

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	489,049	42,447	74,566	86,464	98,055	98,084	72,424	17,009
	MN	0	0	0	0	0	0	0	0
	Total	489,049	42,447	74,566	86,464	98,055	98,084	72,424	17,009
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	4,918,511	390,685	757,679	887,908	1,005,676	1,006,927	741,033	128,603
	MN	0	0	0	0	0	0	0	0
	Total	4,918,511	390,685	757,679	887,908	1,005,676	1,006,927	741,033	128,603
3b. Average Period of Eligibility	CN	0.84	0.77	0.85	0.86	0.85	0.86	0.85	0.63
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.77	0.85	0.86	0.85	0.86	0.85	0.63
4. Expected Number of Screenings per Eligible	CN		3.85	1.70	0.86	0.85	0.86	0.85	0.63
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.85	1.70	0.86	0.85	0.86	0.85	0.63
5. Expected Number of Screenings	CN	604,517	163,421	126,762	74,359	83,347	84,352	61,560	10,716
	MN	0	0	0	0	0	0	0	0
	Total	604,517	163,421	126,762	74,359	83,347	84,352	61,560	10,716
6. Total Screens Received	CN	374,871	100,006	135,662	48,810	33,645	35,209	20,160	1,379
	MN	0	0	0	0	0	0	0	0
	Total	374,871	100,006	135,662	48,810	33,645	35,209	20,160	1,379
7. Screening Ratio	CN	0.62	0.61	1.00	0.66	0.40	0.42	0.33	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	0.61	1.00	0.66	0.40	0.42	0.33	0.13
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	431,347	42,447	74,566	74,359	83,347	84,352	61,560	10,716
	MN	0	0	0	0	0	0	0	0
	Total	431,347	42,447	74,566	74,359	83,347	84,352	61,560	10,716
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	225,236	33,785	57,197	46,406	32,745	34,187	19,568	1,348
	MN	0	0	0	0	0	0	0	0
	Total	225,236	33,785	57,197	46,406	32,745	34,187	19,568	1,348

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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	0.52	0.80	0.77	0.62	0.39	0.41	0.32	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.80	0.77	0.62	0.39	0.41	0.32	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	127,208	14,913	28,572	23,657	22,591	21,720	14,119	1,636
	MN	0	0	0	0	0	0	0	0
	Total	127,208	14,913	28,572	23,657	22,591	21,720	14,119	1,636
12a. Total Eligibles Receiving Any Dental Services	CN	203,444	96	10,287	45,333	57,679	52,496	32,821	4,732
	MN	0	0	0	0	0	0	0	0
	Total	203,444	96	10,287	45,333	57,679	52,496	32,821	4,732
12b. Total Eligibles Receiving Preventive Dental Services	CN	188,022	42	8,600	42,150	54,825	49,538	29,128	3,739
	MN	0	0	0	0	0	0	0	0
	Total	188,022	42	8,600	42,150	54,825	49,538	29,128	3,739
12c. Total Eligibles Receiving Dental Treatment Services	CN	86,433	2	1,697	17,645	26,744	21,610	16,509	2,226
	MN	0	0	0	0	0	0	0	0
	Total	86,433	2	1,697	17,645	26,744	21,610	16,509	2,226
13. Total Eligibles Enrolled in Managed Care	CN	444,374	24,578	71,496	82,095	93,045	91,885	66,004	15,271
	MN	0	0	0	0	0	0	0	0
	Total	444,374	24,578	71,496	82,095	93,045	91,885	66,004	15,271
14. Total Number of Screening Blood Lead Tests	CN	42,095	1,431	26,976	13,688				
	MN	0	0	0	0				
	Total	42,095	1,431	26,976	13,688				

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Fiscal Year: 2008

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	83,617	5,984	11,244	13,379	16,191	17,703	14,753	4,363
	MN	0	0	0	0	0	0	0	0
	Total	83,617	5,984	11,244	13,379	16,191	17,703	14,753	4,363
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	762,649	36,650	103,722	125,673	155,784	172,987	138,445	29,388
	MN	0	0	0	0	0	0	0	0
	Total	762,649	36,650	103,722	125,673	155,784	172,987	138,445	29,388
3b. Average Period of Eligibility	CN	0.76	0.51	0.77	0.78	0.80	0.81	0.78	0.56
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.76	0.51	0.77	0.78	0.80	0.81	0.78	0.56
4. Expected Number of Screenings per Eligible	CN		2.55	1.54	0.78	0.40	0.49	0.39	0.28
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.55	1.54	0.78	0.40	0.49	0.39	0.28
5. Expected Number of Screenings	CN	65,137	15,259	17,316	10,436	6,476	8,674	5,754	1,222
	MN	0	0	0	0	0	0	0	0
	Total	65,137	15,259	17,316	10,436	6,476	8,674	5,754	1,222
6. Total Screens Received	CN	46,896	17,217	13,134	6,318	3,246	3,756	2,912	313
	MN	0	0	0	0	0	0	0	0
	Total	46,896	17,217	13,134	6,318	3,246	3,756	2,912	313
7. Screening Ratio	CN	0.72	1.00	0.76	0.61	0.50	0.43	0.51	0.26
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.72	1.00	0.76	0.61	0.50	0.43	0.51	0.26
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	49,790	5,984	11,244	10,436	6,476	8,674	5,754	1,222
	MN	0	0	0	0	0	0	0	0
	Total	49,790	5,984	11,244	10,436	6,476	8,674	5,754	1,222
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	26,324	5,069	6,557	5,403	3,002	3,449	2,554	290
	MN	0	0	0	0	0	0	0	0
	Total	26,324	5,069	6,557	5,403	3,002	3,449	2,554	290

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Fiscal Year: 2008

State: Alaska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.53	0.85	0.58	0.52	0.46	0.40	0.44	0.24
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.53	0.85	0.58	0.52	0.46	0.40	0.44	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	4,814	456	783	941	825	868	771	170
	MN	0	0	0	0	0	0	0	0
	Total	4,814	456	783	941	825	868	771	170
12a. Total Eligibles Receiving Any Dental Services	CN	31,781	42	1,368	5,594	8,333	8,808	6,478	1,158
	MN	0	0	0	0	0	0	0	0
	Total	31,781	42	1,368	5,594	8,333	8,808	6,478	1,158
12b. Total Eligibles Receiving Preventive Dental Services	CN	26,223	18	847	4,573	7,302	7,708	5,070	705
	MN	0	0	0	0	0	0	0	0
	Total	26,223	18	847	4,573	7,302	7,708	5,070	705
12c. Total Eligibles Receiving Dental Treatment Services	CN	16,871	5	396	2,543	4,354	4,608	4,166	799
	MN	0	0	0	0	0	0	0	0
	Total	16,871	5	396	2,543	4,354	4,608	4,166	799
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	20	0	4	16				
	MN	0	0	0	0				
	Total	20	0	4	16				

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Fiscal Year: 2008

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	681,537	59,373	108,278	127,433	134,811	129,098	92,678	29,866
	MN	0	0	0	0	0	0	0	0
	Total	681,537	59,373	108,278	127,433	134,811	129,098	92,678	29,866
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	5,960,618	330,816	980,166	1,189,992	1,245,345	1,197,800	816,574	199,925
	MN	0	0	0	0	0	0	0	0
	Total	5,960,618	330,816	980,166	1,189,992	1,245,345	1,197,800	816,574	199,925
3b. Average Period of Eligibility	CN	0.73	0.46	0.75	0.78	0.77	0.77	0.73	0.56
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.73	0.46	0.75	0.78	0.77	0.77	0.73	0.56
4. Expected Number of Screenings per Eligible	CN		2.76	1.50	0.78	0.39	0.46	0.37	0.28
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.76	1.50	0.78	0.39	0.46	0.37	0.28
5. Expected Number of Screenings	CN	580,298	163,869	162,417	99,398	52,576	59,385	34,291	8,362
	MN	0	0	0	0	0	0	0	0
	Total	580,298	163,869	162,417	99,398	52,576	59,385	34,291	8,362
6. Total Screens Received	CN	661,093	230,628	200,821	82,515	54,745	57,582	30,597	4,205
	MN	0	0	0	0	0	0	0	0
	Total	661,093	230,628	200,821	82,515	54,745	57,582	30,597	4,205
7. Screening Ratio	CN	1.00	1.00	1.00	0.83	1.00	0.97	0.89	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	0.83	1.00	0.97	0.89	0.50
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	421,663	59,373	108,278	99,398	52,576	59,385	34,291	8,362
	MN	0	0	0	0	0	0	0	0
	Total	421,663	59,373	108,278	99,398	52,576	59,385	34,291	8,362
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	321,239	58,861	80,028	65,067	43,862	45,789	24,008	3,624
	MN	0	0	0	0	0	0	0	0
	Total	321,239	58,861	80,028	65,067	43,862	45,789	24,008	3,624

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Fiscal Year: 2008

State: Arizona

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.76	0.99	0.74	0.65	0.83	0.77	0.70	0.43
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.76	0.99	0.74	0.65	0.83	0.77	0.70	0.43
11. Total Eligibles Referred for Corrective Treatment	CN	473,753	59,171	83,884	88,031	95,111	88,181	49,758	9,617
	MN	0	0	0	0	0	0	0	0
	Total	473,753	59,171	83,884	88,031	95,111	88,181	49,758	9,617
12a. Total Eligibles Receiving Any Dental Services	CN	264,384	151	14,375	60,576	80,349	68,448	34,495	5,990
	MN	0	0	0	0	0	0	0	0
	Total	264,384	151	14,375	60,576	80,349	68,448	34,495	5,990
12b. Total Eligibles Receiving Preventive Dental Services	CN	228,137	24	7,697	50,606	74,684	62,897	28,343	3,886
	MN	0	0	0	0	0	0	0	0
	Total	228,137	24	7,697	50,606	74,684	62,897	28,343	3,886
12c. Total Eligibles Receiving Dental Treatment Services	CN	139,348	27	3,344	30,042	46,257	36,096	19,977	3,605
	MN	0	0	0	0	0	0	0	0
	Total	139,348	27	3,344	30,042	46,257	36,096	19,977	3,605
13. Total Eligibles Enrolled in Managed Care	CN	668,168	58,721	106,236	124,948	132,135	126,454	90,476	29,198
	MN	0	0	0	0	0	0	0	0
	Total	668,168	58,721	106,236	124,948	132,135	126,454	90,476	29,198
14. Total Number of Screening Blood Lead Tests	CN	41,294	1,296	25,088	14,910				
	MN	0	0	0	0				
	Total	41,294	1,296	25,088	14,910				

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Fiscal Year: 2008

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	414,186	54,810	50,527	69,593	77,120	78,981	63,346	19,809
	MN	1,225	28	75	149	225	316	237	195
	Total	415,411	54,838	50,602	69,742	77,345	79,297	63,583	20,004
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	4,052,161	473,272	526,343	719,881	775,181	792,729	581,864	182,891
	MN	11,543	200	728	1,501	2,170	3,164	2,056	1,724
	Total	4,063,704	473,472	527,071	721,382	777,351	795,893	583,920	184,615
3b. Average Period of Eligibility	CN	0.82	0.72	0.87	0.86	0.84	0.84	0.77	0.77
	MN	0.79	0.60	0.81	0.84	0.80	0.83	0.72	0.74
	Total	0.82	0.72	0.87	0.86	0.84	0.84	0.77	0.77
4. Expected Number of Screenings per Eligible	CN		4.32	1.31	0.58	0.42	0.84	0.77	0.77
	MN		3.60	1.22	0.56	0.40	0.83	0.72	0.74
	Total		4.32	1.31	0.58	0.42	0.84	0.77	0.77
5. Expected Number of Screenings	CN	506,096	236,779	66,190	40,364	32,390	66,344	48,776	15,253
	MN	943	101	92	83	90	262	171	144
	Total	507,039	236,880	66,282	40,447	32,480	66,606	48,947	15,397
6. Total Screens Received	CN	166,231	79,584	25,705	27,110	11,179	15,054	7,460	139
	MN	194	19	34	41	22	50	28	0
	Total	166,425	79,603	25,739	27,151	11,201	15,104	7,488	139
7. Screening Ratio	CN	0.33	0.34	0.39	0.67	0.35	0.23	0.15	0.01
	MN	0.21	0.19	0.37	0.49	0.24	0.19	0.16	0.00
	Total	0.33	0.34	0.39	0.67	0.34	0.23	0.15	0.01
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	308,464	54,810	50,527	40,364	32,390	66,344	48,776	15,253
	MN	853	28	75	83	90	262	171	144
	Total	309,317	54,838	50,602	40,447	32,480	66,606	48,947	15,397
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	117,731	31,358	25,431	27,110	11,179	15,054	7,460	139
	MN	185	10	34	41	22	50	28	0
	Total	117,916	31,368	25,465	27,151	11,201	15,104	7,488	139

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State: Arkansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.38	0.57	0.50	0.67	0.35	0.23	0.15	0.01
	MN	0.22	0.36	0.45	0.49	0.24	0.19	0.16	0.00
	Total	0.38	0.57	0.50	0.67	0.34	0.23	0.15	0.01
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	139,102	182	7,857	31,923	39,329	36,549	22,420	842
	MN	338	0	7	50	90	118	54	19
	Total	139,440	182	7,864	31,973	39,419	36,667	22,474	861
12b. Total Eligibles Receiving Preventive Dental Services	CN	130,164	181	7,720	30,243	37,077	34,235	20,011	697
	MN	316	0	6	48	87	110	48	17
	Total	130,480	181	7,726	30,291	37,164	34,345	20,059	714
12c. Total Eligibles Receiving Dental Treatment Services	CN	123,803	35	3,147	25,273	37,686	35,128	21,731	803
	MN	313	0	4	37	89	115	51	17
	Total	124,116	35	3,151	25,310	37,775	35,243	21,782	820
13. Total Eligibles Enrolled in Managed Care	CN	339,057	28,446	47,118	65,280	70,253	70,810	50,671	6,479
	MN	937	13	64	128	181	260	181	110
	Total	339,994	28,459	47,182	65,408	70,434	71,070	50,852	6,589
14. Total Number of Screening Blood Lead Tests	CN	4,962	638	2,266	2,058				
	MN	9	0	3	6				
	Total	4,971	638	2,269	2,064				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	3,970,769	325,846	612,780	707,632	743,255	822,759	634,998	123,499
	MN	694,802	17,341	63,359	81,534	101,643	106,079	149,113	175,733
	Total	4,665,571	343,187	676,139	789,166	844,898	928,838	784,111	299,232
2a. State Periodicity Schedule	CN		5	4	2	1	1	1	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	0.67	0.25	0.20	0.25	0.50
3a. Total Months of Eligibility	CN	36,600,936	1,830,945	5,910,167	6,782,600	7,240,558	8,052,719	5,850,340	933,607
	MN	4,236,133	59,338	313,133	446,255	588,915	625,157	787,230	1,416,105
	Total	40,837,069	1,890,283	6,223,300	7,228,855	7,829,473	8,677,876	6,637,570	2,349,712
3b. Average Period of Eligibility	CN	0.77	0.47	0.80	0.80	0.81	0.82	0.77	0.63
	MN	0.51	0.29	0.41	0.46	0.48	0.49	0.44	0.67
	Total	0.73	0.46	0.77	0.76	0.77	0.78	0.71	0.65
4. Expected Number of Screenings per Eligible	CN		2.35	1.60	0.54	0.20	0.16	0.19	0.32
	MN		1.45	0.82	0.31	0.12	0.10	0.11	0.34
	Total		2.30	1.54	0.51	0.19	0.16	0.18	0.33
5. Expected Number of Screenings	CN	2,568,769	765,738	980,448	382,121	148,651	131,641	120,650	39,520
	MN	201,330	25,144	51,954	25,276	12,197	10,608	16,402	59,749
	Total	2,770,099	790,882	1,032,402	407,397	160,848	142,249	137,052	99,269
6. Total Screens Received	CN	2,784,265	589,164	999,248	460,329	250,770	261,082	190,852	32,820
	MN	39,984	5,853	8,230	5,446	3,571	3,285	2,867	10,732
	Total	2,824,249	595,017	1,007,478	465,775	254,341	264,367	193,719	43,552
7. Screening Ratio	CN	1.00	0.77	1.00	1.00	1.00	1.00	1.00	0.83
	MN	0.20	0.23	0.16	0.22	0.29	0.31	0.17	0.18
	Total	1.00	0.75	0.98	1.00	1.00	1.00	1.00	0.44
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,761,209	325,846	612,780	382,121	148,651	131,641	120,650	39,520
	MN	193,527	17,341	51,954	25,276	12,197	10,608	16,402	59,749
	Total	1,954,736	343,187	664,734	407,397	160,848	142,249	137,052	99,269
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	1,508,332	240,625	397,727	326,174	187,981	194,605	139,863	21,357
	MN	25,895	2,748	3,626	4,145	2,900	2,712	2,249	7,515
	Total	1,534,227	243,373	401,353	330,319	190,881	197,317	142,112	28,872

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: California

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.86	0.74	0.65	0.85	1.00	1.00	1.00	0.54
	MN	0.13	0.16	0.07	0.16	0.24	0.26	0.14	0.13
	Total	0.78	0.71	0.60	0.81	1.00	1.00	1.00	0.29
11. Total Eligibles Referred for Corrective Treatment	CN	1,350,541	228,446	353,138	294,024	165,254	178,371	122,429	8,879
	MN	20,606	2,557	3,306	3,920	2,672	2,580	1,914	3,657
	Total	1,371,147	231,003	356,444	297,944	167,926	180,951	124,343	12,536
12a. Total Eligibles Receiving Any Dental Services	CN	1,363,159	980	70,228	304,332	364,777	355,746	235,128	31,968
	MN	43,976	6	583	3,121	3,988	3,774	3,674	28,830
	Total	1,407,135	986	70,811	307,453	368,765	359,520	238,802	60,798
12b. Total Eligibles Receiving Preventive Dental Services	CN	1,109,287	223	46,230	247,261	309,184	301,472	184,247	20,670
	MN	32,105	1	375	2,495	3,311	3,056	2,629	20,238
	Total	1,141,392	224	46,605	249,756	312,495	304,528	186,876	40,908
12c. Total Eligibles Receiving Dental Treatment Services	CN	720,676	131	15,907	140,103	215,397	189,829	138,618	20,691
	MN	26,161	1	128	1,339	2,236	1,909	2,114	18,434
	Total	746,837	132	16,035	141,442	217,633	191,738	140,732	39,125
13. Total Eligibles Enrolled in Managed Care	CN	2,860,154	183,512	466,805	528,832	556,186	598,175	447,258	79,386
	MN	408,801	8,733	42,913	44,128	50,082	48,153	90,904	123,888
	Total	3,268,955	192,245	509,718	572,960	606,268	646,328	538,162	203,274
14. Total Number of Screening Blood Lead Tests	CN	321,151	3,076	204,899	113,176				
	MN	2,944	15	1,694	1,235				
	Total	324,095	3,091	206,593	114,411				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	343,032	30,438	58,601	68,815	68,974	59,483	42,709	14,012
	MN	0	0	0	0	0	0	0	0
	Total	343,032	30,438	58,601	68,815	68,974	59,483	42,709	14,012
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	2,971,715	172,361	539,560	627,907	621,911	537,716	366,687	105,573
	MN	0	0	0	0	0	0	0	0
	Total	2,971,715	172,361	539,560	627,907	621,911	537,716	366,687	105,573
3b. Average Period of Eligibility	CN	0.72	0.47	0.77	0.76	0.75	0.75	0.72	0.63
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.72	0.47	0.77	0.76	0.75	0.75	0.72	0.63
4. Expected Number of Screenings per Eligible	CN		2.82	1.54	0.76	0.75	0.75	0.72	0.63
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.82	1.54	0.76	0.75	0.75	0.72	0.63
5. Expected Number of Screenings	CN	364,301	85,835	90,246	52,299	51,731	44,612	30,750	8,828
	MN	0	0	0	0	0	0	0	0
	Total	364,301	85,835	90,246	52,299	51,731	44,612	30,750	8,828
6. Total Screens Received	CN	270,319	87,709	92,163	36,970	20,412	19,164	11,625	2,276
	MN	0	0	0	0	0	0	0	0
	Total	270,319	87,709	92,163	36,970	20,412	19,164	11,625	2,276
7. Screening Ratio	CN	0.74	1.00	1.00	0.71	0.39	0.43	0.38	0.26
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.74	1.00	1.00	0.71	0.39	0.43	0.38	0.26
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	277,259	30,438	58,601	52,299	51,731	44,612	30,750	8,828
	MN	0	0	0	0	0	0	0	0
	Total	277,259	30,438	58,601	52,299	51,731	44,612	30,750	8,828
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	154,425	27,998	43,378	33,318	19,364	17,838	10,442	2,087
	MN	0	0	0	0	0	0	0	0
	Total	154,425	27,998	43,378	33,318	19,364	17,838	10,442	2,087

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Colorado

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.56	0.92	0.74	0.64	0.37	0.40	0.34	0.24
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.56	0.92	0.74	0.64	0.37	0.40	0.34	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	206,501	14,037	33,853	41,955	44,428	37,634	26,269	8,325
	MN	0	0	0	0	0	0	0	0
	Total	206,501	14,037	33,853	41,955	44,428	37,634	26,269	8,325
12a. Total Eligibles Receiving Any Dental Services	CN	132,097	409	11,602	32,635	37,126	29,728	17,410	3,187
	MN	0	0	0	0	0	0	0	0
	Total	132,097	409	11,602	32,635	37,126	29,728	17,410	3,187
12b. Total Eligibles Receiving Preventive Dental Services	CN	114,890	169	8,866	27,987	33,123	26,728	15,390	2,627
	MN	0	0	0	0	0	0	0	0
	Total	114,890	169	8,866	27,987	33,123	26,728	15,390	2,627
12c. Total Eligibles Receiving Dental Treatment Services	CN	65,590	39	1,794	14,185	20,989	16,384	10,297	1,902
	MN	0	0	0	0	0	0	0	0
	Total	65,590	39	1,794	14,185	20,989	16,384	10,297	1,902
13. Total Eligibles Enrolled in Managed Care	CN	341,890	30,232	59,391	68,482	68,563	59,094	42,319	13,809
	MN	0	0	0	0	0	0	0	0
	Total	341,890	30,232	59,391	68,482	68,563	59,094	42,319	13,809
14. Total Number of Screening Blood Lead Tests	CN	14,832	132	10,861	3,839				
	MN	0	0	0	0				
	Total	14,832	132	10,861	3,839				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	284,556	17,865	35,581	45,473	55,971	63,414	49,869	16,383
	MN	982	1	4	9	13	14	115	826
	Total	285,538	17,866	35,585	45,482	55,984	63,428	49,984	17,209
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	2,898,272	111,169	373,849	481,164	598,001	678,525	520,176	135,388
	MN	8,565	6	40	91	137	152	1,254	6,885
	Total	2,906,837	111,175	373,889	481,255	598,138	678,677	521,430	142,273
3b. Average Period of Eligibility	CN	0.85	0.52	0.88	0.88	0.89	0.89	0.87	0.69
	MN	0.73	0.50	0.83	0.84	0.88	0.90	0.91	0.69
	Total	0.85	0.52	0.88	0.88	0.89	0.89	0.87	0.69
4. Expected Number of Screenings per Eligible	CN		3.12	1.76	0.88	0.67	0.71	0.87	0.69
	MN		3.00	1.66	0.84	0.66	0.72	0.91	0.69
	Total		3.12	1.76	0.88	0.67	0.71	0.87	0.69
5. Expected Number of Screenings	CN	295,593	55,739	62,623	40,016	37,501	45,024	43,386	11,304
	MN	712	3	7	8	9	10	105	570
	Total	296,305	55,742	62,630	40,024	37,510	45,034	43,491	11,874
6. Total Screens Received	CN	242,805	53,701	75,720	32,698	24,947	29,943	22,047	3,749
	MN	284	3	8	6	6	7	53	201
	Total	243,089	53,704	75,728	32,704	24,953	29,950	22,100	3,950
7. Screening Ratio	CN	0.82	0.96	1.00	0.82	0.67	0.67	0.51	0.33
	MN	0.40	1.00	1.00	0.75	0.67	0.70	0.50	0.35
	Total	0.82	0.96	1.00	0.82	0.67	0.67	0.51	0.33
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	230,677	17,865	35,581	40,016	37,501	45,024	43,386	11,304
	MN	707	1	4	8	9	10	105	570
	Total	231,384	17,866	35,585	40,024	37,510	45,034	43,491	11,874
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	156,478	16,832	34,343	29,630	23,535	28,991	19,863	3,284
	MN	237	1	4	6	5	6	48	167
	Total	156,715	16,833	34,347	29,636	23,540	28,997	19,911	3,451

