
Table of Contents

State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-22-0004-CHIP

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

December 23, 2022

Nicole Harris
Executive Director
Office of Children's Health Insurance Program
Pennsylvania Department of Human Services
1142 Strawberry Square Tower
P.O. Box 2675
Harrisburg, PA 17105-2675

Dear Ms. Harris:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) PA-22-0004-CHIP submitted on November 18, 2022, has been approved. This amendment has an effective date of March 1, 2020, as permitted under section 1135 of the Social Security Act.

Through this SPA, the state waives premium payments for applicants and beneficiaries who reside or work in a state or federally-declared disaster area and are unable to make premium payments. This policy, as it relates to the COVID-19 public health emergency (PHE), will remain in effect from March 1, 2020 through the end of the COVID-19 PHE.

In the event of a future disaster, this SPA provides Pennsylvania with the authority to implement the aforementioned temporary policy adjustments by simply notifying CMS of its intent, the effective date and duration of the provisions, and a list of applicable state or federally-declared disaster or emergency areas.

Your title XXI project officer is Ms. Ticia Jones. She is available to answer questions concerning this amendment and other CHIP-related issues. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-8145
E-mail: Ticia.Jones@cms.hhs.gov

Page 2 - Ms. Nicole Harris

If you have any questions, please contact Meg Barry, 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 Sarah deLone/

Sarah deLone
Director
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

cc: Courtney Miller, Director, Medicaid and CHIP Operations Group
Jackie Glaze, Deputy Director, Medicaid and CHIP Operations Group

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

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

State/Territory: Pennsylvania

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 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 Titles 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: Meg Snead

Position/Title: Acting Secretary, Human Services

Name: Sally Kozak

Position/Title: Executive Deputy Secretary, Human Services

Name: Nicole Harris

Position/Title: Executive Director, CHIP

*Disclosure. 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 0938-1148 (CMS-10398 #34). The time required to complete this information collection 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. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Section 1. General Description and Purpose of the Children’s Health Insurance Plans and the Requirements

1.1. The state will use funds provided under Title XXI primarily for (Check appropriate box) (Section 2101(a)(1)); (42 CFR 457.70):

1.1.1. Obtaining coverage that meets the requirements for a separate child health program (Sections 2101(a)(1) and 2103); OR

1.1.2. Providing expanded benefits under the State’s Medicaid plan (Title XIX) (Section 2101(a)(2)); OR

1.1.3. A combination of both of the above. (Section 2101(a)(2))

1.1-DS The State will provide dental-only supplemental coverage. Only States operating a separate CHIP program are eligible for this option. States choosing this option must also complete sections 4.1-DS, 4.2-DS, 6.2-DS, 8.2-DS, and 9.10 of this SPA template. (Section 2110(b)(5))

1.2. Check to 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. Check to 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. (42 CFR 457.130)

1.4. 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: May 28, 1998

Implementation Date: June 1, 1998

PA-22-0004-CHIP: Purpose of SPA: To implement a provision whereby the State will waive premium payments for applicants and existing beneficiaries who reside and/or work in a State or Federally declared disaster area and who have not made their premium payments. The amendment also corrects a formatting error under section 2.1.

Proposed effective date: March 1, 2020

Proposed implementation date: March 1, 2020.

Section 2. General Background and Description of Approach to Children’s Health Insurance Coverage and Coordination

2.1. Describe the extent to which, and manner in which, children in the State (including targeted low-income children and other groups of children specified) identified, by income level and other relevant factors, such as race, ethnicity and geographic location, currently have creditable health coverage (as defined in 42 CFR 457.10). To the extent feasible, distinguish between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements). (Section 2102(a)(1)); (42 CFR 457.80(a))

Children’s Health Insurance Program (CHIP)

The Children’s Health Insurance Act, 62 P.S. §§ 5001.101 et seq., as amended by Act 68 of 1998, 40 P.S. §§ 991.2301 et seq. (the Children’s Health Care Act), Act 136 of 2006, and Act 84 of 2015, was originally enacted in December 1992 and implemented in May of 1993 (see Appendix A for a copy of the Children’s Health Care Act as amended [the “Act”]). The program provides free or subsidized insurance for children in low-income families who are not eligible for Medicaid or not otherwise insured through private or employer-based insurance. The program also allows those that do not meet the income guidelines to purchase the coverage at the state’s negotiated rate. CHIP is administered by the Pennsylvania Department of Human Services through individual contracts with eight health insurance companies (hereinafter referred to as Contractors). Under terms of the contract, Pennsylvania requires the Contractors to:

- Conduct outreach
- Utilize CAPS to determine eligibility
- Enroll and renew enrollment for eligible children
- Provide required in-plan services
- Contract with qualified providers to provide primary and preventative health care
- Provide parent health education
- Perform quality assurance tasks (including but not limited to monitoring of quality of care and health outcomes)

CHIP provides free coverage to children from birth through age 18 whose family income exceeds the Medicaid limit but is no greater than 208% of the Federal Poverty Level (FPL). Subsidized coverage is provided to children from birth through age 18 in families whose income is greater than 208% but no greater than 314% of the FPL. The free and subsidized programs are funded by state and federal funds. Families whose income is greater than 314% FPL may purchase the CHIP benefit package at the rate negotiated by the commonwealth. The buy-in program is not supported through state or federal funds.

Additionally, utilization experience of the buy-in program is not included in rate setting for the free and subsidized programs.

The program is administered by the Pennsylvania Department of Human Services (see Appendix A). In addition, the Act provides for a Children's Health Advisory Council. The Council consists of sixteen voting members, nine (9) of whom are appointed by the Human Services Secretary. The Council also includes the Secretary of Health, the Insurance Commissioner, the Human Services Secretary, or their respective designees (see Appendix A, the Act, Section 2311 (I)). Its primary functions are to review outreach activities; and to review and evaluate the accessibility and availability of services to children enrolled in the program.

Public Insurance Program

Pennsylvania has operated a categorically and medically needy Medicaid program for many years. However, major program expansions have occurred, including the expansion of Medicaid for individuals aged 19 – 64 with income below 138% of FPL provisions.

In 1988, the state implemented federally mandated coverage for pregnant women and qualified children. This coverage was designated as Healthy Beginnings. Healthy Beginnings provides medical coverage to pregnant women and infants up to age one (Income Standard: 215% FPL); children ages one to five (Income Standard: 157% FPL); and children ages six to under the age of 19. (Income Standard: 133% FPL). Early periodic screening, diagnosis and treatment provide comprehensive health services to all persons under age 19 who are receiving Medicaid. These services include check-ups and follow-up care. Pennsylvania has also elected to provide presumptive eligibility to pregnant women thereby encouraging early prenatal care and providing payment for outpatient primary care expenses incurred during pregnancy.

Private Health Insurance Programs for Low-Income Families

Special Care Program

Description: Special Care is a low-cost insurance plan offered statewide to low-income residents by Pennsylvania Blue Cross plans and Pennsylvania Blue Shield. Special Care provides basic preventive care services to children and adults ineligible for CHIP and Medicaid who cannot afford private health insurance. Special Care provides protection for families by covering the high cost of hospitalization, surgery, emergency medical care in addition to routine primary care.

The commonwealth is committed to providing access to quality health care coverage and to improving the health status of its children. Of particular concern are children of low-income families; families with limited access to care; and families having children with special needs due to chronic or disabling conditions. (Special needs programs include spina bifida, diabetes, asthma, hepatitis B, etc.)

To achieve the goal of providing access to health care the office of CHIP meets regularly with the statewide advocacy community dedicated to increasing awareness and enrollment in both CHIP and Medicaid. Senior and management staffs of the Departments of Human Services, Health and Education are consulted to complete strategic planning, to monitor progress, collaborate, share resources and to problem solve. These meetings and relationships increased awareness and enrollment through the following efforts which include but are not limited to:

- Establishing a single statewide toll-free number (1-800-986-KIDS) to provide access to helpline staff who inform, refer, and assist in applying for CHIP and Medicaid.
- Jointly funding a multi-year contract with a media consultant.
- Developing complementary media messages about the availability of healthcare coverage and the importance of preventative care.
- Improving access to enrollment by streamlining eligibility and application practices.
- Conducting studies regarding hard-to-reach populations to increase knowledge on how to achieve better results in- outreach to them.
- Measuring the effectiveness of our efforts by gathering and analyzing available data.

