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

STATE:NORTH CAROLINA FFY 11/12	CAT	TOTAL	<1	1	2	3	4	5	6
			AGE GROUPS						
1. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	XXXXXXXX	73205	77233	74264	76569	77534	76351	72060
	MN	XXXXXXXX	67	37	63	55	62	69	72
	TOTAL	XXXXXXXX	73272	77270	74327	76624	77596	76420	72132
1B. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT FOR 90 CONTINUOUS DAYS	CN	XXXXXXXX	59598	75294	72355	74554	75561	74384	68924
	MN	XXXXXXXX	39	24	48	44	55	57	56
	TOTAL	XXXXXXXX	59637	75318	72403	74598	75616	74441	68980
1C. TOTAL INDIVIDUALS ELIGIBLE UNDER A CHIP MEDICAID EXPANSION	CN	XXXXXXXX	144	6721	8055	8306	8581	8662	1575
	MN	XXXXXXXX	1	3	5	7	6	8	0
	TOTAL	XXXXXXXX	145	6724	8060	8313	8587	8670	1575
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	440800	852144	819388	843427	855492	844039	742526
	MN	XXXXXXXX	265	178	387	366	516	480	428
	TOTAL	XXXXXXXX	441065	852322	819775	843793	856008	844519	742954
3B. AVERAGE PERIOD OF ELIGIBILITY	CN	XXXXXXXX	0.61	0.94	0.94	0.94	0.94	0.94	0.89
	MN	XXXXXXXX	0.56	0.61	0.67	0.69	0.78	0.70	0.63
	TOTAL	XXXXXXXX	0.61	0.94	0.94	0.94	0.94	0.94	0.89
4. EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	XXXXXXXX	2.44	1.88	0.94	0.94	0.94	0.94	0.89
	MN	XXXXXXXX	2.24	1.22	0.67	0.69	0.78	0.70	0.63
	TOTAL	XXXXXXXX	2.44	1.88	0.94	0.94	0.94	0.94	0.89
5. EXPECTED NUMBER OF SCREENINGS	CN	XXXXXXXX	145419	141552	68013	70080	71027	69920	61342
	MN	XXXXXXXX	87	29	32	30	42	39	35
	TOTAL	XXXXXXXX	145506	141581	68045	70110	71069	69959	61377
6. TOTAL SCREENS RECEIVED	CN	XXXXXXXX	240778	205158	88280	50146	56002	61115	29141
	MN	XXXXXXXX	58	18	13	14	18	12	8
	TOTAL	XXXXXXXX	240836	205176	88293	50160	56020	61127	29149
7. SCREENING RATIO	CN	XXXXXXXX	1.65	1.44	1.29	0.71	0.78	0.87	0.47
	MN	XXXXXXXX	0.66	0.62	0.40	0.46	0.42	0.30	0.22
	TOTAL	XXXXXXXX	1.65	1.44	1.29	0.71	0.78	0.87	0.47

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STATE:NORTH CAROLINA FFY 11/12	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	59598	75294	68013	70080	71027	69920	61342
	MN	XXXXXXXX	39	24	32	30	42	39	35
	TOTAL	XXXXXXXX	59637	75318	68045	70110	71069	69959	61377
9. TOTAL ELIGIBILES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	XXXXXXXX	57596	68740	57672	46798	52036	57381	28175
	MN	XXXXXXXX	24	8	12	13	18	12	8
	TOTAL	XXXXXXXX	57620	68748	57684	46811	52054	57393	28183
10. PARTICIPATION RATIO	CN	XXXXXXXX	0.96	0.91	0.84	0.66	0.73	0.82	0.45
	MN	XXXXXXXX	0.61	0.33	0.37	0.43	0.42	0.30	0.22
	TOTAL	XXXXXXXX	0.96	0.91	0.84	0.66	0.73	0.82	0.45
11. TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	XXXXXXXX	21	108	64	24	43	36	13
