

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Alabama

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	707,830	44,285	87,689	112,865	151,599	161,501	119,178	30,713
	MN	0	0	0	0	0	0	0	0
	Total	707,830	44,285	87,689	112,865	151,599	161,501	119,178	30,713
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	661,423	38,176	81,835	106,229	143,525	153,152	112,936	25,570
	MN	0	0	0	0	0	0	0	0
	Total	661,423	38,176	81,835	106,229	143,525	153,152	112,936	25,570
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			5	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	6,967,230	337,733	842,296	1,131,917	1,553,434	1,671,068	1,224,161	206,621
	MN	0	0	0	0	0	0	0	0
	Total	6,967,230	337,733	842,296	1,131,917	1,553,434	1,671,068	1,224,161	206,621
3b. Average Period of Eligibility	CN	0.88	0.74	0.86	0.89	0.90	0.91	0.90	0.67
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	0.74	0.86	0.89	0.90	0.91	0.90	0.67
4. Expected Number of Screenings per Eligible	CN		3.70	1.72	0.89	0.90	0.91	0.90	0.67
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.70	1.72	0.89	0.90	0.91	0.90	0.67
5. Expected Number of Screenings	CN	763,866	141,251	140,756	94,544	129,173	139,368	101,642	17,132
	MN	0	0	0	0	0	0	0	0
	Total	763,866	141,251	140,756	94,544	129,173	139,368	101,642	17,132
6. Total Screens Received	CN	477,191	97,523	148,259	62,948	58,652	69,102	38,320	2,387
	MN	0	0	0	0	0	0	0	0
	Total	477,191	97,523	148,259	62,948	58,652	69,102	38,320	2,387
7. SCREENING RATIO	CN	0.62	0.69	1.00	0.67	0.45	0.50	0.38	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	0.69	1.00	0.67	0.45	0.50	0.38	0.14

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State: Alabama

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	601,870	38,176	81,835	94,544	129,173	139,368	101,642	17,132
	MN	0	0	0	0	0	0	0	0
	Total	601,870	38,176	81,835	94,544	129,173	139,368	101,642	17,132
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	319,019	30,890	63,812	60,435	57,162	67,063	37,305	2,352
	MN	0	0	0	0	0	0	0	0
	Total	319,019	30,890	63,812	60,435	57,162	67,063	37,305	2,352
10. PARTICIPANT RATIO	CN	0.53	0.81	0.78	0.64	0.44	0.48	0.37	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.53	0.81	0.78	0.64	0.44	0.48	0.37	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	115,200	10,769	22,892	19,156	21,245	24,800	15,221	1,117
	MN	0	0	0	0	0	0	0	0
	Total	115,200	10,769	22,892	19,156	21,245	24,800	15,221	1,117
12a. Total Eligibles Receiving Any Dental Services	CN	326,798	206	18,299	60,793	91,506	91,099	57,473	7,422
	MN	0	0	0	0	0	0	0	0
	Total	326,798	206	18,299	60,793	91,506	91,099	57,473	7,422
12b. Total Eligibles Receiving Preventive Dental Services	CN	308,484	78	16,242	57,898	87,816	87,568	52,632	6,250
	MN	0	0	0	0	0	0	0	0
	Total	308,484	78	16,242	57,898	87,816	87,568	52,632	6,250
12c. Total Eligibles Receiving Dental Treatment Services	CN	121,201	3	1,698	20,967	39,600	31,299	24,615	3,019
	MN	0	0	0	0	0	0	0	0
	Total	121,201	3	1,698	20,967	39,600	31,299	24,615	3,019
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,175				17,409	8,766		
	MN	0				0	0		
	Total	26,175				17,409	8,766		

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State: Alabama

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	318,937	186	18,083	59,607	89,343	89,198	55,528	6,992
	MN	0	0	0	0	0	0	0	0
	Total	318,937	186	18,083	59,607	89,343	89,198	55,528	6,992
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	7,854	1,052	6,605	197	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	7,854	1,052	6,605	197	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	333,615	1,250	23,924	60,941	91,506	91,099	57,473	7,422
	MN	0	0	0	0	0	0	0	0
	Total	333,615	1,250	23,924	60,941	91,506	91,099	57,473	7,422
13. Total Eligibles Enrolled in Managed Care	CN	632,139	28,726	78,089	104,011	140,273	148,811	108,120	24,109
	MN	0	0	0	0	0	0	0	0
	Total	632,139	28,726	78,089	104,011	140,273	148,811	108,120	24,109
14. Total Number of Screening Blood Lead Tests	CN	47,846	1,635	34,296	11,915				
	MN	0	0	0	0				
	Total	47,846	1,635	34,296	11,915				

## Annual EPSDT Participation Report

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Fiscal Year: 2016

State: Alaska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	98,126	5,994	11,891	15,812	20,530	21,924	15,918	6,057
	MN	0	0	0	0	0	0	0	0
	Total	98,126	5,994	11,891	15,812	20,530	21,924	15,918	6,057
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	92,215	4,809	11,237	15,081	19,603	20,970	15,132	5,383
	MN	0	0	0	0	0	0	0	0
	Total	92,215	4,809	11,237	15,081	19,603	20,970	15,132	5,383
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	11,913	44	846	1,435	3,235	3,594	2,475	284
	MN	0	0	0	0	0	0	0	0
	Total	11,913	44	846	1,435	3,235	3,594	2,475	284
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,003,703	34,683	123,580	167,436	219,846	235,120	167,852	55,186
	MN	0	0	0	0	0	0	0	0
	Total	1,003,703	34,683	123,580	167,436	219,846	235,120	167,852	55,186
3b. Average Period of Eligibility	CN	0.91	0.60	0.92	0.93	0.93	0.93	0.92	0.85
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.60	0.92	0.93	0.93	0.93	0.92	0.85
4. Expected Number of Screenings per Eligible	CN		3.60	2.30	0.93	0.93	0.93	0.92	0.85
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.60	2.30	0.93	0.93	0.93	0.92	0.85
5. Expected Number of Screenings	CN	113,412	17,312	25,845	14,025	18,231	19,502	13,921	4,576
	MN	0	0	0	0	0	0	0	0
	Total	113,412	17,312	25,845	14,025	18,231	19,502	13,921	4,576
6. Total Screens Received	CN	61,150	17,790	16,095	8,878	5,455	7,618	4,922	392
	MN	0	0	0	0	0	0	0	0
	Total	61,150	17,790	16,095	8,878	5,455	7,618	4,922	392
7. SCREENING RATIO	CN	0.54	1.00	0.62	0.63	0.30	0.39	0.35	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	1.00	0.62	0.63	0.30	0.39	0.35	0.09

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Fiscal Year: 2016

State: Alaska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	86,301	4,809	11,237	14,025	18,231	19,502	13,921	4,576
	MN	0	0	0	0	0	0	0	0
	Total	86,301	4,809	11,237	14,025	18,231	19,502	13,921	4,576
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	35,294	4,307	7,424	7,407	4,971	6,585	4,247	353
	MN	0	0	0	0	0	0	0	0
	Total	35,294	4,307	7,424	7,407	4,971	6,585	4,247	353
10. PARTICIPANT RATIO	CN	0.41	0.90	0.66	0.53	0.27	0.34	0.31	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.41	0.90	0.66	0.53	0.27	0.34	0.31	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	22,810	4,050	5,361	4,090	2,681	3,652	2,701	275
	MN	0	0	0	0	0	0	0	0
	Total	22,810	4,050	5,361	4,090	2,681	3,652	2,701	275
12a. Total Eligibles Receiving Any Dental Services	CN	44,734	125	3,016	8,147	11,767	12,029	7,783	1,867
	MN	0	0	0	0	0	0	0	0
	Total	44,734	125	3,016	8,147	11,767	12,029	7,783	1,867
12b. Total Eligibles Receiving Preventive Dental Services	CN	40,326	61	2,514	7,467	11,033	11,182	6,691	1,378
	MN	0	0	0	0	0	0	0	0
	Total	40,326	61	2,514	7,467	11,033	11,182	6,691	1,378
12c. Total Eligibles Receiving Dental Treatment Services	CN	23,418	45	593	3,598	6,438	6,618	4,835	1,291
	MN	0	0	0	0	0	0	0	0
	Total	23,418	45	593	3,598	6,438	6,618	4,835	1,291
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,114				4,047	4,067		
	MN	0				0	0		
	Total	8,114				4,047	4,067		

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State: Alaska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	40,933	90	2,649	7,640	10,928	10,968	6,968	1,690
	MN	0	0	0	0	0	0	0	0
	Total	40,933	90	2,649	7,640	10,928	10,968	6,968	1,690
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	911	28	429	274	97	55	26	2
	MN	0	0	0	0	0	0	0	0
	Total	911	28	429	274	97	55	26	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	44,734	125	3,016	8,147	11,767	12,029	7,783	1,867
	MN	0	0	0	0	0	0	0	0
	Total	44,734	125	3,016	8,147	11,767	12,029	7,783	1,867
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	206	5	134	67				
	MN	0	0	0	0				
	Total	206	5	134	67				

## Annual EPSDT Participation Report

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Fiscal Year: 2016

State: Arizona

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	823,598	51,432	107,380	137,596	175,945	192,662	131,324	27,259
	MN	0	0	0	0	0	0	0	0
	Total	823,598	51,432	107,380	137,596	175,945	192,662	131,324	27,259
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	789,630	37,876	105,380	134,502	171,240	186,836	126,944	26,852
	MN	0	0	0	0	0	0	0	0
	Total	789,630	37,876	105,380	134,502	171,240	186,836	126,944	26,852
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			7	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	8,033,873	302,214	1,140,940	1,448,045	1,751,345	1,918,876	1,281,594	190,859
	MN	0	0	0	0	0	0	0	0
	Total	8,033,873	302,214	1,140,940	1,448,045	1,751,345	1,918,876	1,281,594	190,859
3b. Average Period of Eligibility	CN	0.85	0.66	0.90	0.90	0.85	0.86	0.84	0.59
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.85	0.66	0.90	0.90	0.85	0.86	0.84	0.59
4. Expected Number of Screenings per Eligible	CN		4.62	1.80	0.90	0.85	0.86	0.84	0.59
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.62	1.80	0.90	0.85	0.86	0.84	0.59
5. Expected Number of Screenings	CN	914,432	174,987	189,684	121,052	145,554	160,679	106,633	15,843
	MN	0	0	0	0	0	0	0	0
	Total	914,432	174,987	189,684	121,052	145,554	160,679	106,633	15,843
6. Total Screens Received	CN	569,519	147,354	165,513	73,595	65,262	76,554	39,100	2,141
	MN	0	0	0	0	0	0	0	0
	Total	569,519	147,354	165,513	73,595	65,262	76,554	39,100	2,141
7. SCREENING RATIO	CN	0.62	0.84	0.87	0.61	0.45	0.48	0.37	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	0.84	0.87	0.61	0.45	0.48	0.37	0.14

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State: Arizona

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	693,017	37,876	105,380	121,052	145,554	160,679	106,633	15,843
	MN	0	0	0	0	0	0	0	0
	Total	693,017	37,876	105,380	121,052	145,554	160,679	106,633	15,843
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	334,852	35,733	70,238	65,038	59,153	68,338	34,345	2,007
	MN	0	0	0	0	0	0	0	0
	Total	334,852	35,733	70,238	65,038	59,153	68,338	34,345	2,007
10. PARTICIPANT RATIO	CN	0.48	0.94	0.67	0.54	0.41	0.43	0.32	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.48	0.94	0.67	0.54	0.41	0.43	0.32	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	550,768	35,954	79,450	97,221	123,042	130,936	75,720	8,445
	MN	0	0	0	0	0	0	0	0
	Total	550,768	35,954	79,450	97,221	123,042	130,936	75,720	8,445
12a. Total Eligibles Receiving Any Dental Services	CN	355,598	853	29,612	71,211	99,709	97,453	51,549	5,211
	MN	0	0	0	0	0	0	0	0
	Total	355,598	853	29,612	71,211	99,709	97,453	51,549	5,211
12b. Total Eligibles Receiving Preventive Dental Services	CN	324,705	597	24,741	64,457	93,488	91,580	45,764	4,078
	MN	0	0	0	0	0	0	0	0
	Total	324,705	597	24,741	64,457	93,488	91,580	45,764	4,078
12c. Total Eligibles Receiving Dental Treatment Services	CN	139,861	59	2,197	25,346	46,709	39,389	23,736	2,425
	MN	0	0	0	0	0	0	0	0
	Total	139,861	59	2,197	25,346	46,709	39,389	23,736	2,425
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	42,678				24,606	18,072		
	MN	0				0	0		
	Total	42,678				24,606	18,072		



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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	335,267	508	26,596	67,105	94,364	93,144	48,773	4,777
	MN	0	0	0	0	0	0	0	0
	Total	335,267	508	26,596	67,105	94,364	93,144	48,773	4,777
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	355,598	853	29,612	71,211	99,709	97,453	51,549	5,211
	MN	0	0	0	0	0	0	0	0
	Total	355,598	853	29,612	71,211	99,709	97,453	51,549	5,211
13. Total Eligibles Enrolled in Managed Care	CN	783,771	37,288	103,962	133,686	170,253	185,777	126,132	26,673
	MN	0	0	0	0	0	0	0	0
	Total	783,771	37,288	103,962	133,686	170,253	185,777	126,132	26,673
14. Total Number of Screening Blood Lead Tests	CN	36,581	536	21,877	14,168				
	MN	0	0	0	0				
	Total	36,581	536	21,877	14,168				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Arkansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	488,422	26,350	54,006	79,119	105,861	112,341	78,646	32,099
	MN	125	0	2	8	20	22	16	57
	Total	488,547	26,350	54,008	79,127	105,881	112,363	78,662	32,156
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	464,035	19,391	51,781	76,398	102,248	108,606	75,805	29,806
	MN	117	0	2	7	20	22	11	55
	Total	464,152	19,391	51,783	76,405	102,268	108,628	75,816	29,861
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	3	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	1.50	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,954,257	144,716	566,459	832,597	1,112,944	1,179,426	815,792	302,323
	MN	1,268	0	24	65	204	248	111	616
	Total	4,955,525	144,716	566,483	832,662	1,113,148	1,179,674	815,903	302,939
3b. Average Period of Eligibility	CN	0.89	0.62	0.91	0.91	0.91	0.90	0.90	0.85
	MN	0.90	0.00	1.00	0.77	0.85	0.94	0.84	0.93
	Total	0.89	0.62	0.91	0.91	0.91	0.90	0.90	0.85
4. Expected Number of Screenings per Eligible	CN		3.72	1.37	0.91	0.46	0.90	0.90	0.85
	MN		0.00	1.50	0.77	0.43	0.94	0.84	0.93
	Total		3.72	1.37	0.91	0.46	0.90	0.90	0.85
5. Expected Number of Screenings	CN	450,936	72,135	70,940	69,522	47,034	97,745	68,225	25,335
	MN	98	0	3	5	9	21	9	51
	Total	451,034	72,135	70,943	69,527	47,043	97,766	68,234	25,386
6. Total Screens Received	CN	275,630	66,832	74,633	43,056	29,457	38,977	21,609	1,066
	MN	17	0	2	3	3	5	3	1
	Total	275,647	66,832	74,635	43,059	29,460	38,982	21,612	1,067
7. SCREENING RATIO	CN	0.61	0.93	1.00	0.62	0.63	0.40	0.32	0.04
	MN	0.17	0.00	0.67	0.60	0.33	0.24	0.33	0.02
	Total	0.61	0.93	1.00	0.62	0.63	0.40	0.32	0.04

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Arkansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	379,033	19,391	51,781	69,522	47,034	97,745	68,225	25,335
	MN	97	0	2	5	9	21	9	51
	Total	379,130	19,391	51,783	69,527	47,043	97,766	68,234	25,386
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	181,068	17,771	34,587	40,646	28,539	37,707	20,783	1,035
	MN	17	0	2	3	3	5	3	1
	Total	181,085	17,771	34,589	40,649	28,542	37,712	20,786	1,036
10. PARTICIPANT RATIO	CN	0.48	0.92	0.67	0.58	0.61	0.39	0.30	0.04
	MN	0.18	0.00	1.00	0.60	0.33	0.24	0.33	0.02
	Total	0.48	0.92	0.67	0.58	0.61	0.39	0.30	0.04
11. Total Eligibles Referred for Corrective Treatment	CN	134,706	16,511	29,134	28,814	19,605	25,317	14,591	734
	MN	12	0	2	2	2	4	1	1
	Total	134,718	16,511	29,136	28,816	19,607	25,321	14,592	735
12a. Total Eligibles Receiving Any Dental Services	CN	228,825	138	10,730	40,721	64,576	66,349	39,536	6,775
	MN	42	0	0	4	8	10	2	18
	Total	228,867	138	10,730	40,725	64,584	66,359	39,538	6,793
12b. Total Eligibles Receiving Preventive Dental Services	CN	215,084	77	9,104	38,316	62,145	63,484	36,392	5,566
	MN	35	0	0	4	8	8	1	14
	Total	215,119	77	9,104	38,320	62,153	63,492	36,393	5,580
12c. Total Eligibles Receiving Dental Treatment Services	CN	110,604	24	1,203	14,410	33,301	34,310	23,302	4,054
	MN	19	0	0	0	3	2	2	12
	Total	110,623	24	1,203	14,410	33,304	34,312	23,304	4,066
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	22,583				12,981	9,602		
	MN	8				4	4		
	Total	22,591				12,985	9,606		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Arkansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	223,433	131	10,673	40,109	63,170	64,778	38,145	6,427
	MN	41	0	0	4	8	10	2	17
	Total	223,474	131	10,673	40,113	63,178	64,788	38,147	6,444
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,595	122	1,517	578	186	129	61	2
	MN	2	0	0	0	2	0	0	0
	Total	2,597	122	1,517	578	188	129	61	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	230,823	259	12,032	41,085	64,685	66,417	39,569	6,776
	MN	44	0	0	4	10	10	2	18
	Total	230,867	259	12,032	41,089	64,695	66,427	39,571	6,794
13. Total Eligibles Enrolled in Managed Care	CN	414,733	17,149	46,118	70,748	94,746	99,335	68,389	18,248
	MN	87	0	2	6	16	19	4	40
	Total	414,820	17,149	46,120	70,754	94,762	99,354	68,393	18,288
14. Total Number of Screening Blood Lead Tests	CN	16,114	251	10,539	5,324				
	MN	1	0	0	1				
	Total	16,115	251	10,539	5,325				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: California

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	6,096,669	300,846	615,974	904,631	1,244,505	1,450,206	1,116,246	464,261
	MN	252,940	3,114	18,498	33,491	47,598	53,244	43,795	53,200
	Total	6,349,609	303,960	634,472	938,122	1,292,103	1,503,450	1,160,041	517,461
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	5,744,402	217,236	580,870	864,651	1,199,471	1,391,314	1,050,731	440,129
	MN	246,336	2,559	18,233	32,798	46,678	52,246	42,955	50,867
	Total	5,990,738	219,795	599,103	897,449	1,246,149	1,443,560	1,093,686	490,996
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	62,404	584	5,834	10,199	14,425	16,025	12,696	2,641
	Total	62,404	584	5,834	10,199	14,425	16,025	12,696	2,641
2a. State Periodicity Schedule			7	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	51,740,699	1,130,377	5,374,189	8,006,841	11,147,430	12,837,520	9,459,097	3,785,245
	MN	2,184,175	14,831	166,728	294,652	423,892	471,603	378,212	434,257
	Total	53,924,874	1,145,208	5,540,917	8,301,493	11,571,322	13,309,123	9,837,309	4,219,502
3b. Average Period of Eligibility	CN	0.75	0.43	0.77	0.77	0.77	0.77	0.75	0.72
	MN	0.74	0.48	0.76	0.75	0.76	0.75	0.73	0.71
	Total	0.75	0.43	0.77	0.77	0.77	0.77	0.75	0.72
4. Expected Number of Screenings per Eligible	CN		3.01	1.54	0.77	0.77	0.77	0.75	0.72
	MN		3.36	1.52	0.75	0.76	0.75	0.73	0.71
	Total		3.01	1.54	0.77	0.77	0.77	0.75	0.72
5. Expected Number of Screenings	CN	5,314,047	653,880	894,540	665,781	923,593	1,071,312	788,048	316,893
	MN	203,044	8,598	27,714	24,599	35,475	39,185	31,357	36,116
	Total	5,517,091	662,478	922,254	690,380	959,068	1,110,497	819,405	353,009
6. Total Screens Received	CN	3,273,187	339,234	893,485	558,845	506,524	590,730	336,468	47,901
	MN	94,128	3,681	23,243	17,441	16,242	17,865	10,825	4,831
	Total	3,367,315	342,915	916,728	576,286	522,766	608,595	347,293	52,732
7. SCREENING RATIO	CN	0.62	0.52	1.00	0.84	0.55	0.55	0.43	0.15
	MN	0.46	0.43	0.84	0.71	0.46	0.46	0.35	0.13
	Total	0.61	0.52	0.99	0.83	0.55	0.55	0.42	0.15

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: California

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	4,563,733	217,236	580,870	665,781	923,593	1,071,312	788,048	316,893
	MN	187,524	2,559	18,233	24,599	35,475	39,185	31,357	36,116
	Total	4,751,257	219,795	599,103	690,380	959,068	1,110,497	819,405	353,009
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	2,255,482	156,126	404,257	458,623	427,855	489,258	279,533	39,830
	MN	72,456	1,671	11,604	15,042	14,629	15,763	9,542	4,205
	Total	2,327,938	157,797	415,861	473,665	442,484	505,021	289,075	44,035
10. PARTICIPANT RATIO	CN	0.49	0.72	0.70	0.69	0.46	0.46	0.35	0.13
	MN	0.39	0.65	0.64	0.61	0.41	0.40	0.30	0.12
	Total	0.49	0.72	0.69	0.69	0.46	0.45	0.35	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	136,848	8,387	19,058	25,802	30,478	32,436	19,137	1,550
	MN	4,777	80	438	815	1,145	1,254	869	176
	Total	141,625	8,467	19,496	26,617	31,623	33,690	20,006	1,726
12a. Total Eligibles Receiving Any Dental Services	CN	2,543,529	5,029	134,323	447,055	696,473	713,390	429,743	117,516
	MN	94,944	84	4,629	15,216	23,624	23,297	15,110	12,984
	Total	2,638,473	5,113	138,952	462,271	720,097	736,687	444,853	130,500
12b. Total Eligibles Receiving Preventive Dental Services	CN	2,330,920	2,333	116,423	416,087	659,017	667,215	376,065	93,780
	MN	86,113	43	4,061	14,148	22,414	21,878	13,245	10,324
	Total	2,417,033	2,376	120,484	430,235	681,431	689,093	389,310	104,104
12c. Total Eligibles Receiving Dental Treatment Services	CN	1,198,308	249	17,776	179,607	381,469	338,787	218,397	62,023
	MN	46,520	5	644	6,313	13,630	11,495	7,671	6,762
	Total	1,244,828	254	18,420	185,920	395,099	350,282	226,068	68,785
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	398,218				204,178	194,040		
	MN	14,460				7,485	6,975		
	Total	412,678				211,663	201,015		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: California

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	2,370,429	2,684	123,764	422,553	656,626	670,825	390,548	103,429
	MN	88,423	45	4,241	14,432	22,416	22,099	13,783	11,407
	Total	2,458,852	2,729	128,005	436,985	679,042	692,924	404,331	114,836
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	465,349	3,735	72,327	106,199	109,703	99,815	58,431	15,139
	MN	7,761	48	1,137	1,610	1,634	1,412	984	936
	Total	473,110	3,783	73,464	107,809	111,337	101,227	59,415	16,075
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	2,595,178	7,210	168,060	461,187	697,880	713,528	429,794	117,519
	MN	95,545	111	5,044	15,361	23,634	23,300	15,111	12,984
	Total	2,690,723	7,321	173,104	476,548	721,514	736,828	444,905	130,503
13. Total Eligibles Enrolled in Managed Care	CN	5,456,571	172,955	535,103	831,743	1,161,759	1,337,446	997,725	419,840
	MN	230,268	2,304	17,290	30,909	43,792	48,158	39,132	48,683
	Total	5,686,839	175,259	552,393	862,652	1,205,551	1,385,604	1,036,857	468,523
14. Total Number of Screening Blood Lead Tests	CN	236,208	2,266	147,957	85,985				
	MN	8,168	46	4,970	3,152				
	Total	244,376	2,312	152,927	89,137				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Colorado

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	683,792	33,921	72,051	104,609	146,936	164,708	111,157	50,410
	MN	0	0	0	0	0	0	0	0
	Total	683,792	33,921	72,051	104,609	146,936	164,708	111,157	50,410
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	647,238	24,824	69,001	100,289	141,353	158,444	106,213	47,114
	MN	0	0	0	0	0	0	0	0
	Total	647,238	24,824	69,001	100,289	141,353	158,444	106,213	47,114
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	7,192,733	178,530	773,988	1,133,489	1,611,055	1,806,643	1,194,019	495,009
	MN	0	0	0	0	0	0	0	0
	Total	7,192,733	178,530	773,988	1,133,489	1,611,055	1,806,643	1,194,019	495,009
3b. Average Period of Eligibility	CN	0.93	0.60	0.93	0.94	0.95	0.95	0.94	0.88
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.60	0.93	0.94	0.95	0.95	0.94	0.88
4. Expected Number of Screenings per Eligible	CN		3.60	1.86	0.94	0.95	0.95	0.94	0.88
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.60	1.86	0.94	0.95	0.95	0.94	0.88
5. Expected Number of Screenings	CN	738,087	89,366	128,342	94,272	134,285	150,522	99,840	41,460
	MN	0	0	0	0	0	0	0	0
	Total	738,087	89,366	128,342	94,272	134,285	150,522	99,840	41,460
6. Total Screens Received	CN	443,209	95,840	123,140	62,011	55,742	66,576	34,032	5,868
	MN	0	0	0	0	0	0	0	0
	Total	443,209	95,840	123,140	62,011	55,742	66,576	34,032	5,868
7. SCREENING RATIO	CN	0.60	1.00	0.96	0.66	0.42	0.44	0.34	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	1.00	0.96	0.66	0.42	0.44	0.34	0.14



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Colorado

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	614,204	24,824	69,001	94,272	134,285	150,522	99,840	41,460
	MN	0	0	0	0	0	0	0	0
	Total	614,204	24,824	69,001	94,272	134,285	150,522	99,840	41,460
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	284,448	22,938	52,427	56,350	53,136	62,474	31,681	5,442
	MN	0	0	0	0	0	0	0	0
	Total	284,448	22,938	52,427	56,350	53,136	62,474	31,681	5,442
10. PARTICIPANT RATIO	CN	0.46	0.92	0.76	0.60	0.40	0.42	0.32	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.46	0.92	0.76	0.60	0.40	0.42	0.32	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	278,008	22,834	52,072	54,878	51,476	60,527	30,907	5,314
	MN	0	0	0	0	0	0	0	0
	Total	278,008	22,834	52,072	54,878	51,476	60,527	30,907	5,314
12a. Total Eligibles Receiving Any Dental Services	CN	347,641	2,127	27,012	58,865	91,186	98,670	54,578	15,203
	MN	0	0	0	0	0	0	0	0
	Total	347,641	2,127	27,012	58,865	91,186	98,670	54,578	15,203
12b. Total Eligibles Receiving Preventive Dental Services	CN	315,822	745	22,697	55,481	87,158	92,027	47,034	10,680
	MN	0	0	0	0	0	0	0	0
	Total	315,822	745	22,697	55,481	87,158	92,027	47,034	10,680
12c. Total Eligibles Receiving Dental Treatment Services	CN	164,382	176	2,083	20,872	48,393	52,835	30,851	9,172
	MN	0	0	0	0	0	0	0	0
	Total	164,382	176	2,083	20,872	48,393	52,835	30,851	9,172
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	46,958				26,407	20,551		
	MN	0				0	0		
	Total	46,958				26,407	20,551		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Colorado

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	323,663	1,677	25,301	55,783	85,849	91,723	49,776	13,554
	MN	0	0	0	0	0	0	0	0
	Total	323,663	1,677	25,301	55,783	85,849	91,723	49,776	13,554
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	46,004	890	9,727	9,801	11,401	8,859	4,266	1,060
	MN	0	0	0	0	0	0	0	0
	Total	46,004	890	9,727	9,801	11,401	8,859	4,266	1,060
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	360,834	2,720	32,612	61,292	93,321	100,133	55,297	15,459
	MN	0	0	0	0	0	0	0	0
	Total	360,834	2,720	32,612	61,292	93,321	100,133	55,297	15,459
13. Total Eligibles Enrolled in Managed Care	CN	646,692	24,731	68,956	100,238	141,297	158,368	106,097	47,005
	MN	0	0	0	0	0	0	0	0
	Total	646,692	24,731	68,956	100,238	141,297	158,368	106,097	47,005
14. Total Number of Screening Blood Lead Tests	CN	11,081	75	8,523	2,483				
	MN	0	0	0	0				
	Total	11,081	75	8,523	2,483				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Connecticut

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	375,118	18,278	38,361	55,362	76,110	87,918	67,268	31,821
	MN	0	0	0	0	0	0	0	0
	Total	375,118	18,278	38,361	55,362	76,110	87,918	67,268	31,821
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	355,833	13,377	36,806	53,163	73,399	84,732	64,615	29,741
	MN	0	0	0	0	0	0	0	0
	Total	355,833	13,377	36,806	53,163	73,399	84,732	64,615	29,741
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	3,865,024	103,660	398,818	585,423	812,918	942,007	713,544	308,654
	MN	0	0	0	0	0	0	0	0
	Total	3,865,024	103,660	398,818	585,423	812,918	942,007	713,544	308,654
3b. Average Period of Eligibility	CN	0.91	0.65	0.90	0.92	0.92	0.93	0.92	0.86
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.65	0.90	0.92	0.92	0.93	0.92	0.86
4. Expected Number of Screenings per Eligible	CN		3.90	2.25	0.92	0.92	0.93	0.92	0.86
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	2.25	0.92	0.92	0.93	0.92	0.86
5. Expected Number of Screenings	CN	415,245	52,170	82,814	48,910	67,527	78,801	59,446	25,577
	MN	0	0	0	0	0	0	0	0
	Total	415,245	52,170	82,814	48,910	67,527	78,801	59,446	25,577
6. Total Screens Received	CN	346,328	65,770	87,054	45,144	46,123	54,786	37,448	10,003
	MN	0	0	0	0	0	0	0	0
	Total	346,328	65,770	87,054	45,144	46,123	54,786	37,448	10,003
7. SCREENING RATIO	CN	0.83	1.00	1.00	0.92	0.68	0.70	0.63	0.39
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	1.00	1.00	0.92	0.68	0.70	0.63	0.39

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Connecticut

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	330,444	13,377	36,806	48,910	67,527	78,801	59,446	25,577
	MN	0	0	0	0	0	0	0	0
	Total	330,444	13,377	36,806	48,910	67,527	78,801	59,446	25,577
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	228,168	13,002	32,817	40,741	44,821	52,952	34,986	8,849
	MN	0	0	0	0	0	0	0	0
	Total	228,168	13,002	32,817	40,741	44,821	52,952	34,986	8,849
10. PARTICIPANT RATIO	CN	0.69	0.97	0.89	0.83	0.66	0.67	0.59	0.35
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.69	0.97	0.89	0.83	0.66	0.67	0.59	0.35
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	230,851	477	16,901	37,896	56,486	63,323	41,873	13,895
	MN	0	0	0	0	0	0	0	0
	Total	230,851	477	16,901	37,896	56,486	63,323	41,873	13,895
12b. Total Eligibles Receiving Preventive Dental Services	CN	214,950	315	15,764	36,493	54,186	59,462	37,166	11,564
	MN	0	0	0	0	0	0	0	0
	Total	214,950	315	15,764	36,493	54,186	59,462	37,166	11,564
12c. Total Eligibles Receiving Dental Treatment Services	CN	99,648	72	612	9,173	26,027	31,749	23,761	8,254
	MN	0	0	0	0	0	0	0	0
	Total	99,648	72	612	9,173	26,027	31,749	23,761	8,254
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	31,363				15,854	15,509		
	MN	0				0	0		
	Total	31,363				15,854	15,509		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Connecticut

