attribute this adjustment to a slight increase in the overall number of submissions we received over the last few years.

Dated: November 19, 2024.

P. Ritu Nalubola,

Associate Commissioner for Policy.

[FR Doc. 2024–28036 Filed 11–27–24; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice of Availability of Final Health Center Program Policy Guidance Regarding Services To Support Transitions in Care for Justice-Involved Individuals Reentering the Community

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Final notice.

SUMMARY: The final Health Center Program Policy Guidance Regarding Services to Support Transitions in Care for Justice-Involved Individuals Reentering the Community Policy Information Notice (JI–R PIN) has been developed to assist health centers who choose to provide certain primary health care services to support the transition of JI–R individuals from the carceral setting back into the community setting.

DATES: This Final JI–R PIN is effective on the date of publication of this notice.

FOR FURTHER INFORMATION CONTACT: For questions regarding this notice, use the HRSA Bureau of Primary Health Care Contact Form: *https://hrsa.force.com/support/s/* or call Jennifer Joseph, Director, Office of Policy and Program Development, Bureau of Primary Health Care, HRSA, at 301–594–4300.

SUPPLEMENTARY INFORMATION: HRSA provides grants to eligible applicants under section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b), to support the delivery of preventive and primary care services to the nation's underserved individuals and families. HRSA also certifies eligible applicants under the Health Center Look-Alike Program (see sections 1861(aa)(4)(B) and 1905(l)(2)(B) of the Social Security Act). Look-alikes do not receive Health Center Program funding but must meet the Health Center Program statutory and regulatory requirements. Health centers are local organizations that provide comprehensive, high-quality primary health care services tailored to their communities regardless of their patients' ability to pay. Nearly 1,400 Health Center Program-funded health centers and more than 100 Health Center Program look-alike organizations operate more than 16,100 service delivery sites that provide care to more than 32 million patients in every U.S. state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. Note that for the purposes of this document, the term ''health center'' refers to entities that receive a federal award under section 330 of the Public Health Service Act, as well as subrecipients and organizations designated as look-alikes, unless otherwise stated.

This final JI–R PIN establishes policy for all health centers that apply for and receive a federal award under the Health Center Program, as authorized by section 330 of the Public Health Service (PHS) Act (including sections 330(e), (g), (h), and (i)), as well as section 330 subrecipient organizations and Health Center Program look-alikes. This final JI–R PIN is intended to support health centers in providing certain health services—delivered under the exclusive control and authority of the health center—to support the transition of JI–R individuals from the carceral setting back into the community setting. The services the health center provides are limited to services that support reentry. A health center may not take on or replace the provision of any other health care services the carceral authority provides to those who are incarcerated or detained.

HRSA released a draft of the JI–R PIN for a 60-day public comment period. HRSA revised the JI–R PIN in response to comments and posted a summary of comments and HRSA's responses at *https://bphc.hrsa.gov/sites/default/files/bphc/compliance/pin-2024-05-comments-summary.pdf.*

Organizations receiving Health Center Program federal awards, including subrecipients, and organizations designated as Health Center Program look-alikes, continue to be subject to all requirements stated in Notices of Funding Opportunity, Notices of Award, Look-Alike Initial Designation and Redesignation Instructions, Notices of Look-Alike Designation, as well as other applicable laws, regulations, and policies. Organizations are also subject to the distinct statutory, regulatory, and policy requirements of other federal programs in which they participate.

Carole Johnson,

Administrator.

[FR Doc. 2024–27903 Filed 11–27–24; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Federal Financial Participation in State Assistance Expenditures; Federal Matching Shares for Medicaid, the Children's Health Insurance Program, and Aid to Needy Aged, Blind, or Disabled Persons for October 1, 2025, Through September 30, 2026

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: The Federal Medical Assistance Percentages (FMAP), Enhanced Federal Medical Assistance Percentages (eFMAP), and disaster-recovery FMAP adjustments for fiscal year 2026 have been calculated pursuant to the Social Security Act (the Act). These percentages will be effective from October 1, 2025, through September 30, 2026. This notice announces the calculated FMAP rates, in accordance with the Act, that the U.S. Department of Health and Human Services (HHS) will use in determining the amount of Federal matching for state medical assistance (Medicaid), Temporary Assistance for Needy Families (TANF) Contingency Funds, Child Support collections, Child Care Mandatory and Matching Funds of the Child Care and Development Fund, Title IV–E Foster Care Maintenance payments, Adoption Assistance payments and Kinship Guardianship Assistance payments, and the eFMAP rates for the Children's Health Insurance Program (CHIP) expenditures. Table 1 gives figures for each of the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. This notice reminds states of adjustments available for states meeting requirements for disproportionate employer pension or insurance fund contributions and adjustments for disaster recovery. Based on the criteria for a qualifying state, one state meets the requirements for an adjustment for disaster recovery.

