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: | | New York | |
| 2. State Organizational (| Component: | Department of Health | |
| | | | |
| 3. State Contact Info: | Name: | Robert W Reed | a seek effect of the statement of a seek committee of the seek com |
| | Address: | GNARESP Corning Tower | Commence of the |
| | E Marile | Albany, NY | |
| | E-Mail: Telephone: | rwr01@health.state.ny.us 518-474-8565 | |
| | relephone. | 310-474-0303 | The state of the s |
| 4. Date Submitted: | | 9/21/2010 | |
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| 5. Report Period: | From (| mm/dd/yyyy): 1/1/2010 | |
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| | 10 (1 | mm/dd/yyyy): 3/31/2010 | |
| | | 11. A. D. A | |
| 6.a. Attestation (signatur | e): | MENORMANOR | |
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| 6.b. Office of Governor | Reviewer | Wendy E. Saunders | |
| C.D. Cilioc of Cotomor | NOTION OIL | Trong 2. Oddings | |
| 7. Did your State draw deperiod? | own increased | Federal dollars as provided under the AR | RA for the reporting |
| Yes Yes If you marked "Yes", plea | ase complete the | No Market | |
| | | brief explanation why your State did not ung questions that are still relevant. | se the increased Federal |
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| State: | New York | | From (mm/dd/yyyy): | Report Period: 1/1/2010 | | |
|------------------------------------|---|--|---|----------------------------------|---------------------------------------|-----------------------|
| | | | To (mm/dd/yyyy): | | | |
| III. State | e Plan Use of Increased FM | AP | CONTRACTOR SAN | | merala cân | 4 |
| Please d the incre equivalen | describe how the State is using eased FMAP available under nt to the difference between | ng the freed up State funds associate the ARRA provision. For this purpo the amount of available Federal fun s at the regular (non-increased) FMA | se, the amount of "free ds at the increased FM | d up State funds" is | Marcel out 1 | |
| Indicate | all that apply: | | | | | |
| | related to the health care pro | grams in the State: | | | | |
| Α. | | quirements are met ations and avoid cuts to eligibility | | Estimated Amounts: \$ - \$ - | | |
| | e) Expand benefits and / f) Expand eligibility / cove | its and avoid reductions in bebefits or increase provider rates trage and provide any attachments if nece | essary | \$ - \$ - \$ 1,390,090,000 | | |
| В. | Other Health Care Relate Describe: | d (Non-Madicaid) | | Estimated Amounts: | HIGH NATURE AND ADDRESS OF THE PARTY. | |
| 2. Non-h | Health Care Related Uses (D | escribe): | | Estimated Amounts: | | |
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| | | | | | \$55.6B | \$53.8 |
| and your | | nate of general fund revenue collecti te of collections. When available, pl | | | Original Estimates for FY 2010 | Actual Collections |
| | | | | | \$54.34B | \$52.7 |
| | caid Program Funding Proces caid Program in FY 2009 and | ss. Please provide an explanation of FY 2010. | the budget process in | your state for funding | Managar Swi | l' mallaure |
| revenues | | s wherein the Governor develops pr The Executive Budget is submitted t. Fiscal year begins April1. | | | in in fault (me | |
| | d your State reduce the share e increased FMAP? If yes p | of State fund appropriations compa lease explain. | red to Federal funds fo | r the Medicaid Program, | | |
| | 9 - 10 was not reduced in on and FMAP earnings). | der to ensure State maintained adeq | uate authority (i.e., fluc | tuations in additional | | |
| | d your State maintain the sha If yes, please explain. | re of State fund appropriations for th | e Medicaid Program, d | espite the increased | - X - W | |
| | 9 - 10 was not reduced in on and FMAP earnings). | ler to ensure State maintained adeq | uate authority (i.e., fluc | tuations in additional | | |
| 4.C. Ple years. | ease provide any other inform | ation that may help explain your Sta | te's funding of Medical | d during these two fiscal | | |
| | tinues to propose provider r | eimbursement reductions and other | cost containment action | ns to control rapidly | | |

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

Please see tab "2009-10 Enacted Budget Fin Plan" which includes a chart illustrating planned program cuts which were averted through the availability of enhanced FMAP for the period 10/1/08-3/31/10. Information extracted from the 2009-10 Enacted Budget Financial Plan.

