

**MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

Preamble

Section 4901 of the Balanced Budget Act of 1997 (BBA) amended the Social Security Act (the Act) by adding a new title XXI, the State Children's Health Insurance Program (SCHIP). Title XXI provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner. To be eligible for funds under this program, states must submit a state plan, which must be approved by the Secretary. A state may choose to amend its approved state plan in whole or in part at any time through the submittal of a plan amendment.

This model application template outlines the information that must be included in the state child health plan, and any subsequent amendments. It has been designed to reflect the requirements as they exist in current regulations, found at 42 CFR Part 457. These requirements are necessary for state plans and amendments under Title XXI.

The Department of Health and Human Services will continue to work collaboratively with states and other interested parties to provide specific guidance in key areas like applicant and enrollee protections, collection of baseline data, and methods for preventing substitution of Federal funds for existing state and private funds. As such guidance becomes available; we will work to distribute it in a timely fashion to provide assistance as states submit their state plans and amendments.

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**MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: California
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following State Child Health Plan for the State Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved State Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following state officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name:	Lesley Cummings	Name:	Stan Rosenstein
Position/Title:	Executive Director	Position/Title:	Deputy Director, Medical Care Services
Department:	Managed Risk Medical Insurance Board	Department:	Department of Health Services

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0707. The time required to complete this information collection is estimated to average 160 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, P.O. Box 26684, Baltimore, Maryland 21207 and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Effective Date: July 1, 2003

Approval Date:

Section 1. General Description and Purpose of the State Child Health Plans and State Child Health Plan Requirements (Section 2101)

1.1. The state will use funds provided under Title XXI primarily for (Check appropriate box) (42 CFR 457.70):

- 1.1.1. **Obtaining coverage that meets the requirements for a separate child health program (Section 2103); OR**
- 1.1.2. **Providing expanded benefits under the State's Medicaid plan (Title XIX); OR**
- 1.1.3. **A combination of both of the above.**

Introduction

Many children will come to Healthy Families through the Healthy Families "gateway" program, the Child Health and Disability Prevention (CHDP) program. Families of uninsured children receiving health screens from CHDP will complete a pre-enrollment application and be provided with presumptive eligibility for their children for the month of application and the following month. In addition, on the pre-enrollment application, families will be informed about the opportunity for asked if they want to apply for continuing health coverage. Those families wishing to pursue comprehensive- that indicate they want to apply for continuing coverage will receive a joint Medi-Cal/Healthy Families mail in application which will need to be completed and returned to the State's Single Point of Enty. be directed either to Medi-Cal or into the insurance program. Presumptive eligibility will continue for those children whose families submit an application for continuing coverage prior to the end of the second month of presumptive eligibility until a final eligibility determination is made by the Medi-Cal or Healthy Families Programs.

- 1.2. **Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))**
- 1.3. **Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)**

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- 1.4. **Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment (42 CFR 457.65):**

Effective date: July 1, 2003

Implementation date: July 1, 2003

Section 2. General Background and Description of State Approach to Child Health Coverage and Coordination (Section 2102 (a)(1)-(3)) and (Section 2105)(c)(7)(A)-(B))

2.2. Describe the current state efforts to provide or obtain creditable health coverage for uncovered children by addressing: (Section 2102)(a)(2) (42CFR 457.80(b))

2.2.1. The steps the state is currently taking to identify and enroll all uncovered children who are eligible to participate in public health insurance programs (i.e. Medicaid and state-only child health insurance):

California currently identifies and enrolls uncovered children who are potentially eligible to participate in public programs in several ways:

- DHS administers its Baby-Cal media campaign, which provides extensive outreach to pregnant women about the importance of obtaining prenatal care, and informs them that, if they have modest incomes, state programs are available to help them. With its annual \$6 million budget, Baby-Cal uses a media campaign, operates a toll-free line which, among other things, refers callers to Medi-Cal or the AIM program (as applicable), and conducts outreach through a network of roughly 350 community based organizations (CBOs).
- ~~Child Health and Disability Prevention (CHDP)~~, California Children's Services (CCS), and Women, Infant and Children (WIC) providers identify children who may be potentially eligible for Medi-Cal and refer the family to the appropriate office to apply. State statute requires CCS applicants to fill out a Medi-Cal application.
- Child Health and Disability Prevention (CHDP) providers identify children who are uninsured and may be eligible for no cost Medi-Cal or the Healthy Families Program, grant presumptive eligibility in one of the two programs, and encourage families to apply for continuing coverage for Medi-Cal and Healthy Families.
- To facilitate the application process, Medi-Cal outstations eligibility workers in locations which serve large numbers of potentially eligible children, such as disproportionate share hospitals, prenatal clinics and federally qualified health centers.

