

The Administration's Medicaid Regulations: Summaries of State Responses

March 3, 2008

On January 16, 2008, the Committee on Oversight and Government Reform wrote to every State Medicaid Director requesting an analysis of the impact on their state of each of the seven Medicaid regulations issued by the Centers for Medicare & Medicaid Services (CMS). More specifically, the Committee requested “an estimate of the expected reduction in federal Medicaid funds to your state over each of the next five years and an estimate of the effect of this reduction on Medicaid applicants and beneficiaries in your state.” As of February 29, 2008, the Committee had received responses from the Medicaid Directors of 43 states and the District of Columbia. The findings from these responses are set forth in the Committee Majority Staff report, *The Administration's Medicaid Regulations: State-by-State Impacts* (March 3, 2008).

This document supplements that report. It provides one-page summaries of the submission received from each of the responding states. For each of the seven Medicaid regulations, the summary presents the state Medicaid Director's estimate of the amount of federal funds that the state would lose as a result of the regulation in the first year and over the next five years. If the state Medicaid Director indicated that the regulation would have a fiscal impact but was not able to quantify the impact, the response was characterized as “Not specified.” If the state Medicaid Director reported that the regulation would have no impact on the state, the response was characterized as “None.”

Each summary also includes quotations from each state Medicaid Director's response that provides a brief snapshot of the Director's assessment of the impact of a particular regulation on beneficiaries or providers or on the Medicaid program. In many cases, in the interest of brevity, these quotations are excerpted from longer discussions. For a full statement of the impact, please refer to the original submission of each of the responding Directors posted on the Committee website (www.oversight.house.gov). A list of the state Medicaid Directors who responded to the Committee request may be found in Appendix A. The states profiled are:

Alaska	Illinois	Missouri	Oregon
Arizona	Indiana	Montana	Pennsylvania
California	Iowa	Nevada	Rhode Island
Colorado	Kansas	New Hampshire	South Carolina
Connecticut	Kentucky	New Jersey	South Dakota
Delaware	Louisiana	New Mexico	Tennessee
District of Columbia	Maine	New York	Texas
Florida	Maryland	North Carolina	Utah
Georgia	Massachusetts	North Dakota	Virginia
Hawaii	Michigan	Ohio	Washington
Idaho	Minnesota	Oklahoma	Wisconsin

Alaska

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “Estimate *increase* (emphasis added) (\$1.25 million Federal) each year this regulation is in effect to meet these new administrative requirements.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$0.4 million **Over 5 years:** \$3.2 million
Impact: “...Alaska needs 50 new physicians yearly to meet the growing need, [which] will require an increase in funding, not less, to support this additional training expense.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “Requiring Alaska to reduce rates for private clinics to no more than Medicare guarantees some of these clinics will close, others will reduce services or not see Medicaid eligible patients, and patients will get services in the more expensive emergency rooms (ERs) and hospitals.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “Alaska has no provider taxes.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: \$9 million **Over 5 years:** \$45 million
Impact: “We fully expect there will be additional costs to the state (savings to the federal government), but it must be noted that it is extremely difficult to estimate the impacts of this regulation given the confusing language ...”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$8 million **Over 5 years:** \$40 million
Impact: “What will be certain is schools will likely minimize or stop performing Medicaid outreach activities.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “The biggest impact of the TCM regulation is the significantly increased administrative burden for ... small, remote providers.”

Arizona

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: "...we expect the impact to be significant. This proposed regulation will add extensive administrative and bureaucratic costs to the health care system in our state."

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$30.1 million **Over 5 years:** \$154.7 million
Impact: "This loss will exacerbate the physician shortage problem, possibly resulting in reduced access to physicians, greater pressure to increase physician reimbursement rates, and lower quality of care."

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: "The new restrictions on hospital services could be costly for hospitals, since some services would no longer be reimbursable as outpatient hospital services..."

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: "...Arizona's premium tax is well below the proposed limits."

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: "The rules appear to increase administrative costs associated with onerous and duplicative planning and documentation."

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$11.7 million **Over 5 years:** \$58.5 million
Impact: "All of Arizona's students are likely to experience the impact of these rules as schools are forced to cut programs to adjust to the loss of funding."

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: "Arizona may be forced to cease case management functions not specifically related to the management of medical services, to the detriment of its members."

California

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: \$943.6 million **Over 5 years:** \$4,718 million
Impact: “This proposal would have devastating impacts to California’s safety net hospitals ... it could result in significant payment disruptions for Alameda County and the University of California ...”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$248.2 million **Over 5 years:** \$1,240 million
Impact: “The elimination of [federal GME funding] could place critical care in jeopardy, create shortages of medical professionals, and reduce access to care.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: \$266.4 million **Over 5 years:** \$1,332 million
Impact: “California’s emergency rooms are in crisis status and this will lead to further instability if reimbursement for the cost of care in these areas is significantly reduced.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: \$540 million **Over 5 years:** \$2,700 million
Impact: “California has used health care provider ‘fees’ to improve the quality of, and access to, care in nursing homes and centers for the developmentally disabled.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “The impact of this rule is dependent on how aggressively CMS chooses to interpret the rule’s elements ... this rule puts at risk over \$1 billion annually and \$5 billion over a 5-year period for all of these services.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$130 million **Over 5 years:** \$650 million
Impact: “Currently Medicaid Administrative Activities (MAA) is claimed by almost 800 school units representing more than 56 percent of the school districts in California.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: \$24 million **Over 5 years:** \$119 million
Impact: “Potentially, California might conduct 100,000 fewer Medi-Cal beneficiary TCM encounters.”

Colorado

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: \$142.2 million **Over 5 years:** \$711 million
Impact: "...the regulations put the financial stability of the entire safety-net provider community in Colorado at risk."

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$12 million **Over 5 years:** \$60 million
Impact: "This would represent more than a 25% decline in revenue to Colorado's teaching programs and would force the programs to reduce staff and stop serving Medicaid clients in their outpatient clinics."