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Connecticut

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.68	0.94	0.97	0.74	0.63	0.64	0.46	0.29
	MN	0.34	1.00	1.00	0.75	0.56	0.60	0.46	0.29
	Total	0.68	0.94	0.97	0.74	0.63	0.64	0.46	0.29
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	104,708	29	3,985	18,428	29,283	31,132	18,550	3,301
	MN	203	0	0	4	8	8	42	141
	Total	104,911	29	3,985	18,432	29,291	31,140	18,592	3,442
12b. Total Eligibles Receiving Preventive Dental Services	CN	86,460	7	3,035	16,144	25,734	25,728	13,831	1,981
	MN	134	0	0	5	7	8	34	80
	Total	86,594	7	3,035	16,149	25,741	25,736	13,865	2,061
12c. Total Eligibles Receiving Dental Treatment Services	CN	44,002	7	323	5,114	12,325	14,305	9,983	1,945
	MN	86	0	0	2	4	5	24	51
	Total	44,088	7	323	5,116	12,329	14,310	10,007	1,996
13. Total Eligibles Enrolled in Managed Care	CN	264,172	15,844	32,809	42,272	52,917	59,870	46,616	13,844
	MN	851	1	3	9	12	14	111	701
	Total	265,023	15,845	32,812	42,281	52,929	59,884	46,727	14,545
14. Total Number of Screening Blood Lead Tests	CN	34,777	2,388	20,194	12,195				
	MN	5	0	3	2				
	Total	34,782	2,388	20,197	12,197				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	90,731	6,899	13,090	16,153	17,643	17,817	13,939	5,190
	MN	0	0	0	0	0	0	0	0
	Total	90,731	6,899	13,090	16,153	17,643	17,817	13,939	5,190
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	842,331	38,132	131,174	158,423	172,398	172,760	130,598	38,846
	MN	0	0	0	0	0	0	0	0
	Total	842,331	38,132	131,174	158,423	172,398	172,760	130,598	38,846
3b. Average Period of Eligibility	CN	0.77	0.46	0.84	0.82	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	0.77	0.46	0.84	0.82	0.81	0.81	0.78	0.62
4. Expected Number of Screenings per Eligible	CN		2.76	1.26	0.55	0.41	0.49	0.20	0.31
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.76	1.26	0.55	0.41	0.49	0.20	0.31
5. Expected Number of Screenings	CN	64,779	19,041	16,493	8,884	7,234	8,730	2,788	1,609
	MN	0	0	0	0	0	0	0	0
	Total	64,779	19,041	16,493	8,884	7,234	8,730	2,788	1,609
6. Total Screens Received	CN	91,947	23,821	32,545	13,218	8,574	7,969	4,746	1,074
	MN	0	0	0	0	0	0	0	0
	Total	91,947	23,821	32,545	13,218	8,574	7,969	4,746	1,074
7. Screening Ratio	CN	1.00	1.00	1.00	1.00	1.00	0.91	1.00	0.67
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	1.00	1.00	1.00	1.00	0.91	1.00	0.67
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	49,234	6,899	13,090	8,884	7,234	8,730	2,788	1,609
	MN	0	0	0	0	0	0	0	0
	Total	49,234	6,899	13,090	8,884	7,234	8,730	2,788	1,609
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	44,387	6,143	10,522	9,414	7,111	6,623	3,720	854
	MN	0	0	0	0	0	0	0	0
	Total	44,387	6,143	10,522	9,414	7,111	6,623	3,720	854

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Delaware

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.90	0.89	0.80	1.00	0.98	0.76	1.00	0.53
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.89	0.80	1.00	0.98	0.76	1.00	0.53
11. Total Eligibles Referred for Corrective Treatment	CN	4,180	4,007	78	47	14	15	10	9
	MN	0	0	0	0	0	0	0	0
	Total	4,180	4,007	78	47	14	15	10	9
12a. Total Eligibles Receiving Any Dental Services	CN	30,305	11	695	6,580	8,880	8,118	4,882	1,139
	MN	0	0	0	0	0	0	0	0
	Total	30,305	11	695	6,580	8,880	8,118	4,882	1,139
12b. Total Eligibles Receiving Preventive Dental Services	CN	27,328	0	509	6,024	8,301	7,567	4,114	813
	MN	0	0	0	0	0	0	0	0
	Total	27,328	0	509	6,024	8,301	7,567	4,114	813
12c. Total Eligibles Receiving Dental Treatment Services	CN	14,620	4	134	2,247	4,501	4,032	2,951	751
	MN	0	0	0	0	0	0	0	0
	Total	14,620	4	134	2,247	4,501	4,032	2,951	751
13. Total Eligibles Enrolled in Managed Care	CN	86,861	6,151	12,776	15,648	17,094	17,127	13,144	4,921
	MN	0	0	0	0	0	0	0	0
	Total	86,861	6,151	12,776	15,648	17,094	17,127	13,144	4,921
14. Total Number of Screening Blood Lead Tests	CN	3,872	58	2,706	1,108				
	MN	0	0	0	0				
	Total	3,872	58	2,706	1,108				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	83,890	5,024	10,909	13,055	15,918	16,838	16,614	5,532
	MN	14,660	1,131	1,022	1,403	2,107	3,365	3,752	1,880
	Total	98,550	6,155	11,931	14,458	18,025	20,203	20,366	7,412
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	820,381	32,341	109,276	130,475	158,547	167,501	169,950	52,291
	MN	97,333	5,476	2,920	5,610	12,082	25,863	31,130	14,252
	Total	917,714	37,817	112,196	136,085	170,629	193,364	201,080	66,543
3b. Average Period of Eligibility	CN	0.81	0.54	0.83	0.83	0.83	0.83	0.85	0.79
	MN	0.55	0.40	0.24	0.33	0.48	0.64	0.69	0.63
	Total	0.78	0.51	0.78	0.78	0.79	0.80	0.82	0.75
4. Expected Number of Screenings per Eligible	CN		2.70	1.66	0.83	0.42	0.83	0.85	0.79
	MN		2.00	0.48	0.33	0.24	0.64	0.69	0.63
	Total		2.55	1.56	0.78	0.40	0.80	0.82	0.75
5. Expected Number of Screenings	CN	81,664	13,565	18,109	10,836	6,686	13,976	14,122	4,370
	MN	9,649	2,262	491	463	506	2,154	2,589	1,184
	Total	91,313	15,827	18,600	11,299	7,192	16,130	16,711	5,554
6. Total Screens Received	CN	75,254	19,602	14,883	10,380	9,840	10,015	8,742	1,792
	MN	1,490	195	214	145	227	381	269	59
	Total	76,744	19,797	15,097	10,525	10,067	10,396	9,011	1,851
7. Screening Ratio	CN	0.92	1.00	0.82	0.96	1.00	0.72	0.62	0.41
	MN	0.15	0.09	0.44	0.31	0.45	0.18	0.10	0.05
	Total	0.84	1.00	0.81	0.93	1.00	0.64	0.54	0.33
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	65,923	5,024	10,909	10,836	6,686	13,976	14,122	4,370
	MN	8,518	1,131	491	463	506	2,154	2,589	1,184
	Total	74,441	6,155	11,400	11,299	7,192	16,130	16,711	5,554
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	51,031	5,850	9,808	8,875	8,694	8,633	7,654	1,517
	MN	1,258	114	135	130	208	360	256	55
	Total	52,289	5,964	9,943	9,005	8,902	8,993	7,910	1,572

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: District of Columbia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.77	1.00	0.90	0.82	1.00	0.62	0.54	0.35
	MN	0.15	0.10	0.27	0.28	0.41	0.17	0.10	0.05
	Total	0.70	0.97	0.87	0.80	1.00	0.56	0.47	0.28
11. Total Eligibles Referred for Corrective Treatment	CN	24,215	2,284	5,607	3,864	3,382	3,725	3,719	1,634
	MN	0	0	0	0	0	0	0	0
	Total	24,215	2,284	5,607	3,864	3,382	3,725	3,719	1,634
12a. Total Eligibles Receiving Any Dental Services	CN	30,350	17	1,262	6,331	7,976	7,462	6,160	1,142
	MN	3,132	0	57	371	557	954	876	317
	Total	33,482	17	1,319	6,702	8,533	8,416	7,036	1,459
12b. Total Eligibles Receiving Preventive Dental Services	CN	25,590	14	1,156	5,559	6,913	6,543	4,643	762
	MN	3,005	0	52	341	537	914	854	307
	Total	28,595	14	1,208	5,900	7,450	7,457	5,497	1,069
12c. Total Eligibles Receiving Dental Treatment Services	CN	12,153	1	168	1,826	3,401	3,199	2,967	591
	MN	1,215	0	1	79	207	371	401	156
	Total	13,368	1	169	1,905	3,608	3,570	3,368	747
13. Total Eligibles Enrolled in Managed Care	CN	83,890	5,024	10,909	13,055	15,918	16,838	16,614	5,532
	MN	0	0	0	0	0	0	0	0
	Total	83,890	5,024	10,909	13,055	15,918	16,838	16,614	5,532
14. Total Number of Screening Blood Lead Tests	CN	16,074	573	6,802	8,699				
	MN	353	6	174	173				
	Total	16,427	579	6,976	8,872				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	1,640,829	140,398	266,947	293,610	316,033	320,718	236,169	66,954
	MN	14,014	580	612	966	2,168	3,177	3,413	3,098
	Total	1,654,843	140,978	267,559	294,576	318,201	323,895	239,582	70,052
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	15,067,464	943,190	2,536,497	2,831,193	3,004,150	3,051,282	2,196,025	505,127
	MN	25,825	1,883	1,238	1,527	3,486	5,514	6,019	6,158
	Total	15,093,289	945,073	2,537,735	2,832,720	3,007,636	3,056,796	2,202,044	511,285
3b. Average Period of Eligibility	CN	0.77	0.56	0.79	0.80	0.79	0.79	0.77	0.63
	MN	0.15	0.27	0.17	0.13	0.13	0.14	0.15	0.17
	Total	0.76	0.56	0.79	0.80	0.79	0.79	0.77	0.61
4. Expected Number of Screenings per Eligible	CN		3.36	1.58	0.80	0.40	0.79	0.77	0.63
	MN		1.62	0.34	0.13	0.07	0.14	0.15	0.17
	Total		3.36	1.58	0.80	0.40	0.79	0.77	0.61
5. Expected Number of Screenings	CN	1,732,212	471,737	421,776	234,888	126,413	253,367	181,850	42,181
	MN	2,910	940	208	126	152	445	512	527
	Total	1,735,122	472,677	421,984	235,014	126,565	253,812	182,362	42,708
6. Total Screens Received	CN	1,522,452	643,770	354,752	203,307	123,602	126,928	63,779	6,314
	MN	2,195	1,794	137	49	54	70	45	46
	Total	1,524,647	645,564	354,889	203,356	123,656	126,998	63,824	6,360
7. Screening Ratio	CN	0.88	1.00	0.84	0.87	0.98	0.50	0.35	0.15
	MN	0.75	1.00	0.66	0.39	0.36	0.16	0.09	0.09
	Total	0.88	1.00	0.84	0.87	0.98	0.50	0.35	0.15
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,246,044	140,398	266,947	234,888	126,413	253,367	181,850	42,181
	MN	2,550	580	208	126	152	445	512	527
	Total	1,248,594	140,978	267,155	235,014	126,565	253,812	182,362	42,708
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	870,225	234,709	179,149	170,591	112,151	112,822	55,371	5,432
	MN	928	609	77	48	50	61	43	40
	Total	871,153	235,318	179,226	170,639	112,201	112,883	55,414	5,472

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Florida

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.70	1.00	0.67	0.73	0.89	0.45	0.30	0.13
	MN	0.36	1.00	0.37	0.38	0.33	0.14	0.08	0.08
	Total	0.70	1.00	0.67	0.73	0.89	0.44	0.30	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	84,049	19,293	24,066	15,328	9,594	9,961	5,209	598
	MN	43	26	2	2	1	8	3	1
	Total	84,092	19,319	24,068	15,330	9,595	9,969	5,212	599
12a. Total Eligibles Receiving Any Dental Services	CN	345,831	677	15,924	82,925	101,058	88,190	50,665	6,392
	MN	187	0	4	9	46	40	32	56
	Total	346,018	677	15,928	82,934	101,104	88,230	50,697	6,448
12b. Total Eligibles Receiving Preventive Dental Services	CN	227,433	245	9,792	52,724	68,262	60,518	32,235	3,657
	MN	115	0	1	6	33	24	17	34
	Total	227,548	245	9,793	52,730	68,295	60,542	32,252	3,691
12c. Total Eligibles Receiving Dental Treatment Services	CN	128,845	194	4,461	27,262	38,847	32,944	22,056	3,081
	MN	76	0	1	3	24	11	12	25
	Total	128,921	194	4,462	27,265	38,871	32,955	22,068	3,106
13. Total Eligibles Enrolled in Managed Care	CN	1,455,890	100,120	251,620	271,604	287,717	286,569	203,709	54,551
	MN	268	0	86	158	0	2	6	16
	Total	1,456,158	100,120	251,706	271,762	287,717	286,571	203,715	54,567
14. Total Number of Screening Blood Lead Tests	CN	100,796	7,610	63,235	29,951				
	MN	36	4	22	10				
	Total	100,832	7,614	63,257	29,961				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	1,059,332	105,579	178,054	187,554	200,001	194,952	147,222	45,970
	MN	280	11	25	33	65	92	54	0
	Total	1,059,612	105,590	178,079	187,587	200,066	195,044	147,276	45,970
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	9,533,110	656,199	1,672,687	1,785,409	1,887,659	1,855,505	1,342,859	332,792
	MN	430	15	49	73	95	119	79	0
	Total	9,533,540	656,214	1,672,736	1,785,482	1,887,754	1,855,624	1,342,938	332,792
3b. Average Period of Eligibility	CN	0.75	0.52	0.78	0.79	0.79	0.79	0.76	0.60
	MN	0.13	0.11	0.16	0.18	0.12	0.11	0.12	0.00
	Total	0.75	0.52	0.78	0.79	0.79	0.79	0.76	0.60
4. Expected Number of Screenings per Eligible	CN		3.64	1.56	0.79	0.40	0.79	0.76	0.60
	MN		0.77	0.32	0.18	0.06	0.11	0.12	0.00
	Total		3.64	1.56	0.79	0.40	0.79	0.76	0.60
5. Expected Number of Screenings	CN	1,183,723	384,308	277,764	148,168	80,000	154,012	111,889	27,582
	MN	42	8	8	6	4	10	6	0
	Total	1,183,765	384,316	277,772	148,174	80,004	154,022	111,895	27,582
6. Total Screens Received	CN	903,584	364,071	291,293	99,723	56,340	57,956	30,873	3,328
	MN	14	8	1	1	1	2	1	0
	Total	903,598	364,079	291,294	99,724	56,341	57,958	30,874	3,328
7. Screening Ratio	CN	0.76	0.95	1.00	0.67	0.70	0.38	0.28	0.12
	MN	0.33	1.00	0.13	0.17	0.25	0.20	0.17	0.00
	Total	0.76	0.95	1.00	0.67	0.70	0.38	0.28	0.12
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	805,284	105,579	178,054	148,168	80,000	154,012	111,889	27,582
	MN	42	8	8	6	4	10	6	0
	Total	805,326	105,587	178,062	148,174	80,004	154,022	111,895	27,582
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	479,173	110,679	137,324	91,319	53,533	54,546	28,676	3,096
	MN	9	3	1	1	1	2	1	0
	Total	479,182	110,682	137,325	91,320	53,534	54,548	28,677	3,096

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Georgia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.60	1.00	0.77	0.62	0.67	0.35	0.26	0.11
	MN	0.21	0.38	0.13	0.17	0.25	0.20	0.17	0.00
	Total	0.60	1.00	0.77	0.62	0.67	0.35	0.26	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	100,306	23,951	35,235	17,323	10,050	9,761	3,856	130
	MN	5	0	0	2	0	3	0	0
	Total	100,311	23,951	35,235	17,325	10,050	9,764	3,856	130
12a. Total Eligibles Receiving Any Dental Services	CN	441,739	141	18,954	99,935	134,825	119,625	61,593	6,666
	MN	6	0	0	0	1	2	3	0
	Total	441,745	141	18,954	99,935	134,826	119,627	61,596	6,666
12b. Total Eligibles Receiving Preventive Dental Services	CN	407,745	43	13,710	93,561	128,473	113,426	54,109	4,423
	MN	4	0	0	0	1	2	1	0
	Total	407,749	43	13,710	93,561	128,474	113,428	54,110	4,423
12c. Total Eligibles Receiving Dental Treatment Services	CN	207,233	31	4,250	40,165	68,430	56,749	33,501	4,107
	MN	3	0	0	0	1	0	2	0
	Total	207,236	31	4,250	40,165	68,431	56,749	33,503	4,107
13. Total Eligibles Enrolled in Managed Care	CN	954,289	94,689	169,249	172,112	180,192	173,073	126,296	38,678
	MN	17	0	3	4	4	4	2	0
	Total	954,306	94,689	169,252	172,116	180,196	173,077	126,298	38,678
14. Total Number of Screening Blood Lead Tests	CN	68,222	2,161	54,904	11,157				
	MN	0	0	0	0				
	Total	68,222	2,161	54,904	11,157				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	132,437	8,674	17,485	22,228	25,552	27,715	21,817	8,966
	MN	22	1	0	8	4	5	4	0
	Total	132,459	8,675	17,485	22,236	25,556	27,720	21,821	8,966
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	1,287,416	44,823	173,278	226,657	262,354	288,487	223,358	68,458
	MN	64	0	0	18	4	5	37	0
	Total	1,287,480	44,823	173,278	226,675	262,358	288,492	223,395	68,458
3b. Average Period of Eligibility	CN	0.81	0.43	0.83	0.85	0.86	0.87	0.85	0.64
	MN	0.24	0.00	0.00	0.19	0.08	0.08	0.77	0.00
	Total	0.81	0.43	0.83	0.85	0.86	0.87	0.85	0.64
4. Expected Number of Screenings per Eligible	CN		2.15	1.66	0.85	0.43	0.52	0.43	0.32
	MN		0.00	0.00	0.19	0.04	0.05	0.39	0.00
	Total		2.15	1.66	0.85	0.43	0.52	0.43	0.32
5. Expected Number of Screenings	CN	104,217	18,649	29,025	18,894	10,987	14,412	9,381	2,869
	MN	4	0	0	2	0	0	2	0
	Total	104,221	18,649	29,025	18,896	10,987	14,412	9,383	2,869
6. Total Screens Received	CN	100,014	26,523	32,478	14,389	8,553	9,959	7,066	1,046
	MN	0	0	0	0	0	0	0	0
	Total	100,014	26,523	32,478	14,389	8,553	9,959	7,066	1,046
7. Screening Ratio	CN	0.96	1.00	1.00	0.76	0.78	0.69	0.75	0.36
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.96	1.00	1.00	0.76	0.78	0.69	0.75	0.36
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	82,702	8,674	17,485	18,894	10,987	14,412	9,381	2,869
	MN	4	0	0	2	0	0	2	0
	Total	82,706	8,674	17,485	18,896	10,987	14,412	9,383	2,869
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	59,194	7,779	13,633	13,033	8,085	9,327	6,429	908
	MN	0	0	0	0	0	0	0	0
	Total	59,194	7,779	13,633	13,033	8,085	9,327	6,429	908

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Hawaii

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.72	0.90	0.78	0.69	0.74	0.65	0.69	0.32
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.72	0.90	0.78	0.69	0.74	0.65	0.69	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	36,694	3,814	7,165	5,653	5,228	7,325	6,060	1,449
	MN	1	0	0	1	0	0	0	0
	Total	36,695	3,814	7,165	5,654	5,228	7,325	6,060	1,449
12a. Total Eligibles Receiving Any Dental Services	CN	55,782	50	4,137	12,176	14,420	13,873	9,148	1,978
	MN	0	0	0	0	0	0	0	0
	Total	55,782	50	4,137	12,176	14,420	13,873	9,148	1,978
12b. Total Eligibles Receiving Preventive Dental Services	CN	48,923	43	3,697	10,623	12,809	12,240	7,847	1,664
	MN	0	0	0	0	0	0	0	0
	Total	48,923	43	3,697	10,623	12,809	12,240	7,847	1,664
12c. Total Eligibles Receiving Dental Treatment Services	CN	34,512	26	1,453	7,514	9,738	8,300	6,109	1,372
	MN	0	0	0	0	0	0	0	0
	Total	34,512	26	1,453	7,514	9,738	8,300	6,109	1,372
13. Total Eligibles Enrolled in Managed Care	CN	129,551	8,607	17,302	21,857	25,034	27,012	21,164	8,575
	MN	22	1	0	8	4	5	4	0
	Total	129,573	8,608	17,302	21,865	25,038	27,017	21,168	8,575
14. Total Number of Screening Blood Lead Tests	CN	7,118	507	5,575	1,036				
	MN	0	0	0	0				
	Total	7,118	507	5,575	1,036				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	163,765	10,631	24,544	30,725	34,791	33,773	23,459	5,842
	MN	0	0	0	0	0	0	0	0
	Total	163,765	10,631	24,544	30,725	34,791	33,773	23,459	5,842
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	1,526,250	61,646	234,030	291,390	338,899	332,870	227,059	40,356
	MN	0	0	0	0	0	0	0	0
	Total	1,526,250	61,646	234,030	291,390	338,899	332,870	227,059	40,356
3b. Average Period of Eligibility	CN	0.78	0.48	0.79	0.79	0.81	0.82	0.81	0.58
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.78	0.48	0.79	0.79	0.81	0.82	0.81	0.58
4. Expected Number of Screenings per Eligible	CN		2.88	1.58	0.79	0.41	0.82	0.81	0.58
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.88	1.58	0.79	0.41	0.82	0.81	0.58
5. Expected Number of Screenings	CN	158,018	30,617	38,780	24,273	14,264	27,694	19,002	3,388
	MN	0	0	0	0	0	0	0	0
	Total	158,018	30,617	38,780	24,273	14,264	27,694	19,002	3,388
6. Total Screens Received	CN	106,388	34,782	37,042	13,197	7,966	8,512	4,471	418
	MN	0	0	0	0	0	0	0	0
	Total	106,388	34,782	37,042	13,197	7,966	8,512	4,471	418
7. Screening Ratio	CN	0.67	1.00	0.96	0.54	0.56	0.31	0.24	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	1.00	0.96	0.54	0.56	0.31	0.24	0.12
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	123,796	10,631	24,544	24,273	14,264	27,694	19,002	3,388
	MN	0	0	0	0	0	0	0	0
	Total	123,796	10,631	24,544	24,273	14,264	27,694	19,002	3,388
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	56,316	9,866	16,023	11,319	7,159	7,588	3,954	407
	MN	0	0	0	0	0	0	0	0
	Total	56,316	9,866	16,023	11,319	7,159	7,588	3,954	407