- 2.3. Describe the procedures the state uses to accomplish coordination of SCHIP with other public and private health insurance programs, sources of health benefits coverage for children, and relevant child health programs, such as title V, that provide health care services for low-income children to increase the number of children with creditable health coverage. (Previously 4.4.5.) (Section 2102)(a)(3) and 2102(c)(2) and 2102(b)(3)(E)) (42CFR 457.80(c))**

Outreach. A central component to the design of Healthy Families is an extensive outreach campaign. The outreach for the new Healthy Families program is designed to be performed by CHDP providers, community-based organizations, county health agencies, and other entities that are geared to assist targeted low-income families in obtaining needed health and related services. CHDP providers will provide early medical screenings and immunizations (following Early Periodic, Screening, Diagnostic, and Treatment (EPSDT) guidelines), grant presumptive eligibility for uninsured children under 200% of poverty in the Healthy Families and Medi-Cal programs, and encourage families to apply for continuing coverage and will perform a critical eligibility screening and referral function for both Healthy Families and Medi-Cal. Healthy Families outreach will be coordinated with efforts to inform families about the enhancements to children's Medi-Cal coverage that accompany the implementation of the new Healthy Families program. As with the AIM program, entities that are likely to have contact with large numbers of children in the target population, such as school districts and day care centers, and individuals such as insurance agents will be paid a fee for assisting families in filling out the Healthy Families application. The outreach campaign is further outlined in Section 5 of this plan.

Section 3. Methods of Delivery and Utilization Controls (Section 2102)(a)(4))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 4.

3.1. Describe the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Include a description of the choice of financing and the methods for assuring delivery of the insurance products and delivery of health care services covered by such products to the enrollees, including any variations. (Section 2102)(a)(4) (42CFR 457.490(a))

Overview of the Comprehensive Healthy Families Delivery System

California's approach is to serve targeted low income children through an integrated system of care. The central component of this system is a new program to provide creditable health insurance coverage through managed care, a program which will be administered by MRMIB. MRMIB will provide managed care to targeted low-income children between ages 1 and 19, and children under age 1 with incomes between 200 and 250 percent FPL through a health insurance purchasing pool. Through the purchasing pool the state will deliver a comprehensive range of health services to targeted low income children. The state will use the power of pooled purchasing not only to obtain affordable coverage for uninsured children but also to demand high quality services for children.

Many children will come to Healthy Families through a "gateway" program, the CHDP program. CHDP offers preventive health services to children under 200 percent of poverty. ~~When~~ Prior to children receive receiving services from a CHDP provider, they will either be referred to families of uninsured children will complete a pre-enrollment application and be provided with presumptive eligibility for their children for the month of application and the following month. In addition, on the pre-enrollment application, families will be asked if they want to apply for continuing coverage through Medi-Cal or Healthy Families. Those families interested in continuing coverage, will receive a joint Medi-Cal/Healthy Families mail in application which will need to be completed and returned to the State's Single Point of Entry. Presumptive eligibility will continue for those children whose families submit an application for continuing coverage prior to the end of the second month of presumptive eligibility until a final eligibility determination is made by the Medi-Cal or ~~to the~~ Healthy Families insurance program. Should follow up treatment be required for a condition identified in the CHDP screen, Medi-Cal or the Healthy Families insurance program (depending on which program the child qualifies for) will cover the cost of care provided to children ~~for 90 days prior to enrollment during the period of presumptive eligibility.~~ Low income children who are ineligible for Medi-Cal or the insurance program will be referred to counties for treatment.

Child Health and Disability Prevention Program

To maximize access, continuity of care, and ease of administration, the existing CHDP program which provides preventive health screening examinations for children with family incomes of less than 200 percent of the federal poverty level will be integrated into the design of the Healthy Families program. CHDP is a logical point of entry for the target population to be served for many reasons:

- Targeted low income children eligible under Title XXI currently access preventive health services offered through CHDP;
- CHDP providers are likely to be the providers in the child health insurance plans and serve as the “medical home” for children enrolled in plans; and
- Integrating CHDP as a component of Healthy Families provides the new program with acceptability and credibility for providers and families.

