

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**

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October 27, 2022

Lisa Olson  
Medicaid Director  
Wisconsin Department of Health Services  
1 West Wilson Street, Room 350 PO Box 309  
Madison, WI 53701-0309

Dear Ms. Olson:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), WI-21-0022, submitted on December 2, 2021, with additional information received on August 25, 2022, has been approved. This SPA has an effective date of March 1, 2022.

Through this SPA, Wisconsin will use title XXI funding for a health services initiative (HSI) to provide housing supports services for low-income families with children under 19 and pregnant individuals who are homeless or at risk of homelessness. Wisconsin's housing supports services will include housing consultation, transition supports, sustaining supports, and relocation supports within the evidence-based "Housing First" model.

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 authorize use of title XXI administrative funding for expenditures for HSIs under the plan for improving 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. The state shall report annually to CMS the expenditures funded by the HSI for each federal fiscal year.

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

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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,



Sarah deLone  
Director

**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.**

2.2. 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)

### **2.2.3 Wisconsin Housing Support Services Health Services Initiative**

As permitted under section 2105(a)(1)(D)(ii) of the Social Security Act and federal regulations at 42 CFR 457.10, the Wisconsin Department of Health Services (the Department) will conduct a health services initiative that will use CHIP funds, within the federal administrative expenditures cap allowed for states, to cover a specific set of enabling services related to housing support. The Department will partner with Continuum of Care (CoC) member agencies and the statewide Homeless Management Information System (HMIS) administrator in Wisconsin to implement this initiative. This health services initiative will align with other federal, state, and local efforts to prevent and address homelessness among low-income families in order to improve health outcomes associated with instable housing. This health service initiative will not use any federal financial participation for room and board and the Department will oversee all activities delivered by CoC member agencies under this program as outlined below.

During the 2018-2019 school year, over 18,000 students were identified as homeless in Wisconsin schools. Based on a data exchange with the Homeless Management Information System (HMIS), approximately 2,000 children and over 300 pregnant women, both groups enrolled in Medicaid, accessed homeless assistance services between 2018 and 2019. In addition, according to the Annual HUD Homeless Assessment Report, Wisconsin was in the top 5 states with the largest number of people experiencing family homelessness in rural areas in 2018. Finally, there is an equity issue for low income, African American, children in Wisconsin as it relates to homelessness:

- 9% of children in Wisconsin in 2019 were African American;
- 15% of children enrolled in BadgerCare Plus in 2019 were African American; and
- 37% of children experiencing homelessness and enrolled in BadgerCare Plus in 2019 were African American.

CMS has long recognized that focusing on supportive housing can reduce barriers to other resources and may have long-lasting impacts at the individual level and system level. Among children, homelessness or housing instability may contribute to missing routine doctor's visits, increased toxic stress and asthma, delayed cognitive development, and increased mental illness and substance use disorder. Similarly, women who are pregnant and experiencing homelessness

may experience post-traumatic stress disorder, major depression, or dependency on alcohol and drugs, generating a series of negative implications for babies. This health services initiative provides Wisconsin Medicaid an opportunity to partner with homeless assistance providers to improve health equity and outcomes among children and pregnant women through addressing homelessness and housing instability.

This initiative will operate under a “Housing First” philosophy. Housing First is an evidence-based homeless assistance approach that prioritizes providing housing to people experiencing or at risk of homelessness. Housing First removes as many obstacles and barriers as possible that stand in the way of access to housing and places few or no preconditions for access to housing. Housing then serves as a platform from which individuals can improve health, pursue personal goals and improve quality of life.

### **2.2.3.1 Housing Support Services**

The Housing Support Services authorized under this HSI include 1) Housing Consultation; 2) Transition Supports; 3) Sustaining Supports; and 4) Relocation Supports.

