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DEPARTMENT OF HUMAN SERVICES  
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P. O. Box 339  
Honolulu, Hawaii 96809-0339

May 5, 2000

Ms. Maria Boulmetis  
Department of Health and Human Services  
Health Care Financing Administration  
Center for Medicaid and State Operations  
Division of Integrated Health Systems  
Mail Stop S2-01-16  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

Dear Ms. Boulmetis:

**RE: STATE PLAN AMENDMENT TN NO. 00-003**

We are writing to respond to your letter of April 20, 2000 requesting additional information for your evaluation of our proposed amendments to our Title XXI State Plan.

We understand your concerns with the Title XXI maintenance of effort provisions. However, based on our mutual understanding of Hawaii's Title XXI program, we disagree with the issue of noncompliance as you describe. \*

In your list of requests for additional information with reference to Section 2.3, you state "It is our understanding that only children who are QUEST or Medicaid recipients whose income increases above the QUEST or Medicaid eligibility levels may enroll in QUEST-Net. Children who are eligible for SCHIP coverage may not be eligible for QUEST-Net."

This reflects a mutual understanding by HCFA and the State that, when a child's countable family income exceeds Title XIX allowable income limits:

- (1) a recipient of Title XIX coverage should access QUEST-Net, and
- (2) an applicant for medical assistance should access S-CHIP.

We understand your concerns with the Title XXI maintenance of effort provisions. However, based on our mutual understanding of Hawaii's Title XXI program, we disagree with the issue of noncompliance as you describe. \*

In your list of requests for additional information with reference to Section 2.3, you state "It is our understanding that only children who are QUEST or Medicaid recipients whose income increases above the QUEST or Medicaid eligibility levels may enroll in QUEST-Net. Children who are eligible for SCHIP coverage may not be eligible for QUEST-Net."

This reflects a mutual understanding by HCFA and the State that, when a child's countable family income exceeds Title XIX allowable income limits:

- (1) a recipient of Title XIX coverage should access QUEST-Net, and
- (2) an applicant for medical assistance should access S-CHIP.

Ms. Maria Boulmetis  
May 5, 2000  
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This is the centerpiece of the Hawaii's Title XXI State Plan.

We believe the regulatory provisions at 42 C.F.R. §435.404 apply when Title XXI is implemented as a Medicaid expansion. "The agency must allow an individual who would be eligible under more than one category to have his eligibility determined for the category he selects."

The State should be responsible to inform a family whose income exceeds the Title XIX income limits for fully subsidized coverage of both continued Title XIX coverage at a cost, as well as the possibility of fully subsidized coverage under Title XXI. When the family makes a choice, the State, in compliance with its Title XIX and Title XXI State Plans, should take appropriate action.

We believe the three-month waiting period for a child whose family discontinues commercial coverage is consistent with the Title XXI intent to provide coverage to *uninsured* children. For this reason, we propose that the waiting period be implemented, as previously approved, until final adoption of your rules on that issue. At that time, the issue can be revisited.

The additional information and clarification that you requested are addressed in the enclosure.

We are transmitting this document electronically as well as in hard copy format to both CMSO and Region IX. We have addressed your concerns and request that the ninety-day clock be restarted.

If there are any questions or discussion is needed, please contact Ms. Pearl Tsuji of our Med-QUEST Division, Policy and Program Development Office at (808) 692-8080.

Sincerely,

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Susan M. Chandler  
Director

Enclosure

c: Ms. Sue Castleberry  
Ms. Mary Rydell

**Additional Information Request for Hawaii's Title XXI Amendment**

The following are the additional information and clarification that you require, as well as our respective response to each of those concerns.

**Section 2—General Background and Description of State Approach to Child Health Coverage**

**Section 2.3**

1. In order to better evaluate your most recent proposal, additional information regarding the interaction between SCHIP and QUEST-Net and how children may move between your different State programs is needed. It is our understanding that only children who are QUEST or Medicaid recipients whose income increases above the QUEST or Medicaid eligibility levels may enroll in QUEST-Net. Children who are eligible for SCHIP coverage may not be eligible for QUEST-Net. Please provide specific information regarding:

a. the average number of QUEST or Medicaid recipient children per month who become ineligible because their income has risen above the QUEST or Medicaid eligibility limits and how many of these children enroll in QUEST-Net.

Response: Please refer to the following table. The average numbers are based on calendar year 1999.