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: | | New York | 411 | | | |
| 2. State Organizational C | Component: | Department of Health | | | | |
| 3. State Contact Info: | Name: | Robert W R | | | | |
| | Address: | Alberta | Corning Tower | | | |
| | E-Mail: | Albany, NY | Mb state my ve | | | |
| | | | th.state.ny.us | | | |
| | Telephone: | 518-474-856 | 10 | | | |
| 4. Date Submitted: | | 9/21/2010 | | | | |
| 5. Report Period: | From (| mm/dd/yyyy): | 1/1/2010 | | | |
| | To (| mm/dd/yyyy): | 3/31/2010 | | | |
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| 6.a. Attestation (signatur | re): | | | 420 | | |
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| 6.b. Office of Governor | Reviewer: | Wendy E. S | aunders | | | |
| | | | | | 3 | |
| 7. Did your State draw de period? | own increased | Federal dollar | s as provided under | the ARRA fo | or the reporting | |
| Yes Yes | | No | PROPERTY OF THE PERSON | | | |
| If you marked "Yes", plea | ase complete t | he remaining o | questions. | | | |
| 8. If you marked "No", plo funds, and only complete | | | | | ne increased Federal | |
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| | te Plan Use of Increased FMAP | ABROMENE KOMEKO AMA | anaman katang | | |
| | describe how the State is using the freed up State funds reased FMAP available under the ARRA provision. For | | | | |
| equivale | ent to the difference between the amount of available F of the available Federal funds at the regular (non-incress | ederal funds at the increased | | | |
| amount | of the available receils fullus at the regular (nor-incres | ised) FMAP. | -40 | | |
| Indicate | all that apply: | | | | |
| 1 lises i | related to the health care programs in the State: | | | | |
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| A. | Medicaid a) Cover increased caseload | | Estimated Amou | ints: | |
| | b) Ensure prompt pay requirements are met | | SHEET SHOULD CAN | (IDEA) | |
| | d) Maintain current populations and avoid cuts to el d) Maintain current benefits and avoid reductions in | | \$ | | |
| | e) Expand benefits and / or increase provider rates | 4 | \$ 84,000,000 | | |
| | f) Expand eligibility / coverage g) Other. Please explain and provide any attachme | nts if necessary | \$ 1,390,090 | 0.000 | |
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| В. | Other Health Care Related (Non-Medicaid) Describe: | | Estimated Amou | ints: | |
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| 2. Non-H | Health Care Related Uses (Describe): | | Estimated Amou | nts: | |
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| | ribe the funding process with respect to expenditures di funds related to the increased FMAP under ARRA and | | | | |
| State fun | nds and accounts which are involved in the funding pro- | cess for the Medicaid program | and into/through which | | |
| | eased Federal FMAP funds and the non-Federal share f | unds now and/or are deposited | | _ | |
| see anac | ched Medicaid Funding Process tab | DOMESTIC SERVICES | ENVENTED IN COLUMN | Semple | |
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Please see tab "2009-10 Enacted Budget Fin Ptan" which includes a chart illustrating planned program cuts which were averted through the availability of enhanced FMAP for the period 10/1/08-3/31/10. Information extracted from the 2009-10 Enacted Budget Financial Plan.

