

**Funds Awarded Under the American Recovery and Reinvestment Act of 2009**

Program	Provisions	NJ Share of Funds	Reporting and Tracking
<p><b>Federal Medical Assistance Percentages (FMAP)</b> - Federal match for dollars spent on the Medicaid program</p>	<ul style="list-style-type: none"> <li>Increases Medicaid match from 50% to 58.78% starting in Tier 1 as of October 2008 and moving to Tier 3 with a match of 61.59% beginning in April 2009 through December 31, 2010</li> <li>Increases cover the period October 1, 2008 through December 31, 2010.</li> <li>Contains provisions for match when there is a significant increases in unemployment rate. The unemployment tiers are the following: Baseline is NJ's lowest 3 month average since 1/06 = 4.2%. All states qualify for enhanced FMAP of 6.2%, in NJ this means that our base ARRA stimulus increase would be at a matching rate of 56.2%. To qualify for a Tier and received enhanced federal match, ARRA factors in NJ's most recent 3-month unemployment rate. The average must be at least: Tier 1 - 1.5% above baseline = 5.7% w/ enhanced fed match to 58.78%; Tier 2 - 2.5% above baseline = 6.7% w/ enhanced fed match to 60.19%; Tier 3 - 3.5% above baseline = 7.7% w/ enhanced fed match to 61.59%.</li> <li>Prevents FMAP decrease if state per capita income increases</li> <li>FMAP increase is to cover the anticipated expansion of case loads.</li> <li>FMAP will not increase the number of Medicaid providers</li> <li>FMAP will not increase the amount paid to Medicaid providers</li> <li>FMAP increase applies to Medicaid, Foster Care, and Adoption Assistance.</li> <li>FMAP does not apply to TANF, child welfare, child support enforcement, SCHIP, Disproportionate Share Hospital (DSH) Payments of items/services subject to enhanced match</li> </ul>	<p>\$2.2 billion over 27 months or 3 state fiscal years</p>	<p>US Government Accountability Office (GAO), Governor's ARRA Oversight Committee</p> <p>US General Accounting Office - 1 of 16 states with GAO oversight for all stimulus funds, not just DHS funds</p> <p>Internal controls include: Separate federal appropriation unit set up to specifically track the expenditures.</p> <p>Routine DMAHS contract monitoring and audits</p> <p>Federal Medicaid Reporting requirements</p> <p>DHS ARRA Oversight Committee</p>

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<p><b>Temporary Medical Assistance Program (TMA)</b> - provides coverage for certain families who lose Medicaid eligibility due to increased child or spousal support collections or due to an increase in earned income or hours of employment</p>	<p>NJ offers a 24-month Medicaid extension for families who leave TANF for employment. Without this provision, in June 2009 families would have received only 12 months of Medicaid extension.</p>	<p>There is no additional state savings attributable to this provision.</p>	<p>Governor's ARRA Oversight Committee; GAO; Federal Medicaid reporting; Routine DMAHS contract monitoring and audits; and DHS ARRA Oversight Committee</p>
<p><b>Disproportionate Share Hospital Payments (DSH)</b> - are payments made by a state's Medicaid program to hospitals serving a disproportionate share of low-income or uninsured patients. DSH payments are in addition to regular payments received for providing hospital care to Medicaid beneficiaries. DSH payments are capped annually.</p>	<p>A 2.5% increase in the capped amount will increase the New Jersey DSH cap by \$31.5 million in FFY 2009 and \$32.2 million in FFY 2010.</p>	<p>The Division will now be able to claim up to \$31 million in additional hospital expenditures potentially benefiting the General Fund by \$15.5 million.</p>	<p>Governor's ARRA Oversight Committee; GAO; Federal Medicaid reporting; Routine DMAHS contract monitoring and audits; and DHS ARRA Oversight Committee</p>
<p><b>Medicaid Regulation Moratorium</b> - extends moratoria for three of the original six Medicaid regulations: provider tax, targeted case management, and school based transportation services through July 1, 2009.</p>	<p>The ARRA also includes a "Sense of Congress" that the HHS Secretary should not issue final regulations for pending rules on cost limits on public providers, graduate medical education, and rehabilitative service.</p>	<p>The state Graduate Medical Education program expenditures are not at risk under this provision.</p>	<p>Governor's ARRA Oversight Committee; GAO; Federal Medicaid reporting; Routine DMAHS contract monitoring and audits; and DHS ARRA Oversight Committee</p>
<p><b>Supplemental Nutrition Assistance Program (SNAP)</b> formerly the Food Stamp Program - Benefit Amounts - 13.6% benefit increase started on April 1. Maximum benefit amount for a family of 3 increased by \$63.</p>	<p>This provision does not change recipient eligibility criteria nor does it increase the number eligible to participate.</p>	<p>This is a direct consumer benefit, NJ will not realize any savings through this provision. Note: Research indicates that for every dollar spent in the food stamp program, \$1.73 is generated throughout the economy.</p>	<p>Governor's ARRA Oversight Committee; GAO; USDA; Routine DFD Monitoring; and DHS ARRA Oversight Committee</p>
<p><b>Supplemental Nutrition Assistance Program (SNAP)</b> formerly the Food Stamp Program - Administrative Funding - Supplemental administrative funding.</p>	<p>This provision provides an increase in administrative funding to offset the cost to states for implementation of the increased benefit as well as increased cost for administering the program during this period of rapid growth. County Welfare Agencies and Boards of Social Services in all 21 counties are responsible for administering this program. Counties are facing significant financial distress due to the rapid increase in caseloads.</p>	<p>\$4.4 million will be received over two years. Funds will be allocated to all 21 counties for the increased cost of administering the program in light of unprecedented caseload increases.</p>	<p>Governor's ARRA Oversight Committee; GAO; USDA; Routine DFD Monitoring; and DHS ARRA Oversight Committee</p>

