Contact Name for Information:

Medicaid Program Budget Report

State Estimate of Quarterly Grant Awards (In Thousands)

State:

Submission Date: Certification Qtr:

	Medica	I Assistance	Payments	State 8	& Local Admi	inistration	
Fiscal							Federal Share
Quarter	Tot. Comp.	Fed. Share	State Share	Tot. Comp.	Fed. Share	State Share	M-SCHIF
1. 1st Quarter							
2. 2nd Quarter							
3. 3rd Quarter							
4. 4th Quarter							
5. Total							
Fiscal Year	: 2003						
	Medica	I Assistance	Payments	State 8	& Local Admi	inistration	
Fiscal Quarter	Tot. Comp.	Fed. Share	State Share	Tot. Comp.	Fed. Share	State Share	Federal Share M-SCHIF
6. 1st Quarter							
7. 2nd Quarter							
8. 3rd Quarter							
9. 4th Quarter							
10. Total							
State Children's H regulations, policie under Title XXI of 3. The budget est 4. The state and/c accordance with a 5. The amount of 6. Federal matchi and/or state Child the certification qu	ealth Insurance Pro es, and the state pla the Act for the SCH imates are based u or local funds requir Il applicable federal state and local fund ng funds are not be Health Plan amend arter.	ogram (SCHIP) unden approved by the S IP. pon the most reliabl ed to match the stat requirements for th ds available for quar ing requested for th ment under Title XX	er Title XXI of the Act, Secretary and in effect e information available e's allowable expendit e non-federal share m ter for the I e certification quarter f I of the Act that was s	that are allowable during the fiscal y e to the state. tures during the ce atch of expenditur Medicaid program to match expendit ubmitted after Jar	in accordance with year under Title XIX ertification quarter w res. is ures under any Mec uary 2, 2001, and t	applicable implementing of the Act for the Medic vill be available, and such), and as applicable, under the g federal, state, and local statutes, aid program, and as applicable, h state and/or local funds are in nent under Title XIX of the Act red by the Secretary effective for edge and belief.
Date:		on the Form CM3-3	or Summary Sneet and	u the Supporting a		Title:	euge and beller.
User Performing	Signature:						
	g Certification.						
Footnotes:							

The completed Budget, Expenditure and supporting forms are to be submitted via the on-line MBES/CBES system to the Centers for Medicaid Services, Center for Medicaid and State Operations, Finance, Systems and Quality Group, Division of Financial Management, located at Mailstop S3-13-15, 7500 Security Blvd., Baltimore, Maryland 21244-1850.

Form Approved OMB No. 0938-0101

Medicaid Program Budget Report

Estimated Medical Assistance by Type of Service (In Thousands)

State	; :			Submission	Date:	
		Total Budgeted	Services	Total Budgeted	Services	
		Current Yea	r 2002	Budget Year 2003		
Туре	Of Service	Total Computable	Federal Share	Total Computable	Federal Share	
1A	Inpatient Hospital / Regular Payment					
1B	Inpatient Hospital / DSH Adj. Payment					
2A	Mental Health / Regular Payment					
2B	Mental Health / DSH Adj. Payment					
3	Nursing Facility Services					
4A	Intermediate Care / Public					
4B	Intermediate Care / Private					
5	Physicians' Services					
6	Outpatient Hospital Services					
7	Prescribed Drugs					
7A1	Drug Rebate / Natl. Agreement					
7A2	Drug Rebate / State Agreement					
8	Dental Services					
9	Other Practitioners' Services					
10	Clinic Services					
11	Lab/Radiological Services					
12	Home Health Services					
13	Sterilizations					
14	Abortions					
15	EPSDT Screenings					
16	Rural Health Clinic					
17A	Medicare HIP / Part A Prem.					
17B	Medicare HIP / Part B Prem.					
17C1	Medicare Qual Individuals 120%-134% Poverty					

Form CMS 37.3

Form Approved OMB No. 0938-0101

Medicaid Program Budget Report

Estimated Medical Assistance by Type of Service (In Thousands)