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: "The Department is unable to perform a comprehensive analysis due to the lack of data and guidance provided by CMS. The Department predicts the rule would dramatically change the State's Medicaid reimbursement model for outpatient hospital services ... and will probably reduce the current payments to hospital providers."

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: "...since the Colorado Medicaid program currently does not utilize provider taxes, there is no fiscal impact to the state."

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: "The Department is unable to perform a comprehensive analysis due to the lack of data on which current providers are unable to meet the proposed requirements."

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$1.4 million **Over 5 years:** \$7 million
Impact: "The regulation will have a significant financial impact on the reimbursement to participating school districts..."

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: \$1.8 million **Over 5 years:** \$9.2 million
Impact: "The Department was unable to perform a comprehensive analysis due to the lack of data and specific information..."

Connecticut

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “The proposed regulation poses major challenges for the establishment of rates at state facilities like Riverview Hospital.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$4 million **Over 5 years:** \$20 million
Impact: Not specified

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: Not specified

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: \$60 million **Over 5 years:** \$300 million
Impact: “In Connecticut our entire \$120 million nursing home user fee program (\$60 million in federal financial participation) would be at risk. That would remove \$60 million in funding to support skilled nursing facilities that are already hard-pressed to provide care for 18,000 Medicaid recipients every year.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: \$4.5 million **Over 5 years:** \$22.5 million
Impact: “In Connecticut, this immediately would end our claim for federal financial participation (FFP) for the Birth to Three program that provides early intervention services for children with developmental delays.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$5 million **Over 5 years:** \$25 million
Impact: “But more important than the initial fiscal impact would be the effect that these regulations would have on school outreach. ... DSS cannot afford to state-fund an outreach effort in 3,000 schools in 169 towns without the benefit of the federal match.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: \$10 million **Over 5 years:** \$50 million
Impact: “The proposed rule flies in the face of the philosophy behind the Money Follows the Person program which CMS has awarded to Connecticut and other states with the express intention of moving the long-term care population into the community.”

Delaware

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: None

Over 5 years: None

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$2.7 million

Over 5 years: \$14.5 million

Impact: “We would need to continue to pay the hospitals at the current rates and would have to make up the federal share with state dollars.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None

Over 5 years: None

Impact: “...an additional FTE would be required in the Medicaid Reimbursement Unit to analyze the cost data.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None

Over 5 years: Not specified

Impact: “The proposed changes will have no immediate impact ... [h]owever, Delaware may wish to consider the imposition of provider taxes in the future...”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: \$13.4 million

Over 5 years: \$72.1 million

Impact: “...will place under hardship on individuals and their respective family members as well as lead to the need for services in more costly and restrictive settings.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$1.2 million

Over 5 years: \$6.4 million

Impact: “...merely shifts the financial burden of ensuring that children receive medically necessary services in school settings entirely to the states.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified

Over 5 years: Not specified

Impact: “This rule will have immediate and severe consequences for many individuals receiving services through our home and community-based waivers.”

District of Columbia

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: Not specified **Over 5 years:** \$8.7 million

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** \$73 million

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None **Over 5 years:** None

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** \$2.6 million

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** \$10.6 million

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** \$17.5 million

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** \$80 million

Impact: Not specified by regulation. The estimated loss of \$192 million in federal funds over 5 years “will have a substantial impact on District Residents and Medicaid recipients. Despite losses in federal Medicaid matching funds, it will be necessary to continue to provide services such as school transportation and targeted case management for foster care children. Thus, services that were previously matched with 70% federal funds will now require completely local funding... [this budget effect] will potentially result in a reduction of other vital services to District residents and Medicaid recipients.”

Florida

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: None

Over 5 years: None

Impact: “Based on the manner in which Florida reimburses providers operated by units of government, this rule has no impact on payment to these providers.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$44 million

Over 5 years: \$220 million

Impact: “In addition, Florida reimburses providers through a series of Medicaid Disproportionate Share Hospital (DSH) programs. ... One of the DSH programs is specified to teaching hospitals. The state seeks clarification as to whether CMS-2279-P impacts DSH program payments [\$102.4 million federal funds per year].”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None

Over 5 years: None

Impact: “There is no potential fiscal impact on Florida resulting from this rule.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None

Over 5 years: None

Impact: “There is no potential fiscal impact on Florida resulting from this rule.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: \$32 million

Over 5 years: \$160 million

Impact: “If therapeutic foster care ... were not available, children would require placement in an institutional setting at the additional cost of \$78,728,673 to the state of Florida annually. The [federal] portion of this cost would be \$44,741,505 annually.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$57 million

Over 5 years: \$285 million

Impact: “This proposed rule change will result in the loss of [Medicaid] revenue for the 65 participating school districts (of Florida’s 67 school districts). ... This will impact the following school district services: care planning; service coordination; monitoring of health services; referrals; and Medicaid eligibility determinations ... school districts will need to adjust funds accordingly.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified

Over 5 years: Not specified

Georgia

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: \$30.2 million **Over 5 years:** \$1,478 million
Impact: "...reductions in access to care may result if facilities close without supplemental DSH and UPL payments."

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$5.2 million **Over 5 years:** \$255.3 million
Impact: "The state expects the long-term impact to result in less hospitals agreeing to be teaching facilities, which will exacerbate the state's physician shortage."

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: "The state has not analyzed hospital billing practices to determine which outpatient services would be subject to alternative pricing."

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None **Over 5 years:** \$721.8 million
Impact: "No direct beneficiary impact identified at this time."

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: "While changes will be made to the state's reimbursement for rehabilitative services to comply with the new regulation, the state expects this change to be budget neutral."

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: None **Over 5 years:** \$57.6 million
Impact: "No direct beneficiary impact identified at this time. Schools will continue to provide these services without Medicaid reimbursement."

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: None **Over 5 years:** \$63.9 million
Impact: "No direct beneficiary impact identified at this time. TCM services would continue to be provided by state social service agencies."

