999 - STATE TOTAL FORM HCFA-416; ANNUAL EPSDT PARTICIPATION REPORT

STATE:NORTH CAROLINA FFY 08/09	CAT	AGE GROUPS							
		TOTAL	<1	1	2	3	4	5	6
1. NUMBER OF INDIVIDUALS ELIGIBLE FOR EPSDT	CN	XXXXXXXX	79598	84159	77596	73026	68647	64545	61163
	MN	XXXXXXXX	121	54	72	65	71	74	65
	TOTAL	XXXXXXXX	79719	84213	77668	73091	68718	64619	61228
2A. STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
2B. NUMBER OF YEARS IN AGE GROUP	CN	XXXXXXXX	1	1	1	1	1	1	1
	MN	XXXXXXXX	1	1	1	1	1	1	1
	TOTAL	XXXXXXXX	1	1	1	1	1	1	1
2C. ANNUALIZED STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
3A. TOTAL MONTHS OF ELIGIBILITY	CN	XXXXXXXX	497770	885241	819870	768774	721997	680040	612037
	MN	XXXXXXXX	550	373	540	449	498	501	450
	TOTAL	XXXXXXXX	498320	885614	820410	769223	722495	680541	612487
3B. AVERAGE PERIOD OF ELIGIBILITY	CN	XXXXXXXX	0.52	0.87	0.88	0.87	0.87	0.87	0.83
	MN	XXXXXXXX	0.37	0.57	0.62	0.57	0.58	0.56	0.57
	TOTAL	XXXXXXXX	0.52	0.87	0.88	0.87	0.87	0.87	0.83
4. EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	XXXXXXXX	2.08	1.74	0.88	0.87	0.87	0.87	0.83
	MN	XXXXXXXX	1.48	1.14	0.62	0.57	0.58	0.56	0.57
	TOTAL	XXXXXXXX	2.08	1.74	0.88	0.87	0.87	0.87	0.83
5. EXPECTED NUMBER OF SCREENINGS	CN	XXXXXXXX	165563	146436	68284	63532	59722	56154	50765
	MN	XXXXXXXX	179	61	44	37	41	41	37
	TOTAL	XXXXXXXX	165742	146497	68328	63569	59763	56195	50802
6. TOTAL SCREENS RECEIVED	CN	XXXXXXXX	226151	212043	87332	44252	47341	48181	21189
	MN	XXXXXXXX	93	43	21	11	12	26	4
	TOTAL	XXXXXXXX	226244	212086	87353	44263	47353	48207	21193
7. SCREENING RATIO	CN	XXXXXXXX	1.36	1.44	1.27	0.69	0.79	0.85	0.41
	MN	XXXXXXXX	0.51	0.70	0.47	0.29	0.29	0.63	0.10
	TOTAL	XXXXXXXX	1.36	1.44	1.27	0.69	0.79	0.85	0.41

