

**FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT**



State Code HI	Fiscal Year								
	2011	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:	158,907	9,018	19,491	27,625	31,695	34,078	25,487	11,513
	MN:	0	0	0	0	0	0	0	0
	Total:	158,907	9,018	19,491	27,625	31,695	34,078	25,487	11,513
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	144,836	5,880	18,090	25,788	29,852	32,087	23,869	9,270
	MN:	0	0	0	0	0	0	0	0
	Total:	144,836	5,880	18,090	25,788	29,852	32,087	23,869	9,270
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	17,790	65	1,080	2,013	4,287	5,422	4,464	459
	MN:	0	0	0	0	0	0	0	0
	Total:	17,790	65	1,080	2,013	4,287	5,422	4,464	459
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:	1,560,435	42,441	198,672	284,139	330,184	355,452	264,029	85,518
	MN:	0	0	0	0	0	0	0	0
	Total:	1,560,435	42,441	198,672	284,139	330,184	355,452	264,029	85,518
3b. Average Period of Eligibility	CN:	0.90	0.60	0.92	0.92	0.92	0.92	0.92	0.77
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.90	0.60	0.92	0.92	0.92	0.92	0.92	0.77
4. Expected Number of Screenings per Eligible	CN:		3.00	1.84	0.92	0.46	0.55	0.46	0.39
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		3.00	1.84	0.92	0.46	0.55	0.46	0.39
5. Expected Number of Screenings	CN:	120,626	17,640	33,286	23,725	13,732	17,648	10,980	3,615
	MN:	0	0	0	0	0	0	0	0
	Total:	120,626	17,640	33,286	23,725	13,732	17,648	10,980	3,615
6. Total Screens Received	CN:	115,954	24,105	37,456	18,692	11,927	13,295	9,260	1,219
	MN:	0	0	0	0	0	0	0	0
	Total:	115,954	24,105	37,456	18,692	11,927	13,295	9,260	1,219
7. SCREENING RATIO	CN:	0.96	1.00	1.00	0.79	0.87	0.75	0.84	0.34
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.96	1.00	1.00	0.79	0.87	0.75	0.84	0.34
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	93,670	5,880	18,090	23,725	13,732	17,648	10,980	3,615
	MN:	0	0	0	0	0	0	0	0
	Total:	93,670	5,880	18,090	23,725	13,732	17,648	10,980	3,615

\* 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:	71,328	5,636	15,204	17,098	11,281	12,507	8,500	1,102
	MN:	0	0	0	0	0	0	0	0
	Total:	71,328	5,636	15,204	17,098	11,281	12,507	8,500	1,102
10. PARTICIPANT RATIO	CN:	0.76	0.96	0.84	0.72	0.82	0.71	0.77	0.30
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.76	0.96	0.84	0.72	0.82	0.71	0.77	0.30
11. Total Eligibles Referred for Corrective Treatment	CN:	32,686	3,249	8,243	6,566	4,360	5,249	4,150	869
	MN:	0	0	0	0	0	0	0	0
	Total:	32,686	3,249	8,243	6,566	4,360	5,249	4,150	869
12a. Total Eligibles Receiving Any Dental Services	CN:	73,868	129	6,005	15,981	19,062	18,212	11,561	2,918
	MN:	0							
	Total:	73,868	129	6,005	15,981	19,062	18,212	11,561	2,918
12b. Total Eligibles Receiving Preventive Dental Services	CN:	57,337	26	3,682	12,350	15,566	14,920	8,854	1,939
	MN:	0							
	Total:	57,337	26	3,682	12,350	15,566	14,920	8,854	1,939
12c. Total Eligibles Receiving Dental Treatment Services	CN:	45,208	84	2,374	9,775	12,642	10,638	7,605	2,090
	MN:	0							
	Total:	45,208	84	2,374	9,775	12,642	10,638	7,605	2,090
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	6,075				3,461	2,614		
	MN:	0							
	Total:	6,075				3,461	2,614		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	60,822	46	4,520	13,000	15,772	15,308	9,759	2,417
	MN:	0							
	Total:	60,822	46	4,520	13,000	15,772	15,308	9,759	2,417
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	0	0	0	0	0	0	0	0
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	73,868	129	6,005	15,981	19,062	18,212	11,561	2,918
	MN:	0							
	Total:	73,868	129	6,005	15,981	19,062	18,212	11,561	2,918
13. Total Eligibles Enrolled in Managed Care	CN:	154,594	9,013	19,374	26,774	30,681	32,883	24,644	11,225
	MN:	0	0	0	0	0	0	0	0
	Total:	154,594	9,013	19,374	26,774	30,681	32,883	24,644	11,225
14. Total Number of Screening Blood Lead Tests	CN:	9,411	672	7,261	1,478				
	MN:	0	0	0	0				
	Total:	9,411	672	7,261	1,478				

\* Includes 12-month visit

Note: "CN" = Categorically Needy, "MN" = Medically Needy