

**Medicaid Program Budget Report  
Information - State and Local Administration (In Thousands)**

**State:** \_\_\_\_\_ **Submission Date:** \_\_\_\_\_

| State and Local Administration Program:                   | FFP Rates | Fiscal Year (1)       |            |                      |            |       | Fiscal Year (2)       |            |                      |            |       |
|---|-----------|-----------------------|------------|----------------------|------------|-------|-----------------------|------------|----------------------|------------|-------|
|   |           | Salaries and Expenses |            | Other Administration |            | FTE's | Salaries and Expenses |            | Other Administration |            | FTE's |
|   |           | Total Comp.           | Fed. Share | Total Comp.          | Fed. Share |       | Total Comp.           | Fed. Share | Total Comp.          | Fed. Share |       |
|   |           | A                     | B          | C                    | D          | E     | F                     | G          | H                    | I          | J     |
| 1. Family Planning  | 90        |                       |            |                      |            |       |                       |            |                      |            |       |
| 2. Design Develop or Install MMIS:                        |           |                       |            |                      |            |       |                       |            |                      |            |       |
| A. In-house and Other State Activities                    | 90        |                       |            |                      |            |       |                       |            |                      |            |       |
| B. Private Sector Contractors                             | 90        |                       |            |                      |            |       |                       |            |                      |            |       |
| C. Drug Claims System                                     | 90        |                       |            |                      |            |       |                       |            |                      |            |       |
| 3. Skilled Professional Medical Personnel                 | 75        |                       |            |                      |            |       |                       |            |                      |            |       |
| 4. Operation of an Approved MMIS:                         |           |                       |            |                      |            |       |                       |            |                      |            |       |
| A. In-house and Other State Activities                    | 75        |                       |            |                      |            |       |                       |            |                      |            |       |
| B. Private Sector Contractors                             | 75        |                       |            |                      |            |       |                       |            |                      |            |       |
| 5. Non- MMIS Systems:                                     |           |                       |            |                      |            |       |                       |            |                      |            |       |
| A. In-house and Other State Activities                    | 50        |                       |            |                      |            |       |                       |            |                      |            |       |
| B. Private Sector Contractors                             | 50        |                       |            |                      |            |       |                       |            |                      |            |       |
| 6. Peer Review Organization                               | 75        |                       |            |                      |            |       |                       |            |                      |            |       |
| 7. A. TPL-Billing Offset                                  | 50        |                       |            |                      |            |       |                       |            |                      |            |       |
| B. Assignment of Rights- Billing Offset                   | 50        |                       |            |                      |            |       |                       |            |                      |            |       |
| 8. Immigration Status System                              | 100       |                       |            |                      |            |       |                       |            |                      |            |       |
| 9. Nurse Aide Training and Competency Evaluation Programs | 50        |                       |            |                      |            |       |                       |            |                      |            |       |
| 10. Preadmission Screening Costs                          | 75        |                       |            |                      |            |       |                       |            |                      |            |       |
| 11. Resident Review Activities                            | 75        |                       |            |                      |            |       |                       |            |                      |            |       |
| 12. Drug Use Review Program                               | 50        |                       |            |                      |            |       |                       |            |                      |            |       |
| 13. Outstationed Eligibility Workers                      | 50        |                       |            |                      |            |       |                       |            |                      |            |       |
| 14. TANF Base Allocation                                  | 90        |                       |            |                      |            |       |                       |            |                      |            |       |
| 15. TANF Secondary Allocation - 90%                       | 90        |                       |            |                      |            |       |                       |            |                      |            |       |
| 16. TANF Secondary Allocation - 75%                       | 75        |                       |            |                      |            |       |                       |            |                      |            |       |
| 17. External Quality Reviews                              | 75        |                       |            |                      |            |       |                       |            |                      |            |       |
| 18. Enrollment Brokers                                    | 50        |                       |            |                      |            |       |                       |            |                      |            |       |
| 19. Other Financial Participation                         | 50        |                       |            |                      |            |       |                       |            |                      |            |       |
| 20. Subtotal (Sum of Lines 1 - 19)                        |           |                       |            |                      |            |       |                       |            |                      |            |       |
| 21. Collections   |           |                       |            |                      |            |       |                       |            |                      |            |       |
| 22. Prior Period Adjustments                              |           |                       |            |                      |            |       |                       |            |                      |            |       |
| 23. Total Administration (Sum of Lines 20 - 22)           |           |                       |            |                      |            |       |                       |            |                      |            |       |