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State/Territory Name: Alabama

State Plan Amendment (SPA) #: AL-25-0035-ROR2

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Children and Adults Health Programs Group

September 18, 2025

Wanda J. Davis
Director, Children's Health Insurance Program
201 Monroe Street
Montgomery, AL 36104

Dear Director Davis:

Your Title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) AL-25-0035-ROR2, submitted on July 17, 2025, has been approved. The effective date for this SPA is October 1, 2025.

Through SPA AL-25-0035-ROR2, Alabama reactivates its Reach Out and Read Health Services Initiative (HSI) for an additional three years and modifies it to operate statewide. The state also removes its time-limited Infant and Early Childhood Mental Health Services HSI from the state plan as it expired on September 30, 2023.

This approval is based on Section 2105(a)(1)(D)(ii) of the Social Security Act (the Act) and 42 CFR §§ 457.10 and 457.618, which authorizes use of Title XXI administrative funding for HSIs that improve the health of children, including targeted low-income children and other low-income children. Consistent with Section 2105(c)(6)(B) of the Act and 42 CFR § 457.626, Title XXI funds used to support an HSI cannot supplant Medicaid or other sources of federal funding.

The state shall ensure that the remaining Title XXI administrative funding, within the state's 10 percent limit, is sufficient to continue the proper administration of the CHIP program. If such funds become less than sufficient, the state agrees to redirect Title XXI funds from the support of this HSI to the administration of the CHIP program. In addition, the state shall annually report to CMS the HSI expenditures for each federal fiscal year.

Your Project Officer is Joshua Bougie. He is available to answer your questions concerning this amendment and other CHIP-related matters and can be reached at Joshua.Bougie@cms.hhs.gov.

If you have additional questions, please contact Mary Beth Hance, Acting Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely

/Signed by Alice Weiss/

Alice Weiss
Acting Director
on Behalf of Sarah deLone, Director

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

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

State/Territory: Alabama
(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))

Scott Harris, State Health Officer, Alabama Department of Public Health, July 16, 2025
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved 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: <u>Wanda Davis</u>	Position/Title: <u>CHIP Director</u>
Name: <u>Shaundra B. Morris</u>	Position/Title: <u>Director, ADPH Financial Services</u>
Name: _____	Position/Title: _____

Disclosure Statement This information is being collected to pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

1.1. Provide the effective (date costs begin to be incurred) and implementation (date services

begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: February 1, 1998

Implementation Date: February 1, 1998

Amendment 1	Establishment of ALL Kids Effective Date: February 1, 1998 Implementation Date: October 1, 1998
Amendment 2	Establishment of ALL Kids PLUS Effective/Implementation Date: October 1, 1999
Amendment 3	Disregards Effective/Implementation Date: June 1, 2001
Amendment 4	Compliance Effective/Implementation Date: August 24, 2001
Amendment 5	Waiting List, Cost Sharing, Benefit Changes Effective/Implementation Date: October 1, 2003
Amendment 6	Discontinuance of the Waiting List and other Clean-Up changes Effective/Implementation Date: November 23, 2004
Amendment 7	Raise the upper income eligibility limit to 300% of FPL and other minor changes Effective/Implementation Date: October 1, 2009
Amendment 8	Include a private foundation grant as an additional source of state funding Effective/Implementation Date: October 27, 2009
Amendment 9	Establishment of a Prospective Payment System for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) Effective/Implementation Date: October 1, 2009; Addendum on Dental Benefits Under Title XXI: Effective/Implementation Date: October 1, 1998
Amendment 10	Eligibility for children of employees of a public agency (state employees and public education employees) Effective/Implementation Date: January 1, 2011