Hawaii

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Impact: “The State has not quantified the potential impact of the regulations on our Medicaid budget. ... We received CMS approval on February 7, 2008 [for an extension of our Section 1115 Medicaid demonstration, QUEST Expanded]... Under QUEST Expanded, we will pay a capitated rate to a health plan to provide coverage of all State plan services, as well as home and community-based long-term care services provided under 1915(c) waiver programs. Thus, we determined that the impact of the regulations on our Medicaid program would be minimal, and may only affect certain services that will continue to be provided on a fee-for-service (FFS) basis.”

Idaho

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in SFY2009: \$2 million **Over 5 years:** \$10.8 million
Impact: No estimated reduction on Medicaid applicants and beneficiaries.

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$0.2 million **Over 5 years:** \$0.9 million
Impact: No estimated reduction on Medicaid applicants and beneficiaries.

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: No estimated reduction on Medicaid applicants and beneficiaries.

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: No estimated reduction on Medicaid applicants and beneficiaries.

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: "Unable to determine."

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$0.03 million **Over 5 years:** \$0.2 million
Impact: Estimated reduction on Medicaid applicants and beneficiaries is 170 in FY2009 and 763 over five years.

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: No estimated reduction on Medicaid applicants and beneficiaries.

Illinois

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: \$255 million **Over 5 years:** \$1,300 million
Impact: “Enforcement of the rule will create a serious funding problem for relatively low DSH [disproportionate share hospital] states, like Illinois, that have relied on basic Medicaid reimbursement to make up the shortcoming in their DSH allotment.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$14 million **Over 5 years:** \$74 million

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: \$130 million **Over 5 years:** \$700 million
Impact: The regulation “will constrain the ability of states like Illinois to use the room in the UPL to supplement their relatively low federal DSH allotments.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: \$1.7 million **Over 5 years:** \$9.3 million

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “Illinois currently spends about \$286 million annually on rehabilitation option service ... lack of clarity prevent us from interpreting the effect of the rule.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$82 million **Over 5 years:** \$429 million
Impact: “An immediate effect will be to substantially impair the State’s ability to identify and enroll low-income school children with medical needs — the very children who might benefit most from the department’s medical programs.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: \$5 million **Over 5 years:** \$26 million
Impact: The regulation “affects significantly [administrative] case management services that are ... provided in Illinois to various populations, including pregnant women, infants and toddlers, and children with specialized needs.”

Indiana

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “The proposed rule would impose a cost limit for public health care providers and alter the definition of a ‘unit of government.’ Both of these proposals would reduce funding options for states and are likely to substantially reduce services for Medicaid patients and the uninsured in Indiana.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “The reduction in overall reimbursement that teaching hospitals could experience as a result of this rule may have the unintended consequence of creating a disincentive for hospitals to continue to provide graduate medical education programs. This could lead to a future shortage of medical professionals, especially those providing services to low-income or indigent patients, and bring about the same situation which payments for graduate medical education were originally intended to remedy.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “Indiana expects substantial negative fiscal impact associated with implementing the provisions of the TCM IFR. Given the timeline for evaluating the IFR and the lack of specificity in key areas, the State is unable to fully calculate those costs at this time.”

Iowa

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: None

Over 5 years: None

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$7.1 million

Over 5 years: \$35.5 million

Impact: This estimate assumes elimination of direct medical education (DME) payments only. If the regulation eliminates indirect medical education (IME) payments as well as DME payments, the annual loss of federal funds would be \$16.5 million.

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None

Over 5 years: None

Provider taxes (CMS 2275-P)

Loss of federal funds in SFY2009: \$1 million

Over 5 years: Not specified

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: None

Over 5 years: None

Impact: “Iowa implemented these changes prior to publication of the CMS regulations on rehabilitative services, and as such, the regulations will not impact Iowa either fiscally, or in terms of availability of services.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: Not specified

Over 5 years: Not specified

Impact: “There will be a fiscal impact on school districts due to the loss of Medicaid reimbursement for the change to transportation services. “

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified

Over 5 years: Not specified

Impact: “These rules will likely have a cost to implement for the Medicaid program and providers. A detailed fiscal analysis has not been performed.”

Kansas

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: None

Over 5 years: None

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$1.2 million

Over 5 years: \$5.9 million

Impact: Not specified

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None

Over 5 years: None

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: Not specified

Over 5 years: Not specified

Impact: “In regards to the proposed CMS rule, we do not know how the clarifications may impact [the Kansas Medicaid Provider Tax] program. However, it is clear that loss of this program has the potential to severely restrict KS Medicaid beneficiaries’ access to hospital and physician providers. KS would anticipate a reduction of 25% in KS Medicaid claims payment rates due to the loss of federal matching funds...”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified

Over 5 years: Not specified

Impact: “Undetermined.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$3.2 million

Over 5 years: \$16.5 million

Impact: “School employees perform administrative activities such as determining Medicaid eligibility and the management of community-based activities.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified

Over 5 years: Not specified

Kentucky

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: \$21-\$26 million **Over 5 years:** \$118 million

Impact: “The primary loss would be in payments that could be made to Public Hospitals who are an essential part of the Health Care safety network in this state.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$24-\$27 million **Over 5 years:** \$127 million

Impact: “...the hardest hit provider groups are Kentucky’s publicly funded University Hospitals which provide the lion’s share of indigent hospital care for Kentucky’s poorest citizens. The two University Hospitals are also the largest teaching hospitals in the state and they can not afford to lose their Medical Education payments.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None

Over 5 years: None

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: \$126-\$135 million **Over 5 years:** \$630 million

Impact: “Obviously, cuts in services provided to recipients or even the number of recipients served would have to be considered in order for Kentucky to absorb this large financial impact ... this regulation could have dramatic and real impact on all of Kentucky’s 722,000 Medicaid recipients.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: \$3 million **Over 5 years:** \$15 million

Impact: “It is intuitive that there will be some impact as CMS continues to carve away at the edges of what is an allowable Medicaid service ... there will be considerable administrative impact as multiple Kentucky Medicaid programs are reviewed to see if our current covered services meet the new rehabilitation definition.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$13-\$15 million **Over 5 years:** \$65 million

Impact: “The regulation ... would have a definitive impact on care to Kentucky’s 200,000 Medicaid children who are served through this program.

