KYME5500-R001 RUN DATE: 06/26/2006

DEPARTMENT FOR HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES
CMS - 416 ANNUAL EPSDT PARTICIPATION REPORT

STATE: KENTUCKY
FEDERAL FISCAL YEAR: 2005

		TOTAL	AGE GROUPINGS < 1	1 - 2	3 - 5	6 - 9	10 - 14	15 - 18	19 - 20
1. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	293,038	20,074	36,223	49,192	57,646	70,043	49,842	10,018
	MN	32,345	1,327	4,192	6,078	6,885	7,501	5,549	813
	TOTAL	325,383	21,401	40,415	55,270	64,531	77,544	55,391	10,831
2A. STATE PERIODICITY SCHEDULE	XXXXXXX XXXXXXXXXXX		5.00	4.00	3.00	2.00	5.00	4.00	2.00
	XXXXXXX XXXXXXXXXXX								
	XXXXXXX XXXXXXXXXXX								
2B. NUMBER OF YEARS IN AGE GROUP	XXXXXXX XXXXXXXXXXX		1	2	3	4	5	4	2
	XXXXXXX XXXXXXXXXXX								
	XXXXXXX XXXXXXXXXXX								
2C. ANNUALIZED STATE PERIODICITY SCHEDULE	XXXXXXX XXXXXXXXXXX		5.00	2.00	1.00	0.50	1.00	1.00	1.00
	XXXXXXX XXXXXXXXXXX								
	XXXXXXX XXXXXXXXXXX								
3A. TOTAL MONTHS OF ELIGIBILITY	CN	2,976,187	140,087	381,648	512,359	600,581	737,315	518,498	85,699
	MN	336,448	9,618	44,622	64,305	73,259	79,495	57,854	7,295
	TOTAL	3,312,635	149,705	426,270	576,664	673,840	816,810	576,352	92,994
3B. AVERAGE PERIOD OF ELIGIBILITY	CN	0.85	0.58	0.88	0.87	0.87	0.88	0.87	0.71
	MN	0.87	0.60	0.89	0.88	0.89	0.88	0.87	0.75
	TOTAL	0.85	0.58	0.88	0.87	0.87	0.88	0.87	0.72
4. EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	1.20	2.90	1.76	0.87	0.44	0.88	0.87	0.71
	MN	1.23	3.00	1.78	0.88	0.45	0.88	0.87	0.75
	TOTAL	1.21	2.90	1.76	0.87	0.44	0.88	0.87	0.72
5. EXPECTED NUMBER OF SCREENINGS	CN	302,242	58,215	63,752	42,797	25,364	61,638	43,363	7,113
	MN	31,929	3,981	7,462	5,349	3,098	6,601	4,828	610
	TOTAL	333,899	62,063	71,130	48,085	28,394	68,239	48,190	7,798
6. TOTAL SCREENS RECEIVED	CN	170,599	48,934	50,828	26,224	10,927	23,875	9,308	503
	MN	19,554	3,451	6,011	3,683	1,609	3,000	1,756	44
	TOTAL	190,153	52,385	56,839	29,907	12,536	26,875	11,064	547
7. SCREENING RATIO	CN	0.56	0.84	0.80	0.61	0.43	0.39	0.21	0.07
	MN	0.61	0.87	0.81	0.69	0.52	0.45	0.36	0.07
	TOTAL	0.57	0.84	0.80	0.62	0.44	0.39	0.23	0.07
8. TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN	236,572	20,074	36,223	42,797	25,364	61,638	43,363	7,113
	MN	26,005	1,327	4,192	5,349	3,098	6,601	4,828	610
	TOTAL	262,522	21,401	40,415	48,085	28,394	68,239	48,190	7,798

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9. TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN	97,935	15,589	20,626	22,074	9,928	20,943	8,305	470
	MN	11,932	1,046	2,538	2,946	1,418	2,522	1,422	40
	TOTAL	109,867	16,635	23,164	25,020	11,346	23,465	9,727	510
10. PARTICIPATION RATIO	CN	0.41	0.78	0.57	0.52	0.39	0.34	0.19	0.07
	MN	0.46	0.79	0.61	0.55	0.46	0.38	0.29	0.07
	TOTAL	0.42	0.78	0.57	0.52	0.40	0.34	0.20	0.07
11. TOTAL ELIGIBLES REFFERED FOR CORRECTIVE TREATMENT	CN	7	0	1	2	1	3	0	0
	MN	2	0	0	0	0	1	1	0
	TOTAL	9	0	1	2	1	4	1	0
12A. TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	25,188	880	3,498	4,532	4,029	3,533	5,805	2,911
	MN	2,704	83	434	571	431	336	631	218
	TOTAL	27,892	963	3,932	5,103	4,460	3,869	6,436	3,129
12B. TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN	25,186	880	3,497	4,531	4,029	3,533	5,805	2,911
	MN	2,704	83	434	571	431	336	631	218
	TOTAL	27,890	963	3,931	5,102	4,460	3,869	6,436	3,129
12C. TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	2	0	1	1	0	0	0	0
	CN	0	0	0	0	0	0	0	0
	TOTAL	2	0	1	1	0	0	0	0
13. TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	263,765	19,599	35,095	46,224	52,169	61,287	42,461	6,930
	MN	28,095	1,155	3,854	5,475	6,136	6,474	4,257	744
	TOTAL	291,860	20,754	38,949	51,699	58,305	67,761	46,718	7,674
14. TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	23,337	779	14,234	7,173	564	239	175	173
	MN	2,992	69	1,805	961	100	37	17	3
	TOTAL	26,329	848	16,039	8,134	664	276	192	176