Month	Number of Children Disenrolled	Number of Children Enrolled in QUEST-Net
Jan	QUEST	263
	Medicaid FFS	4
Feb	QUEST	211
	Medicaid FFS	4
Mar	QUEST	351
	Medicaid FFS	3
Apr	QUEST	339
	Medicaid FFS	0
May	QUEST	308
	Medicaid FFS	7
Jun	QUEST	267
	Medicaid FFS	0
Jul	QUEST	362
	Medicaid FFS	5
Aug	QUEST	349
	Medicaid FFS	6
Sep	QUEST	401
	Medicaid FFS	8

QUEST		3609	70
Medicaid FFS		54	1
Nov	QUEST	227	66
	Medicaid FFS	3	1
Dec	QUEST	374	60
	Medicaid FFS	7	0
Total	QUEST	3601	1104
	Medicaid FFS	54	1

Approximately 70% of the children who are disenrolled from QUEST and Medicaid FFS are not enrolled in QUEST-Net. The major reasons for not enrolling into QUEST-Net are the cost associated with QUEST-Net enrollment or the child already has other medical coverage.

- b. *the average number of children per month who disenroll from QUEST-Net and the reasons for disenrollment if known, and*

Response: Please refer to Attachment A. The average numbers are based on calendar year 1999.

- c. *the average length of enrollment of children in QUEST-Net.*

Response: The average length of enrollment of children in QUEST-Net is 4.56 months.

2. *What processes/controls does the State have in place or plan to implement to assure that children are placed in the correct program (i.e., regular Medicaid or SCHIP), to prevent dual enrollment of children in both programs and to monitor that duplicative payments are not made.*

Response: The Hawaii Automated Welfare Information (HAWI) system tracks individuals, as opposed to cases or families. HAWI does not allow an individual to participate in more than one program simultaneously.

### **Section 9—Strategic Objectives and Performance Goals for Plan Administration**

#### **Section 9.3**

3. *Regarding the strategic objectives of title XXI outlined in your matrix, could the State indicate how it will ensure the validity of any data comparison and analysis between SCHIP children and children in QUEST?*

Response: The State will collect and validate data for services rendered to S-CHIP and QUEST children in the same manner. On November 1, 2000 the State will be using the Arizona Prepaid Medical Management Information System (PMMIS) to process enrollment

and encounter data. All enrollment data will be converted and all existing encounter data will be processed into PMMIS. From November 1, 2000, the health plans will submit their provider network and encounter data directly to PMMIS for processing.

The EQRO will take a sample of the encounter data and validate the data from the health plans. The State is also actively recruiting for a position to validate data on an on-going basis.

4. *How will the State obtain HEDIS data for the segment of children not served by managed care?*

Response: Hawaii requires HEDIS reports from our managed care plans. It is our understanding that HEDIS data is not required for recipients not served by managed care.

5. *For children served by managed care, how will the managed care organizations be able to obtain comparative HEDIS data between SCHIP kids and other QUEST children?*

Response: Eventually, health plan contracts will be amended to require HEDIS reports by S-CHIP and QUEST members. Since HEDIS reports require a sufficient population size, in the early years when membership is anticipated to be low, it may not be appropriate for each plan to prepare a separate HEDIS report on the S-CHIP population. In the meantime, since the health plans will still be submitting encounter data for both S-CHIP and QUEST populations, separate utilization reports can be generated by the Division to compare utilization rates.

#### *Section 9.10*

6. *Please provide a 3 year projected budget by federal fiscal year (FFY 2000, 2001, and 2002). This budget should include a breakout of administrative costs, e.g., personnel/staffing costs, general administration, contractors, etc., and an assurance that the State will not claim title XXI for administrative costs in excess of 10 percent.*

Response: The State has prepared a three year projected budget by federal fiscal year (FFY 2000, 2001, and 2002). Please refer to Attachments B, C, and D.

The State of Hawaii provides assurance that Title XXI expenditures will not be claimed for administrative costs in excess of ten percent.

7. *What are the assumptions/basis of the risk adjustment factors (e.g., .6, .5, .52) (see footnotes #4, 11, 18, 31, 38, 45) applied to QUEST expenditure data to project SCHIP PMPM expenditures?*

Response: The characteristics of the S-CHIP population will be similar to the QUEST recipients, therefore, the same risk adjustment factors are applied.