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: \$37 million

Over 5 years: \$200 million

Louisiana

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: \$222 million **Over 5 years:** \$1,209 million

Impact: “This proposed rule will significantly increase contract costs to oversee compliance with cost limits by public providers.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$103 million **Over 5 years:** \$559 million

Impact: “The elimination of federal funds for graduate medical education will severely impact the ongoing maintenance of these educational programs.”

Payment for hospital outpatient services (CMS 2213-P)

Loss of federal funds in 2008: \$3 million **Over 5 years:** \$19 million

Impact: “Implementation of this proposed rule may cause a loss of essential medical services in underserved rural areas.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: \$17 million **Over 5 years:** \$92 million

Impact: “The provider fee on intermediate care facilities for the developmentally disabled would have to be reduced.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Impact: “As of February 6, 2008, 2,599 children are receiving MHR services and we would estimate as many as 90% would no longer qualify for MHR under a strict interpretation of the proposed rule. We cannot quantify the fiscal impact, since we don’t know how many of these children would end up in [more costly] inpatient psychiatric hospitals ... detention facilities ... or congregate care.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$5 million **Over 5 years:** \$25 million

Impact: “This will seriously impact the school districts’ ability to reach out to Medicaid eligible children and link them to Medicaid covered services.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Impact: “We anticipate that administrative costs will be incurred. However, we are currently unable to calculate the total fiscal impact.”

Maine

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in SFY2009: \$36 million **Over 5 years:** Not specified

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in SFY2009: \$17.4 million **Over 5 years:** Not specified

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Targeted case management (CMS-2237-IFC)

Loss of federal funds in SFY2009: \$17.5 million **Over 5 years:** Not specified

Impact: "...the impact of the CMS revisions is often difficult to quantify — for example the increased cost for required audit and billing procedures. However, the data presented [above] is our best estimate of the impact based on our past claims data. ...The detrimental effect on the citizens of Maine will be substantial."

Maryland

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “Small safety net providers (especially in rural areas) who serve vulnerable populations may have to discontinue services or reduce the scope and quality of services.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “If we are unable to convince CMS that this doesn’t apply to Maryland because of our federal all-payor Medicare waiver, Maryland Medicaid could lose \$7 million in federal revenue.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “It is not clear if this rule will affect Maryland because of the Maryland Hospital all-payor waiver. We cannot estimate the fiscal impact at this time.”

Provider taxes (CMS 2275-P)

Loss of federal funds in SFY2009: \$0.2 million **Over 5 years:** Not specified

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “Approximately 30,650 Medicaid recipients currently receive services that could be affected.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$1 million **Over 5 years:** Not specified
Impact: “[Children with IEPs needing specialized transportation to school] will continue to receive transportation. Schools will need to make other cuts to make up for the loss in revenue.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: \$66.2 million **Over 5 years:** Not specified
Impact: “It would disrupt case management services for vulnerable populations, create tremendous new administrative burdens, and lower the quality of services. Currently, approximately 200,000 Maryland recipients receive case management services.”

Massachusetts

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: "...without knowing precisely how CMS will define allowable costs under this regulation, it is not possible to estimate the potential loss in federal reimbursement to Massachusetts at this time."

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in FY2009: \$21.1 million **Over 5 years:** \$115.4 million
Impact: "...to the extent that providers have to adjust their practices to absorb this potential loss of revenue, quality of or access to services could be compromised."

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: "Due to lack of clarity in the proposed rule, we are unable to estimate the fiscal impact. Depending on the actual intent of CMS ... the impact would be significant."

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: Refer to Joint Comments of 19 States (undated)

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in FY2009: \$64.6 million **Over 5 years:** \$382.2 million
Impact: Estimated impact refers to day habilitation services only. "While we believe this rule will also have a fiscal impact on additional rehabilitative services, lack of clarity in the proposed rule makes it impossible for us to estimate the impact."

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in FY2009: \$47.3 million **Over 5 years:** \$246.6 million
Impact: "Massachusetts is concerned that this regulation will impede the Commonwealth's ability to connect children to needed services."

Targeted case management (CMS-2237-IFC)

Loss of federal funds in FY2009: \$54.6 million **Over 5 years:** \$284 million
Impact: "This estimate does not include additional, and substantial, costs for retooling existing case management programs to comply with operational requirements dictated by this regulation."

Minnesota

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: \$50.5 million **Over 5 years:** \$275.1 million

Impact: “The payment limits and cost documentation requirements for payments associated with local governments proposed in this rule impose an undue burden on states with large rural populations where local governments may serve as the only option to ensure access to needed care.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$42 million **Over 5 years:** \$233 million

Impact: “[Federal Medicaid law] imposes responsibility on states to ensure access to care. Prudent funding of GME is an important part of meeting that responsibility.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None **Over 5 years:** None

Impact: “When medical necessity requires the resources of an outpatient hospital setting, payment commensurate with the use of those resources is appropriate even if the procedure is more commonly performed in a less intensive setting.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Impact: “Because of the ambiguity surrounding the interpretation of the hold harmless provision of this rule, we cannot quantify the fiscal impact.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Impact: “We believe that this rule will have fiscal impacts ... [but we] cannot quantify those impacts due to the uncertainty of how these rules will be applied.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in SFY2008: None **Over 5 years:** \$40.1 million

Impact: “The loss of schools as a locus for Medicaid enrollment will ... result in many missed opportunities to identify and enroll Medicaid eligible children and families.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: \$8.7 million **Over 5 years:** \$210.5 million

Impact: “We expect significant additional losses as CMS fully implements this rule.”

