I. Introduction

The American Recovery and Reinvestment Act of 2009 section 5004(d) includes requirements that States report to CMS information relating to participation in Transitional Medical Assistance. The purpose of this form is to define the data to be submitted and to provide a format for that submission.

II. State Information:				
1. State: 2. State Organizational	Component:	XX		
3. State Contact Info:	Name: Address: E-Mail: Telephone:			
4. Date Submitted:				
5. Report Period:	,	n/dd/yyyy): n/dd/yyyy):	mm/dd/20yy	
6. Attestation (signature	•			•

The data elements to be reported are defined on the following pages.

File: ARRA-Sec-5004-State-Report-3.xlsx Date Last Revised: 8/20/2009

CMS-10295

OMB Control Number: 0938-1073

Expires: TBD

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

III. ARRA Section 5004(d) Data Collection Elements

Average Monthly Enrollment- Adults	The total unduplicated number of adults enrolled in the TMA category for each month being reported, divided by the number of months being reported.
Average Monthly Enrollment- Children	The total unduplicated number of children enrolled in the TMA category for each month being reported, divided by the number of months being reported.
Average Monthly Participation Rate- Adults	The average monthly number of adults enrolled in the TMA category who receive Medicaid services, divided by the average monthly number of adults enrolled in TMA.
Average Monthly Participation Rate- Children	The average monthly number of children enrolled in the TMA category who receive Medicaid services, divided by the average monthly number of children enrolled in TMA.
Number of Children Continued in Another Title XIX Category	The number of children eligible under title XIX in a category other than TMA, including Medicaid expansions, who were eligible under TMA in the month immediately preceding.
Percentage of Children Continued in Another Title XIX Category	The number of children eligible under title XIX in a category other than TMA, including Medicaid expansions, who were eligible under TMA in the month immediately preceding eligibility in the other category, divided by the number of children eligible under TMA in the immediately preceding month.
Number of Children continued in a Title XXI Category	The number of children eligible under title XXI who were eligible under TMA in the month immediately preceding eligibility under title XXI.
Percentage of Children Continued in a Title XXI Category	The number of children eligible under title XXI who were eligible under TMA in the month immediately preceding eligibility under title XXI, divided by the number of children eligible under TMA in the immediately preceding month

The elements defined above are to be reported quarterly on the following tables.

Include individuals who were eligible for any portion of the reporting period.

Individuals eligible in more than one eligibility category during a month should be reported in the category that occurred first.

Use unduplicated counts.

Define children as specified in your state plan.

Transitional Medical Assistance (TMA) is defined as coverage under sections 1902(a)(52), 1902(e)(1) and 1925 of the Social Security Act

State:	XX	Report Perio	Report Period:		
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IV. ARRA Section 5004(d) Data Collection

Table 1. Transitional Medical Assistance Enrollment Data- Adults

Number of Adults during the Reportin (Fill-in)	Number of Enrollment Months in Reporting Period (Fill-in)	Average Monthly Enrollment (Col B/3)	Average Enrollment Months Per Enrollee (Col B/Col A)	Number of Enrolled Adults Who Received Services (Fill-in)	Average Monthly Participation Rate (Col E/Col A)
Α	В	С	D	Е	F
		0			

- A -This is the total number of unduplicated number of adults enrolled in TMA at any time during each month of the reporting period.
- B This is the total number of enrollment months for the entire reporting period.
- C- This is the number of enrollment months for adults in Column B divided by 3 to obtain the average monthly enrollment for adults
- D This is the number of enrollment months for adults in Column B divided by the unduplicated number adults in Column A, representing the average number of enrollment months for the reporting period
- E This is the total unduplicated number of adults enrolled in TMA at any time during the reporting period who received Medicaid services during the reporting period.
- F This is the number of enrolled adults who received services in Column E divided by the total number of adults in Column A, representing the average monthly participation rate for adults

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

IV. ARRA Section 5004(d) Data Collection (Cont'd)

Table 2. Transitional Medical Assistance Enrollment Data- Children

Number of Children Enrolled during the Reporting Period (Fill-in)	Number of Enrollment Months in Reporting Period (Fill-in)	Average Monthly Enrollment (Col B/3)	Average Enrollment Months Per Enrollee (Col B/Col A)	Number of Enrolled Children Who Received Services (Fill-in)	Average Monthly Participation Rate (Col E/Col A)
Α	В	С	D	Е	F
		0			

- A -This is the total number of unduplicated number of children enrolled in TMA at any time during each month of the reporting period.
- B This is the total number of enrollment months for the entire reporting period.
- C- This is the number of enrollment months for children in Column B divided by 3 to obtain the average monthly enrollment for children
- D This is the number of enrollment months for children in Column B divided by the unduplicated number adults in Column A, representing the average number of enrollment months for the reporting period
- E This is the total unduplicated number of children enrolled in TMA at any time during the reporting period who received Medicaid
- F This is the number of enrolled children who received services in Column E divided by the total number of adults in Column A, representing the average monthly participation rate for children

State:	XX	Report Perio	od:
		From (mm/dd/yyyy): To (mm/dd/yyyy):	
IV. ARRA	Section 5004(d) Data Co	ollection (Cont'd)	

Table 3. Transitional Medical Assistance - Children Continued Eligibility Under Title XIX or Title XXI

Number of Children Previously Enrolled in TMA (Fill-in)	Number of Children Continued in Title XIX (Fill-in)	Percentage of Children Continued in Title XIX (Col B/Col A)	Number of Children Continued in Title XXI (Fill-in)	Percentage of Children Continued in Title XXI (Col D/Col A)	
А	В	С	D	E	

- A –This is the total unduplicated number of children who were enrolled in TMA during the month immediately preceding the reporting period, or during either or both of the first two months of the reporting period
- B This is the total unduplicated number of those children reported in A who were enrolled in a title XIX eligibility group other than TMA, including expansions under title XXI, at any time during the reporting period.
- C- This is the percentage of children enrolled in a title XIX eligibility group other than TMA at any time during the reporting period who were enrolled in TMA in the month immediately preceding other title XIX eligibility (Col. B/Col. A)
- D- This is the total unduplicated number of those children reported in A who were enrolled in title XXI at any time during the reporting period.
- E- This the percentage of children enrolled in title XXI at any time during the reporting period who were enrolled in TMA in the month immediately preceding title XXI eligibility (Col. D/Col. A)

State:	XX	Report Period	1 :	
		From (mm/dd/yyyy):	mm/dd/20yy	
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V. Comm	ents			

PRA Disclosure Statement

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 0938-1073. The time required to complete this information collection is estimated to average 2 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 comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.