FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

State Code	**Fiscal Year**
HI	**2024**

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		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:	191,666	7,853	17,595	27,694	37,806	46,776	36,686	17,256
	MN:	0	.						
	Total:	191,666	7,853	17,595	27,694	37,806	46,776	36,686	17,256
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN:	181,625	5,352	16,551	26,551	36,391	45,138	35,369	16,273
	MN:	0							
	Total:	181,625	5,352	16,551	26,551	36,391	45,138	35,369	16,273
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN:	24,695	218	1,851	3,405	5,207	7,201	6,225	588
	MN:	0							
	Total:	24,695	218	1,851	3,405	5,207	7,201	6,225	588
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:	2,009,998	39,066	177,571	291,231	413,046	515,372	400,785	172,927
	MN:	0							
	Total:	2,009,998	39,066	177,571	291,231	413,046	515,372	400,785	172,927
3b. Average Period of Eligibility	CN:	0.92	0.61	0.89	0.91	0.95	0.95	0.94	0.89
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.92	0.61	0.89	0.91	0.95	0.95	0.94	0.89
4. Expected Number of Screenings per Eligible	CN:		4.27	2.23	0.91	0.95	0.95	0.94	0.89
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		4.27	2.23	0.91	0.95	0.95	0.94	0.89
5. Expected Number of Screenings	CN:	209,105	22,853	36,909	24,161	34,571	42,881	33,247	14,483
	MN:	0	0	0	0	0	0	0	0
	Total:	209,105	22,853	36,909	24,161	34,571	42,881	33,247	14,483
6. Total Screens Received	CN:	166,812	26,269	41,495	22,737	22,270	29,579	20,644	3,818
	MN:	0							
	Total:	166,812	26,269	41,495	22,737	22,270	29,579	20,644	3,818
7. SCREENING RATIO	CN:	0.80	1.00	1.00	0.94	0.64	0.69	0.62	0.26
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.80	1.00	1.00	0.94	0.64	0.69	0.62	0.26
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	171,246	5,352	16,551	24,161	34,571	42,881	33,247	14,483
	MN:	0	0	0	0	0	0	0	0
	Total:	171,246	5,352	16,551	24,161	34,571	42,881	33,247	14,483
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN:	96,965	5,221	13,358	17,233	18,178	23,440	16,479	3,056
	MN:	0							
	Total:	96,965	5,221	13,358	17,233	18,178	23,440	16,479	3,056

* Includes 12-month visit

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

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10. PARTICIPANT RATIO	CN:	0.57	0.98	0.81	0.71	0.53	0.55	0.50	0.21
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.57	0.98	0.81	0.71	0.53	0.55	0.50	0.21
11. Total Eligibles Referred for Corrective Treatment	CN:	52,440	4,161	9,864	8,737	9,174	10,188	8,256	2,060
	MN:	0							
	Total:	52,440	4,161	9,864	8,737	9,174	10,188	8,256	2,060
12a. Total Eligibles Receiving Any Dental Services	CN:	93,196	176	6,744	15,672	23,401	25,892	16,816	4,495
	MN:	0							
	Total:	93,196	176	6,744	15,672	23,401	25,892	16,816	4,495
12b. Total Eligibles Receiving Preventive Dental Services	CN:	88,737	86	6,367	15,140	22,652	25,056	15,567	3,869
	MN:	0							
	Total:	88,737	86	6,367	15,140	22,652	25,056	15,567	3,869
12c. Total Eligibles Receiving Dental Treatment Services	CN:	49,329	93	1,719	7,447	13,799	13,951	9,615	2,705
	MN:	0							
	Total:	49,329	93	1,719	7,447	13,799	13,951	9,615	2,705
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	10,592				5626	4966		
	MN:	0							
	Total:	10,592				5,626	4,966		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	88,575	141	6,644	15,240	22,162	24,660	15,691	4,037
	MN:	0							
	Total:	88,575	141	6,644	15,240	22,162	24,660	15,691	4,037
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN:	1,520	34	888	325	168	65	38	2
	MN:	0							
	Total:	1,520	34	888	325	168	65	38	2
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN:	90,257	120	7,255	15,465	22,820	25,121	15,605	3,871
	MN:	0							
	Total:	90,257	120	7,255	15,465	22,820	25,121	15,605	3,871
13. Total Eligibles Enrolled in Managed Care	CN:	181,625	5,352	16,551	26,551	36,391	45,138	35,369	16,273
	MN:	0							
	Total:	181,625	5,352	16,551	26,551	36,391	45,138	35,369	16,273
14a. Total Number of Screening Blood Lead Tests	CN:	7,705	397	5,755	1,553				
	MN:	0							
	Total:	7,705	397	5,755	1,553				

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