#### I. Introduction

On February 17, 2009, President Obama signed the American Recovery and Reinvestment Act of 2009 (ARRA, P.L. 111-5) into law, representing approximately \$87 billion in Federal funds to help States, D.C. and Territories meet the health care needs for their Medicaid populations during the recession period (October 1, 2008 thru December 31, 2011).

The purpose of this report is to identify how the: increased Federal dollars are used; and, the States are meeting the conditions and requirements under section 5001 of ARRA.

II. State Information:					
State:     State Organizational	Component:	XX			
3. State Contact Info:	Name: Address:				
	E-Mail: Telephone:				
4. Date Submitted:					
5. Report Period:		/dd/yyyy): /dd/yyyy):	mm/dd/20yy mm/dd/20yy		
6.a. Attestation (signatu	ıre):				
6.b. Office of Governor	Reviewer:				
7. Did your State draw or reporting period?	down increas	ed Federal	dollars as prov	ided under	the ARRA for the
Yes	I	No			
If you marked "Yes", ple	ease comple	te the rema	ining questions		
8. If you marked "No", princreased Federal fund					

FILE: ARRA-Sec-5001-State-Report-3.xlsx

Date: 8/20/2009

State:	XX From (mm/do	d/vvvv):	Report Period: mm/dd/20yy
	· ·		mm/dd/20yy
III. State	Plan Use of Increased FMAP		
increased to the dif	escribe how the State is using the freed up State funds associated with the addition of FMAP available under the ARRA provision. For this purpose, the amount of "freeference between the amount of available Federal funds at the increased FMAP unble Federal funds at the regular (non-increased) FMAP.	ed up S	State funds" is equivalent
Indicate a	all that apply:		
1. Uses r	elated to the health care programs in the State:		
A.	Medicaid a) Cover increased caseload b) Ensure prompt pay requirements are met c) Maintain current populations and avoid cuts to eligibility d) Maintain current benefits and avoid reductions in bebefits e) Expand benefits and / or increase provider rates f) Expand eligibility / coverage g) Other. Please explain and provide any attachments if necessary		Stimated Amounts:  \$ - \$ - \$ - \$ - \$ - \$ - \$ -
B.	Other Health Care Related (Non-Medicaid) Describe:		Estimated Amounts:
2. Non-H	lealth Care Related Uses Describe:		Estimated Amounts:
Federal fo State fun	ibe the funding process with respect to expenditures during the quarter in the Medunds related to the increased FMAP under ARRA and non-Federal funds. For this and accounts which are involved in the funding process for the Medicaid programmers. Federal FMAP funds and the non-Federal share funds flow and/or are deposited.	s purpo ram and	se, identify all of the
	se provide the original estimates of general fund revenue collections used in deve and your actual or preliminary actual general fund revenue collections	eloping	the annual budget for
and your	ase provide the original estimate of general fund revenue collections used in dever most recent updated estimate of collections. When available, please provide the collections.		
	aid Program Funding Process. Please provide an explanation of the budget proc Program in FY 2009 and FY 2010.	cess in y	our state for funding the
	your State reduce the share of State fund appropriations compared to Federal fue increased FMAP? If yes please explain.	unds for	the Medicaid Program,
	your State maintain the share of State fund appropriations for the Medicaid Prog f yes, please explain.	ıram, de	espite the increased
4.C. Ple years.	ase provide any other information that may help explain your State's funding of M	Medicaio	d during these two fiscal
	include any other information/narrative not addressed in the questions above what MAP stimulus funds:	nich wou	uld highlight the State's
- 2. 1 1			

# DRAFT - State Report on the Use of Increased FMAP - DRAFT Section 5001 of ARRA

State:	xx				Report Period: From (mm/dd/yyyy): To (mm/dd/yyyy):	mm/dd/20yy mm/dd/20yy
IV. Medicaid Enrollment						
Please provide enrollment	ent data for the repo	rting period by population:				
Table 1: Medicaid Enrol	Iment/Eligibility Da	ta				
1.a. Eligibility Group	Enrollment 9/30/2008 /1	1.b. Eligibility Group	Enrollment In Report Period /2	Eligibility Months /3	Average Eligibility  Months  Col F ÷ 3	]
Α	В	D	E	F	G	
Aged (65 and Older)		Aged (65 and Older)			0.00	5
Disabled/Blind		Disabled/Blind			0.00	
Pregnant Women		Pregnant Women			0.00	
Children		Children			0.00	
Other Adults		Other Adults			0.00	5
Total:	0.00	Total:	0.00	0.00	0.00	5
Describe Significant Ch	nanges in Enrollment	mber of eligibility months dur  Eligibility (+/- 5.0%)  have contributed to the increa		,,	plain below.	
2.b. Which population(s)	have decreased gre	eater than 5%? Identify popul	ation(s) and indic	ate reason(s) f	or decrease.	

