12	9	0
	Total	345,966	86,228	119,378	53,181	29,706	37,316	18,320	1,837
7. Screening Ratio	CN	0.75	0.84	1.00	0.55	0.35	0.71	0.43	0.18
	MN	0.48	0.48	1.00	0.44	0.24	0.41	0.31	0.00
	Total	0.75	0.84	1.00	0.55	0.35	0.71	0.43	0.18
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	394,118	37,187	69,410	97,007	85,030	52,296	42,904	10,284
	MN	182	14	28	32	42	29	29	8
	Total	394,300	37,201	69,438	97,039	85,072	52,325	42,933	10,292
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	215,962	30,700	56,543	47,953	27,706	34,663	16,831	1,566
	MN	78	11	22	14	10	12	9	0
	Total	216,040	30,711	56,565	47,967	27,716	34,675	16,840	1,566

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Washington

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.55	0.83	0.81	0.49	0.33	0.66	0.39	0.15
	MN	0.43	0.79	0.79	0.44	0.24	0.41	0.31	0.00
	Total	0.55	0.83	0.81	0.49	0.33	0.66	0.39	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	9,643	1,440	1,959	1,347	1,172	1,954	1,512	259
	MN	9	0	0	1	0	5	3	0
	Total	9,652	1,440	1,959	1,348	1,172	1,959	1,515	259
12a. Total Eligibles Receiving Any Dental Services	CN	262,978	525	15,601	52,845	72,789	73,610	41,311	6,297
	MN	101	0	2	16	32	28	20	3
	Total	263,079	525	15,603	52,861	72,821	73,638	41,331	6,300
12b. Total Eligibles Receiving Preventive Dental Services	CN	238,003	436	14,220	49,536	67,272	67,774	34,782	3,983
	MN	92	0	2	16	31	26	14	3
	Total	238,095	436	14,222	49,552	67,303	67,800	34,796	3,986
12c. Total Eligibles Receiving Dental Treatment Services	CN	137,899	67	3,239	23,033	41,894	40,195	25,393	4,078
	MN	57	0	0	7	18	16	14	2
	Total	137,956	67	3,239	23,040	41,912	40,211	25,407	4,080
13. Total Eligibles Enrolled in Managed Care	CN	422,991	22,880	58,597	77,949	89,109	99,526	63,319	11,611
	MN	19	0	1	7	3	5	2	1
	Total	423,010	22,880	58,598	77,956	89,112	99,531	63,321	11,612
14. Total Number of Screening Blood Lead Tests	CN	183	7	129	47				
	MN	0	0	0	0				
	Total	183	7	129	47				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: West Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	203,645	13,120	25,832	34,857	39,760	46,946	32,729	10,401
	MN	5,196	0	387	1,095	1,196	1,194	593	731
	Total	208,841	13,120	26,219	35,952	40,956	48,140	33,322	11,132
2a. State Periodicity Schedule	CN		7	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		7.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,992,190	79,914	265,137	351,889	401,533	480,871	334,717	78,129
	MN	11,956	0	729	2,119	2,381	2,348	1,140	3,239
	Total	2,004,146	79,914	265,866	354,008	403,914	483,219	335,857	81,368
3b. Average Period of Eligibility	CN	0.82	0.51	0.86	0.84	0.84	0.85	0.85	0.63
	MN	0.19	0.00	0.16	0.16	0.17	0.16	0.16	0.37
	Total	0.80	0.51	0.85	0.82	0.82	0.84	0.84	0.61
4. Expected Number of Screenings per Eligible	CN		3.57	1.72	0.84	0.42	0.85	0.85	0.63
	MN		0.00	0.32	0.16	0.09	0.16	0.16	0.37
	Total		3.57	1.70	0.82	0.41	0.84	0.84	0.61
5. Expected Number of Screenings	CN	211,525	46,838	44,431	29,280	16,699	39,904	27,820	6,553
	MN	963	0	124	175	108	191	95	270
	Total	212,488	46,838	44,555	29,455	16,807	40,095	27,915	6,823
6. Total Screens Received	CN	192,345	40,439	43,568	34,749	23,287	32,855	16,440	1,007
	MN	706	0	109	240	98	127	64	68
	Total	193,051	40,439	43,677	34,989	23,385	32,982	16,504	1,075
7. Screening Ratio	CN	0.91	0.86	0.98	1.00	1.00	0.82	0.59	0.15
	MN	0.73	0.00	0.88	1.00	0.91	0.66	0.67	0.25
	Total	0.91	0.86	0.98	1.00	1.00	0.82	0.59	0.16
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	159,208	13,120	25,832	29,280	16,699	39,904	27,820	6,553
	MN	963	0	124	175	108	191	95	270
	Total	160,171	13,120	25,956	29,455	16,807	40,095	27,915	6,823
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	88,979	13,024	20,832	17,470	13,725	15,372	7,914	642
	MN	378	0	71	119	64	56	25	43
	Total	89,357	13,024	20,903	17,589	13,789	15,428	7,939	685