| State: | New York | | | | Report Period: From (mm/dd/yyyy): To (mm/dd/yyyy): | 1/1/2010 3/31/2010 |
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| IV. Medicald Enrollment | | | | | | |
| 1. Please provide enrollme | ent data for the repo | orting period by population: | > 1115 | | | 1 × |
| Table 1: Medicaid Enroll | ment/Eligibility Da | | | | | 1000年基本 有等 |
| 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 | B | D | LE VELV. | E FATTE | G | |
| Aged (65 and Older) | 514,056.00 | Aged (65 and Older) | 557,569.00 | 1,624,440.00 | 541,480.00 | |
| Disabled/Blind | 613,756.00 | Disabled/Blind | 645,223.00 | 1,898,040.00 | 632,680.00 | |
| Pregnant Women | 67,500.00 | Pregnant Women | 76,000.00 | 204,000.00 | 68,000.00 | |
| Children | 1,651,600.00 | Children | 1,841,716.00 | | 1,771,355.67 | |
| Other Adults | 1,394,393.00 | Other Adults | 1,760,573.00 | | 1,659,269.33 | |
| Total: | 4,241,305.00 | Total: | 4,881,081.00 | ########### | 4,672,785.00 | |
| Describe Significant Ch Were there any policy NA | | have contributed to the increa | ase/decrease? If | yes, please exp | plain below. | |
| | | | | | | |
| | | | | | | MARKET STATE |
| | | | | | | generalistich |
| | have decreased gro | eater than 5%? Identify popula | ation(s) and indica | ate reason(s) fo | or decrease. | |
| | have decreased gre | eater than 5%? Identify popula | ation(s) and indica | ate reason(s) fo | or decrease. | |
| | have decreased gre | eater than 5%? Identify popula | ation(s) and indica | ate reason(s) fo | or decrease. | |
| | have decreased gre | eater than 5%? Identify popula | ation(s) and indica | ate reason(s) fo | or decrease. | |
| | have decreased gre | eater than 5%? Identify popula | ation(s) and indica | ate reason(s) fo | or decrease. | |
| | have decreased gre | eater than 5%? Identify popula | ation(s) and indica | ate reason(s) fo | or decrease. | |
| | have decreased gre | eater than 5%? Identify popula | ation(s) and indica | ate reason(s) fo | or decrease. | |
| 2.b. Which population(s) | have decreased gre | eater than 5%? Identify popula | ation(s) and indica | ate reason(s) fo | or decrease. | |
| | have decreased gre | eater than 5%? Identify popula | ation(s) and indica | ate reason(s) fo | or decrease. | |
| | have decreased gre | eater than 5%? Identify popula | ation(s) and indica | ate reason(s) fo | or decrease. | |

OMB Number: 0938-1073

| State: | New York | | Report Pe | eriod: |
|---------|--|--|--------------------|-----------|
| | The state of the s | | From (mm/dd/yyyy): | 1/1/2010 |
| | | | To (mm/dd/yyyy): | 3/31/2010 |
| Molecus | | | | |

1.A. Ralny 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.

| Rainy Day/ Reserve Fund* | Ending Balance 9/30/2008 | Ending Balance Report Qtr | Change |
|----------------------------------|--|-------------------------------------|-----------------|
| Tax Stabilization | \$0 | \$1,031,000,000 | \$1,031,000,000 |
| Rainy Day | \$175,000,000 | \$175,000,000 | \$0 |
| Contingency | \$21,000,000 | \$21,000,000 | . \$0 |
| Refund Reserve | \$0 | \$0 | \$0 |
| | DOMESTIC BUILDING | | \$0 |
| | 4/4 0530000000 | SELECTED ASSESSMENT OF THE PARTY OF | \$0 |
| MARKET DESIGNATION OF THE PARTY. | CONTRACTOR DESIGNATION | BELLEVILLE OF THE OWN | \$0 |
| Material Report Control | SECOND FOR THE SECOND S | Chicagon Selections | . \$0 |
| princeroutiescenti | BORDING BUILDING | | \$0 |
| Totai: | \$196,000,000 | \$1,227,000,000 | \$1,031,000,000 |

^{*} 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?"

Funds in reserve may be temporarily loaned during any fiscal year in the anticipation of the receipt of revenues. Any amounts loaned must be repeid during same fiscal year. See attached language.

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

The Office of State Comptroller had adjusted the State accounting system to track receipt of the increased FMAP. Additionally, DOH has been utilizing the CMS 37 and CMS 64 to track the increased FMAP.

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 | | | | | | Marie Bright and | 32/4/37/4/55/19 | | |
|---------------------|------------|------------------|------|------------------|--------|--------|-------------------|---|---------|--------|
| FFY | Quarte | r 1 | Quar | ter 2 | Quarte | er 3 | Quar | ter 4 | To | otai |
| | Days | Amount | Days | Amount | Days | Amount | Days | Amount | Days | Amount |
| 2009 | 0 | \$0 | 0 | \$0 | 0 | \$0 | | \$0 | 1 100// | \$0 |
| 2010 | 0 | \$0 | 0 | \$0 | | | 0.000.000.000.000 | | (| \$0 |
| 2011 | | METALWAY IN ASS. | | Kompulsian ander | | | | (###################################### | (| \$0 |
| Totai: | 0 , 11 , 0 | \$0 | 0 | \$0 | 0 | \$0 | 0 | \$0 | | \$0 |

| 2 | 2b. Indicate each date(s) of noncompliance for prompt pay during the Report Period/Quarter (mm/dd/yy): | |
|---|--|----------------|
| | NA CONTROL OF THE CON | 2527 S2000 NO. |
| | | HUTOIGHENUT |
| | | |
| Г | AND THE PROPERTY OF THE PROPER | |

