FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

State Code	Fiscal Year								
RI	2010	Totals	Age Group <1	Age Group 1-2	Age Group 3-5	Age Group 6-9	Age Group 10-14	Age Group 15-18	Age Group 19-20
1a. Total individuals eligible for EPSDT	CN:	111,646	6,347	13,344	18,452	21,978	25,184	20,182	6,159
	MN:	184	0	0		1	1	55	127
	Total:	111,830	6,347	13,344	18,452	21,979	25,185	20,237	6,286
1b. Total Individuals eligible for EPSDT for 90 Continous Days	CN:	104,207	4,368	12,723	17,628	20,927	23,989	19,201	5,371
	MN:	178	0	0	0	0	1	52	125
	Total:	104,385	4,368	12,723	17,628	20,927	23,990	19,253	5,496
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	8,298				244	4,424	3,586	44
	MN:	0				0	0	0	0
	Total:	8,298	0	0	0	244	4,424	3,586	44
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:	1,066,678	32,203	133,416	184,558	220,237	250,288	198,490	47,486
	MN:	872	0	0	0	0	6	273	593
	Total:	1,067,550	32,203	133,416	184,558	220,237	250,294	198,763	48,079
3b. Average Period of Eligibility	CN:	0.85	0.61	0.87	0.87	0.88	0.87	0.86	0.74
	MN:	0.41	0.00	0.00	0.00	0.00	0.50	0.44	0.40
	Total:	0.85	0.61	0.87	0.87	0.88	0.87	0.86	0.73
4. Expected Number of Screenings per Eligible	CN:		3.66	1.74	0.87	0.88	0.87	0.86	0.74
	MN:		0.00	0.00	0.00	0.00	0.50	0.44	0.40
	Total:		3.66	1.74	0.87	0.88	0.87	0.86	0.73
5. Expected Number of Screenings	CN:	113,235	15,987	22,138	15,336	18,416	20,870	16,513	3,975
	MN:	74	0	0	0	0	1	23	50
	Total:	113,309	15,987	22,138	15,336	18,416	20,871	16,536	4,025
6. Total Screens Received	CN:	84,356	16,939	23,545	11,443	10,543	12,153	8,398	1,335
	MN:	11	0	0	0	0	0	3	8
	Total:	84,367	16,939	23,545	11,443	10,543	12,153	8,401	1,343
7. SCREENING RATIO	CN:	0.74	1.00	1.00	0.75	0.57	0.58	0.51	0.34
	MN:	0.15	0.00	0.00	0.00	0.00	0.00	0.13	0.16
	Total:	0.74	1.00	1.00	0.75	0.57	0.58	0.51	0.33
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	92,201	4,368	12,723	15,336	18,416	20,870	16,513	3,975
	MN:	74	0	0	0	0	1	23	50
	Total:	92,275	4,368	12,723	15,336	18,416	20,871	16,536	4,025

* Includes 12-month visit
Note: "CN" = Categorically Needy, "MN"= Medically Needy

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9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	56,541	4,016	10,367	10,698	10,393	11,903	7,949	1,215
	MN:	11	0	0	0	0	0	3	8
	Total:	56,552	4,016	10,367	10,698	10,393	11,903	7,952	1,223
10. PARTICIPANT RATIO	CN:	0.61	0.92	0.81	0.70	0.56	0.57	0.48	0.31
	MN:	0.15	0.00	0.00	0.00	0.00	0.00	0.13	0.16
	Total:	0.61	0.92	0.81	0.70	0.56	0.57	0.48	0.30
11. Total Eligibles Referred for Corrective Treatment	CN:	89,576	4,130	11,532	15,564	17,851	20,314	16,022	4,163
	MN:	131	0	0	0	0	1	39	91
	Total:	89,707	4,130	11,532	15,564	17,851	20,315	16,061	4,254
12a. Total Eligibles Receiving Any Dental Services	CN:	49,022	50	2,045	8,306	13,427	14,225	9,371	1,598
	MN:	57	0	0	0	0	1	14	42
	Total:	49,079	50	2,045	8,306	13,427	14,226	9,385	1,640
12b. Total Eligibles Receiving Preventive Dental Services	CN:	42,873	12	1,568	7,369	12,402	12,567	7,770	1,185
	MN:	42	0	0	0	0	1	11	30
	Total:	42,915	12	1,568	7,369	12,402	12,568	7,781	1,215
12c. Total Eligibles Receiving Dental Treatment Services	CN:	21,476	3	149	2,038	5,629	7,349	5,397	911
	MN:	31	0	0	0	0	1	4	26
	Total:	21,507	3	149	2,038	5,629	7,350	5,401	937
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	5,660				3277	2383		
	MN:	0				0	0		
	Total:	5,660				3,277	2,383		
12e. Total Eligibles Reciving Dental Diagnostic Services	CN:	43,013	48	1,970	7,669	12,106	12,071	7,831	1,318
	MN:	49	0	0	0	0	1	13	35
	Total:	43,062	48	1,970	7,669	12,106	12,072	7,844	1,353
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	280	0	191	85	1	0	3	0
	MN:	0	0	0	0	0	0	0	0
	Total:	280	0	191	85	1	0	3	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN:	49,022	50	2,045	8,306	13,427	14,225	9,371	1,598
	MN:	57	0	0	0	0	1	14	42
	Total:	49,079	50	2,045	8,306	13,427	14,226	9,385	1,640
13. Total Eligibles Enrolled in Managed Care	CN:	101,546	5,987	12,644	17,082	20,001	22,427	18,001	5,404
	MN:	161	0	0	0	0	1	46	114
	Total:	101,707	5,987	12,644	17,082	20,001	22,428	18,047	5,518
14. Total Number of Screening Blood Lead Tests	CN:	11,056	304	6,050	4,702				
	MN:	0	0	0	0				
	Total:	11,056	304	6,050	4,702				

* Includes 12-month visit
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