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Idaho

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.45	0.93	0.65	0.47	0.50	0.27	0.21	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.45	0.93	0.65	0.47	0.50	0.27	0.21	0.12
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	91,886	355	6,490	19,620	25,824	23,993	13,944	1,660
	MN	0	0	0	0	0	0	0	0
	Total	91,886	355	6,490	19,620	25,824	23,993	13,944	1,660
12b. Total Eligibles Receiving Preventive Dental Services	CN	75,266	233	4,525	15,755	22,803	20,324	10,619	1,007
	MN	0	0	0	0	0	0	0	0
	Total	75,266	233	4,525	15,755	22,803	20,324	10,619	1,007
12c. Total Eligibles Receiving Dental Treatment Services	CN	49,709	127	2,264	9,230	14,696	13,363	8,860	1,169
	MN	0	0	0	0	0	0	0	0
	Total	49,709	127	2,264	9,230	14,696	13,363	8,860	1,169
13. Total Eligibles Enrolled in Managed Care	CN	145,009	7,174	22,332	27,494	31,342	30,623	20,801	5,243
	MN	0	0	0	0	0	0	0	0
	Total	145,009	7,174	22,332	27,494	31,342	30,623	20,801	5,243
14. Total Number of Screening Blood Lead Tests	CN	1,832	19	1,443	370				
	MN	0	0	0	0				
	Total	1,832	19	1,443	370				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	1,461,492	83,984	201,164	258,312	297,785	315,501	233,356	71,390
	MN	10,529	68	969	2,081	2,712	2,884	1,705	110
	Total	1,472,021	84,052	202,133	260,393	300,497	318,385	235,061	71,500
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	15,822,121	518,993	2,251,001	2,922,495	3,373,807	3,565,953	2,595,818	594,054
	MN	95,135	303	8,043	18,997	24,917	26,445	15,727	703
	Total	15,917,256	519,296	2,259,044	2,941,492	3,398,724	3,592,398	2,611,545	594,757
3b. Average Period of Eligibility	CN	0.90	0.51	0.93	0.94	0.94	0.94	0.93	0.69
	MN	0.75	0.37	0.69	0.76	0.77	0.76	0.77	0.53
	Total	0.90	0.51	0.93	0.94	0.94	0.94	0.93	0.69
4. Expected Number of Screenings per Eligible	CN		3.06	1.86	0.94	0.47	0.56	0.47	0.35
	MN		2.22	1.38	0.76	0.39	0.46	0.39	0.27
	Total		3.06	1.86	0.94	0.47	0.56	0.47	0.35
5. Expected Number of Screenings	CN	1,325,273	256,991	374,165	242,813	139,959	176,681	109,677	24,987
	MN	6,150	151	1,337	1,582	1,058	1,327	665	30
	Total	1,331,423	257,142	375,502	244,395	141,017	178,008	110,342	25,017
6. Total Screens Received	CN	1,193,112	400,684	273,186	199,939	89,434	131,657	83,272	14,940
	MN	3,688	306	854	1,007	421	801	298	1
	Total	1,196,800	400,990	274,040	200,946	89,855	132,458	83,570	14,941
7. Screening Ratio	CN	0.90	1.00	0.73	0.82	0.64	0.75	0.76	0.60
	MN	0.60	1.00	0.64	0.64	0.40	0.60	0.45	0.03
	Total	0.90	1.00	0.73	0.82	0.64	0.74	0.76	0.60
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	979,265	83,984	201,164	242,813	139,959	176,681	109,677	24,987
	MN	5,699	68	969	1,582	1,058	1,327	665	30
	Total	984,964	84,052	202,133	244,395	141,017	178,008	110,342	25,017
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	657,404	71,350	152,027	155,522	83,623	108,821	66,225	19,836
	MN	2,826	41	501	856	405	704	313	6
	Total	660,230	71,391	152,528	156,378	84,028	109,525	66,538	19,842

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Illinois

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.67	0.85	0.76	0.64	0.60	0.62	0.60	0.79
	MN	0.50	0.60	0.52	0.54	0.38	0.53	0.47	0.20
	Total	0.67	0.85	0.75	0.64	0.60	0.62	0.60	0.79
11. Total Eligibles Referred for Corrective Treatment	CN	216,456	33,462	31,585	43,211	35,871	50,102	19,064	3,161
	MN	808	34	136	215	126	231	66	0
	Total	217,264	33,496	31,721	43,426	35,997	50,333	19,130	3,161
12a. Total Eligibles Receiving Any Dental Services	CN	561,898	1,015	33,102	138,130	172,689	145,225	65,177	6,560
	MN	3,309	1	106	673	1,128	1,032	366	3
	Total	565,207	1,016	33,208	138,803	173,817	146,257	65,543	6,563
12b. Total Eligibles Receiving Preventive Dental Services	CN	518,658	635	27,725	128,047	163,987	137,280	56,754	4,230
	MN	3,054	1	76	605	1,064	971	334	3
	Total	521,712	636	27,801	128,652	165,051	138,251	57,088	4,233
12c. Total Eligibles Receiving Dental Treatment Services	CN	214,995	31	3,683	42,100	72,607	57,777	34,843	3,954
	MN	1,344	0	9	203	498	433	198	3
	Total	216,339	31	3,692	42,303	73,105	58,210	35,041	3,957
13. Total Eligibles Enrolled in Managed Care	CN	174,857	7,804	24,074	32,219	37,109	39,137	26,867	7,647
	MN	153	1	5	22	30	55	36	4
	Total	175,010	7,805	24,079	32,241	37,139	39,192	26,903	7,651
14. Total Number of Screening Blood Lead Tests	CN	340,208	48,780	151,068	140,360				
	MN	969	67	397	505				
	Total	341,177	48,847	151,465	140,865				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	679,769	52,059	96,526	114,755	137,037	140,802	103,175	35,415
	MN	0	0	0	0	0	0	0	0
	Total	679,769	52,059	96,526	114,755	137,037	140,802	103,175	35,415
2a. State Periodicity Schedule	CN		8	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		8.00	1.50	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	6,610,527	323,114	984,009	1,171,564	1,407,136	1,439,034	1,016,430	269,240
	MN	0	0	0	0	0	0	0	0
	Total	6,610,527	323,114	984,009	1,171,564	1,407,136	1,439,034	1,016,430	269,240
3b. Average Period of Eligibility	CN	0.81	0.52	0.85	0.85	0.86	0.85	0.82	0.63
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.81	0.52	0.85	0.85	0.86	0.85	0.82	0.63
4. Expected Number of Screenings per Eligible	CN		4.16	1.28	0.85	0.43	0.51	0.41	0.32
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.16	1.28	0.85	0.43	0.51	0.41	0.32
5. Expected Number of Screenings	CN	622,030	216,565	123,553	97,542	58,926	71,809	42,302	11,333
	MN	0	0	0	0	0	0	0	0
	Total	622,030	216,565	123,553	97,542	58,926	71,809	42,302	11,333
6. Total Screens Received	CN	454,381	120,893	162,603	61,849	39,625	43,548	23,380	2,483
	MN	0	0	0	0	0	0	0	0
	Total	454,381	120,893	162,603	61,849	39,625	43,548	23,380	2,483
7. Screening Ratio	CN	0.73	0.56	1.00	0.63	0.67	0.61	0.55	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.73	0.56	1.00	0.63	0.67	0.61	0.55	0.22
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	430,497	52,059	96,526	97,542	58,926	71,809	42,302	11,333
	MN	0	0	0	0	0	0	0	0
	Total	430,497	52,059	96,526	97,542	58,926	71,809	42,302	11,333
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	449,986	43,973	79,182	80,743	84,321	82,761	60,033	18,973
	MN	0	0	0	0	0	0	0	0
	Total	449,986	43,973	79,182	80,743	84,321	82,761	60,033	18,973

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Indiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	1.00	0.84	0.82	0.83	1.00	1.00	1.00	1.00
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	0.84	0.82	0.83	1.00	1.00	1.00	1.00
11. Total Eligibles Referred for Corrective Treatment	CN	325,921	38,975	54,767	51,941	58,872	59,049	46,136	16,181
	MN	0	0	0	0	0	0	0	0
	Total	325,921	38,975	54,767	51,941	58,872	59,049	46,136	16,181
12a. Total Eligibles Receiving Any Dental Services	CN	277,477	134	14,751	54,893	79,205	73,519	44,234	10,741
	MN	0	0	0	0	0	0	0	0
	Total	277,477	134	14,751	54,893	79,205	73,519	44,234	10,741
12b. Total Eligibles Receiving Preventive Dental Services	CN	252,133	2	11,781	50,698	75,206	69,100	38,211	7,135
	MN	0	0	0	0	0	0	0	0
	Total	252,133	2	11,781	50,698	75,206	69,100	38,211	7,135
12c. Total Eligibles Receiving Dental Treatment Services	CN	135,848	27	2,138	21,745	41,339	36,599	26,571	7,429
	MN	0	0	0	0	0	0	0	0
	Total	135,848	27	2,138	21,745	41,339	36,599	26,571	7,429
13. Total Eligibles Enrolled in Managed Care	CN	591,085	46,977	85,840	100,276	120,119	122,460	86,612	28,801
	MN	0	0	0	0	0	0	0	0
	Total	591,085	46,977	85,840	100,276	120,119	122,460	86,612	28,801
14. Total Number of Screening Blood Lead Tests	CN	42,307	4,503	21,979	15,825				
	MN	0	0	0	0				
	Total	42,307	4,503	21,979	15,825				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	254,313	19,990	37,321	43,679	49,829	49,917	38,140	15,437
	MN	748	11	16	17	26	64	106	508
	Total	255,061	20,001	37,337	43,696	49,855	49,981	38,246	15,945
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	2,389,244	119,553	359,986	428,043	496,793	498,026	363,638	123,205
	MN	3,916	24	77	73	102	155	408	3,077
	Total	2,393,160	119,577	360,063	428,116	496,895	498,181	364,046	126,282
3b. Average Period of Eligibility	CN	0.78	0.50	0.80	0.82	0.83	0.83	0.79	0.67
	MN	0.44	0.18	0.40	0.36	0.33	0.20	0.32	0.50
	Total	0.78	0.50	0.80	0.82	0.83	0.83	0.79	0.66
4. Expected Number of Screenings per Eligible	CN		3.00	1.60	0.82	0.42	0.50	0.40	0.34
	MN		1.08	0.80	0.36	0.17	0.12	0.16	0.25
	Total		3.00	1.60	0.82	0.42	0.50	0.40	0.33
5. Expected Number of Screenings	CN	221,893	59,970	59,714	35,817	20,928	24,959	15,256	5,249
	MN	187	12	13	6	4	8	17	127
	Total	222,080	59,982	59,727	35,823	20,932	24,967	15,273	5,376
6. Total Screens Received	CN	229,734	62,230	70,252	32,526	14,491	17,657	20,772	11,806
	MN	259	4	6	3	0	2	26	218
	Total	229,993	62,234	70,258	32,529	14,491	17,659	20,798	12,024
7. Screening Ratio	CN	1.00	1.00	1.00	0.91	0.69	0.71	1.00	1.00
	MN	1.00	0.33	0.46	0.50	0.00	0.25	1.00	1.00
	Total	1.00	1.00	1.00	0.91	0.69	0.71	1.00	1.00
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	159,520	19,990	37,321	35,817	20,928	24,959	15,256	5,249
	MN	186	11	13	6	4	8	17	127
	Total	159,706	20,001	37,334	35,823	20,932	24,967	15,273	5,376
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	114,578	17,572	27,855	24,674	11,971	14,338	12,701	5,467
	MN	171	3	3	3	0	2	16	144
	Total	114,749	17,575	27,858	24,677	11,971	14,340	12,717	5,611

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Iowa

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.72	0.88	0.75	0.69	0.57	0.57	0.83	1.00
	MN	0.92	0.27	0.23	0.50	0.00	0.25	0.94	1.00
	Total	0.72	0.88	0.75	0.69	0.57	0.57	0.83	1.00
11. Total Eligibles Referred for Corrective Treatment	CN	5,750	5,396	284	40	13	7	10	0
	MN	6	6	0	0	0	0	0	0
	Total	5,756	5,402	284	40	13	7	10	0
12a. Total Eligibles Receiving Any Dental Services	CN	116,568	2,429	12,537	24,103	27,646	26,252	17,546	6,055
	MN	217	0	1	1	1	7	31	176
	Total	116,785	2,429	12,538	24,104	27,647	26,259	17,577	6,231
12b. Total Eligibles Receiving Preventive Dental Services	CN	100,427	1,739	9,453	21,444	24,344	23,237	15,077	5,133
	MN	149	0	1	1	1	4	21	121
	Total	100,576	1,739	9,454	21,445	24,345	23,241	15,098	5,254
12c. Total Eligibles Receiving Dental Treatment Services	CN	48,364	84	1,491	7,786	13,694	12,777	9,565	2,967
	MN	96	0	0	0	0	3	9	84
	Total	48,460	84	1,491	7,786	13,694	12,780	9,574	3,051
13. Total Eligibles Enrolled in Managed Care	CN	164,086	11,470	26,918	30,114	33,055	31,531	22,153	8,845
	MN	165	0	3	3	4	7	21	127
	Total	164,251	11,470	26,921	30,117	33,059	31,538	22,174	8,972
14. Total Number of Screening Blood Lead Tests	CN	14,115	63	7,718	6,334				
	MN	3	0	0	3				
	Total	14,118	63	7,718	6,337				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	218,463	19,227	36,255	42,055	42,698	38,665	29,062	10,501
	MN	712	124	88	98	128	113	99	62
	Total	219,175	19,351	36,343	42,153	42,826	38,778	29,161	10,563
2a. State Periodicity Schedule	CN		6	5	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	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,972,883	117,794	345,055	398,295	399,447	367,209	268,354	76,729
	MN	3,670	323	569	568	678	636	519	377
	Total	1,976,553	118,117	345,624	398,863	400,125	367,845	268,873	77,106
3b. Average Period of Eligibility	CN	0.75	0.51	0.79	0.79	0.78	0.79	0.77	0.61
	MN	0.43	0.22	0.54	0.48	0.44	0.47	0.44	0.51
	Total	0.75	0.51	0.79	0.79	0.78	0.79	0.77	0.61
4. Expected Number of Screenings per Eligible	CN		3.06	1.98	0.79	0.78	0.79	0.77	0.61
	MN		1.32	1.35	0.48	0.44	0.47	0.44	0.51
	Total		3.06	1.98	0.79	0.78	0.79	0.77	0.61
5. Expected Number of Screenings	CN	256,476	58,835	71,785	33,223	33,304	30,545	22,378	6,406
	MN	515	164	119	47	56	53	44	32
	Total	256,991	58,999	71,904	33,270	33,360	30,598	22,422	6,438
6. Total Screens Received	CN	236,681	73,742	63,883	31,724	17,887	18,798	19,318	11,329
	MN	868	469	146	44	36	21	54	98
	Total	237,549	74,211	64,029	31,768	17,923	18,819	19,372	11,427
7. Screening Ratio	CN	0.92	1.00	0.89	0.95	0.54	0.62	0.86	1.00
	MN	1.00	1.00	1.00	0.94	0.64	0.40	1.00	1.00
	Total	0.92	1.00	0.89	0.95	0.54	0.62	0.86	1.00
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	181,338	19,227	36,255	33,223	33,304	30,545	22,378	6,406
	MN	444	124	88	47	56	53	44	32
	Total	181,782	19,351	36,343	33,270	33,360	30,598	22,422	6,438
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	110,709	17,207	24,946	23,609	14,555	14,353	11,794	4,245
	MN	223	88	37	29	23	16	16	14
	Total	110,932	17,295	24,983	23,638	14,578	14,369	11,810	4,259

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Kansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.61	0.89	0.69	0.71	0.44	0.47	0.53	0.66
	MN	0.50	0.71	0.42	0.62	0.41	0.30	0.36	0.44
	Total	0.61	0.89	0.69	0.71	0.44	0.47	0.53	0.66
11. Total Eligibles Referred for Corrective Treatment	CN	691	66	132	119	85	149	134	6
	MN	2	0	1	0	1	0	0	0
	Total	693	66	133	119	86	149	134	6
12a. Total Eligibles Receiving Any Dental Services	CN	85,131	109	5,361	20,418	24,076	19,962	12,883	2,322
	MN	79	0	6	16	18	20	15	4
	Total	85,210	109	5,367	20,434	24,094	19,982	12,898	2,326
12b. Total Eligibles Receiving Preventive Dental Services	CN	78,649	60	4,276	18,886	23,059	19,058	11,531	1,779
	MN	65	0	4	12	16	19	11	3
	Total	78,714	60	4,280	18,898	23,075	19,077	11,542	1,782
12c. Total Eligibles Receiving Dental Treatment Services	CN	39,269	6	666	7,568	12,367	9,807	7,443	1,412
	MN	25	0	1	2	4	8	8	2
	Total	39,294	6	667	7,570	12,371	9,815	7,451	1,414
13. Total Eligibles Enrolled in Managed Care	CN	172,448	15,574	32,589	35,913	34,466	28,423	18,779	6,704
	MN	0	0	0	0	0	0	0	0
	Total	172,448	15,574	32,589	35,913	34,466	28,423	18,779	6,704
14. Total Number of Screening Blood Lead Tests	CN	20,517	540	12,330	7,647				
	MN	21	3	10	8				
	Total	20,538	543	12,340	7,655				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	457,787	32,589	62,015	74,730	90,996	98,250	75,672	23,535
	MN	34,174	1,482	4,624	6,376	7,036	7,145	6,344	1,167
	Total	491,961	34,071	66,639	81,106	98,032	105,395	82,016	24,702
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	4,449,214	199,510	615,191	750,215	929,911	1,015,704	764,385	174,298
	MN	338,738	9,460	47,315	64,983	72,290	73,400	62,351	8,939
	Total	4,787,952	208,970	662,506	815,198	1,002,201	1,089,104	826,736	183,237
3b. Average Period of Eligibility	CN	0.81	0.51	0.83	0.84	0.85	0.86	0.84	0.62
	MN	0.83	0.53	0.85	0.85	0.86	0.86	0.82	0.64
	Total	0.81	0.51	0.83	0.84	0.85	0.86	0.84	0.62
4. Expected Number of Screenings per Eligible	CN		2.55	1.66	0.84	0.43	0.86	0.84	0.62
	MN		2.65	1.70	0.85	0.43	0.86	0.82	0.64
	Total		2.55	1.66	0.84	0.43	0.86	0.84	0.62
5. Expected Number of Screenings	CN	450,599	83,102	102,945	62,773	39,128	84,495	63,564	14,592
	MN	32,327	3,927	7,861	5,420	3,025	6,145	5,202	747
	Total	482,926	87,029	110,806	68,193	42,153	90,640	68,766	15,339
6. Total Screens Received	CN	387,430	167,390	61,312	52,349	27,432	48,549	26,527	3,871
	MN	25,049	8,145	4,605	3,795	2,078	3,408	2,818	200
	Total	412,479	175,535	65,917	56,144	29,510	51,957	29,345	4,071
7. Screening Ratio	CN	0.86	1.00	0.60	0.83	0.70	0.57	0.42	0.27
	MN	0.77	1.00	0.59	0.70	0.69	0.55	0.54	0.27
	Total	0.85	1.00	0.59	0.82	0.70	0.57	0.43	0.27
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	359,156	32,589	62,015	62,773	39,128	84,495	63,564	14,592
	MN	26,645	1,482	4,624	5,420	3,025	6,145	5,202	747
	Total	385,801	34,071	66,639	68,193	42,153	90,640	68,766	15,339
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	207,517	46,784	32,268	41,751	23,437	39,309	20,985	2,983
	MN	14,178	2,265	2,424	2,948	1,727	2,604	2,048	162
	Total	221,695	49,049	34,692	44,699	25,164	41,913	23,033	3,145

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Fiscal Year: 2008

State: Kentucky

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.58	1.00	0.52	0.67	0.60	0.47	0.33	0.20
	MN	0.53	1.00	0.52	0.54	0.57	0.42	0.39	0.22
	Total	0.57	1.00	0.52	0.66	0.60	0.46	0.33	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	123,094	46,312	17,475	18,835	9,597	18,121	11,099	1,655
	MN	6,921	1,933	1,097	1,022	593	1,183	1,048	45
	Total	130,015	48,245	18,572	19,857	10,190	19,304	12,147	1,700
12a. Total Eligibles Receiving Any Dental Services	CN	177,389	2,100	13,697	35,206	46,875	47,579	29,468	2,464
	MN	10,237	136	798	1,971	2,389	2,715	2,148	80
	Total	187,626	2,236	14,495	37,177	49,264	50,294	31,616	2,544
12b. Total Eligibles Receiving Preventive Dental Services	CN	146,908	1,326	10,690	30,480	41,302	40,290	21,490	1,330
	MN	8,672	76	590	1,724	2,143	2,353	1,744	42
	Total	155,580	1,402	11,280	32,204	43,445	42,643	23,234	1,372
12c. Total Eligibles Receiving Dental Treatment Services	CN	99,032	206	3,243	15,852	27,238	29,426	21,175	1,892
	MN	5,472	11	169	814	1,333	1,598	1,483	64
	Total	104,504	217	3,412	16,666	28,571	31,024	22,658	1,956
13. Total Eligibles Enrolled in Managed Care	CN	465,086	66,771	55,495	74,157	90,093	98,152	72,750	7,668
	MN	25,037	2,812	3,221	4,136	4,792	5,280	4,508	288
	Total	490,123	69,583	58,716	78,293	94,885	103,432	77,258	7,956
14. Total Number of Screening Blood Lead Tests	CN	45,323	19,451	18,063	7,809				
	MN	2,336	935	999	402				
	Total	47,659	20,386	19,062	8,211				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	753,454	48,691	95,519	121,062	150,036	163,380	129,740	45,026
	MN	538	8	66	57	79	85	124	119
	Total	753,992	48,699	95,585	121,119	150,115	163,465	129,864	45,145
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	8,068,302	310,376	1,064,046	1,355,528	1,683,010	1,834,194	1,440,901	380,247
	MN	3,948	26	645	558	570	554	604	991
	Total	8,072,250	310,402	1,064,691	1,356,086	1,683,580	1,834,748	1,441,505	381,238
3b. Average Period of Eligibility	CN	0.89	0.53	0.93	0.93	0.93	0.94	0.93	0.70
	MN	0.61	0.27	0.81	0.82	0.60	0.54	0.41	0.69
	Total	0.89	0.53	0.93	0.93	0.93	0.94	0.93	0.70
4. Expected Number of Screenings per Eligible	CN		3.18	1.86	0.93	0.47	0.56	0.47	0.35
	MN		1.62	1.62	0.82	0.30	0.32	0.21	0.35
	Total		3.18	1.86	0.93	0.47	0.56	0.47	0.35
5. Expected Number of Screenings	CN	683,837	154,837	177,665	112,588	70,517	91,493	60,978	15,759
	MN	286	13	107	47	24	27	26	42
	Total	684,123	154,850	177,772	112,635	70,541	91,520	61,004	15,801
6. Total Screens Received	CN	656,477	167,022	206,330	96,452	59,683	72,922	48,705	5,363
	MN	119	7	26	17	12	30	11	16
	Total	656,596	167,029	206,356	96,469	59,695	72,952	48,716	5,379
7. Screening Ratio	CN	0.96	1.00	1.00	0.86	0.85	0.80	0.80	0.34
	MN	0.42	0.54	0.24	0.36	0.50	1.00	0.42	0.38
	Total	0.96	1.00	1.00	0.86	0.85	0.80	0.80	0.34
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	495,545	48,691	95,519	112,588	70,517	91,493	60,978	15,759
	MN	240	8	66	47	24	27	26	42
	Total	495,785	48,699	95,585	112,635	70,541	91,520	61,004	15,801
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	331,149	43,754	73,423	69,410	47,992	55,694	36,533	4,343
	MN	89	3	17	15	10	20	9	15
	Total	331,238	43,757	73,440	69,425	48,002	55,714	36,542	4,358

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Fiscal Year: 2008

State: Louisiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.67	0.90	0.77	0.62	0.68	0.61	0.60	0.28
	MN	0.37	0.38	0.26	0.32	0.42	0.74	0.35	0.36
	Total	0.67	0.90	0.77	0.62	0.68	0.61	0.60	0.28
11. Total Eligibles Referred for Corrective Treatment	CN	111,856	13,725	28,651	20,434	18,491	18,352	10,862	1,341
	MN	23	2	5	4	1	5	1	5
	Total	111,879	13,727	28,656	20,438	18,492	18,357	10,863	1,346
12a. Total Eligibles Receiving Any Dental Services	CN	245,045	50	9,806	48,976	66,784	65,429	44,591	9,409
	MN	149	0	3	18	23	28	17	60
	Total	245,194	50	9,809	48,994	66,807	65,457	44,608	9,469
12b. Total Eligibles Receiving Preventive Dental Services	CN	210,875	21	7,060	43,331	60,128	57,843	36,080	6,412
	MN	121	0	2	13	20	25	15	46
	Total	210,996	21	7,062	43,344	60,148	57,868	36,095	6,458
12c. Total Eligibles Receiving Dental Treatment Services	CN	129,835	16	2,430	19,420	37,708	35,500	28,236	6,525
	MN	92	0	0	11	15	14	9	43
	Total	129,927	16	2,430	19,431	37,723	35,514	28,245	6,568
13. Total Eligibles Enrolled in Managed Care	CN	656,434	36,358	89,873	110,409	133,308	142,120	109,038	35,328
	MN	241	0	12	15	23	31	12	148
	Total	656,675	36,358	89,885	110,424	133,331	142,151	109,050	35,476
14. Total Number of Screening Blood Lead Tests	CN	69,343	729	47,949	20,665				
	MN	13	0	10	3				
	Total	69,356	729	47,959	20,668				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Maine