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	214,656	356	15,242	35,677	53,983	59,194	37,503	12,701
	MN	0	0	0	0	0	0	0	0
	Total	214,656	356	15,242	35,677	53,983	59,194	37,503	12,701
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	12,130	841	8,678	2,595	11	3	0	2
	MN	0	0	0	0	0	0	0	0
	Total	12,130	841	8,678	2,595	11	3	0	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	236,796	1,266	21,317	38,636	56,486	63,323	41,873	13,895
	MN	0	0	0	0	0	0	0	0
	Total	236,796	1,266	21,317	38,636	56,486	63,323	41,873	13,895
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	37,407	392	23,430	13,585				
	MN	0	0	0	0				
	Total	37,407	392	23,430	13,585				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Delaware

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	119,388	6,411	13,430	18,824	25,441	27,508	18,821	8,953
	MN	0	0	0	0	0	0	0	0
	Total	119,388	6,411	13,430	18,824	25,441	27,508	18,821	8,953
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	112,684	4,951	12,783	17,921	24,300	26,319	17,921	8,489
	MN	0	0	0	0	0	0	0	0
	Total	112,684	4,951	12,783	17,921	24,300	26,319	17,921	8,489
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	1,307	45	458	694	40	23	35	12
	MN	0	0	0	0	0	0	0	0
	Total	1,307	45	458	694	40	23	35	12
2a. State Periodicity Schedule			7	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,175,955	35,173	136,069	189,748	259,444	280,712	188,461	86,348
	MN	0	0	0	0	0	0	0	0
	Total	1,175,955	35,173	136,069	189,748	259,444	280,712	188,461	86,348
3b. Average Period of Eligibility	CN	0.87	0.59	0.89	0.88	0.89	0.89	0.88	0.85
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	0.59	0.89	0.88	0.89	0.89	0.88	0.85
4. Expected Number of Screenings per Eligible	CN		4.13	1.78	0.88	0.89	0.89	0.88	0.85
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.13	1.78	0.88	0.89	0.89	0.88	0.85
5. Expected Number of Screenings	CN	127,009	20,448	22,754	15,770	21,627	23,424	15,770	7,216
	MN	0	0	0	0	0	0	0	0
	Total	127,009	20,448	22,754	15,770	21,627	23,424	15,770	7,216
6. Total Screens Received	CN	91,980	20,448	22,754	12,728	13,202	14,057	7,087	1,704
	MN	0	0	0	0	0	0	0	0
	Total	91,980	20,448	22,754	12,728	13,202	14,057	7,087	1,704
7. SCREENING RATIO	CN	0.72	1.00	1.00	0.81	0.61	0.60	0.45	0.24
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.72	1.00	1.00	0.81	0.61	0.60	0.45	0.24

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Delaware

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	101,541	4,951	12,783	15,770	21,627	23,424	15,770	7,216
	MN	0	0	0	0	0	0	0	0
	Total	101,541	4,951	12,783	15,770	21,627	23,424	15,770	7,216
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	53,426	4,853	10,320	9,871	10,742	10,773	5,496	1,371
	MN	0	0	0	0	0	0	0	0
	Total	53,426	4,853	10,320	9,871	10,742	10,773	5,496	1,371
10. PARTICIPANT RATIO	CN	0.53	0.98	0.81	0.63	0.50	0.46	0.35	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.53	0.98	0.81	0.63	0.50	0.46	0.35	0.19
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	54,947	25	2,629	9,556	15,420	15,670	8,836	2,811
	MN	0	0	0	0	0	0	0	0
	Total	54,947	25	2,629	9,556	15,420	15,670	8,836	2,811
12b. Total Eligibles Receiving Preventive Dental Services	CN	52,217	19	2,382	9,188	14,836	15,169	8,181	2,442
	MN	0	0	0	0	0	0	0	0
	Total	52,217	19	2,382	9,188	14,836	15,169	8,181	2,442
12c. Total Eligibles Receiving Dental Treatment Services	CN	23,000	1	152	2,950	7,138	6,660	4,466	1,633
	MN	0	0	0	0	0	0	0	0
	Total	23,000	1	152	2,950	7,138	6,660	4,466	1,633
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	12,467				4,592	5,412		
	MN	0				0	0		
	Total	12,467				4,592	5,412		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Delaware

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	51,999	25	2,460	9,100	14,703	14,917	8,230	2,564
	MN	0	0	0	0	0	0	0	0
	Total	51,999	25	2,460	9,100	14,703	14,917	8,230	2,564
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	54,947	25	2,629	9,556	15,420	15,670	8,836	2,811
	MN	0	0	0	0	0	0	0	0
	Total	54,947	25	2,629	9,556	15,420	15,670	8,836	2,811
13. Total Eligibles Enrolled in Managed Care	CN	112,339	4,929	12,749	17,879	24,254	26,259	17,846	8,423
	MN	0	0	0	0	0	0	0	0
	Total	112,339	4,929	12,749	17,879	24,254	26,259	17,846	8,423
14. Total Number of Screening Blood Lead Tests	CN	643	0	390	253				
	MN	0	0	0	0				
	Total	643	0	390	253				



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: District of Columbia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	97,615	5,763	11,600	16,683	21,111	20,038	14,691	7,729
	MN	1	0	0	0	0	0	0	1
	Total	97,616	5,763	11,600	16,683	21,111	20,038	14,691	7,730
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	94,079	4,666	11,120	16,203	20,605	19,623	14,372	7,490
	MN	1	0	0	0	0	0	0	1
	Total	94,080	4,666	11,120	16,203	20,605	19,623	14,372	7,491
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	14,514	47	631	1,602	3,696	4,040	4,440	58
	MN	0	0	0	0	0	0	0	0
	Total	14,514	47	631	1,602	3,696	4,040	4,440	58
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,025,115	33,875	120,739	178,745	228,516	219,447	160,786	83,007
	MN	9	0	0	0	0	0	0	9
	Total	1,025,124	33,875	120,739	178,745	228,516	219,447	160,786	83,016
3b. Average Period of Eligibility	CN	0.91	0.60	0.90	0.92	0.92	0.93	0.93	0.92
	MN	0.75	0.00	0.00	0.00	0.00	0.00	0.00	0.75
	Total	0.91	0.60	0.90	0.92	0.92	0.93	0.93	0.92
4. Expected Number of Screenings per Eligible	CN		4.20	2.25	0.92	0.92	0.93	0.93	0.92
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.75
	Total		4.20	2.25	0.92	0.92	0.93	0.93	0.92
5. Expected Number of Screenings	CN	116,987	19,597	25,020	14,907	18,957	18,249	13,366	6,891
	MN	1	0	0	0	0	0	0	1
	Total	116,988	19,597	25,020	14,907	18,957	18,249	13,366	6,892
6. Total Screens Received	CN	109,791	21,155	24,551	15,873	16,899	16,825	11,024	3,464
	MN	0	0	0	0	0	0	0	0
	Total	109,791	21,155	24,551	15,873	16,899	16,825	11,024	3,464
7. SCREENING RATIO	CN	0.94	1.00	0.98	1.00	0.89	0.92	0.82	0.50
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.94	1.00	0.98	1.00	0.89	0.92	0.82	0.50

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: District of Columbia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	88,156	4,666	11,120	14,907	18,957	18,249	13,366	6,891
	MN	1	0	0	0	0	0	0	1
	Total	88,157	4,666	11,120	14,907	18,957	18,249	13,366	6,892
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	56,674	4,149	8,640	10,674	12,003	11,659	7,358	2,191
	MN	0	0	0	0	0	0	0	0
	Total	56,674	4,149	8,640	10,674	12,003	11,659	7,358	2,191
10. PARTICIPANT RATIO	CN	0.64	0.89	0.78	0.72	0.63	0.64	0.55	0.32
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	0.89	0.78	0.72	0.63	0.64	0.55	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	27,402	3,385	5,676	4,126	4,626	4,855	3,541	1,193
	MN	1	0	0	0	0	0	0	1
	Total	27,403	3,385	5,676	4,126	4,626	4,855	3,541	1,194
12a. Total Eligibles Receiving Any Dental Services	CN	50,942	41	3,597	10,582	13,926	12,375	7,707	2,714
	MN	0	0	0	0	0	0	0	0
	Total	50,942	41	3,597	10,582	13,926	12,375	7,707	2,714
12b. Total Eligibles Receiving Preventive Dental Services	CN	46,956	11	3,138	9,848	13,164	11,614	6,938	2,243
	MN	0	0	0	0	0	0	0	0
	Total	46,956	11	3,138	9,848	13,164	11,614	6,938	2,243
12c. Total Eligibles Receiving Dental Treatment Services	CN	17,530	1	135	2,348	5,242	4,791	3,571	1,442
	MN	0	0	0	0	0	0	0	0
	Total	17,530	1	135	2,348	5,242	4,791	3,571	1,442
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	9,506				4,451	5,055		
	MN	0				0	0		
	Total	9,506				4,451	5,055		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: District of Columbia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	49,399	40	3,518	10,385	13,614	11,925	7,359	2,558
	MN	0	0	0	0	0	0	0	0
	Total	49,399	40	3,518	10,385	13,614	11,925	7,359	2,558
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,168	131	600	627	450	245	109	6
	MN	0	0	0	0	0	0	0	0
	Total	2,168	131	600	627	450	245	109	6
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	51,753	170	3,955	10,723	14,009	12,433	7,747	2,716
	MN	0	0	0	0	0	0	0	0
	Total	51,753	170	3,955	10,723	14,009	12,433	7,747	2,716
13. Total Eligibles Enrolled in Managed Care	CN	87,399	4,303	10,675	15,595	19,621	18,178	12,641	6,386
	MN	1	0	0	0	0	0	0	1
	Total	87,400	4,303	10,675	15,595	19,621	18,178	12,641	6,387
14. Total Number of Screening Blood Lead Tests	CN	9,473	297	6,198	2,978				
	MN	0	0	0	0				
	Total	9,473	297	6,198	2,978				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Florida

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	2,612,337	150,418	306,755	417,376	554,194	606,851	432,696	144,047
	MN	39,392	484	1,641	2,566	5,109	6,218	6,033	17,341
	Total	2,651,729	150,902	308,396	419,942	559,303	613,069	438,729	161,388
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	2,485,381	121,316	297,588	403,864	534,339	583,594	414,456	130,224
	MN	17,093	144	875	1,025	2,302	2,579	2,439	7,729
	Total	2,502,474	121,460	298,463	404,889	536,641	586,173	416,895	137,953
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	129,729	1	0	3	42,633	50,015	35,548	1,529
	MN	857	0	0	0	275	304	268	10
	Total	130,586	1	0	3	42,908	50,319	35,816	1,539
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	26,976,944	896,739	3,308,938	4,529,889	5,964,546	6,500,799	4,559,957	1,216,076
	MN	116,640	939	6,280	7,245	16,290	18,442	17,300	50,144
	Total	27,093,584	897,678	3,315,218	4,537,134	5,980,836	6,519,241	4,577,257	1,266,220
3b. Average Period of Eligibility	CN	0.90	0.62	0.93	0.93	0.93	0.93	0.92	0.78
	MN	0.57	0.54	0.60	0.59	0.59	0.60	0.59	0.54
	Total	0.90	0.62	0.93	0.93	0.93	0.93	0.91	0.76
4. Expected Number of Screenings per Eligible	CN		4.34	2.33	0.93	0.93	0.93	0.92	0.78
	MN		3.78	1.50	0.59	0.59	0.60	0.59	0.54
	Total		4.34	2.33	0.93	0.93	0.93	0.91	0.76
5. Expected Number of Screenings	CN	3,118,037	526,511	693,380	375,594	496,935	542,742	381,300	101,575
	MN	10,980	544	1,313	605	1,358	1,547	1,439	4,174
	Total	3,129,017	527,055	694,693	376,199	498,293	544,289	382,739	105,749
6. Total Screens Received	CN	2,238,263	504,992	633,521	318,108	279,078	308,016	172,149	22,399
	MN	5,682	414	1,422	536	684	823	648	1,155
	Total	2,243,945	505,406	634,943	318,644	279,762	308,839	172,797	23,554
7. SCREENING RATIO	CN	0.72	0.96	0.91	0.85	0.56	0.57	0.45	0.22
	MN	0.52	0.76	1.00	0.89	0.50	0.53	0.45	0.28
	Total	0.72	0.96	0.91	0.85	0.56	0.57	0.45	0.22

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Florida

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	2,317,050	121,316	297,588	375,594	496,935	542,742	381,300	101,575
	MN	10,142	144	875	605	1,358	1,547	1,439	4,174
	Total	2,327,192	121,460	298,463	376,199	498,293	544,289	382,739	105,749
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	1,357,243	113,878	247,532	278,148	259,258	283,550	155,087	19,790
	MN	4,380	122	709	495	658	782	591	1,023
	Total	1,361,623	114,000	248,241	278,643	259,916	284,332	155,678	20,813
10. PARTICIPANT RATIO	CN	0.59	0.94	0.83	0.74	0.52	0.52	0.41	0.19
	MN	0.43	0.85	0.81	0.82	0.48	0.51	0.41	0.25
	Total	0.59	0.94	0.83	0.74	0.52	0.52	0.41	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	1,813,662	115,560	264,878	338,665	387,975	399,203	251,359	56,022
	MN	10,404	131	809	824	1,502	1,589	1,420	4,129
	Total	1,824,066	115,691	265,687	339,489	389,477	400,792	252,779	60,151
12a. Total Eligibles Receiving Any Dental Services	CN	942,197	781	38,722	163,841	279,913	274,440	158,031	26,469
	MN	4,310	0	68	279	872	880	677	1,534
	Total	946,507	781	38,790	164,120	280,785	275,320	158,708	28,003
12b. Total Eligibles Receiving Preventive Dental Services	CN	851,498	332	35,280	151,261	260,172	252,136	133,468	18,849
	MN	3,414	0	60	254	779	780	516	1,025
	Total	854,912	332	35,340	151,515	260,951	252,916	133,984	19,874
12c. Total Eligibles Receiving Dental Treatment Services	CN	366,307	270	4,083	47,288	117,923	108,857	74,720	13,166
	MN	1,788	0	7	69	329	307	322	754
	Total	368,095	270	4,090	47,357	118,252	109,164	75,042	13,920
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	155,865				84,399	71,466		
	MN	426				214	212		
	Total	156,291				84,613	71,678		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Florida

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	871,943	571	36,149	155,462	257,556	254,678	143,887	23,640
	MN	3,785	0	65	264	773	786	582	1,315
	Total	875,728	571	36,214	155,726	258,329	255,464	144,469	24,955
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	111,461	4,705	82,661	22,226	869	703	288	9
	MN	286	6	238	37	1	3	0	1
	Total	111,747	4,711	82,899	22,263	870	706	288	10
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	1,032,407	5,423	109,078	178,143	280,309	274,792	158,188	26,474
	MN	4,564	6	282	308	873	883	677	1,535
	Total	1,036,971	5,429	109,360	178,451	281,182	275,675	158,865	28,009
13. Total Eligibles Enrolled in Managed Care	CN	2,432,636	120,864	296,387	398,818	524,097	568,289	400,293	123,888
	MN	16,280	138	859	979	2,204	2,457	2,316	7,327
	Total	2,448,916	121,002	297,246	399,797	526,301	570,746	402,609	131,215
14. Total Number of Screening Blood Lead Tests	CN	206,862	2,612	146,066	58,184				
	MN	498	3	395	100				
	Total	207,360	2,615	146,461	58,284				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Georgia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,440,267	86,937	171,455	233,368	316,993	341,394	232,283	57,837
	MN	93	4	5	12	17	30	21	4
	Total	1,440,360	86,941	171,460	233,380	317,010	341,424	232,304	57,841
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,359,572	63,689	164,058	224,738	305,710	329,378	223,050	48,949
	MN	68	1	4	8	17	20	16	2
	Total	1,359,640	63,690	164,062	224,746	305,727	329,398	223,066	48,951
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	14,431,416	499,671	1,733,225	2,438,490	3,342,820	3,613,645	2,409,051	394,514
	MN	671	3	43	80	175	198	150	22
	Total	14,432,087	499,674	1,733,268	2,438,570	3,342,995	3,613,843	2,409,201	394,536
3b. Average Period of Eligibility	CN	0.88	0.65	0.88	0.90	0.91	0.91	0.90	0.67
	MN	0.82	0.25	0.90	0.83	0.86	0.83	0.78	0.92
	Total	0.88	0.65	0.88	0.90	0.91	0.91	0.90	0.67
4. Expected Number of Screenings per Eligible	CN		4.55	2.20	0.90	0.91	0.91	0.90	0.67
	MN		1.75	2.25	0.83	0.86	0.83	0.78	0.92
	Total		4.55	2.20	0.90	0.91	0.91	0.90	0.67
5. Expected Number of Screenings	CN	1,664,448	289,785	360,928	202,264	278,196	299,734	200,745	32,796
	MN	64	2	9	7	15	17	12	2
	Total	1,664,512	289,787	360,937	202,271	278,211	299,751	200,757	32,798
6. Total Screens Received	CN	1,138,082	270,030	329,612	159,045	141,100	156,691	77,548	4,056
	MN	38	0	13	2	8	11	4	0
	Total	1,138,120	270,030	329,625	159,047	141,108	156,702	77,552	4,056
7. SCREENING RATIO	CN	0.68	0.93	0.91	0.79	0.51	0.52	0.39	0.12
	MN	0.59	0.00	1.00	0.29	0.53	0.65	0.33	0.00
	Total	0.68	0.93	0.91	0.79	0.51	0.52	0.39	0.12

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Georgia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,241,482	63,689	164,058	202,264	278,196	299,734	200,745	32,796
	MN	58	1	4	7	15	17	12	2
	Total	1,241,540	63,690	164,062	202,271	278,211	299,751	200,757	32,798
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	688,768	60,973	133,396	139,227	133,034	146,373	71,992	3,773
	MN	29	0	4	2	8	11	4	0
	Total	688,797	60,973	133,400	139,229	133,042	146,384	71,996	3,773
10. PARTICIPANT RATIO	CN	0.55	0.96	0.81	0.69	0.48	0.49	0.36	0.12
	MN	0.50	0.00	1.00	0.29	0.53	0.65	0.33	0.00
	Total	0.55	0.96	0.81	0.69	0.48	0.49	0.36	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	34,879	5,123	7,039	6,243	6,471	6,594	3,261	148
	MN	5	0	0	0	1	3	1	0
	Total	34,884	5,123	7,039	6,243	6,472	6,597	3,262	148
12a. Total Eligibles Receiving Any Dental Services	CN	708,068	253	32,070	133,276	209,070	207,864	112,954	12,581
	MN	40	0	0	5	11	14	9	1
	Total	708,108	253	32,070	133,281	209,081	207,878	112,963	12,582
12b. Total Eligibles Receiving Preventive Dental Services	CN	670,994	102	27,927	127,721	202,572	200,131	102,677	9,864
	MN	37	0	0	4	10	14	8	1
	Total	671,031	102	27,927	127,725	202,582	200,145	102,685	9,865
12c. Total Eligibles Receiving Dental Treatment Services	CN	311,028	58	5,781	48,239	104,267	91,302	55,313	6,068
	MN	20	0	0	2	7	7	4	0
	Total	311,048	58	5,781	48,241	104,274	91,309	55,317	6,068
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	63,512				36,167	27,345		
	MN	2				0	2		
	Total	63,514				36,167	27,347		



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Georgia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	694,071	244	31,783	131,624	205,304	203,756	109,444	11,916
	MN	38	0	0	4	11	14	8	1
	Total	694,109	244	31,783	131,628	205,315	203,770	109,452	11,917
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	9,932	480	5,223	2,435	1,056	680	57	1
	MN	0	0	0	0	0	0	0	0
	Total	9,932	480	5,223	2,435	1,056	680	57	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	713,988	728	36,378	134,168	209,221	207,952	112,960	12,581
	MN	40	0	0	5	11	14	9	1
	Total	714,028	728	36,378	134,173	209,232	207,966	112,969	12,582
13. Total Eligibles Enrolled in Managed Care	CN	1,292,184	63,269	160,980	217,539	291,532	309,877	207,184	41,803
	MN	63	0	4	7	15	20	16	1
	Total	1,292,247	63,269	160,984	217,546	291,547	309,897	207,200	41,804
14. Total Number of Screening Blood Lead Tests	CN	103,482	3,028	88,300	12,154				
	MN	5	0	5	0				
	Total	103,487	3,028	88,305	12,154				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Guam

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	27,929	3,066	3,429	4,686	5,717	5,809	4,059	1,163
	MN	0	0	0	0	0	0	0	0
	Total	27,929	3,066	3,429	4,686	5,717	5,809	4,059	1,163
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	27,929	3,066	3,429	4,686	5,717	5,809	4,059	1,163
	MN	0	0	0	0	0	0	0	0
	Total	27,929	3,066	3,429	4,686	5,717	5,809	4,059	1,163
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			3	2	1	2	1	1	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			3.00	1.00	0.33	0.50	0.20	0.25	0.50
3a. Total Months of Eligibility	CN	84	12	12	12	12	12	12	12
	MN	0	0	0	0	0	0	0	0
	Total	84	12	12	12	12	12	12	12
3b. Average Period of Eligibility	CN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Expected Number of Screenings per Eligible	CN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Expected Number of Screenings	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
6. Total Screens Received	CN	6,152	2,373	651	1,178	471	1,180	284	15
	MN	0	0	0	0	0	0	0	0
	Total	6,152	2,373	651	1,178	471	1,180	284	15
7. SCREENING RATIO	CN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Guam

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	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
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	5,055	1,350	595	1,174	466	1,173	282	15
	MN	0	0	0	0	0	0	0	0
	Total	5,055	1,350	595	1,174	466	1,173	282	15
10. PARTICIPANT RATIO	CN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Total Eligibles Referred for Corrective Treatment	CN	712	0	3	41	137	289	196	46
	MN	0	0	0	0	0	0	0	0
	Total	712	0	3	41	137	289	196	46
12a. Total Eligibles Receiving Any Dental Services	CN	17,507	15	1,370	4,653	3,571	4,224	3,068	606
	MN	0	0	0	0	0	0	0	0
	Total	17,507	15	1,370	4,653	3,571	4,224	3,068	606
12b. Total Eligibles Receiving Preventive Dental Services	CN	6,407	7	465	1,551	1,180	1,945	1,099	160
	MN	0	0	0	0	0	0	0	0
	Total	6,407	7	465	1,551	1,180	1,945	1,099	160
12c. Total Eligibles Receiving Dental Treatment Services	CN	5,223	0	233	1,189	1,366	1,282	942	211
	MN	0	0	0	0	0	0	0	0
	Total	5,223	0	233	1,189	1,366	1,282	942	211
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	1,646				819	827		
	MN	0				0	0		
	Total	1,646				819	827		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Guam

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	7,303	13	680	1,916	1,225	1,997	1,227	245
	MN	0	0	0	0	0	0	0	0
	Total	7,303	13	680	1,916	1,225	1,997	1,227	245
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	17,507	15	1,370	4,653	3,571	4,224	3,068	606
	MN	0	0	0	0	0	0	0	0
	Total	17,507	15	1,370	4,653	3,571	4,224	3,068	606
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	34	1	7	26				
	MN	0	0	0	0				
	Total	34	1	7	26				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Hawaii

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	181,289	9,963	20,556	29,391	37,589	41,299	29,517	12,974
	MN	0	0	0	0	0	0	0	0
	Total	181,289	9,963	20,556	29,391	37,589	41,299	29,517	12,974
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	150,201	5,643	15,569	25,166	31,189	36,199	25,735	10,700
	MN	0	0	0	0	0	0	0	0
	Total	150,201	5,643	15,569	25,166	31,189	36,199	25,735	10,700
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	20,768	190	1,521	3,377	4,519	6,108	4,820	233
	MN	0	0	0	0	0	0	0	0
	Total	20,768	190	1,521	3,377	4,519	6,108	4,820	233
2a. State Periodicity Schedule			6	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	1,644,780	45,332	156,869	283,459	336,991	412,397	292,939	116,793
	MN	0	0	0	0	0	0	0	0
	Total	1,644,780	45,332	156,869	283,459	336,991	412,397	292,939	116,793
3b. Average Period of Eligibility	CN	0.91	0.67	0.84	0.94	0.90	0.95	0.95	0.91
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.67	0.84	0.94	0.90	0.95	0.95	0.91
4. Expected Number of Screenings per Eligible	CN		4.02	1.68	0.94	0.45	0.57	0.48	0.46
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.02	1.68	0.94	0.45	0.57	0.48	0.46
5. Expected Number of Screenings	CN	124,440	22,685	26,156	23,656	14,035	20,633	12,353	4,922
	MN	0	0	0	0	0	0	0	0
	Total	124,440	22,685	26,156	23,656	14,035	20,633	12,353	4,922
6. Total Screens Received	CN	121,938	26,034	33,546	19,171	13,912	16,705	11,185	1,385
	MN	0	0	0	0	0	0	0	0
	Total	121,938	26,034	33,546	19,171	13,912	16,705	11,185	1,385
7. SCREENING RATIO	CN	0.98	1.00	1.00	0.81	0.99	0.81	0.91	0.28
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.98	1.00	1.00	0.81	0.99	0.81	0.91	0.28

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Hawaii

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	101,449	6,162	16,825	24,499	14,676	21,351	12,819	5,117
	MN	0	0	0	0	0	0	0	0
	Total	101,449	6,162	16,825	24,499	14,676	21,351	12,819	5,117
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	75,914	5,386	12,861	17,466	13,124	15,514	10,274	1,289
	MN	0	0	0	0	0	0	0	0
	Total	75,914	5,386	12,861	17,466	13,124	15,514	10,274	1,289
10. PARTICIPANT RATIO	CN	0.75	0.87	0.76	0.71	0.89	0.73	0.80	0.25
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.75	0.87	0.76	0.71	0.89	0.73	0.80	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	37,875	3,843	7,721	7,337	5,436	7,187	5,287	1,064
	MN	0	0	0	0	0	0	0	0
	Total	37,875	3,843	7,721	7,337	5,436	7,187	5,287	1,064
12a. Total Eligibles Receiving Any Dental Services	CN	98,764	624	9,611	20,179	25,544	24,484	14,246	4,076
	MN	0	0	0	0	0	0	0	0
	Total	98,764	624	9,611	20,179	25,544	24,484	14,246	4,076
12b. Total Eligibles Receiving Preventive Dental Services	CN	91,546	531	8,020	18,736	24,633	23,461	12,816	3,349
	MN	0	0	0	0	0	0	0	0
	Total	91,546	531	8,020	18,736	24,633	23,461	12,816	3,349
12c. Total Eligibles Receiving Dental Treatment Services	CN	48,816	410	3,212	10,040	12,820	11,816	8,056	2,462
	MN	0	0	0	0	0	0	0	0
	Total	48,816	410	3,212	10,040	12,820	11,816	8,056	2,462
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	10,098				5,801	4,297		
	MN	0				0	0		
	Total	10,098				5,801	4,297		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Hawaii

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	77,683	234	7,070	15,558	20,230	19,732	11,510	3,349
	MN	0	0	0	0	0	0	0	0
	Total	77,683	234	7,070	15,558	20,230	19,732	11,510	3,349
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	98,764	624	9,611	20,179	25,544	24,484	14,246	4,076
	MN	0	0	0	0	0	0	0	0
	Total	98,764	624	9,611	20,179	25,544	24,484	14,246	4,076
13. Total Eligibles Enrolled in Managed Care	CN	150,201	5,643	15,569	25,166	31,189	36,199	25,735	10,700
	MN	0	0	0	0	0	0	0	0
	Total	150,201	5,643	15,569	25,166	31,189	36,199	25,735	10,700
14. Total Number of Screening Blood Lead Tests	CN	8,608	567	6,366	1,617				
	MN	0	0	0	0				
	Total	8,608	567	6,366	1,617				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Idaho

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	216,347	9,103	26,484	36,791	48,188	52,602	35,241	7,938
	MN	0	0	0	0	0	0	0	0
	Total	216,347	9,103	26,484	36,791	48,188	52,602	35,241	7,938
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	216,347	9,103	26,484	36,791	48,188	52,602	35,241	7,938
	MN	0	0	0	0	0	0	0	0
	Total	216,347	9,103	26,484	36,791	48,188	52,602	35,241	7,938
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	31,607	1	0	0	10,975	11,847	7,652	1,132
	MN	0	0	0	0	0	0	0	0
	Total	31,607	1	0	0	10,975	11,847	7,652	1,132
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	2,296,440	71,747	285,637	404,128	535,865	561,985	371,758	65,320
	MN	0	0	0	0	0	0	0	0
	Total	2,296,440	71,747	285,637	404,128	535,865	561,985	371,758	65,320
3b. Average Period of Eligibility	CN	0.88	0.66	0.90	0.92	0.93	0.89	0.88	0.69
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	0.66	0.90	0.92	0.93	0.89	0.88	0.69
4. Expected Number of Screenings per Eligible	CN		3.96	2.25	0.92	0.93	0.89	0.88	0.69
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.96	2.25	0.92	0.93	0.89	0.88	0.69
5. Expected Number of Screenings	CN	257,605	36,048	59,589	33,848	44,815	46,816	31,012	5,477
	MN	0	0	0	0	0	0	0	0
	Total	257,605	36,048	59,589	33,848	44,815	46,816	31,012	5,477
6. Total Screens Received	CN	152,135	39,205	46,941	20,175	17,532	18,586	8,845	851
	MN	0	0	0	0	0	0	0	0
	Total	152,135	39,205	46,941	20,175	17,532	18,586	8,845	851
7. SCREENING RATIO	CN	0.59	1.00	0.79	0.60	0.39	0.40	0.29	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.59	1.00	0.79	0.60	0.39	0.40	0.29	0.16



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Idaho

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	197,555	9,103	26,484	33,848	44,815	46,816	31,012	5,477
	MN	0	0	0	0	0	0	0	0
	Total	197,555	9,103	26,484	33,848	44,815	46,816	31,012	5,477
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	92,491	8,698	20,120	18,460	17,369	18,237	8,756	851
	MN	0	0	0	0	0	0	0	0
	Total	92,491	8,698	20,120	18,460	17,369	18,237	8,756	851
10. PARTICIPANT RATIO	CN	0.47	0.96	0.76	0.55	0.39	0.39	0.28	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.47	0.96	0.76	0.55	0.39	0.39	0.28	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	59,668	7,954	15,421	10,482	9,407	10,561	5,843	660
	MN	0	0	0	0	0	0	0	0
	Total	60,328	7,954	15,421	10,482	9,407	10,561	5,843	660
12a. Total Eligibles Receiving Any Dental Services	CN	124,312	0	4,978	21,817	35,359	37,113	21,332	3,713
	MN	0	0	0	0	0	0	0	0
	Total	124,312	0	4,978	21,817	35,359	37,113	21,332	3,713
12b. Total Eligibles Receiving Preventive Dental Services	CN	122,886	0	4,298	21,817	35,359	37,113	21,332	2,967
	MN	0	0	0	0	0	0	0	0
	Total	122,886	0	4,298	21,817	35,359	37,113	21,332	2,967
12c. Total Eligibles Receiving Dental Treatment Services	CN	55,531	0	399	7,227	17,691	17,063	11,065	2,086
	MN	0	0	0	0	0	0	0	0
	Total	55,531	0	399	7,227	17,691	17,063	11,065	2,086
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	23,482				9,996	13,486		
	MN	0				0	0		
	Total	23,482				9,996	13,486		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Idaho