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.

| Political Subdivision * | Percentage Required | Percentage Required |
|--|--|--|
| | Percentage Required September 30, 2008 (x.x%) | Report Quarter (x.x%) |
| ease See Poi Sub Attach 1 and 2 | | |
| | | |
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| NAME - BALTIMENTAL COMES TO 2004 STORE BROWNING THAN THE PARTY AND REPORT OF | DESCRIPTION OF THE PROPERTY OF | |
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^{*} Identify/List (If more space needed, include on attachment)

OMB Number: 0938-1073

| State: | New York | | | Report Period: | | | |
|-----------------------|--------------------------|--|-----------------------|--|--|--|--|
| | | | | From (mm/dd/yyyy To (mm/dd/yyyy | | | |
| /. Maintena | nce of Effort (Cont'd | | | | | | |
| | | | | dards, methodologies and proced ges(s), the effective date, and im | | | |
| IA. | | | Decide a Charles | | | | |
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| | | | A TAME AND AND | | The State of the S | | |
| | | | sed FMAP dolla | r amounts lost as a result of such | changes, if any: | | |
| FFY | gibility Restrictions (| \$000s) larter 2 Quarter 3 | Quarter 4 | Total | | | |
| 2009 | \$0 | \$0 \$0 | \$0 | \$0 | | | |
| 2010 | \$0 | \$0 | | \$0 | | | |
| 2011 Fotal: | \$0 | \$0 \$0 | \$0 | \$0 \$0 | | | |
| Otal. | 401 | Ψ υ Ψυ | ΨΨ <u>Ι</u> | ΨV | | | |
| | | | | rter) that the State reinstated eligits in effect on July 1, 2008. | blity standards, | | |
| VA A | | | | AND THE PARTY OF T | | | |
| | | teres provide a provide pombaje | CONTRACTOR CONTRACTOR | that were reinstated, indicate, by | | | |
| reinstated pro | Number of enroli | eligibility provisions | | or become eligible as a result o | | | |
| Will be a second | Reinstat | ed Provision (Describe |) | | No. of individuals | | |
| | | | | | | | |
| 7-4-1 | | | | | | | |
| | eligibility standards tl | | | medical assistance provided to in July 1, 2008. Provide a description | | | |
| VA | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | f new eligibles that are covered b | | | |
| MAP payme | ents because the expa | nsion is subject to eligit | olity income star | dards that are higher than what w | as in effect on July 1, 2006 | | |
| Table 7. | | ligible individuals duri standards, and related | | became eligible as a result of in | icreased | | |
| | | ity Income Standard (| | No. of individuals | Lost FMAP (\$000s) | | |
| NA A | | | To Service 1998 | | | | |
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OMB Number: 0938-1073

State Report on the Use of Increased FMAP

Section 5001 of ARRA **New York Report Period:** State: From (mm/dd/yyyy): 1/1/2010 To (mm/dd/yyyy): 3/31/2010 VI. Comments III. State Plan Use of Increased FMAP Item 1. A (g) Other
The increased FMAP allows NYS to cover Medicaid caseload increases resulting from the continued economic downturn, allows the state to continue to provide services and benefits to eligibles without any reductions and alleviates the need for more cost containment beyond that enacted in the state's budget for the fiscal year.

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Medicaid Funding Process

Section II Item 3.