The Department's particular efforts to identify and enroll all uncovered children who may be eligible for CHIP include but are not limited to the following:

- Conducting a statewide outreach campaign for CHIP. The campaign includes but is not limited to paid television, Internet and radio advertisements, posters, brochures, banners and the like.
- Monitoring, measuring and evaluating the effectiveness of the statewide outreach campaign as well as other outreach strategies initiated and implemented by the Department.
- Engaging in collaborative interagency outreach for the purpose of developing and implementing strategies to enroll children in both CHIP and Medicaid. Agencies include but are not limited to the Department of Education (school- and library-based enrollment) and the Department of Health
- Developing a strategic plan to maximize awareness of CHIP with organizations and associations with existing statewide networks.
- Implementing school-based outreach and/or enrollment.
- Approving and monitoring the outreach and enrollment strategies of CHIP insurance company contractors.
- Participating in outreach activities initiated by local community organizations.
- Conducting studies which improve the Department's understanding of issues relating to hard to reach populations and developing outreach strategies recommended by such studies.

As stated above, the commonwealth is committed to assuring that children

receive the health care coverage for which they are eligible (either CHIP or Medicaid). If a parent or guardian applies for CHIP coverage on behalf of a child and it is determined that the child is ineligible (e.g., because the level of family income is within the Medicaid range), the application submitted by the parent or guardian is automatically forwarded to the local County Assistance Office (CAO) for the determination of Medicaid eligibility. Conversely, if an application for Medicaid is filed and the child is found ineligible, the application is forwarded to a CHIP contractor. This practice negates the need for the parent or guardian to file separate applications for the two programs and facilitates enrollment of the child. In 2008, this process was automated through the implementation of the “Health care Handshake”. The health care handshake improves efficiencies by removing the need to print applications, to mail or fax applications between agencies, and to reenter data, and significantly reduces the time required for an eligibility decision by the receiving agency.

Additionally, the Department is making a concerted effort to have the CHIP contractors identify children who are potentially eligible for Medicaid due to a serious illness or disabling condition.

The Department has worked to expand access and simplify the application and renewal process for the CHIP and Medicaid programs through the development of an online application and renewal system called COMPASS (Commonwealth of Pennsylvania Access to Social Services). This web portal allows citizens to screen and apply for CHIP or Medicaid as well as many other social service programs across several Commonwealth agencies with one application. The Department provides administrative funding for toll-free helplines that can answer citizens’ questions about CHIP, Medicaid, and various other social service programs, as well as assist callers with completing applications over the phone, utilizing COMPASS.

In 2003, shortly after being sworn into office, Governor Edward G. Rendell created the Governor’s Office of Health Care Reform (GOHCR) aimed at improving access, affordability and quality by rejuvenating the state government’s approach to health care. In January 2004, Pennsylvania launched a statewide data collection effort to more accurately define the characteristics of the state’s uninsured. This effort was repeated in 2008. In July 2004, the GOHCR was given the lead responsibility to apply for a State Planning Grant through the Health Resources and Services Administration (HRSA). The purpose of the grant was to develop a comprehensive plan to provide access to affordable, quality health care coverage for every Pennsylvanian.

In keeping with that goal, in early 2006, the Governor introduced the Cover All Kids expansion that makes CHIP benefits available to all eligible children in the commonwealth. Later that year, eligibility was expanded to cover all children in Pennsylvania through either Medicaid or CHIP. Following federal approval in February 2007, enrollment began in the expanded program in March 2007.

Pennsylvania has added a post application screening process to COMPASS. If a family applies for any of the social services accessed by COMPASS other than Medicaid or CHIP, at the end of the application, the family is made aware of the fact that it appears they are eligible for Medicaid or CHIP and asks if they wish to apply. The information is then pulled from the current application into the application for access to health care. COMPASS then requests any additional information from the family, screens for eligibility and routes the application to the appropriate agency for an eligibility determination.