999 - STATE TOTAL FORM HCFA-416; ANNUAL EPSDT PARTICIPATION REPORT

STATE:NORTH CAROLINA FFY 08/09	CAT	AGE GROUPS							
		TOTAL	<1	1	2	3	4	5	6
8. TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	XXXXXXXX	79598	84159	68284	63532	59722	56154	50765
	MN	XXXXXXXX	121	54	44	37	41	41	37
	TOTAL	XXXXXXXX	79719	84213	68328	63569	59763	56195	50802
9. TOTAL ELIGIBILES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	XXXXXXXX	69079	73315	57984	41447	43769	45001	20515
	MN	XXXXXXXX	51	23	17	11	12	22	4
	TOTAL	XXXXXXXX	69130	73338	58001	41458	43781	45023	20519
10. PARTICIPATION RATIO	CN	XXXXXXXX	0.86	0.87	0.84	0.65	0.73	0.80	0.40
	MN	XXXXXXXX	0.42	0.42	0.38	0.29	0.29	0.53	0.10
	TOTAL	XXXXXXXX	0.86	0.87	0.84	0.65	0.73	0.80	0.40
11. TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	XXXXXXXX	108	179	128	69	72	95	41
	MN	XXXXXXXX	0	0	0	0	0	0	0
	TOTAL	XXXXXXXX	108	179	128	69	72	95	41
12A. TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	XXXXXXXX	6061	40227	39728	34755	35740	36874	34874
	MN	XXXXXXXX	25	24	21	17	16	20	12
	TOTAL	XXXXXXXX	6086	40251	39749	34772	35756	36894	34886
12B. TOTAL ELIGIBILES RECEIVING PREVENTIVE DENTAL SERVICES	CN	XXXXXXXX	5855	39831	38931	33448	33968	35039	33200
	MN	XXXXXXXX	2	11	9	10	12	18	11
	TOTAL	XXXXXXXX	5857	39842	38940	33458	33980	35057	33211
12C. TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	XXXXXXXX	45	460	2882	7848	13212	16461	17279
	MN	XXXXXXXX	7	6	2	4	7	6	6
	TOTAL	XXXXXXXX	52	466	2884	7852	13219	16467	17285
13. TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	XXXXXXXX	63505	80951	74207	69565	65220	61079	58024
	MN	XXXXXXXX	76	38	56	54	57	59	46
	TOTAL	XXXXXXXX	63581	80989	74263	69619	65277	61138	58070
14. TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	XXXXXXXX	395	38489	31113	10239	5384	3736	945
	MN	XXXXXXXX	0	8	4	2	0	1	2
	TOTAL	XXXXXXXX	395	38497	31117	10241	5384	3737	947

999 - STATE TOTAL FORM HCFA-416; ANNUAL EPSDT PARTICIPATION REPORT

STATE:NORTH CAROLINA FFY 08/09	CAT	AGE GROUPS							
		TOTAL	7	8	9	10	11	12	13
1. NUMBER OF INDIVIDUALS ELIGIBLE FOR EPSDT	CN	XXXXXXXX	51345	48240	46757	43656	42096	39072	37099
	MN	XXXXXXXX	109	116	96	118	115	126	140
	TOTAL	XXXXXXXX	51454	48356	46853	43774	42211	39198	37239
2A. STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
2B. NUMBER OF YEARS IN AGE GROUP	CN	XXXXXXXX	1	1	1	1	1	1	1
	MN	XXXXXXXX	1	1	1	1	1	1	1
	TOTAL	XXXXXXXX	1	1	1	1	1	1	1
2C. ANNUALIZED STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
3A. TOTAL MONTHS OF ELIGIBILITY	CN	XXXXXXXX	495529	476299	462697	432212	418368	389724	368500
	MN	XXXXXXXX	626	616	520	678	621	671	717
	TOTAL	XXXXXXXX	496155	476915	463217	432890	418989	390395	369217
3B. AVERAGE PERIOD OF ELIGIBILITY	CN	XXXXXXXX	0.80	0.82	0.82	0.82	0.82	0.83	0.82
	MN	XXXXXXXX	0.47	0.44	0.45	0.47	0.45	0.44	0.42
	TOTAL	XXXXXXXX	0.80	0.82	0.82	0.82	0.82	0.82	0.82
4. EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	XXXXXXXX	0.80	0.82	0.82	0.82	0.82	0.83	0.82
	MN	XXXXXXXX	0.47	0.44	0.45	0.47	0.45	0.44	0.42
	TOTAL	XXXXXXXX	0.80	0.82	0.82	0.82	0.82	0.82	0.82
5. EXPECTED NUMBER OF SCREENINGS	CN	XXXXXXXX	41076	39556	38340	35797	34518	32429	30421
	MN	XXXXXXXX	51	51	43	55	51	55	58
	TOTAL	XXXXXXXX	41127	39607	38383	35852	34569	32484	30479
6. TOTAL SCREENS RECEIVED	CN	XXXXXXXX	14532	13324	13877	11984	16021	12937	12046
	MN	XXXXXXXX	9	8	16	14	13	11	14
	TOTAL	XXXXXXXX	14541	13332	13893	11998	16034	12948	12060
7. SCREENING RATIO	CN	XXXXXXXX	0.35	0.33	0.36	0.33	0.46	0.39	0.39
	MN	XXXXXXXX	0.17	0.15	0.37	0.25	0.25	0.20	0.24
	TOTAL	XXXXXXXX	0.35	0.33	0.36	0.33	0.46	0.39	0.39