- 1) *Housing Consultation* assesses a family’s needs and presents options through a person-centered housing support plan. This will include:
  - Conducting an individualized screening and assessment using an evidence-based assessment tool that identifies the family’s preferences for, and barriers to, housing – including factors such as accessibility and affordability;
  - Identifying other needs related to accessing health insurance, connecting with health care providers, or other resources such as transportation, child care, etc.; and
  - Developing a person-centered housing support plan based on the assessment. All person-centered housing support plans will be reviewed by a licensed clinical social worker (or equivalent master’s level clinician) for efficacy and fidelity to the Housing First model and standards developed by the state.
  
- 2) *Transition Supports* assist families to prepare for and transition to housing. These supports shall include:
  - Assisting with and providing education on the housing search, including searching for available housing; identifying the adequacy and availability of public transportation in areas under consideration; addressing credit issues for applying; completing the application for housing assistance and for the residence itself; and reviewing and signing a lease or rental agreement, consistent with the housing assessment and plan;
  - Ensuring that housing units are safe and ready for move-in that meet Housing Quality Standards under 24 CFR 982.401; Assisting the family with moving into stable

- housing, including arranging the move, and providing assistance in obtaining furniture, commodities, or utilities set up; and
- Connecting the family to community-based resources that provide assistance with activities such as securing required documents and fees needed to apply for housing and making any reasonable accommodation request(s) related to any family member's disability to a housing provider.
  - Assisting in enrolling members of the family that are not enrolled in Medicaid, CHIP, or other creditable health care insurance programs including completing enrollment materials and coordinating access to health plans and providers.
- 3) *Sustaining Supports* are provided once a family is housed to help them achieve and maintain housing stability and achieve the goals identified in the housing support plan. These supports shall include:
- Developing a plan, which must identify early prevention and intervention for behaviors or occurrences that may jeopardize housing (ex. Lease violation or hospitalization) and providing those interventions if housing is jeopardized;
  - Assisting in reducing risk of eviction by providing services such as services that help the family improve their conflict resolution skills, coaching, role-playing and communication strategies targeted towards resolving disputes with landlords and neighbors; communicate with landlords and neighbors to reduce the risk of eviction; address biopsychosocial behaviors that put housing at risk; and provide ongoing support with activities related to household management
  - Education on the role, rights, and responsibilities of the tenant and landlord;
  - Continue to connecting the family to community resources to maintain housing stability;
  - Supporting families in the development of independent living, such as skills coaching and financial counseling; and
  - Provide ongoing individualized coordination efforts connecting families with needed resources in accordance with the housing support plan including enrollment in other entitlement programs if no other health care coordinator has been established.
- 4) *Relocation Supports* will help to financially facilitate a family's transition from congregate living arrangements including homeless shelters or motels/hotels to private housing where the family is directly responsible for their own living expenses. Necessary relocation supports must be documented in the person-centered housing support plan. Items purchased and services paid for will be those determined to be most necessary based on the family's assessment and person-centered housing plan. Program staff will oversee and allocate these supports on behalf of families. Approved payments may include expenses to establish basic living arrangement and needs such as:
- Security Deposits;
  - Utility activation fees and arrears for electric, gas, internet, sewage, and telephone;

- Essential household furnishings that primarily benefit the child(ren) in the household. Examples include children's beds, bed linens, dressers, and desks, highchairs, cribs, baby bathtubs, etc.
- Services necessary for the family's health and safety in the unit such as pest eradication or one-time cleaning prior to occupancy.

Relocation supports must be prioritized for security deposits, utility arrears/activations, and health and safety services prior to use for the purchase of household items.

Relocation Supports can only be used if no other resources have been identified and accessed once per relocation event -with a cap of \$2,000 per relocation event. Relocation supports can also be used to assist the family to remain in their current housing and prevent eviction due to utility arrears as long as the family met the eligibility requirements prior to being housed.

Security deposits cannot exceed one month's rent at Fair Market Rate (FMR) within the selected agencies region served as defined each Fiscal Year (FY) by the Department of Housing and Urban Development (HUD) Office of Policy Development and Research<sup>1</sup>. Program staff will oversee and allocate these supports on behalf of eligible families. Per federal regulation, this program cannot pay for room and board.

The Department assures that this health services initiative will not supplant or match CHIP federal funds with other federal funds, nor allow other federal funds to supplant or match CHIP federal funds.