The following is a listing of the state accounts used to support the non-federal share of Medicaid expenditures:

Fund Title

- General Fund Local Assistance Account
- Fund 179 Escrow Account
- 061/04 HCRA Medical Assistance Account
- 061/IN HCRA Indigent Care Fund
- Medicaid Recoveries Health Facilities
- 339/YV State Special Revenue Fund Medicaid Provider Assessment

Medicaid claims are funded using a combination of federal, state and local funds. The shares funding for each claim is determined using a combination of eligibility group, type of service and other factors. The necessary federal, state and local funds are deposited into an escrow account (Fund 179) to fund checks issued to providers. Federal funds including ARRA's increased FMAP are drawn in accordance with CMIA requirements and deposited into the 179 account. The local funds are received electronically each week from localities and deposited into the 179 account. State funds are also moved into this account. The decision regarding which state appropriations to use are determined each week by the Department of Health in consultation with the Division of the Budget.

State share funding appropriations were not reduced, despite the increased FMAP. However, the increased FMAP allowed NYS to cover Medicaid caseload increases resulting from the economic downtown, allowed the State to continue to provide services and benefits to eligibles without any reductions and alleviated the need for more cost containment beyond that enacted in the State's budget for the fiscal year.

| FMAP FISCAL RELIEF DISTRIBUTE STATE FISCAL YEARS 2008-09 AND 2 (millions of dollars) | MARK SECULO SECULO | |
|--|--------------------|----------|
| NYC AIM Funding Restoration | | 328 |
| Human Services Restorations: | | 126 |
| Redirect SSI COLA | 84 | |
| Community Optional Preventive Services | 29 | |
| Homeless Prevention Program | 5 | |
| Single Room Occupancy Program | 2 01 | |
| Neighborhood & Rural Preservation | 2 | |
| Caseload Reduction | 2 | |
| NY/NY III Bed Reduction | u-court fe | |
| HIV Welfare to Work | 1 | |
| Milli | | |
| Mental Hygiene Restorations: | | 31 |
| January 2009 Human Services COLA Reduction | 16 | |
| Sheltered Employment/Day Habilitation | 11 | |
| OASAS AIDS/Case Management Services | 4 | |
| Unitied Services | 3 | |
| Other Mental Health | 4 | |
| Medicaid Enrollment/Utilization Increases: | | 750 |
| HCRA Shortfall | | 282 |
| Health Care Restorations: | | 981 |
| Hospitals | 393 | a Toyoti |
| Nursing Homes | 174 | |
| Home Care | 133 | |
| Insurance | 112 | |
| Pharmacy | 72 | |
| Other | 97 | |
| Rejected Tax/Fee Increases: | | 1,27 |
| Gap Closing | | 1.22 |
| TOTAL FMAP AVAILABLE (October 2009 - March 20 | 10) | 5,00 |

With one important exception, FMAP has no impact on the State's All Funds spending levels, since every dollar saved in the General Fund is offset by a corresponding increase in Federal Funds. However, since all Federal Medicaid payments must flow through the State's Financial Plan, the increase in FMAP results in an increase in the "pass-through" of more Federal aid to counties and New York City, which contribute to the financing of the State's Medicaid program. This pass-through amount totaled \$440 million in 2008-09 and is projected at \$1.4 billion in 2009-10. See "Spending Levels" herein for a discussion of the impact of Federal aid on State All Funds spending in 2009-10.

As of 09/01/2010 04:52PM, the Laws database is current through 2010 Chapters 1-59, 61-418, 419-445, 447-481 State Finance

- § 92-cc. Rainy day reserve fund. 1. There is hereby established in the state treasury a fund to be known as the "rainy day reserve fund". Such fund shall consist of moneys deposited therein and monies shall be withdrawn from such fund only for the purposes as provided therein.
- 2. Such fund shall have a maximum balance not to exceed three per centum of the aggregate amount projected to be disbursed from the general fund during the fiscal year immediately following the then-current fiscal year.
- 3. a. The amounts available in such reserve may be used if the following conditions are met:
- (i) Economic downturn. The commissioner of labor shall calculate and publish, on or before the fifteenth day of each month, a composite index of business cycle indicators. Such index shall be calculated using monthly data on New York state employment, total manufacturing hours worked, and unemployment prepared by the department of labor or its successor agency, and total sales tax collected net of law changes. prepared by the department of taxation and finance or its successor agency. Such index shall be constructed in accordance with the procedures for calculating composite indexes issued by the conference board or its successor organization, and adjusted for seasonal variations in accordance with the procedures issued by the census bureau of the United States department of commerce or its successor agency. If the composite index declines for five consecutive months, the commissioner of labor shall notify the governor, the speaker of the assembly, the temporary president of the senate, and the minority leaders of the assembly and the senate. Upon such notification, the director of the budget may authorize and direct the comptroller to transfer from the rainy day reserve fund to the general fund such amounts as the director of the budget deems necessary to meet the requirements of the state financial plan. The authority to transfer funds under the provisions of this subdivision shall lapse when the composite index shall have increased for five consecutive months or twelve months from the original notification of the commissioner of labor, whichever occurs earlier. Provided, however, that for every additional and consecutive monthly decline succeeding the five month decline so noted by the commissioner of labor, the twelve month lapse date shall be extended by one additional month; or
- (ii) Catastrophic events. In the event of a need to repel invasion, suppress insurrection, defend the state in war, or to respond to any other emergency resulting from a disaster, including but not limited to, a disaster caused by an act of terrorism, the director of the budget may authorize and direct the comptroller to transfer from the rainy day reserve fund to the general fund such amounts as the director of the budget deems necessary to meet the requirements of the state financial