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN	136,149	7,226	15,127	20,612	25,602	29,941	25,049	12,592
	MN	679	21	55	87	127	169	132	88
	Total	136,828	7,247	15,182	20,699	25,729	30,110	25,181	12,680
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	1,403,423	55,301	159,767	216,845	273,027	318,878	260,928	118,677
	MN	6,283	116	506	804	1,152	1,699	1,351	655
	Total	1,409,706	55,417	160,273	217,649	274,179	320,577	262,279	119,332
3b. Average Period of Eligibility	CN	0.86	0.64	0.88	0.88	0.89	0.89	0.87	0.79
	MN	0.77	0.46	0.77	0.77	0.76	0.84	0.85	0.62
	Total	0.86	0.64	0.88	0.88	0.89	0.89	0.87	0.78
4. Expected Number of Screenings per Eligible	CN		3.84	1.76	0.88	0.45	0.89	0.87	0.79
	MN		2.76	1.54	0.77	0.38	0.84	0.85	0.62
	Total		3.84	1.76	0.88	0.45	0.89	0.87	0.78
5. Expected Number of Screenings	CN	142,420	27,748	26,624	18,139	11,521	26,647	21,793	9,948
	MN	567	58	85	67	48	142	112	55
	Total	142,987	27,806	26,709	18,206	11,569	26,789	21,905	10,003
6. Total Screens Received	CN	123,563	9,928	50,083	22,150	14,369	14,045	10,084	2,904
	MN	441	10	167	67	57	63	72	5
	Total	124,004	9,938	50,250	22,217	14,426	14,108	10,156	2,909
7. Screening Ratio	CN	0.87	0.36	1.00	1.00	1.00	0.53	0.46	0.29
	MN	0.78	0.17	1.00	1.00	1.00	0.44	0.64	0.09
	Total	0.87	0.36	1.00	1.00	1.00	0.53	0.46	0.29
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	110,401	7,226	15,127	18,139	11,521	26,647	21,793	9,948
	MN	500	21	55	67	48	142	112	55
	Total	110,901	7,247	15,182	18,206	11,569	26,789	21,905	10,003
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	65,086	3,176	13,658	13,273	11,299	12,582	8,648	2,450
	MN	251	6	49	43	54	53	41	5
	Total	65,337	3,182	13,707	13,316	11,353	12,635	8,689	2,455

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Fiscal Year: 2008

State: Maine

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.59	0.44	0.90	0.73	0.98	0.47	0.40	0.25
	MN	0.50	0.29	0.89	0.64	1.00	0.37	0.37	0.09
	Total	0.59	0.44	0.90	0.73	0.98	0.47	0.40	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	22,330	25	375	1,376	4,584	7,479	6,187	2,304
	MN	93	0	0	3	21	27	31	11
	Total	22,423	25	375	1,379	4,605	7,506	6,218	2,315
12a. Total Eligibles Receiving Any Dental Services	CN	49,339	8	1,438	7,338	12,587	14,385	10,161	3,422
	MN	206	0	6	21	56	64	47	12
	Total	49,545	8	1,444	7,359	12,643	14,449	10,208	3,434
12b. Total Eligibles Receiving Preventive Dental Services	CN	46,147	5	1,396	7,147	12,081	13,632	9,156	2,730
	MN	196	0	6	21	52	61	45	11
	Total	46,343	5	1,402	7,168	12,133	13,693	9,201	2,741
12c. Total Eligibles Receiving Dental Treatment Services	CN	34,206	6	474	4,345	8,402	10,294	7,786	2,899
	MN	153	0	3	15	42	48	37	8
	Total	34,359	6	477	4,360	8,444	10,342	7,823	2,907
13. Total Eligibles Enrolled in Managed Care	CN	83,590	2,074	13,006	14,670	16,382	18,187	13,615	5,656
	MN	336	2	45	46	76	80	71	16
	Total	83,926	2,076	13,051	14,716	16,458	18,267	13,686	5,672
14. Total Number of Screening Blood Lead Tests	CN	10,325	367	6,185	3,773				
	MN	35	2	22	11				
	Total	10,360	369	6,207	3,784				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	495,452	37,258	70,522	82,297	97,035	102,676	80,931	24,733
	MN	28,337	583	3,829	4,996	5,273	5,329	5,247	3,080
	Total	523,789	37,841	74,351	87,293	102,308	108,005	86,178	27,813
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	4,932,703	231,385	730,267	857,438	1,017,371	1,077,036	830,887	188,319
	MN	285,242	5,435	41,738	50,805	54,332	53,070	53,127	26,735
	Total	5,217,945	236,820	772,005	908,243	1,071,703	1,130,106	884,014	215,054
3b. Average Period of Eligibility	CN	0.83	0.52	0.86	0.87	0.87	0.87	0.86	0.63
	MN	0.84	0.78	0.91	0.85	0.86	0.83	0.84	0.72
	Total	0.83	0.52	0.87	0.87	0.87	0.87	0.85	0.64
4. Expected Number of Screenings per Eligible	CN		3.12	1.72	0.87	0.87	0.87	0.86	0.63
	MN		4.68	1.82	0.85	0.86	0.83	0.84	0.72
	Total		3.12	1.74	0.87	0.87	0.87	0.85	0.64
5. Expected Number of Screenings	CN	568,072	116,245	121,298	71,598	84,420	89,328	69,601	15,582
	MN	29,527	2,728	6,969	4,247	4,535	4,423	4,407	2,218
	Total	597,599	118,973	128,267	75,845	88,955	93,751	74,008	17,800
6. Total Screens Received	CN	489,131	119,859	155,444	63,669	53,185	54,111	37,138	5,725
	MN	21,119	2,213	7,173	3,380	2,532	2,444	2,407	970
	Total	510,250	122,072	162,617	67,049	55,717	56,555	39,545	6,695
7. Screening Ratio	CN	0.86	1.00	1.00	0.89	0.63	0.61	0.53	0.37
	MN	0.72	0.81	1.00	0.80	0.56	0.55	0.55	0.44
	Total	0.85	1.00	1.00	0.88	0.63	0.60	0.53	0.38
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	438,309	37,258	70,522	71,598	84,420	89,328	69,601	15,582
	MN	24,242	583	3,829	4,247	4,535	4,423	4,407	2,218
	Total	462,551	37,841	74,351	75,845	88,955	93,751	74,008	17,800
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	261,841	30,797	56,370	51,439	44,538	44,566	29,528	4,603
	MN	12,642	440	2,901	2,700	2,073	1,944	1,791	793
	Total	274,483	31,237	59,271	54,139	46,611	46,510	31,319	5,396

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Form CMS-416

Fiscal Year: 2008

State: Maryland

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.60	0.83	0.80	0.72	0.53	0.50	0.42	0.30
	MN	0.52	0.75	0.76	0.64	0.46	0.44	0.41	0.36
	Total	0.59	0.83	0.80	0.71	0.52	0.50	0.42	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	253,978	29,202	55,847	50,334	43,440	43,070	27,946	4,139
	MN	12,197	423	2,852	2,634	2,009	1,875	1,690	714
	Total	266,175	29,625	58,699	52,968	45,449	44,945	29,636	4,853
12a. Total Eligibles Receiving Any Dental Services	CN	186,188	848	8,752	35,311	50,634	49,277	32,610	8,756
	MN	8,649	17	421	1,467	2,056	1,812	1,809	1,067
	Total	194,837	865	9,173	36,778	52,690	51,089	34,419	9,823
12b. Total Eligibles Receiving Preventive Dental Services	CN	158,631	184	5,306	31,203	45,704	43,485	26,113	6,636
	MN	6,807	4	241	1,210	1,718	1,515	1,390	729
	Total	165,438	188	5,547	32,413	47,422	45,000	27,503	7,365
12c. Total Eligibles Receiving Dental Treatment Services	CN	82,144	11	873	10,936	23,869	24,698	18,196	3,561
	MN	3,634	0	44	402	847	859	990	492
	Total	85,778	11	917	11,338	24,716	25,557	19,186	4,053
13. Total Eligibles Enrolled in Managed Care	CN	472,572	34,044	68,917	79,591	93,018	97,751	76,731	22,520
	MN	26,956	537	3,735	4,851	5,088	5,098	4,973	2,674
	Total	499,528	34,581	72,652	84,442	98,106	102,849	81,704	25,194
14. Total Number of Screening Blood Lead Tests	CN	48,869	920	31,090	16,859				
	MN	3,064	39	1,898	1,127				
	Total	51,933	959	32,988	17,986				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	543,090	37,458	70,104	83,024	99,037	115,342	101,128	36,997
	MN	0	0	0	0	0	0	0	0
	Total	543,090	37,458	70,104	83,024	99,037	115,342	101,128	36,997
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	5,250,229	204,082	709,829	838,222	1,003,267	1,169,319	1,007,166	318,344
	MN	0	0	0	0	0	0	0	0
	Total	5,250,229	204,082	709,829	838,222	1,003,267	1,169,319	1,007,166	318,344
3b. Average Period of Eligibility	CN	0.81	0.45	0.84	0.84	0.84	0.84	0.83	0.72
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.81	0.45	0.84	0.84	0.84	0.84	0.83	0.72
4. Expected Number of Screenings per Eligible	CN		2.70	1.68	0.84	0.84	0.84	0.83	0.72
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.70	1.68	0.84	0.84	0.84	0.83	0.72
5. Expected Number of Screenings	CN	579,304	101,137	117,775	69,740	83,191	96,887	83,936	26,638
	MN	0	0	0	0	0	0	0	0
	Total	579,304	101,137	117,775	69,740	83,191	96,887	83,936	26,638
6. Total Screens Received	CN	641,570	178,661	155,265	74,621	74,972	82,506	61,073	14,472
	MN	0	0	0	0	0	0	0	0
	Total	641,570	178,661	155,265	74,621	74,972	82,506	61,073	14,472
7. Screening Ratio	CN	1.00	1.00	1.00	1.00	0.90	0.85	0.73	0.54
	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	0.85	0.73	0.54
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	467,954	37,458	70,104	69,740	83,191	96,887	83,936	26,638
	MN	0	0	0	0	0	0	0	0
	Total	467,954	37,458	70,104	69,740	83,191	96,887	83,936	26,638
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	366,919	58,042	62,101	57,984	61,807	68,222	48,025	10,738
	MN	0	0	0	0	0	0	0	0
	Total	366,919	58,042	62,101	57,984	61,807	68,222	48,025	10,738

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Massachusetts

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.78	1.00	0.89	0.83	0.74	0.70	0.57	0.40
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.78	1.00	0.89	0.83	0.74	0.70	0.57	0.40
11. Total Eligibles Referred for Corrective Treatment	CN	57,555	8,436	13,481	10,851	8,349	10,143	6,029	266
	MN	0	0	0	0	0	0	0	0
	Total	57,555	8,436	13,481	10,851	8,349	10,143	6,029	266
12a. Total Eligibles Receiving Any Dental Services	CN	238,979	97	9,121	42,592	60,452	66,535	48,840	11,342
	MN	0	0	0	0	0	0	0	0
	Total	238,979	97	9,121	42,592	60,452	66,535	48,840	11,342
12b. Total Eligibles Receiving Preventive Dental Services	CN	218,616	43	8,187	40,806	57,750	61,382	41,717	8,731
	MN	0	0	0	0	0	0	0	0
	Total	218,616	43	8,187	40,806	57,750	61,382	41,717	8,731
12c. Total Eligibles Receiving Dental Treatment Services	CN	136,565	32	1,707	17,152	34,963	41,654	33,272	7,785
	MN	0	0	0	0	0	0	0	0
	Total	136,565	32	1,707	17,152	34,963	41,654	33,272	7,785
13. Total Eligibles Enrolled in Managed Care	CN	365,789	26,836	50,675	58,291	68,179	75,751	62,775	23,282
	MN	0	0	0	0	0	0	0	0
	Total	365,789	26,836	50,675	58,291	68,179	75,751	62,775	23,282
14. Total Number of Screening Blood Lead Tests	CN	82,968	1,878	42,469	38,621				
	MN	0	0	0	0				
	Total	82,968	1,878	42,469	38,621				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	1,106,595	68,985	136,498	178,377	221,248	250,177	194,365	56,945
	MN	20,356	151	258	360	532	657	1,777	16,621
	Total	1,126,951	69,136	136,756	178,737	221,780	250,834	196,142	73,566
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	11,151,944	426,943	1,428,040	1,872,544	2,330,911	2,622,968	1,967,100	503,438
	MN	152,969	666	2,195	3,233	4,830	6,030	10,986	125,029
	Total	11,304,913	427,609	1,430,235	1,875,777	2,335,741	2,628,998	1,978,086	628,467
3b. Average Period of Eligibility	CN	0.84	0.52	0.87	0.87	0.88	0.87	0.84	0.74
	MN	0.63	0.37	0.71	0.75	0.76	0.76	0.52	0.63
	Total	0.84	0.52	0.87	0.87	0.88	0.87	0.84	0.71
4. Expected Number of Screenings per Eligible	CN		2.60	1.74	0.87	0.44	0.70	0.84	0.74
	MN		1.85	1.42	0.75	0.38	0.61	0.52	0.63
	Total		2.60	1.74	0.87	0.44	0.70	0.84	0.71
5. Expected Number of Screenings	CN	1,049,935	179,361	237,507	155,188	97,349	175,124	163,267	42,139
	MN	12,913	279	366	270	202	401	924	10,471
	Total	1,062,848	179,640	237,873	155,458	97,551	175,525	164,191	52,610
6. Total Screens Received	CN	801,193	208,763	228,169	114,043	78,058	94,271	66,882	11,007
	MN	4,517	332	298	204	196	219	341	2,927
	Total	805,710	209,095	228,467	114,247	78,254	94,490	67,223	13,934
7. Screening Ratio	CN	0.76	1.00	0.96	0.73	0.80	0.54	0.41	0.26
	MN	0.35	1.00	0.81	0.76	0.97	0.55	0.37	0.28
	Total	0.76	1.00	0.96	0.73	0.80	0.54	0.41	0.26
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	838,550	68,985	136,498	155,188	97,349	175,124	163,267	42,139
	MN	12,677	151	258	270	202	401	924	10,471
	Total	851,227	69,136	136,756	155,458	97,551	175,525	164,191	52,610
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	459,332	58,716	97,122	92,187	67,240	79,599	55,118	9,350
	MN	3,569	109	139	164	152	179	270	2,556
	Total	462,901	58,825	97,261	92,351	67,392	79,778	55,388	11,906

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Michigan

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.55	0.85	0.71	0.59	0.69	0.45	0.34	0.22
	MN	0.28	0.72	0.54	0.61	0.75	0.45	0.29	0.24
	Total	0.54	0.85	0.71	0.59	0.69	0.45	0.34	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	361,259	156	6,760	68,544	108,991	102,963	62,380	11,465
	MN	4,107	0	13	118	221	231	327	3,197
	Total	365,366	156	6,773	68,662	109,212	103,194	62,707	14,662
12b. Total Eligibles Receiving Preventive Dental Services	CN	352,289	153	6,722	67,378	106,661	100,537	59,932	10,906
	MN	3,952	0	12	117	220	225	315	3,063
	Total	356,241	153	6,734	67,495	106,881	100,762	60,247	13,969
12c. Total Eligibles Receiving Dental Treatment Services	CN	151,249	8	910	19,751	46,807	43,341	33,683	6,749
	MN	2,373	0	2	27	88	83	191	1,982
	Total	153,622	8	912	19,778	46,895	43,424	33,874	8,731
13. Total Eligibles Enrolled in Managed Care	CN	890,616	51,673	118,098	149,254	180,601	200,064	150,486	40,440
	MN	16,015	115	239	348	482	583	1,144	13,104
	Total	906,631	51,788	118,337	149,602	181,083	200,647	151,630	53,544
14. Total Number of Screening Blood Lead Tests	CN	125,013	1,803	70,457	52,753				
	MN	209	0	94	115				
	Total	125,222	1,803	70,551	52,868				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	360,475	30,741	56,581	59,488	66,907	68,848	54,143	23,767
	MN	56,154	1,491	4,295	7,944	10,260	12,707	11,859	7,598
	Total	416,629	32,232	60,876	67,432	77,167	81,555	66,002	31,365
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	3,422,721	188,394	555,989	579,843	668,462	694,978	535,963	199,092
	MN	534,713	9,251	43,093	75,118	101,006	126,320	114,956	64,969
	Total	3,957,434	197,645	599,082	654,961	769,468	821,298	650,919	264,061
3b. Average Period of Eligibility	CN	0.79	0.51	0.82	0.81	0.83	0.84	0.82	0.70
	MN	0.79	0.52	0.84	0.79	0.82	0.83	0.81	0.71
	Total	0.79	0.51	0.82	0.81	0.83	0.84	0.82	0.70
4. Expected Number of Screenings per Eligible	CN		2.55	1.64	0.81	0.42	0.50	0.41	0.35
	MN		2.60	1.68	0.79	0.41	0.50	0.41	0.36
	Total		2.55	1.64	0.81	0.42	0.50	0.41	0.35
5. Expected Number of Screenings	CN	312,410	78,390	92,793	48,185	28,101	34,424	22,199	8,318
	MN	35,527	3,877	7,216	6,276	4,207	6,354	4,862	2,735
	Total	347,937	82,267	100,009	54,461	32,308	40,778	27,061	11,053
6. Total Screens Received	CN	284,019	91,901	99,083	34,864	18,150	21,631	14,169	4,221
	MN	30,779	5,224	8,003	5,094	2,982	4,342	3,384	1,750
	Total	314,798	97,125	107,086	39,958	21,132	25,973	17,553	5,971
7. Screening Ratio	CN	0.91	1.00	1.00	0.72	0.65	0.63	0.64	0.51
	MN	0.87	1.00	1.00	0.81	0.71	0.68	0.70	0.64
	Total	0.90	1.00	1.00	0.73	0.65	0.64	0.65	0.54
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	228,549	30,741	56,581	48,185	28,101	34,424	22,199	8,318
	MN	30,220	1,491	4,295	6,276	4,207	6,354	4,862	2,735
	Total	258,769	32,232	60,876	54,461	32,308	40,778	27,061	11,053
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	154,750	26,608	42,752	31,476	17,183	20,119	12,783	3,829
	MN	21,651	1,398	3,534	4,777	2,893	4,196	3,186	1,667
	Total	176,401	28,006	46,286	36,253	20,076	24,315	15,969	5,496

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Minnesota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.68	0.87	0.76	0.65	0.61	0.58	0.58	0.46
	MN	0.72	0.94	0.82	0.76	0.69	0.66	0.66	0.61
	Total	0.68	0.87	0.76	0.67	0.62	0.60	0.59	0.50
11. Total Eligibles Referred for Corrective Treatment	CN	16,030	3,130	5,760	3,004	1,623	1,672	777	64
	MN	3,471	303	835	818	488	624	337	66
	Total	19,501	3,433	6,595	3,822	2,111	2,296	1,114	130
12a. Total Eligibles Receiving Any Dental Services	CN	123,024	301	6,364	24,814	32,482	31,261	21,274	6,528
	MN	29,690	13	498	4,126	6,966	8,462	6,628	2,997
	Total	152,714	314	6,862	28,940	39,448	39,723	27,902	9,525
12b. Total Eligibles Receiving Preventive Dental Services	CN	108,893	280	5,415	22,636	29,810	28,531	17,617	4,604
	MN	27,337	12	409	3,847	6,675	8,033	5,971	2,390
	Total	136,230	292	5,824	26,483	36,485	36,564	23,588	6,994
12c. Total Eligibles Receiving Dental Treatment Services	CN	57,603	13	815	8,774	16,395	14,957	12,330	4,319
	MN	13,396	1	71	1,171	3,287	3,653	3,405	1,808
	Total	70,999	14	886	9,945	19,682	18,610	15,735	6,127
13. Total Eligibles Enrolled in Managed Care	CN	290,007	25,028	50,265	49,628	54,045	53,473	40,427	17,141
	MN	53,260	1,428	4,213	7,635	9,926	12,315	10,991	6,752
	Total	343,267	26,456	54,478	57,263	63,971	65,788	51,418	23,893
14. Total Number of Screening Blood Lead Tests	CN	41,074	1,545	30,580	8,949				
	MN	3,294	88	2,399	807				
	Total	44,368	1,633	32,979	9,756				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	391,852	36,640	66,714	69,018	76,723	76,830	53,766	12,161
	MN	0	0	0	0	0	0	0	0
	Total	391,852	36,640	66,714	69,018	76,723	76,830	53,766	12,161
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	3,828,287	240,760	657,652	711,405	778,239	790,963	550,691	98,577
	MN	0	0	0	0	0	0	0	0
	Total	3,828,287	240,760	657,652	711,405	778,239	790,963	550,691	98,577
3b. Average Period of Eligibility	CN	0.81	0.55	0.82	0.86	0.85	0.86	0.85	0.68
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.81	0.55	0.82	0.86	0.85	0.86	0.85	0.68
4. Expected Number of Screenings per Eligible	CN		2.75	1.23	0.86	0.85	0.86	0.85	0.68
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.75	1.23	0.86	0.85	0.86	0.85	0.68
5. Expected Number of Screenings	CN	427,432	100,760	82,058	59,355	65,215	66,074	45,701	8,269
	MN	0	0	0	0	0	0	0	0
	Total	427,432	100,760	82,058	59,355	65,215	66,074	45,701	8,269
6. Total Screens Received	CN	308,486	101,032	110,447	39,170	21,021	21,839	13,210	1,767
	MN	0	0	0	0	0	0	0	0
	Total	308,486	101,032	110,447	39,170	21,021	21,839	13,210	1,767
7. Screening Ratio	CN	0.72	1.00	1.00	0.66	0.32	0.33	0.29	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.72	1.00	1.00	0.66	0.32	0.33	0.29	0.21
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	347,968	36,640	66,714	59,355	65,215	66,074	45,701	8,269
	MN	0	0	0	0	0	0	0	0
	Total	347,968	36,640	66,714	59,355	65,215	66,074	45,701	8,269
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	142,280	28,138	40,276	28,981	16,746	16,601	10,134	1,404
	MN	0	0	0	0	0	0	0	0
	Total	142,280	28,138	40,276	28,981	16,746	16,601	10,134	1,404

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Mississippi

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.41	0.77	0.60	0.49	0.26	0.25	0.22	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.41	0.77	0.60	0.49	0.26	0.25	0.22	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	69,615	24,674	19,464	8,779	5,935	5,935	4,119	709
	MN	0	0	0	0	0	0	0	0
	Total	69,615	24,674	19,464	8,779	5,935	5,935	4,119	709
12a. Total Eligibles Receiving Any Dental Services	CN	150,879	946	10,758	34,887	37,751	35,992	23,997	6,548
	MN	0	0	0	0	0	0	0	0
	Total	150,879	946	10,758	34,887	37,751	35,992	23,997	6,548
12b. Total Eligibles Receiving Preventive Dental Services	CN	124,202	104	5,407	28,904	33,606	31,531	19,406	5,244
	MN	0	0	0	0	0	0	0	0
	Total	124,202	104	5,407	28,904	33,606	31,531	19,406	5,244
12c. Total Eligibles Receiving Dental Treatment Services	CN	65,138	19	1,112	11,714	18,256	18,392	13,338	2,307
	MN	0	0	0	0	0	0	0	0
	Total	65,138	19	1,112	11,714	18,256	18,392	13,338	2,307
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	44,451	1,686	25,602	17,163				
	MN	0	0	0	0				
	Total	44,451	1,686	25,602	17,163				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	643,125	45,389	88,324	107,400	126,014	134,590	107,044	34,364
	MN	0	0	0	0	0	0	0	0
	Total	643,125	45,389	88,324	107,400	126,014	134,590	107,044	34,364
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	6,137,180	256,148	878,943	1,078,111	1,271,707	1,362,983	1,047,690	241,598
	MN	0	0	0	0	0	0	0	0
	Total	6,137,180	256,148	878,943	1,078,111	1,271,707	1,362,983	1,047,690	241,598
3b. Average Period of Eligibility	CN	0.80	0.47	0.83	0.84	0.84	0.84	0.82	0.59
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	0.47	0.83	0.84	0.84	0.84	0.82	0.59
4. Expected Number of Screenings per Eligible	CN		2.35	1.66	0.84	0.42	0.50	0.41	0.30
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.35	1.66	0.84	0.42	0.50	0.41	0.30
5. Expected Number of Screenings	CN	517,916	106,664	146,618	90,216	52,926	67,295	43,888	10,309
	MN	0	0	0	0	0	0	0	0
	Total	517,916	106,664	146,618	90,216	52,926	67,295	43,888	10,309
6. Total Screens Received	CN	617,789	168,322	187,962	95,279	50,120	55,174	46,227	14,705
	MN	0	0	0	0	0	0	0	0
	Total	617,789	168,322	187,962	95,279	50,120	55,174	46,227	14,705
7. Screening Ratio	CN	1.00	1.00	1.00	1.00	0.95	0.82	1.00	1.00
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	1.00	1.00	1.00	0.95	0.82	1.00	1.00
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	398,347	45,389	88,324	90,216	52,926	67,295	43,888	10,309
	MN	0	0	0	0	0	0	0	0
	Total	398,347	45,389	88,324	90,216	52,926	67,295	43,888	10,309
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	278,622	41,175	66,266	58,143	35,060	38,829	30,729	8,420
	MN	0	0	0	0	0	0	0	0
	Total	278,622	41,175	66,266	58,143	35,060	38,829	30,729	8,420