	MN	XXXXXXXX	0	0	0	0	0	0	0
	TOTAL	XXXXXXXX	21	108	64	24	43	36	13
12A. TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	XXXXXXXX	587	10839	22900	33854	42802	46407	43932
	MN	XXXXXXXX	0	1	8	12	15	20	17
	TOTAL	XXXXXXXX	587	10840	22908	33866	42817	46427	43949
12B. TOTAL ELIGIBILES RECEIVING PREVENTIVE DENTAL SERVICES	CN	XXXXXXXX	374	10103	21859	32553	41272	44635	42242
	MN	XXXXXXXX	0	1	7	10	13	18	17
	TOTAL	XXXXXXXX	374	10104	21866	32563	41285	44653	42259
12C. TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	XXXXXXXX	25	445	3112	8511	15339	19749	20639
	MN	XXXXXXXX	0	0	1	4	8	9	9
	TOTAL	XXXXXXXX	25	445	3113	8515	15347	19758	20648
12D. TOTAL INDIVIDUALS RECEIVING A SEALANT ON A PERMANENT MOLAR	CN	XXXXXXXX	0	1	1	2	43	1419	8751
	MN	XXXXXXXX	0	0	0	0	0	1	1
	TOTAL	XXXXXXXX	0	1	1	2	43	1420	8752
12E. TOTAL INDIVIDUALS RECEIVING DENTAL DIAGNOSTIC SERVICES	CN	XXXXXXXX	577	10788	22693	33415	42141	45475	42899
	MN	XXXXXXXX	0	1	7	11	12	19	17
	TOTAL	XXXXXXXX	577	10789	22700	33426	42153	45494	42916
12F. TOTAL INDIVIDUALS RECEIVING ORAL HEALTH SRVICES BY A NON-DENTIST	CN	XXXXXXXX	6052	38138	30591	13084	1773	0	0
	MN	XXXXXXXX	0	2	7	4	0	0	0
	TOTAL	XXXXXXXX	6052	38140	30598	13088	1773	0	0
12G. TOTAL INDIVIDUALS RECEIVING ANY DENTAL OR ORAL HEALTH SERVICE	CN	XXXXXXXX	6486	42915	43876	40994	43614	46409	43933
	MN	XXXXXXXX	0	3	14	12	15	20	17
	TOTAL	XXXXXXXX	6486	42918	43890	41006	43629	46429	43950
13. TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	XXXXXXXX	60300	75881	72808	75095	76001	74736	70645
	MN	XXXXXXXX	34	26	49	45	56	57	52
	TOTAL	XXXXXXXX	60334	75907	72857	75140	76057	74793	70697
14. TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	XXXXXXXX	357	37856	33738	11050	5268	3376	958
	MN	XXXXXXXX	0	2	5	3	2	1	0
	TOTAL	XXXXXXXX	357	37858	33743	11053	5270	3377	958

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STATE:NORTH CAROLINA FFY 11/12	CAT	AGE GROUPS							
		TOTAL	7	8	9	10	11	12	13
1. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	XXXXXXXX	57479	52822	51003	50489	49846	48441	45648
	MN	XXXXXXXX	111	118	107	115	118	129	149
	TOTAL	XXXXXXXX	57590	52940	51110	50604	49964	48570	45797
1B. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT FOR 90 CONTINUOUS DAYS	CN	XXXXXXXX	54353	50349	48564	48140	47371	46154	43519
	MN	XXXXXXXX	69	83	66	81	76	92	100
	TOTAL	XXXXXXXX	54422	50432	48630	48221	47447	46246	43619
1C. TOTAL INDIVIDUALS ELIGIBLE UNDER A CHIP MEDICAID EXPANSION	CN	XXXXXXXX	0	0	0	1	0	0	0
	MN	XXXXXXXX	0	0	0	0	0	0	0
	TOTAL	XXXXXXXX	0	0	0	1	0	0	0
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	589817	548741	530263	526309	519057	504762	475701