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	122,313	0	4,976	21,662	34,940	36,435	20,751	3,549
	MN	0	0	0	0	0	0	0	0
	Total	122,313	0	4,976	21,662	34,940	36,435	20,751	3,549
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	124,312	0	4,978	21,817	35,359	37,113	21,332	3,713
	MN	0	0	0	0	0	0	0	0
	Total	124,312	0	4,978	21,817	35,359	37,113	21,332	3,713
13. Total Eligibles Enrolled in Managed Care	CN	180,436	1	21,471	32,006	42,469	46,376	30,823	7,290
	MN	0	0	0	0	0	0	0	0
	Total	180,436	1	21,471	32,006	42,469	46,376	30,823	7,290
14. Total Number of Screening Blood Lead Tests	CN	6,085	41	4,535	1,509				
	MN	0	0	0	0				
	Total	6,085	41	4,535	1,509				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Illinois

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,556,460	86,258	174,054	234,842	325,127	366,187	259,358	110,634
	MN	0	0	0	0	0	0	0	0
	Total	1,556,460	86,258	174,054	234,842	325,127	366,187	259,358	110,634
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,480,860	62,994	167,047	226,912	315,702	355,713	250,782	101,710
	MN	0	0	0	0	0	0	0	0
	Total	1,480,860	62,994	167,047	226,912	315,702	355,713	250,782	101,710
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	110,401	0	0	7,330	34,058	40,276	28,229	508
	MN	0	0	0	0	0	0	0	0
	Total	110,401	0	0	7,330	34,058	40,276	28,229	508
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	16,474,181	465,067	1,880,827	2,584,953	3,624,748	4,086,607	2,856,045	975,934
	MN	0	0	0	0	0	0	0	0
	Total	16,474,181	465,067	1,880,827	2,584,953	3,624,748	4,086,607	2,856,045	975,934
3b. Average Period of Eligibility	CN	0.93	0.62	0.94	0.95	0.96	0.96	0.95	0.80
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.62	0.94	0.95	0.96	0.96	0.95	0.80
4. Expected Number of Screenings per Eligible	CN		3.72	2.35	0.95	0.96	0.96	0.95	0.80
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.72	2.35	0.95	0.96	0.96	0.95	0.80
5. Expected Number of Screenings	CN	1,806,633	234,338	392,560	215,566	303,074	341,484	238,243	81,368
	MN	0	0	0	0	0	0	0	0
	Total	1,806,633	234,338	392,560	215,566	303,074	341,484	238,243	81,368
6. Total Screens Received	CN	1,270,616	253,631	332,483	192,417	143,847	208,007	114,306	25,925
	MN	0	0	0	0	0	0	0	0
	Total	1,270,616	253,631	332,483	192,417	143,847	208,007	114,306	25,925
7. SCREENING RATIO	CN	0.70	1.00	0.85	0.89	0.47	0.61	0.48	0.32
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	1.00	0.85	0.89	0.47	0.61	0.48	0.32

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Illinois

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,409,776	62,994	167,047	215,566	303,074	341,484	238,243	81,368
	MN	0	0	0	0	0	0	0	0
	Total	1,409,776	62,994	167,047	215,566	303,074	341,484	238,243	81,368
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	766,355	57,894	133,633	150,974	127,238	176,828	97,540	22,248
	MN	0	0	0	0	0	0	0	0
	Total	766,355	57,894	133,633	150,974	127,238	176,828	97,540	22,248
10. PARTICIPANT RATIO	CN	0.54	0.92	0.80	0.70	0.42	0.52	0.41	0.27
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.92	0.80	0.70	0.42	0.52	0.41	0.27
11. Total Eligibles Referred for Corrective Treatment	CN	574,147	55,785	119,290	112,353	82,559	117,658	67,924	18,578
	MN	0	0	0	0	0	0	0	0
	Total	574,147	55,785	119,290	112,353	82,559	117,658	67,924	18,578
12a. Total Eligibles Receiving Any Dental Services	CN	653,857	387	28,064	110,139	191,553	198,432	102,281	23,001
	MN	0	0	0	0	0	0	0	0
	Total	653,857	387	28,064	110,139	191,553	198,432	102,281	23,001
12b. Total Eligibles Receiving Preventive Dental Services	CN	602,731	245	25,629	103,971	181,966	185,185	88,044	17,691
	MN	0	0	0	0	0	0	0	0
	Total	602,731	245	25,629	103,971	181,966	185,185	88,044	17,691
12c. Total Eligibles Receiving Dental Treatment Services	CN	232,410	11	1,264	23,853	67,550	77,253	50,606	11,873
	MN	0	0	0	0	0	0	0	0
	Total	232,410	11	1,264	23,853	67,550	77,253	50,606	11,873
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	133,337				68,973	64,364		
	MN	0				0	0		
	Total	133,337				68,973	64,364		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Illinois

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	630,845	380	27,807	108,602	188,091	191,276	93,674	21,015
	MN	0	0	0	0	0	0	0	0
	Total	630,845	380	27,807	108,602	188,091	191,276	93,674	21,015
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	22,512	667	15,582	3,649	1,192	948	419	55
	MN	0	0	0	0	0	0	0	0
	Total	22,512	667	15,582	3,649	1,192	948	419	55
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	670,912	1,046	41,014	112,265	192,133	198,908	102,518	23,028
	MN	0	0	0	0	0	0	0	0
	Total	670,912	1,046	41,014	112,265	192,133	198,908	102,518	23,028
13. Total Eligibles Enrolled in Managed Care	CN	1,331,448	58,131	159,413	211,028	287,546	314,519	213,502	87,309
	MN	0	0	0	0	0	0	0	0
	Total	1,331,448	58,131	159,413	211,028	287,546	314,519	213,502	87,309
14. Total Number of Screening Blood Lead Tests	CN	219,763	7,496	115,109	97,158				
	MN	0	0	0	0				
	Total	219,763	7,496	115,109	97,158				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Indiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	829,648	47,620	98,844	131,713	174,935	191,236	133,410	51,890
	MN	0	0	0	0	0	0	0	0
	Total	829,648	47,620	98,844	131,713	174,935	191,236	133,410	51,890
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	782,803	34,432	94,941	126,476	168,693	184,715	127,887	45,659
	MN	0	0	0	0	0	0	0	0
	Total	782,803	34,432	94,941	126,476	168,693	184,715	127,887	45,659
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	34,253	64	3,513	5,900	8,148	9,423	6,463	742
	MN	0	0	0	0	0	0	0	0
	Total	34,253	64	3,513	5,900	8,148	9,423	6,463	742
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	8,661,943	269,282	1,065,666	1,419,209	1,905,107	2,091,641	1,430,582	480,456
	MN	0	0	0	0	0	0	0	0
	Total	8,661,943	269,282	1,065,666	1,419,209	1,905,107	2,091,641	1,430,582	480,456
3b. Average Period of Eligibility	CN	0.92	0.65	0.94	0.94	0.94	0.94	0.93	0.88
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.65	0.94	0.94	0.94	0.94	0.93	0.88
4. Expected Number of Screenings per Eligible	CN		4.55	2.35	0.94	0.94	0.94	0.93	0.88
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.55	2.35	0.94	0.94	0.94	0.93	0.88
5. Expected Number of Screenings	CN	989,982	156,666	223,111	118,887	158,571	173,632	118,935	40,180
	MN	0	0	0	0	0	0	0	0
	Total	989,982	156,666	223,111	118,887	158,571	173,632	118,935	40,180
6. Total Screens Received	CN	679,916	146,373	192,482	92,161	82,495	101,284	57,097	8,024
	MN	0	0	0	0	0	0	0	0
	Total	679,916	146,373	192,482	92,161	82,495	101,284	57,097	8,024
7. SCREENING RATIO	CN	0.69	0.93	0.86	0.78	0.52	0.58	0.48	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.69	0.93	0.86	0.78	0.52	0.58	0.48	0.20

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Fiscal Year: 2016

State: Indiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	739,578	34,432	94,941	118,887	158,571	173,632	118,935	40,180
	MN	0	0	0	0	0	0	0	0
	Total	739,578	34,432	94,941	118,887	158,571	173,632	118,935	40,180
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	394,596	32,104	74,696	75,645	72,580	85,155	47,661	6,755
	MN	0	0	0	0	0	0	0	0
	Total	394,596	32,104	74,696	75,645	72,580	85,155	47,661	6,755
10. PARTICIPANT RATIO	CN	0.53	0.93	0.79	0.64	0.46	0.49	0.40	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.53	0.93	0.79	0.64	0.46	0.49	0.40	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	390,850	32,063	74,175	74,762	71,708	84,223	47,221	6,698
	MN	0	0	0	0	0	0	0	0
	Total	390,850	32,063	74,175	74,762	71,708	84,223	47,221	6,698
12a. Total Eligibles Receiving Any Dental Services	CN	360,846	472	19,377	65,469	103,424	103,911	60,599	7,594
	MN	0	0	0	0	0	0	0	0
	Total	360,846	472	19,377	65,469	103,424	103,911	60,599	7,594
12b. Total Eligibles Receiving Preventive Dental Services	CN	339,271	43	16,602	61,520	99,817	100,032	55,250	6,007
	MN	0	0	0	0	0	0	0	0
	Total	339,271	43	16,602	61,520	99,817	100,032	55,250	6,007
12c. Total Eligibles Receiving Dental Treatment Services	CN	147,801	330	1,978	22,173	46,310	42,443	30,664	3,903
	MN	0	0	0	0	0	0	0	0
	Total	147,801	330	1,978	22,173	46,310	42,443	30,664	3,903
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	67,134				31,487	35,647		
	MN	0				0	0		
	Total	67,134				31,487	35,647		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Indiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	353,266	386	19,289	64,648	101,392	101,666	58,710	7,175
	MN	0	0	0	0	0	0	0	0
	Total	353,266	386	19,289	64,648	101,392	101,666	58,710	7,175
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	34,524	18	718	3,776	8,107	9,561	6,104	6,240
	MN	0	0	0	0	0	0	0	0
	Total	34,524	18	718	3,776	8,107	9,561	6,104	6,240
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	380,665	481	19,722	67,244	107,366	109,067	64,005	12,780
	MN	0	0	0	0	0	0	0	0
	Total	380,665	481	19,722	67,244	107,366	109,067	64,005	12,780
13. Total Eligibles Enrolled in Managed Care	CN	700,284	33,132	87,021	113,673	150,662	164,722	110,934	40,140
	MN	0	0	0	0	0	0	0	0
	Total	700,284	33,132	87,021	113,673	150,662	164,722	110,934	40,140
14. Total Number of Screening Blood Lead Tests	CN	41,084	1,104	28,347	11,633				
	MN	0	0	0	0				
	Total	41,084	1,104	28,347	11,633				



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Iowa

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	355,925	22,046	44,345	55,357	73,925	79,480	55,196	25,576
	MN	45	1	4	8	8	9	12	3
	Total	355,970	22,047	44,349	55,365	73,933	79,489	55,208	25,579
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	329,768	17,283	41,493	51,826	69,765	75,179	51,658	22,564
	MN	14	0	3	3	3	0	3	2
	Total	329,782	17,283	41,496	51,829	69,768	75,179	51,661	22,566
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	15,954	147	98	7	5,593	6,076	3,958	75
	MN	0	0	0	0	0	0	0	0
	Total	15,954	147	98	7	5,593	6,076	3,958	75
2a. State Periodicity Schedule			6	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	3,230,178	123,948	402,973	515,436	705,004	768,952	520,882	192,983
	MN	97	0	26	18	12	0	26	15
	Total	3,230,275	123,948	402,999	515,454	705,016	768,952	520,908	192,998
3b. Average Period of Eligibility	CN	0.82	0.60	0.81	0.83	0.84	0.85	0.84	0.71
	MN	0.58	0.00	0.72	0.50	0.33	0.00	0.72	0.63
	Total	0.82	0.60	0.81	0.83	0.84	0.85	0.84	0.71
4. Expected Number of Screenings per Eligible	CN		3.60	1.62	0.83	0.42	0.51	0.42	0.36
	MN		0.00	1.44	0.50	0.17	0.00	0.36	0.32
	Total		3.60	1.62	0.83	0.42	0.51	0.42	0.36
5. Expected Number of Screenings	CN	269,915	62,219	67,219	43,016	29,301	38,341	21,696	8,123
	MN	9	0	4	2	1	0	1	1
	Total	269,924	62,219	67,223	43,018	29,302	38,341	21,697	8,124
6. Total Screens Received	CN	296,632	78,776	89,518	38,603	28,680	34,366	21,274	5,415
	MN	15	0	11	1	0	0	1	2
	Total	296,647	78,776	89,529	38,604	28,680	34,366	21,275	5,417
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.90	0.98	0.90	0.98	0.67
	MN	1.00	0.00	1.00	0.50	0.00	0.00	1.00	1.00
	Total	1.00	1.00	1.00	0.90	0.98	0.90	0.98	0.67

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Iowa

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	199,253	17,283	41,493	43,016	29,301	38,341	21,696	8,123
	MN	8	0	3	2	1	0	1	1
	Total	199,261	17,283	41,496	43,018	29,302	38,341	21,697	8,124
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	152,645	15,985	32,637	31,404	24,220	28,690	16,462	3,247
	MN	5	0	2	1	0	0	1	1
	Total	152,650	15,985	32,639	31,405	24,220	28,690	16,463	3,248
10. PARTICIPANT RATIO	CN	0.77	0.92	0.79	0.73	0.83	0.75	0.76	0.40
	MN	0.63	0.00	0.67	0.50	0.00	0.00	1.00	1.00
	Total	0.77	0.92	0.79	0.73	0.83	0.75	0.76	0.40
11. Total Eligibles Referred for Corrective Treatment	CN	1,606	1,573	25	1	0	0	1	6
	MN	0	0	0	0	0	0	0	0
	Total	1,606	1,573	25	1	0	0	1	6
12a. Total Eligibles Receiving Any Dental Services	CN	172,959	3,292	16,537	32,652	44,612	44,528	25,683	5,655
	MN	4	0	2	0	1	0	1	0
	Total	172,963	3,292	16,539	32,652	44,613	44,528	25,684	5,655
12b. Total Eligibles Receiving Preventive Dental Services	CN	160,533	2,532	14,873	31,293	42,652	42,077	22,614	4,492
	MN	4	0	2	0	1	0	1	0
	Total	160,537	2,532	14,875	31,293	42,653	42,077	22,615	4,492
12c. Total Eligibles Receiving Dental Treatment Services	CN	71,376	109	2,140	10,900	21,210	20,162	13,786	3,069
	MN	1	0	0	0	0	0	1	0
	Total	71,377	109	2,140	10,900	21,210	20,162	13,787	3,069
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	22,232				12,852	9,380		
	MN	0				0	0		
	Total	22,232				12,852	9,380		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Iowa

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	148,049	142	10,010	27,700	40,482	41,033	23,589	5,093
	MN	2	0	1	0	0	0	1	0
	Total	148,051	142	10,011	27,700	40,482	41,033	23,590	5,093
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,555	33	541	862	48	24	38	9
	MN	0	0	0	0	0	0	0	0
	Total	1,555	33	541	862	48	24	38	9
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	173,521	3,311	16,861	32,853	44,621	44,529	25,689	5,657
	MN	4	0	2	0	1	0	1	0
	Total	173,525	3,311	16,863	32,853	44,622	44,529	25,690	5,657
13. Total Eligibles Enrolled in Managed Care	CN	316,773	16,683	40,044	49,904	67,350	72,302	49,481	21,009
	MN	7	0	2	2	1	0	1	1
	Total	316,780	16,683	40,046	49,906	67,351	72,302	49,482	21,010
14. Total Number of Screening Blood Lead Tests	CN	34,182	176	22,771	11,235				
	MN	1	0	1	0				
	Total	34,183	176	22,772	11,235				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Kansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	293,883	17,918	36,593	50,116	65,122	67,655	44,172	12,307
	MN	50	5	3	4	0	0	7	31
	Total	293,933	17,923	36,596	50,120	65,122	67,655	44,179	12,338
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	282,642	14,512	35,695	48,841	63,571	66,046	42,996	10,981
	MN	35	1	2	4	0	0	3	25
	Total	282,677	14,513	35,697	48,845	63,571	66,046	42,999	11,006
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	3,130,285	107,343	403,740	552,669	724,727	755,388	486,521	99,897
	MN	274	3	19	36	0	0	22	194
	Total	3,130,559	107,346	403,759	552,705	724,727	755,388	486,543	100,091
3b. Average Period of Eligibility	CN	0.92	0.62	0.94	0.94	0.95	0.95	0.94	0.76
	MN	0.65	0.25	0.79	0.75	0.00	0.00	0.61	0.65
	Total	0.92	0.62	0.94	0.94	0.95	0.95	0.94	0.76
4. Expected Number of Screenings per Eligible	CN		3.72	2.35	0.94	0.95	0.95	0.94	0.76
	MN		1.50	1.98	0.75	0.00	0.00	0.61	0.65
	Total		3.72	2.35	0.94	0.95	0.95	0.94	0.76
5. Expected Number of Screenings	CN	355,677	53,985	83,883	45,911	60,392	62,744	40,416	8,346
	MN	27	2	4	3	0	0	2	16
	Total	355,704	53,987	83,887	45,914	60,392	62,744	40,418	8,362
6. Total Screens Received	CN	225,019	56,545	62,438	33,145	26,021	29,431	15,895	1,544
	MN	6	0	2	1	0	0	0	3
	Total	225,025	56,545	62,440	33,146	26,021	29,431	15,895	1,547
7. SCREENING RATIO	CN	0.63	1.00	0.74	0.72	0.43	0.47	0.39	0.18
	MN	0.22	0.00	0.50	0.33	0.00	0.00	0.00	0.19
	Total	0.63	1.00	0.74	0.72	0.43	0.47	0.39	0.19

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Kansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	268,016	14,512	35,695	45,911	60,392	62,744	40,416	8,346
	MN	24	1	2	3	0	0	2	16
	Total	268,040	14,513	35,697	45,914	60,392	62,744	40,418	8,362
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	133,007	13,111	26,169	28,275	23,934	26,327	13,850	1,341
	MN	5	0	1	1	0	0	0	3
	Total	133,012	13,111	26,170	28,276	23,934	26,327	13,850	1,344
10. PARTICIPANT RATIO	CN	0.50	0.90	0.73	0.62	0.40	0.42	0.34	0.16
	MN	0.21	0.00	0.50	0.33	0.00	0.00	0.00	0.19
	Total	0.50	0.90	0.73	0.62	0.40	0.42	0.34	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	95,792	12,449	22,360	17,911	14,552	17,526	9,919	1,075
	MN	5	0	1	1	0	0	0	3
	Total	95,797	12,449	22,361	17,912	14,552	17,526	9,919	1,078
12a. Total Eligibles Receiving Any Dental Services	CN	129,748	145	7,638	24,698	38,193	36,821	19,751	2,502
	MN	4	0	0	0	0	0	0	4
	Total	129,752	145	7,638	24,698	38,193	36,821	19,751	2,506
12b. Total Eligibles Receiving Preventive Dental Services	CN	122,805	78	6,739	23,403	36,893	35,489	18,212	1,991
	MN	3	0	0	0	0	0	0	3
	Total	122,808	78	6,739	23,403	36,893	35,489	18,212	1,994
12c. Total Eligibles Receiving Dental Treatment Services	CN	48,473	48	649	7,063	16,132	14,156	9,146	1,279
	MN	1	0	0	0	0	0	0	1
	Total	48,474	48	649	7,063	16,132	14,156	9,146	1,280
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	22,225				11,090	11,135		
	MN	0				0	0		
	Total	22,225				11,090	11,135		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Kansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	118,257	50	5,956	22,593	34,638	34,109	18,584	2,327
	MN	4	0	0	0	0	0	0	4
	Total	118,261	50	5,956	22,593	34,638	34,109	18,584	2,331
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,988	135	787	1,219	1,192	1,046	552	57
	MN	0	0	0	0	0	0	0	0
	Total	4,988	135	787	1,219	1,192	1,046	552	57
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	132,794	278	8,270	25,329	38,842	37,448	20,092	2,535
	MN	4	0	0	0	0	0	0	4
	Total	132,798	278	8,270	25,329	38,842	37,448	20,092	2,539
13. Total Eligibles Enrolled in Managed Care	CN	282,385	14,495	35,659	48,808	63,535	66,007	42,954	10,927
	MN	34	1	2	4	0	0	3	24
	Total	282,419	14,496	35,661	48,812	63,535	66,007	42,957	10,951
14. Total Number of Screening Blood Lead Tests	CN	17,597	244	12,153	5,200				
	MN	2	0	1	1				
	Total	17,599	244	12,154	5,201				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Kentucky

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	592,031	34,270	69,582	94,909	126,622	139,837	100,619	26,192
	MN	14,692	105	1,013	2,177	3,382	3,785	3,777	453
	Total	606,723	34,375	70,595	97,086	130,004	143,622	104,396	26,645
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	558,031	24,581	66,640	91,385	122,112	134,871	96,807	21,635
	MN	14,173	40	1,000	2,131	3,302	3,712	3,633	355
	Total	572,204	24,621	67,640	93,516	125,414	138,583	100,440	21,990
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	26,884	0	385	994	7,469	10,305	7,593	138
	MN	0	0	0	0	0	0	0	0
	Total	26,884	0	385	994	7,469	10,305	7,593	138
2a. State Periodicity Schedule			5	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	5,943,733	185,783	711,901	1,004,673	1,329,508	1,487,444	1,054,008	170,416
	MN	155,761	374	10,879	23,818	37,335	41,768	38,648	2,939
	Total	6,099,494	186,157	722,780	1,028,491	1,366,843	1,529,212	1,092,656	173,355
3b. Average Period of Eligibility	CN	0.89	0.63	0.89	0.92	0.91	0.92	0.91	0.66
	MN	0.92	0.78	0.91	0.93	0.94	0.94	0.89	0.69
	Total	0.89	0.63	0.89	0.92	0.91	0.92	0.91	0.66
4. Expected Number of Screenings per Eligible	CN		3.15	1.78	0.92	0.46	0.92	0.91	0.66
	MN		3.90	1.82	0.93	0.47	0.94	0.89	0.69
	Total		3.15	1.78	0.92	0.46	0.92	0.91	0.66
5. Expected Number of Screenings	CN	562,749	77,430	118,619	84,074	56,172	124,081	88,094	14,279
	MN	12,477	156	1,820	1,982	1,552	3,489	3,233	245
	Total	575,226	77,586	120,439	86,056	57,724	127,570	91,327	14,524
6. Total Screens Received	CN	484,212	110,600	139,636	69,969	50,723	72,523	36,457	4,304
	MN	11,159	199	2,387	1,932	1,875	2,434	2,236	96
	Total	495,371	110,799	142,023	71,901	52,598	74,957	38,693	4,400
7. SCREENING RATIO	CN	0.86	1.00	1.00	0.83	0.90	0.58	0.41	0.30
	MN	0.89	1.00	1.00	0.97	1.00	0.70	0.69	0.39
	Total	0.86	1.00	1.00	0.84	0.91	0.59	0.42	0.30

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Kentucky

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	457,921	24,581	66,640	84,074	56,172	124,081	88,094	14,279
	MN	11,541	40	1,000	1,982	1,552	3,489	3,233	245
	Total	469,462	24,621	67,640	86,056	57,724	127,570	91,327	14,524
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	268,967	23,442	53,441	56,830	42,602	59,751	29,460	3,441
	MN	7,337	37	860	1,458	1,544	1,815	1,548	75
	Total	276,304	23,479	54,301	58,288	44,146	61,566	31,008	3,516
10. PARTICIPANT RATIO	CN	0.59	0.95	0.80	0.68	0.76	0.48	0.33	0.24
	MN	0.64	0.93	0.86	0.74	0.99	0.52	0.48	0.31
	Total	0.59	0.95	0.80	0.68	0.76	0.48	0.34	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	132,981	21,129	34,439	23,481	15,821	23,537	12,917	1,657
	MN	3,883	37	677	719	636	882	896	36
	Total	136,864	21,166	35,116	24,200	16,457	24,419	13,813	1,693
12a. Total Eligibles Receiving Any Dental Services	CN	277,353	173	13,570	51,961	78,312	79,512	47,032	6,793
	MN	8,700	0	381	1,442	2,222	2,330	2,189	136
	Total	286,053	173	13,951	53,403	80,534	81,842	49,221	6,929
12b. Total Eligibles Receiving Preventive Dental Services	CN	247,904	60	11,115	47,655	72,922	72,368	38,989	4,795
	MN	8,032	0	312	1,366	2,131	2,175	1,937	111
	Total	255,936	60	11,427	49,021	75,053	74,543	40,926	4,906
12c. Total Eligibles Receiving Dental Treatment Services	CN	123,130	55	1,394	16,178	35,461	38,331	27,435	4,276
	MN	3,508	0	22	294	841	1,046	1,223	82
	Total	126,638	55	1,416	16,472	36,302	39,377	28,658	4,358
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	32,651				18,882	13,769		
	MN	903				489	414		
	Total	33,554				19,371	14,183		



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Kentucky

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	265,115	148	13,338	50,747	75,370	75,477	43,789	6,246
	MN	8,397	0	375	1,424	2,166	2,231	2,076	125
	Total	273,512	148	13,713	52,171	77,536	77,708	45,865	6,371
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	18,842	13	537	2,738	6,165	5,887	3,079	423
	MN	381	0	19	63	105	95	94	5
	Total	19,223	13	556	2,801	6,270	5,982	3,173	428
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	277,353	173	13,570	51,961	78,312	79,512	47,032	6,793
	MN	8,700	0	381	1,442	2,222	2,330	2,189	136
	Total	286,053	173	13,951	53,403	80,534	81,842	49,221	6,929
13. Total Eligibles Enrolled in Managed Care	CN	557,882	24,575	66,608	91,351	122,080	134,856	96,787	21,625
	MN	14,172	40	1,000	2,131	3,302	3,712	3,632	355
	Total	572,054	24,615	67,608	93,482	125,382	138,568	100,419	21,980
14. Total Number of Screening Blood Lead Tests	CN	39,324	614	27,783	10,927				
	MN	683	5	432	246				
	Total	40,007	619	28,215	11,173				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Louisiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	885,983	45,001	93,389	135,528	188,128	208,806	154,805	60,326
	MN	66	19	5	3	7	12	10	10
	Total	886,049	45,020	93,394	135,531	188,135	208,818	154,815	60,336
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	856,736	36,458	91,483	132,845	184,590	204,862	151,633	54,865
	MN	46	12	3	3	6	5	7	10
	Total	856,782	36,470	91,486	132,848	184,596	204,867	151,640	54,875
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	155,020	707	9,247	15,755	32,146	48,227	39,958	8,980
	MN	3	0	0	0	2	0	0	1
	Total	155,023	707	9,247	15,755	32,148	48,227	39,958	8,981
2a. State Periodicity Schedule			6	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	9,608,685	272,849	1,046,566	1,525,496	2,122,225	2,365,475	1,742,643	533,431
	MN	232	36	9	16	43	30	41	57
	Total	9,608,917	272,885	1,046,575	1,525,512	2,122,268	2,365,505	1,742,684	533,488
3b. Average Period of Eligibility	CN	0.93	0.62	0.95	0.96	0.96	0.96	0.96	0.81
	MN	0.42	0.25	0.25	0.44	0.60	0.50	0.49	0.48
	Total	0.93	0.62	0.95	0.96	0.96	0.96	0.96	0.81
4. Expected Number of Screenings per Eligible	CN		3.72	1.90	0.96	0.48	0.58	0.48	0.41
	MN		1.50	0.50	0.44	0.30	0.30	0.25	0.24
	Total		3.72	1.90	0.96	0.48	0.58	0.48	0.41
5. Expected Number of Screenings	CN	739,675	135,624	173,818	127,531	88,603	118,820	72,784	22,495
	MN	29	18	2	1	2	2	2	2
	Total	739,704	135,642	173,820	127,532	88,605	118,822	72,786	22,497
6. Total Screens Received	CN	750,688	146,838	190,902	104,440	93,736	126,896	79,438	8,438
	MN	7	6	0	0	0	0	1	0
	Total	750,695	146,844	190,902	104,440	93,736	126,896	79,439	8,438
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.82	1.00	1.00	1.00	0.38
	MN	0.24	0.33	0.00	0.00	0.00	0.00	0.50	0.00
	Total	1.00	1.00	1.00	0.82	1.00	1.00	1.00	0.38

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Louisiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	558,174	36,458	91,483	127,531	88,603	118,820	72,784	22,495
	MN	23	12	2	1	2	2	2	2
	Total	558,197	36,470	91,485	127,532	88,605	118,822	72,786	22,497
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	431,737	34,682	73,977	80,153	77,573	97,929	60,176	7,247
	MN	4	3	0	0	0	0	1	0
	Total	431,741	34,685	73,977	80,153	77,573	97,929	60,177	7,247
10. PARTICIPANT RATIO	CN	0.77	0.95	0.81	0.63	0.88	0.82	0.83	0.32
	MN	0.17	0.25	0.00	0.00	0.00	0.00	0.50	0.00
	Total	0.77	0.95	0.81	0.63	0.88	0.82	0.83	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	200,758	22,970	25,955	28,966	42,517	47,184	30,094	3,072
	MN	0	0	0	0	0	0	0	0
	Total	200,758	22,970	25,955	28,966	42,517	47,184	30,094	3,072
12a. Total Eligibles Receiving Any Dental Services	CN	409,122	255	26,244	75,053	110,214	113,135	71,368	12,853
	MN	2	0	0	0	0	0	1	1
	Total	409,124	255	26,244	75,053	110,214	113,135	71,369	12,854
12b. Total Eligibles Receiving Preventive Dental Services	CN	383,277	158	24,686	71,389	104,993	107,395	64,279	10,377
	MN	2	0	0	0	0	0	1	1
	Total	383,279	158	24,686	71,389	104,993	107,395	64,280	10,378
12c. Total Eligibles Receiving Dental Treatment Services	CN	158,505	16	1,878	21,570	47,550	45,266	35,751	6,474
	MN	1	0	0	0	0	0	0	1
	Total	158,506	16	1,878	21,570	47,550	45,266	35,751	6,475
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	40,213				26,040	14,173		
	MN	0				0	0		
	Total	40,213				26,040	14,173		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Louisiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	382,996	229	25,629	70,016	102,954	106,252	66,288	11,628
	MN	1	0	0	0	0	0	0	1
	Total	382,997	229	25,629	70,016	102,954	106,252	66,288	11,629
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	53	0	13	36	4	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	53	0	13	36	4	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	409,122	255	26,244	75,053	110,214	113,135	71,368	12,853
	MN	2	0	0	0	0	0	1	1
	Total	409,124	255	26,244	75,053	110,214	113,135	71,369	12,854
13. Total Eligibles Enrolled in Managed Care	CN	856,101	36,443	91,459	132,814	184,572	204,837	151,547	54,429
	MN	5	0	0	0	0	0	4	1
	Total	856,106	36,443	91,459	132,814	184,572	204,837	151,551	54,430
14. Total Number of Screening Blood Lead Tests	CN	57,613	287	39,884	17,442				
	MN	0	0	0	0				
	Total	57,613	287	39,884	17,442				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Maine