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Missouri

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.70	0.91	0.75	0.64	0.66	0.58	0.70	0.82
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	0.91	0.75	0.64	0.66	0.58	0.70	0.82
11. Total Eligibles Referred for Corrective Treatment	CN	171,689	26,825	45,469	32,444	19,525	21,000	19,517	6,909
	MN	0	0	0	0	0	0	0	0
	Total	171,689	26,825	45,469	32,444	19,525	21,000	19,517	6,909
12a. Total Eligibles Receiving Any Dental Services	CN	159,066	36	3,594	28,647	47,298	46,318	29,007	4,166
	MN	0	0	0	0	0	0	0	0
	Total	159,066	36	3,594	28,647	47,298	46,318	29,007	4,166
12b. Total Eligibles Receiving Preventive Dental Services	CN	140,539	15	2,342	25,075	43,595	42,393	24,194	2,925
	MN	0	0	0	0	0	0	0	0
	Total	140,539	15	2,342	25,075	43,595	42,393	24,194	2,925
12c. Total Eligibles Receiving Dental Treatment Services	CN	85,621	13	917	11,795	25,758	25,365	18,854	2,919
	MN	0	0	0	0	0	0	0	0
	Total	85,621	13	917	11,795	25,758	25,365	18,854	2,919
13. Total Eligibles Enrolled in Managed Care	CN	427,608	29,420	59,861	72,399	84,676	90,447	71,211	19,594
	MN	0	0	0	0	0	0	0	0
	Total	427,608	29,420	59,861	72,399	84,676	90,447	71,211	19,594
14. Total Number of Screening Blood Lead Tests	CN	65,568	1,194	37,613	26,761				
	MN	0	0	0	0				
	Total	65,568	1,194	37,613	26,761				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	63,732	5,506	10,096	12,085	12,213	11,567	9,074	3,191
	MN	339	14	24	35	56	86	117	7
	Total	64,071	5,520	10,120	12,120	12,269	11,653	9,191	3,198
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	570,355	32,901	94,507	114,587	114,357	109,445	82,146	22,412
	MN	2,762	62	170	278	442	728	1,020	62
	Total	573,117	32,963	94,677	114,865	114,799	110,173	83,166	22,474
3b. Average Period of Eligibility	CN	0.75	0.50	0.78	0.79	0.78	0.79	0.75	0.59
	MN	0.68	0.37	0.59	0.66	0.66	0.71	0.73	0.74
	Total	0.75	0.50	0.78	0.79	0.78	0.79	0.75	0.59
4. Expected Number of Screenings per Eligible	CN		2.50	1.56	0.79	0.39	0.47	0.38	0.30
	MN		1.85	1.18	0.66	0.33	0.43	0.37	0.37
	Total		2.50	1.56	0.79	0.39	0.47	0.38	0.30
5. Expected Number of Screenings	CN	53,666	13,765	15,750	9,547	4,763	5,436	3,448	957
	MN	178	26	28	23	18	37	43	3
	Total	53,844	13,791	15,778	9,570	4,781	5,473	3,491	960
6. Total Screens Received	CN	53,859	20,091	17,135	7,253	2,467	3,920	2,654	339
	MN	147	25	28	20	9	23	39	3
	Total	54,006	20,116	17,163	7,273	2,476	3,943	2,693	342
7. Screening Ratio	CN	1.00	1.00	1.00	0.76	0.52	0.72	0.77	0.35
	MN	0.83	0.96	1.00	0.87	0.50	0.62	0.91	1.00
	Total	1.00	1.00	1.00	0.76	0.52	0.72	0.77	0.36
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	39,753	5,506	10,096	9,547	4,763	5,436	3,448	957
	MN	162	14	24	23	18	37	43	3
	Total	39,915	5,520	10,120	9,570	4,781	5,473	3,491	960
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	24,422	5,118	6,702	5,301	1,928	3,061	2,028	284
	MN	68	0	5	10	5	18	28	2
	Total	24,490	5,118	6,707	5,311	1,933	3,079	2,056	286

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Montana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.61	0.93	0.66	0.56	0.40	0.56	0.59	0.30
	MN	0.42	0.00	0.21	0.43	0.28	0.49	0.65	0.67
	Total	0.61	0.93	0.66	0.55	0.40	0.56	0.59	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	22,632	4,575	6,602	4,921	1,834	2,641	1,825	234
	MN	80	3	7	10	8	20	30	2
	Total	22,712	4,578	6,609	4,931	1,842	2,661	1,855	236
12a. Total Eligibles Receiving Any Dental Services	CN	16,289	18	815	3,877	4,551	3,922	2,559	547
	MN	89	0	2	11	21	22	30	3
	Total	16,378	18	817	3,888	4,572	3,944	2,589	550
12b. Total Eligibles Receiving Preventive Dental Services	CN	14,106	12	632	3,392	4,124	3,487	2,109	350
	MN	72	0	2	11	15	17	25	2
	Total	14,178	12	634	3,403	4,139	3,504	2,134	352
12c. Total Eligibles Receiving Dental Treatment Services	CN	8,489	6	267	1,867	2,614	2,009	1,450	276
	MN	54	0	0	9	10	13	20	2
	Total	8,543	6	267	1,876	2,624	2,022	1,470	278
13. Total Eligibles Enrolled in Managed Care	CN	43,097	1,936	7,439	9,118	8,893	8,185	5,913	1,613
	MN	156	1	16	20	33	47	38	1
	Total	43,253	1,937	7,455	9,138	8,926	8,232	5,951	1,614
14. Total Number of Screening Blood Lead Tests	CN	383	7	200	176				
	MN	1	0	0	1				
	Total	384	7	200	177				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	163,150	13,599	25,455	30,062	32,561	31,941	23,830	5,702
	MN	522	26	47	91	72	87	131	68
	Total	163,672	13,625	25,502	30,153	32,633	32,028	23,961	5,770
2a. State Periodicity Schedule	CN		6	5	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	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,540,631	82,027	247,662	295,611	323,418	319,395	232,492	40,026
	MN	4,692	101	390	909	626	845	1,234	587
	Total	1,545,323	82,128	248,052	296,520	324,044	320,240	233,726	40,613
3b. Average Period of Eligibility	CN	0.79	0.50	0.81	0.82	0.83	0.83	0.81	0.58
	MN	0.75	0.32	0.69	0.83	0.72	0.81	0.78	0.72
	Total	0.79	0.50	0.81	0.82	0.83	0.83	0.81	0.59
4. Expected Number of Screenings per Eligible	CN		3.00	2.03	0.82	0.83	0.83	0.81	0.58
	MN		1.92	1.73	0.83	0.72	0.81	0.78	0.72
	Total		3.00	2.03	0.82	0.83	0.83	0.81	0.59
5. Expected Number of Screenings	CN	193,268	40,797	51,674	24,651	27,026	26,511	19,302	3,307
	MN	480	50	81	76	52	70	102	49
	Total	193,748	40,847	51,755	24,727	27,078	26,581	19,404	3,356
6. Total Screens Received	CN	138,717	47,864	45,221	17,441	6,085	11,957	9,396	753
	MN	47	35	3	1	0	2	2	4
	Total	138,764	47,899	45,224	17,442	6,085	11,959	9,398	757
7. Screening Ratio	CN	0.72	1.00	0.88	0.71	0.23	0.45	0.49	0.23
	MN	0.10	0.70	0.04	0.01	0.00	0.03	0.02	0.08
	Total	0.72	1.00	0.87	0.71	0.22	0.45	0.48	0.23
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	139,851	13,599	25,455	24,651	27,026	26,511	19,302	3,307
	MN	422	26	47	76	52	70	102	49
	Total	140,273	13,625	25,502	24,727	27,078	26,581	19,404	3,356
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	72,713	13,382	19,384	15,042	5,614	10,744	7,909	638
	MN	28	20	2	1	0	2	1	2
	Total	72,741	13,402	19,386	15,043	5,614	10,746	7,910	640

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Nebraska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.52	0.98	0.76	0.61	0.21	0.41	0.41	0.19
	MN	0.07	0.77	0.04	0.01	0.00	0.03	0.01	0.04
	Total	0.52	0.98	0.76	0.61	0.21	0.40	0.41	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	6,967	1,042	1,766	1,522	569	1,061	1,003	4
	MN	0	0	0	0	0	0	0	0
	Total	6,967	1,042	1,766	1,522	569	1,061	1,003	4
12a. Total Eligibles Receiving Any Dental Services	CN	75,063	1,103	3,965	15,938	20,948	19,664	12,175	1,270
	MN	10	0	0	1	0	3	1	5
	Total	75,073	1,103	3,965	15,939	20,948	19,667	12,176	1,275
12b. Total Eligibles Receiving Preventive Dental Services	CN	68,103	502	2,967	14,692	19,887	18,429	10,775	851
	MN	6	0	0	0	0	2	1	3
	Total	68,109	502	2,967	14,692	19,887	18,431	10,776	854
12c. Total Eligibles Receiving Dental Treatment Services	CN	35,690	806	737	5,811	10,884	9,660	6,928	864
	MN	6	0	0	0	0	1	1	4
	Total	35,696	806	737	5,811	10,884	9,661	6,929	868
13. Total Eligibles Enrolled in Managed Care	CN	75,524	6,695	12,837	14,623	15,334	14,390	10,217	1,428
	MN	0	0	0	0	0	0	0	0
	Total	75,524	6,695	12,837	14,623	15,334	14,390	10,217	1,428
14. Total Number of Screening Blood Lead Tests	CN	8,408	42	4,850	3,516				
	MN	0	0	0	0				
	Total	8,408	42	4,850	3,516				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	163,407	17,045	28,616	28,823	30,527	29,943	21,184	7,269
	MN	0	0	0	0	0	0	0	0
	Total	163,407	17,045	28,616	28,823	30,527	29,943	21,184	7,269
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	1,369,946	100,514	245,002	252,564	269,545	267,111	184,157	51,053
	MN	0	0	0	0	0	0	0	0
	Total	1,369,946	100,514	245,002	252,564	269,545	267,111	184,157	51,053
3b. Average Period of Eligibility	CN	0.70	0.49	0.71	0.73	0.74	0.74	0.72	0.59
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	0.49	0.71	0.73	0.74	0.74	0.72	0.59
4. Expected Number of Screenings per Eligible	CN		2.45	1.42	0.73	0.37	0.44	0.36	0.30
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.45	1.42	0.73	0.37	0.44	0.36	0.30
5. Expected Number of Screenings	CN	137,713	41,760	40,635	21,041	11,295	13,175	7,626	2,181
	MN	0	0	0	0	0	0	0	0
	Total	137,713	41,760	40,635	21,041	11,295	13,175	7,626	2,181
6. Total Screens Received	CN	117,677	47,551	33,671	15,910	8,565	7,949	3,676	355
	MN	0	0	0	0	0	0	0	0
	Total	117,677	47,551	33,671	15,910	8,565	7,949	3,676	355
7. Screening Ratio	CN	0.85	1.00	0.83	0.76	0.76	0.60	0.48	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.85	1.00	0.83	0.76	0.76	0.60	0.48	0.16
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	100,979	17,045	28,616	21,041	11,295	13,175	7,626	2,181
	MN	0	0	0	0	0	0	0	0
	Total	100,979	17,045	28,616	21,041	11,295	13,175	7,626	2,181
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	59,747	16,309	16,578	11,208	7,218	5,725	2,468	241
	MN	0	0	0	0	0	0	0	0
	Total	59,747	16,309	16,578	11,208	7,218	5,725	2,468	241

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Nevada

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.59	0.96	0.58	0.53	0.64	0.43	0.32	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.59	0.96	0.58	0.53	0.64	0.43	0.32	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	799	271	166	105	81	107	69	0
	MN	0	0	0	0	0	0	0	0
	Total	799	271	166	105	81	107	69	0
12a. Total Eligibles Receiving Any Dental Services	CN	48,758	174	3,745	10,440	14,023	12,359	6,671	1,346
	MN	0	0	0	0	0	0	0	0
	Total	48,758	174	3,745	10,440	14,023	12,359	6,671	1,346
12b. Total Eligibles Receiving Preventive Dental Services	CN	40,771	122	2,737	9,003	12,755	10,711	4,791	652
	MN	0	0	0	0	0	0	0	0
	Total	40,771	122	2,737	9,003	12,755	10,711	4,791	652
12c. Total Eligibles Receiving Dental Treatment Services	CN	19,161	7	521	3,603	5,979	5,211	3,093	747
	MN	0	0	0	0	0	0	0	0
	Total	19,161	7	521	3,603	5,979	5,211	3,093	747
13. Total Eligibles Enrolled in Managed Care	CN	110,170	11,427	21,848	20,390	20,895	19,285	12,362	3,963
	MN	0	0	0	0	0	0	0	0
	Total	110,170	11,427	21,848	20,390	20,895	19,285	12,362	3,963
14. Total Number of Screening Blood Lead Tests	CN	3,270	86	1,701	1,483				
	MN	0	0	0	0				
	Total	3,270	86	1,701	1,483				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	89,236	5,757	11,399	14,351	17,800	20,291	15,416	4,222
	MN	3,458	112	392	546	706	850	645	207
	Total	92,694	5,869	11,791	14,897	18,506	21,141	16,061	4,429
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	837,391	33,709	110,077	140,402	176,745	200,020	147,484	28,954
	MN	15,664	248	1,531	2,335	3,192	4,252	3,258	848
	Total	853,055	33,957	111,608	142,737	179,937	204,272	150,742	29,802
3b. Average Period of Eligibility	CN	0.78	0.49	0.80	0.82	0.83	0.82	0.80	0.57
	MN	0.38	0.18	0.33	0.36	0.38	0.42	0.42	0.34
	Total	0.77	0.48	0.79	0.80	0.81	0.81	0.78	0.56
4. Expected Number of Screenings per Eligible	CN		2.94	1.60	0.82	0.42	0.82	0.80	0.57
	MN		1.08	0.66	0.36	0.19	0.42	0.42	0.34
	Total		2.88	1.58	0.80	0.41	0.81	0.78	0.56
5. Expected Number of Screenings	CN	85,787	16,926	18,238	11,768	7,476	16,639	12,333	2,407
	MN	1,409	121	259	197	134	357	271	70
	Total	87,196	17,047	18,497	11,965	7,610	16,996	12,604	2,477
6. Total Screens Received	CN	54,971	13,940	15,664	6,570	6,408	7,160	4,550	679
	MN	777	110	205	107	107	145	79	24
	Total	55,748	14,050	15,869	6,677	6,515	7,305	4,629	703
7. Screening Ratio	CN	0.64	0.82	0.86	0.56	0.86	0.43	0.37	0.28
	MN	0.55	0.91	0.79	0.54	0.80	0.41	0.29	0.34
	Total	0.64	0.82	0.86	0.56	0.86	0.43	0.37	0.28
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	67,779	5,757	11,399	11,768	7,476	16,639	12,333	2,407
	MN	1,400	112	259	197	134	357	271	70
	Total	69,179	5,869	11,658	11,965	7,610	16,996	12,604	2,477
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	42,615	4,908	8,249	7,765	7,480	8,339	5,189	685
	MN	783	75	179	122	125	163	93	26
	Total	43,398	4,983	8,428	7,887	7,605	8,502	5,282	711

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: New Hampshire

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.63	0.85	0.72	0.66	1.00	0.50	0.42	0.28
	MN	0.56	0.67	0.69	0.62	0.93	0.46	0.34	0.37
	Total	0.63	0.85	0.72	0.66	1.00	0.50	0.42	0.29
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	42,257	47	2,118	7,337	11,182	12,185	8,138	1,250
	MN	958	0	42	145	236	280	214	41
	Total	43,215	47	2,160	7,482	11,418	12,465	8,352	1,291
12b. Total Eligibles Receiving Preventive Dental Services	CN	38,553	32	1,557	6,856	10,636	11,357	7,140	975
	MN	805	0	31	126	206	246	169	27
	Total	39,358	32	1,588	6,982	10,842	11,603	7,309	1,002
12c. Total Eligibles Receiving Dental Treatment Services	CN	19,118	3	116	1,972	5,132	6,173	4,961	761
	MN	422	0	3	37	101	131	130	20
	Total	19,540	3	119	2,009	5,233	6,304	5,091	781
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	5,224	90	4,118	1,016				
	MN	76	0	62	14				
	Total	5,300	90	4,180	1,030				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	605,041	39,805	90,351	107,657	120,383	124,778	93,026	29,041
	MN	0	0	0	0	0	0	0	0
	Total	605,041	39,805	90,351	107,657	120,383	124,778	93,026	29,041
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	6,349,075	241,509	960,438	1,175,010	1,321,130	1,367,594	1,009,982	273,412
	MN	0	0	0	0	0	0	0	0
	Total	6,349,075	241,509	960,438	1,175,010	1,321,130	1,367,594	1,009,982	273,412
3b. Average Period of Eligibility	CN	0.87	0.51	0.89	0.91	0.91	0.91	0.90	0.78
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	0.51	0.89	0.91	0.91	0.91	0.90	0.78
4. Expected Number of Screenings per Eligible	CN		3.06	1.78	0.91	0.91	0.91	0.90	0.78
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.06	1.78	0.91	0.91	0.91	0.90	0.78
5. Expected Number of Screenings	CN	710,068	121,803	160,825	97,968	109,549	113,548	83,723	22,652
	MN	0	0	0	0	0	0	0	0
	Total	710,068	121,803	160,825	97,968	109,549	113,548	83,723	22,652
6. Total Screens Received	CN	652,703	147,766	194,253	99,431	71,840	76,830	52,863	9,720
	MN	0	0	0	0	0	0	0	0
	Total	652,703	147,766	194,253	99,431	71,840	76,830	52,863	9,720
7. Screening Ratio	CN	0.92	1.00	1.00	1.00	0.66	0.68	0.63	0.43
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	1.00	1.00	1.00	0.66	0.68	0.63	0.43
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	557,596	39,805	90,351	97,968	109,549	113,548	83,723	22,652
	MN	0	0	0	0	0	0	0	0
	Total	557,596	39,805	90,351	97,968	109,549	113,548	83,723	22,652
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	338,979	36,639	71,759	69,092	56,826	59,081	38,565	7,017
	MN	0	0	0	0	0	0	0	0
	Total	338,979	36,639	71,759	69,092	56,826	59,081	38,565	7,017

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: New Jersey

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.61	0.92	0.79	0.71	0.52	0.52	0.46	0.31
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	0.92	0.79	0.71	0.52	0.52	0.46	0.31
11. Total Eligibles Referred for Corrective Treatment	CN	76,724	90	5,077	20,472	20,633	17,388	10,708	2,356
	MN	0	0	0	0	0	0	0	0
	Total	76,724	90	5,077	20,472	20,633	17,388	10,708	2,356
12a. Total Eligibles Receiving Any Dental Services	CN	198,979	234	7,594	39,929	55,741	53,714	34,361	7,406
	MN	0	0	0	0	0	0	0	0
	Total	198,979	234	7,594	39,929	55,741	53,714	34,361	7,406
12b. Total Eligibles Receiving Preventive Dental Services	CN	168,468	32	6,093	36,597	50,401	45,822	25,005	4,518
	MN	0	0	0	0	0	0	0	0
	Total	168,468	32	6,093	36,597	50,401	45,822	25,005	4,518
12c. Total Eligibles Receiving Dental Treatment Services	CN	108,693	23	1,985	17,010	31,042	31,400	22,402	4,831
	MN	0	0	0	0	0	0	0	0
	Total	108,693	23	1,985	17,010	31,042	31,400	22,402	4,831
13. Total Eligibles Enrolled in Managed Care	CN	566,104	34,344	87,452	103,474	114,366	116,033	84,777	25,658
	MN	0	0	0	0	0	0	0	0
	Total	566,104	34,344	87,452	103,474	114,366	116,033	84,777	25,658
14. Total Number of Screening Blood Lead Tests	CN	90,051	2,405	46,739	40,907				
	MN	0	0	0	0				
	Total	90,051	2,405	46,739	40,907				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	331,109	21,837	44,369	57,465	68,067	71,258	54,660	13,453
	MN	0	0	0	0	0	0	0	0
	Total	331,109	21,837	44,369	57,465	68,067	71,258	54,660	13,453
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	3,410,036	245,105	493,218	610,459	713,139	747,109	538,397	62,609
	MN	0	0	0	0	0	0	0	0
	Total	3,410,036	245,105	493,218	610,459	713,139	747,109	538,397	62,609
3b. Average Period of Eligibility	CN	0.86	0.94	0.93	0.89	0.87	0.87	0.82	0.39
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.94	0.93	0.89	0.87	0.87	0.82	0.39
4. Expected Number of Screenings per Eligible	CN		4.70	1.86	0.89	0.44	0.52	0.41	0.20
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.70	1.86	0.89	0.44	0.52	0.41	0.20
5. Expected Number of Screenings	CN	328,409	102,634	82,526	51,144	29,949	37,054	22,411	2,691
	MN	0	0	0	0	0	0	0	0
	Total	328,409	102,634	82,526	51,144	29,949	37,054	22,411	2,691
6. Total Screens Received	CN	260,534	104,799	46,184	34,379	26,808	30,896	16,666	802
	MN	0	0	0	0	0	0	0	0
	Total	260,534	104,799	46,184	34,379	26,808	30,896	16,666	802
7. Screening Ratio	CN	0.79	1.00	0.56	0.67	0.90	0.83	0.74	0.30
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.79	1.00	0.56	0.67	0.90	0.83	0.74	0.30
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	209,455	21,837	44,369	51,144	29,949	37,054	22,411	2,691
	MN	0	0	0	0	0	0	0	0
	Total	209,455	21,837	44,369	51,144	29,949	37,054	22,411	2,691
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	140,114	19,202	30,097	27,489	22,724	24,737	14,287	1,578
	MN	0	0	0	0	0	0	0	0
	Total	140,114	19,202	30,097	27,489	22,724	24,737	14,287	1,578