plan.

- b. Prior to authorizing any transfer from the rainy day reserve fund pursuant to the provisions of this section, the director of the budget shall notify the speaker of the assembly, the temporary president of the senate, and the minority leaders of the assembly and the senate. Such letter shall specify the reasons for the transfer and the amount thereof. Any amounts transferred from the rainy day reserve fund to the general fund shall be subject to all the repayment provisions of this section.
- 4. Any transfer authorized in subdivision three of this section shall be repaid in cash within a period of three years after the date that such authority to transfer funds under the provisions of this subdivision lapses, provided however that any transfer authorized as a result of a catastrophic event shall be subject to repayment provisions to be proposed by the governor and implemented by appropriation or transfer of funds.
- 5. Moneys in the rainy day reserve fund may be temporarily loaned to the general fund during any fiscal year in anticipation of the receipt of revenues from taxes, fees and other sources required to be paid into the general fund during such fiscal year. Moneys so temporarily loaned shall be repaid in cash during the same fiscal year.

STATE REPORT ON THE USE OF INCREASED FMAP SECTION 5001 OF ARRA

3. Political Subdivisions

Since the beginning of Medicaid in 1966, New York State has required its political subdivisions to contribute to the nonfederal share of the program. These political subdivisions are New York City and the 57 counties outside of New York City (a listing of these localities is attached). Initially localities were required to finance fifty percent of the nonfederal share of the program. Over the course of the next several decades, New York State has implemented several measures that reduced the local share of the program; these include a reduction in local shares tor long term care services to 20 percent of the nonfederal share, the elimination of the local share for Family Health Plus eligibles and, starting in January 2006, the capping of the local share of Medicaid program and administrative costs.

The capping of the local share was authorized by New York State's Chapter 58 of the Laws of 2005. This law established calendar year 2005 as the base year against which annual non-compounded increases were authorized. These increases, three and a half percent the first year subsequently reduced to three percent for all future years starting in 2008. These cap amounts were computed on a state fiscal year with localities required to make weekly payments to the state. Chapter 58 also requires that the state perform an annual reconciliation of what localities paid under the cap to what they would have paid under the old shares funding methodology. If localities paid more under the cap than they would have paid under the old methodology, then they were refunded the difference. This annual reconciliation essentially held localities harmless from paying more under the cap than they would have paid absent the cap. Consequently, the local share portion of Medicaid costs tor the state fiscal year is not determined until after the completion of the annual reconciliation.

The American Recovery and Reinvestment Act (ARRA) requires that, in states were political subdivisions are required to pay a portion of the nonfederal share, this percentage can not be greater after the application of the increased Federal Medical Percentage (FMAP) than the percentage they would have paid absent the increased FMAP. Although ARRA is written on the basis of a quarterly test to determine the local percentage of the nonfederal share, NYS law establishes local share as an annual lump sum for a state fiscal year, not on a percentage basis, or a quarterly basis. To comply with ARRA, New York State, through the annual reconciliation process stated above, calculated the local percentage of the nonfederal share of those costs covered by the increased FMAP both before and after the application of the increase. Any locality where the local percentage was higher after the FMAP increase received a refund from the state for the overage to ensure that each locality was in compliance with the ARRA requirement.

