Department of Health and Human Services Centers for Medicare & Medicaid Services OMB No. 0938-1265 Expires 12/31/2017

Children's Health Insurance Program Budget Report for the Title XXI Program State Expenditure Plan (In Thousands)

Expenditure Plan (In Thousands)
State:
Certification Qtr: 1/2018

State:			Cerunication Qu. 1/2010
Program:			
	Total Computable	Federal Share	State Share
Fiscal Year and Quarter	(A)	(B)	(C)
Fiscal Year: 2017			
1 Quarter 1			
2 Quarter 2			
3 Quarter 3			
4 Quarter 4			
5 Total			
Fiscal Year: 2018			
6 Quarter 1			
7 Quarter 2			
8 Quarter 3			
9 Quarter 4			
10 Total			
I certify that:			
1. I am the executive officer of the state a	gency or his/her designate authorized by the sta	ate to submit this form.	
	nclude expenditures under the Children's Health nplementing federal, state, and local statutes, re of the Act.		
3. The budget estimates are based upon t	the most reliable information available to the sta	ate.	
	match the state's allowable expenditures durin uirements for the non-federal share match of ex		and such state and/or local funds are in
	equested for the certification quarter to match exhas not been approved by the Secretary effecti		nendment under Title XXI of the Act that
6. The information shown on the Form CM	1S-21B is correct to the best of my knowledge a	and belief.	
Date: Signat	ure:	Title:	
User Performing Certification:			
Footnotes:			

The completed Budget, Expenditure and supporting forms are to be submitted via the on-line MBES/CBES system to the Centersfor Medicaid Services, Center for Medicaid and State Operations, Finance, Systems and Quality Group, Division of Financial Management, located at Mailstop S3-13-15, 7500 Security Blvd., Baltimore, Maryland 21244-1850.

Department of Health and Human Services Centers for Medicare & Medicaid Services

OMB No. 0938-1265 **Expires 12/31/2017**

Submission Date: 8/15/2017

Children's Health Insurance Program Budget Report for the Title XXI Program State **Expenditure Plan (In Thousands)**

State: Certification				
Program:				
	Total Computable	Federal Share	State Share	
Fiscal Year and Quarter	(A)	(B)	(C)	
Fiscal Year: 2017	·			
1 Quarter 1				
2 Quarter 2				
3 Quarter 3				
4 Quarter 4				
5 Total				
Fiscal Year: 2018				
6 Quarter 1				
7 Quarter 2				
8 Quarter 3				
9 Quarter 4				
10 Total				
Date: Signa	ature:	Title:		
User Performing Certification: Joseph	Osenton (O2Q8)			
Footnotes:				

The completed Budget, Expenditure and supporting forms are to be submitted via the on-line MBES/CBES system to the Centers for Medicaid Services, Center for Medicaid and State Operations, Finance, Systems and Quality Group, Division of Financial Management, located at Mailstop S3-13-15, 7500 Security Blvd., Baltimore, Maryland 21244-1850.

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Children's Health Insurance Program Budget Report

OMB No. 0938-1265 Expires 12/31/2017

21B Narratives

State:	Submission Date: Certification Qtr:
	Other Narrative Explanations