- 2.2. 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)

~~The commonwealth is committed to providing access to quality health care coverage and to improving the health status of its children. Of particular concern are children of low income families; families with limited access to care; and families having children with special needs due to chronic or disabling conditions. (Special needs programs include spina bifida, diabetes, asthma, hepatitis B, etc.)~~

~~To achieve the goal of providing access to health care the office of CHIP meets regularly with the statewide advocacy community dedicated to increasing awareness and enrollment in both CHIP and Medicaid. Senior and management staffs of the Department of Human Services, Health and Education are consulted to complete strategic planning, to monitor progress, collaborate, share resources and to problem solve. The efforts of these meetings and relationships has increased awareness and enrollment with the following efforts which include but are not limited to:~~

- ~~• Establishing a single statewide toll free number (1-800-986-KIDS) to provide access to helpline staff who inform, refer, and assist in applying for CHIP and Medicaid.~~
- ~~• Jointly funding a multi-year contract with a media consultant.~~
- ~~• Developing complementary media messages about the availability of healthcare coverage and the importance of preventative care.~~
- ~~• Improving access to enrollment by streamlining eligibility and application practices.~~
- ~~• Conducting studies regarding hard to reach populations to increase knowledge on how to achieve better results in outreach to them.~~
- ~~• Measuring the effectiveness of our efforts by gathering and analyzing available data.~~

~~The Department's particular efforts to identify and enroll all uncovered children who may be eligible for CHIP include but are not limited to the following:~~

- Conducting a statewide outreach campaign for CHIP. The campaign includes but is not limited to: paid television, Internet and radio advertisements, posters, brochures, banners and the like.
- Monitoring, measuring and evaluating the effectiveness of the statewide outreach campaign as well as other outreach strategies initiated and implemented by the Department.
- Engaging in collaborative interagency outreach for the purpose of developing and implementing strategies to enroll children in both CHIP and Medicaid. Agencies include but are not limited to: the Department of Education (school and library based enrollment) and, the Department of Health
- Developing a strategic plan to maximize awareness of CHIP with organizations and associations with existing statewide networks.
- Implementing school based outreach and/or enrollment.
- Approving and monitoring the outreach and enrollment strategies of CHIP insurance company contractors.
- Participating in outreach activities initiated by local community organizations.
- Conducting studies which improve the Department's understanding of issues relating to hard to reach populations and developing outreach strategies recommended by such studies.

As stated above, the commonwealth is committed to assuring that children receive the health care coverage for which they are eligible (either CHIP or Medicaid). If a parent or guardian applies for CHIP coverage on behalf of a child and it is determined that the child is ineligible (e.g. because the level of family income is within the Medicaid range), the application submitted by the parent or guardian is automatically forwarded to the local County Assistance Office (CAO) for the determination of Medicaid eligibility. Conversely, if an application for Medicaid is filed and the child is found ineligible, the application is forwarded to a CHIP contractor. This practice negates the need for the parent or guardian to file separate applications for the two programs and facilitates enrollment of the child. In 2008, this process was automated through the implementation of the "Health care Handshake". The health care handshake improves efficiencies by removing the need to print applications, to mail or fax applications between agencies, and to reenter data, and significantly reduces the time required for an eligibility decision by the receiving agency.

Additionally, the Department is making a concerted effort to have the CHIP contractors identify children who are potentially eligible for Medicaid due to a serious illness or disabling condition.

The Department has worked to expand access and simplify the application and renewal process for the CHIP and Medicaid programs through the development of an online application and renewal system called COMPASS (Commonwealth of Pennsylvania Access to Social Services). This web portal allows citizens to screen and apply for CHIP or Medicaid as well as many other social service

programs across several Commonwealth agencies with one application. The Department provides administrative funding for toll-free helplines that can answer citizens' questions about CHIP, Medicaid, and various other social service programs, as well as assist callers with completing applications over the phone, utilizing COMPASS.

In 2003, shortly after being sworn into office, Governor Edward G. Rendell created the Governor's Office of Health Care Reform (GOHCR) aimed at improving access, affordability and quality by rejuvenating the state government's approach to health care. In January 2004, Pennsylvania launched a statewide data collection effort to more accurately define the characteristics of the state's uninsured. This effort was repeated in 2008. In July 2004, the GOHCR was given the lead responsibility to apply for a State Planning Grant through the Health Resources and Services Administration (HRSA). The purpose of the grant was to develop a comprehensive plan to provide access to affordable, quality health care coverage for every Pennsylvanian.

In keeping with that goal, in early 2006, the Governor introduced the Cover All Kids expansion that makes CHIP benefits available to all eligible children in the commonwealth. Later that year, eligibility was expanded to cover all children in Pennsylvania through either Medicaid or CHIP. Following federal approval in February 2007, enrollment began in the expanded program in March 2007.

