

**Medicaid Program Budget Report
Estimated Average Number of Eligibles During the Year**

State:							Submission Date:
Eligible Categories	Actuals	Estimate		Estimate	Change From	Percent Change	Change From
	Base Year	FY (1)	FY (2)	FY (1)	From Base Year To	From Base Year To	FY (1) To
	A	B	C	D	FY (2)	FY (2)	FY (2)
Medicaid (Non-M-SCHIP)							
1. Blind and Disabled							
2. Aged 65 and Over (Non-Disabled)							
A. Qualified Medicare Beneficiaries Only							
B. Other Aged							
C. Subtotal Aged 65 and Over (Non-Disabled)							
3. Other Adults (Non-Disabled/Non-Aged)							
A. Pregnancy Benefit Adults							
B. Non--Pregnancy Benefit Adults							
C. Subtotal Other Adults (Non-Disabled/Non-Aged)							
4. Non-Disabled Children							
A. Age Less than 1 Year							
B. Age 1 to 5							
C. Other Children							
D. Subtotal Non-Disabled Children							
5. Total Average Number of Medicaid Eligibles During the Year							
M-SCHIP							
6. Total Average Number of M-SCHIP Eligibles During the Year							
GRAND TOTAL							
7. Total Average Number of Eligibles During the Year Medicaid and M-SCHIP							
FORM CMS-37.7							Report Date:

Percent Change

FY (1 To

FY (2)

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