8. *What is the basis for not applying inflation factors for 1997 MMIS data derived from the FFS program?*

Response: The following inflation factors have been applied to the 1997 MMIS data derived from the FFS program and are reflected in the three year projected budget by federal fiscal year.

**CPI-Medical :**

1997	+1.10%
1998	+4.05%
1999	+2.25%
2000	+2.3% (2.3% also used to project budgets for federal fiscal years 2001 and 2002.)

9. *Explain why the State does not utilize an inflation factor (in comparison to Year 1) to project PMPM expenditures for Year 2.*

Response: An inflation factor, CPI-Medical of 2.3%, has been utilized to project PMPM expenditures and are reflected in the projected budgets for federal fiscal years 2001 and 2002.

10. *Why are there no children ages 0-1 reflected as being enrolled in this category? Please fill in the blanks in your budget charts.*

Response: There are no children ages 0-1 reflected as being enrolled in this category because the 1998 Hawaii Health Survey, conducted by the State's Department of Health, did not generate children ages 0-1 with family income between 185% and 200% FPL.

11. *Please specify the source of the non-federal share.*

Response: The Hawaii State Legislature has appropriated up to ten per cent of Hawaii's Tobacco Settlement moneys as the source of Hawaii's non-federal share.

12. *The compilation of Year 2 budget data on page 55 contains a minor error in the box for Ages 15-18 for the Total (State and Federal)—it should read \$2,129,664. Please make the corresponding corrections in this and other boxes containing follow-on calculations (Year 2 and Grand Total).*

Response: Corrections have been made. See responses to Questions 6, 8, and 9.

### Number of Children Disenrolled From QUEST-Net In 1999

Response to question 1.b.:

Code	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
10	32	32	27	37	19	37	49	49	36	29	26	41	414
20	0	5	0	0	0	0	0	0	0	0	0	0	5
30	1	0	2	0	0	119	4	4	0	0	0	1	3871
40	0	0	60	0	55	0	0	0	0	0	0	0	115
50	0	0	0	0	0	0	1	0	0	0	0	0	233
70	0	0	0	3	0	0	0	0	0	0	0	0	3
80	1	0	0	0	0	0	2	0	0	0	0	0	166
92	6	3	3	8	12	1	0	0	3	3	6	3	48
95	31	8	6	20	14	12	7	15	26	14	3	8	164
96	55	58	63	65	67	41	37	57	27	12	43	124	1100
97	0	0	0	0	2	402	0	6	3461	0	0	0	3
98	10	6	9	15	11	12	0	7	7	16	6	0	77
99	131	150	181	143	170	141	163	178	469	388	280	241	13
<b>Total</b>	<b>1929</b>	<b>257</b>	<b>264</b>	<b>229</b>	<b>349</b>	<b>769</b>	<b>302</b>	<b>327</b>	<b>1070</b>	<b>568</b>	<b>416</b>	<b>425</b>	<b>3503</b>

10 – Recipient no longer qualifies based on eligibility.

20 – Recipient moves to another service area.

30 – Recipient chooses another plan during the open enrollment period.

40 – Recipient failed to pay their premiums.

The table indicates there were no disenrollments during the last half of 1999, because the Finance Office (FO) of the Med-QUEST Division, who is responsible for billing and collecting of the premium-shares, implemented a new accounting system during the middle of 1999 that required fine-tuning. In addition, the FO lacked resources to complete certain tasks required to initiate the disenrollment.

50 – Death of recipient.

70 – Recipient becomes eligible for the Aged, Blind or Disabled (ABD) categories.

80 – Transfer from one plan to another outside of open enrollment.

92 – Inactive participation. This code is used when a client is erroneously participating in the program and the plan information is sent to the plan provider(s).

95 - Agency error/overlapping periods.

96 - System closure. This code is similar to code 97, however, it is used only for system-generated case closures.\*

97 - System entered end date. A special run was completed to identify individuals who were enrolled in health plans but who were no longer participating in the QUEST-Net program. The system then entered the disenrollment code against these individuals.\*

98 - System entered end date. When an individual is no longer participating in QUEST-Net, the system will enter an end date, e.g., when an individual's category is changed from QUEST-Net to ABD.\*

99 - Other. The major reasons for utilizing this code are: 1) the individual voluntarily requests disenrollment from QUEST-Net, presumably due to the premium-share requirement; or 2) the individual is eligible for and will receive coverage through QUEST.