- Amendment 11 Provisions for Implementing Temporary Adjustments to Enrollment Determination and/or Redetermination Policies and Cost Sharing Requirements for Applicants/Renewals living in and/or working in FEMA or Governor declared disaster areas at the time of a disaster event. In the event of a disaster, the State will notify CMS of the intent to provide temporary adjustments to its enrollment and/or redetermination policies, the effective dates of such adjustments and the counties/areas impacted by the disaster.
Effective/Implementation Date: April 15, 2011
- Amendment 12 Increase premiums, increase co-pays and revise the methodology for determining annual aggregate cost-sharing
Effective/Implementation Date: May 1, 2012
- Amendment 13 Establishment of copayments for therapy services (physical, occupational, and speech), vision services and chiropractic services; and cleanup changes
Effective/Implementation Date: August 1, 2013
- Amendment 14 Alignment of ALL Kids fee groups with provisions of the Affordable Care Act (ACA) and other editorial changes to comply with previously approved ACA SPAs.
Effective/Implementation Date: January 1, 2014
- Amendment 15 AL-16-0015-MEXP – CHIP Medicaid expansion to cover Medicaid enrollees ages 14 years to 19 years with incomes above 18% FPL through 141% FPL.
Effective Date: October 1, 2015
Implementation Date: January 1, 2016
- Amendment 16 AL-18-0016-PAR - Attestation and documentation of Mental Health Parity and Addiction Equity.
Submission Date: July 10, 2018
Effective Date: October 1, 2017*
Implementation Date: October 1, 2017*
*Note: Benefits were adjusted in October 2010 to be compliant with mental health parity; this amendment did not require any benefit changes
- Amendment 17 AL-19-0017-RIM
Reducing Infant Mortality (RIM) Health Service Initiative
Submission Date: July 17, 2019
Effective Date: July 1, 2019
Implementation Date: July 1, 2019

- Amendment 18 AL-19-0018-RIM
CS9 Eligibility – Coverage from Conception to
Birth Submission Date: July 17, 2019
Effective Date: July 1, 2019
Implementation Date: July 1, 2019
- Amendment 19 AL-20-0019-CEN
CS15 MAGI-Based Income Methodologies – Temporary Income
Submission Date: February 26, 2020
Effective Date: July 1, 2020
Implementation Date July 1, 2020
- Amendment 20 AL-20-0020-COVI
Allowing for Temporary Waiving of cost sharing requirements
for enrollees who reside and/or work in a State or Federally
declared disaster area.
Submission Date: July 29, 2020
Effective Date: March 1, 2020
Implementation Date: March 1, 2020
- Amendment 21 AL-20-0021-BH
Documentation of AL CHIP compliance with the SUPPORT Act
Documentation of AL CHIP compliance with the SUPPORT
Submission Date: July 29, 2020
Effective Date: October 1, 2019
Implementation Date: October
24,2018
- Amendment 22 AL-21-0022-PP
Postpartum coverage Health Services Initiative for ALL Babies
Submission Date: May 13, 2021
Effective Date: July 1, 2021
Implementation Date: July 1, 2021
- Amendment 23 AL-22-0023-OBJ
Edits to align Strategic Objectives and Performance Goals with
CARTS
Submission Date: March 30, 2022
Effective Date: October 1, 2021
Implementation Date: October 1, 2021
- Amendment 24 AL-22-0024-ARP
Coverage of COVID-19 vaccine, testing, and treatment under
American Rescue Plan Act
Submission Date: March 30, 2022
Effective Date: March 11, 2021
Implementation Date: March 11, 2021

- Amendment 25 AL-22-0025-CE
12-Month Postpartum Period Continuous Eligibility
Submission Date: August 25, 2022
Effective Date: October 1, 2022
Implementation Date: October 1, 2022
- Amendment 26 AL-23-0026-RIM2
CS9 Eligibility - Expanding Coverage from Conception to Birth
Submission Date: January 9, 2023
Effective Date: May 1, 2023
Implementation Date: May 1, 2023
- Amendment 27 AL-23-0027-CC
Amending AL-19-0017-RIM to discontinue HSI
Submission Date: January 9, 2023
Effective Date: October 1, 2023
Implementation Date: September 30, 2023
- Amendment 28 AL-23-0028-ROR
Reach Out and Read HSI
Submission Date: February 1, 2023
Effective Date: June 1, 2023
Implementation Date: June 1, 2023
- Amendment 29 AL-23-0029-MH
Project clean up ECHO Model for IECMH
Submission Date: February 1, 2023
Effective Date: June 1, 2023
Implementation Date: June 1, 2023
- Amendment 30 AL-24-0030-VCTE
Purpose of SPA: Transition the current approved State Plan into the new Title XXI Template; Assure Compliance with SHO #23-003 re: Mandatory Coverage of Adult Vaccinations; updating and relocating the Grievance Policy description from Attachment A to Section 12; and other minor technical edits
Submission Date: January 10, 2024
Effective date: October 1, 2023
Implementation date: October 1, 2023
- Amendment 31 AL-24-0031-ABSC
Expand FCEP and the HSI Postpartum Coverage from 36 counties to statewide
Submission Date: January 18, 2024
Effective date: October 1, 2024
Implementation date: October 1, 2024