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: New Mexico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.67	0.88	0.68	0.54	0.76	0.67	0.64	0.59
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	0.88	0.68	0.54	0.76	0.67	0.64	0.59
11. Total Eligibles Referred for Corrective Treatment	CN	5,600	1,151	1,450	919	698	821	497	64
	MN	0	0	0	0	0	0	0	0
	Total	5,600	1,151	1,450	919	698	821	497	64
12a. Total Eligibles Receiving Any Dental Services	CN	142,074	102	8,000	28,875	40,618	38,619	22,675	3,185
	MN	0	0	0	0	0	0	0	0
	Total	142,074	102	8,000	28,875	40,618	38,619	22,675	3,185
12b. Total Eligibles Receiving Preventive Dental Services	CN	126,557	58	7,035	26,110	37,414	34,896	18,828	2,216
	MN	0	0	0	0	0	0	0	0
	Total	126,557	58	7,035	26,110	37,414	34,896	18,828	2,216
12c. Total Eligibles Receiving Dental Treatment Services	CN	139,470	96	7,891	28,456	39,980	37,846	22,103	3,098
	MN	0	0	0	0	0	0	0	0
	Total	139,470	96	7,891	28,456	39,980	37,846	22,103	3,098
13. Total Eligibles Enrolled in Managed Care	CN	267,245	17,473	37,155	47,544	55,372	57,091	42,199	10,411
	MN	0	0	0	0	0	0	0	0
	Total	267,245	17,473	37,155	47,544	55,372	57,091	42,199	10,411
14. Total Number of Screening Blood Lead Tests	CN	6,695	147	3,934	2,614				
	MN	0	0	0	0				
	Total	6,695	147	3,934	2,614				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	709,949	24,392	115,173	190,899	125,565	120,885	102,358	30,677
	MN	1,296,149	127,047	169,190	131,574	232,551	269,193	231,489	135,105
	Total	2,006,098	151,439	284,363	322,473	358,116	390,078	333,847	165,782
2a. State Periodicity Schedule	CN		6	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		6.00	1.50	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	7,470,323	177,733	1,201,801	2,000,680	1,349,487	1,328,130	1,101,044	311,448
	MN	12,748,032	1,108,508	1,632,094	1,345,642	2,382,759	2,752,120	2,287,311	1,239,598
	Total	20,218,355	1,286,241	2,833,895	3,346,322	3,732,246	4,080,250	3,388,355	1,551,046
3b. Average Period of Eligibility	CN	0.88	0.61	0.87	0.87	0.90	0.92	0.90	0.85
	MN	0.82	0.73	0.80	0.85	0.85	0.85	0.82	0.76
	Total	0.84	0.71	0.83	0.86	0.87	0.87	0.85	0.78
4. Expected Number of Screenings per Eligible	CN		3.66	1.31	0.87	0.45	0.92	0.90	0.85
	MN		4.38	1.20	0.85	0.43	0.85	0.82	0.76
	Total		4.26	1.25	0.86	0.44	0.87	0.85	0.78
5. Expected Number of Screenings	CN	692,149	89,275	150,877	166,082	56,504	111,214	92,122	26,075
	MN	1,492,644	556,466	203,028	111,838	99,997	228,814	189,821	102,680
	Total	2,184,793	645,741	353,905	277,920	156,501	340,028	281,943	128,755
6. Total Screens Received	CN	684,173	54,510	214,483	190,838	86,697	79,044	50,761	7,840
	MN	1,353,972	368,184	357,064	134,631	156,846	178,576	119,921	38,750
	Total	2,038,145	422,694	571,547	325,469	243,543	257,620	170,682	46,590
7. Screening Ratio	CN	0.99	0.61	1.00	1.00	1.00	0.71	0.55	0.30
	MN	0.91	0.66	1.00	1.00	1.00	0.78	0.63	0.38
	Total	0.93	0.65	1.00	1.00	1.00	0.76	0.61	0.36
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	591,562	24,392	115,173	166,082	56,504	111,214	92,122	26,075
	MN	1,029,387	127,047	169,190	111,838	99,997	228,814	189,821	102,680
	Total	1,620,949	151,439	284,363	277,920	156,501	340,028	281,943	128,755
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	370,723	16,382	83,605	117,376	59,126	53,835	34,762	5,637
	MN	651,762	101,198	120,222	79,349	111,265	125,516	84,889	29,323
	Total	1,022,485	117,580	203,827	196,725	170,391	179,351	119,651	34,960

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: New York

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.63	0.67	0.73	0.71	1.00	0.48	0.38	0.22
	MN	0.63	0.80	0.71	0.71	1.00	0.55	0.45	0.29
	Total	0.63	0.78	0.72	0.71	1.00	0.53	0.42	0.27
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	228,855	69	11,798	73,356	53,310	47,878	33,982	8,462
	MN	414,541	336	9,397	47,134	112,907	126,327	83,844	34,596
	Total	643,396	405	21,195	120,490	166,217	174,205	117,826	43,058
12b. Total Eligibles Receiving Preventive Dental Services	CN	196,022	46	10,498	65,337	46,897	39,989	26,745	6,510
	MN	358,291	181	8,441	42,726	101,678	108,350	67,659	29,256
	Total	554,313	227	18,939	108,063	148,575	148,339	94,404	35,766
12c. Total Eligibles Receiving Dental Treatment Services	CN	93,430	13	1,746	22,522	22,952	22,993	18,723	4,481
	MN	209,313	60	1,474	15,248	54,641	68,788	49,395	19,707
	Total	302,743	73	3,220	37,770	77,593	91,781	68,118	24,188
13. Total Eligibles Enrolled in Managed Care	CN	556,000	17,291	97,151	162,762	101,368	91,067	68,796	17,565
	MN	1,085,272	102,682	149,103	115,238	202,304	230,682	183,524	101,739
	Total	1,641,272	119,973	246,254	278,000	303,672	321,749	252,320	119,304
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: 2008

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	1,008,039	80,165	156,055	192,048	195,320	183,745	143,131	57,575
	MN	2,883	104	83	181	364	592	646	913
	Total	1,010,922	80,269	156,138	192,229	195,684	184,337	143,777	58,488
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	27,707,628	503,329	1,628,479	20,002,560	1,905,660	1,817,103	1,390,610	459,887
	MN	14,649	447	492	1,085	1,971	2,911	3,316	4,427
	Total	27,722,277	503,776	1,628,971	20,003,645	1,907,631	1,820,014	1,393,926	464,314
3b. Average Period of Eligibility	CN	2.29	0.52	0.87	8.68	0.81	0.82	0.81	0.67
	MN	0.42	0.36	0.49	0.50	0.45	0.41	0.43	0.40
	Total	2.29	0.52	0.87	8.67	0.81	0.82	0.81	0.66
4. Expected Number of Screenings per Eligible	CN		2.08	1.74	8.68	0.20	0.33	0.20	0.34
	MN		1.44	0.98	0.50	0.11	0.16	0.11	0.20
	Total		2.08	1.74	8.67	0.20	0.33	0.20	0.33
5. Expected Number of Screenings	CN	2,253,158	166,743	271,536	1,666,977	39,064	60,636	28,626	19,576
	MN	711	150	81	91	40	95	71	183
	Total	2,253,869	166,893	271,617	1,667,068	39,104	60,731	28,697	19,759
6. Total Screens Received	CN	810,499	265,337	284,103	122,780	52,562	53,987	28,475	3,255
	MN	332	125	47	33	27	47	32	21
	Total	810,831	265,462	284,150	122,813	52,589	54,034	28,507	3,276
7. Screening Ratio	CN	0.36	1.00	1.00	0.07	1.00	0.89	0.99	0.17
	MN	0.47	0.83	0.58	0.36	0.68	0.49	0.45	0.11
	Total	0.36	1.00	1.00	0.07	1.00	0.89	0.99	0.17
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	576,170	80,165	156,055	192,048	39,064	60,636	28,626	19,576
	MN	665	104	81	91	40	95	71	183
	Total	576,835	80,269	156,136	192,139	39,104	60,731	28,697	19,759
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	447,129	74,176	125,012	114,177	51,086	52,206	27,318	3,154
	MN	267	80	31	30	27	47	31	21
	Total	447,396	74,256	125,043	114,207	51,113	52,253	27,349	3,175

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: North Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.78	0.93	0.80	0.59	1.00	0.86	0.95	0.16
	MN	0.40	0.77	0.38	0.33	0.68	0.49	0.44	0.11
	Total	0.78	0.93	0.80	0.59	1.00	0.86	0.95	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	1,479	268	427	416	182	130	48	8
	MN	3	0	0	0	1	2	0	0
	Total	1,482	268	427	416	183	132	48	8
12a. Total Eligibles Receiving Any Dental Services	CN	441,815	5,416	70,687	92,607	104,093	93,583	60,728	14,701
	MN	557	19	40	41	90	107	96	164
	Total	442,372	5,435	70,727	92,648	104,183	93,690	60,824	14,865
12b. Total Eligibles Receiving Preventive Dental Services	CN	403,236	5,242	69,251	87,512	98,133	85,188	48,565	9,345
	MN	377	4	13	29	81	86	70	94
	Total	403,613	5,246	69,264	87,541	98,214	85,274	48,635	9,439
12c. Total Eligibles Receiving Dental Treatment Services	CN	193,457	40	2,927	33,786	55,687	50,630	40,026	10,361
	MN	316	6	6	13	42	53	68	128
	Total	193,773	46	2,933	33,799	55,729	50,683	40,094	10,489
13. Total Eligibles Enrolled in Managed Care	CN	888,499	60,564	145,722	178,838	178,349	163,995	121,112	39,919
	MN	1,629	46	49	131	221	346	366	470
	Total	890,128	60,610	145,771	178,969	178,570	164,341	121,478	40,389
14. Total Number of Screening Blood Lead Tests	CN	79,886	352	63,062	16,472				
	MN	16	0	9	7				
	Total	79,902	352	63,071	16,479				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	41,810	3,727	6,771	8,022	7,726	7,552	5,673	2,339
	MN	3,945	68	307	394	671	863	830	812
	Total	45,755	3,795	7,078	8,416	8,397	8,415	6,503	3,151
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	373,984	21,671	64,793	77,195	72,276	70,282	49,770	17,997
	MN	12,443	149	1,129	1,241	1,733	2,558	2,626	3,007
	Total	386,427	21,820	65,922	78,436	74,009	72,840	52,396	21,004
3b. Average Period of Eligibility	CN	0.75	0.48	0.80	0.80	0.78	0.78	0.73	0.64
	MN	0.26	0.18	0.31	0.26	0.22	0.25	0.26	0.31
	Total	0.70	0.48	0.78	0.78	0.73	0.72	0.67	0.56
4. Expected Number of Screenings per Eligible	CN		3.36	1.60	0.80	0.78	0.78	0.73	0.64
	MN		1.26	0.62	0.26	0.22	0.25	0.26	0.31
	Total		3.36	1.56	0.78	0.73	0.72	0.67	0.56
5. Expected Number of Screenings	CN	47,330	12,523	10,834	6,418	6,026	5,891	4,141	1,497
	MN	1,210	86	190	102	148	216	216	252
	Total	48,540	12,609	11,024	6,520	6,174	6,107	4,357	1,749
6. Total Screens Received	CN	30,679	10,388	8,447	4,208	2,225	2,873	2,065	473
	MN	603	79	148	67	37	101	101	70
	Total	31,282	10,467	8,595	4,275	2,262	2,974	2,166	543
7. Screening Ratio	CN	0.65	0.83	0.78	0.66	0.37	0.49	0.50	0.32
	MN	0.50	0.92	0.78	0.66	0.25	0.47	0.47	0.28
	Total	0.64	0.83	0.78	0.66	0.37	0.49	0.50	0.31
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	34,471	3,727	6,771	6,418	6,026	5,891	4,141	1,497
	MN	1,192	68	190	102	148	216	216	252
	Total	35,663	3,795	6,961	6,520	6,174	6,107	4,357	1,749
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	16,835	2,973	4,120	3,463	1,952	2,342	1,600	385
	MN	398	34	90	69	41	81	63	20
	Total	17,233	3,007	4,210	3,532	1,993	2,423	1,663	405

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: North Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.49	0.80	0.61	0.54	0.32	0.40	0.39	0.26
	MN	0.33	0.50	0.47	0.68	0.28	0.38	0.29	0.08
	Total	0.48	0.79	0.60	0.54	0.32	0.40	0.38	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	6,522	2,558	2,233	660	225	433	349	64
	MN	115	17	39	13	3	15	18	10
	Total	6,637	2,575	2,272	673	228	448	367	74
12a. Total Eligibles Receiving Any Dental Services	CN	12,860	8	467	2,915	3,455	3,355	2,114	546
	MN	460	1	9	48	76	123	107	96
	Total	13,320	9	476	2,963	3,531	3,478	2,221	642
12b. Total Eligibles Receiving Preventive Dental Services	CN	10,556	3	245	2,291	3,018	2,887	1,743	369
	MN	354	1	3	36	65	106	88	55
	Total	10,910	4	248	2,327	3,083	2,993	1,831	424
12c. Total Eligibles Receiving Dental Treatment Services	CN	5,123	3	68	798	1,415	1,422	1,119	298
	MN	215	0	2	12	33	60	54	54
	Total	5,338	3	70	810	1,448	1,482	1,173	352
13. Total Eligibles Enrolled in Managed Care	CN	34,486	3,124	5,787	6,970	6,502	6,097	4,211	1,795
	MN	2,698	44	152	261	525	590	516	610
	Total	37,184	3,168	5,939	7,231	7,027	6,687	4,727	2,405
14. Total Number of Screening Blood Lead Tests	CN	1,703	50	910	743				
	MN	32	20	11	1				
	Total	1,735	70	921	744				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	1,250,115	80,409	158,963	202,453	249,982	271,250	210,704	76,354
	MN	0	0	0	0	0	0	0	0
	Total	1,250,115	80,409	158,963	202,453	249,982	271,250	210,704	76,354
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	12,477,559	496,694	1,659,232	2,115,761	2,620,567	2,826,815	2,133,911	624,579
	MN	0	0	0	0	0	0	0	0
	Total	12,477,559	496,694	1,659,232	2,115,761	2,620,567	2,826,815	2,133,911	624,579
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	1,312,812	246,052	208,242	176,134	217,484	235,988	176,991	51,921
	MN	0	0	0	0	0	0	0	0
	Total	1,312,812	246,052	208,242	176,134	217,484	235,988	176,991	51,921
6. Total Screens Received	CN	924,742	242,831	292,006	139,800	84,371	92,102	66,613	7,019
	MN	0	0	0	0	0	0	0	0
	Total	924,742	242,831	292,006	139,800	84,371	92,102	66,613	7,019
7. Screening Ratio	CN	0.70	0.99	1.00	0.79	0.39	0.39	0.38	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	0.99	1.00	0.79	0.39	0.39	0.38	0.14
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,097,890	80,409	158,963	176,134	217,484	235,988	176,991	51,921
	MN	0	0	0	0	0	0	0	0
	Total	1,097,890	80,409	158,963	176,134	217,484	235,988	176,991	51,921
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	564,369	82,498	137,130	121,170	77,211	82,820	57,453	6,087
	MN	0	0	0	0	0	0	0	0
	Total	564,369	82,498	137,130	121,170	77,211	82,820	57,453	6,087

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Ohio

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.51	1.00	0.86	0.69	0.36	0.35	0.32	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	1.00	0.86	0.69	0.36	0.35	0.32	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	90,460	23,315	29,875	14,895	7,622	8,436	5,678	639
	MN	0	0	0	0	0	0	0	0
	Total	90,460	23,315	29,875	14,895	7,622	8,436	5,678	639
12a. Total Eligibles Receiving Any Dental Services	CN	455,418	468	18,676	90,056	126,133	122,120	78,690	19,275
	MN	0	0	0	0	0	0	0	0
	Total	455,418	468	18,676	90,056	126,133	122,120	78,690	19,275
12b. Total Eligibles Receiving Preventive Dental Services	CN	396,582	302	15,622	80,194	114,837	109,143	63,667	12,817
	MN	0	0	0	0	0	0	0	0
	Total	396,582	302	15,622	80,194	114,837	109,143	63,667	12,817
12c. Total Eligibles Receiving Dental Treatment Services	CN	201,727	48	2,622	27,631	58,956	57,236	44,087	11,147
	MN	0	0	0	0	0	0	0	0
	Total	201,727	48	2,622	27,631	58,956	57,236	44,087	11,147
13. Total Eligibles Enrolled in Managed Care	CN	1,094,680	71,316	148,358	184,929	222,491	233,941	172,813	60,832
	MN	0	0	0	0	0	0	0	0
	Total	1,094,680	71,316	148,358	184,929	222,491	233,941	172,813	60,832
14. Total Number of Screening Blood Lead Tests	CN	92,170	1,362	55,736	35,072				
	MN	0	0	0	0				
	Total	92,170	1,362	55,736	35,072				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	517,679	37,389	72,475	91,826	106,022	107,019	79,286	23,662
	MN	0	0	0	0	0	0	0	0
	Total	517,679	37,389	72,475	91,826	106,022	107,019	79,286	23,662
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	4,941,205	219,159	717,805	921,618	1,072,146	1,081,435	766,677	162,365
	MN	0	0	0	0	0	0	0	0
	Total	4,941,205	219,159	717,805	921,618	1,072,146	1,081,435	766,677	162,365
3b. Average Period of Eligibility	CN	0.80	0.49	0.83	0.84	0.84	0.84	0.81	0.57
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	0.49	0.83	0.84	0.84	0.84	0.81	0.57
4. Expected Number of Screenings per Eligible	CN		2.94	1.25	0.84	0.42	0.50	0.41	0.29
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.94	1.25	0.84	0.42	0.50	0.41	0.29
5. Expected Number of Screenings	CN	415,060	109,924	90,594	77,134	44,529	53,510	32,507	6,862
	MN	0	0	0	0	0	0	0	0
	Total	415,060	109,924	90,594	77,134	44,529	53,510	32,507	6,862
6. Total Screens Received	CN	301,230	103,954	90,146	41,306	24,790	25,754	14,148	1,132
	MN	0	0	0	0	0	0	0	0
	Total	301,230	103,954	90,146	41,306	24,790	25,754	14,148	1,132
7. Screening Ratio	CN	0.73	0.95	1.00	0.54	0.56	0.48	0.44	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.73	0.95	1.00	0.54	0.56	0.48	0.44	0.16
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	324,406	37,389	72,475	77,134	44,529	53,510	32,507	6,862
	MN	0	0	0	0	0	0	0	0
	Total	324,406	37,389	72,475	77,134	44,529	53,510	32,507	6,862
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	169,847	33,161	43,440	34,793	22,156	22,886	12,361	1,050
	MN	0	0	0	0	0	0	0	0
	Total	169,847	33,161	43,440	34,793	22,156	22,886	12,361	1,050

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Oklahoma

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.52	0.89	0.60	0.45	0.50	0.43	0.38	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.89	0.60	0.45	0.50	0.43	0.38	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	127,544	15,885	21,402	20,247	23,311	23,104	18,682	4,913
	MN	0	0	0	0	0	0	0	0
	Total	127,544	15,885	21,402	20,247	23,311	23,104	18,682	4,913
12a. Total Eligibles Receiving Any Dental Services	CN	202,948	86	9,133	40,390	57,581	55,941	33,888	5,929
	MN	0	0	0	0	0	0	0	0
	Total	202,948	86	9,133	40,390	57,581	55,941	33,888	5,929
12b. Total Eligibles Receiving Preventive Dental Services	CN	189,206	72	8,617	37,850	54,937	52,833	30,186	4,711
	MN	0	0	0	0	0	0	0	0
	Total	189,206	72	8,617	37,850	54,937	52,833	30,186	4,711
12c. Total Eligibles Receiving Dental Treatment Services	CN	95,064	15	1,666	15,824	29,545	26,104	18,492	3,418
	MN	0	0	0	0	0	0	0	0
	Total	95,064	15	1,666	15,824	29,545	26,104	18,492	3,418
13. Total Eligibles Enrolled in Managed Care	CN	457,920	29,182	67,534	83,142	94,426	94,608	68,577	20,451
	MN	0	0	0	0	0	0	0	0
	Total	457,920	29,182	67,534	83,142	94,426	94,608	68,577	20,451
14. Total Number of Screening Blood Lead Tests	CN	27,539	415	17,455	9,669				
	MN	0	0	0	0				
	Total	27,539	415	17,455	9,669				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	272,379	24,603	44,302	49,176	50,747	50,322	39,828	13,401
	MN	0	0	0	0	0	0	0	0
	Total	272,379	24,603	44,302	49,176	50,747	50,322	39,828	13,401
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	2,401,823	149,319	409,390	455,567	466,526	471,324	355,061	94,636
	MN	0	0	0	0	0	0	0	0
	Total	2,401,823	149,319	409,390	455,567	466,526	471,324	355,061	94,636
3b. Average Period of Eligibility	CN	0.73	0.51	0.77	0.77	0.77	0.78	0.74	0.59
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.73	0.51	0.77	0.77	0.77	0.78	0.74	0.59
4. Expected Number of Screenings per Eligible	CN		2.55	1.16	0.77	0.39	0.31	0.37	0.30
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.55	1.16	0.77	0.39	0.31	0.37	0.30
5. Expected Number of Screenings	CN	206,141	62,738	51,390	37,866	19,791	15,600	14,736	4,020
	MN	0	0	0	0	0	0	0	0
	Total	206,141	62,738	51,390	37,866	19,791	15,600	14,736	4,020
6. Total Screens Received	CN	199,681	76,805	69,051	23,179	11,121	11,188	6,984	1,353
	MN	0	0	0	0	0	0	0	0
	Total	199,681	76,805	69,051	23,179	11,121	11,188	6,984	1,353
7. Screening Ratio	CN	0.97	1.00	1.00	0.61	0.56	0.72	0.47	0.34
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.97	1.00	1.00	0.61	0.56	0.72	0.47	0.34
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	160,918	24,603	44,302	37,866	19,791	15,600	14,736	4,020
	MN	0	0	0	0	0	0	0	0
	Total	160,918	24,603	44,302	37,866	19,791	15,600	14,736	4,020
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	102,962	22,064	31,506	21,068	10,419	10,337	6,297	1,271
	MN	0	0	0	0	0	0	0	0
	Total	102,962	22,064	31,506	21,068	10,419	10,337	6,297	1,271

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Oregon

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.64	0.90	0.71	0.56	0.53	0.66	0.43	0.32
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	0.90	0.71	0.56	0.53	0.66	0.43	0.32
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	89,404	102	6,351	19,521	24,013	21,132	14,490	3,795
	MN	0	0	0	0	0	0	0	0
	Total	89,404	102	6,351	19,521	24,013	21,132	14,490	3,795
12b. Total Eligibles Receiving Preventive Dental Services	CN	75,152	59	5,004	16,955	21,216	18,238	11,219	2,461
	MN	0	0	0	0	0	0	0	0
	Total	75,152	59	5,004	16,955	21,216	18,238	11,219	2,461
12c. Total Eligibles Receiving Dental Treatment Services	CN	42,959	5	694	7,533	13,288	10,726	8,434	2,279
	MN	0	0	0	0	0	0	0	0
	Total	42,959	5	694	7,533	13,288	10,726	8,434	2,279
13. Total Eligibles Enrolled in Managed Care	CN	235,783	18,565	40,050	43,476	43,850	42,613	35,083	12,146
	MN	0	0	0	0	0	0	0	0
	Total	235,783	18,565	40,050	43,476	43,850	42,613	35,083	12,146
14. Total Number of Screening Blood Lead Tests	CN	6,476	200	4,401	1,875				
	MN	0	0	0	0				
	Total	6,476	200	4,401	1,875				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	1,116,340	74,291	145,047	182,111	211,007	233,608	194,921	75,355
	MN	20,908	27	134	183	654	912	1,450	17,548
	Total	1,137,248	74,318	145,181	182,294	211,661	234,520	196,371	92,903
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	11,149,929	459,218	1,502,693	1,889,156	2,189,985	2,438,476	1,979,618	690,783
	MN	185,395	122	991	1,187	4,590	6,307	10,671	161,527
	Total	11,335,324	459,340	1,503,684	1,890,343	2,194,575	2,444,783	1,990,289	852,310
3b. Average Period of Eligibility	CN	0.83	0.52	0.86	0.86	0.86	0.87	0.85	0.76
	MN	0.74	0.38	0.62	0.54	0.58	0.58	0.61	0.77
	Total	0.83	0.52	0.86	0.86	0.86	0.87	0.84	0.76
4. Expected Number of Screenings per Eligible	CN		3.12	1.72	0.86	0.43	0.87	0.85	0.76
	MN		2.28	1.24	0.54	0.29	0.58	0.61	0.77
	Total		3.12	1.72	0.86	0.43	0.87	0.84	0.76
5. Expected Number of Screenings	CN	1,154,809	231,788	249,481	156,615	90,733	203,239	165,683	57,270
	MN	15,443	62	166	99	190	529	885	13,512
	Total	1,170,252	231,850	249,647	156,714	90,923	203,768	166,568	70,782
6. Total Screens Received	CN	734,808	176,575	216,370	93,477	72,633	82,442	74,286	19,025
	MN	5,325	20	108	46	127	172	328	4,524
	Total	740,133	176,595	216,478	93,523	72,760	82,614	74,614	23,549
7. Screening Ratio	CN	0.64	0.76	0.87	0.60	0.80	0.41	0.45	0.33
	MN	0.34	0.32	0.65	0.46	0.67	0.33	0.37	0.33
	Total	0.63	0.76	0.87	0.60	0.80	0.41	0.45	0.33
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	892,878	74,291	145,047	156,615	90,733	203,239	165,683	57,270
	MN	15,376	27	134	99	190	529	885	13,512
	Total	908,254	74,318	145,181	156,714	90,923	203,768	166,568	70,782
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	463,871	59,593	96,199	85,437	69,018	77,164	61,770	14,690
	MN	4,132	11	53	39	122	163	273	3,471
	Total	468,003	59,604	96,252	85,476	69,140	77,327	62,043	18,161

