

**Medicaid Program Budget Report  
State Estimate of Quarterly Grant Awards (In Thousands)**

**State:**  
**Contact Name for Information:**

**Submission Date:**  
**Certification Qtr:**

Fiscal Quarter	Medical Assistance Payments			State & Local Administration			Federal Share M-CHIP
	Tot. Comp.	Federal Share	State Share	Tot. Comp.	Federal Share	State Share	
<b>Fiscal Year: 2017</b>							
1st Quarter							
2nd Quarter							
3rd Quarter							
4th Quarter							
Total							
<b>Fiscal Year: 2018</b>							
1st Quarter							
2nd Quarter							
3rd Quarter							
4th Quarter							
Total							

I certify that:

1. I am the executive officer of the state agency or his/her designate authorized by the state to submit this form.
2. The fiscal year budget estimates only include expenditures under the Medicaid program under Title XIX of the Social Security Act (the Act), and as applicable, under the Children's Health Insurance Program (CHIP) under Title XXI of the Act, that are allowable in accordance with applicable implementing federal, state, and local statutes, regulations, policies, and the state plan approved by the Secretary and in effect during the fiscal year under Title XIX of the Act for the Medicaid program, and as applicable, under Title XXI of the Act for the CHIP.
3. The budget estimates are based upon the most reliable information available to the state.
4. The state and/or local funds required to match the state's allowable expenditures during the certification quarter will be available, and such state and/or local funds are in accordance with all applicable federal requirements for the non-federal share match of expenditures.
5. The amount of state and local funds available for quarter for the Medicaid program is .
6. Federal matching funds are not being requested for the certification quarter to match expenditures under any Medicaid state plan amendment under Title XIX of the Act and/or Children Health Plan amendment under Title XXI of the Act that was submitted after January 2, 2001, and that has not been approved by the Secretary effective for the certification quarter.
7. The information shown above and on the Form CMS-37 Summary Sheet and the Supporting Schedules is correct to the best of my knowledge and belief.

Date:	Signature:	Title:
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User Performing Certification:

Footnotes:

The completed Budget, Expenditure and supporting forms are to be submitted via the on-line MBES/CBES system to the Centers for Medicare & 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.

**Medicaid Program Budget Report  
State Estimate of Health Information Technology Grants (In Thousands)**

**State:**

**Submission Date:**

**Certification Qtr:**

Fiscal Quarter	Health Information Technology Incentive Payments			Health Information Technology Administration		
	Tot. Comp.	Federal Share	State Share	Tot. Comp.	Federal Share	State Share
<b>Fiscal Year: 2017</b>						
1st Quarter						
2nd Quarter						
3rd Quarter						
4th Quarter						
Total						
<b>Fiscal Year: 2018</b>						
1st Quarter						
2nd Quarter						
3rd Quarter						
4th Quarter						
Total						

**Medicaid Program Budget Report**  
**Estimated Medical Assistance by Type of Service (In Thousands)**

State:

Submission Date:

Type of Service	Total Budgeted Services Current Year 2017		Total Budgeted Services Budget Year 2018	
	Total Computable	Federal Share	Total Computable	Federal Share
1A Inpatient Hospital/ Regular Payment				
1B Inpatient Hospital/ DSH Adj. Payment				
1C Inpatient Hospital/ Supplemental Payments				
1D Inpatient Hospital - GME Payments				
2A Mental Health / Regular Payment				
2B Mental Health / DSH Adj. Payment				
2C Certified Community Behavior Health Clinic Payments				
3A Nursing Facility / Regular Payments				
3B Nursing Facility / Supplemental Payments				
4A Int. Care Facility - Ind. with Intellectual Disabilities: Public Pmnts				
4B Int. Care Facility - Ind. with Intellectual Disabilities: Priv. Pmnts				
4C Int. Care Facility - Ind. with Intellectual Disabilities: Suppl. Pmnts				
5A Physician and Surgical / Regular Payments				
5B Physician and Surgical / Supplemental Payments				
5C Physician & Surgical Services - Evaluation and Management				
5D Physician & Surgical Services - Vaccine codes				
6A Outpatient Hospital / Regular Services				
6B Outpatient Hospital / Supplemental Services				
7 Prescribed Drugs				
7A1 Drug Rebate / Natl. Agreement				
7A2 Drug Rebate / State Agreement				
7A3 MCO - National Agreement				