### **2.2.3.2 Provider Types**

Homelessness assistance programs provide funding to states, local government, and nonprofit providers to serve individuals affected by homelessness, including funding for housing subsidies. HUD awards Continuum of Care (CoC) leads in each state to administer funding to participating agencies that assist homeless individuals and families in finding and sustaining housing. CoC leads facilitate collaborations among homeless assistance providers (i.e. CoC member agencies) that place individuals in shelters, connect individuals to housing, and manage available housing resources for various populations. Wisconsin has four CoC leads: Milwaukee County, Dane County, Racine County, and the Balance of State which includes the remaining 69 counties and 21 local coalitions.

The Department will use a Request for Application (RFA) process to select CoC member agencies to deliver the above Housing Support Services. To apply to participate in the program, CoC member agencies will submit information regarding an estimation of how many families may qualify within their region served, the referral process to reach this population, a description of their experience delivering housing support services, assurances that this funding will not be

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<sup>1</sup> <https://www.huduser.gov/portal/datasets/fmr.html>

duplicative with other federal or state funds, a description of how they will collect metrics and reports, a list of collaborations and partnerships for program success, a letter of support of from their CoC regional lead entity, and other information the Department deems appropriate.

Each CoC member agency that is selected to participate will enter into a contract with the Department to receive funding for the program. Funding will be used towards two dedicated staff person’s salary and benefits to deliver the services, applicable administrative costs, and funding to allocate the relocation supports to qualifying families. Although the staff is employed by the agency awarded under this program, the Department expects that the agency will serve their community as a whole versus just at the agency level. The two positions with qualifications are outlined below:

| Staff                | Role  | Minimum Qualifications  |
|----------------------|---|---|
| Housing Navigator    | Manage referrals to the program, conduct the housing consultation, develop the housing support plan, and deliver the transition support services.   | <ul style="list-style-type: none"> <li>• Bachelor’s Degree from an accredited college or university <b>or</b> equivalent related experience or training</li> <li>• One year of experience in homelessness and housing accessibility</li> <li>• Competency to assess the needs of persons served and knowledge of the resources available to meet those needs.</li> <li>• Knowledgeable of Coordinated Entry practices and trained in HMIS data entry processes</li> <li>• Trained in evidence-based practices including Motivational Interviewing, Cultural Competency, and Trauma Informed Care</li> </ul>                           |
| Housing Case Manager | Deliver the sustaining support services, liaison with referral sources and partners, act as a supervisor for the program, and provide backup support for the housing navigator as needed. | <ul style="list-style-type: none"> <li>• Bachelor’s Degree from an accredited college or university</li> <li>• Three years of experience in homelessness and housing accessibility with a minimum of one years of experience acting in a supervisory capacity</li> <li>• Competency to assess the needs of persons served and knowledge of the resources available to meet those needs.</li> <li>• Knowledgeable of Coordinated Entry practices and trained in HMIS data entry processes</li> <li>• Trained in evidence-based practices including Motivational Interviewing, Cultural Competency, and Trauma Informed Care</li> </ul> |

The two staff persons will work collaboratively to network with other local CoCs, partners, property managers and owners; maintain inventory of appropriate units that meet housing quality standards for program participants; submit required reports to the Department and CoC lead organizations, and to manage relocation supports accordingly.

Approved administrative expenses may include hiring and onboarding new staff, documenting and submitting required metrics and reports, overhead costs, and travel costs related to the program. Staff will be assisting families with diverse backgrounds whom may be divulging sensitive information to address their housing and other identified needs. Therefore, administrative expenses may also be used for required training to support staff to equitably deliver services that are trauma informed, evidence based, and culturally and linguistically appropriate to determine the needs, preferences, and satisfaction of the people being served.