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	131,536	6,438	13,613	19,358	27,247	31,234	23,462	10,184
	MN	16	0	2	2	3	6	3	0
	Total	131,552	6,438	13,615	19,360	27,250	31,240	23,465	10,184
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	126,482	5,283	13,176	18,757	26,448	30,413	22,744	9,661
	MN	16	0	2	2	3	6	3	0
	Total	126,498	5,283	13,178	18,759	26,451	30,419	22,747	9,661
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	33,089	66	1,310	3,379	7,559	10,041	7,892	2,842
	MN	3	0	0	0	0	1	2	0
	Total	33,092	66	1,310	3,379	7,559	10,042	7,894	2,842
2a. State Periodicity Schedule			7	4	4	4	5	4	3
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.33	1.00	1.00	1.00	1.50
3a. Total Months of Eligibility	CN	1,356,261	38,414	141,346	204,144	291,078	335,654	248,270	97,355
	MN	45	0	7	2	5	25	6	0
	Total	1,356,306	38,414	141,353	204,146	291,083	335,679	248,276	97,355
3b. Average Period of Eligibility	CN	0.89	0.61	0.89	0.91	0.92	0.92	0.91	0.84
	MN	0.23	0.00	0.29	0.08	0.14	0.35	0.17	0.00
	Total	0.89	0.61	0.89	0.91	0.92	0.92	0.91	0.84
4. Expected Number of Screenings per Eligible	CN		4.27	1.78	1.21	0.92	0.92	0.91	1.26
	MN		0.00	0.58	0.11	0.14	0.35	0.17	0.00
	Total		4.27	1.78	1.21	0.92	0.92	0.91	1.26
5. Expected Number of Screenings	CN	153,889	22,558	23,453	22,696	24,332	27,980	20,697	12,173
	MN	4	0	1	0	0	2	1	0
	Total	153,893	22,558	23,454	22,696	24,332	27,982	20,698	12,173
6. Total Screens Received	CN	136,645	27,952	38,744	17,176	17,715	20,299	12,163	2,596
	MN	4	0	2	0	0	2	0	0
	Total	136,649	27,952	38,746	17,176	17,715	20,301	12,163	2,596
7. SCREENING RATIO	CN	0.89	1.00	1.00	0.76	0.73	0.73	0.59	0.21
	MN	1.00	0.00	1.00	0.00	0.00	1.00	0.00	0.00
	Total	0.89	1.00	1.00	0.76	0.73	0.73	0.59	0.21

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Maine

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	119,886	5,283	13,176	18,757	24,332	27,980	20,697	9,661
	MN	4	0	1	0	0	2	1	0
	Total	119,890	5,283	13,177	18,757	24,332	27,982	20,698	9,661
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	67,061	5,042	11,402	11,835	13,164	14,872	8,865	1,881
	MN	2	0	1	0	0	1	0	0
	Total	67,063	5,042	11,403	11,835	13,164	14,873	8,865	1,881
10. PARTICIPANT RATIO	CN	0.56	0.95	0.87	0.63	0.54	0.53	0.43	0.19
	MN	0.50	0.00	1.00	0.00	0.00	0.50	0.00	0.00
	Total	0.56	0.95	0.87	0.63	0.54	0.53	0.43	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	47,197	4,264	8,957	7,282	8,603	10,116	6,504	1,471
	MN	2	0	1	0	0	1	0	0
	Total	47,199	4,264	8,958	7,282	8,603	10,117	6,504	1,471
12a. Total Eligibles Receiving Any Dental Services	CN	51,920	127	2,519	8,176	13,985	15,228	9,527	2,358
	MN	0	0	0	0	0	0	0	0
	Total	51,920	127	2,519	8,176	13,985	15,228	9,527	2,358
12b. Total Eligibles Receiving Preventive Dental Services	CN	46,423	49	2,239	7,696	13,069	13,749	7,878	1,743
	MN	0	0	0	0	0	0	0	0
	Total	46,423	49	2,239	7,696	13,069	13,749	7,878	1,743
12c. Total Eligibles Receiving Dental Treatment Services	CN	21,827	68	235	2,476	5,988	6,857	4,904	1,299
	MN	0	0	0	0	0	0	0	0
	Total	21,827	68	235	2,476	5,988	6,857	4,904	1,299
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,607				3,874	3,733		
	MN	0				0	0		
	Total	7,607				3,874	3,733		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Maine

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	41,778	82	1,811	6,710	11,065	12,286	7,838	1,986
	MN	0	0	0	0	0	0	0	0
	Total	41,778	82	1,811	6,710	11,065	12,286	7,838	1,986
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	35,198	496	5,599	5,753	7,299	8,124	5,814	2,113
	MN	0	0	0	0	0	0	0	0
	Total	35,198	496	5,599	5,753	7,299	8,124	5,814	2,113
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	74,051	608	6,968	11,534	17,961	20,130	12,986	3,864
	MN	0	0	0	0	0	0	0	0
	Total	74,051	608	6,968	11,534	17,961	20,130	12,986	3,864
13. Total Eligibles Enrolled in Managed Care	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
14. Total Number of Screening Blood Lead Tests	CN	4,234	27	3,368	839				
	MN	0	0	0	0				
	Total	4,234	27	3,368	839				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Maryland

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	704,208	39,133	80,390	111,579	151,851	159,909	113,229	48,117
	MN	327	3	24	31	36	77	64	92
	Total	704,535	39,136	80,414	111,610	151,887	159,986	113,293	48,209
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	667,342	31,835	77,456	106,910	145,469	153,102	107,883	44,687
	MN	317	0	24	30	35	77	61	90
	Total	667,659	31,835	77,480	106,940	145,504	153,179	107,944	44,777
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	143,660	788	12,249	23,044	34,665	39,831	27,970	5,113
	MN	0	0	0	0	0	0	0	0
	Total	143,660	788	12,249	23,044	34,665	39,831	27,970	5,113
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	7,263,160	233,301	850,464	1,185,562	1,622,788	1,708,403	1,190,844	471,798
	MN	3,196	0	236	287	363	816	619	875
	Total	7,266,356	233,301	850,700	1,185,849	1,623,151	1,709,219	1,191,463	472,673
3b. Average Period of Eligibility	CN	0.91	0.61	0.91	0.92	0.93	0.93	0.92	0.88
	MN	0.84	0.00	0.82	0.80	0.86	0.88	0.85	0.81
	Total	0.91	0.61	0.91	0.92	0.93	0.93	0.92	0.88
4. Expected Number of Screenings per Eligible	CN		3.66	1.82	0.92	0.93	0.93	0.92	0.88
	MN		0.00	1.64	0.80	0.86	0.88	0.85	0.81
	Total		3.66	1.82	0.92	0.93	0.93	0.92	0.88
5. Expected Number of Screenings	CN	772,091	116,516	140,970	98,357	135,286	142,385	99,252	39,325
	MN	286	0	39	24	30	68	52	73
	Total	772,377	116,516	141,009	98,381	135,316	142,453	99,304	39,398
6. Total Screens Received	CN	749,451	146,397	191,704	101,118	102,472	113,184	73,255	21,321
	MN	143	0	17	10	14	41	34	27
	Total	749,594	146,397	191,721	101,128	102,486	113,225	73,289	21,348
7. SCREENING RATIO	CN	0.97	1.00	1.00	1.00	0.76	0.79	0.74	0.54
	MN	0.50	0.00	0.44	0.42	0.47	0.60	0.65	0.37
	Total	0.97	1.00	1.00	1.00	0.76	0.79	0.74	0.54



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Maryland

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	623,896	31,835	77,456	98,357	135,286	142,385	99,252	39,325
	MN	271	0	24	24	30	68	52	73
	Total	624,167	31,835	77,480	98,381	135,316	142,453	99,304	39,398
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	418,741	29,168	65,745	78,041	84,655	90,638	55,627	14,867
	MN	104	0	7	10	12	33	24	18
	Total	418,845	29,168	65,752	78,051	84,667	90,671	55,651	14,885
10. PARTICIPANT RATIO	CN	0.67	0.92	0.85	0.79	0.63	0.64	0.56	0.38
	MN	0.38	0.00	0.29	0.42	0.40	0.49	0.46	0.25
	Total	0.67	0.92	0.85	0.79	0.63	0.64	0.56	0.38
11. Total Eligibles Referred for Corrective Treatment	CN	414,528	28,402	65,591	77,699	84,232	89,986	54,632	13,986
	MN	103	0	7	10	12	33	23	18
	Total	414,631	28,402	65,598	77,709	84,244	90,019	54,655	14,004
12a. Total Eligibles Receiving Any Dental Services	CN	372,721	224	24,164	68,357	101,907	100,908	59,991	17,170
	MN	112	0	1	10	16	40	21	24
	Total	372,833	224	24,165	68,367	101,923	100,948	60,012	17,194
12b. Total Eligibles Receiving Preventive Dental Services	CN	341,295	105	21,084	63,448	95,300	93,935	53,206	14,217
	MN	100	0	1	10	13	38	19	19
	Total	341,395	105	21,085	63,458	95,313	93,973	53,225	14,236
12c. Total Eligibles Receiving Dental Treatment Services	CN	150,351	22	1,067	17,507	44,379	45,889	31,816	9,671
	MN	45	0	0	2	6	17	8	12
	Total	150,396	22	1,067	17,509	44,385	45,906	31,824	9,683
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	63,232				27,261	35,971		
	MN	16				3	13		
	Total	63,248				27,264	35,984		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Maryland

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	345,510	169	22,338	64,050	95,383	93,832	54,421	15,317
	MN	99	0	1	10	14	36	18	20
	Total	345,609	169	22,339	64,060	95,397	93,868	54,439	15,337
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	17,509	554	14,163	2,753	20	15	4	0
	MN	4	0	2	2	0	0	0	0
	Total	17,513	554	14,165	2,755	20	15	4	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	383,653	772	33,382	69,510	101,914	100,913	59,992	17,170
	MN	115	0	3	11	16	40	21	24
	Total	383,768	772	33,385	69,521	101,930	100,953	60,013	17,194
13. Total Eligibles Enrolled in Managed Care	CN	658,865	31,309	76,723	105,884	143,960	151,350	106,037	43,602
	MN	304	0	23	28	33	74	59	87
	Total	659,169	31,309	76,746	105,912	143,993	151,424	106,096	43,689
14. Total Number of Screening Blood Lead Tests	CN	73,197	978	48,635	23,584				
	MN	4	0	1	3				
	Total	73,201	978	48,636	23,587				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Massachusetts

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	697,907	38,123	80,881	103,675	139,555	155,050	120,388	60,235
	MN	0	0	0	0	0	0	0	0
	Total	697,907	38,123	80,881	103,675	139,555	155,050	120,388	60,235
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	627,321	26,500	70,708	94,313	128,363	143,135	110,063	54,239
	MN	0	0	0	0	0	0	0	0
	Total	627,321	26,500	70,708	94,313	128,363	143,135	110,063	54,239
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	362,275	22,327	38,147	51,894	75,721	85,240	67,387	21,559
	MN	0	0	0	0	0	0	0	0
	Total	362,275	22,327	38,147	51,894	75,721	85,240	67,387	21,559
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	6,760,358	193,631	760,310	1,030,383	1,414,488	1,581,749	1,206,073	573,724
	MN	0	0	0	0	0	0	0	0
	Total	6,760,358	193,631	760,310	1,030,383	1,414,488	1,581,749	1,206,073	573,724
3b. Average Period of Eligibility	CN	0.90	0.61	0.90	0.91	0.92	0.92	0.91	0.88
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.61	0.90	0.91	0.92	0.92	0.91	0.88
4. Expected Number of Screenings per Eligible	CN		3.66	1.80	0.91	0.92	0.92	0.91	0.88
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	1.80	0.91	0.92	0.92	0.91	0.88
5. Expected Number of Screenings	CN	707,754	96,990	127,274	85,825	118,094	131,684	100,157	47,730
	MN	0	0	0	0	0	0	0	0
	Total	707,754	96,990	127,274	85,825	118,094	131,684	100,157	47,730
6. Total Screens Received	CN	896,502	120,318	230,848	127,830	131,509	140,341	104,679	40,977
	MN	0	0	0	0	0	0	0	0
	Total	896,502	120,318	230,848	127,830	131,509	140,341	104,679	40,977
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.86
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.86

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Massachusetts

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	580,698	26,500	70,708	85,825	118,094	131,684	100,157	47,730
	MN	0	0	0	0	0	0	0	0
	Total	580,698	26,500	70,708	85,825	118,094	131,684	100,157	47,730
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	410,676	19,009	58,893	69,760	85,205	92,394	63,699	21,716
	MN	0	0	0	0	0	0	0	0
	Total	410,676	19,009	58,893	69,760	85,205	92,394	63,699	21,716
10. PARTICIPANT RATIO	CN	0.71	0.72	0.83	0.81	0.72	0.70	0.64	0.45
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.71	0.72	0.83	0.81	0.72	0.70	0.64	0.45
11. Total Eligibles Referred for Corrective Treatment	CN	347,299	11,293	45,630	56,073	74,399	78,640	56,892	24,372
	MN	0	0	0	0	0	0	0	0
	Total	347,299	11,293	45,630	56,073	74,399	78,640	56,892	24,372
12a. Total Eligibles Receiving Any Dental Services	CN	352,496	254	17,923	57,264	90,857	97,821	64,790	23,587
	MN	0	0	0	0	0	0	0	0
	Total	352,496	254	17,923	57,264	90,857	97,821	64,790	23,587
12b. Total Eligibles Receiving Preventive Dental Services	CN	327,996	112	16,563	55,696	87,917	91,243	56,729	19,736
	MN	0	0	0	0	0	0	0	0
	Total	327,996	112	16,563	55,696	87,917	91,243	56,729	19,736
12c. Total Eligibles Receiving Dental Treatment Services	CN	182,838	105	2,440	17,501	47,167	58,611	41,859	15,155
	MN	0	0	0	0	0	0	0	0
	Total	182,838	105	2,440	17,501	47,167	58,611	41,859	15,155
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	61,221				30,072	31,149		
	MN	0				0	0		
	Total	61,221				30,072	31,149		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Massachusetts

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	326,620	185	17,479	55,516	85,571	89,562	57,343	20,964
	MN	0	0	0	0	0	0	0	0
	Total	326,620	185	17,479	55,516	85,571	89,562	57,343	20,964
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	11,426	78	2,154	2,285	3,861	2,483	468	97
	MN	0	0	0	0	0	0	0	0
	Total	11,426	78	2,154	2,285	3,861	2,483	468	97
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	356,894	313	19,381	58,174	91,870	98,536	64,980	23,640
	MN	0	0	0	0	0	0	0	0
	Total	356,894	313	19,381	58,174	91,870	98,536	64,980	23,640
13. Total Eligibles Enrolled in Managed Care	CN	524,902	11,238	63,338	82,764	111,560	121,427	90,493	44,082
	MN	0	0	0	0	0	0	0	0
	Total	524,902	11,238	63,338	82,764	111,560	121,427	90,493	44,082
14. Total Number of Screening Blood Lead Tests	CN	84,443	2,645	42,729	39,069				
	MN	0	0	0	0				
	Total	84,443	2,645	42,729	39,069				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Michigan

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,228,906	67,878	137,966	189,738	246,818	280,471	210,972	95,063
	MN	6,173	512	413	466	667	890	1,042	2,183
	Total	1,235,079	68,390	138,379	190,204	247,485	281,361	212,014	97,246
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,164,285	55,198	131,877	181,714	236,919	269,196	201,478	87,903
	MN	4,196	329	287	296	389	564	672	1,659
	Total	1,168,481	55,527	132,164	182,010	237,308	269,760	202,150	89,562
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	95,351	9	7,796	13,204	16,538	19,077	31,967	6,760
	MN	0	0	0	0	0	0	0	0
	Total	95,351	9	7,796	13,204	16,538	19,077	31,967	6,760
2a. State Periodicity Schedule			7	4	4	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.33	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	12,350,044	404,286	1,401,371	1,962,331	2,581,529	2,940,818	2,176,440	883,269
	MN	33,722	2,172	2,161	2,333	3,336	4,702	5,105	13,913
	Total	12,383,766	406,458	1,403,532	1,964,664	2,584,865	2,945,520	2,181,545	897,182
3b. Average Period of Eligibility	CN	0.88	0.61	0.89	0.90	0.91	0.91	0.90	0.84
	MN	0.67	0.55	0.63	0.66	0.71	0.69	0.63	0.70
	Total	0.88	0.61	0.88	0.90	0.91	0.91	0.90	0.83
4. Expected Number of Screenings per Eligible	CN		4.27	1.78	1.20	0.91	0.91	0.90	0.84
	MN		3.85	1.26	0.88	0.71	0.69	0.63	0.70
	Total		4.27	1.76	1.20	0.91	0.91	0.90	0.83
5. Expected Number of Screenings	CN	1,404,226	235,695	234,741	218,057	215,596	244,968	181,330	73,839
	MN	4,138	1,267	362	260	276	389	423	1,161
	Total	1,408,364	236,962	235,103	218,317	215,872	245,357	181,753	75,000
6. Total Screens Received	CN	995,633	233,962	260,859	137,433	116,265	139,760	85,994	21,360
	MN	2,243	1,089	307	155	136	194	125	237
	Total	997,876	235,051	261,166	137,588	116,401	139,954	86,119	21,597
7. SCREENING RATIO	CN	0.71	0.99	1.00	0.63	0.54	0.57	0.47	0.29
	MN	0.54	0.86	0.85	0.60	0.49	0.50	0.30	0.20
	Total	0.71	0.99	1.00	0.63	0.54	0.57	0.47	0.29

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Michigan

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,084,522	55,198	131,877	181,714	215,596	244,968	181,330	73,839
	MN	3,125	329	287	260	276	389	423	1,161
	Total	1,087,647	55,527	132,164	181,974	215,872	245,357	181,753	75,000
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	565,035	50,490	99,625	108,411	99,124	117,560	72,023	17,802
	MN	1,101	275	140	110	108	158	107	203
	Total	566,136	50,765	99,765	108,521	99,232	117,718	72,130	18,005
10. PARTICIPANT RATIO	CN	0.52	0.91	0.76	0.60	0.46	0.48	0.40	0.24
	MN	0.35	0.84	0.49	0.42	0.39	0.41	0.25	0.17
	Total	0.52	0.91	0.75	0.60	0.46	0.48	0.40	0.24
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	503,786	432	19,250	87,927	145,901	144,677	82,744	22,855
	MN	1,068	1	20	83	170	213	181	400
	Total	504,854	433	19,270	88,010	146,071	144,890	82,925	23,255
12b. Total Eligibles Receiving Preventive Dental Services	CN	464,710	239	15,961	82,308	139,371	137,748	72,314	16,769
	MN	958	1	16	76	162	204	161	338
	Total	465,668	240	15,977	82,384	139,533	137,952	72,475	17,107
12c. Total Eligibles Receiving Dental Treatment Services	CN	202,451	36	1,327	25,235	62,306	59,145	41,516	12,886
	MN	427	0	1	17	65	76	77	191
	Total	202,878	36	1,328	25,252	62,371	59,221	41,593	13,077
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	68,595				39,208	29,387		
	MN	78				37	41		
	Total	68,673				39,245	29,428		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Michigan

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	482,657	393	18,308	84,362	140,437	139,028	78,668	21,461
	MN	1,014	1	19	81	165	204	171	373
	Total	483,671	394	18,327	84,443	140,602	139,232	78,839	21,834
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	25,544	1,221	8,737	4,347	3,982	5,459	1,784	14
	MN	24	4	6	4	2	6	1	1
	Total	25,568	1,225	8,743	4,351	3,984	5,465	1,785	15
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	524,795	1,639	26,777	91,039	148,909	149,251	84,315	22,865
	MN	1,088	5	24	85	172	219	182	401
	Total	525,883	1,644	26,801	91,124	149,081	149,470	84,497	23,266
13. Total Eligibles Enrolled in Managed Care	CN	1,025,800	48,623	121,642	164,414	210,817	235,056	171,711	73,537
	MN	2,929	288	215	198	268	373	376	1,211
	Total	1,028,729	48,911	121,857	164,612	211,085	235,429	172,087	74,748
14. Total Number of Screening Blood Lead Tests	CN	129,365	2,889	79,833	46,643				
	MN	184	19	109	56				
	Total	129,549	2,908	79,942	46,699				



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Minnesota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	624,465	33,677	74,935	100,125	131,045	142,315	98,678	43,690
	MN	302	10	32	41	40	41	52	86
	Total	624,767	33,687	74,967	100,166	131,085	142,356	98,730	43,776
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	591,366	26,914	71,078	95,642	125,704	136,745	94,500	40,783
	MN	278	6	29	38	37	40	49	79
	Total	591,644	26,920	71,107	95,680	125,741	136,785	94,549	40,862
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	780	90	527	0	0	0	62	101
	MN	0	0	0	0	0	0	0	0
	Total	780	90	527	0	0	0	62	101
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	6,159,379	194,904	736,856	1,006,912	1,344,252	1,475,945	1,008,752	391,758
	MN	2,867	46	298	410	409	408	491	805
	Total	6,162,246	194,950	737,154	1,007,322	1,344,661	1,476,353	1,009,243	392,563
3b. Average Period of Eligibility	CN	0.87	0.60	0.86	0.88	0.89	0.90	0.89	0.80
	MN	0.86	0.64	0.86	0.90	0.92	0.85	0.84	0.85
	Total	0.87	0.60	0.86	0.88	0.89	0.90	0.89	0.80
4. Expected Number of Screenings per Eligible	CN		3.00	1.72	0.88	0.45	0.54	0.45	0.40
	MN		3.20	1.72	0.90	0.46	0.51	0.42	0.43
	Total		3.00	1.72	0.88	0.45	0.54	0.45	0.40
5. Expected Number of Screenings	CN	476,408	80,742	122,254	84,165	56,567	73,842	42,525	16,313
	MN	195	19	50	34	17	20	21	34
	Total	476,603	80,761	122,304	84,199	56,584	73,862	42,546	16,347
6. Total Screens Received	CN	426,048	102,830	125,414	60,103	46,587	55,299	29,125	6,690
	MN	135	20	45	16	9	8	15	22
	Total	426,183	102,850	125,459	60,119	46,596	55,307	29,140	6,712
7. SCREENING RATIO	CN	0.89	1.00	1.00	0.71	0.82	0.75	0.68	0.41
	MN	0.69	1.00	0.90	0.47	0.53	0.40	0.71	0.65
	Total	0.89	1.00	1.00	0.71	0.82	0.75	0.68	0.41

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Minnesota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	371,404	26,914	71,078	84,165	56,567	73,842	42,525	16,313
	MN	161	6	29	34	17	20	21	34
	Total	371,565	26,920	71,107	84,199	56,584	73,862	42,546	16,347
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	266,322	24,938	54,883	55,718	44,650	52,423	27,345	6,365
	MN	88	4	19	16	8	7	15	19
	Total	266,410	24,942	54,902	55,734	44,658	52,430	27,360	6,384
10. PARTICIPANT RATIO	CN	0.72	0.93	0.77	0.66	0.79	0.71	0.64	0.39
	MN	0.55	0.67	0.66	0.47	0.47	0.35	0.71	0.56
	Total	0.72	0.93	0.77	0.66	0.79	0.71	0.64	0.39
11. Total Eligibles Referred for Corrective Treatment	CN	27,689	2,372	5,697	5,557	5,291	5,733	2,764	275
	MN	10	1	3	1	1	2	1	1
	Total	27,699	2,373	5,700	5,558	5,292	5,735	2,765	276
12a. Total Eligibles Receiving Any Dental Services	CN	228,713	176	8,996	38,975	63,528	66,766	38,792	11,480
	MN	79	0	2	7	11	11	21	27
	Total	228,792	176	8,998	38,982	63,539	66,777	38,813	11,507
12b. Total Eligibles Receiving Preventive Dental Services	CN	207,646	105	7,275	36,123	59,778	62,059	33,518	8,788
	MN	61	0	1	6	10	9	15	20
	Total	207,707	105	7,276	36,129	59,788	62,068	33,533	8,808
12c. Total Eligibles Receiving Dental Treatment Services	CN	96,742	11	1,165	13,984	29,540	27,781	18,271	5,990
	MN	40	0	0	1	5	2	14	18
	Total	96,782	11	1,165	13,985	29,545	27,783	18,285	6,008
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	34,198				18,255	15,943		
	MN	2				2	0		
	Total	34,200				18,257	15,943		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Minnesota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	210,934	132	8,153	36,400	58,406	61,752	35,544	10,547
	MN	64	0	2	7	8	9	15	23
	Total	210,998	132	8,155	36,407	58,414	61,761	35,559	10,570
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	47,139	633	14,886	13,742	7,579	6,525	3,053	721
	MN	11	0	6	1	1	0	2	1
	Total	47,150	633	14,892	13,743	7,580	6,525	3,055	722
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	249,817	795	21,293	45,014	64,680	67,455	39,053	11,527
	MN	86	0	7	8	12	11	21	27
	Total	249,903	795	21,300	45,022	64,692	67,466	39,074	11,554
13. Total Eligibles Enrolled in Managed Care	CN	513,038	23,280	64,275	84,089	109,125	116,283	79,993	35,993
	MN	100	3	17	16	9	6	15	34
	Total	513,138	23,283	64,292	84,105	109,134	116,289	80,008	36,027
14. Total Number of Screening Blood Lead Tests	CN	44,160	1,391	35,348	7,421				
	MN	16	0	16	0				
	Total	44,176	1,391	35,364	7,421				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Mississippi

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	463,543	27,723	56,433	77,386	108,313	109,114	67,591	16,983
	MN	0	0	0	0	0	0	0	0
	Total	463,543	27,723	56,433	77,386	108,313	109,114	67,591	16,983
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	438,505	22,181	53,595	74,727	104,358	104,794	64,829	14,021
	MN	0	0	0	0	0	0	0	0
	Total	438,505	22,181	53,595	74,727	104,358	104,794	64,829	14,021
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,993,444	169,366	618,471	870,105	1,222,833	1,229,619	759,260	123,790
	MN	0	0	0	0	0	0	0	0
	Total	4,993,444	169,366	618,471	870,105	1,222,833	1,229,619	759,260	123,790
3b. Average Period of Eligibility	CN	0.95	0.64	0.96	0.97	0.98	0.98	0.98	0.74
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.95	0.64	0.96	0.97	0.98	0.98	0.98	0.74
4. Expected Number of Screenings per Eligible	CN		3.84	2.40	0.97	0.98	0.98	0.98	0.74
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.84	2.40	0.97	0.98	0.98	0.98	0.74
5. Expected Number of Screenings	CN	565,165	85,175	128,628	72,485	102,271	102,698	63,532	10,376
	MN	0	0	0	0	0	0	0	0
	Total	565,165	85,175	128,628	72,485	102,271	102,698	63,532	10,376
6. Total Screens Received	CN	315,549	82,751	96,346	45,398	35,247	38,150	16,359	1,298
	MN	0	0	0	0	0	0	0	0
	Total	315,549	82,751	96,346	45,398	35,247	38,150	16,359	1,298
7. SCREENING RATIO	CN	0.56	0.97	0.75	0.63	0.34	0.37	0.26	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.56	0.97	0.75	0.63	0.34	0.37	0.26	0.13

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Mississippi

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	427,138	22,181	53,595	72,485	102,271	102,698	63,532	10,376
	MN	0	0	0	0	0	0	0	0
	Total	427,138	22,181	53,595	72,485	102,271	102,698	63,532	10,376
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	181,735	21,406	40,132	39,040	31,285	34,009	14,691	1,172
	MN	0	0	0	0	0	0	0	0
	Total	181,735	21,406	40,132	39,040	31,285	34,009	14,691	1,172
10. PARTICIPANT RATIO	CN	0.43	0.97	0.75	0.54	0.31	0.33	0.23	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.43	0.97	0.75	0.54	0.31	0.33	0.23	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	85,429	16,454	27,147	14,128	11,436	11,379	4,562	323
	MN	0	0	0	0	0	0	0	0
	Total	85,429	16,454	27,147	14,128	11,436	11,379	4,562	323
12a. Total Eligibles Receiving Any Dental Services	CN	228,913	174	12,497	45,681	67,772	65,043	33,354	4,392
	MN	0	0	0	0	0	0	0	0
	Total	228,913	174	12,497	45,681	67,772	65,043	33,354	4,392
12b. Total Eligibles Receiving Preventive Dental Services	CN	208,167	52	11,042	43,073	63,505	59,319	27,869	3,307
	MN	0	0	0	0	0	0	0	0
	Total	208,167	52	11,042	43,073	63,505	59,319	27,869	3,307
12c. Total Eligibles Receiving Dental Treatment Services	CN	97,985	8	1,169	13,690	29,000	31,379	20,104	2,635
	MN	0	0	0	0	0	0	0	0
	Total	97,985	8	1,169	13,690	29,000	31,379	20,104	2,635
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	37,747				19,332	18,415		
	MN	0				0	0		
	Total	37,747				19,332	18,415		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Mississippi

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	219,618	165	12,274	44,645	66,148	61,912	30,542	3,932
	MN	0	0	0	0	0	0	0	0
	Total	219,618	165	12,274	44,645	66,148	61,912	30,542	3,932
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	21,704	1,353	8,394	5,774	2,864	1,689	1,393	237
	MN	0	0	0	0	0	0	0	0
	Total	21,704	1,353	8,394	5,774	2,864	1,689	1,393	237
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	239,467	1,517	18,506	46,589	68,535	65,897	33,947	4,476
	MN	0	0	0	0	0	0	0	0
	Total	239,467	1,517	18,506	46,589	68,535	65,897	33,947	4,476
13. Total Eligibles Enrolled in Managed Care	CN	420,331	21,972	52,478	72,555	100,166	99,142	60,812	13,206
	MN	0	0	0	0	0	0	0	0
	Total	420,331	21,972	52,478	72,555	100,166	99,142	60,812	13,206
14. Total Number of Screening Blood Lead Tests	CN	39,268	357	21,826	17,085				
	MN	0	0	0	0				
	Total	39,268	357	21,826	17,085				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Missouri

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	717,324	40,725	87,332	115,403	153,614	166,652	116,133	37,465
	MN	0	0	0	0	0	0	0	0
	Total	717,324	40,725	87,332	115,403	153,614	166,652	116,133	37,465
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	688,366	29,978	85,498	112,544	150,181	162,904	113,069	34,192
	MN	0	0	0	0	0	0	0	0
	Total	688,366	29,978	85,498	112,544	150,181	162,904	113,069	34,192
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	6,848	3	254	563	1,702	2,236	1,742	348
	MN	0	0	0	0	0	0	0	0
	Total	6,848	3	254	563	1,702	2,236	1,742	348
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	7,746,493	236,359	983,610	1,296,420	1,741,975	1,893,193	1,306,728	288,208
	MN	0	0	0	0	0	0	0	0
	Total	7,746,493	236,359	983,610	1,296,420	1,741,975	1,893,193	1,306,728	288,208
3b. Average Period of Eligibility	CN	0.94	0.66	0.96	0.96	0.97	0.97	0.96	0.70
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.94	0.66	0.96	0.96	0.97	0.97	0.96	0.70
4. Expected Number of Screenings per Eligible	CN		3.30	1.92	0.96	0.49	0.58	0.48	0.35
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.30	1.92	0.96	0.49	0.58	0.48	0.35
5. Expected Number of Screenings	CN	605,438	98,927	164,156	108,042	73,589	94,484	54,273	11,967
	MN	0	0	0	0	0	0	0	0
	Total	605,438	98,927	164,156	108,042	73,589	94,484	54,273	11,967
6. Total Screens Received	CN	1,107,539	185,898	270,323	160,575	159,949	179,637	127,148	24,009
	MN	0	0	0	0	0	0	0	0
	Total	1,107,539	185,898	270,323	160,575	159,949	179,637	127,148	24,009
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	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	1.00	1.00	1.00	1.00	1.00	1.00	1.00