Missouri

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: \$22.1 million **Over 5 years:** \$110.7 million

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$91 million **Over 5 years:** \$532.3 million

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: \$5.9 million **Over 5 years:** \$36.6 million

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: \$92.9 million **Over 5 years:** \$573.2 million

Impact: “The combined loss of federal funding for these four regulations for the next five state fiscal years is an average of over \$250 million annually. The effects are even more severe when coupled with the corresponding loss of state funding which would result in a total loss of an average of \$400 million annually. Such a loss of funding would cause significant cash flow shortages, causing a financial strain on Missouri hospitals which service almost 850,000 MO HealthNew participants plus the uninsured. This financial strain, in turn, will result in an adverse impact on the health and welfare of MO HealthNet participants and uninsured individuals in need of medical treatment.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: None **Over 5 years:** None

Impact: “The MO HealthNet Division does not believe there will be a federal fiscal impact from this proposed regulation.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$28.5 million **Over 5 years:** \$142.5 million

Impact: “Missouri provides the federal match for school administrative claiming to 392 Missouri school districts.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Impact: “The fiscal impact to Missouri is unknown.”

Montana

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: Not specified **Over 5 years:** \$8.6 million
Impact: “As a result of this change for units of government now being limited to their costs, six facilities will see a decrease in revenue of approximately \$1,000,000 total funds (annually)...”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** \$0.8 million
Impact: “Montana currently pays direct medical education to [14] facilities Under the provisions of this regulation, these programs would no longer be eligible for Federal Funding reimbursement.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “Because we have been following the Medicare reimbursement system policy, this regulation does not negatively impact Montana.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None **Over 5 years:** None

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “Montana has significant concerns with the proposed regulations and the impact for the clients that receive services in Montana. Due to our many questions and concerns regarding this regulation, the financial impact is not known.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** \$9 million
Impact: “There are currently 72 Montana school districts and co-ops that participate in the Medicaid Administrative Claiming program ... payments will no longer be available for administrative activities performed by school district employees or contractors. ”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “It will require a major restructuring of TCM services that are provided to Montana clients.”

Nevada

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “Nevada does not take exception to these requirements, as written, and has tried to work with CMS to implement them ... [however,] the State is once again faced with termination of federal financial participation for essential services.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$0.4 million **Over 5 years:** \$2.1 million
Impact: Not specified

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “The more restricted definition of ‘outpatient services’ may not only reduce hospital revenues by limiting/eliminating reimbursable services ... but create major access problems as well.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: \$1.1 million **Over 5 years:** \$5.4 million
Impact: Not specified

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: \$9.5 million **Over 5 years:** \$50.4 million
Impact: “CMS’ efforts to draw these strong boundaries will leave no funding source other than state general fund resulting in what we anticipate to be increased unnecessary utilization of psychiatric residential treatment facilities (PRTF’s) and inpatient hospitalization.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$0.8 million **Over 5 years:** \$4.5 million
Impact: “When the School District Administrative program is terminated, [approximately 62,000 Medicaid-eligible] children will no longer have access to school district staff with assistance with Medicaid enrollment or in accessing Medicaid benefits.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “There are several outstanding questions regarding interpretation of the regulation. The entire risk to the program is approximately \$28 million.”

New Hampshire

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “The proposed regulation could prevent New Hampshire Medicaid from accepting sources of funding that have traditionally been used to support the state match required in SCHIP and impact the State’s ability to provide insurance coverage for 3,000 children already enrolled in the SCHIP program.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “The proposed rule ... will impact four of New Hampshire’s largest hospital providers in the areas of both primary care and emergency services. These hospitals served a total of 29,862 Medicaid recipients providing over 109,000 visits in FY 2007.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “This regulation did not allow New Hampshire sufficient time to properly plan for this reduction in the permissible tax rate and will result in a net reduction in New Hampshire general funds of \$1,400,000.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: Refer to State comments on NPRM dated October 8 and October 11, 2007.

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: Refer to State comments on NPRM dated October 25, 2007.

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: Refer to Joint Comments of Twenty-Three States and State Medicaid Agencies dated February 4, 2008.

New Jersey

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: \$3 million **Over 5 years:** \$96.7 million

Impact: “In addition, the regulation calls for extensive reporting requirements, which will create a significant administrative burden on the State.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$3.5 million **Over 5 years:** \$11.5 million

Impact: “New Jersey continues to struggle with retaining medical graduates in the State. GME supports this effort.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Impact: Not specified

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: \$2.1 million **Over 5 years:** \$8.4 million

Impact: “The provider reimbursement related to collected taxes ... is an important source of revenue for New Jersey’s long-term care facilities and [because this reimbursement will no longer be allowable, this regulation] could in turn affect the care our Medicaid beneficiaries are receiving.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: \$4.5 million **Over 5 years:** \$55 million

Impact: “The proposed rule dramatically narrows the scope of services that New Jersey can provide ... thus limiting the number of children and adults who will be able to receive much needed rehabilitative services and putting Medicaid beneficiaries at risk.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in FY2009: \$15.8 million **Over 5 years:** \$90 million

Impact: “In New Jersey, the administrative activities performed by school employees and transportation services are vital in ensuring access to Medicaid services for our low-income children.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** \$95.7 million

Impact: “Case management is a vital component of New Jersey’s quality plan required by CMS.”