### **2.2.3.3 Eligibility Criteria**

The goal of this health service initiative (i.e. program) is to assist low-income Wisconsin families experiencing or at risk for homelessness to secure and maintain housing. For families to be eligible for the program, they must meet all of the following criteria:

- Be part of a household with dependent children 18 years and younger OR be pregnant;
- Consent to participate in the program within the CoC member agencies service area;
- Have a family income of less than 200% of the Federal Poverty Level (FPL); and
- Meet the criteria for any of HUD's four categories under 42 U.S.C. 11302. of homelessness including:
  - Category 1: Literally Homeless
  - Category 2: Imminent Risk of Homelessness
  - Category 3: Homeless under Other Federal Statutes
  - Category 4: Fleeing/Attempting to Flee Domestic Violence

The Department will ask CoC member agencies to prioritize families whom are staying in a place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside), emergency shelter, including hotel or motel paid for with emergency shelter voucher, safe havens, or are attempting to leave an unsafe housing situation (such as overcrowding, mold, or exposure to violence). Finally, the Department provides assurances that this health services initiative will only target children 18 years and younger and women who are pregnant.

### **2.2.3.4 Enrollment and Eligibility Verification**

Enrollment into the program will begin with referrals from various partners, using existing prioritization wait lists, or self-referrals. CoC member agencies will follow a no-wrong door policy for accepting referrals. Referral sources may include school districts, homeless shelters, managed care organizations, federally qualified health centers (FQHCs), hospitals, or others. Selected CoC member agencies may develop a form, approved by the Department, to distribute to potential referral sources to aid in referring eligible families.

The housing navigator will act as the primary access point for all referrals into the program. As this may be a hard to reach population, the housing navigator will make every effort to contact each family referred. Upon initial engagement, the housing navigator will begin the Coordinated Entry (CE) process (if not already completed) with the family through either completing CE themselves or working with their local CE entity or the housing navigator may enroll people outside of CE. CE is required by HUD to ensure that people experiencing a housing crisis have fair and equal access to housing services and assistance. CE is typically the primary access point for people experiencing homelessness or at risk of homelessness to identify, assess for, and connect to housing and assistance. CE includes a housing needs assessment which will be used to develop a housing support plan. CE practices vary by region and therefore CoC member agencies will have flexibility in determining the best process for to ensure the program follows a no-wrong door approach.

During the CE process, the housing navigator will confirm the following eligibility criteria to be enrolled into the program:

1. Household composition: Dependent children, including adopted and foster children claimed as a tax dependent, 18 years and younger. Self-attestation is accepted however if the household composition is determined questionable at any time during CE or once enrolled in the program, verification will be required.
2. Income: In accordance with 24 CFR 5.609 and 24 CFR 5.611(a), income will be verified through collecting acceptable source documentation to verify that the modified adjusted gross income of the family is below 200% FPL. Common sources of income that could be gathered include public benefits, employment wages, anticipated new employment wages, seasonal/irregular employment, self-reporting income, and unemployment benefits.
3. Homelessness: Documentation of homelessness will align with the definitions outlined in 42 U.S.C. 11302. As with other HUD funded programs, documentation may include third-party verification, CoC staff observation, or self-certification.
4. Consent to participate: All families being referred to this program will consent to participate and agree to be an active participant in securing housing within the region the CoC member agency serves.

Once families complete CE and are deemed eligible, the services they receive through this program will be documented in the Homeless Management Information System (HMIS) and shared with the Department through a secure data exchange process.

The housing navigator will serve approximately fifteen families at a time and will strive to house families within 90 days of initial contact. Once the family is housed, the housing case manager will provide housing sustaining support services to families to maintain housing stability and achieve the goals identified in the person-centered housing support plan. The housing case manager's caseload may fluctuate in order to adapt to the needs of their participants. The state

will measure successful completion of the program for a family if they remain in their housing for 12 consecutive months since their move in date.

At 12 month intervals the family's eligibility for the program and housing support needs will be reassessed. If the family still meets eligibility criteria for the program as defined in Section 2.2.3.3, and still has housing support needs, the person-centered housing support plan will be updated, and the family may continue to receive services. Families may remain in the program as long as they continue to meet eligibility criteria. Eligibility criteria and housing support needs will be assessed annually.