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Missouri

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	457,831	29,978	85,498	108,042	73,589	94,484	54,273	11,967
	MN	0	0	0	0	0	0	0	0
	Total	457,831	29,978	85,498	108,042	73,589	94,484	54,273	11,967
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	310,856	27,837	60,210	59,419	55,836	62,786	38,617	6,151
	MN	0	0	0	0	0	0	0	0
	Total	310,856	27,837	60,210	59,419	55,836	62,786	38,617	6,151
10. PARTICIPANT RATIO	CN	0.68	0.93	0.70	0.55	0.76	0.66	0.71	0.51
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.68	0.93	0.70	0.55	0.76	0.66	0.71	0.51
11. Total Eligibles Referred for Corrective Treatment	CN	68,756	8,277	12,847	10,682	11,238	12,635	10,080	2,997
	MN	0	0	0	0	0	0	0	0
	Total	68,756	8,277	12,847	10,682	11,238	12,635	10,080	2,997
12a. Total Eligibles Receiving Any Dental Services	CN	250,529	144	10,915	41,919	75,036	74,066	42,397	6,052
	MN	0	0	0	0	0	0	0	0
	Total	250,529	144	10,915	41,919	75,036	74,066	42,397	6,052
12b. Total Eligibles Receiving Preventive Dental Services	CN	224,849	86	8,778	37,758	69,690	68,267	35,920	4,350
	MN	0	0	0	0	0	0	0	0
	Total	224,849	86	8,778	37,758	69,690	68,267	35,920	4,350
12c. Total Eligibles Receiving Dental Treatment Services	CN	107,803	9	817	12,725	34,679	32,908	23,116	3,549
	MN	0	0	0	0	0	0	0	0
	Total	107,803	9	817	12,725	34,679	32,908	23,116	3,549
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	37,450				20,297	17,153		
	MN	0				0	0		
	Total	37,450				20,297	17,153		



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Missouri

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	236,540	134	10,583	40,079	71,257	69,991	39,051	5,445
	MN	0	0	0	0	0	0	0	0
	Total	236,540	134	10,583	40,079	71,257	69,991	39,051	5,445
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,498	44	1,595	2,004	484	119	211	41
	MN	0	0	0	0	0	0	0	0
	Total	4,498	44	1,595	2,004	484	119	211	41
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	252,421	185	12,199	42,409	75,082	74,083	42,410	6,053
	MN	0	0	0	0	0	0	0	0
	Total	252,421	185	12,199	42,409	75,082	74,083	42,410	6,053
13. Total Eligibles Enrolled in Managed Care	CN	474,593	25,945	59,030	77,725	103,901	111,696	77,370	18,926
	MN	0	0	0	0	0	0	0	0
	Total	474,593	25,945	59,030	77,725	103,901	111,696	77,370	18,926
14. Total Number of Screening Blood Lead Tests	CN	67,605	829	41,043	25,733				
	MN	0	0	0	0				
	Total	67,605	829	41,043	25,733				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Montana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	119,304	6,953	14,222	19,332	25,199	27,333	18,538	7,727
	MN	888	3	0	3	6	12	210	654
	Total	120,192	6,956	14,222	19,335	25,205	27,345	18,748	8,381
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	111,431	5,536	13,600	18,409	24,095	26,129	17,436	6,226
	MN	829	0	0	2	5	11	198	613
	Total	112,260	5,536	13,600	18,411	24,100	26,140	17,634	6,839
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	7,964	94	328	658	2,393	2,773	1,456	262
	MN	0	0	0	0	0	0	0	0
	Total	7,964	94	328	658	2,393	2,773	1,456	262
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,196,838	39,934	146,852	201,178	265,735	289,365	191,580	62,194
	MN	113	12	0	12	0	12	43	34
	Total	1,196,951	39,946	146,852	201,190	265,735	289,377	191,623	62,228
3b. Average Period of Eligibility	CN	0.90	0.60	0.90	0.91	0.92	0.92	0.92	0.83
	MN	0.01	0.00	0.00	0.50	0.00	0.09	0.02	0.00
	Total	0.89	0.60	0.90	0.91	0.92	0.92	0.91	0.76
4. Expected Number of Screenings per Eligible	CN		3.60	2.25	0.91	0.92	0.92	0.92	0.83
	MN		0.00	0.00	0.50	0.00	0.09	0.02	0.00
	Total		3.60	2.25	0.91	0.92	0.92	0.91	0.76
5. Expected Number of Screenings	CN	134,697	19,930	30,600	16,752	22,167	24,039	16,041	5,168
	MN	6	0	0	1	0	1	4	0
	Total	134,703	19,930	30,600	16,753	22,167	24,040	16,045	5,168
6. Total Screens Received	CN	90,862	25,104	28,208	12,852	8,015	10,804	5,271	608
	MN	6	3	3	0	0	0	0	0
	Total	90,868	25,107	28,211	12,852	8,015	10,804	5,271	608
7. SCREENING RATIO	CN	0.67	1.00	0.92	0.77	0.36	0.45	0.33	0.12
	MN	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	1.00	0.92	0.77	0.36	0.45	0.33	0.12

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Montana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	103,303	5,536	13,600	16,752	22,167	24,039	16,041	5,168
	MN	6	0	0	1	0	1	4	0
	Total	103,309	5,536	13,600	16,753	22,167	24,040	16,045	5,168
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	44,141	5,377	10,100	9,480	6,229	8,330	4,105	520
	MN	0	0	0	0	0	0	0	0
	Total	44,141	5,377	10,100	9,480	6,229	8,330	4,105	520
10. PARTICIPANT RATIO	CN	0.43	0.97	0.74	0.57	0.28	0.35	0.26	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.43	0.97	0.74	0.57	0.28	0.35	0.26	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	36,986	4,922	9,100	7,683	5,237	6,469	3,176	399
	MN	2	1	0	0	0	0	1	0
	Total	36,988	4,923	9,100	7,683	5,237	6,469	3,177	399
12a. Total Eligibles Receiving Any Dental Services	CN	51,721	67	3,557	9,345	14,412	14,710	8,115	1,515
	MN	239	0	0	0	1	3	66	169
	Total	51,960	67	3,557	9,345	14,413	14,713	8,181	1,684
12b. Total Eligibles Receiving Preventive Dental Services	CN	49,123	56	3,538	9,207	14,213	13,978	6,978	1,153
	MN	117	0	0	0	1	3	37	76
	Total	49,240	56	3,538	9,207	14,214	13,981	7,015	1,229
12c. Total Eligibles Receiving Dental Treatment Services	CN	50,444	67	3,539	9,285	13,902	14,168	7,995	1,488
	MN	233	0	0	0	0	2	63	168
	Total	50,677	67	3,539	9,285	13,902	14,170	8,058	1,656
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	10,182				5,890	4,292		
	MN	4				1	3		
	Total	10,186				5,891	4,295		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Montana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	48,348	60	3,523	9,143	13,522	13,450	7,311	1,339
	MN	207	0	0	0	0	2	53	152
	Total	48,555	60	3,523	9,143	13,522	13,452	7,364	1,491
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	329	12	154	77	23	22	30	11
	MN	4	0	0	0	0	0	0	4
	Total	333	12	154	77	23	22	30	15
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	51,878	78	3,664	9,371	14,416	14,715	8,116	1,518
	MN	239	0	0	0	1	3	66	169
	Total	52,117	78	3,664	9,371	14,417	14,718	8,182	1,687
13. Total Eligibles Enrolled in Managed Care	CN	107,488	4,816	13,509	18,057	23,381	24,980	16,551	6,194
	MN	0	0	0	0	0	0	0	0
	Total	107,488	4,816	13,509	18,057	23,381	24,980	16,551	6,194
14. Total Number of Screening Blood Lead Tests	CN	2,456	20	1,447	989				
	MN	0	0	0	0				
	Total	2,456	20	1,447	989				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Nebraska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	199,139	12,527	25,427	33,082	44,577	46,818	29,172	7,536
	MN	83	5	13	5	8	11	23	18
	Total	199,222	12,532	25,440	33,087	44,585	46,829	29,195	7,554
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	186,598	10,070	24,069	31,363	42,512	44,675	27,607	6,302
	MN	76	5	11	4	8	11	21	16
	Total	186,674	10,075	24,080	31,367	42,520	44,686	27,628	6,318
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	49,875	516	4,930	7,600	12,365	14,034	9,227	1,203
	MN	0	0	0	0	0	0	0	0
	Total	49,875	516	4,930	7,600	12,365	14,034	9,227	1,203
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,948,048	73,438	254,661	333,024	458,415	484,379	292,915	51,216
	MN	672	25	50	39	80	131	218	129
	Total	1,948,720	73,463	254,711	333,063	458,495	484,510	293,133	51,345
3b. Average Period of Eligibility	CN	0.87	0.61	0.88	0.88	0.90	0.90	0.88	0.68
	MN	0.74	0.42	0.38	0.81	0.83	0.99	0.87	0.67
	Total	0.87	0.61	0.88	0.88	0.90	0.90	0.88	0.68
4. Expected Number of Screenings per Eligible	CN		3.66	2.20	0.88	0.90	0.90	0.88	0.68
	MN		2.52	0.95	0.81	0.83	0.99	0.87	0.67
	Total		3.66	2.20	0.88	0.90	0.90	0.88	0.68
5. Expected Number of Screenings	CN	224,455	36,856	52,952	27,599	38,261	40,208	24,294	4,285
	MN	73	13	10	3	7	11	18	11
	Total	224,528	36,869	52,962	27,602	38,268	40,219	24,312	4,296
6. Total Screens Received	CN	144,274	41,578	44,363	19,182	11,782	18,131	8,696	542
	MN	18	4	3	1	3	0	6	1
	Total	144,292	41,582	44,366	19,183	11,785	18,131	8,702	543
7. SCREENING RATIO	CN	0.64	1.00	0.84	0.70	0.31	0.45	0.36	0.13
	MN	0.25	0.31	0.30	0.33	0.43	0.00	0.33	0.09
	Total	0.64	1.00	0.84	0.69	0.31	0.45	0.36	0.13

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Nebraska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	168,786	10,070	24,069	27,599	38,261	40,208	24,294	4,285
	MN	65	5	10	3	7	11	18	11
	Total	168,851	10,075	24,079	27,602	38,268	40,219	24,312	4,296
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	74,798	9,342	17,325	15,389	10,201	14,960	7,130	451
	MN	12	1	2	1	3	0	4	1
	Total	74,810	9,343	17,327	15,390	10,204	14,960	7,134	452
10. PARTICIPANT RATIO	CN	0.44	0.93	0.72	0.56	0.27	0.37	0.29	0.11
	MN	0.18	0.20	0.20	0.33	0.43	0.00	0.22	0.09
	Total	0.44	0.93	0.72	0.56	0.27	0.37	0.29	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	3,466	1,346	503	407	378	426	365	41
	MN	6	0	0	1	3	0	1	1
	Total	3,472	1,346	503	408	381	426	366	42
12a. Total Eligibles Receiving Any Dental Services	CN	100,506	56	6,256	18,442	29,515	29,202	14,984	2,051
	MN	40	0	0	3	5	9	15	8
	Total	100,546	56	6,256	18,445	29,520	29,211	14,999	2,059
12b. Total Eligibles Receiving Preventive Dental Services	CN	95,110	36	5,614	17,744	28,642	27,933	13,527	1,614
	MN	36	0	0	3	5	8	13	7
	Total	95,146	36	5,614	17,747	28,647	27,941	13,540	1,621
12c. Total Eligibles Receiving Dental Treatment Services	CN	41,758	11	447	5,607	13,710	12,856	7,936	1,191
	MN	12	0	0	0	1	3	5	3
	Total	41,770	11	447	5,607	13,711	12,859	7,941	1,194
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	19,954				10,105	9,849		
	MN	1				0	1		
	Total	19,955				10,105	9,850		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Nebraska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	95,624	52	6,100	17,861	27,908	27,706	14,116	1,881
	MN	39	0	0	3	5	9	14	8
	Total	95,663	52	6,100	17,864	27,913	27,715	14,130	1,889
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,403	57	1,121	621	420	184	0	0
	MN	1	0	0	0	1	0	0	0
	Total	2,404	57	1,121	621	421	184	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	101,626	112	6,994	18,672	29,584	29,229	14,984	2,051
	MN	40	0	0	3	5	9	15	8
	Total	101,666	112	6,994	18,675	29,589	29,238	14,999	2,059
13. Total Eligibles Enrolled in Managed Care	CN	184,397	9,975	23,909	31,062	42,084	44,141	27,155	6,071
	MN	20	4	8	0	1	0	4	3
	Total	184,417	9,979	23,917	31,062	42,085	44,141	27,159	6,074
14. Total Number of Screening Blood Lead Tests	CN	15,952	64	9,830	6,058				
	MN	1	0	1	0				
	Total	15,953	64	9,831	6,058				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Nevada

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	390,719	23,366	46,038	63,301	84,403	90,069	59,022	24,520
	MN	0	0	0	0	0	0	0	0
	Total	390,719	23,366	46,038	63,301	84,403	90,069	59,022	24,520
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	345,071	17,881	42,594	58,040	75,051	78,650	50,994	21,861
	MN	0	0	0	0	0	0	0	0
	Total	345,071	17,881	42,594	58,040	75,051	78,650	50,994	21,861
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	33,867	98	1,904	3,366	9,042	11,169	7,365	923
	MN	0	0	0	0	0	0	0	0
	Total	33,867	98	1,904	3,366	9,042	11,169	7,365	923
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	3,737,741	125,950	451,033	623,300	842,796	905,929	577,765	210,968
	MN	0	0	0	0	0	0	0	0
	Total	3,737,741	125,950	451,033	623,300	842,796	905,929	577,765	210,968
3b. Average Period of Eligibility	CN	0.90	0.59	0.88	0.89	0.94	0.96	0.94	0.80
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.59	0.88	0.89	0.94	0.96	0.94	0.80
4. Expected Number of Screenings per Eligible	CN		2.95	1.76	0.89	0.47	0.58	0.47	0.40
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.95	1.76	0.89	0.47	0.58	0.47	0.40
5. Expected Number of Screenings	CN	292,972	52,749	74,965	51,656	35,274	45,617	23,967	8,744
	MN	0	0	0	0	0	0	0	0
	Total	292,972	52,749	74,965	51,656	35,274	45,617	23,967	8,744
6. Total Screens Received	CN	272,633	69,008	77,671	39,763	31,437	35,225	16,949	2,580
	MN	0	0	0	0	0	0	0	0
	Total	272,633	69,008	77,671	39,763	31,437	35,225	16,949	2,580
7. SCREENING RATIO	CN	0.93	1.00	1.00	0.77	0.89	0.77	0.71	0.30
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	1.00	1.00	0.77	0.89	0.77	0.71	0.30



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Nevada

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	225,733	17,881	42,594	51,656	35,274	45,617	23,967	8,744
	MN	0	0	0	0	0	0	0	0
	Total	225,733	17,881	42,594	51,656	35,274	45,617	23,967	8,744
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	153,847	15,853	31,778	31,699	27,647	30,124	14,428	2,318
	MN	0	0	0	0	0	0	0	0
	Total	153,847	15,853	31,778	31,699	27,647	30,124	14,428	2,318
10. PARTICIPANT RATIO	CN	0.68	0.89	0.75	0.61	0.78	0.66	0.60	0.27
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.68	0.89	0.75	0.61	0.78	0.66	0.60	0.27
11. Total Eligibles Referred for Corrective Treatment	CN	81,682	9,613	20,577	16,439	13,728	13,769	6,654	902
	MN	0	0	0	0	0	0	0	0
	Total	81,682	9,613	20,577	16,439	13,728	13,769	6,654	902
12a. Total Eligibles Receiving Any Dental Services	CN	151,671	125	8,054	25,908	43,405	44,975	23,670	5,534
	MN	0	0	0	0	0	0	0	0
	Total	151,671	125	8,054	25,908	43,405	44,975	23,670	5,534
12b. Total Eligibles Receiving Preventive Dental Services	CN	141,255	61	7,156	24,466	41,703	42,815	20,944	4,110
	MN	0	0	0	0	0	0	0	0
	Total	141,255	61	7,156	24,466	41,703	42,815	20,944	4,110
12c. Total Eligibles Receiving Dental Treatment Services	CN	73,128	26	877	9,770	23,014	22,716	13,355	3,370
	MN	0	0	0	0	0	0	0	0
	Total	73,128	26	877	9,770	23,014	22,716	13,355	3,370
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	35,032				15,376	19,656		
	MN	0				0	0		
	Total	35,032				15,376	19,656		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Nevada

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	146,369	124	7,999	25,325	41,899	43,331	22,479	5,212
	MN	0	0	0	0	0	0	0	0
	Total	146,369	124	7,999	25,325	41,899	43,331	22,479	5,212
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,508	0	138	209	158	323	478	202
	MN	0	0	0	0	0	0	0	0
	Total	1,508	0	138	209	158	323	478	202
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	152,225	125	8,155	26,005	43,471	45,091	23,788	5,590
	MN	0	0	0	0	0	0	0	0
	Total	152,225	125	8,155	26,005	43,471	45,091	23,788	5,590
13. Total Eligibles Enrolled in Managed Care	CN	299,946	16,046	37,709	50,550	65,742	68,298	43,361	18,240
	MN	0	0	0	0	0	0	0	0
	Total	299,946	16,046	37,709	50,550	65,742	68,298	43,361	18,240
14. Total Number of Screening Blood Lead Tests	CN	7,378	108	4,551	2,719				
	MN	0	0	0	0				
	Total	7,378	108	4,551	2,719				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: New Hampshire

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	119,041	5,589	12,351	18,290	24,700	28,346	21,188	8,577
	MN	160	0	5	18	16	35	39	47
	Total	119,201	5,589	12,356	18,308	24,716	28,381	21,227	8,624
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	109,855	3,945	11,494	17,193	23,293	26,776	19,803	7,351
	MN	147	0	4	17	15	33	39	39
	Total	110,002	3,945	11,498	17,210	23,308	26,809	19,842	7,390
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	16,702	194	1,692	2,757	3,697	4,478	3,486	398
	MN	0	0	0	0	0	0	0	0
	Total	16,702	194	1,692	2,757	3,697	4,478	3,486	398
2a. State Periodicity Schedule			6	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,214,546	30,845	128,224	192,706	262,806	303,491	221,847	74,627
	MN	1,578	0	38	168	171	367	432	402
	Total	1,216,124	30,845	128,262	192,874	262,977	303,858	222,279	75,029
3b. Average Period of Eligibility	CN	0.92	0.65	0.93	0.93	0.94	0.94	0.93	0.85
	MN	0.89	0.00	0.79	0.82	0.95	0.93	0.92	0.86
	Total	0.92	0.65	0.93	0.93	0.94	0.94	0.93	0.85
4. Expected Number of Screenings per Eligible	CN		3.90	1.86	0.93	0.47	0.94	0.93	0.85
	MN		0.00	1.58	0.82	0.48	0.93	0.92	0.86
	Total		3.90	1.86	0.93	0.47	0.94	0.93	0.85
5. Expected Number of Screenings	CN	113,536	15,386	21,379	15,989	10,948	25,169	18,417	6,248
	MN	128	0	6	14	7	31	36	34
	Total	113,664	15,386	21,385	16,003	10,955	25,200	18,453	6,282
6. Total Screens Received	CN	99,572	18,262	26,540	13,690	13,933	16,156	9,812	1,179
	MN	37	0	1	8	2	4	13	9
	Total	99,609	18,262	26,541	13,698	13,935	16,160	9,825	1,188
7. SCREENING RATIO	CN	0.88	1.00	1.00	0.86	1.00	0.64	0.53	0.19
	MN	0.29	0.00	0.17	0.57	0.29	0.13	0.36	0.26
	Total	0.88	1.00	1.00	0.86	1.00	0.64	0.53	0.19

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: New Hampshire

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	92,210	3,945	11,494	15,989	10,948	25,169	18,417	6,248
	MN	126	0	4	14	7	31	36	34
	Total	92,336	3,945	11,498	16,003	10,955	25,200	18,453	6,282
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	62,289	3,711	9,765	11,628	12,790	14,655	8,735	1,005
	MN	34	0	1	8	2	4	10	9
	Total	62,323	3,711	9,766	11,636	12,792	14,659	8,745	1,014
10. PARTICIPANT RATIO	CN	0.68	0.94	0.85	0.73	1.00	0.58	0.47	0.16
	MN	0.27	0.00	0.25	0.57	0.29	0.13	0.28	0.26
	Total	0.67	0.94	0.85	0.73	1.00	0.58	0.47	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	38,195	3,420	7,537	6,565	6,379	8,324	5,390	580
	MN	18	0	1	4	2	3	6	2
	Total	38,213	3,420	7,538	6,569	6,381	8,327	5,396	582
12a. Total Eligibles Receiving Any Dental Services	CN	62,272	129	3,796	10,244	16,151	17,874	11,657	2,421
	MN	57	0	1	6	6	11	19	14
	Total	62,329	129	3,797	10,250	16,157	17,885	11,676	2,435
12b. Total Eligibles Receiving Preventive Dental Services	CN	58,114	51	3,206	9,804	15,355	16,956	10,756	1,986
	MN	43	0	0	5	4	8	14	12
	Total	58,157	51	3,206	9,809	15,359	16,964	10,770	1,998
12c. Total Eligibles Receiving Dental Treatment Services	CN	25,123	45	142	2,692	7,276	7,905	5,852	1,211
	MN	29	0	0	0	4	7	11	7
	Total	25,152	45	142	2,692	7,280	7,912	5,863	1,218
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	9,096				5,024	4,072		
	MN	5				3	2		
	Total	9,101				5,027	4,074		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: New Hampshire

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	59,494	87	3,621	9,847	15,580	17,140	10,984	2,235
	MN	50	0	1	6	5	9	16	13
	Total	59,544	87	3,622	9,853	15,585	17,149	11,000	2,248
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,736	42	391	754	884	433	188	44
	MN	2	0	0	0	1	0	1	0
	Total	2,738	42	391	754	885	433	189	44
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	63,115	170	4,048	10,362	16,371	18,015	11,714	2,435
	MN	57	0	1	6	6	11	19	14
	Total	63,172	170	4,049	10,368	16,377	18,026	11,733	2,449
13. Total Eligibles Enrolled in Managed Care	CN	107,473	3,796	11,354	16,968	22,984	26,417	19,544	6,410
	MN	140	0	4	16	14	32	37	37
	Total	107,613	3,796	11,358	16,984	22,998	26,449	19,581	6,447
14. Total Number of Screening Blood Lead Tests	CN	6,405	36	5,330	1,039				
	MN	3	0	1	2				
	Total	6,408	36	5,331	1,041				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: New Jersey

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	881,497	53,228	98,102	138,105	183,411	201,040	142,799	64,812
	MN	0	0	0	0	0	0	0	0
	Total	881,497	53,228	98,102	138,105	183,411	201,040	142,799	64,812
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	815,483	31,795	93,445	131,071	174,345	190,988	134,626	59,213
	MN	0	0	0	0	0	0	0	0
	Total	815,483	31,795	93,445	131,071	174,345	190,988	134,626	59,213
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	88,484	3	147	927	26,245	34,744	25,938	480
	MN	0	0	0	0	0	0	0	0
	Total	88,484	3	147	927	26,245	34,744	25,938	480
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	9,077,830	230,091	1,049,971	1,489,213	1,986,373	2,177,546	1,524,990	619,646
	MN	0	0	0	0	0	0	0	0
	Total	9,077,830	230,091	1,049,971	1,489,213	1,986,373	2,177,546	1,524,990	619,646
3b. Average Period of Eligibility	CN	0.93	0.60	0.94	0.95	0.95	0.95	0.94	0.87
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.60	0.94	0.95	0.95	0.95	0.94	0.87
4. Expected Number of Screenings per Eligible	CN		3.60	1.88	0.95	0.95	0.95	0.94	0.87
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.60	1.88	0.95	0.95	0.95	0.94	0.87
5. Expected Number of Screenings	CN	939,786	114,462	175,677	124,517	165,628	181,439	126,548	51,515
	MN	0	0	0	0	0	0	0	0
	Total	939,786	114,462	175,677	124,517	165,628	181,439	126,548	51,515
6. Total Screens Received	CN	742,113	101,492	200,005	110,494	108,984	123,933	77,658	19,547
	MN	0	0	0	0	0	0	0	0
	Total	742,113	101,492	200,005	110,494	108,984	123,933	77,658	19,547
7. SCREENING RATIO	CN	0.79	0.89	1.00	0.89	0.66	0.68	0.61	0.38
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.79	0.89	1.00	0.89	0.66	0.68	0.61	0.38

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: New Jersey

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	774,887	31,795	93,445	124,517	165,628	181,439	126,548	51,515
	MN	0	0	0	0	0	0	0	0
	Total	774,887	31,795	93,445	124,517	165,628	181,439	126,548	51,515
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	479,153	28,822	77,508	89,159	95,513	106,772	65,370	16,009
	MN	0	0	0	0	0	0	0	0
	Total	479,153	28,822	77,508	89,159	95,513	106,772	65,370	16,009
10. PARTICIPANT RATIO	CN	0.62	0.91	0.83	0.72	0.58	0.59	0.52	0.31
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	0.91	0.83	0.72	0.58	0.59	0.52	0.31
11. Total Eligibles Referred for Corrective Treatment	CN	111,771	194	11,059	26,345	27,007	24,223	16,537	6,406
	MN	0	0	0	0	0	0	0	0
	Total	111,771	194	11,059	26,345	27,007	24,223	16,537	6,406
12a. Total Eligibles Receiving Any Dental Services	CN	415,526	363	21,128	73,288	113,765	117,148	69,124	20,710
	MN	0	0	0	0	0	0	0	0
	Total	415,526	363	21,128	73,288	113,765	117,148	69,124	20,710
12b. Total Eligibles Receiving Preventive Dental Services	CN	385,640	153	20,039	70,411	108,528	109,698	60,315	16,496
	MN	0	0	0	0	0	0	0	0
	Total	385,640	153	20,039	70,411	108,528	109,698	60,315	16,496
12c. Total Eligibles Receiving Dental Treatment Services	CN	208,493	62	2,881	26,921	60,469	64,209	41,497	12,454
	MN	0	0	0	0	0	0	0	0
	Total	208,493	62	2,881	26,921	60,469	64,209	41,497	12,454
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	57,085				29,970	27,115		
	MN	0				0	0		
	Total	57,085				29,970	27,115		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: New Jersey

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	321,357	213	12,567	53,516	93,270	94,931	52,200	14,660
	MN	0	0	0	0	0	0	0	0
	Total	321,357	213	12,567	53,516	93,270	94,931	52,200	14,660
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	17,451	558	8,240	6,610	1,892	97	46	8
	MN	0	0	0	0	0	0	0	0
	Total	17,451	558	8,240	6,610	1,892	97	46	8
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	425,294	899	27,373	75,794	114,190	117,181	69,142	20,715
	MN	0	0	0	0	0	0	0	0
	Total	425,294	899	27,373	75,794	114,190	117,181	69,142	20,715
13. Total Eligibles Enrolled in Managed Care	CN	811,670	31,598	93,142	130,689	173,745	190,020	133,630	58,846
	MN	0	0	0	0	0	0	0	0
	Total	811,670	31,598	93,142	130,689	173,745	190,020	133,630	58,846
14. Total Number of Screening Blood Lead Tests	CN	88,138	3,149	50,496	34,493				
	MN	0	0	0	0				
	Total	88,138	3,149	50,496	34,493				



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: New Mexico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	413,935	19,407	42,126	62,789	87,715	100,020	71,196	30,682
	MN	0	0	0	0	0	0	0	0
	Total	413,935	19,407	42,126	62,789	87,715	100,020	71,196	30,682
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	400,716	15,753	41,169	61,529	85,925	97,925	69,368	29,047
	MN	0	0	0	0	0	0	0	0
	Total	400,716	15,753	41,169	61,529	85,925	97,925	69,368	29,047
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	12,796	58	526	1,022	3,218	4,295	3,331	346
	MN	0	0	0	0	0	0	0	0
	Total	12,796	58	526	1,022	3,218	4,295	3,331	346
2a. State Periodicity Schedule			6	4	3	2	4	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	0.80	1.00	1.00
3a. Total Months of Eligibility	CN	3,713,997	164,482	364,012	570,534	816,773	923,002	649,627	225,567
	MN	0	0	0	0	0	0	0	0
	Total	3,713,997	164,482	364,012	570,534	816,773	923,002	649,627	225,567
3b. Average Period of Eligibility	CN	0.77	0.87	0.74	0.77	0.79	0.79	0.78	0.65
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.77	0.87	0.74	0.77	0.79	0.79	0.78	0.65
4. Expected Number of Screenings per Eligible	CN		5.22	1.48	0.77	0.40	0.63	0.78	0.65
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		5.22	1.48	0.77	0.40	0.63	0.78	0.65
5. Expected Number of Screenings	CN	359,589	82,231	60,930	47,377	34,370	61,693	54,107	18,881
	MN	0	0	0	0	0	0	0	0
	Total	359,589	82,231	60,930	47,377	34,370	61,693	54,107	18,881
6. Total Screens Received	CN	301,046	68,856	79,371	40,722	36,925	46,986	24,803	3,383
	MN	0	0	0	0	0	0	0	0
	Total	301,046	68,856	79,371	40,722	36,925	46,986	24,803	3,383
7. SCREENING RATIO	CN	0.84	0.84	1.00	0.86	1.00	0.76	0.46	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.84	1.00	0.86	1.00	0.76	0.46	0.18

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: New Mexico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	273,350	15,753	41,169	47,377	34,370	61,693	54,107	18,881
	MN	0	0	0	0	0	0	0	0
	Total	273,350	15,753	41,169	47,377	34,370	61,693	54,107	18,881
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	166,718	14,740	30,087	32,204	29,847	37,535	19,492	2,813
	MN	0	0	0	0	0	0	0	0
	Total	166,718	14,740	30,087	32,204	29,847	37,535	19,492	2,813
10. PARTICIPANT RATIO	CN	0.61	0.94	0.73	0.68	0.87	0.61	0.36	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	0.94	0.73	0.68	0.87	0.61	0.36	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	316	194	12	12	8	17	34	39
	MN	0	0	0	0	0	0	0	0
	Total	316	194	12	12	8	17	34	39
12a. Total Eligibles Receiving Any Dental Services	CN	225,472	263	13,587	38,685	59,652	64,802	38,546	9,937
	MN	0	0	0	0	0	0	0	0
	Total	225,472	263	13,587	38,685	59,652	64,802	38,546	9,937
12b. Total Eligibles Receiving Preventive Dental Services	CN	204,757	153	12,483	36,058	55,624	59,309	33,445	7,685
	MN	0	0	0	0	0	0	0	0
	Total	204,757	153	12,483	36,058	55,624	59,309	33,445	7,685
12c. Total Eligibles Receiving Dental Treatment Services	CN	224,798	261	13,550	38,601	59,510	64,598	38,409	9,869
	MN	0	0	0	0	0	0	0	0
	Total	224,798	261	13,550	38,601	59,510	64,598	38,409	9,869
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,539				14,385	12,154		
	MN	0				0	0		
	Total	26,539				14,385	12,154		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: New Mexico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	208,429	245	13,106	36,724	55,916	59,517	34,400	8,521
	MN	0	0	0	0	0	0	0	0
	Total	208,429	245	13,106	36,724	55,916	59,517	34,400	8,521
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,192	46	824	180	98	33	10	1
	MN	0	0	0	0	0	0	0	0
	Total	1,192	46	824	180	98	33	10	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	226,274	306	14,183	38,770	59,702	64,821	38,554	9,938
	MN	0	0	0	0	0	0	0	0
	Total	226,274	306	14,183	38,770	59,702	64,821	38,554	9,938
13. Total Eligibles Enrolled in Managed Care	CN	354,369	14,197	36,634	54,550	75,731	86,207	61,248	25,802
	MN	0	0	0	0	0	0	0	0
	Total	354,369	14,197	36,634	54,550	75,731	86,207	61,248	25,802
14. Total Number of Screening Blood Lead Tests	CN	11,881	215	7,582	4,084				
	MN	0	0	0	0				
	Total	11,881	215	7,582	4,084				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: New York