	MN	XXXXXXXX	541	621	506	619	567	713	741
	TOTAL	XXXXXXXX	590358	549362	530769	526928	519624	505475	476442
3B. AVERAGE PERIOD OF ELIGIBILITY	CN	XXXXXXXX	0.90	0.90	0.90	0.91	0.91	0.91	0.91
	MN	XXXXXXXX	0.65	0.62	0.63	0.63	0.62	0.64	0.61
	TOTAL	XXXXXXXX	0.90	0.90	0.90	0.91	0.91	0.91	0.91
4. EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	XXXXXXXX	0.90	0.90	0.90	0.91	0.91	0.91	0.91
	MN	XXXXXXXX	0.65	0.62	0.63	0.63	0.62	0.64	0.61
	TOTAL	XXXXXXXX	0.90	0.90	0.90	0.91	0.91	0.91	0.91
5. EXPECTED NUMBER OF SCREENINGS	CN	XXXXXXXX	48917	45314	43707	43807	43107	42000	39602
	MN	XXXXXXXX	44	51	41	51	47	58	61
	TOTAL	XXXXXXXX	48961	45365	43748	43858	43154	42058	39663
6. TOTAL SCREENS RECEIVED	CN	XXXXXXXX	22757	20446	19426	18856	24773	20063	18511
	MN	XXXXXXXX	8	8	8	13	25	17	14
	TOTAL	XXXXXXXX	22765	20454	19434	18869	24798	20080	18525
7. SCREENING RATIO	CN	XXXXXXXX	0.46	0.45	0.44	0.43	0.57	0.47	0.46
	MN	XXXXXXXX	0.18	0.15	0.19	0.25	0.53	0.29	0.22
	TOTAL	XXXXXXXX	0.46	0.45	0.44	0.43	0.57	0.47	0.46

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		TOTAL	7	8	9	10	11	12	13
8. TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	XXXXXXXX	48917	45314	43707	43807	43107	42000	39602
	MN	XXXXXXXX	44	51	41	51	47	58	61
	TOTAL	XXXXXXXX	48961	45365	43748	43858	43154	42058	39663
9. TOTAL ELIGIBILES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	XXXXXXXX	22135	19920	18830	18394	23921	19393	17786
	MN	XXXXXXXX	8	8	8	13	25	17	14
	TOTAL	XXXXXXXX	22143	19928	18838	18407	23946	19410	17800
10. PARTICIPATION RATIO	CN	XXXXXXXX	0.45	0.43	0.43	0.41	0.55	0.46	0.44
	MN	XXXXXXXX	0.18	0.15	0.19	0.25	0.53	0.29	0.22
	TOTAL	XXXXXXXX	0.45	0.43	0.43	0.41	0.55	0.46	0.44
11. TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	XXXXXXXX	12	24	13	14	8	12	14
	MN	XXXXXXXX	0	0	0	0	0	0	0
	TOTAL	XXXXXXXX	12	24	13	14	8	12	14
12A. TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	XXXXXXXX	35917	33482	32373	31346	30466	29057	26873
	MN	XXXXXXXX	19	30	18	20	27	24	38
	TOTAL	XXXXXXXX	35936	33512	32391	31366	30493	29081	26911
12B. TOTAL ELIGIBILES RECEIVING PREVENTIVE DENTAL SERVICES	CN	XXXXXXXX	34445	32131	30960	29934	28959	27162	24397
	MN	XXXXXXXX	18	27	14	21	25	22	30
	TOTAL	XXXXXXXX	34463	32158	30974	29955	28984	27184	24427
12C. TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	XXXXXXXX	18375	17365	16380	14815	14465	14764	15134
	MN	XXXXXXXX	10	14	14	10	14	11	21
	TOTAL	XXXXXXXX	18385	17379	16394	14825	14479	14775	15155
12D. TOTAL INDIVIDUALS RECEIVING A SEALANT ON A PERMANENT MOLAR	CN	XXXXXXXX	13673	10199	5870	4271	5034	6418	6159