If families are not eligible for services through this program, the housing navigator will provide a list of non- HSI programs they may be eligible to receive, as identified through the CE process.

### **2.2.3.5 Housing Quality Standards**

All housing that is secured through this health services initiative must meet the applicable Housing Quality Standards (HQS) under 24 CFR 982.401. HQS dictates that, at a minimum, the unit must have a living room, a kitchen, and a bathroom. HQS requirements also dictates that the bathroom must be contained within the unit, afford privacy (usually meaning a door, although no lock is required), and be for the exclusive use of the occupants. Additionally, the unit must have suitable space and equipment to store, prepare, and serve food in a sanitary manner. This includes a requirement for an oven and stove or range, a refrigerator of appropriate size for the family, and a kitchen sink with hot and cold running water. Hot plates are not acceptable substitutes for stoves or ranges. However, a microwave oven may be used in place of a conventional oven, stove, or range if the oven/stove/range are tenant supplied or if microwaves are furnished in both subsidized and unsubsidized units in the building or premises. In accordance with 24 CFR § 982.401, the housing unit will also have at least one bedroom or living/sleeping room for each two persons. Children of opposite sex, other than very young children will not be required to occupy the same bedroom or living/sleeping room.-

If the housing was built before 1978 and the home has original doors or windows or there is visible interior and exterior areas with chipping or peeling paint, then agencies will refer families and landlords to Wisconsin's Lead-Safe Homes Program. The Lead-Safe Homes Program provides repairs to owner-occupied and rental properties to make them lead-safe. Lead-safe repairs provided through the program include new windows, doors, painting, and other household repairs. Once lead abatement activities start, completion should only take 5-10 days. However, it may take a few weeks to get someone from the Wisconsin Lead Safe Homes program into the unit/home to complete the full lead abatement. Interim lead controls such as stabilizing deteriorating paint and cleaning surfaces can be undertaken prior to move in or immediately after. (See SPA 19-0004 for additional information.)

Additionally, the Wisconsin Department of Health Services maintains a Lead Free/Lead Safe Registry, which is a listing of housing (single-family and apartments) that meet lead-free or lead-

safe property standards. Housing navigators may use the Lead Free/Lead Safe Registry as a resource to assist in locating lead safe housing for families with young children under this initiative. To the extent possible, the state will prioritize lead-free/lead safe housing placements for children under age six.

#### **2.2.3.6 Monitoring and Oversight**

As mentioned, the Department will contract with Continuum of Care agencies to administer and manage all daily aspects of this health service initiative. The contracted agencies have previous experience in operating and managing federal assistance programs. The CoC member agencies' activities will include networking with property owners and managers, collaborating with referral sources, participant enrollment and eligibility verification, delivering and tracking services through the HMIS, maintaining a list of housing resources that meet housing quality standards, managing the relocation support funding, and submitting monthly and quarterly reports to the Department. The Department will monitor these activities through reporting and provide oversight to the contracted agencies, including regularly scheduled meetings and offering technical assistance as needed. The Department will also monitor the program using administrative data and a reoccurring data exchange with the statewide HMIS.

#### **2.2.3.7 Key Metrics**

Key metrics the Department will track and report to CMS at an approved interval include:

- Total population served
- Number of children served
- Number of pregnant women served
  
- Socioeconomic metrics:
  - Average length of time to become housed
  - Percent of families within each category of homelessness
  - Average percent of household income spent on housing once housed
  - Average Income (%FPL) at initial engagement, 90 days post housing, and one year post initial engagement
  - Percent total population that were enrolled into health insurance
  - Percent families returning to homelessness
- Health outcomes for Medicaid- and CHIP- enrolled members:
  - Percent of children with at least one EPSDT visit in the previous year
  - Percent of children completing influenza immunization in the previous year
  - Percent of children classified underweight by BMI percentile, when reported
  - Percent of children with asthma diagnosis

- Urgent care visits for asthma
  - Emergency room visits for asthma
  - The rate of children hospitalized for asthma.
- Percent of pregnant women with a postnatal visit
  - Percent full term births
  - Percent healthy birth weight

Relocation Supports:

Quarterly reporting to CMS of relocation supports expenditures stratified by

- The total number of families served,
- Total quarterly expenditures for security deposits,
- Total quarterly expenditures for utility/arrears activations,
- Total quarterly expenditures for health and safety services, and
- Total quarterly expenditures for household items.