**Medicaid Program Budget Report**  
**Estimated Medical Assistance by Type of Service (In Thousands)**

State:

Submission Date:

Type of Service	Total Budgeted Services Current Year 2017		Total Budgeted Services Budget Year 2018	
	Total Computable	Federal Share	Total Computable	Federal Share
7A4 MCO - State Sidebar Agreement				
7A5 Increased ACA OFFSET - Fee for Service -100%				
7A6 Increased ACA OFFSET - MCO - 100%				
8 Dental Services				
9A Other Practitioners' Services/ Regular Payment				
9B Other Practitioners' Services-Suppl. Payment				
10 Clinic Services				
11 Lab/Radiological Services				
12 Home Health Services				
13 Sterilizations				
14 Abortions				
15 EPSDT Screenings				
16 Rural Health Clinic				
17A Medicare HIP / Part A Prem.				
17B Medicare HIP / Part B Prem.				
17C1 Medicare Qual Individuals 120%-134% Poverty				
17D Medicare HIP / Coinsurance				
18 Medicaid HIP / MCO				
18A1 Medicaid MCO - Evaluation and Management				
18A2 Medicaid MCO - Vaccine codes				
18A3 Medicaid MCO - Community First Choice				
18A4 Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin				

**Medicaid Program Budget Report**  
**Estimated Medical Assistance by Type of Service (In Thousands)**

State:

Submission Date:

Type of Service	Total Budgeted Services Current Year 2017		Total Budgeted Services Budget Year 2018	
	Total Computable	Federal Share	Total Computable	Federal Share
18A5 Medicaid MCO - Certified Community Behavior Health Clinic Payments				
18B1 Prepaid Ambulatory Health Plan				
18B1 MCO PAHP - Evaluation and Management a				
18B1 Prepaid Ambulatory Health Plan				
18B1 Medicaid PAHP - Certified Community Behavior Health Clinic e Payments				
18B1 MCO PAHP - Evaluation and Management a				
18B1 MCO PAHP - Vaccine codes b				
18B1 MCO PAHP - Community First Choice				
18B2 Medicaid PIHP - Certified Community Behavior Health Clinic e Payments				
18B1 MCO PAHP - Preventive Services Grade A OR B, ACIP d Vaccines and their Admin				
18B2 Prepaid Inpatient Health Plan				
18B2 MCO PIHP - Evaluation and Management a				
18B2 MCO PIHP - Vaccine codes b				
18B2 MCO PIHP - Community First Choice c				
18B2 MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines d and their Admin				
18C Medicaid HIP / Group				

**Medicaid Program Budget Report**  
**Estimated Medical Assistance by Type of Service (In Thousands)**

**State:**

**Submission Date:**

Type of Service	Total Budgeted Services Current Year 2017		Total Budgeted Services Budget Year 2018	
	Total Computable	Federal Share	Total Computable	Federal Share
18D Medicaid HIP / Coinsurance				
18E Medicaid HIP / Other				
19A Home-Comm Serv/Regular Payment (Waiver)				
19B Home-Comm Serv/State PI 1915(i) Only Payment				
19C Home-Comm Serv/State PI 1915(j) Only Payment				

**Medicaid Program Budget Report**  
**Estimated Medical Assistance by Type of Service (In Thousands)**

State:

Submission Date:

Type of Service	Total Budgeted Services Current Year 2017		Total Budgeted Services Budget Year 2018	
	Total Computable	Federal Share	Total Computable	Federal Share
19D Home & Community Based Services State Plan 1915(k) Community First Choice				
22 All-Inclusive Care for Elders				
23A Personal Care / Regular Payments				
23B Personal Care / SDS 1915(j)				
24A Targeted Case Mgmt. / Community Case-Mgmt.				
24B Case Mgmt. / State Wide				
25 Primary Care Case Mgmt. Services				
26 Hospice Benefits				
27 Emeg. Service Undoc. Aliens				
28 Federally Qual. Health Center				
29 Non-Emergency Medical Transportation				
30 Physical Therapy				
31 Occupational Therapy				
35 Nurse Mid-Wife				

**Medicaid Program Budget Report**  
**Estimated Medical Assistance by Type of Service (In Thousands)**

**State:**

**Submission Date:**

Type of Service	Total Budgeted Services Current Year 2017		Total Budgeted Services Budget Year 2018	
	Total Computable	Federal Share	Total Computable	Federal Share
36 Emergency Hospital Services				
37 Critical Access Hospitals				
38 Nurse Practitioner Services				
39 School Based Services				
40 Rehabilitative Services (non-school-based)				
41 Private Duty Nursing				
42 Freestanding Birth Center				
43 Health Home for Enrollees w Chronic Conditions				
44 Tobacco Cessation for Preg Women				
49 Other Care Services				
50 Subtotal				
51 Collections				
52 Prior Period Adjustments				
53 Total Medicaid (non-M-CHIP)				
54 M-CHIP Expansions				
55 Total Medicaid				



Medicaid Program Budget Report  
State And Local Administration (In Thousands)

State:

Submission Date:

State And Local Administration		FFP Rates	Total Administration Fiscal Year 2017		Total Administration Fiscal Year 2018	
			Total Comp.	Fed. Share	Total Comp.	Fed. Share
1	Family Planning	90				
2A	Design, Develop or Install MMIS: Inhouse and Other State Activities	90				
2B	Design, Develop or Install MMIS: Private Sector Contractors	90				
2C	Design, Develop or Install MMIS: Drug Claims System	90				
3A	Skilled Professional Medical Personnel - Single State Agency	75				
3B	Skilled Professional Medical Personnel - Other Agencies	75				
4A	Operation of an Approved MMIS: Inhouse and Other State Activities	75				
4B	Operation of an Approved MMIS: Private Sector Contractors	75				
5A	Non-MMIS Systems: Inhouse and Other State Activities	50				
5B	Non-MMIS Systems: Private Sector Contractors	50				
5C	Mechanized Systems, not Approved under MMIS Procedures: Interagency	50				
6	Quality Improvement Organizations	75				
7A	TPL-Billing Offset	50				
7B	Assignment of Rights-Billing Offset	50				
8	Immigration Status System	100				
9	Nurse Aide Training and Competency Evaluation Programs Costs	50				

\* HIT lines excluded from total

Medicaid Program Budget Report  
State And Local Administration (In Thousands)

State:

Submission Date:

State And Local Administration	FFP Rates	Total Administration Fiscal Year 2017		Total Administration Fiscal Year 2018	
		Total Comp.	Fed. Share	Total Comp.	Fed. Share
10 Preadmission Screening Costs	75				
11 Resident Review Activities	75				
12 Drug Use Review Program	50				
13 Out stationed Eligibility Workers	50				
14 TANF Base Allocation	90				
15 TANF Secondary Allocation - 90%	90				
16 TANF Secondary Allocation - 75%	75				
17 External Quality Review s	75				
18 Enrollment Brokers	50				
19 School Based Administration	50				
20 Program Integrity/Fraud, Waste, and Abuse Activities	50				
21 County/Local ADM Costs	50				
22 Interagency Costs	50				
23 Translation and Interpretation	75				
24 Health Information Technology Administration					
24A HIT: Planning: Cost of In-house Activities	90				

\* HIT lines excluded from total

Medicaid Program Budget Report  
State And Local Administration (In Thousands)

State:

Submission Date:

State And Local Administration	FFP Rates	Total Administration Fiscal Year 2017		Total Administration Fiscal Year 2018	
		Total Comp.	Fed. Share	Total Comp.	Fed. Share
24B HIT: Planning: Cost of Private Contractors	90				
24C HIT: Implementation and Operation: Cost of In-house Activities	90				
24D HIT: Implementation and Operation: Cost of Private Contractors	90				
24E HIT Incentive Payments - Eligible Professionals	100				
24F HIT Incentive Payments - Eligible Hospitals	100				
25 Citizenship Verification Technology - CHIPRA					
25A CVT Development - CHIPRA	90				
25B CVT Operation - CHIPRA	75				
26 Planning for Health Homes for Enrollees with Chronic Conditions					
27 Recovery Audit Contractors State Administration	50				
28A Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of In-house Activities	90				
28B Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	90				
28C Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	75				
28D Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	75				
28E Eligibility Determination Staff – Cost of In-house Activities	75				
28F Eligibility Determination Staff – Cost of Private Sector Contractors	75				

\* HIT lines excluded from total

**Medicaid Program Budget Report  
State And Local Administration (In Thousands)**

**State:**

**Submission Date:**

State And Local Administration	FFP Rates	Total Administration Fiscal Year 2017		Total Administration Fiscal Year 2018	
		Total Comp.	Fed. Share	Total Comp.	Fed. Share
28G Eligibility Determination Staff – Cost of In-house Activities – 50% FFP	50				
28H Eligibility Determination Staff – Cost of Private Sector Contractors – 50% FFP	50				
29 Non-Emergency Medical Transportation	50				
49 Other Financial Participation	50				
50 Sub-total (Line 1 - 49)					
51 Collections					
52 Prior Period Adjust					
53 Total					

\* HIT lines excluded from total

**Medicaid Program Budget Report  
State And Local Administration (In Thousands)**

State:

Submission Date:

State And Local Administration	FFP Rates	Fiscal Year 2017					Fiscal Year 2018				
		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	
1 Family Planning	90										
2A Design, Develop or Install MMIS: Inhouse and Other State Activities	90										
2B Design, Develop or Install MMIS: Private Sector Contractors	90										
2C Design, Develop or Install MMIS: Drug Claims System	90										
3A Skilled Professional Medical Personnel - Single State Agency	75										
3B Skilled Professional Medical Personnel - Other Agencies	75										
4A Operation of an Approved MMIS: Inhouse and Other State Activities	75										
4B Operation of an Approved MMIS: Private Sector Contractors	75										
5A Non-MMIS Systems: Inhouse and Other State Activities	50										
5B Non-MMIS Systems: Private Sector Contractors	50										
5C Mechanized Systems, not Approved under MMIS Procedures: Interagency	50										
6 Quality Improvement Organizations	75										
7A TPL-Billing Offset	50										
7B Assignment of Rights-Billing Offset	50										

\* HIT lines excluded from total

**Medicaid Program Budget Report  
State And Local Administration (In Thousands)**

State:

Submission Date:

State And Local Administration	FFP Rates	Fiscal Year 2017					Fiscal Year 2018				
		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	
8 Immigration Status System	100										
9 Nurse Aide Training and Competency Evaluation Programs Costs	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 School Based Administration	50										
20 Program Integrity/Fraud, Waste, and Abuse Activities	50										
21 County/Local ADM Costs	50										

\* HIT lines excluded from total

**Medicaid Program Budget Report  
State And Local Administration (In Thousands)**

State:

Submission Date:

State And Local Administration	FFP Rates	Fiscal Year 2017					Fiscal Year 2018				
		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	
22 Interagency Costs	50										
23 Translation and Interpretation	75										
24 Health Information Technology Administration											
24A HIT: Planning: Cost of In-house Activities	90										
24B HIT: Planning: Cost of Private Contractors	90										
24C HIT: Implementation and Operation: Cost of In-house Activities	90										
24D HIT: Implementation and Operation: Cost of Private Contractors	90										
24E HIT Incentive Payments- Eligible Professionals	100										
24F HIT Incentive Payments- Eligible Hospitals	100										
25 Citizenship Verification Technology - CHIPRA											
25A CVT Development - CHIPRA	90										
25B CVT Operation - CHIPRA	75										
26 Planning for Health Homes for Enrollees with Chronic Conditions											
27 Recovery Audit Contractors State Administration	50										
28A Design Development/Installation of Medicaid Elig. Determ. Sys. - Cost of	90										