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Pennsylvania

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.52	0.80	0.66	0.55	0.76	0.38	0.37	0.26
	MN	0.27	0.41	0.40	0.39	0.64	0.31	0.31	0.26
	Total	0.52	0.80	0.66	0.55	0.76	0.38	0.37	0.26
11. Total Eligibles Referred for Corrective Treatment	CN	5,092	194	614	1,258	1,004	1,126	809	87
	MN	45	0	1	0	4	6	2	32
	Total	5,137	194	615	1,258	1,008	1,132	811	119
12a. Total Eligibles Receiving Any Dental Services	CN	302,270	49	7,295	55,967	81,724	83,726	59,612	13,897
	MN	4,212	0	6	29	143	169	258	3,607
	Total	306,482	49	7,301	55,996	81,867	83,895	59,870	17,504
12b. Total Eligibles Receiving Preventive Dental Services	CN	251,172	12	4,946	47,603	72,185	71,835	45,724	8,867
	MN	2,957	0	5	23	128	145	194	2,462
	Total	254,129	12	4,951	47,626	72,313	71,980	45,918	11,329
12c. Total Eligibles Receiving Dental Treatment Services	CN	143,799	21	1,662	18,830	38,857	41,768	33,961	8,700
	MN	2,612	0	1	11	65	71	152	2,312
	Total	146,411	21	1,663	18,841	38,922	41,839	34,113	11,012
13. Total Eligibles Enrolled in Managed Care	CN	1,039,781	68,005	136,591	170,429	197,448	218,335	179,741	69,232
	MN	18,304	16	102	123	465	650	1,085	15,863
	Total	1,058,085	68,021	136,693	170,552	197,913	218,985	180,826	85,095
14. Total Number of Screening Blood Lead Tests	CN	95,789	4,713	64,919	26,157				
	MN	36	0	26	10				
	Total	95,825	4,713	64,945	26,167				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	110,103	6,686	13,075	17,131	21,242	25,263	20,505	6,201
	MN	251	1	1	3	8	10	79	149
	Total	110,354	6,687	13,076	17,134	21,250	25,273	20,584	6,350
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	1,107,188	47,890	138,991	176,919	222,565	261,565	208,971	50,287
	MN	1,794	1	10	20	62	131	511	1,059
	Total	1,108,982	47,891	139,001	176,939	222,627	261,696	209,482	51,346
3b. Average Period of Eligibility	CN	0.84	0.60	0.89	0.86	0.87	0.86	0.85	0.68
	MN	0.60	0.08	0.83	0.56	0.65	1.09	0.54	0.59
	Total	0.84	0.60	0.89	0.86	0.87	0.86	0.85	0.67
4. Expected Number of Screenings per Eligible	CN		3.60	1.34	0.86	0.87	0.86	0.85	0.68
	MN		0.48	1.25	0.56	0.65	1.09	0.54	0.59
	Total		3.60	1.34	0.86	0.87	0.86	0.85	0.67
5. Expected Number of Screenings	CN	118,177	24,070	17,521	14,733	18,481	21,726	17,429	4,217
	MN	150	0	1	2	5	11	43	88
	Total	118,327	24,070	17,522	14,735	18,486	21,737	17,472	4,305
6. Total Screens Received	CN	80,174	19,839	22,254	9,376	9,784	10,629	7,126	1,166
	MN	31	0	0	1	3	10	9	8
	Total	80,205	19,839	22,254	9,377	9,787	10,639	7,135	1,174
7. Screening Ratio	CN	0.68	0.82	1.00	0.64	0.53	0.49	0.41	0.28
	MN	0.21	0.00	0.00	0.50	0.60	0.91	0.21	0.09
	Total	0.68	0.82	1.00	0.64	0.53	0.49	0.41	0.27
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	96,347	6,686	13,075	14,733	18,481	21,726	17,429	4,217
	MN	149	0	1	2	5	10	43	88
	Total	96,496	6,686	13,076	14,735	18,486	21,736	17,472	4,305
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	52,971	5,763	10,021	9,098	9,682	10,495	6,839	1,073
	MN	30	0	0	1	3	10	8	8
	Total	53,001	5,763	10,021	9,099	9,685	10,505	6,847	1,081

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Rhode Island

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.55	0.86	0.77	0.62	0.52	0.48	0.39	0.25
	MN	0.20	0.00	0.00	0.50	0.60	1.00	0.19	0.09
	Total	0.55	0.86	0.77	0.62	0.52	0.48	0.39	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	89,484	5,846	11,421	14,248	17,050	20,251	16,332	4,336
	MN	212	0	1	2	7	10	61	131
	Total	89,696	5,846	11,422	14,250	17,057	20,261	16,393	4,467
12a. Total Eligibles Receiving Any Dental Services	CN	50,354	39	1,444	9,310	14,964	14,087	8,993	1,517
	MN	231	0	0	1	12	42	90	86
	Total	50,585	39	1,444	9,311	14,976	14,129	9,083	1,603
12b. Total Eligibles Receiving Preventive Dental Services	CN	47,402	38	1,425	9,058	14,428	13,067	8,015	1,371
	MN	215	0	0	1	11	42	79	82
	Total	47,617	38	1,425	9,059	14,439	13,109	8,094	1,453
12c. Total Eligibles Receiving Dental Treatment Services	CN	22,737	2	166	2,578	6,222	7,433	5,438	898
	MN	133	0	0	0	6	21	51	55
	Total	22,870	2	166	2,578	6,228	7,454	5,489	953
13. Total Eligibles Enrolled in Managed Care	CN	100,031	6,386	12,555	15,995	19,301	22,450	18,036	5,308
	MN	229	0	1	3	8	10	74	133
	Total	100,260	6,386	12,556	15,998	19,309	22,460	18,110	5,441
14. Total Number of Screening Blood Lead Tests	CN	12,002	351	6,350	5,301				
	MN	1	0	0	1				
	Total	12,003	351	6,350	5,302				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	529,255	41,327	77,430	86,393	103,184	105,519	85,857	29,545
	MN	0	0	0	0	0	0	0	0
	Total	529,255	41,327	77,430	86,393	103,184	105,519	85,857	29,545
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	5,106,338	260,343	761,291	868,723	1,050,928	1,083,709	867,194	214,150
	MN	0	0	0	0	0	0	0	0
	Total	5,106,338	260,343	761,291	868,723	1,050,928	1,083,709	867,194	214,150
3b. Average Period of Eligibility	CN	0.80	0.52	0.82	0.84	0.85	0.86	0.84	0.60
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	0.52	0.82	0.84	0.85	0.86	0.84	0.60
4. Expected Number of Screenings per Eligible	CN		3.12	1.23	0.84	0.43	0.52	0.42	0.30
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.12	1.23	0.84	0.43	0.52	0.42	0.30
5. Expected Number of Screenings	CN	440,912	128,940	95,239	72,570	44,369	54,870	36,060	8,864
	MN	0	0	0	0	0	0	0	0
	Total	440,912	128,940	95,239	72,570	44,369	54,870	36,060	8,864
6. Total Screens Received	CN	399,048	156,824	136,106	42,389	22,825	23,899	14,816	2,189
	MN	0	0	0	0	0	0	0	0
	Total	399,048	156,824	136,106	42,389	22,825	23,899	14,816	2,189
7. Screening Ratio	CN	0.91	1.00	1.00	0.58	0.51	0.44	0.41	0.25
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	1.00	1.00	0.58	0.51	0.44	0.41	0.25
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	335,490	41,327	77,430	72,570	44,369	54,870	36,060	8,864
	MN	0	0	0	0	0	0	0	0
	Total	335,490	41,327	77,430	72,570	44,369	54,870	36,060	8,864
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	192,624	37,930	57,286	38,329	21,633	22,297	13,420	1,729
	MN	0	0	0	0	0	0	0	0
	Total	192,624	37,930	57,286	38,329	21,633	22,297	13,420	1,729

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: South Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.57	0.92	0.74	0.53	0.49	0.41	0.37	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.57	0.92	0.74	0.53	0.49	0.41	0.37	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	233	25	143	28	19	14	4	0
	MN	0	0	0	0	0	0	0	0
	Total	233	25	143	28	19	14	4	0
12a. Total Eligibles Receiving Any Dental Services	CN	238,356	173	13,584	46,411	67,851	63,090	39,723	7,524
	MN	0	0	0	0	0	0	0	0
	Total	238,356	173	13,584	46,411	67,851	63,090	39,723	7,524
12b. Total Eligibles Receiving Preventive Dental Services	CN	224,547	113	12,108	44,165	65,660	60,721	35,948	5,832
	MN	0	0	0	0	0	0	0	0
	Total	224,547	113	12,108	44,165	65,660	60,721	35,948	5,832
12c. Total Eligibles Receiving Dental Treatment Services	CN	116,971	26	2,122	19,429	36,849	30,829	23,055	4,661
	MN	0	0	0	0	0	0	0	0
	Total	116,971	26	2,122	19,429	36,849	30,829	23,055	4,661
13. Total Eligibles Enrolled in Managed Care	CN	273,488	11,208	43,630	50,959	58,779	56,832	42,040	10,040
	MN	0	0	0	0	0	0	0	0
	Total	273,488	11,208	43,630	50,959	58,779	56,832	42,040	10,040
14. Total Number of Screening Blood Lead Tests	CN	19,894	770	14,888	4,236				
	MN	0	0	0	0				
	Total	19,894	770	14,888	4,236				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	94,157	6,319	13,554	16,701	18,355	19,103	15,062	5,063
	MN	0	0	0	0	0	0	0	0
	Total	94,157	6,319	13,554	16,701	18,355	19,103	15,062	5,063
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	1,058,006	38,496	156,913	198,103	220,862	230,450	172,069	41,113
	MN	0	0	0	0	0	0	0	0
	Total	1,058,006	38,496	156,913	198,103	220,862	230,450	172,069	41,113
3b. Average Period of Eligibility	CN	0.94	0.51	0.96	0.99	1.00	1.01	0.95	0.68
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.94	0.51	0.96	0.99	1.00	1.01	0.95	0.68
4. Expected Number of Screenings per Eligible	CN		3.06	1.92	0.99	1.00	1.01	0.95	0.68
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.06	1.92	0.99	1.00	1.01	0.95	0.68
5. Expected Number of Screenings	CN	117,295	19,336	26,024	16,534	18,355	19,294	14,309	3,443
	MN	0	0	0	0	0	0	0	0
	Total	117,295	19,336	26,024	16,534	18,355	19,294	14,309	3,443
6. Total Screens Received	CN	68,382	15,566	24,158	9,221	5,715	6,523	5,628	1,571
	MN	0	0	0	0	0	0	0	0
	Total	68,382	15,566	24,158	9,221	5,715	6,523	5,628	1,571
7. Screening Ratio	CN	0.58	0.81	0.93	0.56	0.31	0.34	0.39	0.46
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.58	0.81	0.93	0.56	0.31	0.34	0.39	0.46
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	91,617	6,319	13,554	16,534	18,355	19,103	14,309	3,443
	MN	0	0	0	0	0	0	0	0
	Total	91,617	6,319	13,554	16,534	18,355	19,103	14,309	3,443
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	39,908	5,225	9,563	7,846	5,146	5,747	4,938	1,443
	MN	0	0	0	0	0	0	0	0
	Total	39,908	5,225	9,563	7,846	5,146	5,747	4,938	1,443

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: South Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.44	0.83	0.71	0.47	0.28	0.30	0.35	0.42
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.44	0.83	0.71	0.47	0.28	0.30	0.35	0.42
11. Total Eligibles Referred for Corrective Treatment	CN	28,657	4,233	7,579	5,418	3,236	3,947	3,359	885
	MN	0	0	0	0	0	0	0	0
	Total	28,657	4,233	7,579	5,418	3,236	3,947	3,359	885
12a. Total Eligibles Receiving Any Dental Services	CN	36,187	31	1,814	7,664	9,733	9,545	6,024	1,376
	MN	0	0	0	0	0	0	0	0
	Total	36,187	31	1,814	7,664	9,733	9,545	6,024	1,376
12b. Total Eligibles Receiving Preventive Dental Services	CN	32,571	23	1,608	7,092	9,041	8,688	5,140	979
	MN	0	0	0	0	0	0	0	0
	Total	32,571	23	1,608	7,092	9,041	8,688	5,140	979
12c. Total Eligibles Receiving Dental Treatment Services	CN	13,931	4	243	2,535	4,157	3,584	2,770	638
	MN	0	0	0	0	0	0	0	0
	Total	13,931	4	243	2,535	4,157	3,584	2,770	638
13. Total Eligibles Enrolled in Managed Care	CN	61,413	5,334	9,291	11,741	12,685	12,725	8,494	1,143
	MN	0	0	0	0	0	0	0	0
	Total	61,413	5,334	9,291	11,741	12,685	12,725	8,494	1,143
14. Total Number of Screening Blood Lead Tests	CN	2,422	13	1,357	1,052				
	MN	0	0	0	0				
	Total	2,422	13	1,357	1,052				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	744,812	56,668	102,849	125,309	142,827	146,989	116,509	53,661
	MN	79,603	233	2,019	4,788	10,535	15,543	14,346	32,139
	Total	824,415	56,901	104,868	130,097	153,362	162,532	130,855	85,800
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	7,552,082	355,312	1,095,421	1,331,908	1,518,368	1,563,120	1,217,354	470,599
	MN	720,675	1,517	16,034	49,983	108,783	167,749	154,795	221,814
	Total	8,272,757	356,829	1,111,455	1,381,891	1,627,151	1,730,869	1,372,149	692,413
3b. Average Period of Eligibility	CN	0.84	0.52	0.89	0.89	0.89	0.89	0.87	0.73
	MN	0.75	0.54	0.66	0.87	0.86	0.90	0.90	0.58
	Total	0.84	0.52	0.88	0.89	0.88	0.89	0.87	0.67
4. Expected Number of Screenings per Eligible	CN		2.60	1.34	0.89	0.45	0.89	0.87	0.73
	MN		2.70	0.99	0.87	0.43	0.90	0.90	0.58
	Total		2.60	1.32	0.89	0.44	0.89	0.87	0.67
5. Expected Number of Screenings	CN	732,308	147,337	137,818	111,525	64,272	130,820	101,363	39,173
	MN	56,865	629	1,999	4,166	4,530	13,989	12,911	18,641
	Total	789,173	147,966	139,817	115,691	68,802	144,809	114,274	57,814
6. Total Screens Received	CN	717,348	157,070	218,032	107,297	72,695	79,213	58,490	24,551
	MN	22,719	356	965	2,464	3,352	6,315	4,959	4,308
	Total	740,067	157,426	218,997	109,761	76,047	85,528	63,449	28,859
7. Screening Ratio	CN	0.98	1.00	1.00	0.96	1.00	0.61	0.58	0.63
	MN	0.40	0.57	0.48	0.59	0.74	0.45	0.38	0.23
	Total	0.94	1.00	1.00	0.95	1.00	0.59	0.56	0.50
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	606,670	56,668	102,849	111,525	64,272	130,820	101,363	39,173
	MN	56,469	233	1,999	4,166	4,530	13,989	12,911	18,641
	Total	663,139	56,901	104,848	115,691	68,802	144,809	114,274	57,814
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	375,725	47,855	79,730	76,510	56,550	59,462	40,254	15,364
	MN	17,229	197	529	1,937	2,720	4,949	3,695	3,202
	Total	392,954	48,052	80,259	78,447	59,270	64,411	43,949	18,566

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Tennessee

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.62	0.84	0.78	0.69	0.88	0.45	0.40	0.39
	MN	0.31	0.85	0.26	0.46	0.60	0.35	0.29	0.17
	Total	0.59	0.84	0.77	0.68	0.86	0.44	0.38	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	275,594	34,884	51,864	40,632	42,490	50,364	40,600	14,760
	MN	24,531	20	1,173	1,526	3,397	5,790	5,200	7,425
	Total	300,125	34,904	53,037	42,158	45,887	56,154	45,800	22,185
12a. Total Eligibles Receiving Any Dental Services	CN	276,597	174	9,759	50,898	75,969	75,293	50,841	13,663
	MN	33,235	0	231	2,022	6,079	8,704	6,849	9,350
	Total	309,832	174	9,990	52,920	82,048	83,997	57,690	23,013
12b. Total Eligibles Receiving Preventive Dental Services	CN	249,079	7	7,056	46,257	71,564	70,306	43,818	10,071
	MN	28,686	0	147	1,855	5,744	8,106	5,901	6,933
	Total	277,765	7	7,203	48,112	77,308	78,412	49,719	17,004
12c. Total Eligibles Receiving Dental Treatment Services	CN	137,147	16	1,535	17,397	38,144	38,939	31,767	9,349
	MN	19,678	0	55	729	3,268	4,674	4,330	6,622
	Total	156,825	16	1,590	18,126	41,412	43,613	36,097	15,971
13. Total Eligibles Enrolled in Managed Care	CN	744,812	56,668	102,849	125,309	142,827	146,989	116,509	53,661
	MN	79,603	233	2,019	4,788	10,535	15,543	14,346	32,139
	Total	824,415	56,901	104,868	130,097	153,362	162,532	130,855	85,800
14. Total Number of Screening Blood Lead Tests	CN	60,917	1,713	40,487	18,717				
	MN	1,430	0	901	529				
	Total	62,347	1,713	41,388	19,246				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	2,935,226	240,612	481,866	564,358	585,017	539,239	370,339	153,795
	MN	7,902	299	215	218	436	502	999	5,233
	Total	2,943,128	240,911	482,081	564,576	585,453	539,741	371,338	159,028
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	26,311,151	1,472,545	4,568,090	5,417,837	5,475,759	5,047,277	3,333,051	996,592
	MN	28,401	395	258	235	471	542	2,637	23,862
	Total	26,339,552	1,472,940	4,568,348	5,418,072	5,476,230	5,047,819	3,335,688	1,020,454
3b. Average Period of Eligibility	CN	0.75	0.51	0.79	0.80	0.78	0.78	0.75	0.54
	MN	0.30	0.11	0.10	0.09	0.09	0.09	0.22	0.38
	Total	0.75	0.51	0.79	0.80	0.78	0.78	0.75	0.53
4. Expected Number of Screenings per Eligible	CN		3.06	1.58	0.80	0.39	0.78	0.75	0.54
	MN		0.66	0.20	0.09	0.05	0.09	0.22	0.38
	Total		3.06	1.58	0.80	0.39	0.78	0.75	0.53
5. Expected Number of Screenings	CN	2,958,673	736,273	761,348	451,486	228,157	420,606	277,754	83,049
	MN	2,536	197	43	20	22	45	220	1,989
	Total	2,961,209	736,470	761,391	451,506	228,179	420,651	277,974	85,038
6. Total Screens Received	CN	2,217,444	603,891	765,562	323,346	200,212	212,255	104,081	8,097
	MN	286	110	4	2	1	0	17	152
	Total	2,217,730	604,001	765,566	323,348	200,213	212,255	104,098	8,249
7. Screening Ratio	CN	0.75	0.82	1.00	0.72	0.88	0.50	0.37	0.10
	MN	0.11	0.56	0.09	0.10	0.05	0.00	0.08	0.08
	Total	0.75	0.82	1.00	0.72	0.88	0.50	0.37	0.10
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	2,183,530	240,612	481,866	451,486	228,157	420,606	277,754	83,049
	MN	2,536	197	43	20	22	45	220	1,989
	Total	2,186,066	240,809	481,909	451,506	228,179	420,651	277,974	85,038
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	1,311,234	196,949	346,659	284,928	186,007	193,843	95,382	7,466
	MN	241	70	2	2	1	0	17	149
	Total	1,311,475	197,019	346,661	284,930	186,008	193,843	95,399	7,615

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Texas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.60	0.82	0.72	0.63	0.82	0.46	0.34	0.09
	MN	0.10	0.36	0.05	0.10	0.05	0.00	0.08	0.07
	Total	0.60	0.82	0.72	0.63	0.82	0.46	0.34	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	89,256	12,472	28,601	17,772	11,856	11,832	6,189	534
	MN	9	2	0	0	0	0	1	6
	Total	89,265	12,474	28,601	17,772	11,856	11,832	6,190	540
12a. Total Eligibles Receiving Any Dental Services	CN	1,426,925	761	175,124	331,285	357,066	328,318	194,069	40,302
	MN	1,451	0	0	1	1	2	108	1,339
	Total	1,428,376	761	175,124	331,286	357,067	328,320	194,177	41,641
12b. Total Eligibles Receiving Preventive Dental Services	CN	1,223,424	10	139,877	300,584	333,978	285,966	139,638	23,371
	MN	885	0	0	1	1	1	75	807
	Total	1,224,309	10	139,877	300,585	333,979	285,967	139,713	24,178
12c. Total Eligibles Receiving Dental Treatment Services	CN	733,391	61	14,847	127,077	204,869	211,772	144,567	30,198
	MN	1,153	0	0	0	1	2	82	1,068
	Total	734,544	61	14,847	127,077	204,870	211,774	144,649	31,266
13. Total Eligibles Enrolled in Managed Care	CN	2,622,220	210,795	459,788	525,038	530,333	473,939	318,579	103,748
	MN	0	0	0	0	0	0	0	0
	Total	2,622,220	210,795	459,788	525,038	530,333	473,939	318,579	103,748
14. Total Number of Screening Blood Lead Tests	CN	187,716	9,731	121,877	56,108				
	MN	0	0	0	0				
	Total	187,716	9,731	121,877	56,108				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	169,290	21,823	34,651	35,296	29,564	25,077	17,736	5,143
	MN	208	8	14	20	35	57	66	8
	Total	169,498	21,831	34,665	35,316	29,599	25,134	17,802	5,151
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	1,396,870	254,041	237,720	294,463	234,596	213,093	137,550	25,407
	MN	1,280	36	73	111	207	380	431	42
	Total	1,398,150	254,077	237,793	294,574	234,803	213,473	137,981	25,449
3b. Average Period of Eligibility	CN	0.69	0.97	0.57	0.70	0.66	0.71	0.65	0.41
	MN	0.51	0.38	0.43	0.46	0.49	0.56	0.54	0.44
	Total	0.69	0.97	0.57	0.70	0.66	0.71	0.65	0.41
4. Expected Number of Screenings per Eligible	CN		5.82	1.14	0.70	0.33	0.71	0.65	0.41
	MN		2.28	0.86	0.46	0.25	0.56	0.54	0.44
	Total		5.82	1.14	0.70	0.33	0.71	0.65	0.41
5. Expected Number of Screenings	CN	232,417	127,010	39,502	24,707	9,756	17,805	11,528	2,109
	MN	120	18	12	9	9	32	36	4
	Total	232,537	127,028	39,514	24,716	9,765	17,837	11,564	2,113
6. Total Screens Received	CN	155,154	88,127	30,929	18,209	6,523	7,360	3,818	188
	MN	65	18	6	3	2	14	20	2
	Total	155,219	88,145	30,935	18,212	6,525	7,374	3,838	190
7. Screening Ratio	CN	0.67	0.69	0.78	0.74	0.67	0.41	0.33	0.09
	MN	0.54	1.00	0.50	0.33	0.22	0.44	0.56	0.50
	Total	0.67	0.69	0.78	0.74	0.67	0.41	0.33	0.09
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	122,379	21,823	34,651	24,707	9,756	17,805	11,528	2,109
	MN	110	8	12	9	9	32	36	4
	Total	122,489	21,831	34,663	24,716	9,765	17,837	11,564	2,113
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	75,091	19,080	23,503	15,852	6,577	6,323	3,513	243
	MN	43	8	3	3	2	11	15	1
	Total	75,134	19,088	23,506	15,855	6,579	6,334	3,528	244