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: West Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.56	0.99	0.81	0.60	0.82	0.39	0.28	0.10
	MN	0.39	0.00	0.57	0.68	0.59	0.29	0.26	0.16
	Total	0.56	0.99	0.81	0.60	0.82	0.38	0.28	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	38,457	769	1,168	3,491	7,699	13,402	11,521	407
	MN	696	0	68	159	224	163	60	22
	Total	39,153	769	1,236	3,650	7,923	13,565	11,581	429
12a. Total Eligibles Receiving Any Dental Services	CN	83,676	183	3,250	17,565	22,065	24,468	14,623	1,522
	MN	662	0	14	142	153	146	56	151
	Total	84,338	183	3,264	17,707	22,218	24,614	14,679	1,673
12b. Total Eligibles Receiving Preventive Dental Services	CN	71,094	48	2,146	15,379	19,665	21,505	11,522	829
	MN	445	0	5	100	120	108	32	80
	Total	71,539	48	2,151	15,479	19,785	21,613	11,554	909
12c. Total Eligibles Receiving Dental Treatment Services	CN	83,263	178	3,233	17,503	21,941	24,324	14,568	1,516
	MN	659	0	14	142	153	143	56	151
	Total	83,922	178	3,247	17,645	22,094	24,467	14,624	1,667
13. Total Eligibles Enrolled in Managed Care	CN	155,878	10,825	20,783	27,830	31,110	35,868	23,430	6,032
	MN	4,329	0	332	962	1,038	1,024	507	466
	Total	160,207	10,825	21,115	28,792	32,148	36,892	23,937	6,498
14. Total Number of Screening Blood Lead Tests	CN	7,449	725	4,733	1,991				
	MN	33	0	21	12				
	Total	7,482	725	4,754	2,003				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Wisconsin

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	442,741	28,203	50,808	67,179	83,347	98,746	78,199	36,259
	MN	25,193	2,357	8,383	11,950	1,934	94	292	183
	Total	467,934	30,560	59,191	79,129	85,281	98,840	78,491	36,442
2a. State Periodicity Schedule	CN		5	4	3	2	3	2	1
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	4,315,433	173,478	529,873	705,853	850,287	1,003,540	748,375	304,027
	MN	229,027	14,492	81,505	115,342	13,825	728	1,959	1,176
	Total	4,544,460	187,970	611,378	821,195	864,112	1,004,268	750,334	305,203
3b. Average Period of Eligibility	CN	0.81	0.51	0.87	0.88	0.85	0.85	0.80	0.70
	MN	0.76	0.51	0.81	0.80	0.60	0.65	0.56	0.54
	Total	0.81	0.51	0.86	0.86	0.84	0.85	0.80	0.70
4. Expected Number of Screenings per Eligible	CN		2.55	1.74	0.88	0.43	0.51	0.40	0.35
	MN		2.55	1.62	0.80	0.30	0.39	0.28	0.27
	Total		2.55	1.72	0.86	0.42	0.51	0.40	0.35
5. Expected Number of Screenings	CN	349,612	71,918	88,406	59,118	35,839	50,360	31,280	12,691
	MN	29,898	6,010	13,580	9,560	580	37	82	49
	Total	379,510	77,928	101,986	68,678	36,419	50,397	31,362	12,740
6. Total Screens Received	CN	296,769	86,056	87,037	38,455	25,353	29,826	21,678	8,364
	MN	24,848	6,222	12,597	5,620	353	15	26	15
	Total	321,617	92,278	99,634	44,075	25,706	29,841	21,704	8,379
7. Screening Ratio	CN	0.85	1.00	0.98	0.65	0.71	0.59	0.69	0.66
	MN	0.83	1.00	0.93	0.59	0.61	0.41	0.32	0.31
	Total	0.85	1.00	0.98	0.64	0.71	0.59	0.69	0.66
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	268,299	28,203	50,808	59,118	35,839	50,360	31,280	12,691
	MN	21,048	2,357	8,383	9,560	580	37	82	49
	Total	289,347	30,560	59,191	68,678	36,419	50,397	31,362	12,740
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	176,028	24,352	37,246	33,888	24,033	28,158	20,277	8,074
	MN	13,022	1,850	5,688	5,097	333	13	26	15
	Total	189,050	26,202	42,934	38,985	24,366	28,171	20,303	8,089