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	823,169	22,920	142,968	274,167	149,071	118,037	87,998	28,008
	MN	1,835,443	159,859	171,770	121,502	368,211	453,581	351,407	209,113
	Total	2,658,612	182,779	314,738	395,669	517,282	571,618	439,405	237,121
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	797,740	19,247	139,057	266,254	144,605	115,586	86,083	26,908
	MN	1,728,515	136,911	159,373	114,113	354,436	435,572	332,911	195,199
	Total	2,526,255	156,158	298,430	380,367	499,041	551,158	418,994	222,107
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	3	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	1.50	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	8,963,945	156,297	1,566,318	2,990,469	1,629,724	1,334,021	987,565	299,551
	MN	18,127,823	1,071,913	1,578,110	1,176,189	3,890,625	4,781,274	3,608,100	2,021,612
	Total	27,091,768	1,228,210	3,144,428	4,166,658	5,520,349	6,115,295	4,595,665	2,321,163
3b. Average Period of Eligibility	CN	0.94	0.68	0.94	0.94	0.94	0.96	0.96	0.93
	MN	0.87	0.65	0.83	0.86	0.91	0.91	0.90	0.86
	Total	0.89	0.66	0.88	0.91	0.92	0.92	0.91	0.87
4. Expected Number of Screenings per Eligible	CN		4.08	1.41	0.94	0.47	0.96	0.96	0.93
	MN		3.90	1.25	0.86	0.46	0.91	0.90	0.86
	Total		3.96	1.32	0.91	0.46	0.92	0.91	0.87
5. Expected Number of Screenings	CN	811,468	78,528	196,070	250,279	67,964	110,963	82,640	25,024
	MN	1,858,209	533,953	199,216	98,137	163,041	396,371	299,620	167,871
	Total	2,669,677	612,481	395,286	348,416	231,005	507,334	382,260	192,895
6. Total Screens Received	CN	795,342	59,690	270,301	239,958	95,857	74,032	46,656	8,848
	MN	1,618,369	419,482	327,098	89,265	232,973	287,146	191,801	70,604
	Total	2,413,711	479,172	597,399	329,223	328,830	361,178	238,457	79,452
7. SCREENING RATIO	CN	0.98	0.76	1.00	0.96	1.00	0.67	0.56	0.35
	MN	0.87	0.79	1.00	0.91	1.00	0.72	0.64	0.42
	Total	0.90	0.78	1.00	0.94	1.00	0.71	0.62	0.41

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: New York

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	695,174	19,247	139,057	250,279	67,964	110,963	82,640	25,024
	MN	1,421,324	136,911	159,373	98,137	163,041	396,371	299,620	167,871
	Total	2,116,498	156,158	298,430	348,416	231,005	507,334	382,260	192,895
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	479,209	14,444	108,047	175,899	77,130	59,432	37,206	7,051
	MN	929,881	103,770	113,380	66,607	193,284	237,375	157,900	57,565
	Total	1,409,090	118,214	221,427	242,506	270,414	296,807	195,106	64,616
10. PARTICIPANT RATIO	CN	0.69	0.75	0.78	0.70	1.00	0.54	0.45	0.28
	MN	0.65	0.76	0.71	0.68	1.00	0.60	0.53	0.34
	Total	0.67	0.76	0.74	0.70	1.00	0.59	0.51	0.33
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	336,622	107	28,098	135,763	76,757	54,113	33,840	7,944
	MN	735,184	776	16,027	46,303	210,542	245,052	152,693	63,791
	Total	1,071,806	883	44,125	182,066	287,299	299,165	186,533	71,735
12b. Total Eligibles Receiving Preventive Dental Services	CN	326,686	97	27,830	133,596	74,818	51,882	31,161	7,302
	MN	705,412	705	15,770	45,362	205,717	235,646	142,270	59,942
	Total	1,032,098	802	43,600	178,958	280,535	287,528	173,431	67,244
12c. Total Eligibles Receiving Dental Treatment Services	CN	125,963	20	3,664	40,344	32,668	26,055	18,879	4,333
	MN	362,432	240	1,973	13,624	100,090	126,269	84,725	35,511
	Total	488,395	260	5,637	53,968	132,758	152,324	103,604	39,844
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,775				15,472	11,303		
	MN	102,231				52,688	49,543		
	Total	129,006				68,160	60,846		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: New York

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	299,783	57	26,359	126,315	67,514	45,939	27,249	6,350
	MN	650,608	459	14,704	42,554	190,876	216,248	130,256	55,511
	Total	950,391	516	41,063	168,869	258,390	262,187	157,505	61,861
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	72,346	20	5,120	28,694	17,601	11,841	7,031	2,039
	MN	110,520	115	2,707	9,218	35,652	35,577	19,209	8,042
	Total	182,866	135	7,827	37,912	53,253	47,418	26,240	10,081
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	342,723	111	28,547	139,415	77,449	54,753	34,307	8,141
	MN	740,663	788	16,270	47,577	211,869	246,546	153,545	64,068
	Total	1,083,386	899	44,817	186,992	289,318	301,299	187,852	72,209
13. Total Eligibles Enrolled in Managed Care	CN	775,615	18,955	134,040	257,399	141,012	113,049	84,553	26,607
	MN	1,683,903	134,626	155,429	111,698	343,597	422,960	324,315	191,278
	Total	2,459,518	153,581	289,469	369,097	484,609	536,009	408,868	217,885
14. Total Number of Screening Blood Lead Tests	CN	15,012	87	8,599	6,326				
	MN	10,820	481	7,695	2,644				
	Total	25,832	568	16,294	8,970				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: North Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,318,683	73,391	154,802	221,527	284,893	302,157	213,925	67,988
	MN	1,208	53	43	51	140	254	321	346
	Total	1,319,891	73,444	154,845	221,578	285,033	302,411	214,246	68,334
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,254,182	58,850	150,855	215,053	272,573	289,410	204,140	63,301
	MN	597	15	21	25	86	125	151	174
	Total	1,254,779	58,865	150,876	215,078	272,659	289,535	204,291	63,475
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	123,681	569	14,915	25,948	28,788	31,036	21,920	505
	MN	0	0	0	0	0	0	0	0
	Total	123,681	569	14,915	25,948	28,788	31,036	21,920	505
2a. State Periodicity Schedule			3	2	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	13,761,341	442,869	1,707,482	2,436,298	3,018,320	3,221,989	2,261,452	672,931
	MN	4,876	75	173	186	708	1,044	1,233	1,457
	Total	13,766,217	442,944	1,707,655	2,436,484	3,019,028	3,223,033	2,262,685	674,388
3b. Average Period of Eligibility	CN	0.91	0.63	0.94	0.94	0.92	0.93	0.92	0.89
	MN	0.68	0.42	0.69	0.62	0.69	0.70	0.68	0.70
	Total	0.91	0.63	0.94	0.94	0.92	0.93	0.92	0.89
4. Expected Number of Screenings per Eligible	CN		1.89	0.94	0.94	0.92	0.93	0.92	0.89
	MN		1.26	0.69	0.62	0.69	0.70	0.68	0.70
	Total		1.89	0.94	0.94	0.92	0.93	0.92	0.89
5. Expected Number of Screenings	CN	1,219,246	111,227	141,804	202,150	250,767	269,151	187,809	56,338
	MN	421	19	14	16	59	88	103	122
	Total	1,219,667	111,246	141,818	202,166	250,826	269,239	187,912	56,460
6. Total Screens Received	CN	1,055,032	244,606	303,459	160,891	123,532	138,262	75,059	9,223
	MN	186	30	33	13	29	32	29	20
	Total	1,055,218	244,636	303,492	160,904	123,561	138,294	75,088	9,243
7. SCREENING RATIO	CN	0.87	1.00	1.00	0.80	0.49	0.51	0.40	0.16
	MN	0.44	1.00	1.00	0.81	0.49	0.36	0.28	0.16
	Total	0.87	1.00	1.00	0.80	0.49	0.51	0.40	0.16

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: North Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,166,869	58,850	141,804	202,150	250,767	269,151	187,809	56,338
	MN	417	15	14	16	59	88	103	122
	Total	1,167,286	58,865	141,818	202,166	250,826	269,239	187,912	56,460
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	665,492	56,296	125,811	149,151	120,027	133,687	71,704	8,816
	MN	145	11	14	13	28	31	28	20
	Total	665,637	56,307	125,825	149,164	120,055	133,718	71,732	8,836
10. PARTICIPANT RATIO	CN	0.57	0.96	0.89	0.74	0.48	0.50	0.38	0.16
	MN	0.35	0.73	1.00	0.81	0.47	0.35	0.27	0.16
	Total	0.57	0.96	0.89	0.74	0.48	0.50	0.38	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	352,428	52,568	92,168	61,536	51,218	57,056	33,391	4,491
	MN	87	11	9	4	16	17	16	14
	Total	352,515	52,579	92,177	61,540	51,234	57,073	33,407	4,505
12a. Total Eligibles Receiving Any Dental Services	CN	642,342	532	36,298	118,819	177,281	180,620	108,658	20,134
	MN	223	0	0	7	45	68	52	51
	Total	642,565	532	36,298	118,826	177,326	180,688	108,710	20,185
12b. Total Eligibles Receiving Preventive Dental Services	CN	605,586	341	34,796	115,160	172,142	172,072	95,766	15,309
	MN	199	0	0	7	44	64	47	37
	Total	605,785	341	34,796	115,167	172,186	172,136	95,813	15,346
12c. Total Eligibles Receiving Dental Treatment Services	CN	292,385	53	2,879	40,086	86,465	86,851	63,886	12,165
	MN	108	0	0	2	21	30	29	26
	Total	292,493	53	2,879	40,088	86,486	86,881	63,915	12,191
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	79,232				46,371	32,861		
	MN	25				16	9		
	Total	79,257				46,387	32,870		



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: North Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	627,086	517	36,165	117,686	174,501	176,275	102,940	19,002
	MN	211	0	0	7	42	66	48	48
	Total	627,297	517	36,165	117,693	174,543	176,341	102,988	19,050
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	99,857	7,040	76,239	16,472	59	30	16	1
	MN	13	0	11	2	0	0	0	0
	Total	99,870	7,040	76,250	16,474	59	30	16	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	715,306	7,431	93,807	127,339	177,302	180,629	108,663	20,135
	MN	236	0	11	9	45	68	52	51
	Total	715,542	7,431	93,818	127,348	177,347	180,697	108,715	20,186
13. Total Eligibles Enrolled in Managed Care	CN	1,229,223	55,287	148,424	212,250	268,881	285,435	200,165	58,781
	MN	495	14	18	22	77	108	118	138
	Total	1,229,718	55,301	148,442	212,272	268,958	285,543	200,283	58,919
14. Total Number of Screening Blood Lead Tests	CN	107,278	407	89,699	17,172				
	MN	6	0	6	0				
	Total	107,284	407	89,705	17,172				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: North Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	60,428	3,973	8,471	10,626	12,200	12,271	7,905	4,982
	MN	159	19	5	8	7	18	42	60
	Total	60,587	3,992	8,476	10,634	12,207	12,289	7,947	5,042
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	54,822	3,128	7,787	9,796	11,327	11,437	7,373	3,974
	MN	114	4	2	4	5	13	32	54
	Total	54,936	3,132	7,789	9,800	11,332	11,450	7,405	4,028
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	538,254	21,985	77,528	98,425	115,911	118,682	75,731	29,992
	MN	1,215	28	15	48	52	125	322	625
	Total	539,469	22,013	77,543	98,473	115,963	118,807	76,053	30,617
3b. Average Period of Eligibility	CN	0.82	0.59	0.83	0.84	0.85	0.86	0.86	0.63
	MN	0.89	0.58	0.63	1.00	0.87	0.80	0.84	0.96
	Total	0.82	0.59	0.83	0.84	0.85	0.86	0.86	0.63
4. Expected Number of Screenings per Eligible	CN		4.13	2.08	0.84	0.85	0.86	0.86	0.63
	MN		4.06	1.58	1.00	0.87	0.80	0.84	0.96
	Total		4.13	2.08	0.84	0.85	0.86	0.86	0.63
5. Expected Number of Screenings	CN	65,654	12,919	16,197	8,229	9,628	9,836	6,341	2,504
	MN	116	16	3	4	4	10	27	52
	Total	65,770	12,935	16,200	8,233	9,632	9,846	6,368	2,556
6. Total Screens Received	CN	35,435	10,020	10,389	4,822	3,270	4,331	2,261	342
	MN	30	8	0	2	1	7	5	7
	Total	35,465	10,028	10,389	4,824	3,271	4,338	2,266	349
7. SCREENING RATIO	CN	0.54	0.78	0.64	0.59	0.34	0.44	0.36	0.14
	MN	0.26	0.50	0.00	0.50	0.25	0.70	0.19	0.13
	Total	0.54	0.78	0.64	0.59	0.34	0.44	0.36	0.14

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: North Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	47,453	3,128	7,787	8,229	9,628	9,836	6,341	2,504
	MN	103	4	2	4	4	10	27	52
	Total	47,556	3,132	7,789	8,233	9,632	9,846	6,368	2,556
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	19,008	2,695	4,492	3,754	2,672	3,396	1,731	268
	MN	20	3	0	1	1	6	4	5
	Total	19,028	2,698	4,492	3,755	2,673	3,402	1,735	273
10. PARTICIPANT RATIO	CN	0.40	0.86	0.58	0.46	0.28	0.35	0.27	0.11
	MN	0.19	0.75	0.00	0.25	0.25	0.60	0.15	0.10
	Total	0.40	0.86	0.58	0.46	0.28	0.35	0.27	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	12,835	2,453	3,552	2,289	1,535	1,882	1,044	80
	MN	20	3	0	1	1	6	4	5
	Total	12,855	2,456	3,552	2,290	1,536	1,888	1,048	85
12a. Total Eligibles Receiving Any Dental Services	CN	15,879	14	644	3,163	4,578	4,372	2,464	644
	MN	53	0	0	3	3	9	17	21
	Total	15,932	14	644	3,166	4,581	4,381	2,481	665
12b. Total Eligibles Receiving Preventive Dental Services	CN	13,575	0	269	2,644	4,172	3,965	2,083	442
	MN	40	0	0	2	3	9	12	14
	Total	13,615	0	269	2,646	4,175	3,974	2,095	456
12c. Total Eligibles Receiving Dental Treatment Services	CN	6,831	7	94	1,108	2,078	1,841	1,322	381
	MN	28	0	0	1	2	6	7	12
	Total	6,859	7	94	1,109	2,080	1,847	1,329	393
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	2,321				1,331	990		
	MN	3				1	2		
	Total	2,324				1,332	992		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: North Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	14,967	13	638	3,083	4,387	4,154	2,292	400
	MN	50	0	0	3	3	9	16	19
	Total	15,017	13	638	3,086	4,390	4,163	2,308	419
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	12,308	13	760	2,598	3,743	3,371	1,487	336
	MN	24	0	0	1	1	7	7	8
	Total	12,332	13	760	2,599	3,744	3,378	1,494	344
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	17,268	27	1,025	3,526	4,891	4,603	2,541	655
	MN	53	0	0	3	3	9	17	21
	Total	17,321	27	1,025	3,529	4,894	4,612	2,558	676
13. Total Eligibles Enrolled in Managed Care	CN	45,815	2,970	6,720	8,589	9,952	9,731	6,034	1,819
	MN	18	2	0	0	2	3	2	9
	Total	45,833	2,972	6,720	8,589	9,954	9,734	6,036	1,828
14. Total Number of Screening Blood Lead Tests	CN	5	0	1	4				
	MN	0	0	0	0				
	Total	5	0	1	4				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Ohio

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,530,799	79,704	178,686	239,167	315,723	347,482	257,356	112,681
	MN	0	0	0	0	0	0	0	0
	Total	1,530,799	79,704	178,686	239,167	315,723	347,482	257,356	112,681
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,444,445	57,956	169,307	228,943	303,409	333,968	245,897	104,965
	MN	0	0	0	0	0	0	0	0
	Total	1,444,445	57,956	169,307	228,943	303,409	333,968	245,897	104,965
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	216,945	1,634	12,895	24,135	52,786	64,734	50,151	10,610
	MN	0	0	0	0	0	0	0	0
	Total	216,945	1,634	12,895	24,135	52,786	64,734	50,151	10,610
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	15,940,753	453,351	1,859,804	2,567,954	3,426,275	3,777,437	2,749,364	1,106,568
	MN	0	0	0	0	0	0	0	0
	Total	15,940,753	453,351	1,859,804	2,567,954	3,426,275	3,777,437	2,749,364	1,106,568
3b. Average Period of Eligibility	CN	0.92	0.65	0.92	0.93	0.94	0.94	0.93	0.88
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.65	0.92	0.93	0.94	0.94	0.93	0.88
4. Expected Number of Screenings per Eligible	CN		4.55	2.30	0.93	0.94	0.94	0.93	0.88
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.55	2.30	0.93	0.94	0.94	0.93	0.88
5. Expected Number of Screenings	CN	1,786,210	263,700	389,406	212,917	285,204	313,930	228,684	92,369
	MN	0	0	0	0	0	0	0	0
	Total	1,786,210	263,700	389,406	212,917	285,204	313,930	228,684	92,369
6. Total Screens Received	CN	1,071,571	235,551	276,260	160,951	127,335	150,247	103,515	17,712
	MN	0	0	0	0	0	0	0	0
	Total	1,071,571	235,551	276,260	160,951	127,335	150,247	103,515	17,712
7. SCREENING RATIO	CN	0.60	0.89	0.71	0.76	0.45	0.48	0.45	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.89	0.71	0.76	0.45	0.48	0.45	0.19

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Ohio

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,360,367	57,956	169,307	212,917	285,204	313,930	228,684	92,369
	MN	0	0	0	0	0	0	0	0
	Total	1,360,367	57,956	169,307	212,917	285,204	313,930	228,684	92,369
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	665,111	53,269	122,772	138,911	114,645	132,704	87,883	14,927
	MN	0	0	0	0	0	0	0	0
	Total	665,111	53,269	122,772	138,911	114,645	132,704	87,883	14,927
10. PARTICIPANT RATIO	CN	0.49	0.92	0.73	0.65	0.40	0.42	0.38	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.49	0.92	0.73	0.65	0.40	0.42	0.38	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	445,535	49,475	96,172	79,914	67,541	82,907	58,681	10,845
	MN	0	0	0	0	0	0	0	0
	Total	445,535	49,475	96,172	79,914	67,541	82,907	58,681	10,845
12a. Total Eligibles Receiving Any Dental Services	CN	542,939	219	16,074	93,503	152,605	156,240	97,328	26,970
	MN	0	0	0	0	0	0	0	0
	Total	542,939	219	16,074	93,503	152,605	156,240	97,328	26,970
12b. Total Eligibles Receiving Preventive Dental Services	CN	480,262	78	13,695	86,003	141,670	140,417	79,501	18,898
	MN	0	0	0	0	0	0	0	0
	Total	480,262	78	13,695	86,003	141,670	140,417	79,501	18,898
12c. Total Eligibles Receiving Dental Treatment Services	CN	213,458	52	1,308	22,752	59,092	64,410	50,747	15,097
	MN	0	0	0	0	0	0	0	0
	Total	213,458	52	1,308	22,752	59,092	64,410	50,747	15,097
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	78,018				43,124	34,894		
	MN	0				0	0		
	Total	78,018				43,124	34,894		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Ohio

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	513,212	195	15,582	91,695	144,325	146,605	89,842	24,968
	MN	0	0	0	0	0	0	0	0
	Total	513,212	195	15,582	91,695	144,325	146,605	89,842	24,968
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	220,904	5,103	38,673	44,394	45,238	38,120	32,635	16,741
	MN	0	0	0	0	0	0	0	0
	Total	220,904	5,103	38,673	44,394	45,238	38,120	32,635	16,741
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	660,286	5,280	49,495	112,974	168,896	172,067	113,652	37,922
	MN	0	0	0	0	0	0	0	0
	Total	660,286	5,280	49,495	112,974	168,896	172,067	113,652	37,922
13. Total Eligibles Enrolled in Managed Care	CN	1,357,771	54,768	160,966	217,435	287,768	313,542	225,626	97,666
	MN	0	0	0	0	0	0	0	0
	Total	1,357,771	54,768	160,966	217,435	287,768	313,542	225,626	97,666
14. Total Number of Screening Blood Lead Tests	CN	105,411	1,241	71,241	32,929				
	MN	0	0	0	0				
	Total	105,411	1,241	71,241	32,929				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Oklahoma

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	638,155	37,220	76,231	104,457	139,647	151,682	102,737	26,181
	MN	0	0	0	0	0	0	0	0
	Total	638,155	37,220	76,231	104,457	139,647	151,682	102,737	26,181
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	584,881	26,754	71,078	97,302	131,005	142,267	95,429	21,046
	MN	0	0	0	0	0	0	0	0
	Total	584,881	26,754	71,078	97,302	131,005	142,267	95,429	21,046
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	96,900	1,251	5,837	8,371	22,114	28,293	30,722	312
	MN	0	0	0	0	0	0	0	0
	Total	96,900	1,251	5,837	8,371	22,114	28,293	30,722	312
2a. State Periodicity Schedule			6	3	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	1.50	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	6,160,125	208,515	759,399	1,045,787	1,419,238	1,544,431	1,015,948	166,807
	MN	0	0	0	0	0	0	0	0
	Total	6,160,125	208,515	759,399	1,045,787	1,419,238	1,544,431	1,015,948	166,807
3b. Average Period of Eligibility	CN	0.88	0.65	0.89	0.90	0.90	0.90	0.89	0.66
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	0.65	0.89	0.90	0.90	0.90	0.89	0.66
4. Expected Number of Screenings per Eligible	CN		3.90	1.34	0.90	0.45	0.54	0.45	0.33
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	1.34	0.90	0.45	0.54	0.45	0.33
5. Expected Number of Screenings	CN	472,822	104,341	95,245	87,572	58,952	76,824	42,943	6,945
	MN	0	0	0	0	0	0	0	0
	Total	472,822	104,341	95,245	87,572	58,952	76,824	42,943	6,945
6. Total Screens Received	CN	407,231	104,526	120,987	55,981	45,033	53,938	25,021	1,745
	MN	0	0	0	0	0	0	0	0
	Total	407,231	104,526	120,987	55,981	45,033	53,938	25,021	1,745
7. SCREENING RATIO	CN	0.86	1.00	1.00	0.64	0.76	0.70	0.58	0.25
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	1.00	1.00	0.64	0.76	0.70	0.58	0.25



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Oklahoma

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	371,068	26,754	71,078	87,572	58,952	76,824	42,943	6,945
	MN	0	0	0	0	0	0	0	0
	Total	371,068	26,754	71,078	87,572	58,952	76,824	42,943	6,945
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	232,773	24,486	50,714	47,610	40,107	46,651	21,689	1,516
	MN	0	0	0	0	0	0	0	0
	Total	232,773	24,486	50,714	47,610	40,107	46,651	21,689	1,516
10. PARTICIPANT RATIO	CN	0.63	0.92	0.71	0.54	0.68	0.61	0.51	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.92	0.71	0.54	0.68	0.61	0.51	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	33,481	812	1,472	5,044	8,777	9,129	6,975	1,272
	MN	0	0	0	0	0	0	0	0
	Total	33,481	812	1,472	5,044	8,777	9,129	6,975	1,272
12a. Total Eligibles Receiving Any Dental Services	CN	290,514	185	14,031	51,398	81,568	86,436	50,497	6,399
	MN	0	0	0	0	0	0	0	0
	Total	290,514	185	14,031	51,398	81,568	86,436	50,497	6,399
12b. Total Eligibles Receiving Preventive Dental Services	CN	265,859	77	10,865	46,738	77,381	81,311	44,492	4,995
	MN	0	0	0	0	0	0	0	0
	Total	265,859	77	10,865	46,738	77,381	81,311	44,492	4,995
12c. Total Eligibles Receiving Dental Treatment Services	CN	137,631	53	1,490	17,074	40,291	44,406	30,497	3,820
	MN	0	0	0	0	0	0	0	0
	Total	137,631	53	1,490	17,074	40,291	44,406	30,497	3,820
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	25,259				14,423	10,836		
	MN	0				0	0		
	Total	25,259				14,423	10,836		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Oklahoma

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	280,753	166	13,847	50,440	79,403	83,474	47,502	5,921
	MN	0	0	0	0	0	0	0	0
	Total	280,753	166	13,847	50,440	79,403	83,474	47,502	5,921
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	7,765	135	3,488	1,964	798	880	470	30
	MN	0	0	0	0	0	0	0	0
	Total	7,765	135	3,488	1,964	798	880	470	30
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	294,046	314	16,710	52,091	81,586	86,444	50,501	6,400
	MN	0	0	0	0	0	0	0	0
	Total	294,046	314	16,710	52,091	81,586	86,444	50,501	6,400
13. Total Eligibles Enrolled in Managed Care	CN	508,567	25,465	65,896	86,541	113,711	120,639	79,129	17,186
	MN	0	0	0	0	0	0	0	0
	Total	508,567	25,465	65,896	86,541	113,711	120,639	79,129	17,186
14. Total Number of Screening Blood Lead Tests	CN	38,499	566	27,346	10,587				
	MN	0	0	0	0				
	Total	38,499	566	27,346	10,587				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Oregon

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	478,501	26,872	55,936	72,867	97,883	107,138	78,871	38,934
	MN	0	0	0	0	0	0	0	0
	Total	478,501	26,872	55,936	72,867	97,883	107,138	78,871	38,934
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	449,588	19,610	53,500	69,317	93,702	102,370	75,023	36,066
	MN	0	0	0	0	0	0	0	0
	Total	449,588	19,610	53,500	69,317	93,702	102,370	75,023	36,066
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,849,993	152,448	581,675	757,764	1,032,561	1,131,243	820,790	373,512
	MN	0	0	0	0	0	0	0	0
	Total	4,849,993	152,448	581,675	757,764	1,032,561	1,131,243	820,790	373,512
3b. Average Period of Eligibility	CN	0.90	0.65	0.91	0.91	0.92	0.92	0.91	0.86
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.65	0.91	0.91	0.92	0.92	0.91	0.86
4. Expected Number of Screenings per Eligible	CN		3.90	2.28	0.91	0.92	0.92	0.91	0.86
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	2.28	0.91	0.92	0.92	0.91	0.86
5. Expected Number of Screenings	CN	541,211	76,479	121,980	63,078	86,206	94,180	68,271	31,017
	MN	0	0	0	0	0	0	0	0
	Total	541,211	76,479	121,980	63,078	86,206	94,180	68,271	31,017
6. Total Screens Received	CN	310,507	76,462	89,405	39,787	35,375	40,167	24,046	5,265
	MN	0	0	0	0	0	0	0	0
	Total	310,507	76,462	89,405	39,787	35,375	40,167	24,046	5,265
7. SCREENING RATIO	CN	0.57	1.00	0.73	0.63	0.41	0.43	0.35	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.57	1.00	0.73	0.63	0.41	0.43	0.35	0.17

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Oregon

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	415,862	19,610	53,500	63,078	86,206	94,180	68,271	31,017
	MN	0	0	0	0	0	0	0	0
	Total	415,862	19,610	53,500	63,078	86,206	94,180	68,271	31,017
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	189,258	18,126	39,906	35,733	32,755	36,542	21,488	4,708
	MN	0	0	0	0	0	0	0	0
	Total	189,258	18,126	39,906	35,733	32,755	36,542	21,488	4,708
10. PARTICIPANT RATIO	CN	0.46	0.92	0.75	0.57	0.38	0.39	0.31	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.46	0.92	0.75	0.57	0.38	0.39	0.31	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	170,636	17,880	39,016	31,966	26,095	32,311	19,239	4,129
	MN	0	0	0	0	0	0	0	0
	Total	170,636	17,880	39,016	31,966	26,095	32,311	19,239	4,129
12a. Total Eligibles Receiving Any Dental Services	CN	189,383	270	10,906	33,362	52,805	51,445	31,201	9,394
	MN	0	0	0	0	0	0	0	0
	Total	189,383	270	10,906	33,362	52,805	51,445	31,201	9,394
12b. Total Eligibles Receiving Preventive Dental Services	CN	168,492	173	9,071	30,658	48,935	47,257	25,823	6,575
	MN	0	0	0	0	0	0	0	0
	Total	168,492	173	9,071	30,658	48,935	47,257	25,823	6,575
12c. Total Eligibles Receiving Dental Treatment Services	CN	73,909	16	927	10,009	23,791	19,645	14,521	5,000
	MN	0	0	0	0	0	0	0	0
	Total	73,909	16	927	10,009	23,791	19,645	14,521	5,000
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	32,120				17,205	14,915		
	MN	0				0	0		
	Total	32,120				17,205	14,915		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Oregon

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	174,504	259	10,498	31,652	48,892	47,232	27,670	8,301
	MN	0	0	0	0	0	0	0	0
	Total	174,504	259	10,498	31,652	48,892	47,232	27,670	8,301
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	21,945	182	3,059	5,519	7,711	4,586	807	81
	MN	0	0	0	0	0	0	0	0
	Total	21,945	182	3,059	5,519	7,711	4,586	807	81
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	198,765	444	13,167	35,325	55,435	53,391	31,570	9,433
	MN	0	0	0	0	0	0	0	0
	Total	198,765	444	13,167	35,325	55,435	53,391	31,570	9,433
13. Total Eligibles Enrolled in Managed Care	CN	417,671	19,241	51,523	65,419	87,441	93,977	67,911	32,159
	MN	0	0	0	0	0	0	0	0
	Total	417,671	19,241	51,523	65,419	87,441	93,977	67,911	32,159
14. Total Number of Screening Blood Lead Tests	CN	9,768	220	6,266	3,282				
	MN	0	0	0	0				
	Total	9,768	220	6,266	3,282				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Pennsylvania

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,321,632	63,672	149,091	208,987	273,105	303,763	221,269	101,745
	MN	16,328	156	376	563	1,295	2,003	3,998	7,937
	Total	1,337,960	63,828	149,467	209,550	274,400	305,766	225,267	109,682
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,199,494	46,526	136,043	191,807	251,546	280,726	202,871	89,975
	MN	13,369	84	309	462	1,088	1,721	3,370	6,335
	Total	1,212,863	46,610	136,352	192,269	252,634	282,447	206,241	96,310
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	9,100,191	282,775	1,077,024	1,462,752	1,924,959	2,128,400	1,537,703	686,578
	MN	101,510	539	2,534	3,540	8,428	13,057	25,641	47,771
	Total	9,201,701	283,314	1,079,558	1,466,292	1,933,387	2,141,457	1,563,344	734,349
3b. Average Period of Eligibility	CN	0.63	0.51	0.66	0.64	0.64	0.63	0.63	0.64
	MN	0.63	0.53	0.68	0.64	0.65	0.63	0.63	0.63
	Total	0.63	0.51	0.66	0.64	0.64	0.63	0.63	0.64
4. Expected Number of Screenings per Eligible	CN		3.06	1.65	0.64	0.64	0.63	0.63	0.64
	MN		3.18	1.70	0.64	0.65	0.63	0.63	0.63
	Total		3.06	1.65	0.64	0.64	0.63	0.63	0.64
5. Expected Number of Screenings	CN	1,012,836	142,370	224,471	122,756	160,989	176,857	127,809	57,584
	MN	8,993	267	525	296	707	1,084	2,123	3,991
	Total	1,021,829	142,637	224,996	123,052	161,696	177,941	129,932	61,575
6. Total Screens Received	CN	1,065,172	245,605	293,317	137,264	128,263	142,435	94,113	24,175
	MN	5,561	557	579	298	493	796	1,328	1,510
	Total	1,070,733	246,162	293,896	137,562	128,756	143,231	95,441	25,685
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	0.80	0.81	0.74	0.42
	MN	0.62	1.00	1.00	1.00	0.70	0.73	0.63	0.38
	Total	1.00	1.00	1.00	1.00	0.80	0.80	0.73	0.42