\*These codes are system-generated when the individual or case is no longer participating in QUEST-Net and a reason for disenrollment is not entered. The major reasons for terminating participation in QUEST-Net are: 1) the individual or family voluntarily requests termination, presumably due to the premium-share requirement; or 2) the individual or family is eligible for and will receive coverage through another medical assistance program.

Year 1 (07/00-09/00): Projected Year 1 Service Budget For Children Under Age 19 With Family Income  
 <=200% FPL

ELIGIBLE	AGE	INCOME	PROJECTED NUMBER	AVERAGE MONTHLY COST	ANNUAL	TOTAL
Non-SSI Eligible (QUEST)	<1	186% - 200%	0	\$508	\$1,524	\$0
SSI Eligible (Medicaid FFS)	<1	186% - 200%	0	\$2,457	\$7,371	\$0
<b>TOTAL</b>			<b>0</b>			<b>\$0</b>
State Share (34.29%)						\$0
Federal Share (65.71%)						\$0

ELIGIBLE	AGE	INCOME	PROJECTED NUMBER	AVERAGE MONTHLY COST	ANNUAL	TOTAL
Non-SSI Eligible (QUEST)	1 - 6	134% - 200%	222	\$91	\$273	\$60,606
SSI Eligible (Medicaid FFS)	1 - 6	134% - 200%	7	\$2,223	\$6,669	\$46,683
<b>TOTAL</b>			<b>229</b>			<b>\$107,289</b>
State Share (34.29%)						\$36,789
Federal Share (65.71%)						\$70,500

ELIGIBLE	AGE	INCOME	PROJECTED NUMBER	AVERAGE MONTHLY COST	ANNUAL	TOTAL
Non-SSI Eligible (QUEST)	7 - 14	101% - 200%	966	\$76	\$228	\$220,248
SSI Eligible (Medicaid FFS)	7 - 14	101% - 200%	30	\$479	\$1,437	\$43,110
<b>TOTAL</b>			<b>996</b>			<b>\$263,358</b>
State Share (34.29%)						\$90,305
Federal Share (65.71%)						\$173,053

ELIGIBLE	AGE	INCOME	PROJECTED NUMBER	AVERAGE MONTHLY COST	ANNUAL	TOTAL
Non-SSI Eligible (QUEST)	15 - 18	62.6% - 200%	974	\$79	\$237	\$230,838
SSI Eligible (Medicaid FFS)	15 - 18	62.6% - 200%	30	\$432	\$1,296	\$38,880
<b>TOTAL</b>			<b>1,004</b>			<b>\$269,718</b>
State Share (34.29%)						\$92,486
Federal Share (65.71%)						\$177,232

Year 2 (10/00-09/01): Projected Year 2 Service Budget For Children Under Age 19 With Family Income  
 <=200% FPL

ELIGIBILITY	AGES	INCOME	NUMBER	STATE MONTHLY COST	ANNUAL COST	TOTAL
Non-SSI Eligible (QUEST)	<1	186% - 200%	0	\$521	\$6,252	\$0
SSI Eligible (Medicaid FFS)	<1	186% - 200%	0	\$2,514	\$30,168	\$0
<b>TOTAL</b>			<b>0</b>			<b>\$0</b>
<b>State Share (32.30%)</b>						\$0
<b>Federal Share (67.70%)</b>						\$0

ELIGIBILITY	AGES	INCOME	NUMBER	STATE MONTHLY COST	ANNUAL COST	TOTAL
Non-SSI Eligible (QUEST)	1 - 6	134% - 200%	444	\$94	\$1,128	\$500,832
SSI Eligible (Medicaid FFS)	1 - 6	134% - 200%	14	\$2,274	\$27,288	\$382,032
<b>TOTAL</b>			<b>458</b>			<b>\$882,864</b>
<b>State Share (32.30%)</b>						\$285,165
<b>Federal Share (67.70%)</b>						\$597,699

ELIGIBILITY	AGES	INCOME	NUMBER	STATE MONTHLY COST	ANNUAL COST	TOTAL
Non-SSI Eligible (QUEST)	7 - 14	101% - 200%	1,932	\$78	\$936	\$1,808,352
SSI Eligible (Medicaid FFS)	7 - 14	101% - 200%	60	\$490	\$5,880	\$352,800
<b>TOTAL</b>			<b>1,992</b>			<b>\$2,161,152</b>
<b>State Share (32.30%)</b>						\$698,052
<b>Federal Share (67.70%)</b>						\$1,463,100