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<p><b>Temporary Assistance for Needy Families (TANF)</b> - Emergency Contingency Fund to assist states with increasing caseloads and expenditures</p>	<p>This provision allows states to access funds when their TANF caseload for a particular quarter exceeds that same quarter in FFY 2007 or 2008. Specific regulations on accessing the fund are not yet available from USDHHS.</p>	<p>A 20% state match is required on any drawdown from the new TANF Emergency Fund, an estimated \$50 million in state money would be required to drawdown the \$202 million maximum available amount.</p>	<p>If we were able to take advantage of these funds, they would be monitored through: Governor's ARRA Oversight Committee; GAO; USDHHS; Routine DFD Monitoring; and DHS ARRA Oversight Committee</p>
<p><b>Temporary Assistance for Needy Families (TANF)</b> - Emergency Fund to assist states with an increased number of families seeking employment and other forms of assistance</p>	<p>The ARRA creates a new TANF Emergency Fund (differs from the Emergency Contingency Fund) of up to \$5 billion to help states serve more families seeking employment and other forms of assistance during the economic downturn. To be eligible a state must demonstrate an increase in the number of TANF families receiving assistance or an increase in expenditures on employment subsidies or short-term one-time benefits in at least one quarter during fiscal years 2009 or 2010. These funds will be subject to the same provisions and restrictions as other TANF funds, including time limits and work requirements.</p>	<p>NJ share is unknown at this time. Receipt of funds requires a 20% state match. The maximum amount potentially available is \$200 million over two years. DHS is awaiting federal guidance on the use of these funds.</p>	<p>If we were able to take advantage of these funds, they would be monitored through: Governor's ARRA Oversight Committee; GAO; USDHHS; Routine DFD Monitoring; and DHS ARRA Oversight Committee</p>
<p><b>Child Care Assistance</b> - additional funding under the Child Care Development Block Grant</p>	<p>Stimulus funding under this provision is directed to those families who need child care assistance and whose incomes fall below 200% of the Federal Poverty Index (\$35,200 annually for a family of three). Families must work full time, attend school full time, or a combination of part time work and part time education to qualify. Provisions of the act require set asides for ensuring quality and for infant/toddler care. In addition, funding can only be used for rising caseloads or new initiatives.</p>	<p>Maximum amount available over 24 months is estimated to be \$68 million. This amount can only be applied to appropriate expenditures as indicated by federal guidance.</p>	<p>When these funds become available they will be monitored through: Governor's ARRA Oversight Committee; GAO; USDHHS; Routine DFD Monitoring; and DHS ARRA Oversight Committee</p>
<p><b>Child Support Incentives</b> - suspend a prohibition from the DRA of 2005 which prohibited the use of child support incentive funds to earn available federal match.</p>	<p>Under this provision, for every child support incentive dollar spent, states will earn \$2 in federal match.</p>	<p>\$66.4 million Note: New federal child support funds cannot supplant existing spending on child support. DHS is awaiting federal guidance on the use of funds.</p>	<p>When these funds become available they will be monitored through: Governor's ARRA Oversight Committee; GAO; USDHHS; Routine DFD Monitoring; and DHS ARRA Oversight Committee</p>
<p><b>Commission for the Blind and Visually Impaired (CBVI)</b> - funding for services for older individuals who are blind</p>	<p>The allocated amount allows for the provision of independent living services for older individuals who are blind and visually impaired. Emphasis will be placed on outreach and services for minority populations and those in medically underserved, low income, inner city, or isolated areas.</p>	<p>\$1.02 million. Funds are restricted for use under the Vocational Rehabilitation Act.</p>	<p>Governor's ARRA Oversight Committee; GAO; US Dept of Education; Routine CBVI Monitoring; and DHS ARRA Oversight Committee</p>