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Utah

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.61	0.87	0.68	0.64	0.67	0.36	0.30	0.12
	MN	0.39	1.00	0.25	0.33	0.22	0.34	0.42	0.25
	Total	0.61	0.87	0.68	0.64	0.67	0.36	0.31	0.12
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	59,227	118	6,446	16,858	15,200	11,981	7,244	1,380
	MN	61	0	3	5	11	16	24	2
	Total	59,288	118	6,449	16,863	15,211	11,997	7,268	1,382
12b. Total Eligibles Receiving Preventive Dental Services	CN	57,735	103	6,385	16,527	14,813	11,623	6,972	1,312
	MN	59	0	3	5	11	16	22	2
	Total	57,794	103	6,388	16,532	14,824	11,639	6,994	1,314
12c. Total Eligibles Receiving Dental Treatment Services	CN	29,999	28	1,130	7,388	8,883	6,859	4,730	981
	MN	33	0	0	3	6	7	16	1
	Total	30,032	28	1,130	7,391	8,889	6,866	4,746	982
13. Total Eligibles Enrolled in Managed Care	CN	141,917	19,111	29,845	30,324	24,061	20,494	14,033	4,049
	MN	148	6	12	13	29	39	41	8
	Total	142,065	19,117	29,857	30,337	24,090	20,533	14,074	4,057
14. Total Number of Screening Blood Lead Tests	CN	13,191	8,780	3,329	1,082				
	MN	3	0	1	2				
	Total	13,194	8,780	3,330	1,084				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	57,465	3,482	6,522	9,505	12,010	14,066	9,842	2,038
	MN	1,705	50	40	55	100	144	534	782
	Total	59,170	3,532	6,562	9,560	12,110	14,210	10,376	2,820
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	626,880	21,369	72,990	106,511	135,746	159,575	111,071	19,618
	MN	16,190	288	372	501	1,085	1,447	5,468	7,029
	Total	643,070	21,657	73,362	107,012	136,831	161,022	116,539	26,647
3b. Average Period of Eligibility	CN	0.91	0.51	0.93	0.93	0.94	0.95	0.94	0.80
	MN	0.79	0.48	0.78	0.76	0.90	0.84	0.85	0.75
	Total	0.91	0.51	0.93	0.93	0.94	0.94	0.94	0.79
4. Expected Number of Screenings per Eligible	CN		3.57	1.86	0.93	0.47	0.95	0.94	0.80
	MN		3.36	1.56	0.76	0.45	0.84	0.85	0.75
	Total		3.57	1.86	0.93	0.47	0.94	0.94	0.79
5. Expected Number of Screenings	CN	63,291	12,431	12,131	8,840	5,645	13,363	9,251	1,630
	MN	1,479	168	62	42	45	121	454	587
	Total	64,770	12,599	12,193	8,882	5,690	13,484	9,705	2,217
6. Total Screens Received	CN	39,458	9,536	11,860	5,364	4,217	5,143	3,139	199
	MN	641	199	73	30	39	68	134	98
	Total	40,099	9,735	11,933	5,394	4,256	5,211	3,273	297
7. Screening Ratio	CN	0.62	0.77	0.98	0.61	0.75	0.38	0.34	0.12
	MN	0.43	1.00	1.00	0.71	0.87	0.56	0.30	0.17
	Total	0.62	0.77	0.98	0.61	0.75	0.39	0.34	0.13
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	48,733	3,482	6,522	8,840	5,645	13,363	9,251	1,630
	MN	1,339	50	40	42	45	121	454	587
	Total	50,072	3,532	6,562	8,882	5,690	13,484	9,705	2,217
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	25,288	2,685	5,095	5,167	4,140	5,028	2,976	197
	MN	434	50	27	30	37	64	131	95
	Total	25,722	2,735	5,122	5,197	4,177	5,092	3,107	292

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Vermont

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.52	0.77	0.78	0.58	0.73	0.38	0.32	0.12
	MN	0.32	1.00	0.68	0.71	0.82	0.53	0.29	0.16
	Total	0.51	0.77	0.78	0.59	0.73	0.38	0.32	0.13
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	29,584	32	1,162	5,166	8,056	9,017	5,520	631
	MN	680	1	5	19	63	90	248	254
	Total	30,264	33	1,167	5,185	8,119	9,107	5,768	885
12b. Total Eligibles Receiving Preventive Dental Services	CN	28,849	32	1,155	5,100	7,865	8,804	5,287	606
	MN	655	1	5	19	61	89	239	241
	Total	29,504	33	1,160	5,119	7,926	8,893	5,526	847
12c. Total Eligibles Receiving Dental Treatment Services	CN	12,306	3	271	1,603	3,593	3,654	2,799	383
	MN	416	0	3	6	28	49	153	177
	Total	12,722	3	274	1,609	3,621	3,703	2,952	560
13. Total Eligibles Enrolled in Managed Care	CN	43,892	2,342	5,278	7,560	9,517	10,707	7,293	1,195
	MN	1,140	32	29	40	83	107	312	537
	Total	45,032	2,374	5,307	7,600	9,600	10,814	7,605	1,732
14. Total Number of Screening Blood Lead Tests	CN	4,709	35	3,704	970				
	MN	32	0	25	7				
	Total	4,741	35	3,729	977				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	562,928	43,069	82,614	96,296	111,757	114,492	87,759	26,941
	MN	164	9	7	10	14	38	60	26
	Total	563,092	43,078	82,621	96,306	111,771	114,530	87,819	26,967
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	5,452,891	266,599	823,770	962,207	1,134,314	1,169,864	888,725	207,412
	MN	1,407	36	30	53	123	363	515	287
	Total	5,454,298	266,635	823,800	962,260	1,134,437	1,170,227	889,240	207,699
3b. Average Period of Eligibility	CN	0.81	0.52	0.83	0.83	0.85	0.85	0.84	0.64
	MN	0.71	0.33	0.36	0.44	0.73	0.80	0.72	0.92
	Total	0.81	0.52	0.83	0.83	0.85	0.85	0.84	0.64
4. Expected Number of Screenings per Eligible	CN		3.12	1.66	0.83	0.43	0.51	0.42	0.32
	MN		1.98	0.72	0.44	0.37	0.48	0.36	0.46
	Total		3.12	1.66	0.83	0.43	0.51	0.42	0.32
5. Expected Number of Screenings	CN	503,367	134,375	137,139	79,926	48,056	58,391	36,859	8,621
	MN	84	18	5	4	5	18	22	12
	Total	503,451	134,393	137,144	79,930	48,061	58,409	36,881	8,633
6. Total Screens Received	CN	426,866	106,484	152,331	64,917	33,954	39,777	26,214	3,189
	MN	49	8	7	1	3	11	14	5
	Total	426,915	106,492	152,338	64,918	33,957	39,788	26,228	3,194
7. Screening Ratio	CN	0.85	0.79	1.00	0.81	0.71	0.68	0.71	0.37
	MN	0.58	0.44	1.00	0.25	0.60	0.61	0.64	0.42
	Total	0.85	0.79	1.00	0.81	0.71	0.68	0.71	0.37
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	357,536	43,069	82,614	79,926	48,056	58,391	36,859	8,621
	MN	75	9	5	4	5	18	22	12
	Total	357,611	43,078	82,619	79,930	48,061	58,409	36,881	8,633
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	236,850	32,073	61,697	54,303	29,863	34,342	21,806	2,766
	MN	39	5	3	1	3	9	13	5
	Total	236,889	32,078	61,700	54,304	29,866	34,351	21,819	2,771

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.66	0.74	0.75	0.68	0.62	0.59	0.59	0.32
	MN	0.52	0.56	0.60	0.25	0.60	0.50	0.59	0.42
	Total	0.66	0.74	0.75	0.68	0.62	0.59	0.59	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	97	26	41	15	5	6	4	0
	MN	0	0	0	0	0	0	0	0
	Total	97	26	41	15	5	6	4	0
12a. Total Eligibles Receiving Any Dental Services	CN	216,325	106	9,987	43,452	59,291	59,138	38,299	6,052
	MN	100	0	1	2	12	27	30	28
	Total	216,425	106	9,988	43,454	59,303	59,165	38,329	6,080
12b. Total Eligibles Receiving Preventive Dental Services	CN	198,130	42	8,846	40,613	56,234	54,995	32,986	4,414
	MN	87	0	1	2	12	26	26	20
	Total	198,217	42	8,847	40,615	56,246	55,021	33,012	4,434
12c. Total Eligibles Receiving Dental Treatment Services	CN	115,426	23	1,842	17,950	32,941	33,761	24,856	4,053
	MN	57	0	0	1	2	17	18	19
	Total	115,483	23	1,842	17,951	32,943	33,778	24,874	4,072
13. Total Eligibles Enrolled in Managed Care	CN	475,621	33,449	76,102	85,069	95,807	95,235	70,070	19,889
	MN	9	2	0	2	2	1	1	1
	Total	475,630	33,451	76,102	85,071	95,809	95,236	70,071	19,890
14. Total Number of Screening Blood Lead Tests	CN	27,880	435	15,781	11,664				
	MN	0	0	0	0				
	Total	27,880	435	15,781	11,664				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	662,839	42,209	91,685	114,498	134,865	141,071	106,242	32,269
	MN	662	25	75	95	93	159	179	36
	Total	663,501	42,234	91,760	114,593	134,958	141,230	106,421	32,305
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	6,708,808	284,578	953,198	1,198,307	1,425,113	1,491,688	1,099,835	256,089
	MN	4,183	142	564	572	590	997	1,099	219
	Total	6,712,991	284,720	953,762	1,198,879	1,425,703	1,492,685	1,100,934	256,308
3b. Average Period of Eligibility	CN	0.84	0.56	0.87	0.87	0.88	0.88	0.86	0.66
	MN	0.53	0.47	0.63	0.50	0.53	0.52	0.51	0.51
	Total	0.84	0.56	0.87	0.87	0.88	0.88	0.86	0.66
4. Expected Number of Screenings per Eligible	CN		2.80	0.87	0.87	0.66	0.35	0.43	0.33
	MN		2.35	0.63	0.50	0.40	0.21	0.26	0.26
	Total		2.80	0.87	0.87	0.66	0.35	0.43	0.33
5. Expected Number of Screenings	CN	492,283	118,185	79,766	99,613	89,011	49,375	45,684	10,649
	MN	280	59	47	48	37	33	47	9
	Total	492,563	118,244	79,813	99,661	89,048	49,408	45,731	10,658
6. Total Screens Received	CN	385,177	91,823	137,949	56,465	36,719	39,082	20,635	2,504
	MN	182	33	68	27	16	23	13	2
	Total	385,359	91,856	138,017	56,492	36,735	39,105	20,648	2,506
7. Screening Ratio	CN	0.78	0.78	1.00	0.57	0.41	0.79	0.45	0.24
	MN	0.65	0.56	1.00	0.56	0.43	0.70	0.28	0.22
	Total	0.78	0.78	1.00	0.57	0.41	0.79	0.45	0.24
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	416,307	42,209	79,766	99,613	89,011	49,375	45,684	10,649
	MN	246	25	47	48	37	33	47	9
	Total	416,553	42,234	79,813	99,661	89,048	49,408	45,731	10,658
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	244,463	33,067	66,220	52,377	34,920	36,829	19,059	1,991
	MN	134	16	42	24	15	23	12	2
	Total	244,597	33,083	66,262	52,401	34,935	36,852	19,071	1,993

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Washington

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.59	0.78	0.83	0.53	0.39	0.75	0.42	0.19
	MN	0.54	0.64	0.89	0.50	0.41	0.70	0.26	0.22
	Total	0.59	0.78	0.83	0.53	0.39	0.75	0.42	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	8,162	1,428	1,362	1,117	1,110	1,508	1,325	312
	MN	15	0	2	3	2	1	6	1
	Total	8,177	1,428	1,364	1,120	1,112	1,509	1,331	313
12a. Total Eligibles Receiving Any Dental Services	CN	298,093	762	26,622	62,235	81,369	74,808	45,290	7,007
	MN	167	1	17	35	26	45	35	8
	Total	298,260	763	26,639	62,270	81,395	74,853	45,325	7,015
12b. Total Eligibles Receiving Preventive Dental Services	CN	274,546	611	25,491	60,046	75,928	69,195	38,577	4,698
	MN	141	0	16	32	22	40	25	6
	Total	274,687	611	25,507	60,078	75,950	69,235	38,602	4,704
12c. Total Eligibles Receiving Dental Treatment Services	CN	135,214	18	1,891	20,481	43,631	38,334	26,535	4,324
	MN	76	1	0	12	14	27	19	3
	Total	135,290	19	1,891	20,493	43,645	38,361	26,554	4,327
13. Total Eligibles Enrolled in Managed Care	CN	455,830	28,254	69,300	83,537	95,315	96,678	69,436	13,310
	MN	7	0	1	1	4	1	0	0
	Total	455,837	28,254	69,301	83,538	95,319	96,679	69,436	13,310
14. Total Number of Screening Blood Lead Tests	CN	2,981	40	2,055	886				
	MN	3	0	1	2				
	Total	2,984	40	2,056	888				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	205,920	13,829	26,806	34,318	40,618	44,412	34,748	11,189
	MN	809	0	15	32	73	79	68	542
	Total	206,729	13,829	26,821	34,350	40,691	44,491	34,816	11,731
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	1,995,248	79,477	270,682	349,644	410,661	452,998	349,340	82,446
	MN	4,010	0	37	92	194	213	266	3,208
	Total	1,999,258	79,477	270,719	349,736	410,855	453,211	349,606	85,654
3b. Average Period of Eligibility	CN	0.81	0.48	0.84	0.85	0.84	0.85	0.84	0.61
	MN	0.41	0.00	0.21	0.24	0.22	0.22	0.33	0.49
	Total	0.81	0.48	0.84	0.85	0.84	0.85	0.84	0.61
4. Expected Number of Screenings per Eligible	CN		3.36	1.68	0.85	0.42	0.85	0.84	0.61
	MN		0.00	0.42	0.24	0.11	0.22	0.33	0.49
	Total		3.36	1.68	0.85	0.42	0.85	0.84	0.61
5. Expected Number of Screenings	CN	211,492	46,465	45,034	29,170	17,060	37,750	29,188	6,825
	MN	327	0	6	8	8	17	22	266
	Total	211,819	46,465	45,040	29,178	17,068	37,767	29,210	7,091
6. Total Screens Received	CN	159,027	42,668	38,914	27,181	19,157	19,724	10,653	730
	MN	1,321	0	0	29	40	71	214	967
	Total	160,348	42,668	38,914	27,210	19,197	19,795	10,867	1,697
7. Screening Ratio	CN	0.75	0.92	0.86	0.93	1.00	0.52	0.36	0.11
	MN	1.00	0.00	0.00	1.00	1.00	1.00	1.00	1.00
	Total	0.76	0.92	0.86	0.93	1.00	0.52	0.37	0.24
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	160,628	13,829	26,806	29,170	17,060	37,750	29,188	6,825
	MN	327	0	6	8	8	17	22	266
	Total	160,955	13,829	26,812	29,178	17,068	37,767	29,210	7,091
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	71,366	13,431	16,273	14,519	9,921	10,608	6,062	552
	MN	52	0	5	4	3	2	8	30
	Total	71,418	13,431	16,278	14,523	9,924	10,610	6,070	582

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Form CMS-416

Fiscal Year: 2008

State: West Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.44	0.97	0.61	0.50	0.58	0.28	0.21	0.08
	MN	0.16	0.00	0.83	0.50	0.38	0.12	0.36	0.11
	Total	0.44	0.97	0.61	0.50	0.58	0.28	0.21	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	36,957	1,016	1,136	3,712	7,524	13,482	9,672	415
	MN	180	0	3	17	28	65	48	19
	Total	37,137	1,016	1,139	3,729	7,552	13,547	9,720	434
12a. Total Eligibles Receiving Any Dental Services	CN	86,076	142	3,915	17,906	22,770	23,788	15,883	1,672
	MN	174	0	0	6	8	12	27	121
	Total	86,250	142	3,915	17,912	22,778	23,800	15,910	1,793
12b. Total Eligibles Receiving Preventive Dental Services	CN	74,221	55	2,782	15,924	20,506	21,203	12,787	964
	MN	105	0	0	5	7	9	19	65
	Total	74,326	55	2,782	15,929	20,513	21,212	12,806	1,029
12c. Total Eligibles Receiving Dental Treatment Services	CN	85,692	142	3,908	17,832	22,647	23,659	15,836	1,668
	MN	174	0	0	6	8	12	27	121
	Total	85,866	142	3,908	17,838	22,655	23,671	15,863	1,789
13. Total Eligibles Enrolled in Managed Care	CN	178,555	12,723	24,057	30,655	35,538	37,914	28,813	8,855
	MN	649	0	12	29	65	73	59	411
	Total	179,204	12,723	24,069	30,684	35,603	37,987	28,872	9,266
14. Total Number of Screening Blood Lead Tests	CN	9,300	954	5,802	2,544				
	MN	14	0	13	1				
	Total	9,314	954	5,815	2,545				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	528,363	35,483	69,194	87,029	102,199	105,758	89,289	39,411
	MN	22,128	701	2,919	13,491	4,460	199	236	122
	Total	550,491	36,184	72,113	100,520	106,659	105,957	89,525	39,533
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	5,067,374	214,119	701,583	863,149	1,028,844	1,064,868	864,164	330,647
	MN	64,732	1,619	8,238	40,202	12,816	638	651	568
	Total	5,132,106	215,738	709,821	903,351	1,041,660	1,065,506	864,815	331,215
3b. Average Period of Eligibility	CN	0.80	0.50	0.84	0.83	0.84	0.84	0.81	0.70
	MN	0.24	0.19	0.24	0.25	0.24	0.27	0.23	0.39
	Total	0.78	0.50	0.82	0.75	0.81	0.84	0.81	0.70
4. Expected Number of Screenings per Eligible	CN		2.50	1.68	0.83	0.42	0.50	0.41	0.35
	MN		0.95	0.48	0.25	0.12	0.16	0.12	0.20
	Total		2.50	1.64	0.75	0.41	0.50	0.41	0.35
5. Expected Number of Screenings	CN	423,393	88,708	116,246	72,234	42,924	52,879	36,608	13,794
	MN	6,059	666	1,401	3,373	535	32	28	24
	Total	429,452	89,374	117,647	75,607	43,459	52,911	36,636	13,818
6. Total Screens Received	CN	387,673	112,767	121,237	51,327	33,312	35,012	25,366	8,652
	MN	16,330	2,843	5,033	7,033	1,350	23	38	10
	Total	404,003	115,610	126,270	58,360	34,662	35,035	25,404	8,662
7. Screening Ratio	CN	0.92	1.00	1.00	0.71	0.78	0.66	0.69	0.63
	MN	1.00	1.00	1.00	1.00	1.00	0.72	1.00	0.42
	Total	0.94	1.00	1.00	0.77	0.80	0.66	0.69	0.63
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	323,116	35,483	69,194	72,234	42,924	52,879	36,608	13,794
	MN	6,059	666	1,401	3,373	535	32	28	24
	Total	329,175	36,149	70,595	75,607	43,459	52,911	36,636	13,818
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	227,070	31,446	51,925	46,037	31,934	33,530	23,850	8,348
	MN	10,539	638	2,131	6,398	1,302	23	37	10
	Total	237,609	32,084	54,056	52,435	33,236	33,553	23,887	8,358

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Wisconsin

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.70	0.89	0.75	0.64	0.74	0.63	0.65	0.61
	MN	1.00	0.96	1.00	1.00	1.00	0.72	1.00	0.42
	Total	0.72	0.89	0.77	0.69	0.76	0.63	0.65	0.60
11. Total Eligibles Referred for Corrective Treatment	CN	13,340	2,007	3,809	2,611	1,728	1,826	1,238	121
	MN	503	31	125	296	46	4	1	0
	Total	13,843	2,038	3,934	2,907	1,774	1,830	1,239	121
12a. Total Eligibles Receiving Any Dental Services	CN	129,637	251	5,644	26,054	37,541	34,352	21,655	4,140
	MN	4,754	7	220	2,898	1,526	43	43	17
	Total	134,391	258	5,864	28,952	39,067	34,395	21,698	4,157
12b. Total Eligibles Receiving Preventive Dental Services	CN	113,201	220	4,945	23,688	34,169	30,615	17,132	2,432
	MN	5,193	7	192	3,530	1,383	35	34	12
	Total	118,394	227	5,137	27,218	35,552	30,650	17,166	2,444
12c. Total Eligibles Receiving Dental Treatment Services	CN	56,016	11	456	7,908	17,421	15,359	12,253	2,608
	MN	1,877	0	26	1,133	655	24	28	11
	Total	57,893	11	482	9,041	18,076	15,383	12,281	2,619
13. Total Eligibles Enrolled in Managed Care	CN	382,095	27,347	55,998	68,064	77,895	77,013	56,635	19,143
	MN	15,325	460	2,132	9,368	3,188	51	80	46
	Total	397,420	27,807	58,130	77,432	81,083	77,064	56,715	19,189
14. Total Number of Screening Blood Lead Tests	CN	65,463	1,450	42,341	21,672				
	MN	4,154	63	1,677	2,414				
	Total	69,617	1,513	44,018	24,086				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

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	53,211	4,057	8,281	9,885	10,077	9,925	8,059	2,927
	MN	0	0	0	0	0	0	0	0
	Total	53,211	4,057	8,281	9,885	10,077	9,925	8,059	2,927
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	482,649	24,506	78,122	93,810	95,634	94,248	75,262	21,067
	MN	0	0	0	0	0	0	0	0
	Total	482,649	24,506	78,122	93,810	95,634	94,248	75,262	21,067
3b. Average Period of Eligibility	CN	0.76	0.50	0.79	0.79	0.79	0.79	0.78	0.60
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.76	0.50	0.79	0.79	0.79	0.79	0.78	0.60
4. Expected Number of Screenings per Eligible	CN		3.00	1.58	0.79	0.40	0.79	0.78	0.60
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.00	1.58	0.79	0.40	0.79	0.78	0.60
5. Expected Number of Screenings	CN	52,978	12,171	13,084	7,809	4,031	7,841	6,286	1,756
	MN	0	0	0	0	0	0	0	0
	Total	52,978	12,171	13,084	7,809	4,031	7,841	6,286	1,756
6. Total Screens Received	CN	34,861	13,810	12,351	3,799	1,420	2,136	1,260	85
	MN	0	0	0	0	0	0	0	0
	Total	34,861	13,810	12,351	3,799	1,420	2,136	1,260	85
7. Screening Ratio	CN	0.66	1.00	0.94	0.49	0.35	0.27	0.20	0.05
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.66	1.00	0.94	0.49	0.35	0.27	0.20	0.05
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	40,061	4,057	8,281	7,809	4,031	7,841	6,286	1,756
	MN	0	0	0	0	0	0	0	0
	Total	40,061	4,057	8,281	7,809	4,031	7,841	6,286	1,756
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	16,892	3,675	5,326	3,345	1,338	1,983	1,145	80
	MN	0	0	0	0	0	0	0	0
	Total	16,892	3,675	5,326	3,345	1,338	1,983	1,145	80

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2008

State: Wyoming

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. Participant Ratio	CN	0.42	0.91	0.64	0.43	0.33	0.25	0.18	0.05
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.42	0.91	0.64	0.43	0.33	0.25	0.18	0.05
11. Total Eligibles Referred for Corrective Treatment	CN	2,675	861	905	514	173	149	65	8
	MN	0	0	0	0	0	0	0	0
	Total	2,675	861	905	514	173	149	65	8
12a. Total Eligibles Receiving Any Dental Services	CN	19,437	77	1,466	3,898	5,169	4,789	3,366	672
	MN	0	0	0	0	0	0	0	0
	Total	19,437	77	1,466	3,898	5,169	4,789	3,366	672
12b. Total Eligibles Receiving Preventive Dental Services	CN	17,051	66	1,186	3,458	4,686	4,351	2,853	451
	MN	0	0	0	0	0	0	0	0
	Total	17,051	66	1,186	3,458	4,686	4,351	2,853	451
12c. Total Eligibles Receiving Dental Treatment Services	CN	10,062	9	258	455	1,842	2,534	2,010	2,954
	MN	0	0	0	0	0	0	0	0
	Total	10,062	9	258	455	1,842	2,534	2,010	2,954
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	391	6	284	101				
	MN	0	0	0	0				
	Total	391	6	284	101				