DATES: The percentages listed in Table 1 will be effective for each of the four quarter-year periods beginning October 1, 2025, and ending September 30, 2026.

FOR FURTHER INFORMATION CONTACT: Amelia Whitman, Office of Health Policy, Office of the Assistant Secretary for Planning and Evaluation, Room 447D—Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201, (202) 578–1478.

SUPPLEMENTARY INFORMATION: The Secretary of HHS manages programs under titles IV, XIX and XXI of the Act in each jurisdiction of the United States. Programs under titles I, X, and XIV of the Act operate only in Guam and the Virgin Islands, and a program under title XVI of the Act (Aid to the Aged, Blind, or Disabled) operates only in Puerto Rico. The percentages in this notice apply to state expenditures for most medical assistance and child health assistance, and assistance payments for certain social services provided under these titles. The Act provides separate terms for Federal matching of administrative costs.

Sections 1905(b) and 1101(a)(8)(B) of the Act require the Secretary of HHS to publish the FMAP rates each year. The Secretary calculates the percentages, using formulas set out in sections 1905(b) and 1101(a)(8), and calculations from the Department of Commerce of average income per person in each state and for the United States (meaning, for this purpose, the fifty states). The final percentages are subject to upper and lower limits specified in section 1905(b) of the Act. The percentages for the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands are specified in statute, and thus are not based on the statutory formula that determines the percentages for the 50 states.

Federal Medical Assistance Percentage (FMAP)

Section 1905(b) of the Act specifies the formula for calculating FMAPs as follows:

''Subject to [statutory qualifications], the term 'Federal medical assistance percentage' for any state shall be 100 per centum less the state percentage; and the state percentage shall be that percentage which bears the same ratio to 45 per centum as the square of the per capita income of such state bears to the square of the per capita income of the continental United States (including Alaska) and Hawaii; except that (1) the Federal medical assistance percentage shall in no case be less than 50 per centum or more than 83 per centum[.]''

Section 1905(b) further specifies that the FMAP for Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa shall be 55 percent.

However, section 5101(b) of the Consolidated Appropriations Act, 2023 amended section 1905(ff) of the Act to provide that the FMAP for the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa shall be 83 percent permanently, and that the FMAP for Puerto Rico shall be 76 percent through September 30, 2027. In addition, we note that the rate that applies for Puerto Rico, the Virgin Islands, and Guam in certain other programs pursuant to section 1118 of the Act is 75 percent. Section 4725(b) of the Balanced Budget Act of 1997 amended section 1905(b) to provide that the FMAP for the District of Columbia, for purposes of titles XIX and XXI, shall be 70 percent. For the District of Columbia, we note under Table 1 that other rates may apply in certain other programs. The rates for the States, the District of Columbia, and the territories are set out in Table 1, Column 1.

Section 1905(y) of the Act, as added by section 2001(a)(3) of the Patient Protection and Affordable Care Act of 2010 (''Affordable Care Act'') (Pub. L. 111–148), provides for a significant increase in the FMAP for medical assistance expenditures for newly eligible individuals described in section 1902(a)(10)(A)(i)(VIII) of the Act, as added by the Affordable Care Act (the adult group); ''newly eligible'' is defined in section 1905(y)(2)(A) of the Act. The FMAP for the adult group is 100 percent for Calendar Years 2014, 2015, and 2016, gradually declining to 90 percent in 2020, where it remains indefinitely. Section 1905 of the Act was further amended by section 9814 of the American Rescue Plan of 2021 (Pub. L. 117–2) to provide an eight-quarter increase of five percentage points in a qualifying state or territory's FMAP for a state or territory that begins to cover the adult group after March 11, 2021. In addition, section 1905(z) of the Act, as added by section 10201 of the Affordable Care Act, provides that states that offered substantial health coverage to certain low-income parents and nonpregnant, childless adults on the date of enactment of the Affordable Care Act, referred to as ''expansion states,'' shall receive an enhanced FMAP beginning in 2014 for medical assistance expenditures for nonpregnant childless adults who may be required to enroll in benchmark coverage under section 1937 of the Act. Some of these provisions are discussed in more detail in the proposed rule, ''Medicaid Program; Eligibility Changes Under the Affordable Care Act of 2010'', published on August 17, 2011 (76 FR 51148, 51172) and the final rule and interim final rule published on March 23, 2012 (77 FR 17144, 17194). This notice does not set forth the matching rates for the adult group as specified in section 1905(y) of the Act or the matching rates for nonpregnant, childless adults in expansion states as specified in section 1905(z) of the Act.