New Mexico

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in FY2009: \$168.7 million **Over 5 years:** \$1,444.3 billion
Impact: “The impact of this proposed rule would be a reduction in Medicaid applicants and beneficiaries as a result of a decrease in service providers.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in FY2009: \$5.3 million **Over 5 years:** \$26.5 million
Impact: “The impact of this proposed rule would be a reduction in Medicaid applicants and beneficiaries as a result of a decrease in service providers.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “There is no effect on Medicaid applicants and beneficiaries in New Mexico due to this rule.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “There is no effect on Medicaid applicants and beneficiaries in New Mexico due to this rule.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “...the regulations are unclear in aspects that may enable CMS to interpret the rules in the future in ways that would unfairly penalize a state. Therefore, it is not feasible to provide an estimate of the expected reduction in federal Medicaid funds...”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in FY2009: \$2.8 million **Over 5 years:** \$14 million
Impact: “This will significantly impact all children who attend publicly funded schools in New Mexico. The annual loss of [federal and state Medicaid School Based Services funds] reimbursed to school districts will result in the loss of school nurses, health aides, behavioral health providers, therapists, and other health-related positions...”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in FY2009: \$6.4 million **Over 5 years:** \$33.4 million
Impact: “Recipients with the greatest health issues would experience more confusion related to accessing services and delayed access to care as a result of this rule.”

New York

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: \$550 million **Over 5 years:** \$2,750 million
Impact: “[The financial losses caused by the rule] would have particularly negative consequences on the NYC Health and Hospitals Corporation, services for the mentally ill, early intervention programs, and New York’s nationally recognized service system for the mentally retarded and developmentally disabled.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$675 million **Over 5 years:** \$3,375 million
Impact: “Eliminating Medicaid funding for GME would have a devastating impact on New York’s GME programs ... [which train] 15 percent of the nation’s physicians.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “While it is difficult to determine the exact fiscal impact of this regulation on New York’s health care delivery system, we anticipate that there would be a significant loss of federal Medicaid funding.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “If New York’s taxes are deemed impermissible under the proposed rule, the State could suffer up to hundreds of millions of dollars in disallowances of federal Medicaid funding annually.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: \$202 million **Over 5 years:** \$1,010 million
Impact: The rule “could jeopardize” annual federal funding for “services to children under age three with developmental disabilities or delays, and for many of New York’s programs for persons with mental illness...”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$44 million **Over 5 years:** \$220 million

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “...we anticipate that New York State providers stand to lose substantial amounts of federal Medicaid funding.”

North Carolina

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in FY2009: \$430.6 million **Over 5 years:** \$2,187 million
Impact: “The resultant loss of support for the state’s public and private hospitals would ... diminish the ability of the State to provide basic health care and services provided in a hospital setting to Medicaid and indigent recipients.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$84 million **Over 5 years:** \$420 million
Impact: “If this rule is finalized, the financial stability of our safety-net teaching hospitals will be jeopardized, affecting many of the state’s most vulnerable citizens covered by the Medicaid program and served by these hospitals.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None **Over 5 years:** None

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “A reduction or elimination of these assessments would impede access to care by Medicaid recipients in [nursing facilities and intermediate care facilities for the mentally retarded].”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “We are unable to adequately project the fiscal impact at this time because of remaining questions about how this regulation will be applied; however, we anticipate a negative impact.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** \$56 million
Impact: “North Carolina Public Schools utilize funds from School Based Administrative Claiming to ensure vital services and equipment for students with disabilities are available.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified.

North Dakota

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “North Dakota does not expect a fiscal impact from this regulation.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “North Dakota does not expect a fiscal impact from this regulation.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “In order to determine the full impact of this proposed regulation, North Dakota will need to calculate the Upper Payment Limit for clinics and outpatient hospital services. ... North Dakota has not completed this calculation.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “North Dakota does not expect a fiscal impact from this regulation.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “North Dakota cannot estimate an impact.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “North Dakota does not expect a fiscal impact from this regulation.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** \$13.3 million
Impact: This estimate is for elimination of case management for children in foster care or receiving protective services. “Other provisions of the interim final rule ... will result in the loss of federal reimbursement and/or the addition of staff...”

Ohio

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: \$1.4 million **Over 5 years:** \$7.4 million

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in SFY2009: \$33.4 million **Over 5 years:** Not specified
Impact: “It will be very expensive for states to continue to pay for GME through state only dollars.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “Ohio has an UPL policy for outpatient clinics and the proposed rule will not have any impact on the definition.”

Provider taxes (CMS 2275-P)

Loss of federal funds in FY2008: Not specified **Over 5 years:** Not specified

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “This may mean that more medical services will be provided by schools as direct care and school-based providers may pursue payment from the MCPs for services that were previously billed administratively...”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “Ohio believes that the regulation will result in additional costs as well due to increased staffing needs, increased payments for case management activities, decreased controls, the need to restructure eligibility/service authorization and other gate keeping systems and significant changes to information technology systems to accommodate the newly required fifteen minute billing unit.”

Oklahoma

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “Oklahoma already fulfills this regulatory requirement.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** \$250 million
Impact: “The effect to hospitals would be to remove support for infrastructure and administrative costs associated with the rotations of 1700 resident slots through 17 different hospitals.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “Oklahoma already fulfills this regulatory requirement.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “Oklahoma already fulfills this regulatory requirement.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** \$42.5 million
Impact: “...CMS will likely reduce payments to Foster parents...”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “Oklahoma has never implemented reimbursement to school districts for costs related to transportation or administrative services.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** \$195 million
Impact: “The timelines imposed by the new regulations do not take into account the realistic timeframe needed to establish the community ties and resources required by an institutionalized individual for a successful transition back into the community. It is our belief that such a drastic change in this arena will result in irreparable harm to an already fragile population.”

Oregon

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in FY2009: Not specified **Over 5 years:** Not specified
Impact: "...the administrative burden may cause smaller, typically rural providers to withdraw from providing Medicaid services."

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in FY 2009: \$21.1 million **Over 5 years:** \$110.7 million
Impact: "We believe this proposal would undermine the nation's already fragile health care safety net and further limit or eliminate access to health care for millions of low-income and medically fragile patients."

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: "Oregon ...would not be negatively impacted by the passage of this rule."

Provider taxes (CMS 2275-P)

Loss of federal funds in FY2009: \$8.5 million **Over 5 years:** \$28.3 million
Impact: "If the [nursing facility provider tax] is eliminated, the state will have two options: (1) replace tax revenue with General Fund, or (2) substantially decrease nursing facility Medicaid rates from their current level."