	MN	XXXXXXXX	7	17	4	5	6	6	6
	TOTAL	XXXXXXXX	13680	10216	5874	4276	5040	6424	6165
12E. TOTAL INDIVIDUALS RECEIVING DENTAL DIAGNOSTIC SERVICES	CN	XXXXXXXX	34828	32490	31439	30456	29564	27934	25358
	MN	XXXXXXXX	16	27	16	21	27	22	34
	TOTAL	XXXXXXXX	34844	32517	31455	30477	29591	27956	25392
12F. TOTAL INDIVIDUALS RECEIVING ORAL HEALTH SRVICES BY A NON-DENTIST	CN	XXXXXXXX	0	0	0	0	0	0	0
	MN	XXXXXXXX	0	0	0	0	0	0	0
	TOTAL	XXXXXXXX	0	0	0	0	0	0	0
12G. TOTAL INDIVIDUALS RECEIVING ANY DENTAL OR ORAL HEALTH SERVICE	CN	XXXXXXXX	35917	33482	32373	31346	30467	29057	26873
	MN	XXXXXXXX	19	30	18	20	27	24	38
	TOTAL	XXXXXXXX	35936	33512	32391	31366	30494	29081	26911
13. TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	XXXXXXXX	56150	51440	49685	49225	48429	47155	44341
	MN	XXXXXXXX	69	86	72	86	81	95	101
	TOTAL	XXXXXXXX	56219	51526	49757	49311	48510	47250	44442
14. TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	XXXXXXXX	217	94	85	50	52	50	33
	MN	XXXXXXXX	0	0	0	0	0	0	0
	TOTAL	XXXXXXXX	217	94	85	50	52	50	33

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STATE:NORTH CAROLINA FFY 11/12	CAT	TOTAL	14	15	16	17	18	19	20
			AGE GROUPS						
1. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	1154783	43867	40648	39483	38373	39860	40143	29465
	MN	3409	137	180	193	189	220	315	903
	TOTAL	1158192	44004	40828	39676	38562	40080	40458	30368
1B. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT FOR 90 CONTINUOUS DAYS	CN	1093011	41797	38678	37480	36317	37390	35775	26454
	MN	2355	101	107	119	121	156	200	661
	TOTAL	1095366	41898	38785	37599	36438	37546	35975	27115
1C. TOTAL INDIVIDUALS ELIGIBLE UNDER A CHIP MEDICAID EXPANSION	CN	42046	0	0	1	0	0	0	0
	MN	30	0	0	0	0	0	0	0
	TOTAL	42076	0	0	1	0	0	0	0
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	11738666	456618	422730	408482	393833	398718	325520	240299
	MN	17157	747	783	871	861	1097	1234	4636
	TOTAL	11755823	457365	423513	409353	394694	399815	326754	244935
3B. AVERAGE PERIOD OF ELIGIBILITY	CN	0.89	0.91	0.91	0.90	0.90	0.88	0.75	0.75
	MN	0.60	0.61	0.60	0.60	0.59	0.58	0.51	0.58
	TOTAL	0.89	0.90	0.90	0.90	0.90	0.88	0.75	0.75
4. EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	XXXXXXXX	0.91	0.91	0.90	0.90	0.88	0.75	0.75
	MN	XXXXXXXX	0.61	0.60	0.60	0.59	0.58	0.51	0.58
	TOTAL	XXXXXXXX	0.90	0.90	0.90	0.90	0.88	0.75	0.75
5. EXPECTED NUMBER OF SCREENINGS	CN	1153029	38035	35196	33732	32685	32903	26831	19840
	MN	1489	61	64	71	71	90	102	383
	TOTAL	1154518	38096	35260	33803	32756	32993	26933	20223
6. TOTAL SCREENS RECEIVED	CN	944654	17153	14637	12739	10783	8331	3814	1745
	MN	371	17	20	13	8	15	27	37