State	:			Submission	Date:
		Total Budgeted	Services	Total Budgeted	Services
		Current Yea	r 2002	Budget Year	r 2003
Туре	Of Service	Total Computable	Federal Share	Total Computable	Federal Share
17C2	Medicare Qual Individuals 135%-175% Poverty				
17D	Medicare HIP / Coinsurance				
18A	Medicaid HIP / MCO				
18B	Medicaid HIP / PHP				
18C	Medicaid HIP / Group				
18D	Medicaid HIP / Coinsurance				
18E	Medicaid HIP / Other				
19	Home-Comm Serv/Regular				
20	Home-Comm Serv/FD Elderly				
21	Community Supported Living				
22	All-Inclusive Care for Elders				
23	Personal Care				
24	Targeted Case Mgmt. Services				
25	Primary Care Case Mgmt. Services				
26	Hospice Benefits				
27	Emeg. Service Undoc. Aliens				
28	Federally Qual. Health Center				
29	Other Care Services				
30	Subtotal				
31	Collections				
32	Prior Period Adjustments				
33	Total Medicaid (non-M-SCHIP)				
34	M-SCHIP Expansions				
35	Total Medicaid				

Form CMS 37.3

Medicaid Program Budget Report

Information - Estimated Medical Assistance by Type of Service (In Thousands)

State):			Submission	Date:
		Total Budgeted	Services	Total Budgeted	Services
Туре	Of Service	Current Yea	r 2002	Budget Year	r 2003
Progra	am:	Total Computable	Federal Share	Total Computable	Federal Share
1A	Inpatient Hospital / Regular Payment				
1B	Inpatient Hospital / DSH Adj. Payment				
2A	Mental Health / Regular Payment				
2B	Mental Health / DSH Adj. Payment				
3	Nursing Facility Services				
4A	Intermediate Care / Public				
4B	Intermediate Care / Private				
5	Physicians' Services				
6	Outpatient Hospital Services				
7	Prescribed Drugs				
7A1	Drug Rebate / Natl. Agreement				
7A2	Drug Rebate / State Agreement				
8	Dental Services				
9	Other Practitioners' Services				
10	Clinic Services				
11	Lab/Radiological Services				
12	Home Health Services				
13	Sterilizations				
14	Abortions				
15	EPSDT Screenings				
16	Rural Health Clinic				
17A	Medicare HIP / Part A Prem.				
17B	Medicare HIP / Part B Prem.				
17C1	Medicare Qual Individuals 120%-134% Poverty				

Form CMS 37.3I

Medicaid Program Budget Report

Information - Estimated Medical Assistance by Type of Service (In Thousands)

State	9:			Submissio	n Date:	
		Total Budgeted	Services	Total Budgeted Services		
Туре	Of Service	Current Yea	r 2002	Budget Yea	ar 2003	
Progra	am:	Total Computable	Federal Share	Total Computable	Federal Share	
17C2	Medicare Qual Individuals 135%-175% Poverty					
17D	Medicare HIP / Coinsurance					
18A	Medicaid HIP / MCO					
18B	Medicaid HIP / PHP					
18C	Medicaid HIP / Group					
18D	Medicaid HIP / Coinsurance					
18E	Medicaid HIP / Other					
19	Home-Comm Serv/Regular					
20	Home-Comm Serv/FD Elderly					
21	Community Supported Living					
22	All-Inclusive Care for Elders					
23	Personal Care					
24	Targeted Case Mgmt. Services					
25	Primary Care Case Mgmt. Services					
26	Hospice Benefits					
27	Emeg. Service Undoc. Aliens					
28	Federally Qual. Health Center					
29	Other Care Services					
30	Subtotal					
31	Collections					
32	Prior Period Adjustments					
33	Total Medicaid (non-M-SCHIP)					
34	M-SCHIP Expansions					
35	Total Medicaid					

Form CMS 37.3I

Form Approved OMB No. 0938-0101

Medicaid Program Budget Report Estimated Average Number Of Eligibles During The Year

Sta	ate:						Submissi	on Date:
		Actuals	Estimate	Estimate	Change From	Percent Change	Change From	Percent Change
EI	igible Categories	Base Year 2001	FY 2002	FY 2003	Base Year To FY 2002	From Base Year To FY 2002	FY 2002 To FY 2003	FY
1	Blind and Disabled							
2A	Aged 65 and Over (Non-Disabled) Qualified Medicare Beneficiaries only							
2B	Aged 65 and Over (Non-Disabled) Other Aged							
2C	Subtotal Aged 65 and Over (Non-Disabled)							
3A	Other Adults (Non-Disabled/Non-Aged). Pregnancy Benefit Adults							
3B	Other Adults (Non-Disabled/Non-Aged). Non-Pregnancy Benefit Adults							
3C	Subtotal Other Adults (Non-Disabled/Non-Aged)							
4A	Non-Disabled Children. Age less than 1 Year.							
4B	Non-Disabled Children. Age 1 to 5.							