ELIGIBILITY	AGES	INCOME	NUMBER	STATE MONTHLY COST	ANNUAL COST	TOTAL
Non-SSI Eligible (QUEST)	15 - 18	62.6% - 200%	1,948	\$81	\$972	\$1,893,456
SSI Eligible (Medicaid FFS)	15 - 18	62.6% - 200%	60	\$442	\$5,304	\$318,240
<b>TOTAL</b>			<b>2,008</b>			<b>\$2,211,696</b>
<b>State Share (32.30%)</b>						\$714,378
<b>Federal Share (67.70%)</b>						\$1,497,318

**Attachment B**

**Year 3 (10/01-09/02): Projected Year 3 Service Budget For Children Under Age 19 With Family Income <=200% FPL**

ELIGIBLE	AGES	INCOME	PROJECTED NUMBER	AVERAGE MONTHLY COST	ANNUAL COST	TOTAL STATE/FEDERAL
Non-SSI Eligible (QUEST)	<1	186% - 200%	0	\$533	\$6,396	\$0
SSI Eligible (Medicaid FFS)	<1	186% - 200%	0	\$2,572	\$30,864	\$0
<b>TOTAL</b>			<b>0</b>			<b>\$0</b>

State Share (32.30%) \$0  
Federal Share (67.70%) \$0

ELIGIBLE	AGES	INCOME	PROJECTED NUMBER	AVERAGE MONTHLY COST	ANNUAL COST	TOTAL STATE/FEDERAL
Non-SSI Eligible (QUEST)	1 - 6	134% - 200%	444	\$96	\$1,152	\$511,488
SSI Eligible (Medicaid FFS)	1 - 6	134% - 200%	14	\$2,326	\$27,912	\$390,768
<b>TOTAL</b>			<b>458</b>			<b>\$902,256</b>

State Share (32.30%) \$291,429  
Federal Share (67.70%) \$610,827

ELIGIBLE	AGES	INCOME	PROJECTED NUMBER	AVERAGE MONTHLY COST	ANNUAL COST	TOTAL STATE/FEDERAL
Non-SSI Eligible (QUEST)	7 - 14	101% - 200%	1,932	\$80	\$960	\$1,854,720
SSI Eligible (Medicaid FFS)	7 - 14	101% - 200%	60	\$501	\$6,012	\$360,720
<b>TOTAL</b>			<b>1,992</b>			<b>\$2,215,440</b>

State Share (32.30%) \$715,587  
Federal Share (67.70%) \$1,499,853

ELIGIBLE	AGES	INCOME	PROJECTED NUMBER	AVERAGE MONTHLY COST	ANNUAL COST	TOTAL STATE/FEDERAL
Non-SSI Eligible (QUEST)	15 - 18	62.6% - 200%	1,948	\$83	\$996	\$1,940,208
SSI Eligible (Medicaid FFS)	15 - 18	62.6% - 200%	60	\$452	\$5,424	\$325,440
<b>TOTAL</b>			<b>2,008</b>			<b>\$2,265,648</b>

State Share (32.30%) \$731,804  
Federal Share (67.70%) \$1,533,844

Year 1 (07/00-09/00): Projected Year 1 Budget For Children Under Age 19 With Family Income  
 <=200% FPL

AGE	INCOME LEVEL	PROJECTED NUMBER	TOTAL (State and Federal)	STATE (34.29%)	FEDERAL (65.71%)
<1	186% - 200%	0	\$0	\$0	\$0
1 - 6	134% - 200%	229	\$107,289	\$36,789	\$70,500
7 - 14	101% - 200%	996	\$263,358	\$90,305	\$173,053
15 - 18	62.6% - 200%	1,004	\$269,718	\$92,486	\$177,232
<b>TOTAL</b>		<b>2,229</b>	<b>\$640,365</b>	<b>\$219,581</b>	<b>\$420,784</b>

PROJECTED ADMINISTRATIVE EXPENDITURES	STATE (34.29%)	FEDERAL (65.71%)
\$71,152	\$24,398	\$46,754

PROJECTED SERVICE BUDGET	PROJECTED ADMINISTRATIVE BUDGET	TOTAL EXPENDITURES JUL - SEP 2000	STATE (34.29%)	FEDERAL (65.71%)
\$640,365	\$71,152	\$711,517	\$243,979	\$467,538

