

**State Report on the Use of Increased FMAP
Section 5001 of ARRA**

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:

1. State:

2. State Organizational Component: _____

3. State Contact Info: Name: _____
Address: _____
E-Mail: _____
Telephone: _____

4. Date Submitted: _____

5. Report Period: From (mm/dd/yyyy):
To (mm/dd/yyyy):

6.a. Attestation (signature): _____

6.b. Office of Governor Reviewer: _____

7. Did your State draw down increased Federal dollars as provided under the ARRA for the reporting period?

Yes No

If you marked "Yes", please complete the remaining questions.

8. If you marked "No", please provide a brief explanation why your State did not use the increased Federal funds, and only complete those remaining questions that are still relevant.

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III. State Plan Use of Increased FMAP

Please describe how the State is using the freed up State funds associated with the additional Federal funds related to the increased FMAP available under the ARRA provision. For this purpose, the amount of "freed up State funds" is equivalent to the difference between the amount of available Federal funds at the increased FMAP under ARRA and the amount of the available Federal funds at the regular (non-increased) FMAP.

Indicate all that apply:

1. Uses related to the health care programs in the State:

A. Medicaid	Estimated Amounts:
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 bebenefits	\$ -
e) Expand benefits and / or increase provider rates	\$ -
f) Expand eligibility / coverage	\$ -
g) Other. Please explain and provide any attachments if necessary	\$ -

B. Other Health Care Related (Non-Medicaid)	Estimated Amounts:
Describe:	\$ -

2. Non-Health Care Related Uses	Estimated Amounts:
Describe:	\$ -

3. Describe the funding process with respect to expenditures during the quarter in the Medicaid program including both Federal funds related to the increased FMAP under ARRA and non-Federal funds. For this purpose, identify all of the State funds and accounts which are involved in the funding process for the Medicaid program and into/through which the increased Federal FMAP funds and the non-Federal share funds flow and/or are deposited.

3.A. Please provide the original estimates of general fund revenue collections used in developing the annual budget for FY 2009 and your actual or preliminary actual general fund revenue collections

3.B. Please provide the original estimate of general fund revenue collections used in developing your FY 2010 budget and your most recent updated estimate of collections. When available, please provide the final actual general fund revenue collections.

4. Medicaid Program Funding Process. Please provide an explanation of the budget process in your state for funding the Medicaid Program in FY 2009 and FY 2010.

4.A. Did your State reduce the share of State fund appropriations compared to Federal funds for the Medicaid Program, due to the increased FMAP? If yes please explain.

4.B. Did your State maintain the share of State fund appropriations for the Medicaid Program, despite the increased FMAP? If yes, please explain.

4.C. Please provide any other information that may help explain your State's funding of Medicaid during these two fiscal years.

5. Please include any other information/narrative not addressed in the questions above which would highlight the State's use of FMAP stimulus funds:

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IV. Medicaid Enrollment

1. Please provide enrollment data for the reporting period by population:

Table 1: Medicaid Enrollment/Eligibility Data

1.a. Eligibility Group	Enrollment 9/30/2008 /1
A	B
Aged (65 and Older)	
Disabled/Blind	
Pregnant Women	
Children	
Other Adults	
Total:	0.00

1.b. Eligibility Group	Enrollment In Report Period /2	Eligibility Months /3	Average Eligibility Months Col F ÷ 3
D	E	F	G
Aged (65 and Older)			0.00
Disabled/Blind			0.00
Pregnant Women			0.00
Children			0.00
Other Adults			0.00
Total:	0.00	0.00	0.00

/1 Enrollment in Table 1.a. is equal to the baseline number of unduplicated individuals enrolled as of 9/30/08

/2 Enrollment in Table 1.b. is equal to the number of unduplicated individuals enrolled in report period (quarter)

/3 Eligibility Months in Table 1.b. is the total number of eligibility months during the report period (quarter)

2. Describe Significant Changes in Enrollment/Eligibility (+/- 5.0%)

2.a. Were there any policy changes that may have contributed to the increase/decrease? If yes, please explain below.

2.b. Which population(s) have decreased greater than 5%? Identify population(s) and indicate reason(s) for 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.

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V. Maintenance of Effort (Cont'd)

4. **Restrictive Eligibility.** Please report any changes to the eligibility standards, methodologies and procedures that are more restrictive than what was in effect on July 1, 2008. Provide a description of the changes(s), the effective date, and impact:

4b. Please complete the chart below indicating the increased FMAP dollar amounts lost as a result of such changes, if any:

Table 5: Eligibility Restrictions (\$000s)					
FFY	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
2009					\$0
2010					\$0
2011					\$0
Total:	\$0	\$0	\$0	\$0	\$0

4c. **Reinstatement of Eligibility-** If applicable, specify the date (and Quarter) that the state reinstated eligibility standards, methodologies, or procedures, respectively, under such plan (or waiver) as in effect on July 1, 2008.

4d. **Reinstatement of Eligibility-** With respect to the eligibility provisions that were reinstated, indicate, by provision, the number of unduplicated number of enrollees estimated to have retained eligibility, or have been able to be determined eligible, as a result of the reinstated provision:

Table 6. Number of enrollees during period that have retained or become eligible as a result of reinstatement of eligibility provisions	
Reinstated Provision (Describe)	No. of Individuals

5.a. **Expanded Eligibility.** Please report any changes under Title XIX, for medical assistance provided to individuals determined eligible under eligibility standards that were higher than those in effect on July 1, 2008. Provide a description of the change, the effective date and impact.

5b. **New Eligibles.** 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 eligibility income standards that are higher than what was in effect on July 1, 2008.

Table 7. Number of new eligible individuals during period that became eligible as a result of increased income eligibility standards, and related lost FMAP		
Increased Eligibility Income Standard (Describe)	No. of Individuals	Lost FMAP (\$000s)