\* HIT lines excluded from total

**Medicaid Program Budget Report  
State And Local Administration (In Thousands)**

State:

Submission Date:

State And Local Administration		FFP Rates	Fiscal Year 2017					Fiscal Year 2018				
			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	
In-house Activities												
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	90										
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	75										
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	75										
28E	Eligibility Determination Staff – Cost of In-house Activities	75										
28F	Eligibility Determination Staff – Cost of Private Sector Contractors	75										
28G	Eligibility Determination Staff – Cost of In-house Activities – 50% FFP	50										
28H	Eligibility Determination Staff – Cost of Private Sector Contractors – 50% FFP	50										
29	Non-Emergency Medical Transportation	50										
49	Other Financial Participation	50										
50	Sub-total (Line 1 - 49)											
51	Collections											
52	Prior Period Adjust											
53	Total											

\* HIT lines excluded from total



Medicaid Program Budget Report  
Other Budget Narratives

State:

Submission Date:

Other Narrative Explanations

**Medicaid Program Budget Report**  
**Information - Estimated Medical Assistance by Type of Service (In Thousands)**

State:

Submission Date:

Type of Service  Program:	Total Budgeted Services Current Year 2017		Total Budgeted Services Budget Year 2018	
	Total Computable	Federal Share	Total Computable	Federal Share
1A Inpatient Hospital/ Regular Payment				
1B Inpatient Hospital/ DSH Adj. Payment				
1C Inpatient Hospital/ Supplemental Payments				
1D Inpatient Hospital - GME Payments				
2A Mental Health / Regular Payment				
2B Mental Health / DSH Adj. Payment				
2C Certified Community Behavior Health Clinic Payments				
3A Nursing Facility / Regular Payments				
3B Nursing Facility / Supplemental Payments				
4A Int. Care Facility - Ind. with Intellectual Disabilities: Public Pmnts				
4B Int. Care Facility - Ind. with Intellectual Disabilities: Priv. Pmnts				
4C Int. Care Facility - Ind. with Intellectual Disabilities: Suppl. Pmnts				
5A Physician and Surgical/ Regular Payments				
5B Physician and Surgical/ Supplemental Payments				
5C Physician & Surgical Services - Evaluation and Management				
5D Physician & Surgical Services - Vaccine codes				
6A Outpatient Hospital/ Regular Services				
6B Outpatient Hospital/ Supplemental Services				
7 Prescribed Drugs				
7A1 Drug Rebate / Natl. Agreement				
7A2 Drug Rebate / State Agreement				
7A3 MCO - National Agreement				

**Medicaid Program Budget Report**  
**Information - Estimated Medical Assistance by Type of Service (In Thousands)**

State:

Submission Date:

Type of Service  Program:	Total Budgeted Services Current Year 2017		Total Budgeted Services Budget Year 2018	
	Total Computable	Federal Share	Total Computable	Federal Share
7A4 MCO - State Sidebar Agreement				
7A5 Increased ACA OFFSET - Fee for Service -100%				
7A6 Increased ACA OFFSET - MCO - 100%				
8 Dental Services				
9A Other Practitioners' Services/ Regular Payment				
9B Other Practitioners' Services-Suppl. Payment				
10 Clinic Services				
11 Lab/Radiological Services				
12 Home Health Services				
13 Sterilizations				
14 Abortions				
15 EPSDT Screenings				
16 Rural Health Clinic				
17A Medicare HIP / Part A Prem.				
17B Medicare HIP / Part B Prem.				
17C1 Medicare Qual Individuals 120%-134% Poverty				
17D Medicare HIP / Coinsurance				
18A Medicaid HIP / MCO				
18A1 Medicaid MCO - Evaluation and Management				
18A2 Medicaid MCO - Vaccine codes				
18A3 Medicaid MCO - Community First Choice				
18A4 Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin				