To assure that uninsured children in the target population are enrolled in comprehensive health, dental and vision services, California will provide presumptive eligibility in the Medi-Cal and Healthy Families Program on site at the CHDP provider offices. The Medi-Cal Program has already submitted a state plan amendment to CMS that expands the entities qualified to determine presumptive eligibility for children under age 19 to include CHDP providers. This state plan was approved by CMS on May 7, 2003 and was implemented in the Medi-Cal Program July 1, 2003. Presumptive eligibility coverage will begin on the month of the pre-enrollment application. Once presumptive eligibility has been established for either Medi-Cal or the Healthy Families program, children will receive services through the Medi-Cal fee-for-service delivery system for both Medi-Cal and Healthy Families. This state plan amendment requests approval for Title XXI funding for those Healthy Families benefits used by children screened Healthy Families eligible based on the information provided on the pre-enrollment application. As of April 1, 2003, the Healthy Families Program no longer pays for services related to health, dental or vision care needs identified prior to Healthy Families enrollment, also referred to as the “90 day retroactive eligibility”. move smoothly into enrollment in either the Healthy Families or Medi-Cal programs, California will adopt a form of limited retroactive eligibility. Once enrolled in one of the programs, a child will be provided 90 day retroactive eligibility to the date of the screening visit for payment for services related to health, dental or vision care needs identified at the initial visit. The cost of these services will be reimbursed on a fee for service basis (at Medi-Cal rates) during the period from application to enrollment and will be paid by Medi-Cal for children enrolled in Medi-Cal and by MRMIB for children enrolled in the insurance program.

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A streamlined system ~~will be~~ has been developed in which uninsured children seeking services with a CHDP provider will be provided presumptive eligibility. Families will receive a Medi-Cal Benefits Identification Card (BIC) for each child granted presumptive eligibility. On the pre-enrollment application, families will indicate whether they want to apply for continuing coverage. Those families that do not indicate an interest to apply for continuing coverage will be provided coverage under presumptive eligibility beginning the month of the pre-enrollment application and ending the following month. Families that indicate they do want to apply for continuing coverage will be sent a joint Healthy Families/Medi-Cal mail in application to complete and return to the State's Single Point of Entry (SPE). For coverage to continue, the State's SPE must receive the joint application before the end of the second month of presumptive eligibility. For families that opt for continuing coverage, coverage will remain in effect until a final eligibility determination is made by either the Healthy Families or Medi-Cal program. Children eligible for the Healthy Families program will be enrolled in a Healthy Families contracted health plan as selected by the family. ~~will provide for identification of eligibility for Healthy Families or Medi-Cal at the time of a health screening so that providers have a mechanism for delivering care and receiving payment. The services available during this period of retroactive eligibility will be specified in regulation.~~ Appropriate referral will also be made to the CCS program if the problem identified through the screening examination appears to be a CCS eligible condition. To ensure continuity of care whenever possible, referrals for treatment services will be made to providers in the Healthy Families insurance plan which the family has chosen. During the period between application and enrollment, the county CHDP program can assist with identification of providers, scheduling appointments for identified health care needs, coordination of services, and completion of the application form.

- 3.2. Describe the utilization controls under the child health assistance provided under the plan for targeted low-income children. Describe the systems designed to ensure that enrollees receiving health care services under the state plan receive only appropriate and medically necessary health care consistent with the benefit package described in the approved state plan. (Section 2102)(a)(4) (42CFR 457.490(b))**

Child Health and Disability Prevention Program

The CHDP program, an entity that provides for presumptive eligibility in the Healthy Families and Medi-Cal programs, which will serve as an initial screening and treatment entity ~~as well as a referral source~~ for Healthy Families and Medi-Cal eligible children, and will develop and distribute medical guidelines for health assessments which CHDP providers use as guidance for the CHDP examinations. Duplicate copies of the health assessment reports are submitted by the providers to the appropriate

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county CHDP program. The program uses the copies to assist with referrals as needed to assure treatment was provided and to assess the quality of the exams done by individual providers. The state CHDP program analyzes statewide data on the health assessments to determine if children are receiving appropriate preventive health services. ~~Treatment services will be limited to services for which a need was identified in the health assessment. CHDP will develop prior authorization procedures for high cost services. CHDP will respond to requests for prior authorization within 72 hours so that treatment is not delayed.~~

Section 4. Eligibility Standards and Methodology. (Section 2102(b))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 5.