The reconciliation for state fiscal year 2008-09 was the first time that New York State implemented this requirement of the ARRA. Subsequent to the completion of that reconciliation, the DHHS Office of the Inspector General conducted an audit of New York's compliance with this ARRA provision. That audit found that the state's actions were in compliance and no political subdivision had paid more under ARRA than in the prior period.

Similarly, benchmarking for the State fiscal year ending 3/31/10 will be completed by September 30, 2010.

The attached listing of localities provides the local percentage for SFY 2008-09 Medicaid expenditures both before and after the FMAP increase. All localities met this ARRA provision for all quarters for State fiscal year ending 3/31/09.

| DISTRICT | Percentage Required September 30, 2008 (x.x%) | Actual Percentage for SFY Ending 3/31/09 |
|---------------|---|--|
| ALBANY | 25.232968% | 25.232968% |
| ALLEGANY | 26.054423% | 26.054423% |
| BROOME | 23.917560% | 23.917560% |
| CATTARAUGUS | 29.689870% | 29.689870% |
| CAYUGA | 27.511862% | 27.511862% |
| CHAUTAUQUA | 26.608418% | 26.608418% |
| CHEMUNG | 26.544388% | 26.544388% |
| CHENANGO | 21.332802% | 21.332802% |
| CLINTON | 25.903840% | 25.903840% |
| COLUMBIA | 25.299016% | 25.299016% |
| CORTLAND | 24.580770% | 24.580770% |
| DELAWARE | 22.363073% | 22.363073% |
| DUTCHESS | 20.421129% | 20.421129% |
| ERIE | 26.869817% | 26.869817% |
| ESSEX | 19.391991% | 19.391991% |
| FRANKLIN | 23.041119% | 23.041119% |
| FULTON | 21.071823% | 21.071823% |
| GENESEE | 30.501900% | 30.501900% |
| GREENE | 24.178343% | 24.178343% |
| HAMILTON | 17.665901% | 17.665901% |
| HERKIMER | 22.227415% | 22.227415% |
| JEFFERSON | 25.033437% | 25.033437% |
| EWIS | 31.459555% | 30.670403% |
| LIVINGSTON | 23.304211% | 23.304211% |
| MADISON | 21.172507% | 21.172507% |
| MONROE | 26.846990% | 26.846990% |
| MONTGOMERY | 21.560720% | |
| NASSAU | 21.360720% 26.716211% | 21.560720% |
| NAGARA | | 26.595165% |
| | 27.753601% | 27.753601% |
| ONEIDA | 23.481400% | 23.481400% |
| ONONDAGA | 28.948858% | 28.948858% |
| ONTARIO | 21.843505% | 21.843505% |
| PRANGE | 27.142121% | 27.142121% |
| ORLEANS | 29.690805% | 29.690805% |
| SWEGO | 27.466379% | 27.466379% |
| DTSEGO | 26.303176% | 26.303176% |
| PUTNAM | 17.559318% | 17.559318% |
| RENSSELAER | 30.730922% | 30.730922% |
| ROCKLAND | 24.307585% | 24.307585% |
| ST. LAWRENCE | 22.809852% | 22.809852% |
| ARATOGA | 25.978811% | 25.978811% |
| CHENECTADY | 27.729828% | 27.729828% |
| CHOHARIE | 23.370565% | 23.370565% |
| CHUYLER | 21.368097% | 21.368097% |
| ENECA | 22.085373% | 22.085373% |
| TEUBEN | 28.024955% | 27.809055% |
| UFFOLK | 23.412599% | 23.412599% |
| ULLIVAN | 20.559469% | 20.559469% |
| IOGA | 25.377003% | 25.377003% |
| OMPKINS | 21.803124% | 21.803124% |
| LSTER | 22.468776% | 22.468776% |
| VARREN | 25.846842% | 25.679452% |
| VASHINGTON | 24.632535% | 24.632535% |
| VAYNE | 24.691825% | 24.691825% |
| VESTCHESTER | 24.925689% | 24.925689% |
| WYOMING | 27.857670% | 27.393007% |
| ATES | 22.629195% | 22.629195% |
| NEW YORK CITY | | |
| | 22.629195% 34.652877% | 22.629195% 34.630169% |