	TOTAL	945025	17170	14657	12752	10791	8346	3841	1782
7. SCREENING RATIO	CN	0.81	0.45	0.41	0.37	0.32	0.25	0.14	0.08
	MN	0.24	0.27	0.31	0.18	0.11	0.16	0.26	0.09
	TOTAL	0.81	0.45	0.41	0.37	0.32	0.25	0.14	0.08

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STATE:NORTH CAROLINA FFY 11/12	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	1000950	38035	35196	33732	32685	32903	26831	19840
	MN	1436	61	64	71	71	90	102	383
	TOTAL	1002386	38096	35260	33803	32756	32993	26933	20223
9. TOTAL ELIGIBILES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	575228	16448	14032	12230	10386	7982	3687	1686
	MN	322	16	20	13	8	15	27	35
	TOTAL	575550	16464	14052	12243	10394	7997	3714	1721
10. PARTICIPATION RATIO	CN	0.57	0.43	0.39	0.36	0.31	0.24	0.13	0.08
	MN	0.22	0.26	0.31	0.18	0.11	0.16	0.26	0.09
	TOTAL	0.57	0.43	0.39	0.36	0.31	0.24	0.13	0.08
11. TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	447	14	13	4	4	6	0	0
	MN	0	0	0	0	0	0	0	0
	TOTAL	447	14	13	4	4	6	0	0
12A. TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	546586	25362	22924	21139	19150	17599	12265	7312
	MN	713	32	39	38	39	46	67	203
	TOTAL	547299	25394	22963	21177	19189	17645	12332	7515
12B. TOTAL ELIGIBILES RECEIVING PREVENTIVE DENTAL SERVICES	CN	504381	22230	19745	17846	15888	13865	8947	4834
	MN	547	24	32	31	26	31	47	133
	TOTAL	504928	22254	19777	17877	15914	13896	8994	4967
12C. TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	259356	15202	14124	13443	12449	11638	8211	5171
	MN	446	18	24	26	29	35	46	143
	TOTAL	259802	15220	14148	13469	12478	11673	8257	5314
12D. TOTAL INDIVIDUALS RECEIVING A SEALANT ON A PERMANENT MOLAR	CN	69953	4440	2722	950	0	0	0	0
	MN	72	10	9	0	0	0	0	0
	TOTAL	70025	4450	2731	950	0	0	0	0
12E. TOTAL INDIVIDUALS RECEIVING DENTAL DIAGNOSTIC SERVICES	CN	524993	23424	20921	19248	17553	16044	11071	6675
	MN	662	29	36	36	37	43	62	189
	TOTAL	525655	23453	20957	19284	17590	16087	11133	6864
12F. TOTAL INDIVIDUALS RECEIVING ORAL HEALTH SRVICES BY A NON-DENTIST	CN	89638	0	0	0	0	0	0	0
	MN	13	0	0	0	0	0	0	0
	TOTAL	89651	0	0	0	0	0	0	0
12G. TOTAL INDIVIDUALS RECEIVING ANY DENTAL OR ORAL HEALTH SERVICE	CN	613493	25362	22924	21139	19150	17599	12265	7312
	MN	721	32	39	38	39	46	67	203
	TOTAL	614214	25394	22963	21177	19189	17645	12332	7515
13. TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	1101516	42530	39404	38083	36542	37198	35353	20515
	MN	2291	98	109	125	125	159	172	594
	TOTAL	1103807	42628	39513	38208	36667	37357	35525	21109
14. TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	93405	31	31	27	32	34	28	38
	MN	13	0	0	0	0	0	0	0
	TOTAL	93418	31	31	27	32	34	28	38