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

Submission Date: 8/15/2017 Certification Qtr: 1/2018

State:			Certification Qtr: 1/2018		
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			J		
6 Quarter 1					
7 Quarter 2					
8 Quarter 3					
9 Quarter 4					
10 Total					
I certify that:			1		
1. I am the executive officer of the	state agency or his/her designate authorized by the s	tate to submit this form.			
	s only include expenditures under the Children's Healt cable implementing federal, state, and local statutes, m fitle XXI of the Act.				
3. The budget estimates are based upon the most reliable information available to the state.					
	uired to match the state's allowable expenditures duri eral requirements for the non-federal share match of ex		and such state and/or local funds are in		
	being requested for the certification quarter to match e 01, and has not been approved by the Secretary effect		nendment under Title XXI of the Act that		
6. The information shown on the F	form CMS-21B is correct to the best of my knowledge	and belief.			
Date:	Signature:	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 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.

State:

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10 Total					
Date:	Signature:	Title:			
User Performing Certification: Joseph Osenton (O2Q8)					
Footnotes:					

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21B Narratives

State:

Submission Date: Certification Qtr:

Other Narrative Explanations