999 - STATE TOTAL FORM HCFA-416; ANNUAL EPSDT PARTICIPATION REPORT

STATE:NORTH CAROLINA FFY 08/09	CAT	TOTAL	AGE GROUPS 7	8	9	10	11	12	13
8. TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	XXXXXXXX	41076	39556	38340	35797	34518	32429	30421
	MN	XXXXXXXX	51	51	43	55	51	55	58
	TOTAL	XXXXXXXX	41127	39607	38383	35852	34569	32484	30479
9. TOTAL ELIGIBILES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	XXXXXXXX	14109	12989	13520	11679	15562	12559	11596
	MN	XXXXXXXX	9	8	16	14	13	11	14
	TOTAL	XXXXXXXX	14118	12997	13536	11693	15575	12570	11610
10. PARTICIPATION RATIO	CN	XXXXXXXX	0.34	0.32	0.35	0.32	0.45	0.38	0.38
	MN	XXXXXXXX	0.17	0.15	0.37	0.25	0.25	0.20	0.24
	TOTAL	XXXXXXXX	0.34	0.32	0.35	0.32	0.45	0.38	0.38
11. TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	XXXXXXXX	32	13	20	23	23	10	15
	MN	XXXXXXXX	0	0	0	0	0	0	0
	TOTAL	XXXXXXXX	32	13	20	23	23	10	15
12A. TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	XXXXXXXX	28576	27760	26637	24373	23190	21132	19761
	MN	XXXXXXXX	26	25	25	39	25	31	35
	TOTAL	XXXXXXXX	28602	27785	26662	24412	23215	21163	19796
12B. TOTAL ELIGIBILES RECEIVING PREVENTIVE DENTAL SERVICES	CN	XXXXXXXX	27188	26440	25270	23224	22022	19722	17687
	MN	XXXXXXXX	23	23	25	36	24	26	32
	TOTAL	XXXXXXXX	27211	26463	25295	23260	22046	19748	17719
12C. TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	XXXXXXXX	15222	15181	14106	12380	11445	11131	11348
	MN	XXXXXXXX	15	16	11	17	17	17	20
	TOTAL	XXXXXXXX	15237	15197	14117	12397	11462	11148	11368
13. TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	XXXXXXXX	48058	44760	43280	40237	38646	35910	33943
	MN	XXXXXXXX	81	78	60	87	75	81	84
	TOTAL	XXXXXXXX	48139	44838	43340	40324	38721	35991	34027
14. TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	XXXXXXXX	264	140	108	92	72	53	47
	MN	XXXXXXXX	0	0	0	0	0	0	0
	TOTAL	XXXXXXXX	264	140	108	92	72	53	47