- Amendment 32 AL-24-0032-CEEC
Demonstrate compliance with Section 5112 of the Consolidated Appropriations Act 2023 to provide 12 months of continuous eligibility (CS27 MMDL submission)
Submission Date: July 1, 2024
Effective date: January 1, 2024
Implementation date: January 1, 2024
- Amendment 33 AL-25-0033-NPP
Demonstrate compliance with prohibition of implementing premium lock out periods and collection of past due premiums as a condition of eligibility.
Submission Date: June 20, 2025
Effective Date: June 3, 2025
Implementation Date: June 3, 2025
- Amendment 34 AL-25-0034-JIY (pending)
Eligibility and Coverage During Incarceration and Redetermination Prior to Release
Submission Date: June 30, 2025
Effective Date: January 1, 2025
Implementation Date: January 1, 2025
- Amendment 35 AL-25-0035-ROR2
Modifying Reach Out and Read HSI and Phasing Out Infant and Early Childhood Mental Health HSI
Submission Date: July 17, 2025
Effective Date: October 1, 2025
Implementation Date: October 1, 2025

ACA SPA Group	PDF #	Transmittal Number and Dates	Description	Superseded Plan Section(s)
MAGI Eligibility and Methods	CS7	AL-14-0016 Effective Date and Implementation Date: January 1, 2014	Eligibility – Targeted Low Income Children	Supersedes the current sections Geographic Area 4.1.1; Age 4.1.2; and Income 4.1.3
	CS9	AL-24-0031-FCEP Effective Date: October 1, 2024 AL-23-0026-RIM2 Effective Date and Implementation Date: May 1, 2023 AL-19-0018-RIM Effective Date and Implementation Date: July 1, 2019	Coverage from Conception to Birth	Supersedes previously approved CS9 Supersedes previously approved CS9
	CS10	AL-14-0016 Effective Date and Implementation Date: January 1, 2014	Children With Access to Public Employee Coverage	Section 4.4.1 Supersedes the information on dependents of public employees in this section; supporting documentation should be incorporated as an appendix to the current state plan
	CS15	AL-20-0019-CEN Effective Date and Implementation Date: July 1, 2020 AL-14-0016 Effective Date and Implementation Date: January 1, 2014	MAGI-Based Income Methodologies	Supersedes previously approved CS15 Incorporate within a separate subsection under section 4.3

ACA SPA Group	PDF #	Transmittal Number and Dates	Description	Superseded Plan Section(s)
Title XXI – Medicaid Expansion	CS3	AL-16-0015-MEXP Effective Date and Implementation Date: October 1, 2015	CHIP Medicaid expansion to also cover Medicaid enrollees ages 14 years to 19 years with incomes above 18% FPL through 141% FPL	Supersedes previously approved CS3
		AL-14-0014 Effective Date and Implementation Date: January 1, 2014	Eligibility for CHIP Medicaid Expansion	Supersedes the current Medicaid expansion section 4.0
Establish 2101(f) Group	CS14	AL-14-0015 Effective Date and Implementation Date: January 1, 2014	Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within a separate subsection under section 4.1
Eligibility Process	CS24	AL-14-0018 Effective Date and Implementation Date: January 1, 2014	Single, Streamlined Application Screen and Enroll Process Renewals	Supersedes the current sections 4.3 and 4.4
Non-Financial Eligibility	CS17	AL-14-0017 Effective Date and Implementation Date: January 1, 2014	Non-Financial Eligibility – Residency	Supersedes the current section 4.1.5
	CS18	AL-14-0017 Effective Date and Implementation Date: January 1, 2014	Non-Financial – Citizenship	Supersedes the current sections 4.1.0; 4.1.1-LR; 4.1.1-LR
	CS19	AL-14-0017 Effective Date and Implementation Date: January 1, 2014	Non-Financial – Social Security Number	Supersedes the current section 4.1.9.1
	CS20	AL-14-0017 Effective Date and Implementation Date: January 1, 2014	Substitution of Coverage	Supersedes the current section 4.4.4
	CS21	AL-25-0033-NPPR Effective Date and Implementation Date:	Renewal/reenrollment is not contingent upon payment of premiums	Supersedes the previously approved CS21

ACA SPA Group	PDF #	Transmittal Number and Dates	Description	Superseded Plan Section(s)
		June 3, 2025 AL-14-0017 Effective Date and Implementation Date: January 1, 2014	Non-Payment of Premiums	Supersedes the current section 8.7
	CS27	AL-24-0032-CEEC Effective Date and Implementation Date: January 1, 2024	Continuous Eligibility	Supersedes previously approved CS27
		AL-22-0025-CE Effective Date and Implementation Date: October 1, 2022	12-Month Postpartum Period Continuous Eligibility	Supersedes previously approved CS27
		AL-14-0017 Effective Date and Implementation Date: January 1, 2014	Continuous Eligibility	Supersedes the current section 4.1.8

1.4- TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

In accordance with approved policies, on **June 4, 2025**, a certified letter explaining the changes proposed in **AL-25-0034-ROR2** was mailed to the Tribal Chairman of the one federally recognized Native American tribe in Alabama, the Poarch Band of Creek Indians. The letter included the purpose for the proposed changes and a description of the changes. In the letter, the Tribal Chairman was also reminded that she had the opportunity to respond to the proposed changes within 30 days and was given contact information for any such response. The certified letter was signed by the CHIP Director. No comments were received as of **July 4, 2025**.

