EXHIBIT 6

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

State Code DC | **Fiscal Year** 2019

		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:	5,491	390	542	703	835	1,143	1,157	721
	MN:	0							
	Total:	5,491	390	542	703	835	1,143	1,157	721
1b. Total Individuals eligible for EPSDT for 90 Continous Days	CN:	4,673	194	442	555	728	1,051	1,067	636
	MN:	0							
	Total:	4,673	194	442	555	728	1,051	1,067	636
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	110	4	11	19	19	16	23	18
	MN:	0							
	Total:	110	4	11	19	19	16	23	18
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:	49,352	1,041	4,384	5,602	7,726	11,515	11,966	7,118
	MN:	0							
	Total:	49,352	1,041	4,384	5,602	7,726	11,515	11,966	7,118
3b. Average Period of Eligibility	CN:	0.88	0.45	0.83	0.84	0.88	0.91	0.93	0.93
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.88	0.45	0.83	0.84	0.88	0.91	0.93	0.93
4. Expected Number of Screenings per Eligible	CN:		3.15	2.08	0.84	0.88	0.91	0.93	0.93
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		3.15	2.08	0.84	0.88	0.91	0.93	0.93
5. Expected Number of Screenings	CN:	5,176	611	919	466	641	956	992	591
	MN:	0	0	0	0	0	0	0	0
	Total:	5,176	611	919	466	641	956	992	591
6. Total Screens Received	CN:	2,699	630	261	251	335	542	525	155
	MN:	0							
	Total:	2,699	630	261	251	335	542	525	155
7. SCREENING RATIO	CN:	0.52	1.00	0.28	0.54	0.52	0.57	0.53	0.26
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.52	1.00	0.28	0.54	0.52	0.57	0.53	0.26
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	4,282	194	442	466	641	956	992	591
	MN:	0	0	0	0	0	0	0	0
	Total:	4,282	194	442	466	641	956	992	591
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	1,757	106	118	194	288	480	439	132
	MN:	0							
	Total:	1,757	106	118	194	288	480	439	132
10. PARTICIPANT RATIO	CN:	0.41	0.55	0.27	0.42	0.45	0.50	0.44	0.22
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

State Code DC | **Fiscal Year** 2019

		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
	Total:	0.41	0.55	0.27	0.42	0.45	0.50	0.44	0.22
11. Total Eligibles Referred for Corrective Treatment	CN:	1,068	93	79	77	170	281	281	87
	MN:	0							
	Total:	1,068	93	79	77	170	281	281	87
12a. Total Eligibles Receiving Any Dental Services	CN:	1,737	1	71	201	330	511	459	164
	MN:	0							
	Total:	1,737	1	71	201	330	511	459	164
12b. Total Eligibles Receiving Preventive Dental Services	CN:	1,602	1	68	196	309	480	416	132
	MN:	0							
	Total:	1,602	1	68	196	309	480	416	132
12c. Total Eligibles Receiving Dental Treatment Services	CN:	715	0	0	38	128	225	224	100
	MN:	0							
	Total:	715	0	0	38	128	225	224	100
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	185				82	103		
	MN:	0							
	Total:	185				82	103		
12e. Total Eligibles Reciving Dental Diagnostic Services	CN:	1,700	3	73	202	321	496	446	159
	MN:	0							
	Total:	1,700	3	73	202	321	496	446	159
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	101	4	56	20	2	3	12	4
	MN:	0							
	Total:	101	4	56	20	2	3	12	4
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN:	1,778	4	91	209	332	513	463	166
	MN:	0							
	Total:	1,778	4	91	209	332	513	463	166
13. Total Eligibles Enrolled in Managed Care	CN:	0							
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
14a. Total Number of Screening Blood Lead Tests	CN:	117	4	70	43				
	MN:	0							
	Total:	117	4	70	43				

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