Form CMS 37.7

Form Approved OMB No. 0938-0101

Medicaid Program Budget Report Estimated Average Number Of Eligibles During The Year

State:			-			Submissi	Submission Date:		
	Actuals	Estimate	Estimate	Change From	Percent Change		Percent Change		
Eligible Categories	Base Year 2001	FY 2002	FY 2003	Base Year To FY 2002	From Base Year To FY 2002	FY 2002 To FY 2003	FY		
4C Non-Disabled Children. Other Children.									
4D Subtotal Non-Disabled Children.									
5 Total Average Number of Eligibles During the Year.									

-

Form Approved OMB No. 0938-0101

Medicaid Program Budget Report State And Local Administration (In Thousands)

Stat	e:	Submission Date: Total Administration Total Administration						
				inistration ear 2002	Total Adm Fiscal Y			
	State And Local Administration	FFP Rates	Total Comp.	Fed. Share	Total Comp.	Fed. Share		
1	Family Planning							
2A	Design, Develop or Install MMIS: Inhouse and Other State Activities							
2B	Design, Develop or Install MMIS: Private Sector Contractors							
2C	Design, Develop or Install MMIS: Drug Claims System							
3	Skilled Professional Medical Personnel							
4A	Operation of an Approved MMIS: Inhouse and Other State Activities							
4B	Operation of an Approved MMIS: Private Sector Contractors							
5A	Non-MMIS Systems: Inhouse and Other State Activities							
5B	Non-MMIS Systems: Private Sector Contractors							
6	Peer Review Organization							

Form CMS 37.9

Form Approved OMB No. 0938-0101

Medicaid Program Budget Report State And Local Administration (In Thousands)

State:		Submission Date:						
			inistration ear 2002	Total Adm Fiscal Ye	inistration ear 2003			
State And Local Administration	FFP Rates	Total Comp.	Fed. Share	Total Comp.	Fed. Share			
7A TPL-Billing Offset								
7B Assignment of Rights-Billing Offset								
8 Immigration Status System								
9 Nurse Aide Training and Competency Evaluation Programs Costs								
10 Preadmission Screening Costs								
11 Resident Review Activities								
12 Drug Use Review Program								
13 Outstationed Eligibility Workers								
14 TANF Base Allocation								
15 TANF Secondary Allocation - 90%								

Form CMS 37.9

Form Approved OMB No. 0938-0101

Medicaid Program Budget Report State And Local Administration (In Thousands)

Stat	te:		Submission Date:						
			Total Adm Fiscal Yo		Total Adm Fiscal Yo				
	State And Local Administration	FFP Rates	Total Comp.	Fed. Share	Total Comp.	Fed. Share			
16	TANF Secondary Allocation - 75%								
17	External Quality Reviews								
18	Enrollment Brokers								
19	Other Financial Participation								
20	Sub-Total (Line 1-19)								
21	Collections								
22	Prior Period Adjustments								
23	Total Administration								

Form Approved OMB No. 0938-0101

Medicaid Program Budget Report State And Local Administration (In Thousands)

State:

Submission Date:

				Fiscal Year 2002					Fisca	Year 2003		
State	And Local Administration	FFP	Salaries An	Salaries And Expenses Other Administration				Salaries And Expenses Other Administration				
- Charle		Rate	Total Comp.	Fed. Share	Total Comp.	Fed. Share	FTE'	Total Comp.	Fed. Share	Total Comp.	Fed. Share	FTE'
1	Family Planning	90										
2A	Design, Develop or Install MMIS: Inhouse and Other State Activities	90										
2B	Design, Develop or Install MMIS: Private Sector Contractors	90										
2C	Design, Develop or Install MMIS: Drug Claims System	90										
3	Skilled Professional Medical Personnel	75										
4A	Operation of an Approved MMIS: Inhouse and Other State Activities	75										
4B	Operation of an Approved MMIS: Private Sector Contractors	75										
5A	Non-MMIS Systems: Inhouse and Other State Activities	50										
5B	Non-MMIS Systems: Private Sector Contractors	50										
6	Peer Review Organization	75										

Form CMS 37.10

Form Approved OMB No. 0938-0101

Medicaid Program Budget Report State And Local Administration (In Thousands)

State:

Submission Date:

				Fiscal Year 2002					Fisca	Fiscal Year 2003					
State	And Local Administration	FFP	Salaries An	Salaries And Expenses Other Administration				Salaries And Expenses Other Administration							
Olule		Rate	Total Comp.	Fed. Share	Total Comp.	Fed. Share	FTE'	Total Comp.	Fed. Share	Total Comp.	Fed. Share	FTE'			
7A	TPL-Billing Offset	50													
7B	Assignment of Rights-Billing Offset	50													
8	Immigration Status System	100													
9	Nurse Aide Training and Competency Evaluation Programs Costs	50													
10	Preadmission Screening Costs	75													
11	Resident Review Activities	75													
12	Drug Use Review Program	50													
13	Outstationed Eligibility Workers	50													
14	TANF Base Allocation	90													
15	TANF Secondary Allocation - 90%	90													

Form CMS 37.10

Form Approved OMB No. 0938-0101

Medicaid Program Budget Report State And Local Administration (In Thousands)

State:

Submission Date:

			Fiscal Year 2002					Fiscal Year 2003					
State	And Local Administration	FFP	Salaries An	d Expenses	Other Administration			Salaries And Expenses		Other Administration			
		Rate	Total Comp.	Fed. Share	Total Comp.	Fed. Share	FTE'	Total Comp.	Fed. Share	Total Comp.	Fed. Share	FTE'	
16	TANF Secondary Allocation - 75%	75											
17	External Quality Reviews	75											
18	Enrollment Brokers	50											
19	Other Financial Participation	50											
20	Sub-Total (Line 1-19)												
21	Collections												
22	Prior Period Adjustments												
23	Total Administration												

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Medicaid Program Budget Report

Information - State and Local Administration (In Thousands)

State:

Submission Date:

			Fiscal Year 2002				Fiscal Year 2003					
State And Local Administration		FFP	Salaries An	d Expenses	Other Ad	ministration		Salaries An	d Expenses	Other Administration		
Prog		Rate	Total Comp.	Fed. Share	Total Comp.	Fed. Share	FTE'	Total Comp.	Fed. Share	Total Comp.	Fed. Share	FTE'
1	Family Planning	90										
2A	Design, Develop or Install MMIS: Inhouse and Other State Activities	90										
2B	Design, Develop or Install MMIS: Private Sector Contractors	90										
2C	Design, Develop or Install MMIS: Drug Claims System	90										
3	Skilled Professional Medical Personnel	75										
4A	Operation of an Approved MMIS: Inhouse and Other State Activities	75										
4B	Operation of an Approved MMIS: Private Sector Contractors	75										
5A	Non-MMIS Systems: Inhouse and Other State Activities	50										
5B	Non-MMIS Systems: Private Sector Contractors	50										
6	Peer Review Organization	75										

Form CMS 37.10I

Form Approved OMB No. 0938-0101

Medicaid Program Budget Report

Information - State and Local Administration (In Thousands)

State:

Submission Date:

			Fiscal Year 2002				Fiscal Year 2003					
State And Local Administration		FFP	Salaries An	d Expenses	Other Administration			Salaries An	d Expenses	Other Administration		
Prog	ram:	Rate	Total Comp.	Fed. Share	Total Comp.	Fed. Share	FTE'	Total Comp.	Fed. Share	Total Comp.	Fed. Share	FTE'
7A	TPL-Billing Offset	50										
7B	Assignment of Rights-Billing Offset	50										
8	Immigration Status System	100										
9	Nurse Aide Training and Competency Evaluation Programs Costs	50										
10	Preadmission Screening Costs	75										
11	Resident Review Activities	75										
12	Drug Use Review Program	50										
13	Outstationed Eligibility Workers	50										
14	TANF Base Allocation	90										
15	TANF Secondary Allocation - 90%	90										

Form CMS 37.10I

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Medicaid Program Budget Report

Information - State and Local Administration (In Thousands)

State:

Submission Date:

			Fiscal Year 2002					Fiscal Year 2003					
Stat	State And Local Administration		Salaries And Expenses		Other Administration			Salaries And Expenses		Other Administration			
Prog	ıram:	Rate	Total Comp.	Fed. Share	Total Comp.	Fed. Share	FTE'	Total Comp.	Fed. Share	Total Comp.	Fed. Share	FTE'	
16	TANF Secondary Allocation - 75%	75											
17	External Quality Reviews	75										Π	
18	Enrollment Brokers	50											
19	Other Financial Participation	50											
20	Sub-Total (Line 1-19)												
21	Collections												
22	Prior Period Adjustments												
23	Total Administration												

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Medicaid Program Budget Report

Other Budget Narratives

State: Alabama Submission Date:

Other Narrative Explanations