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in FY2009: \$72.9 million **Over 5 years:** \$378.6 million
Impact: "Adoption of the proposed rule would strain the provision of all education services by requiring the state to allocate more money from the general education fund to provide mandated IDEA services..."

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in FY2009: \$10.3 million **Over 5 years:** \$54.8 million
Impact: Not specified

Targeted case management (CMS-2237-IFC)

Loss of federal funds in FY2009: \$52 million **Over 5 years:** \$288 - \$316 million
Impact: "...activities that have historically been viewed as administrative and claimed as such will no longer be reimbursed, have adverse impacts on rural communities' support structures which in turn could reduce client access."

Pennsylvania

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: Refer to Joint Comments of 19 States, March 19, 2007.

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$45.4 million **Over 5 years:** \$235.9 million
Impact: “Teaching hospital deliver a significant share of the inpatient medical care provided to Medical Assistance (MA) consumers in the Commonwealth, particularly in the urban markets of Philadelphia and Pittsburgh Absent this funding source, hospitals will be increasingly hard-pressed to serve the MA population.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “The following ... services would/may be impacted: outpatient hospital clinic services; birth center services; renal dialysis center services; outpatient psychiatric clinic services; psychiatric partial hospitalization services; family planning clinics.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: Refer to Joint Comments of 19 States and State Medicaid Agencies (undated)

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “...the new rules could have a profound adverse impact on Medicaid services needed by persons with mental illness and developmental disabilities...”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$35 million **Over 5 years:** \$191.5 million
Impact: “Numerous times during the day, school personnel intervene with students who suffer from physical or emotional problems. ... The ability to continue to ... finance these specialized services is key to the problems posed by CMS-2287-P.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “The unknown total fiscal impact of these changes leave the Commonwealth open to an infrastructure breakdown within the local communities...”

Rhode Island

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “The State of Rhode Island certified public expenditures are for school-based administration furnished by Local Education Agencies (LEAs).”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “If adopted in its proposed form, this [regulation] would have no impact on the State of Rhode Island.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “If adopted in its proposed form, this [regulation] would have no impact on the State of Rhode Island.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: \$0.3 million **Over 5 years:** \$1.6 million

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: \$125.7 million **Over 5 years:** \$628.5 million
Impact: “If adopted in its proposed form, this [regulation] would have an immense impact on the State of Rhode Island.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$1.9 million **Over 5 years:** \$9.5 million
Impact: “...the State of Rhode Island will lose all [federal funds] for school-based administration after February 26, 2008.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: \$1.4 million **Over 5 years:** \$7 million
Impact: “...the Rhode Island Medicaid State Plan has included targeted case management (TCM) for as many as 12 discrete Medicaid-eligible populations based upon age, disability, illness or condition ... dating back as far as 1991.”

South Carolina

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: None

Over 5 years: None

Impact: “We do not believe this regulation will have a significant impact on Federal funds, applicants, or beneficiaries in South Carolina.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$62 million

Over 5 years: \$310 million

Impact: “There would be no direct impact on the number of applicants or beneficiaries, although there could be a negative impact on access to some hospital services.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None

Over 5 years: None

Impact: The regulation “would not have a significant impact on Federal Medicaid funds, applicants, or beneficiaries in South Carolina.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None

Over 5 years: None

Impact: The regulation “would not have a significant impact on Federal Medicaid funds, applicants, or beneficiaries in South Carolina.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: \$18 million

Over 5 years: \$90 million

Impact: “This could have a negative impact on access to these services for beneficiaries, depending on whether the State decides to replace these Federal funds with state funds.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$9.5 million

Over 5 years: \$47.5 million

Impact: “This could have a negative impact on access to these services for beneficiaries, depending on the extent to which the State absorbs these costs within the education budget.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified

Over 5 years: Not specified

South Dakota

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: None

Over 5 years: None

Impact: “At this time, there is no estimated financial impact to South Dakota.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$2 million

Over 5 years: \$10.6 million

Impact: “The need to train and retain primary care physicians in South Dakota is critical to insure there is adequate access to care for Medicaid recipients. The rural nature of the state adds to the challenges of recruiting and retaining primary care physicians. Medicaid programs must be allowed to continue to assist in the funding of GME to insure these programs remain sustainable.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified

Over 5 years: Not specified

Impact: “Small, rural hospitals have indicated this regulation could present problems with them being able to contract with healthcare professionals...”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None

Over 5 years: None

Impact: “This proposed regulation has a nominal or no impact upon the Medicaid program as currently administered in South Dakota.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified

Over 5 years: Not specified

Impact: “If the rule prevents Medicaid from furnishing services to maintain function as an acceptable goal of a rehabilitation plan, there will be a significant impact upon those individuals who receive services through community mental health centers.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$5.4 million

Over 5 years: \$27.9 million

Impact: “The proposed regulation has significant impact upon Medicaid funding and provision of administrative services provided through school districts to over 69,000 children enrolled in South Dakota Medicaid.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified

Over 5 years: Not specified

Tennessee

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: \$200 million **Over 5 years:** \$1,000 million
Impact: “Reductions of this size would obviously have a dramatic effect on Medicaid applicants and beneficiaries in Tennessee.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$32 million **Over 5 years:** \$160 million
Impact: “Many rural and low-income areas of Tennessee would lose the services of residents who are now available to provide care.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “Tennessee does not pay for hospital outpatient services through its State plan.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: \$1.5 million **Over 5 years:** \$7.5 million
Impact: “Tennessee is concerned that [the proposed regulations] move away from the clear cut rules that enable a state to determine whether it is or is not in compliance to a more subjective test that is purposefully ambiguous.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “The possible effect is unclear, but if CMS defines [intervention services to children in the custody of the Department of Children’s Services] as ‘rehabilitation services,’ then there could be an impact of \$50 million to \$60 million per year.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: None

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: \$70 million **Over 5 years:** \$350 million
Impact: “The recipients of case management services in Tennessee are, by and large, among the most vulnerable persons in our program — children in state custody, persons who are mentally ill, persons with mental retardation, persons who are aged and/or disabled [and] require nursing facility care It is unfair to make these persons bear the brunt of CMS’s ‘sledgehammer’ approach to cutting costs, as exemplified in this rule.”