Pennsylvania has added a post application screening process to COMPASS. If a family applies for any of the social services accessed by COMPASS other than Medicaid or CHIP, at the end of the application, the family is made aware of the fact that it appears they are eligible for Medicaid or CHIP and asks if they wish to apply. The information is then pulled from the current application into the application for access to health care. COMPASS then requests any additional information from the family, screens for eligibility and routes the application to the appropriate agency for an eligibility determination.

8.2.1. ☒

Premiums:

At the Commonwealth's discretion, premium payments may be waived for applicants and beneficiaries who live and/or work in a State or Federally declared disaster area.

If the family net income is determined to be above 208% of the FPL, the family will be required to share in the cost of the coverage. The negotiated rate for calendar year 2019 is expected to average approximately \$258.00 per month statewide. The per child monthly premiums are:

Rates Effective 12/1/2018 -2/28/2020				
	Listed in SPA		Actual Weighted Average	Variance
Full Cost	\$ 258.00		\$ 205.00	-21%
Low 1	\$ 55.00		\$ 51.00	-7%
Low 2	\$ 77.00		\$ 72.00	-6%
Low 3	\$ 88.00		\$ 82.00	-7%

Full cost of coverage as negotiated by the Commonwealth with each of the contractors.

This (>314% coverage) is a full payment program and is not included in any Title XXI funding.

Premiums are due to the contractors on an established date prior to the first of the month for which premiums are paid.

At the Commonwealth's discretion, premium payment due dates may be temporarily extended for CHIP applicants and existing beneficiaries who reside and/or work in a State or Federally declared disaster area.

During the federal COVID-19 Public Health Emergency, the state will waive premiums for CHIP applicants and existing beneficiaries who have not made their premium payments.

9.10. Provide a 1-year projected budget. A suggested financial form for the budget is below. The budget must describe: (Section 2107(d)) (42 CFR 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 eligible, 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: Pennsylvania	FFY Budget	FFY Budget	FFY Budget	FFY Budget
Federal Fiscal Year	2020	2021	2022	2023
State's enhanced FMAP rate	78.08%	66.54%	66.88%	66.40%
Benefit Costs				
Supplemental PPS Payments (see note 1)	\$3,003,972.86	\$3,975,667.35	\$5,915,205.03	\$3,777,166.20
Managed care	\$480,734,354.43	\$408,888,273.48	\$338,191,011.28	\$334,270,894.48
<u>per member/per month rate</u>	\$229.08	\$227.04	\$221.48	\$249.30
Fee for Service	\$0.00	\$0.00	\$0.00	\$0.00
Total Benefit Costs	\$483,738,327.29	\$412,863,940.83	\$344,106,216.31	\$338,048,060.68
(Offsetting beneficiary cost sharing payments)	\$36,861,055.84	\$38,256,821.88	\$37,142,717.44	\$37,105,751.48
Net Benefit Costs	\$446,877,271.45	\$374,607,118.95	\$306,963,498.87	\$300,942,309.20
Cost of Proposed SPA Changes – Benefit	\$3,003,972.86	\$3,975,667.35	\$5,915,205.03	\$3,777,166.20
Administration Costs				
Personnel	\$0.00	\$0.00	\$0.00	\$0.00
General administration	\$5,727,544.47	\$10,770,543.52	\$14,699,000.00	\$19,221,084.00
Contractors/Brokers	\$0.00	\$0.00	\$0.00	\$0.00
Claims Processing	\$0.00	\$0.00	\$0.00	\$0.00
Outreach/marketing costs	\$3,155,000.00	\$3,155,000.00	\$3,155,000.00	\$3,155,000.00
Health Services Initiatives	\$0.00	\$0.00	\$208,000.00	\$1,248,000.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
Total Administration Costs	\$8,882,544.47	\$13,925,543.52	\$18,062,000.00	\$23,624,084.00
10% Administrative Cap	\$48,373,832.73	\$41,286,394.08	\$34,410,621.63	\$33,804,806.07
Cost of Proposed SPA Changes	\$3,003,972.86	\$3,975,667.35	\$5,915,205.03	\$3,777,166.20
Federal Share	\$2,345,502.01	\$2,645,409.06	\$3,956,089.13	\$2,508,038.36
State Share	\$658,470.85	\$1,330,258.30	\$1,959,115.91	\$1,269,127.84

Total Costs of Approved CHIP Plan	\$458,763,788.77	\$392,508,329.82	\$330,940,703.91	\$328,343,559.40
--	------------------	------------------	------------------	------------------