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Pennsylvania

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	828,564	46,526	136,043	122,756	160,989	176,857	127,809	57,584
	MN	8,594	84	309	296	707	1,084	2,123	3,991
	Total	837,158	46,610	136,352	123,052	161,696	177,941	129,932	61,575
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	653,747	44,067	113,706	123,417	124,927	137,964	87,857	21,809
	MN	4,488	75	254	269	488	771	1,249	1,382
	Total	658,235	44,142	113,960	123,686	125,415	138,735	89,106	23,191
10. PARTICIPANT RATIO	CN	0.79	0.95	0.84	1.00	0.78	0.78	0.69	0.38
	MN	0.52	0.89	0.82	0.91	0.69	0.71	0.59	0.35
	Total	0.79	0.95	0.84	1.00	0.78	0.78	0.69	0.38
11. Total Eligibles Referred for Corrective Treatment	CN	384,586	38,962	88,564	58,492	61,532	72,160	51,228	13,648
	MN	2,567	64	201	130	236	419	732	785
	Total	387,153	39,026	88,765	58,622	61,768	72,579	51,960	14,433
12a. Total Eligibles Receiving Any Dental Services	CN	582,166	460	30,055	106,368	155,281	161,421	99,091	29,490
	MN	4,878	0	78	232	633	935	1,328	1,672
	Total	587,044	460	30,133	106,600	155,914	162,356	100,419	31,162
12b. Total Eligibles Receiving Preventive Dental Services	CN	533,802	291	27,518	101,241	148,159	149,280	84,266	23,047
	MN	4,202	0	65	219	604	874	1,099	1,341
	Total	538,004	291	27,583	101,460	148,763	150,154	85,365	24,388
12c. Total Eligibles Receiving Dental Treatment Services	CN	249,797	50	2,429	29,521	69,248	77,103	54,689	16,757
	MN	2,381	0	4	56	280	416	741	884
	Total	252,178	50	2,433	29,577	69,528	77,519	55,430	17,641
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	74,906				40,245	34,661		
	MN	378				161	217		
	Total	75,284				40,406	34,878		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Pennsylvania

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	541,560	341	28,255	101,631	148,675	149,144	87,264	26,250
	MN	4,405	0	75	220	587	870	1,156	1,497
	Total	545,965	341	28,330	101,851	149,262	150,014	88,420	27,747
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	37,120	1,400	20,166	10,880	1,824	1,716	1,048	86
	MN	81	2	44	18	2	5	8	2
	Total	37,201	1,402	20,210	10,898	1,826	1,721	1,056	88
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	604,227	1,842	44,903	110,650	155,780	161,939	99,568	29,545
	MN	4,932	2	111	240	635	938	1,332	1,674
	Total	609,159	1,844	45,014	110,890	156,415	162,877	100,900	31,219
13. Total Eligibles Enrolled in Managed Care	CN	1,181,484	45,822	134,621	189,138	247,842	276,089	199,321	88,651
	MN	12,932	79	298	443	1,038	1,652	3,250	6,172
	Total	1,194,416	45,901	134,919	189,581	248,880	277,741	202,571	94,823
14. Total Number of Screening Blood Lead Tests	CN	93,739	4,927	65,391	23,421				
	MN	174	2	125	47				
	Total	93,913	4,929	65,516	23,468				



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Rhode Island

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	131,451	5,786	14,457	19,519	26,786	30,850	23,403	10,650
	MN	90	1	0	0	0	2	24	63
	Total	131,541	5,787	14,457	19,519	26,786	30,852	23,427	10,713
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	126,596	4,379	13,917	19,021	26,155	30,201	22,808	10,115
	MN	67	1	0	0	0	2	20	44
	Total	126,663	4,380	13,917	19,021	26,155	30,203	22,828	10,159
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	17,399	0	0	0	5,323	5,766	6,310	0
	MN	0	0	0	0	0	0	0	0
	Total	17,399	0	0	0	5,323	5,766	6,310	0
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,373,571	32,782	151,972	212,727	294,695	341,750	254,108	85,537
	MN	444	7	0	0	0	13	130	294
	Total	1,374,015	32,789	151,972	212,727	294,695	341,763	254,238	85,831
3b. Average Period of Eligibility	CN	0.90	0.62	0.91	0.93	0.94	0.94	0.93	0.70
	MN	0.55	0.58	0.00	0.00	0.00	0.54	0.54	0.56
	Total	0.90	0.62	0.91	0.93	0.94	0.94	0.93	0.70
4. Expected Number of Screenings per Eligible	CN		3.72	1.82	0.93	0.94	0.94	0.93	0.70
	MN		3.48	0.00	0.00	0.00	0.54	0.54	0.56
	Total		3.72	1.82	0.93	0.94	0.94	0.93	0.70
5. Expected Number of Screenings	CN	140,576	16,290	25,329	17,690	24,586	28,389	21,211	7,081
	MN	40	3	0	0	0	1	11	25
	Total	140,616	16,293	25,329	17,690	24,586	28,390	21,222	7,106
6. Total Screens Received	CN	102,660	13,662	26,983	14,577	15,055	17,643	11,739	3,001
	MN	8	1	0	1	0	0	0	6
	Total	102,668	13,663	26,983	14,578	15,055	17,643	11,739	3,007
7. SCREENING RATIO	CN	0.73	0.84	1.00	0.82	0.61	0.62	0.55	0.42
	MN	0.20	0.33	0.00	0.00	0.00	0.00	0.00	0.24
	Total	0.73	0.84	1.00	0.82	0.61	0.62	0.55	0.42

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Rhode Island

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	117,253	4,379	13,917	17,690	24,586	28,389	21,211	7,081
	MN	38	1	0	0	0	1	11	25
	Total	117,291	4,380	13,917	17,690	24,586	28,390	21,222	7,106
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	73,278	3,848	10,984	12,805	14,682	17,076	11,138	2,745
	MN	6	1	0	0	0	0	0	5
	Total	73,284	3,849	10,984	12,805	14,682	17,076	11,138	2,750
10. PARTICIPANT RATIO	CN	0.62	0.88	0.79	0.72	0.60	0.60	0.53	0.39
	MN	0.16	1.00	0.00	0.00	0.00	0.00	0.00	0.20
	Total	0.62	0.88	0.79	0.72	0.60	0.60	0.52	0.39
11. Total Eligibles Referred for Corrective Treatment	CN	48,853	3,212	9,265	8,022	8,350	10,460	7,510	2,034
	MN	7	1	0	0	0	0	0	6
	Total	48,860	3,213	9,265	8,022	8,350	10,460	7,510	2,040
12a. Total Eligibles Receiving Any Dental Services	CN	63,558	82	4,179	10,290	16,612	18,631	11,005	2,759
	MN	26	1	0	0	0	2	4	19
	Total	63,584	83	4,179	10,290	16,612	18,633	11,009	2,778
12b. Total Eligibles Receiving Preventive Dental Services	CN	57,999	66	3,815	9,662	15,654	17,172	9,504	2,126
	MN	17	1	0	0	0	2	4	10
	Total	58,016	67	3,815	9,662	15,654	17,174	9,508	2,136
12c. Total Eligibles Receiving Dental Treatment Services	CN	26,725	4	166	2,435	7,501	9,408	5,752	1,459
	MN	18	1	0	0	0	0	3	14
	Total	26,743	5	166	2,435	7,501	9,408	5,755	1,473
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,377				4,388	3,989		
	MN	1				0	1		
	Total	8,378				4,388	3,990		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Rhode Island

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	61,697	79	4,171	10,225	16,365	17,885	10,354	2,618
	MN	22	1	0	0	0	2	4	15
	Total	61,719	80	4,171	10,225	16,365	17,887	10,358	2,633
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	814	44	599	126	3	2	40	0
	MN	3	0	0	0	0	0	3	0
	Total	817	44	599	126	3	2	43	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	63,558	82	4,179	10,290	16,612	18,631	11,005	2,759
	MN	26	1	0	0	0	2	4	19
	Total	63,584	83	4,179	10,290	16,612	18,633	11,009	2,778
13. Total Eligibles Enrolled in Managed Care	CN	111,632	4,084	12,919	17,697	23,851	27,166	20,201	5,714
	MN	56	1	0	0	0	2	17	36
	Total	111,688	4,085	12,919	17,697	23,851	27,168	20,218	5,750
14. Total Number of Screening Blood Lead Tests	CN	12,653	231	6,712	5,710				
	MN	0	0	0	0				
	Total	12,653	231	6,712	5,710				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: South Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	770,785	38,588	87,721	124,386	167,052	178,519	127,448	47,071
	MN	0	0	0	0	0	0	0	0
	Total	770,785	38,588	87,721	124,386	167,052	178,519	127,448	47,071
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	716,549	31,471	82,853	116,733	158,876	169,106	119,658	37,852
	MN	0	0	0	0	0	0	0	0
	Total	716,549	31,471	82,853	116,733	158,876	169,106	119,658	37,852
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	71,757	53	3,454	7,561	19,333	22,596	16,344	2,416
	MN	0	0	0	0	0	0	0	0
	Total	71,757	53	3,454	7,561	19,333	22,596	16,344	2,416
2a. State Periodicity Schedule			6	3	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	1.50	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	8,001,174	237,857	924,643	1,333,092	1,828,572	1,949,510	1,369,811	357,689
	MN	0	0	0	0	0	0	0	0
	Total	8,001,174	237,857	924,643	1,333,092	1,828,572	1,949,510	1,369,811	357,689
3b. Average Period of Eligibility	CN	0.93	0.63	0.93	0.95	0.96	0.96	0.95	0.79
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.63	0.93	0.95	0.96	0.96	0.95	0.79
4. Expected Number of Screenings per Eligible	CN		3.78	1.40	0.95	0.48	0.58	0.48	0.40
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.78	1.40	0.95	0.48	0.58	0.48	0.40
5. Expected Number of Screenings	CN	592,768	118,960	115,994	110,896	76,260	98,081	57,436	15,141
	MN	0	0	0	0	0	0	0	0
	Total	592,768	118,960	115,994	110,896	76,260	98,081	57,436	15,141
6. Total Screens Received	CN	481,802	116,044	143,550	62,816	56,258	65,568	34,440	3,126
	MN	0	0	0	0	0	0	0	0
	Total	481,802	116,044	143,550	62,816	56,258	65,568	34,440	3,126
7. SCREENING RATIO	CN	0.81	0.98	1.00	0.57	0.74	0.67	0.60	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.81	0.98	1.00	0.57	0.74	0.67	0.60	0.21

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: South Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	472,138	31,471	82,853	110,896	76,260	98,081	57,436	15,141
	MN	0	0	0	0	0	0	0	0
	Total	472,138	31,471	82,853	110,896	76,260	98,081	57,436	15,141
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	299,081	28,622	60,224	58,901	53,987	62,080	32,297	2,970
	MN	0	0	0	0	0	0	0	0
	Total	299,081	28,622	60,224	58,901	53,987	62,080	32,297	2,970
10. PARTICIPANT RATIO	CN	0.63	0.91	0.73	0.53	0.71	0.63	0.56	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.91	0.73	0.53	0.71	0.63	0.56	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	41,863	1,463	5,184	7,694	9,187	8,225	7,220	2,890
	MN	0	0	0	0	0	0	0	0
	Total	41,863	1,463	5,184	7,694	9,187	8,225	7,220	2,890
12a. Total Eligibles Receiving Any Dental Services	CN	357,346	245	20,609	63,084	103,731	101,794	57,759	10,124
	MN	0	0	0	0	0	0	0	0
	Total	357,346	245	20,609	63,084	103,731	101,794	57,759	10,124
12b. Total Eligibles Receiving Preventive Dental Services	CN	339,557	148	19,353	60,313	100,019	98,155	53,166	8,403
	MN	0	0	0	0	0	0	0	0
	Total	339,557	148	19,353	60,313	100,019	98,155	53,166	8,403
12c. Total Eligibles Receiving Dental Treatment Services	CN	146,560	45	1,412	20,622	48,406	41,894	28,947	5,234
	MN	0	0	0	0	0	0	0	0
	Total	146,560	45	1,412	20,622	48,406	41,894	28,947	5,234
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	47,069				26,200	20,869		
	MN	0				0	0		
	Total	47,069				26,200	20,869		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: South Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	339,358	235	20,266	61,284	97,419	95,645	54,950	9,559
	MN	0	0	0	0	0	0	0	0
	Total	339,358	235	20,266	61,284	97,419	95,645	54,950	9,559
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,067	12	419	2,278	1,055	172	105	26
	MN	0	0	0	0	0	0	0	0
	Total	4,067	12	419	2,278	1,055	172	105	26
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	357,502	256	20,696	63,121	103,741	101,800	57,761	10,127
	MN	0	0	0	0	0	0	0	0
	Total	357,502	256	20,696	63,121	103,741	101,800	57,761	10,127
13. Total Eligibles Enrolled in Managed Care	CN	635,849	29,053	74,027	102,185	142,929	150,824	104,474	32,357
	MN	0	0	0	0	0	0	0	0
	Total	635,849	29,053	74,027	102,185	142,929	150,824	104,474	32,357
14. Total Number of Screening Blood Lead Tests	CN	43,760	783	34,562	8,415				
	MN	0	0	0	0				
	Total	43,760	783	34,562	8,415				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: South Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	96,662	5,869	12,055	16,605	21,312	22,542	14,599	3,680
	MN	0	0	0	0	0	0	0	0
	Total	96,662	5,869	12,055	16,605	21,312	22,542	14,599	3,680
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	93,008	4,816	11,728	16,148	20,689	21,880	14,197	3,550
	MN	0	0	0	0	0	0	0	0
	Total	93,008	4,816	11,728	16,148	20,689	21,880	14,197	3,550
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	17,576	158	1,188	1,945	4,964	5,355	3,459	507
	MN	0	0	0	0	0	0	0	0
	Total	17,576	158	1,188	1,945	4,964	5,355	3,459	507
2a. State Periodicity Schedule			7	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	922,695	35,316	115,997	164,647	212,345	226,764	143,737	23,889
	MN	0	0	0	0	0	0	0	0
	Total	922,695	35,316	115,997	164,647	212,345	226,764	143,737	23,889
3b. Average Period of Eligibility	CN	0.83	0.61	0.82	0.85	0.86	0.86	0.84	0.56
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	0.61	0.82	0.85	0.86	0.86	0.84	0.56
4. Expected Number of Screenings per Eligible	CN		4.27	1.64	0.85	0.86	0.86	0.84	0.56
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	1.64	0.85	0.86	0.86	0.84	0.56
5. Expected Number of Screenings	CN	104,047	20,564	19,234	13,726	17,793	18,817	11,925	1,988
	MN	0	0	0	0	0	0	0	0
	Total	104,047	20,564	19,234	13,726	17,793	18,817	11,925	1,988
6. Total Screens Received	CN	66,248	17,833	23,216	8,686	5,198	7,479	3,507	329
	MN	0	0	0	0	0	0	0	0
	Total	66,248	17,833	23,216	8,686	5,198	7,479	3,507	329
7. SCREENING RATIO	CN	0.64	0.87	1.00	0.63	0.29	0.40	0.29	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	0.87	1.00	0.63	0.29	0.40	0.29	0.17

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: South Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	80,793	4,816	11,728	13,726	17,793	18,817	11,925	1,988
	MN	0	0	0	0	0	0	0	0
	Total	80,793	4,816	11,728	13,726	17,793	18,817	11,925	1,988
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	27,912	4,140	6,746	5,837	3,602	5,075	2,315	197
	MN	0	0	0	0	0	0	0	0
	Total	27,912	4,140	6,746	5,837	3,602	5,075	2,315	197
10. PARTICIPANT RATIO	CN	0.35	0.86	0.58	0.43	0.20	0.27	0.19	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.35	0.86	0.58	0.43	0.20	0.27	0.19	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	10,961	3,700	3,847	1,177	574	1,015	599	49
	MN	0	0	0	0	0	0	0	0
	Total	10,961	3,700	3,847	1,177	574	1,015	599	49
12a. Total Eligibles Receiving Any Dental Services	CN	42,633	85	3,037	8,274	12,256	12,053	6,104	824
	MN	0	0	0	0	0	0	0	0
	Total	42,633	85	3,037	8,274	12,256	12,053	6,104	824
12b. Total Eligibles Receiving Preventive Dental Services	CN	39,545	52	2,763	7,898	11,726	11,251	5,247	608
	MN	0	0	0	0	0	0	0	0
	Total	39,545	52	2,763	7,898	11,726	11,251	5,247	608
12c. Total Eligibles Receiving Dental Treatment Services	CN	17,509	15	252	2,750	5,564	5,259	3,189	480
	MN	0	0	0	0	0	0	0	0
	Total	17,509	15	252	2,750	5,564	5,259	3,189	480
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	10,180				4,902	5,278		
	MN	0				0	0		
	Total	10,180				4,902	5,278		



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: South Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	38,316	59	2,532	7,578	11,025	10,795	5,595	732
	MN	0	0	0	0	0	0	0	0
	Total	38,316	59	2,532	7,578	11,025	10,795	5,595	732
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	895	23	531	216	55	50	15	5
	MN	0	0	0	0	0	0	0	0
	Total	895	23	531	216	55	50	15	5
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	42,676	90	3,069	8,279	12,257	12,053	6,104	824
	MN	0	0	0	0	0	0	0	0
	Total	42,676	90	3,069	8,279	12,257	12,053	6,104	824
13. Total Eligibles Enrolled in Managed Care	CN	85,082	4,415	11,237	15,297	19,207	19,615	12,308	3,003
	MN	0	0	0	0	0	0	0	0
	Total	85,082	4,415	11,237	15,297	19,207	19,615	12,308	3,003
14. Total Number of Screening Blood Lead Tests	CN	3,467	13	2,081	1,373				
	MN	0	0	0	0				
	Total	3,467	13	2,081	1,373				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Tennessee

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	918,976	52,370	109,924	150,650	194,330	203,821	143,804	64,077
	MN	5,430	1	19	391	721	1,562	1,544	1,192
	Total	924,406	52,371	109,943	151,041	195,051	205,383	145,348	65,269
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	887,205	38,329	106,627	147,380	190,602	200,042	141,115	63,110
	MN	5,376	1	18	389	714	1,556	1,541	1,157
	Total	892,581	38,330	106,645	147,769	191,316	201,598	142,656	64,267
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	15,606	0	2	1,154	2,639	5,295	4,434	2,082
	MN	1,721	0	0	135	283	492	548	263
	Total	17,327	0	2	1,289	2,922	5,787	4,982	2,345
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	10,273,111	285,066	1,239,212	1,735,686	2,250,928	2,363,257	1,664,828	734,134
	MN	63,461	9	206	4,572	8,524	18,573	18,388	13,189
	Total	10,336,572	285,075	1,239,418	1,740,258	2,259,452	2,381,830	1,683,216	747,323
3b. Average Period of Eligibility	CN	0.96	0.62	0.97	0.98	0.98	0.98	0.98	0.97
	MN	0.98	0.75	0.95	0.98	0.99	0.99	0.99	0.95
	Total	0.97	0.62	0.97	0.98	0.98	0.98	0.98	0.97
4. Expected Number of Screenings per Eligible	CN		4.34	2.43	0.98	0.98	0.98	0.98	0.97
	MN		5.25	2.38	0.98	0.99	0.99	0.99	0.95
	Total		4.34	2.43	0.98	0.98	0.98	0.98	0.97
5. Expected Number of Screenings	CN	1,152,225	166,348	259,104	144,432	186,790	196,041	138,293	61,217
	MN	5,301	5	43	381	707	1,540	1,526	1,099
	Total	1,157,526	166,353	259,147	144,813	187,497	197,581	139,819	62,316
6. Total Screens Received	CN	797,878	173,325	218,616	113,688	103,637	111,585	60,307	16,720
	MN	2,362	0	21	282	367	778	612	302
	Total	800,240	173,325	218,637	113,970	104,004	112,363	60,919	17,022
7. SCREENING RATIO	CN	0.69	1.00	0.84	0.79	0.55	0.57	0.44	0.27
	MN	0.45	0.00	0.49	0.74	0.52	0.51	0.40	0.27
	Total	0.69	1.00	0.84	0.79	0.55	0.57	0.44	0.27

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Tennessee

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	871,729	38,329	106,627	144,432	186,790	196,041	138,293	61,217
	MN	5,272	1	18	381	707	1,540	1,526	1,099
	Total	877,001	38,330	106,645	144,813	187,497	197,581	139,819	62,316
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	469,115	35,717	85,374	96,611	89,603	96,779	52,012	13,019
	MN	2,079	0	10	251	321	694	557	246
	Total	471,194	35,717	85,384	96,862	89,924	97,473	52,569	13,265
10. PARTICIPANT RATIO	CN	0.54	0.93	0.80	0.67	0.48	0.49	0.38	0.21
	MN	0.39	0.00	0.56	0.66	0.45	0.45	0.37	0.22
	Total	0.54	0.93	0.80	0.67	0.48	0.49	0.38	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	311,512	34,031	70,829	54,418	52,757	56,705	33,182	9,590
	MN	1,363	0	6	162	212	428	371	184
	Total	312,875	34,031	70,835	54,580	52,969	57,133	33,553	9,774
12a. Total Eligibles Receiving Any Dental Services	CN	438,582	282	21,809	76,691	123,606	123,896	72,699	19,599
	MN	3,006	0	4	194	500	1,006	872	430
	Total	441,588	282	21,813	76,885	124,106	124,902	73,571	20,029
12b. Total Eligibles Receiving Preventive Dental Services	CN	406,476	104	17,454	70,973	118,157	118,731	65,215	15,842
	MN	2,766	0	4	186	478	961	775	362
	Total	409,242	104	17,458	71,159	118,635	119,692	65,990	16,204
12c. Total Eligibles Receiving Dental Treatment Services	CN	187,109	17	1,856	23,966	54,546	54,611	40,542	11,571
	MN	1,516	0	1	51	236	482	503	243
	Total	188,625	17	1,857	24,017	54,782	55,093	41,045	11,814
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	64,326				36,499	27,827		
	MN	330				111	219		
	Total	64,656				36,610	28,046		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Tennessee

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	427,103	272	21,690	75,633	121,310	120,818	68,946	18,434
	MN	2,871	0	4	189	482	966	822	408
	Total	429,974	272	21,694	75,822	121,792	121,784	69,768	18,842
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	43,778	738	5,663	8,928	14,162	11,245	2,582	460
	MN	186	0	0	16	50	87	28	5
	Total	43,964	738	5,663	8,944	14,212	11,332	2,610	465
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	444,345	994	25,163	78,330	123,656	123,901	72,702	19,599
	MN	3,011	0	4	199	500	1,006	872	430
	Total	447,356	994	25,167	78,529	124,156	124,907	73,574	20,029
13. Total Eligibles Enrolled in Managed Care	CN	887,205	38,329	106,627	147,380	190,602	200,042	141,115	63,110
	MN	5,376	1	18	389	714	1,556	1,541	1,157
	Total	892,581	38,330	106,645	147,769	191,316	201,598	142,656	64,267
14. Total Number of Screening Blood Lead Tests	CN	70,661	888	53,099	16,674				
	MN	23	0	7	16				
	Total	70,684	888	53,106	16,690				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Texas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	3,945,257	254,692	493,736	636,207	857,359	928,337	598,661	176,265
	MN	1,363	162	145	140	228	310	337	41
	Total	3,946,620	254,854	493,881	636,347	857,587	928,647	598,998	176,306
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	3,650,382	246,042	454,721	600,598	803,838	869,494	550,594	125,095
	MN	3	1	1	0	1	0	0	0
	Total	3,650,385	246,043	454,722	600,598	803,839	869,494	550,594	125,095
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	36,500,556	1,575,676	4,730,241	6,298,331	8,268,231	8,995,280	5,587,777	1,045,020
	MN	10	3	3	0	4	0	0	0
	Total	36,500,566	1,575,679	4,730,244	6,298,331	8,268,235	8,995,280	5,587,777	1,045,020
3b. Average Period of Eligibility	CN	0.83	0.53	0.87	0.87	0.86	0.86	0.85	0.70
	MN	0.28	0.25	0.25	0.00	0.33	0.00	0.00	0.00
	Total	0.83	0.53	0.87	0.87	0.86	0.86	0.85	0.70
4. Expected Number of Screenings per Eligible	CN		3.71	2.18	0.87	0.86	0.86	0.85	0.70
	MN		1.75	0.63	0.00	0.33	0.00	0.00	0.00
	Total		3.71	2.18	0.87	0.86	0.86	0.85	0.70
5. Expected Number of Screenings	CN	4,421,266	912,816	991,292	522,520	691,301	747,765	468,005	87,567
	MN	3	2	1	0	0	0	0	0
	Total	4,421,269	912,818	991,293	522,520	691,301	747,765	468,005	87,567
6. Total Screens Received	CN	3,818,704	918,797	984,312	510,829	519,610	575,798	289,312	20,046
	MN	1	0	1	0	0	0	0	0
	Total	3,818,705	918,797	984,313	510,829	519,610	575,798	289,312	20,046
7. SCREENING RATIO	CN	0.86	1.00	0.99	0.98	0.75	0.77	0.62	0.23
	MN	0.33	0.00	1.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	1.00	0.99	0.98	0.75	0.77	0.62	0.23

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Texas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	3,217,921	246,042	454,721	522,520	691,301	747,765	468,005	87,567
	MN	2	1	1	0	0	0	0	0
	Total	3,217,923	246,043	454,722	522,520	691,301	747,765	468,005	87,567
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	2,276,917	230,810	385,537	416,379	463,410	507,316	255,318	18,147
	MN	1	0	1	0	0	0	0	0
	Total	2,276,918	230,810	385,538	416,379	463,410	507,316	255,318	18,147
10. PARTICIPANT RATIO	CN	0.71	0.94	0.85	0.80	0.67	0.68	0.55	0.21
	MN	0.50	0.00	1.00	0.00	0.00	0.00	0.00	0.00
	Total	0.71	0.94	0.85	0.80	0.67	0.68	0.55	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	852,479	156,201	207,610	127,816	120,740	147,021	85,074	8,017
	MN	0	0	0	0	0	0	0	0
	Total	852,479	156,201	207,610	127,816	120,740	147,021	85,074	8,017
12a. Total Eligibles Receiving Any Dental Services	CN	2,396,169	41,774	288,392	436,012	606,884	630,366	347,073	45,668
	MN	0	0	0	0	0	0	0	0
	Total	2,396,169	41,774	288,392	436,012	606,884	630,366	347,073	45,668
12b. Total Eligibles Receiving Preventive Dental Services	CN	2,333,430	39,970	285,689	425,477	592,473	617,621	331,674	40,526
	MN	0	0	0	0	0	0	0	0
	Total	2,333,430	39,970	285,689	425,477	592,473	617,621	331,674	40,526
12c. Total Eligibles Receiving Dental Treatment Services	CN	1,087,501	133	12,407	156,584	348,696	344,559	199,720	25,402
	MN	0	0	0	0	0	0	0	0
	Total	1,087,501	133	12,407	156,584	348,696	344,559	199,720	25,402
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	343,088				170,226	172,862		
	MN	0				0	0		
	Total	343,088				170,226	172,862		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Texas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	2,373,052	41,720	287,900	433,059	600,598	623,998	341,394	44,383
	MN	0	0	0	0	0	0	0	0
	Total	2,373,052	41,720	287,900	433,059	600,598	623,998	341,394	44,383
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	145,075	19,336	107,170	18,569	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	145,075	19,336	107,170	18,569	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	2,443,174	53,065	320,492	439,626	606,884	630,366	347,073	45,668
	MN	0	0	0	0	0	0	0	0
	Total	2,443,174	53,065	320,492	439,626	606,884	630,366	347,073	45,668
13. Total Eligibles Enrolled in Managed Care	CN	3,390,854	230,736	444,476	575,267	752,670	788,651	492,418	106,636
	MN	0	0	0	0	0	0	0	0
	Total	3,390,854	230,736	444,476	575,267	752,670	788,651	492,418	106,636
14. Total Number of Screening Blood Lead Tests	CN	273,219	2,116	202,897	68,206				
	MN	0	0	0	0				
	Total	273,219	2,116	202,897	68,206				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Utah

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	266,810	18,895	36,843	44,962	58,837	60,582	38,417	8,274
	MN	527	39	37	75	123	137	88	28
	Total	267,337	18,934	36,880	45,037	58,960	60,719	38,505	8,302
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	240,290	15,641	33,296	40,720	53,762	55,484	34,894	6,493
	MN	147	0	14	16	41	46	22	8
	Total	240,437	15,641	33,310	40,736	53,803	55,530	34,916	6,501
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	2,447,147	152,824	332,520	415,467	557,885	581,064	355,603	51,784
	MN	1,270	0	114	141	331	410	193	81
	Total	2,448,417	152,824	332,634	415,608	558,216	581,474	355,796	51,865
3b. Average Period of Eligibility	CN	0.85	0.81	0.83	0.85	0.86	0.87	0.85	0.66
	MN	0.72	0.00	0.68	0.73	0.67	0.74	0.73	0.84
	Total	0.85	0.81	0.83	0.85	0.86	0.87	0.85	0.66
4. Expected Number of Screenings per Eligible	CN		4.86	1.66	0.85	0.43	0.87	0.85	0.66
	MN		0.00	1.36	0.73	0.34	0.74	0.73	0.84
	Total		4.86	1.66	0.85	0.43	0.87	0.85	0.66
5. Expected Number of Screenings	CN	271,232	76,015	55,271	34,612	23,118	48,271	29,660	4,285
	MN	102	0	19	12	14	34	16	7
	Total	271,334	76,015	55,290	34,624	23,132	48,305	29,676	4,292
6. Total Screens Received	CN	192,332	59,361	60,115	23,455	18,340	20,166	10,330	565
	MN	75	0	28	12	16	13	5	1
	Total	192,407	59,361	60,143	23,467	18,356	20,179	10,335	566
7. SCREENING RATIO	CN	0.71	0.78	1.00	0.68	0.79	0.42	0.35	0.13
	MN	0.74	0.00	1.00	1.00	1.00	0.38	0.31	0.14
	Total	0.71	0.78	1.00	0.68	0.79	0.42	0.35	0.13