4.1. The following standards may be used to determine eligibility of targeted low-income children for child health assistance under the plan. Please note whether any of the following standards are used and check all that apply. If applicable, describe the criteria that will be used to apply the standard. (Section 2102)(b)(1)(A) (42CFR 457.305(a) and 457.320(a))

4.1.3. **Income:** Presumptive eligibility will be granted to eligible uninsured children in families with household income between 100-200% FPL that receive a health screen or immunizations by a CHDP provider. Income levels for continuous enrollment in the Healthy Families Program is between

4.1.8. **Duration of eligibility:** Presumptive eligibility begins on the first of the month in which a CHDP pre-enrollment application is completed, and continues for the following month. In addition, on going presumptive eligibility will continue for those children whose families submit a Healthy Families/Medi-Cal application to the State's Single Point of Entry prior to the end of the second month of presumptive eligibility. For those families that submit the joint application prior to the end of the second month of presumptive eligibility, their children will continue to be presumptively eligible until a final eligibility determination is made.

4.3. Describe the methods of establishing eligibility and continuing enrollment. (Section 2102)(b)(2) (42CFR 457.350)

Presumptive Eligibility

Effective July 1, 2003, families of uninsured children seen during a CHDP health screening visit will complete a pre-enrollment application. Eligible children will be granted presumptive eligibility and will receive a Medi-Cal Benefits Identification Card (BIC) to access services in the Medi-Cal fee-for-service delivery system. Presumptive eligibility will be granted beginning the first of the month in which the pre-enrollment application was completed, and continue through the following month. In the pre-enrollment application, families will also be asked if they want to apply for continuing coverage in the Healthy Families or Medi-Cal programs. Families that

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indicate yes will be sent a joint Healthy Families/Medi-Cal mail in application. For presumptive eligibility to continue, the State's Single Point of Entry must receive the joint Healthy Families/Medi-Cal application prior to the end of the second month of presumptive eligibility. For those joint Healthy Families/Medi-Cal applications received prior to the end of the second month of presumptive eligibility, presumptive eligibility will continue until a final eligibility determination is made. All services provided under presumptive eligibility will be in the Medi-Cal fee-for-service delivery system but paid for by Title XXI as appropriate. California will only claim Title XXI funding for Healthy Families benefits already approved in California's state plan. The State will not claim Title XXI for non S-CHIP benefits.

Prior to granting presumptive eligibility, California will screen applications against the Medi-Cal Eligibility Database System (MEDS) to assure that ineligible children are not granted presumptive eligibility. Children ineligible for presumptive eligibility are those already enrolled in Medi-Cal and Healthy Families, and children known to MEDS to have a confirmed ineligible immigration status.

Section 6. Coverage Requirements for Children's Health Insurance (Section 2103)

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 7.

6.1. The state elects to provide the following forms of coverage to children: (Check all that apply.) (42CFR 457.410(a))

6.1.1. Benchmark coverage; (Section 2103(a)(1) and 42 CFR 457.420)

6.1.1.2. State employee coverage; (Section 2103(b)(2)) (If checked, identify the plan and attach a copy of the benefits description.)

California will use the CalPERS state employee benefit package as the benchmark coverage for health. It will provide enhanced services beyond the benchmark package, including comprehensive dental and vision coverage, screening and initial treatment services through the CHDP program and treatment services for severely ill children in a non-managed care delivery system. Uninsured children granted presumptive eligibility by a CHDP provider will be provided these same benefits during the period of presumptive eligibility as well. For a full benefits description, see Attachment 6.

Attachment A, a copy of Article 3 of the AIM program regulations, details the benefits of the Access to Infants and Mothers' (AIM) program.

Attachment B, from our actuarial consultant Leslie Paters of Cooper's and Lybrand, states that the AIM benefit package is at least equivalent to the health benefits coverage used for our benchmark plan.

Section 8. Cost Sharing and Payment (Section 2103(e))

- Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 9.**

There is no cost sharing requirements for children enrolled in presumptive eligibility under S-CHIP.

Section 9. Strategic Objectives and Performance Goals and Plan Administration (Section 2107)

9.10. Provide a one year projected budget. A suggested financial form for the budget is attached. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- **Planned use of funds, including --**
 - **Projected amount to be spent on health services;**
 - **Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and**
 - **Assumptions on which the budget is based, including cost per child and expected enrollment.**

- **Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.**

Attached are two budget sheets: 1) updated Healthy Families Program budget; and, 2) related costs for presumptive eligibility in the Healthy Families Program.