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<p><b>Commission for the Blind and Visually Impaired</b> and the Department of Labor and Workforce Development, Division of Vocational Rehabilitation Services - funding for comprehensive vocational rehab services</p>	<p>Vocational rehabilitation funding with the goal of preparing the blind and visually impaired for employment training</p>	<p>\$1.9 million for the Commission for the Blind and Visually Impaired (7.6 for DLWD). Funds are restricted for use by the Vocational Rehabilitation Act</p>	<p>Governor's ARRA Oversight Committee; GAO; US Dept of Education; Routine CBVI Monitoring; and DHS ARRA Oversight Committee</p>
<p><b>Commission for the Blind and Visually Impaired</b> and the Department of Labor and Workforce Development, Division of Vocational Rehabilitation Services - funds for independent living services</p>	<p>To be used for Independent Living services for the Blind and Visually Impaired</p>	<p>New Jersey's share will be \$385,684 to be used in accordance with federal requirements under the Vocational Rehabilitation Act - DLWD will received \$308,547.</p>	<p>Governor's ARRA Oversight Committee; GAO; US Dept of Education; Routine CBVI Monitoring; and DHS ARRA Oversight Committee</p>
<p><b>COBRA</b> - to be administered by the US Department of Labor</p>	<p>Health insurance payment subsidy</p>	<p>Continuation of a subsidy that allow eligible individuals and their dependents a federal subsidy worth 65% of their monthly COBRA premium for 9 months</p>	<p>Monitoring falls under the federal government.</p>
<p><b>Health Information Technology</b> - establishes a national Health Information Technology framework for states, hospitals, doctors, and clinics to invest in health information technology infrastructure.</p>	<p>The New Jersey Health Information Technology Commission and the Office of Health Information Technology will work together to devise a statewide plan.</p>	<p>NJ share is unknown at this time, total federal appropriation \$19 billion. Appropriation will be administered through grants, loans, and technical assistance programs.</p>	<p>Monitoring will be coordinated through the Governor's Office, OIT and other departments as required.</p>
	<p>Medicaid professionals and hospitals are eligible for incentive payments with first year payments available until 2016 and subsequent payments no later than 2021.</p>	<p>Eligible professionals may receive Medicaid incentive payments up to 85% of the net allowable cost for certified EHR technology. Eligible professionals include: professions who are not hospital-based with 30% attributable volume to patients; non hospital-based pediatricians with 20% Medicaid volume; FQHCs and RHCs with 30% volume attributable to needy individuals.</p>	
		<p>Eligible children's hospitals and acute care hospitals may also receive incentive payments provided they have at least 10% of their volume attributable to Medicaid patients.</p>	
		<p>DMAHS will be required to review and certify EHRs in order for professionals and hospitals to be eligible for incentive payments.</p>	<p>Awaiting federal guidance in a number of areas related to oversight, identification and payment of incentives, and administrative costs that may be covered under the ARRA in this area.</p>