**9.10.1 CHIP Budget for FFY 20**

| Wisconsin CHIP<br>Cost Projections FFY20-FFY21       | FFY 2020<br>Actual Costs        | FFY 2021<br>Projected Costs | FFY2022<br>Projected Costs |
|--|---------------------------------|-----------------------------|----------------------------|
| Enhanced FMAP Rate                                   | 83.05% (Q1)<br>87.39%(Q2,3 & 4) | 75.90%                      | 71.91%                     |
| <b>CHIP Benefit Costs - All Funds</b>                |                                 |                             |                            |
| <b>SCHIP</b>   | \$ 106,283,933                  | \$ 102,801,484              | \$ 105,149,157             |
| Gross Per Member/ Per Month Rate                     | \$ 173.97                       | \$ 170.69                   | \$ 175.85                  |
| <b>Unborn Children of Pregnant Immigrants (UCPI)</b> | \$ 21,199,789                   | \$ 20,855,200               | \$ 21,101,669.38           |
| Gross Per Member/ Per Month Rate                     | \$ 1,332.15                     | \$ 1,414.34                 | \$ 1,490.10                |
| <b>MCHIP</b>   | \$ 112,642,744                  | \$ 101,733,136              | \$ 106,059,976             |
| Gross Per Member/ Per Month Rate                     | \$ 191.36                       | \$ 164.78                   | \$ 167.88                  |
| <b>CHIPRA</b>  | \$ 22,422,837                   | \$ 15,359,112               | \$ 16,330,675              |
| Gross Per Member/ Per Month Rate                     | \$ 76.69                        | \$ 51.10                    | \$ 53.60                   |
| <b>Net CHIP Benefit Costs</b>                        | <b>\$ 262,549,304</b>           | <b>\$ 240,748,932</b>       | <b>\$ 248,641,476</b>      |
|  |                                 |                             |                            |
| <b>Administration Costs - All Funds</b>              |                                 |                             |                            |
| General Administration                               | \$ 15,458,940                   | \$ 11,207,732               | \$ 9,900,000               |
| Health Service Initiative-Poison Control Center      | \$ 1,964,285                    | \$ 1,964,285                | \$ 1,964,285               |
| Health Service Initiative-Lead Abatement             | \$ 706,454                      | \$ 14,214,640               | \$ 14,214,640              |
| Health Service Initiative-CHIP Housing Support       |                                 | \$ -                        | \$ 1,468,368               |
| <b>Total Administration Costs</b>                    | <b>\$ 18,129,679</b>            | <b>\$ 27,386,657</b>        | <b>\$ 27,547,293</b>       |
|  |                                 |                             |                            |
| <b>10% Administrative Cost Limit</b>                 | <b>\$ 28,067,898</b>            | <b>\$ 26,813,559</b>        | <b>\$ 27,618,877</b>       |
|  |                                 |                             |                            |
| <b>Net Costs of CHIP Approved State Plan</b>         | <b>\$ 280,678,983</b>           | <b>\$ 268,135,589</b>       | <b>\$ 276,188,769</b>      |
|  |                                 |                             |                            |
| <b>State Share</b>                                   | \$ 38,588,306                   | \$ 64,575,274               | \$ 78,644,887              |
| <b>Federal Share</b>                                 | \$ 242,090,676                  | \$ 203,560,315              | \$ 197,543,882             |
|  |                                 |                             |                            |
| <b>Offsets/Collections</b>                           | \$ (714,559)                    | \$ (2,270,154)              | \$ (2,984,713)             |
| <b>Gross CHIP Costs</b>                              | <b>\$ 281,393,542</b>           | <b>\$ 270,405,743</b>       | <b>\$ 279,173,482</b>      |