TN No: Approval Date Effective Date: **July 4, 2025**

Guidance: Section 2.2 allows states to request to use the funds available under the 10 percent limit on administrative expenditures in order to fund services not otherwise allowable. The health services initiatives must meet the requirements of 42 CFR 457.10.

- 2.1. Health Services Initiatives-** Describe if the State will use the health services initiative option as allowed at 42 CFR 457.10. If so, describe what services or programs the State is proposing to cover with administrative funds, including the cost of each program, and how it is currently funded (if applicable), also update the budget accordingly. (Section 2105(a)(1)(D)(ii)); (42 CFR 457.10)

HSI I - ALL Babies Postpartum Initiative: As permitted under section 2105(a)(1)(D)(ii) of the Social Security Act and federal regulations at 42 CFR 457.10, the State of Alabama is implementing a health services initiative (HSI) that will use CHIP funds, within the federal administrative expenditures cap allowed for states, to support the ALL Babies Postpartum Initiative. This HSI will not supplant or match CHIP Federal funds with other Federal funds, nor allow other Federal funds to supplant or match CHIP Federal funds. This HSI will assist in improving the health of children by ensuring their mothers have access to healthcare services during their postpartum period. The aim of this initiative is to provide full health insurance coverage during the postpartum period to enrollees who have been prenatally covered in the From Conception to End of Pregnancy program known as ALL Babies. The length of the ALL Babies postpartum period is equivalent to Alabama Medicaid's current definition of the length of postpartum period "From delivery through the end of the month in which the 60th day postpartum falls, counting from the date the pregnancy ends either as a full term or as a miscarriage." ALL Babies participants will be enrolled automatically in the postpartum HSI initiative. Metrics used to measure the impact of the state's HSI program on the health of low-income children and their mothers will be included in the state's CHIP Annual Report.

Cost: The cost of the HSI is budgeted to be \$2,982,927 for FY2025. This figure is based on anticipated enrollment (4,527 enrollees) statewide with an average enrollment of 2.5 months.

HSI II – Reach Out and Read (ROR) Initiative: As permitted under ~~S~~section 2105(a)(1)(D)(ii) of the Social Security Act and federal regulations at 42 CFR 457.10, the State of Alabama is ~~implementing a modifying its ROR~~ health services initiative (HSI) ~~that will and reactivating the use of~~ CHIP funds, within the federal administrative expenditures cap allowed for states~~;~~. This HSI will ~~to~~ continue ~~the to~~ delivery of Reach Out and Read, an ~~American Academy of PediatricsAAP~~-endorsed, evidence-based model to promote early literacy, early learning and school readiness as part of routine pediatric primary care visits for children~~;~~ birth to age 5 ~~on a statewide basis in five Alabama counties (Jefferson, Macon, Marshall, Monroe, and Randolph).~~ Funding for this initiative is to bolster ROR efforts in the five counties for the existing ROR program in order to increase grade level reading throughout Alabama. This HSI will fund the program for three years beginning October 1, 2025. ALL Kids' contribution to this effort continues to assist in transforming the standard of pediatric care for young children in Alabama to sharpen the focus on activities that support social and emotional development. The criteria used to determine eligibility for the services is the age of the child and the type of visit. The child must be seen for a well-child visit in a ROR participating practice in Alabama ~~order~~ to receive the service.

Funds under this HSI will not supplant or match CHIP Federal Funds with other Federal funds, nor allow other Federal funds to supplant or match CHIP Federal funds. Metrics used to measure the impact of the state's HSI program on the health of low-income children will be included in the state's CHIP

Annual Report.

Cost: The cost of the HSI is budgeted to be \$750,000 and limited to three years (\$250,000 for FY2026, \$250,000 for FY2027 and \$250,000 for FY2028) ~~\$500,000 and limited to two years (\$250,000 for FY 2023 and \$250,000 for FY2024).~~ The budget timeline for the ROR HSI begins ~~October 1, 2025~~ ~~June 1, 2023~~, and will end ~~September 30, 2028~~ ~~May 31, 2025~~.