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Utah

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	188,883	15,641	33,296	34,612	23,118	48,271	29,660	4,285
	MN	97	0	14	12	14	34	16	7
	Total	188,980	15,641	33,310	34,624	23,132	48,305	29,676	4,292
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	108,487	14,579	25,787	21,340	17,426	19,190	9,627	538
	MN	51	0	11	7	15	13	4	1
	Total	108,538	14,579	25,798	21,347	17,441	19,203	9,631	539
10. PARTICIPANT RATIO	CN	0.57	0.93	0.77	0.62	0.75	0.40	0.32	0.13
	MN	0.53	0.00	0.79	0.58	1.00	0.38	0.25	0.14
	Total	0.57	0.93	0.77	0.62	0.75	0.40	0.32	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	27,663	8,755	15,264	1,681	699	754	495	15
	MN	12	0	7	3	1	0	1	0
	Total	27,675	8,755	15,271	1,684	700	754	496	15
12a. Total Eligibles Receiving Any Dental Services	CN	120,907	177	8,198	23,579	34,979	34,007	18,110	1,857
	MN	79	0	3	10	23	27	13	3
	Total	120,986	177	8,201	23,589	35,002	34,034	18,123	1,860
12b. Total Eligibles Receiving Preventive Dental Services	CN	118,441	167	8,178	23,318	34,427	33,317	17,308	1,726
	MN	77	0	3	10	23	26	13	2
	Total	118,518	167	8,181	23,328	34,450	33,343	17,321	1,728
12c. Total Eligibles Receiving Dental Treatment Services	CN	59,526	64	1,031	9,551	18,839	17,651	11,161	1,229
	MN	35	0	0	4	12	11	6	2
	Total	59,561	64	1,031	9,555	18,851	17,662	11,167	1,231
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	20,951				10,102	10,849		
	MN	10				4	6		
	Total	20,961				10,106	10,855		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Utah

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	118,081	168	8,187	23,370	34,210	33,146	17,241	1,759
	MN	77	0	3	10	23	26	13	2
	Total	118,158	168	8,190	23,380	34,233	33,172	17,254	1,761
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	238	92	73	28	17	13	14	1
	MN	0	0	0	0	0	0	0	0
	Total	238	92	73	28	17	13	14	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	121,145	269	8,271	23,607	34,996	34,020	18,124	1,858
	MN	79	0	3	10	23	27	13	3
	Total	121,224	269	8,274	23,617	35,019	34,047	18,137	1,861
13. Total Eligibles Enrolled in Managed Care	CN	209,859	14,612	29,122	35,574	46,760	48,321	30,139	5,331
	MN	96	0	9	10	24	31	15	7
	Total	209,955	14,612	29,131	35,584	46,784	48,352	30,154	5,338
14. Total Number of Screening Blood Lead Tests	CN	5,104	52	3,773	1,279				
	MN	3	0	2	1				
	Total	5,107	52	3,775	1,280				

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2016  
State: Vermont

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	81,543	3,321	7,931	12,228	16,752	19,688	14,883	6,740
	MN	953	11	54	93	93	115	194	393
	Total	82,496	3,332	7,985	12,321	16,845	19,803	15,077	7,133
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	79,820	2,479	7,797	12,084	16,575	19,485	14,739	6,661
	MN	935	9	54	93	91	115	192	381
	Total	80,755	2,488	7,851	12,177	16,666	19,600	14,931	7,042
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	5,323	99	418	693	1,103	1,502	1,165	343
	MN	0	0	0	0	0	0	0	0
	Total	5,323	99	418	693	1,103	1,502	1,165	343
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	893,431	17,863	87,382	136,819	188,236	222,097	167,631	73,403
	MN	8,825	71	551	959	940	1,147	1,862	3,295
	Total	902,256	17,934	87,933	137,778	189,176	223,244	169,493	76,698
3b. Average Period of Eligibility	CN	0.93	0.60	0.93	0.94	0.95	0.95	0.95	0.92
	MN	0.79	0.66	0.85	0.86	0.86	0.83	0.81	0.72
	Total	0.93	0.60	0.93	0.94	0.95	0.95	0.95	0.91
4. Expected Number of Screenings per Eligible	CN		4.20	2.33	0.94	0.95	0.95	0.95	0.92
	MN		4.62	2.13	0.86	0.86	0.83	0.81	0.72
	Total		4.20	2.33	0.94	0.95	0.95	0.95	0.91
5. Expected Number of Screenings	CN	94,325	10,412	18,167	11,359	15,746	18,511	14,002	6,128
	MN	840	42	115	80	78	95	156	274
	Total	95,165	10,454	18,282	11,439	15,824	18,606	14,158	6,402
6. Total Screens Received	CN	84,226	14,804	23,553	11,397	11,169	12,997	8,260	2,046
	MN	541	85	131	106	53	58	58	50
	Total	84,767	14,889	23,684	11,503	11,222	13,055	8,318	2,096
7. SCREENING RATIO	CN	0.89	1.00	1.00	1.00	0.71	0.70	0.59	0.33
	MN	0.64	1.00	1.00	1.00	0.68	0.61	0.37	0.18
	Total	0.89	1.00	1.00	1.00	0.71	0.70	0.59	0.33

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Vermont

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	76,022	2,479	7,797	11,359	15,746	18,511	14,002	6,128
	MN	746	9	54	80	78	95	156	274
	Total	76,768	2,488	7,851	11,439	15,824	18,606	14,158	6,402
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	44,240	2,359	6,856	8,036	8,867	10,368	6,386	1,368
	MN	278	8	43	62	45	42	43	35
	Total	44,518	2,367	6,899	8,098	8,912	10,410	6,429	1,403
10. PARTICIPANT RATIO	CN	0.58	0.95	0.88	0.71	0.56	0.56	0.46	0.22
	MN	0.37	0.89	0.80	0.78	0.58	0.44	0.28	0.13
	Total	0.58	0.95	0.88	0.71	0.56	0.56	0.45	0.22
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	45,235	23	2,114	7,161	11,563	13,080	8,690	2,604
	MN	329	0	15	47	56	58	74	79
	Total	45,564	23	2,129	7,208	11,619	13,138	8,764	2,683
12b. Total Eligibles Receiving Preventive Dental Services	CN	41,637	9	1,668	6,713	10,991	12,357	7,798	2,101
	MN	296	0	13	45	50	56	63	69
	Total	41,933	9	1,681	6,758	11,041	12,413	7,861	2,170
12c. Total Eligibles Receiving Dental Treatment Services	CN	18,523	2	301	2,177	5,017	5,318	4,248	1,460
	MN	155	0	3	16	29	26	42	39
	Total	18,678	2	304	2,193	5,046	5,344	4,290	1,499
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	5,148				2,756	2,392		
	MN	24				14	10		
	Total	5,172				2,770	2,402		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Vermont

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	40,975	14	1,917	6,629	10,587	11,893	7,710	2,225
	MN	291	0	14	42	51	51	64	69
	Total	41,266	14	1,931	6,671	10,638	11,944	7,774	2,294
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	964	65	579	130	40	71	56	23
	MN	2	0	2	0	0	0	0	0
	Total	966	65	581	130	40	71	56	23
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	45,716	87	2,482	7,205	11,564	13,080	8,694	2,604
	MN	331	0	17	47	56	58	74	79
	Total	46,047	87	2,499	7,252	11,620	13,138	8,768	2,683
13. Total Eligibles Enrolled in Managed Care	CN	64,700	2,031	6,485	9,970	13,619	15,730	11,694	5,171
	MN	740	8	52	81	74	95	147	283
	Total	65,440	2,039	6,537	10,051	13,693	15,825	11,841	5,454
14. Total Number of Screening Blood Lead Tests	CN	5,949	27	5,034	888				
	MN	41	0	30	11				
	Total	5,990	27	5,064	899				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	743,374	43,451	88,206	120,549	161,863	172,186	116,411	40,708
	MN	890	84	95	113	185	248	140	25
	Total	744,264	43,535	88,301	120,662	162,048	172,434	116,551	40,733
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	692,745	31,673	83,417	114,196	153,926	163,503	110,013	36,017
	MN	528	42	61	63	104	161	85	12
	Total	693,273	31,715	83,478	114,259	154,030	163,664	110,098	36,029
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	90,011	1	0	2	30,136	33,866	22,543	3,463
	MN	0	0	0	0	0	0	0	0
	Total	90,011	1	0	2	30,136	33,866	22,543	3,463
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	7,265,112	247,147	870,313	1,216,369	1,659,516	1,769,158	1,182,261	320,348
	MN	4,453	317	524	499	842	1,412	751	108
	Total	7,269,565	247,464	870,837	1,216,868	1,660,358	1,770,570	1,183,012	320,456
3b. Average Period of Eligibility	CN	0.87	0.65	0.87	0.89	0.90	0.90	0.90	0.74
	MN	0.70	0.63	0.72	0.66	0.67	0.73	0.74	0.75
	Total	0.87	0.65	0.87	0.89	0.90	0.90	0.90	0.74
4. Expected Number of Screenings per Eligible	CN		4.55	2.18	0.89	0.90	0.90	0.90	0.74
	MN		4.41	1.80	0.66	0.67	0.73	0.74	0.75
	Total		4.55	2.18	0.89	0.90	0.90	0.90	0.74
5. Expected Number of Screenings	CN	838,946	144,112	181,849	101,634	138,533	147,153	99,012	26,653
	MN	597	185	110	42	70	118	63	9
	Total	839,543	144,297	181,959	101,676	138,603	147,271	99,075	26,662
6. Total Screens Received	CN	598,547	132,759	175,776	90,328	70,951	79,296	44,148	5,289
	MN	390	179	84	20	36	57	14	0
	Total	598,937	132,938	175,860	90,348	70,987	79,353	44,162	5,289
7. SCREENING RATIO	CN	0.71	0.92	0.97	0.89	0.51	0.54	0.45	0.20
	MN	0.65	0.97	0.76	0.48	0.51	0.48	0.22	0.00
	Total	0.71	0.92	0.97	0.89	0.51	0.54	0.45	0.20

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	628,075	31,673	83,417	101,634	138,533	147,153	99,012	26,653
	MN	405	42	61	42	70	118	63	9
	Total	628,480	31,715	83,478	101,676	138,603	147,271	99,075	26,662
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	351,205	29,617	69,544	77,245	63,289	70,162	37,459	3,889
	MN	193	40	36	19	35	50	13	0
	Total	351,398	29,657	69,580	77,264	63,324	70,212	37,472	3,889
10. PARTICIPANT RATIO	CN	0.56	0.94	0.83	0.76	0.46	0.48	0.38	0.15
	MN	0.48	0.95	0.59	0.45	0.50	0.42	0.21	0.00
	Total	0.56	0.94	0.83	0.76	0.46	0.48	0.38	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	534,481	30,132	75,517	97,434	116,786	121,732	77,457	15,423
	MN	324	40	47	32	59	94	47	5
	Total	534,805	30,172	75,564	97,466	116,845	121,826	77,504	15,428
12a. Total Eligibles Receiving Any Dental Services	CN	352,064	300	20,615	64,508	99,702	101,018	58,235	7,686
	MN	207	2	11	27	52	83	30	2
	Total	352,271	302	20,626	64,535	99,754	101,101	58,265	7,688
12b. Total Eligibles Receiving Preventive Dental Services	CN	328,748	214	19,061	61,275	95,519	94,857	51,723	6,099
	MN	191	1	10	26	51	77	24	2
	Total	328,939	215	19,071	61,301	95,570	94,934	51,747	6,101
12c. Total Eligibles Receiving Dental Treatment Services	CN	189,995	44	4,528	26,229	55,237	60,348	38,594	5,015
	MN	114	2	3	12	27	52	17	1
	Total	190,109	46	4,531	26,241	55,264	60,400	38,611	5,016
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	44,096				25,680	18,416		
	MN	27				11	16		
	Total	44,123				25,691	18,432		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	335,216	179	19,158	62,537	95,968	95,735	54,598	7,041
	MN	196	1	10	27	50	80	26	2
	Total	335,412	180	19,168	62,564	96,018	95,815	54,624	7,043
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	24,301	1,379	12,021	5,828	2,804	1,242	846	181
	MN	12	3	4	3	1	1	0	0
	Total	24,313	1,382	12,025	5,831	2,805	1,243	846	181
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	364,658	1,653	29,537	65,937	100,144	101,238	58,409	7,740
	MN	214	5	14	28	52	83	30	2
	Total	364,872	1,658	29,551	65,965	100,196	101,321	58,439	7,742
13. Total Eligibles Enrolled in Managed Care	CN	645,715	30,556	81,164	109,789	146,463	153,330	101,502	22,911
	MN	186	3	17	30	36	64	33	3
	Total	645,901	30,559	81,181	109,819	146,499	153,394	101,535	22,914
14. Total Number of Screening Blood Lead Tests	CN	52,462	809	31,851	19,802				
	MN	20	2	14	4				
	Total	52,482	811	31,865	19,806				



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Washington

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	931,199	47,637	101,238	147,304	199,138	215,428	154,444	66,010
	MN	67	2	5	8	10	11	22	9
	Total	931,266	47,639	101,243	147,312	199,148	215,439	154,466	66,019
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	889,098	38,723	97,775	142,721	193,016	208,492	148,351	60,020
	MN	38	0	2	4	6	8	14	4
	Total	889,136	38,723	97,777	142,725	193,022	208,500	148,365	60,024
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			5	3	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	1.50	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	9,801,750	296,614	1,091,614	1,609,297	2,187,564	2,363,060	1,658,699	594,902
	MN	283	2	12	37	32	50	113	37
	Total	9,802,033	296,616	1,091,626	1,609,334	2,187,596	2,363,110	1,658,812	594,939
3b. Average Period of Eligibility	CN	0.92	0.64	0.93	0.94	0.94	0.94	0.93	0.83
	MN	0.62	0.00	0.50	0.77	0.44	0.52	0.67	0.77
	Total	0.92	0.64	0.93	0.94	0.94	0.94	0.93	0.83
4. Expected Number of Screenings per Eligible	CN		3.20	1.40	0.94	0.47	0.56	0.47	0.42
	MN		0.00	0.75	0.77	0.22	0.31	0.34	0.39
	Total		3.20	1.40	0.94	0.47	0.56	0.47	0.42
5. Expected Number of Screenings	CN	697,364	123,914	136,885	134,158	90,718	116,756	69,725	25,208
	MN	15	0	2	3	1	2	5	2
	Total	697,379	123,914	136,887	134,161	90,719	116,758	69,730	25,210
6. Total Screens Received	CN	634,949	130,421	186,606	91,276	79,984	90,313	47,824	8,525
	MN	7	0	0	0	0	3	3	1
	Total	634,956	130,421	186,606	91,276	79,984	90,316	47,827	8,526
7. SCREENING RATIO	CN	0.91	1.00	1.00	0.68	0.88	0.77	0.69	0.34
	MN	0.47	0.00	0.00	0.00	0.00	1.00	0.60	0.50
	Total	0.91	1.00	1.00	0.68	0.88	0.77	0.69	0.34

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Washington

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	573,063	38,723	97,775	134,158	90,718	116,756	69,725	25,208
	MN	15	0	2	3	1	2	5	2
	Total	573,078	38,723	97,777	134,161	90,719	116,758	69,730	25,210
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	411,934	35,316	79,130	84,804	76,190	85,336	44,391	6,767
	MN	7	0	0	0	0	3	3	1
	Total	411,941	35,316	79,130	84,804	76,190	85,339	44,394	6,768
10. PARTICIPANT RATIO	CN	0.72	0.91	0.81	0.63	0.84	0.73	0.64	0.27
	MN	0.47	0.00	0.00	0.00	0.00	1.00	0.60	0.50
	Total	0.72	0.91	0.81	0.63	0.84	0.73	0.64	0.27
11. Total Eligibles Referred for Corrective Treatment	CN	26,147	6,531	6,539	2,706	3,203	3,943	2,720	505
	MN	1	0	0	0	0	0	1	0
	Total	26,148	6,531	6,539	2,706	3,203	3,943	2,721	505
12a. Total Eligibles Receiving Any Dental Services	CN	522,890	3,025	51,419	96,899	136,500	136,335	80,147	18,565
	MN	14	0	1	2	3	3	4	1
	Total	522,904	3,025	51,420	96,901	136,503	136,338	80,151	18,566
12b. Total Eligibles Receiving Preventive Dental Services	CN	479,395	1,730	47,624	93,069	131,297	126,718	66,627	12,330
	MN	11	0	1	2	3	1	3	1
	Total	479,406	1,730	47,625	93,071	131,300	126,719	66,630	12,331
12c. Total Eligibles Receiving Dental Treatment Services	CN	296,915	1,598	31,377	65,675	74,130	66,985	46,077	11,073
	MN	7	0	1	1	2	1	2	0
	Total	296,922	1,598	31,378	65,676	74,132	66,986	46,079	11,073
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	74,360				40,947	33,413		
	MN	1				1	0		
	Total	74,361				40,948	33,413		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Washington

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	491,214	2,492	48,277	92,172	128,921	128,615	73,954	16,783
	MN	12	0	1	2	3	2	3	1
	Total	491,226	2,492	48,278	92,174	128,924	128,617	73,957	16,784
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	64,375	1,202	13,020	18,853	16,746	8,014	5,203	1,337
	MN	1	0	0	0	0	0	1	0
	Total	64,376	1,202	13,020	18,853	16,746	8,014	5,204	1,337
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	527,720	3,078	51,641	97,393	139,121	137,573	80,268	18,646
	MN	14	0	1	2	3	3	4	1
	Total	527,734	3,078	51,642	97,395	139,124	137,576	80,272	18,647
13. Total Eligibles Enrolled in Managed Care	CN	836,738	37,627	94,573	136,213	181,748	194,012	136,634	55,931
	MN	11	0	1	2	2	2	3	1
	Total	836,749	37,627	94,574	136,215	181,750	194,014	136,637	55,932
14. Total Number of Screening Blood Lead Tests	CN	19,699	292	13,261	6,146				
	MN	0	0	0	0				
	Total	19,699	292	13,261	6,146				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: West Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	249,371	14,622	26,102	38,035	50,715	57,201	42,995	19,701
	MN	74	0	3	3	13	20	12	23
	Total	249,445	14,622	26,105	38,038	50,728	57,221	43,007	19,724
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	232,568	9,026	25,102	36,361	48,558	54,683	40,889	17,949
	MN	50	0	3	2	7	13	9	16
	Total	232,618	9,026	25,105	36,363	48,565	54,696	40,898	17,965
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			7	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	2,609,254	72,345	280,896	412,262	553,554	623,488	465,157	201,552
	MN	299	0	20	7	53	74	56	89
	Total	2,609,553	72,345	280,916	412,269	553,607	623,562	465,213	201,641
3b. Average Period of Eligibility	CN	0.93	0.67	0.93	0.94	0.95	0.95	0.95	0.94
	MN	0.50	0.00	0.56	0.29	0.63	0.47	0.52	0.46
	Total	0.93	0.67	0.93	0.94	0.95	0.95	0.95	0.94
4. Expected Number of Screenings per Eligible	CN		4.69	1.86	0.94	0.48	0.95	0.95	0.94
	MN		0.00	1.12	0.29	0.32	0.47	0.52	0.46
	Total		4.69	1.86	0.94	0.48	0.95	0.95	0.94
5. Expected Number of Screenings	CN	254,175	42,332	46,690	34,179	23,308	51,949	38,845	16,872
	MN	24	0	3	1	2	6	5	7
	Total	254,199	42,332	46,693	34,180	23,310	51,955	38,850	16,879
6. Total Screens Received	CN	291,578	59,705	54,266	51,442	46,882	48,452	27,665	3,166
	MN	19	0	0	0	11	4	4	0
	Total	291,597	59,705	54,266	51,442	46,893	48,456	27,669	3,166
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	0.93	0.71	0.19
	MN	0.79	0.00	0.00	0.00	1.00	0.67	0.80	0.00
	Total	1.00	1.00	1.00	1.00	1.00	0.93	0.71	0.19

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: West Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	199,281	9,026	25,102	34,179	23,308	51,949	38,845	16,872
	MN	24	0	3	1	2	6	5	7
	Total	199,305	9,026	25,105	34,180	23,310	51,955	38,850	16,879
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	118,641	7,816	22,215	24,925	22,747	24,382	14,319	2,237
	MN	9	0	0	0	4	3	2	0
	Total	118,650	7,816	22,215	24,925	22,751	24,385	14,321	2,237
10. PARTICIPANT RATIO	CN	0.60	0.87	0.88	0.73	0.98	0.47	0.37	0.13
	MN	0.38	0.00	0.00	0.00	1.00	0.50	0.40	0.00
	Total	0.60	0.87	0.88	0.73	0.98	0.47	0.37	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	57,078	2,472	9,010	11,499	11,902	12,777	8,132	1,286
	MN	4	0	0	0	2	2	0	0
	Total	57,082	2,472	9,010	11,499	11,904	12,779	8,132	1,286
12a. Total Eligibles Receiving Any Dental Services	CN	125,844	238	6,356	24,408	34,028	34,440	22,048	4,326
	MN	20	0	0	1	5	8	3	3
	Total	125,864	238	6,356	24,409	34,033	34,448	22,051	4,329
12b. Total Eligibles Receiving Preventive Dental Services	CN	111,966	167	4,922	22,294	31,585	31,199	18,675	3,124
	MN	15	0	0	1	4	8	1	1
	Total	111,981	167	4,922	22,295	31,589	31,207	18,676	3,125
12c. Total Eligibles Receiving Dental Treatment Services	CN	124,610	192	6,158	24,161	33,685	34,184	21,924	4,306
	MN	20	0	0	1	5	8	3	3
	Total	124,630	192	6,158	24,162	33,690	34,192	21,927	4,309
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	18,078				8,844	9,234		
	MN	5				2	3		
	Total	18,083				8,846	9,237		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: West Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	117,100	188	6,005	23,178	31,897	31,906	20,048	3,878
	MN	17	0	0	1	5	8	1	2
	Total	117,117	188	6,005	23,179	31,902	31,914	20,049	3,880
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	8	0	0	2	3	1	1	1
	MN	1	0	0	0	1	0	0	0
	Total	9	0	0	2	4	1	1	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	125,852	238	6,356	24,410	34,031	34,441	22,049	4,327
	MN	21	0	0	1	6	8	3	3
	Total	125,873	238	6,356	24,411	34,037	34,449	22,052	4,330
13. Total Eligibles Enrolled in Managed Care	CN	175,882	4,206	19,398	29,584	38,505	42,380	29,659	12,150
	MN	34	0	1	2	4	12	7	8
	Total	175,916	4,206	19,399	29,586	38,509	42,392	29,666	12,158
14. Total Number of Screening Blood Lead Tests	CN	12,719	641	8,892	3,186				
	MN	0	0	0	0				
	Total	12,719	641	8,892	3,186				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Wisconsin

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	595,806	34,121	69,214	96,007	127,163	136,569	96,332	36,400
	MN	98	12	3	9	21	24	14	15
	Total	595,904	34,133	69,217	96,016	127,184	136,593	96,346	36,415
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	557,074	24,863	65,959	91,747	120,954	130,231	91,194	32,126
	MN	53	1	2	3	10	16	10	11
	Total	557,127	24,864	65,961	91,750	120,964	130,247	91,204	32,137
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	84,470	2	7	6	27,421	32,388	21,523	3,123
	MN	0	0	0	0	0	0	0	0
	Total	84,470	2	7	6	27,421	32,388	21,523	3,123
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	5,895,722	192,129	703,739	993,618	1,312,181	1,419,407	982,206	292,442
	MN	359	6	23	15	47	117	70	81
	Total	5,896,081	192,135	703,762	993,633	1,312,228	1,419,524	982,276	292,523
3b. Average Period of Eligibility	CN	0.88	0.64	0.89	0.90	0.90	0.91	0.90	0.76
	MN	0.56	0.50	0.96	0.42	0.39	0.61	0.58	0.61
	Total	0.88	0.64	0.89	0.90	0.90	0.91	0.90	0.76
4. Expected Number of Screenings per Eligible	CN		3.20	1.78	0.90	0.45	0.55	0.45	0.38
	MN		2.50	1.92	0.42	0.20	0.37	0.29	0.31
	Total		3.20	1.78	0.90	0.45	0.55	0.45	0.38
5. Expected Number of Screenings	CN	458,842	79,562	117,407	82,572	54,429	71,627	41,037	12,208
	MN	22	3	4	1	2	6	3	3
	Total	458,864	79,565	117,411	82,573	54,431	71,633	41,040	12,211
6. Total Screens Received	CN	485,137	110,934	144,517	66,009	59,149	64,205	34,322	6,001
	MN	16	1	6	1	3	3	0	2
	Total	485,153	110,935	144,523	66,010	59,152	64,208	34,322	6,003
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.80	1.00	0.90	0.84	0.49
	MN	0.73	0.33	1.00	1.00	1.00	0.50	0.00	0.67
	Total	1.00	1.00	1.00	0.80	1.00	0.90	0.84	0.49

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Wisconsin

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	352,695	24,863	65,959	82,572	54,429	71,627	41,037	12,208
	MN	18	1	2	1	2	6	3	3
	Total	352,713	24,864	65,961	82,573	54,431	71,633	41,040	12,211
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	274,675	23,434	53,517	54,369	52,189	56,361	29,700	5,105
	MN	12	1	2	1	3	3	0	2
	Total	274,687	23,435	53,519	54,370	52,192	56,364	29,700	5,107
10. PARTICIPANT RATIO	CN	0.78	0.94	0.81	0.66	0.96	0.79	0.72	0.42
	MN	0.67	1.00	1.00	1.00	1.00	0.50	0.00	0.67
	Total	0.78	0.94	0.81	0.66	0.96	0.79	0.72	0.42
11. Total Eligibles Referred for Corrective Treatment	CN	193,976	22,842	46,859	33,669	29,867	35,368	21,210	4,161
	MN	10	0	2	1	2	3	0	2
	Total	193,986	22,842	46,861	33,670	29,869	35,371	21,210	4,163
12a. Total Eligibles Receiving Any Dental Services	CN	170,919	92	5,341	29,915	54,354	50,264	26,026	4,927
	MN	6	0	0	0	1	3	1	1
	Total	170,925	92	5,341	29,915	54,355	50,267	26,027	4,928
12b. Total Eligibles Receiving Preventive Dental Services	CN	157,153	27	4,612	28,290	51,817	46,954	21,936	3,517
	MN	5	0	0	0	1	3	0	1
	Total	157,158	27	4,612	28,290	51,818	46,957	21,936	3,518
12c. Total Eligibles Receiving Dental Treatment Services	CN	69,429	29	461	9,551	22,231	20,396	13,932	2,829
	MN	3	0	0	0	0	1	1	1
	Total	69,432	29	461	9,551	22,231	20,397	13,933	2,830
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	39,256				21,127	18,129		
	MN	0				0	0		
	Total	39,256				21,127	18,129		



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Wisconsin

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	160,326	88	5,176	28,900	51,593	47,047	23,165	4,357
	MN	4	0	0	0	1	2	0	1
	Total	160,330	88	5,176	28,900	51,594	47,049	23,165	4,358
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	85,730	551	11,431	17,509	22,947	20,527	10,589	2,176
	MN	9	0	1	0	4	3	0	1
	Total	85,739	551	11,432	17,509	22,951	20,530	10,589	2,177
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	234,212	641	15,703	41,903	69,590	65,172	34,410	6,793
	MN	14	0	1	0	5	5	1	2
	Total	234,226	641	15,704	41,903	69,595	65,177	34,411	6,795
13. Total Eligibles Enrolled in Managed Care	CN	503,461	23,873	62,282	85,907	110,447	114,292	78,381	28,279
	MN	19	0	2	0	6	4	4	3
	Total	503,480	23,873	62,284	85,907	110,453	114,296	78,385	28,282
14. Total Number of Screening Blood Lead Tests	CN	57,909	1,211	38,588	18,110				
	MN	1	0	1	0				
	Total	57,910	1,211	38,589	18,110				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Wyoming

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	56,004	3,406	6,927	9,496	12,373	12,576	8,480	2,746
	MN	0	0	0	0	0	0	0	0
	Total	56,004	3,406	6,927	9,496	12,373	12,576	8,480	2,746
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	51,580	2,784	6,461	8,880	11,575	11,771	7,891	2,218
	MN	0	0	0	0	0	0	0	0
	Total	51,580	2,784	6,461	8,880	11,575	11,771	7,891	2,218
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			7	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	506,018	20,292	64,479	88,162	116,099	119,445	79,251	18,290
	MN	0	0	0	0	0	0	0	0
	Total	506,018	20,292	64,479	88,162	116,099	119,445	79,251	18,290
3b. Average Period of Eligibility	CN	0.82	0.61	0.83	0.83	0.84	0.85	0.84	0.69
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.82	0.61	0.83	0.83	0.84	0.85	0.84	0.69
4. Expected Number of Screenings per Eligible	CN		4.27	1.66	0.83	0.42	0.85	0.84	0.69
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	1.66	0.83	0.42	0.85	0.84	0.69
5. Expected Number of Screenings	CN	53,008	11,888	10,725	7,370	4,862	10,005	6,628	1,530
	MN	0	0	0	0	0	0	0	0
	Total	53,008	11,888	10,725	7,370	4,862	10,005	6,628	1,530
6. Total Screens Received	CN	35,103	11,397	11,060	4,460	2,640	3,611	1,792	143
	MN	0	0	0	0	0	0	0	0
	Total	35,103	11,397	11,060	4,460	2,640	3,611	1,792	143
7. SCREENING RATIO	CN	0.66	0.96	1.00	0.61	0.54	0.36	0.27	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.66	0.96	1.00	0.61	0.54	0.36	0.27	0.09

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2016

State: Wyoming

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	39,640	2,784	6,461	7,370	4,862	10,005	6,628	1,530
	MN	0	0	0	0	0	0	0	0
	Total	39,640	2,784	6,461	7,370	4,862	10,005	6,628	1,530
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	18,811	2,643	4,670	3,961	2,513	3,258	1,633	133
	MN	0	0	0	0	0	0	0	0
	Total	18,811	2,643	4,670	3,961	2,513	3,258	1,633	133
10. PARTICIPANT RATIO	CN	0.47	0.95	0.72	0.54	0.52	0.33	0.25	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.47	0.95	0.72	0.54	0.52	0.33	0.25	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	405	52	113	77	41	67	55	0
	MN	0	0	0	0	0	0	0	0
	Total	405	52	113	77	41	67	55	0
12a. Total Eligibles Receiving Any Dental Services	CN	25,191	31	1,450	4,834	7,171	6,928	4,137	640
	MN	0	0	0	0	0	0	0	0
	Total	25,191	31	1,450	4,834	7,171	6,928	4,137	640
12b. Total Eligibles Receiving Preventive Dental Services	CN	23,183	15	1,268	4,504	6,779	6,534	3,609	474
	MN	0	0	0	0	0	0	0	0
	Total	23,183	15	1,268	4,504	6,779	6,534	3,609	474
12c. Total Eligibles Receiving Dental Treatment Services	CN	12,482	9	173	1,977	3,913	3,478	2,515	417
	MN	0	0	0	0	0	0	0	0
	Total	12,482	9	173	1,977	3,913	3,478	2,515	417
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	3,566				1,933	1,633		
	MN	0				0	0		
	Total	3,566				1,933	1,633		

## Annual EPSDT Participation Report

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Fiscal Year: 2016

State: Wyoming

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	24,066	30	1,431	4,696	6,858	6,608	3,854	589
	MN	0	0	0	0	0	0	0	0
	Total	24,066	30	1,431	4,696	6,858	6,608	3,854	589
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,855	84	617	333	341	348	104	28
	MN	0	0	0	0	0	0	0	0
	Total	1,855	84	617	333	341	348	104	28
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	26,573	113	1,924	5,047	7,412	7,197	4,219	661
	MN	0	0	0	0	0	0	0	0
	Total	26,573	113	1,924	5,047	7,412	7,197	4,219	661
13. Total Eligibles Enrolled in Managed Care	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
14. Total Number of Screening Blood Lead Tests	CN	1,680	9	993	678				
	MN	0	0	0	0				
	Total	1,680	9	993	678				