**Healthy Families Program
Title XXI State Plan Amendment
Enrollment and Cost Assumptions
Federal Fiscal Years 1999, 2000, & 2001, 2002 and 2003**

CASELOAD ESTIMATE ASSUMPTIONS

Child Health & Disability Prevention (CHDP): (Without EDS processing costs). The CHDP estimate reflects payment to CHDP providers for screening exams and initial follow-up treatment for new HFP enrollees during a period up to 90 days during which their application to the Program is pending. It is anticipated the CHDP providers would be a significant source of referral for the Program. Through this program, children who receive a CHDP screen will be pre-enrolled in Medi-Cal or the Healthy Families Program (HFP). Pre-enrollment will involve two months of full-scope Medi-Cal coverage, during which time the family may apply for ongoing Medi-Cal or Healthy Families Program coverage. California will only claim Title XXI funding for previously approved S-CHIP benefits. Children eligible for the Healthy Families Program whose application is received just before the end of the second pre-enrollment month, but a final eligibility determination is not made before the end of the second month of pre-enrollment, will be eligible to receive a third month of pre-enrollment. Following are the assumptions used in the cost estimate:

- a) Average cost of a CHDP screening for age 1 through 18, per eligible per month is \$64.38. An estimated 4,300 children will be eligible for pre-enrollment into the Healthy Families Program in the 1st month of PE implementation.
- b) of a 30-day follow-up treatment is \$18.50. An estimated 8,500 new children will be eligible for pre-enrollment into the Healthy Families Program in the 2nd month of PE implementation.
- c) Estimated average one-time cost per case is \$82.88 for screening and treatment combined. An estimated 13,000 new children will be eligible for pre-enrollment into the Healthy Families Program in the 3rd month of PE implementation.
- d) An estimated 17,000 new children will be eligible for pre-enrollment into the Healthy Families Program in the 4th and ongoing months of PE implementation.

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Current S-CHIP Budget Plan

COST OF APPROVED S-CHIP PLAN

	FFY 2002	FFY 2003	FFY 2004
Enhance FMAP Rate	65.98%	65.00%	65.00%
Benefit Costs			
Insurance Payments			
Managed Care	\$554,828,704	\$674,606,208	\$775,147,014
per member/per month rate @ # of eligibles			
Fee for Service	\$91,012,392	\$139,036,499	\$176,132,453
Total Benefit Costs	\$645,841,096	\$813,642,707	\$951,279,467
(Offsetting beneficiary cost sharing payments)	-\$30,691,695	-\$41,211,563	-\$45,457,251
Net Benefit Costs	\$615,149,401	\$772,431,144	\$905,822,216
Administration Costs			
Personnel			
General Administration	\$44,693,106	\$54,422,488	\$59,770,290
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/marketing costs	\$28,533,294	\$5,718,750	\$0
Other			
Total Administration Costs	\$73,226,400	\$60,141,238	\$59,770,290
10% Administrative Cost Ceiling	\$68,349,933	\$85,825,683	\$100,646,913
Federal Share	\$454,190,353	\$541,172,048	\$627,635,129
State Share	\$234,185,448	\$291,400,334	\$337,957,377
TOTAL PROGRAM COSTS	\$688,375,801	\$832,572,382	\$965,592,506

(1) For FFY 02, \$15,722,260 in outreach cost are exempt from the 10% cost ceiling, for exemption of outreach expenditures from the FFY 98 retained allotment.

(2) For FFY 02, costs subject to the 10% cost ceiling are only \$57,504,140 after adjusting for the exemption of outreach expenditures from the FFY 98 retained allotment.

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S-CHIP Budget Plan for PE

COST OF PROPOSED S-CHIP PLAN	FFY 2003	FFY 2004
Enhance FMAP Rate	65.00%	65.00%
Benefit Costs		
Insurance Payments		
Managed Care		
per member/per month rate @ # of eligibles		
Fee for Service	\$2,927,877	\$32,944,358
Total Benefit Costs	\$2,927,877	\$32,944,358
(Offsetting beneficiary cost sharing payments)		
Net Benefit Costs	\$2,927,877	\$32,944,358
Administration Costs		
Personnel		
General Administration		
Contractors/Brokers (e.g., enrollment contractors)		
Claims Processing		
Outreach/marketing costs		
Other		
Total Administration Costs	\$0	\$0
10% Administrative Cost Ceiling	\$325,320	\$3,660,484
Federal Share	\$1,903,120	\$21,413,833
State Share	\$1,024,757	\$11,530,525
TOTAL PROGRAM COSTS	\$2,927,877	\$32,944,358