Previous Q: (NASBO suggesting revising as above) 2.b. Which population(s) have decreased greater than 5%? Identify population(s) and indicate reason(s) for decrease.

State:	XX	Report	Period:
		From (mm/dd/yyyy):	mm/dd/20yy
		To (mm/dd/yyyy):	

#### V. Maintenance of Effort

1.A. Rainy Day/Reserve Funds. Please report the ending balance of the State's Rainy Day and/or Reserve Funds for each Report quarter. If there was an increase from the previous quarter, please explain the source of funds and attach any additional information, as necessary.

Table 2. Rainy Day/Reserve Fund						
Rainy Day/	Ending Balance	<b>Ending Balance</b>	Change			
Reserve Fund*	9/30/2008	Report Qtr	_			
			\$0			
			\$0			
			\$0			
			\$0			
			\$0			
			\$0			
			\$0			
			\$0			
			\$0			
Total:	\$0	\$0	\$0			

<sup>\*</sup> Identify/List (If more space needed, include on attachment)

1.B. What are the constitutional and statutory provisions concerning the funding of your rainy day fund?"

1.C. Please describe the mechanism that your state uses to assure that increased FMAP funds are not deposited into your rainy day fund.

2a. Prompt Pay. In Table 3, please report on the number of days and amount of increased FMAP dollars lost as a result of the State's failure to meet the prompt payment requirements, if any. For this purpose, Table 4 provides a running total for each quarter throught the Report Quarter; Do not complete for future quarters.

Table 3: Prompt Pay	Violations									
FFY	Quart	er 1	Qua	rter 2	Quai	rter 3	Qua	rter 4	To	tal
	Days	Amount	Days	Amount	Days	Amount	Days	Amount	Days	Amount
2009									0	\$0
2010									0	\$0
2011									0	\$0
Total:	0	\$0	0	\$0	0	\$0	0	\$0	0	\$0

2b. Indicate each date(s) of noncompliance for prompt pay during the Report Period/Quarter (mm/dd/yy):	

3. Political Subdivisions. With respect to political subdivisions that are required to contribute to the non-Federal share of the State's Medicaid expenditures, please provide a list of each of political subdivisions and required percentage of non-Federal share contribution on the percentage political subdivisions are required to contribute toward the non-federal share of Medicaid expenditures. If political subdivisions are not required to contribute toward the non-Federal share of Medicaid expenditures, please indicate as such.

Table 4: Political Subdivisions Contribution Percentage		
Political Subdivision *	Percentage Required September 30, 2008 (x.x%)	Percentage Required Report Quarter (x.x%)
dentify/List (If more space needed, include on attachment)		

Identify/List (If more space needed, include on attachment)

State:	XX	Report Period:					
						From (mm/dd/yyyy):	
						To (mm/dd/yyyy):	mm/aa/20yy
V. Maintenar	nce of Effort (C	ont'd)					
	•						
		•				hodologies and procedues(s), the effective date	
4b. Please co	omplete the char	t below indicat	ting the increa	ased FMAP do	ollar amounts l	ost as a result of such c	hanges, if any:
Table 5: Elig	ibility Restriction	ons (\$000s)				]	
FFY	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	]	
2009					\$0		
2010 2011					\$0 \$0		
Total:	\$0	\$0	\$0	\$0			
i otai.	ΨΟ	ΨΟ	ΨΟ	Ψ	ΨΟ	l	
Ac Roinstate	ement of Fligib	lity- If applicat	hle specify th	e date (and C	)uarter) that th	e state reinstated eligibl	ity standards
	s, or procedures			,			ity Staridards,
	э, эт ртэээээээ	, тороситолу,		(01 1101110	,		
4d. Reinstate	ement of Eligib	lity- With resp	pect to the elig	gibility provision	ns that were r	einstated, indicate, by p	rovision, the number of
							ligible, as a result of the
reinstated pro	vision:						
Table 6.		nrollees durir nt of eligibility		it have retain	ed or become	e eligible as a result of	
		nstated Provis		ne)			No. of Individuals
	11011	1014104 1 10416	51011 (2000112	,			Nor or marriadalo
•		•				ssistance provided to in	
eligible under effective date		irds that were i	nigher than th	iose in effect (	on July 1, 2008	Provide a description	of the change, the
<b>5b. New Eligibles.</b> Please complete Table 7 below and list the number of new eligibles that are covered but excluded from increased							
_	FMAP payments because the expansion is subject to eligiblity income standards that are higher than what was in effect on July 1, 2008.						
Table 7.	Table 7. Number of new elgible individuals during period that became eligible as a result of increased income eligibility standards, and related lost FMAP						creased
		ligibility Incon				No. of Individuals	Lost FMAP (\$000s)

State:	XX	Report Period:		
		From (mm/dd/yyyy):	mm/dd/20yy	
		From (mm/dd/yyyy): To (mm/dd/yyyy):	mm/dd/20yy	
		, , , , , , , , , , , , , , , , , , , ,		
VI. Comments	3			