Texas

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: \$127 million **Over 5 years:** \$2,200 million
Impact: “We estimate that each year, more than 185,000 Texans would be at risk of not receiving hospital services or experiencing a significant reduction in services.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$71 million **Over 5 years:** \$348 million
Impact: “While the state does not currently have an active GME program ... the state is developing a proposal to implement a GME program.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: “This rule could impair access to preventive services in hospital outpatient clinics.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: \$2.1 million **Over 5 years:** \$11.5 million
Impact: “Texas has used provider taxes to improve the quality of care provided to consumers with mental retardation living in intermediate care facilities.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: \$14.2 million **Over 5 years:** \$356.3 million
Impact: “Adult day health care services enable elderly Texans to remain in their homes. If [these] services are no longer reimbursable, [an estimated 21,000 elderly beneficiaries] would be adversely impacted and nursing facility utilization may increase.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: None **Over 5 years:** \$49 million
Impact: “Eliminating this school-based Medicaid outreach, information and referral program would potentially increase the number of uninsured children in Texas schools and across the state.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: \$37.5 million **Over 5 years:** \$431 million
Impact: “This loss of federal funds would result in fewer dollars for direct delivery staff in both the Child Protective Services and Adult Protective Services programs.”

Utah

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in FY2009: \$40.7 million **Over 5 years:** \$216 million
Impact: “The impacted hospitals in Utah include ... several small rural hospitals The impact on these facilities may put some of them at risk for closure if local governments will not provide further subsidies.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in FY2009: \$19.3 million **Over 5 years:** \$102.7 million
Impact: “This reduction in federal GME payments may further exacerbate the physician shortage in Utah.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “The state does not anticipate a significant reduction in federal Medicaid funds to our state or any effect on Medicaid recipients due to this rule.”

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None **Over 5 years:** None
Impact: “The state does not anticipate a significant reduction in federal Medicaid funds to our state or any effect on Medicaid recipients due to this rule.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in FY2008: \$2.4 million **Over 5 years:** \$13 million
Impact: “If the Medicaid rehabilitation rule is finalized as proposed ... [it] would result in higher rates of inpatient care and institutional utilization, with untold costs to both [the seriously and persistently mentally ill] consumer and system alike.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in FY2008: \$2.5 million **Over 5 years:** \$13.5 million
Impact: “The loss of Medicaid administrative funds means the school districts must absorb the administrative cost incurred in delivering Medicaid services to students.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in FY2008: \$2.8 million **Over 5 years:** \$15.4 million
Impact: “In Utah, [the regulation] will prevent some individuals with the potential for community living from doing so...”

Virginia

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in SFY2009: \$1.4 million **Over 5 years:** \$7.7 million

Impact: “Possible loss of services furnished by some small government providers who find the cost of a cost report outweighs reimbursement received.”

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in SFY2009: \$15.4 million **Over 5 years:** \$85.4 million

Impact: “The Department of Medical Assistance Services believes that paying for GME benefits Medicaid beneficiaries.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None

Over 5 years: None

Impact: None

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None

Over 5 years: None

Impact: “Virginia does not have provider taxes.”

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Impact: “Some long-term services may no longer be considered rehabilitation services.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in SFY2009: \$25.1 million **Over 5 years:** \$138.8 million

Impact: “Eliminating coverage for [school administrative] and transportation services does not improve services to Medicaid recipients. It does just the opposite.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified

Impact: “Undetermined. If transportation is eliminated from coverage under Medicaid, costs may shift to state or local funds.”

Washington

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: None

Over 5 years: None

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$7.3 million

Over 5 years: \$38.7 million

Impact: “Effects on specific hospitals may cause reduction in access for Medicaid beneficiaries.”

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: None

Over 5 years: None

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None

Over 5 years: \$2.3 million

Impact: Unspecified

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: \$33.2 million

Over 5 years: \$166 million

Impact: “[Approximately 1700 children per year] who have experienced child abuse and neglect would no longer receive rehabilitation services for their mental health problems.”

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$9.4 million

Over 5 years: \$47 million

Impact: “Reduced outreach and coordination of services for beneficiaries in 116 school districts.”

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: \$61 million

Over 5 years: \$334 million

Impact: “Implementation would cost a significant additional amount because it would require a major overhaul of the case management system in Washington State...”

Wisconsin

Cost limits for public providers (CMS 2258-FC)

Loss of federal funds in 2008: \$3 million **Over 5 years:** \$15 million
Impact: "...the loss could be significantly higher depending on the interpretation of the rule."

Payment for graduate medical education (CMS 2279-P)

Loss of federal funds in 2008: \$10 million **Over 5 years:** \$50 million
Impact: "This loss of funding would critically harm the State's medical education programs."

Payment for outpatient hospital services (CMS 2213-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: "Difficult to assess; dependent on how rule is interpreted"

Provider taxes (CMS 2275-P)

Loss of federal funds in 2008: None **Over 5 years:** None

Coverage of rehabilitative services (CMS 2261-P)

Loss of federal funds in 2008: Not specified **Over 5 years:** Not specified
Impact: "Difficult to assess; dependent on how rule is interpreted."

Payments for costs of school administrative and transportation services (CMS 2287-P)

Loss of federal funds in 2008: \$10.8 million **Over 5 years:** \$54 million
Impact: Not specified

Targeted case management (CMS-2237-IFC)

Loss of federal funds in 2008: \$15 million **Over 5 years:** \$75 million
Impact: "This is counter to the best interests of [children in the foster care system] in addition to creating an onerous administrative burden for the state."