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Wisconsin

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.66	0.86	0.73	0.57	0.67	0.56	0.65	0.64
	MN	0.62	0.78	0.68	0.53	0.57	0.35	0.32	0.31
	Total	0.65	0.86	0.73	0.57	0.67	0.56	0.65	0.63
11. Total Eligibles Referred for Corrective Treatment	CN	25,574	3,452	6,064	4,698	3,827	4,592	2,514	427
	MN	2,160	281	1,035	774	60	1	8	1
	Total	27,734	3,733	7,099	5,472	3,887	4,593	2,522	428
12a. Total Eligibles Receiving Any Dental Services	CN	150,851	7,534	15,412	25,947	34,223	37,006	23,581	7,148
	MN	7,316	480	2,267	4,000	459	21	60	29
	Total	158,167	8,014	17,679	29,947	34,682	37,027	23,641	7,177
12b. Total Eligibles Receiving Preventive Dental Services	CN	83,172	77	1,305	15,490	25,202	25,888	12,879	2,331
	MN	2,623	3	154	2,147	274	15	21	9
	Total	85,795	80	1,459	17,637	25,476	25,903	12,900	2,340
12c. Total Eligibles Receiving Dental Treatment Services	CN	48,526	6	410	6,508	14,400	14,727	9,957	2,518
	MN	1,191	0	42	958	148	10	27	6
	Total	49,717	6	452	7,466	14,548	14,737	9,984	2,524
13. Total Eligibles Enrolled in Managed Care	CN	294,846	19,928	38,436	49,847	59,582	67,547	44,163	15,343
	MN	18,165	1,475	6,153	8,874	1,429	33	122	79
	Total	313,011	21,403	44,589	58,721	61,011	67,580	44,285	15,422
14. Total Number of Screening Blood Lead Tests	CN	46,477	976	28,672	16,829				
	MN	5,873	65	3,997	1,811				
	Total	52,350	1,041	32,669	18,640				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Wyoming

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	52,770	3,859	8,176	9,727	9,892	10,605	7,696	2,815
	MN	0	0	0	0	0	0	0	0
	Total	52,770	3,859	8,176	9,727	9,892	10,605	7,696	2,815
2a. State Periodicity Schedule	CN		7	4	3	2	5	4	2
2b. Number of Years in Age Group	MN		1	2	3	4	5	4	2
2c. Annual. State Periodicity Sched.	Total		7.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	487,234	23,502	78,640	94,829	95,224	102,192	72,138	20,709
	MN	0	0	0	0	0	0	0	0
	Total	487,234	23,502	78,640	94,829	95,224	102,192	72,138	20,709
3b. Average Period of Eligibility	CN	0.77	0.51	0.80	0.81	0.80	0.80	0.78	0.61
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.77	0.51	0.80	0.81	0.80	0.80	0.78	0.61
4. Expected Number of Screenings per Eligible	CN		3.57	1.60	0.81	0.40	0.80	0.78	0.61
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.57	1.60	0.81	0.40	0.80	0.78	0.61
5. Expected Number of Screenings	CN	54,899	13,777	13,082	7,879	3,957	8,484	6,003	1,717
	MN	0	0	0	0	0	0	0	0
	Total	54,899	13,777	13,082	7,879	3,957	8,484	6,003	1,717
6. Total Screens Received	CN	28,292	11,319	9,791	3,092	1,046	1,834	1,121	89
	MN	0	0	0	0	0	0	0	0
	Total	28,292	11,319	9,791	3,092	1,046	1,834	1,121	89
7. Screening Ratio	CN	0.52	0.82	0.75	0.39	0.26	0.22	0.19	0.05
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.82	0.75	0.39	0.26	0.22	0.19	0.05
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	40,075	3,859	8,176	7,879	3,957	8,484	6,003	1,717
	MN	0	0	0	0	0	0	0	0
	Total	40,075	3,859	8,176	7,879	3,957	8,484	6,003	1,717
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	14,287	3,391	4,401	2,745	989	1,684	996	81
	MN	0	0	0	0	0	0	0	0
	Total	14,287	3,391	4,401	2,745	989	1,684	996	81

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2004

State: Wyoming

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.36	0.88	0.54	0.35	0.25	0.20	0.17	0.05
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.36	0.88	0.54	0.35	0.25	0.20	0.17	0.05
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	15,745	8	496	3,240	4,301	4,412	2,745	543
	MN	0	0	0	0	0	0	0	0
	Total	15,745	8	496	3,240	4,301	4,412	2,745	543
12b. Total Eligibles Receiving Preventive Dental Services	CN	13,111	5	256	2,662	3,749	3,893	2,192	354
	MN	0	0	0	0	0	0	0	0
	Total	13,111	5	256	2,662	3,749	3,893	2,192	354
12c. Total Eligibles Receiving Dental Treatment Services	CN	8,970	1	125	1,634	2,633	2,443	1,752	382
	MN	0	0	0	0	0	0	0	0
	Total	8,970	1	125	1,634	2,633	2,443	1,752	382
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	0	0	0	0				
	MN	0	0	0	0				
	Total	0	0	0	0				