

## Enclosure A: Attestations

The five attestations that are described in the grant award letters and are implicit in the grant award (“passive attestations”) are as follows:

1. The State is eligible for the increased Federal Medical Assistance Percentage (FMAP) because the State is applying Medicaid eligibility standards, methodologies, and procedures that are no more restrictive than those in effect under the State plan (or any waiver or demonstration project) on July 1, 2008. If the State is currently ineligible because it does not meet this condition, the State may be retroactively eligible if it reinstates the former standards, methodologies, and procedures prior to July 1, 2009. (Section 5001(f)(1) of the Recovery Act)
2. The State is eligible for the increased FMAP because no amounts attributable (directly or indirectly) to such increased FMAP are deposited or credited to any reserve or rainy day fund of the State. (Section 5001(f)(3) of the Recovery Act)
3. The State is eligible for the increased FMAP because it does not require political subdivisions within the State to contribute for quarters beginning October 1, 2008, and ending December 2010, a greater percentage of the non-Federal share of such expenditures (including for expenditures under section 1923 of the Social Security Act) than the respective percentage that would have been required under the State Medicaid plan on September 30, 2008. (Section 5001(g)(2) of the Recovery Act)
4. The expenditures for which the State draws funds must be eligible expenditures. Expenditures for disproportionate share hospital payments are ineligible. Also ineligible are expenditures that are claimed based on the enhanced FMAP (described in section 2105(b) of the Act), or expenditures that are not paid based on the FMAP, such as expenditures for family planning services and administrative expenditures. Expenditures for services provided through an Indian Health Service facility are ineligible because such expenditures receive 100 percent FMAP, which is the ceiling level. Expenditures for medical assistance provided to individuals made eligible because of increased income eligibility standards that are higher than those in effect on July 1, 2008, are also ineligible for the increased FMAP. (Section 5001(e) of the Recovery Act)
5. The expenditures for which the State draws funds are not payments for health care practitioner claims or certain nursing home and hospital claims that were received by the State during periods in which the State is not in compliance with prompt payment standards. (Section 5001(f)(2) of the Recovery Act)