**Medicaid Program Budget Report**  
**Information - Estimated Medical Assistance by Type of Service (In Thousands)**

State:

Submission Date:

Type of Service Program:	Total Budgeted Services Current Year 2017		Total Budgeted Services Budget Year 2018	
	Total Computable	Federal Share	Total Computable	Federal Share
18A5 Medicaid MCO - Certified Community Behavior Health Clinic Payments				
18B1 Medicaid PAHP - Certified Community Behavior Health Clinic Payments				
18B1 Prepaid Ambulatory Health Plan				
18B1 MCO PAHP - Evaluation and Management				
18B2 Medicaid PIHP - Certified Community Behavior Health Clinic e Payments				
18B1 MCO PAHP - Vaccine codes b				
18B1 MCO PAHP - Community First Choice c				
18B1 MCO PAHP - Preventive Services Grade A OR B, ACIP d Vaccines and their Admin				
18B2 Prepaid Inpatient Health Plan				
18B2 MCO PIHP - Evaluation and Management a				
18B2 MCO PIHP - Vaccine codes b				
18B2 MCO PIHP - Community First Choice c				
18B2 MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines d and their Admin				
18C Medicaid HIP / Group				
18D Medicaid HIP / Coinsurance				
18E Medicaid HIP / Other				
19A Home-Comm Serv/Regular Payment (Waiver)				
19B Home-Comm Serv/State PI 1915(i) Only Payment				
19C Home-Comm Serv/State PI 1915(j) Only Payment				
18C Medicaid HIP / Group				
18D Medicaid HIP / Coinsurance				

**Medicaid Program Budget Report**  
**Information - Estimated Medical Assistance by Type of Service (In Thousands)**

State:

Submission Date:

Type of Service Program:	Total Budgeted Services Current Year 2017		Total Budgeted Services Budget Year 2018	
	Total Computable	Federal Share	Total Computable	Federal Share
Type of Service Program:	Total Budgeted Services Current Year 2017		Total Budgeted Services Budget Year 2018	
	Total Computable	Federal Share	Total Computable	Federal Share
19D Home & Community Based Services State Plan 1915(k) Community First Choice				
22 All-Inclusive Care for Elders				
23A Personal Care / Regular Payments				
23B Personal Care / SDS 1915(j)				
24A Targeted Case Mgmt. / Community Case-Mgmt.				
24B Case Mgmt. / State Wide				
25 Primary Care Case Mgmt. Services				
26 Hospice Benefits				
27 Emerg. Service Undoc. Aliens				
28 Federally Qual. Health Center				
29 Non-Emergency Medical Transportation				
30 Physical Therapy				
31 Occupational Therapy				
32 Services for Speech, Hearing and Language				
33 Prosthetic Devices, Dentures, Eyeglasses				
34 Diagnostic Screening & Preventive Services				
34A Preventive Services Grade A OR B, ACIP Vaccines and their Admin				
35 Nurse Mid-Wife				
36 Emergency Hospital Services				

**Medicaid Program Budget Report**  
**Information - Estimated Medical Assistance by Type of Service (In Thousands)**

**State:**

**Submission Date:**

Type of Service  Program:	Total Budgeted Services Current Year 2017		Total Budgeted Services Budget Year 2018	
	Total Computable	Federal Share	Total Computable	Federal Share
37 Critical Access Hospitals				
38 Nurse Practitioner Services				
39 School Based Services				

**Medicaid Program Budget Report**  
**Information - Estimated Medical Assistance by Type of Service (In Thousands)**

**State:**

**Submission Date:**

Type of Service Program:	Total Budgeted Services Current Year 2017		Total Budgeted Services Budget Year 2018	
	Total Computable	Federal Share	Total Computable	Federal Share
40 Rehabilitative Services (non-school-based)				
41 Private Duty Nursing				
42 Freestanding Birth Center				
43 Health Home for Enrolleesw Chronic Conditions				
44 Tobacco Cessation for Preg Women				
49 Other Care Services				
50 Subtotal				
51 Collections				
52 Prior Period Adjustments				
53 Total Medicaid (non-M-CHIP)				
54 M-CHIP Expansions				
55 Total Medicaid				