999 - STATE TOTAL FORM HCFA-416; ANNUAL EPSDT PARTICIPATION REPORT

STATE:NORTH CAROLINA FFY 08/09	CAT	AGE GROUPS							
		TOTAL	14	15	16	17	18	19	20
1. NUMBER OF INDIVIDUALS ELIGIBLE FOR EPSDT	CN	1066985	35954	36648	37562	37653	38087	36488	27594
	MN	3411	137	164	208	195	189	355	821
	TOTAL	1070396	36091	36812	37770	37848	38276	36843	28415
2A. STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
2B. NUMBER OF YEARS IN AGE GROUP	CN	XXXXXXXX	1	1	1	1	1	1	1
	MN	XXXXXXXX	1	1	1	1	1	1	1
	TOTAL	XXXXXXXX	1	1	1	1	1	1	1
2C. ANNUALIZED STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
3A. TOTAL MONTHS OF ELIGIBILITY	CN	10368276	355982	363248	370754	368869	360766	291940	227659
	MN	18415	755	868	1027	1016	984	1508	4447
	TOTAL	10386691	356737	364116	371781	369885	361750	293448	232106
3B. AVERAGE PERIOD OF ELIGIBILITY	CN	0.80	0.82	0.82	0.82	0.81	0.78	0.66	0.68
	MN	0.44	0.45	0.44	0.41	0.43	0.43	0.35	0.45
	TOTAL	0.80	0.82	0.82	0.82	0.81	0.78	0.66	0.68
4. EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	XXXXXXXX	0.82	0.82	0.82	0.81	0.78	0.66	0.68
	MN	XXXXXXXX	0.45	0.44	0.41	0.43	0.43	0.35	0.45
	TOTAL	XXXXXXXX	0.82	0.82	0.82	0.81	0.78	0.66	0.68
5. EXPECTED NUMBER OF SCREENINGS	CN	1055976	29482	30051	30800	30498	29707	24082	18763
	MN	1679	61	72	85	83	81	124	369
	TOTAL	1057655	29543	30123	30885	30581	29788	24206	19132
6. TOTAL SCREENS RECEIVED	CN	830629	11413	10667	9377	7922	6074	2552	1414
	MN	402	15	21	9	13	10	15	24
	TOTAL	831031	11428	10688	9386	7935	6084	2567	1438
7. SCREENING RATIO	CN	0.78	0.38	0.35	0.30	0.25	0.20	0.10	0.07
	MN	0.23	0.24	0.29	0.10	0.15	0.12	0.12	0.06
	TOTAL	0.78	0.38	0.35	0.30	0.25	0.20	0.10	0.07

999 - STATE TOTAL FORM HCFA-416; ANNUAL EPSDT PARTICIPATION REPORT

STATE:NORTH CAROLINA FFY 08/09	CAT	AGE GROUPS							
		TOTAL	14	15	16	17	18	19	20
8. TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	907734	29482	30051	30800	30498	29707	24082	18763
	MN	1614	61	72	85	83	81	124	369
	TOTAL	909348	29543	30123	30885	30581	29788	24206	19132
9. TOTAL ELIGIBILES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	490549	10994	10209	8960	7598	5823	2476	1365
	MN	331	15	21	9	13	10	15	23
	TOTAL	490880	11009	10230	8969	7611	5833	2491	1388
10. PARTICIPATION RATIO	CN	0.54	0.37	0.33	0.29	0.24	0.19	0.10	0.07
	MN	0.20	0.24	0.29	0.10	0.15	0.12	0.12	0.06
	TOTAL	0.53	0.37	0.33	0.29	0.24	0.19	0.10	0.07
11. TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	866	14	8	8	6	2	0	0
	MN	0	0	0	0	0	0	0	0
	TOTAL	866	14	8	8	6	2	0	0
12A. TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	505618	18964	18796	18067	16794	15238	10655	7416
	MN	825	32	36	41	45	35	94	201
	TOTAL	506443	18996	18832	18108	16839	15273	10749	7617
12B. TOTAL ELIGIBILES RECEIVING PREVENTIVE DENTAL SERVICES	CN	466375	16460	15911	15043	13504	11667	7276	4689
	MN	601	27	30	30	35	30	64	123
	TOTAL	466976	16487	15941	15073	13539	11697	7340	4812
12C. TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	218947	11496	11826	11835	11279	10559	7474	5478
	MN	500	14	20	27	33	26	68	161
	TOTAL	219447	11510	11846	11862	11312	10585	7542	5639
13. TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	969048	32706	33066	33418	32871	32536	29312	17754
	MN	2176	87	108	117	124	121	182	505
	TOTAL	971224	32793	33174	33535	32995	32657	29494	18259
14. TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	91247	44	35	30	23	17	15	6
	MN	18	1	0	0	0	0	0	0
	TOTAL	91265	45	35	30	23	17	15	6