FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

State Code	**Fiscal Year**
HI	**2025**

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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:	190,977	7,942	17,601	27,388	37,728	46,591	36,522	17,205
	MN:	0							
	Total:	190,977	7,942	17,601	27,388	37,728	46,591	36,522	17,205
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN:	180,903	5,453	16,573	26,236	36,315	44,981	35,189	16,156
	MN:	0							
	Total:	180,903	5,453	16,573	26,236	36,315	44,981	35,189	16,156
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN:	24,628	226	1,885	3,430	5,254	7,090	6,121	622
	MN:	0							
	Total:	24,628	226	1,885	3,430	5,254	7,090	6,121	622
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:	2,027,559	39,546	179,425	291,896	417,936	521,288	405,120	172,348
	MN:	0							
	Total:	2,027,559	39,546	179,425	291,896	417,936	521,288	405,120	172,348
3b. Average Period of Eligibility	CN:	0.93	0.60	0.90	0.93	0.96	0.97	0.96	0.89
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.93	0.60	0.90	0.93	0.96	0.97	0.96	0.89
4. Expected Number of Screenings per Eligible	CN:		4.20	2.25	0.93	0.96	0.97	0.96	0.89
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		4.20	2.25	0.93	0.96	0.97	0.96	0.89
5. Expected Number of Screenings	CN:	211,245	22,903	37,289	24,399	34,862	43,632	33,781	14,379
	MN:	0	0	0	0	0	0	0	0
	Total:	211,245	22,903	37,289	24,399	34,862	43,632	33,781	14,379
6. Total Screens Received	CN:	166,666	26,381	41,603	22,016	22,272	29,453	20,941	4,000
	MN:	0							
	Total:	166,666	26,381	41,603	22,016	22,272	29,453	20,941	4,000
7. SCREENING RATIO	CN:	0.79	1.00	1.00	0.90	0.64	0.68	0.62	0.28
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.79	1.00	1.00	0.90	0.64	0.68	0.62	0.28
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	173,079	5,453	16,573	24,399	34,862	43,632	33,781	14,379
	MN:	0	0	0	0	0	0	0	0
	Total:	173,079	5,453	16,573	24,399	34,862	43,632	33,781	14,379
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN:	96,996	5,234	13,389	17,089	18,327	23,439	16,405	3,113
	MN:	0							
	Total:	96,996	5,234	13,389	17,089	18,327	23,439	16,405	3,113

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

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10. PARTICIPANT RATIO	CN:	0.56	0.96	0.81	0.70	0.53	0.54	0.49	0.22
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.56	0.96	0.81	0.70	0.53	0.54	0.49	0.22
11. Total Eligibles Referred for Corrective Treatment	CN:	52,409	4,138	9,927	8,696	9,138	10,258	8,186	2,066
	MN:	0							
	Total:	52,409	4,138	9,927	8,696	9,138	10,258	8,186	2,066
12a. Total Eligibles Receiving Any Dental Services	CN:	89,850	155	6,606	15,024	22,536	25,218	16,299	4,012
	MN:	0							
	Total:	89,850	155	6,606	15,024	22,536	25,218	16,299	4,012
12b. Total Eligibles Receiving Preventive Dental Services	CN:	86,096	84	6,302	14,605	21,944	24,516	15,152	3,493
	MN:	0							
	Total:	86,096	84	6,302	14,605	21,944	24,516	15,152	3,493
12c. Total Eligibles Receiving Dental Treatment Services	CN:	46,975	72	1,510	6,903	13,009	13,514	9,570	2,397
	MN:	0							
	Total:	46,975	72	1,510	6,903	13,009	13,514	9,570	2,397
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	9,236				4923	4313		
	MN:	0							
	Total:	9,236				4,923	4,313		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	85,309	132	6,493	14,611	21,396	24,097	15,036	3,544
	MN:	0							
	Total:	85,309	132	6,493	14,611	21,396	24,097	15,036	3,544
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN:	1,551	34	899	345	168	65	38	2
	MN:	0							
	Total:	1,551	34	899	345	168	65	38	2
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN:	87,647	118	7,201	14,950	22,112	24,581	15,190	3,495
	MN:	0							
	Total:	87,647	118	7,201	14,950	22,112	24,581	15,190	3,495
13. Total Eligibles Enrolled in Managed Care	CN:	180,903	5,453	16,573	26,236	36,315	44,981	35,189	16,156
	MN:	0							
	Total:	180,903	5,453	16,573	26,236	36,315	44,981	35,189	16,156
14a. Total Number of Screening Blood Lead Tests	CN:	7,712	401	5,766	1,545				
	MN:	0							
	Total:	7,712	401	5,766	1,545				

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