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

State:

Submission Date:

State And Local Administration  Program:	FFP Rates	Fiscal Year 2017					Fiscal Year 2018				
		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	
1 Family Planning	90										
2A Design, Develop or Install MMIS: Inhouse and Other State Activities	90										
2B Design, Develop or Install MMIS: Private Sector Contractors	90										
2C Design, Develop or Install MMIS: Drug Claims System	90										
3A Skilled Professional Medical Personnel - Single State Agency	75										
3B Skilled Professional Medical Personnel - Other Agencies	75										
4A Operation of an Approved MMIS: Inhouse and Other State Activities	75										
4B Operation of an Approved MMIS: Private Sector Contractors	75										
5A Non-MMIS Systems: Inhouse and Other State Activities	50										
5B Non-MMIS Systems: Private Sector Contractors	50										
5C Mechanized Systems, not Approved under MMIS Procedures: Interagency	50										
6 Quality Improvement Organizations	75										
7A TPL-Billing Offset	50										
7B Assignment of Rights-Billing Offset	50										

\* HIT lines excluded from total



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

**State:**

**Submission Date:**

State And Local Administration  Program:	FFP Rates	Fiscal Year 2017					Fiscal Year 2018				
		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	
8 Immigration Status System	100										
9 Nurse Aide Training and Competency Evaluation Programs Costs	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 School Based Administration	50										
20 Program Integrity/Fraud, Waste, and Abuse Activities	50										
21 County/Local ADM Costs	50										

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Information - State and Local Administration (In Thousands)**

State:

Submission Date:

State And Local Administration  Program:	FFP Rates	Fiscal Year 2017					Fiscal Year 2018				
		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	
22 Interagency Costs	50										
23 Translation and Interpretation	75										
24 Health Information Technology Administration											
24A HIT: Planning: Cost of In-house Activities	90										
24B HIT: Planning: Cost of Private Contractors	90										
24C HIT: Implementation and Operation: Cost of In-house Activities	90										
24D HIT: Implementation and Operation: Cost of Private Contractors	90										
24E HIT Incentive Payments- Eligible Professionals	100										
24F HIT Incentive Payments- Eligible Hospitals	100										
25 Citizenship Verification Technology - CHIPRA											
25A CVT Development - CHIPRA	90										
25B CVT Operation - CHIPRA	75										
26 Planning for Health Homes for Enrollees with Chronic Conditions											
27 Recovery Audit Contractors State Administration	50										
28A Design Development/Installation of Medicaid Elig. Determ. Sys. - Cost of	90										

\* HIT lines excluded from total

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

State:

Submission Date:

State And Local Administration  Program:		FFP Rates	Fiscal Year 2017					Fiscal Year 2018				
			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	
In-house Activities												
28B	Design Development/Installation of Medicaid Elig. Determ. Sys. – Cost of Private Sec. Contractors	90										
28C	Operation of an Approved Medicaid Eligibility Determination Systems – Cost of In-house Activities	75										
28D	Operation of an Approved Medicaid Eligibility Determination Sys. – Cost of Private Sec. Contractors	75										
28E	Eligibility Determination Staff – Cost of In-house Activities	75										
28F	Eligibility Determination Staff – Cost of Private Sector Contractors	75										
28G	Eligibility Determination Staff – Cost of In-house Activities – 50% FFP	50										
28H	Eligibility Determination Staff – Cost of Private Sector Contractors – 50% FFP	50										
29	Non-Emergency Medical Transportation	50										
49	Other Financial Participation	50										
50	Sub-total (Line 1 - 49)											
51	Collections											
52	Prior Period Adjust											
53	Total											

\* HIT lines excluded from total