Year 2 (10/00-09/01): Projected Year 2 Budget For Children Under Age 19 With Family Income  
 <=200% FPL

AGE	INCOME LEVEL	PROJECTED NUMBER	TOTAL (State and Federal)	STATE (32.30%)	FEDERAL (67.70%)
<1	186% - 200%	0	\$0	\$0	\$0
1 - 6	134% - 200%	458	\$882,864	\$285,165	\$597,699
7 - 14	101% - 200%	1,992	\$2,161,152	\$698,052	\$1,463,100
15 - 18	62.6% - 200%	2,008	\$2,211,696	\$714,378	\$1,497,318
<b>TOTAL</b>		<b>4,458</b>	<b>5,255,712</b>	<b>1,697,595</b>	<b>3,558,117</b>

PROJECTED ADMINISTRATIVE EXPENDITURES	STATE (32.30%)	FEDERAL (67.70%)
\$583,968	\$188,622	\$395,346

PROJECTED SERVICE BUDGET	PROJECTED ADMINISTRATIVE BUDGET	TOTAL EXPENDITURES JUL - SEP 2001	STATE (32.30%)	FEDERAL (67.70%)
\$5,255,712	\$583,968	\$5,839,680	\$1,886,217	\$3,953,463

**Year 3 (10/01-09/02): Projected Year 3 Budget For Children Under Age 19 With Family Income  
≤200% FPL**

AGE	INCOME LEVEL	PROJECTED NUMBER	TOTAL (State and Federal)	STATE (32.30%)	FEDERAL (67.70%)
<1	186% - 200%	0	\$0	\$0	\$0
1 - 6	134% - 200%	458	\$902,256	\$291,429	\$610,827
7 - 14	101% - 200%	1,992	\$2,215,440	\$715,587	\$1,499,853
15 - 18	62.6% - 200%	2,008	\$2,265,648	\$731,804	\$1,533,844
<b>TOTAL</b>		<b>4,458</b>	<b>\$5,383,344</b>	<b>\$1,738,820</b>	<b>\$3,644,524</b>

PROJECTED ADMINISTRATIVE EXPENDITURES	STATE (32.30%)	FEDERAL (67.70%)
\$598,149	\$193,202	\$404,947

PROJECTED SERVICE BUDGET	PROJECTED ADMINISTRATIVE BUDGET	TOTAL EXPENDITURES JUL - SEP 2002	STATE (32.30%)	FEDERAL (67.70%)
\$5,383,344	\$598,149	\$5,981,493	\$1,932,022	\$4,049,471

## Grand Total - Service and Administrative Budgets For Year 1, 2, and 3

	Federal Fiscal Year First Year Costs	Federal Fiscal Year Second Year Costs	Federal Fiscal Year Third Year Costs
<b>Benefit Costs</b>			
Insurance payments			
Managed care			
per member/per month rate @ # of eligibles	\$511,692	\$4,202,640	\$4,306,416
Fee for Service	\$128,673	\$1,053,072	\$1,076,928
<b>Total Benefit Costs</b>	<b>\$640,365</b>	<b>\$5,255,712</b>	<b>\$5,383,344</b>
(Offsetting beneficiary cost sharing payments)			
<b>Net Benefit Costs</b>	<b>\$640,365</b>	<b>\$5,255,712</b>	<b>\$5,383,344</b>
<b>Administration Costs</b>			
Personnel	\$87,873	\$361,606	\$353,870
General administration			
Contractors/Brokers (e.g., enrollment contractors)	n/a	n/a	n/a
Claims Processing	\$0	\$0	\$0
Outreach/marketing costs	\$71,500	\$28,550	\$5,000
Other			
Special Statewide Title XXI Training	\$3,000	\$0	\$0
On-going Statewide Training	\$1,150	\$4,600	\$4,760
Information System Changes	\$300,000	\$100,000	\$0
<b>Total Administration Costs</b>	<b>\$463,523</b>	<b>\$494,756</b>	<b>\$363,630</b>
10% Administrative Cost Ceiling	\$71,152	\$583,968	\$598,149
Federal Share (multiplied by enh-FMAP rate)	\$467,538	\$3,953,463	\$4,049,471
State Share	\$243,979	\$1,886,217	\$1,932,022
<b>TOTAL PROGRAM COSTS</b>	<b>\$711,517</b>	<b>\$5,839,680</b>	<b>\$5,981,493</b>