Find information on Reach Out and Reach and the evidence supporting its effectiveness at <https://reachoutandread.org/why-we-matter/>

~~HSI III—Infant and Early Childhood Mental Health Services: As permitted under section 2105(a)(1)(D)(ii) of the Social Security Act and federal regulations at 42 CFR 457.10, the State of Alabama is implementing a health services initiative (HSI) that will use CHIP funds, within the federal administrative expenditures cap allowed for states, to increase workforce capacity around Infant and Early Childhood Mental Health Services (IECMH). IECMH works to develop the capacity of the child from birth to 5 years of age to form close and secure adult and peer relationships. The vision of the Alabama IECMH System of Care is that “Every child has opportunities from the start to reach their full potential within healthy positive relationships.” To achieve this vision, their mission is “to create and sustain a culturally sensitive system that promotes positive early experiences through collaborative partnerships, empowering families, and building capacity across communities.”~~

~~Alabama Department of Mental Health will establish the evidence based Project ECHO Model® learning framework to train a variety of professionals (childcare workers, head start staff, mental health clinicians, etc.) statewide working directly with children birth to five and their families on topics such as Understanding Trauma in Young Children, What is IECMH and IECMH Consultation and Why It is Important, Self Care, Addressing Behavioral Challenges in Young Children, Attachment, and Early Brain Development. The Project ECHO Model® is a telementoring program designed to create communities of learners by bringing together healthcare or other service providers and experts in topical areas using didactic and case-based presentations, fostering an “all learn, all teach approach.” The only eligibility to participate in the IECMH ECHO training/telementoring program is to be a professional serving young children and families who want to build their capacity to address the social/emotional, and behavioral needs of the population they care for. The participating professionals will be surveyed in those foundational topics to determine additional topics they desire to learn about that will be applicable and beneficial to their practice. Advertisement of the availability of the training will be coordinated through our partner state agencies and local agencies who serve low-income children/families. Child welfare and childcare licensing staff will be asked to share information with local childcare and county staff, through the training calendar on the website for the Alabama Association for Infant and Early Childhood Mental Health (First 5 Alabama) which is sent out to all First 5 Alabama members (many of whom serve low-income children), to Early Head Start and Head Start state and local administrators, etc. Metrics used to measure the impact of the state’s HSI program on the health of low-income children will be included in the state’s CHIP Annual Report.~~

~~Funds under this HSI will not supplant or match CHIP Federal Funds with other Federal funds, nor allow other Federal funds to supplant or match CHIP Federal funds.~~

Cost: ~~The cost of the HSI is budgeted to be \$20,000 for FY 2023 and funding will end September 30, 2023.~~

9.10. Provide a 1-year projected budget. A suggested financial form for the budget is below. 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 expenditures for the separate child health plan, including but not limited to expenditures for targeted low income children, the optional coverage of the unborn, lawfully residing eligibles, dental services, etc.
 - All cost sharing, benefit, payment, eligibility need to be reflected in the budget.
- Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.
- Include a separate budget line to indicate the cost of providing coverage to pregnant women.
- States must include a separate budget line item to indicate the cost of providing coverage to premium assistance children.
- Include a separate budget line to indicate the cost of providing dental-only supplemental coverage.
- Include a separate budget line to indicate the cost of implementing Express Lane Eligibility.
- Provide a 1-year projected budget for all targeted low-income children covered under the state plan using the attached form. Additionally, provide the following:
 - Total 1-year cost of adding prenatal coverage
 - Estimate of unborn children covered in year 1

CHIP Budget

STATE: AL	FFY Budget
Federal Fiscal Year	2026
State's enhanced FMAP rate	80.84%
Benefit Costs	
Insurance payments	
Managed care	
<u>per member/per month rate</u>	
Fee for Service	746,436,295
Total Benefit Costs	746,436,295
(Offsetting beneficiary cost sharing payments)	6,600,000
Net Benefit Costs	739,836,295
Administration Costs	
Personnel	6,165,000
General administration	7,021,000
Contractors/Brokers	
Claims Processing	
Outreach/marketing costs	600,000
Health Services Initiatives-Postpartum	650,000
Reach Out and Read	250,000
Other	2,114,000
Total Administration Costs	16,800,000
10% Administrative Cap	74,643,630
Federal Share	611,664,781
State Share	144,971,514
Total Costs of Approved CHIP Plan	756,636,295

NOTE: The Source of State Share Funds: State General Fund and Tobacco Settlement.