Other Adjustments to the FMAP

For purposes of Title XIX (Medicaid) of the Act, the Federal Medical Assistance Percentage (FMAP), defined in section 1905(b) of the Act, for each state beginning with fiscal year 2006, may be subject to an adjustment pursuant to section 614 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111–3.

First, the FMAP is adjusted if a state experiences no growth or positive growth in total personal income and an employer in that state has made a significantly disproportionate contribution to an employer pension or insurance fund. The adjustment involves disregarding the significantly disproportionate employer pension or insurance fund contribution in computing the per capita income for the state (but not in computing the per capita income for the United States). Employer pension and insurance fund contributions are significantly disproportionate if the increase in contributions exceeds 25 percent of the total increase in personal income in that state. A **Federal Register** Notice with comment period was published on June 7, 2010 (75 FR 32182) announcing the methodology for calculating this adjustment; a final notice was published on October 15, 2010 (75 FR 63480).

The second situation arises if a state experiences negative growth in total personal income. Beginning with fiscal year 2006, section 614(b)(3) of CHIPRA specifies that, for the purposes of calculating the FMAP for a calendar year in which a state's total personal income has declined, the portion of an employer pension or insurance fund contribution that exceeds 125 percent of the amount of such contribution in the previous calendar year shall be disregarded in computing the per capita income for the state (but not in computing the per capita income for the United States).

No Federal source of reliable and timely data on pension and insurance contributions by individual employers and states is currently available. We request that states report employer pension or insurance fund contributions to help determine potential FMAP adjustments for states experiencing significantly disproportionate pension

or insurance contributions and states experiencing a negative growth in total personal income. See also the information described in the January 21, 2014 **Federal Register** notice (79 FR 3385).

Section 1905(aa) of the Act, as amended by section 2006 of the Affordable Care Act, specifies that notwithstanding section 1905(b) of the Act, the FMAP for a ''disaster-recovery FMAP adjustment state'' is adjusted as described in section 1905(aa)(1) of the Act. The statute defines a ''disaster-recovery FMAP adjustment State'' as one of the 50 states or District of Columbia for which, at any time during the preceding 7 fiscal years, the President has declared a major disaster under section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, under which every county or parish in the state warrant individual and public or public assistance from the Federal Government, and for which the regular FMAP as determined for the fiscal year is less than the FMAP for the preceding fiscal year by an amount outlined under sections 1905(aa)(2)(A) and (aa)(2)(B) of the Act. All states and the District of Columbia had a presidential disaster declaration that applies to all counties and parishes within the state in the preceding 7 fiscal years. Section 1905(aa)(3) of the Act defines a state's ''regular FMAP'' to be the FMAP that would otherwise apply to the state for the fiscal year, as determined under section 1905(b) and without regard to section 1905(aa), (y), and (z), and section 10202 of the Affordable Care Act. One state, Nebraska, meets the requirement that its regular FMAP as determined for Fiscal Year 2026 is less than the previous year FMAP by at least three percentage points (*i.e.,* the amount required under section 1905(aa)(2)(A) for a state's first fiscal year that section 1905(aa) applies to the state). Therefore, this notice provides a disaster-recovery FMAP adjustment for the state of Nebraska for Fiscal Year 2026, as shown in Table 2. See more information described in the December 22, 2010 **Federal Register** notice (75 FR 80501).

The increased FMAP (with disaster-recovery adjustment) is available for state medical assistance (Medicaid) and for title IV–E ''Foster Care, Adoption Assistance and Guardianship Assistance'' programs. Expenditures for which the increased FMAP is not available under title XIX include expenditures for disproportionate share hospital payments and expenditures that are paid at an enhanced FMAP rate, as well as any payments made under Title XXI.

Enhanced Federal Medical Assistance Percentage (eFMAP) for CHIP

Section 2105(b) of the Act specifies the formula for calculating the eFMAP rates as follows:

[T]he ''enhanced FMAP'', for a state for a fiscal year, is equal to the Federal medical assistance percentage (as defined in the first sentence of section 1905(b)) for the state increased by a number of percentage points equal to 30 percent of the number of percentage points by which (1) such Federal medical assistance percentage for the state, is less than (2) 100 percent; but in no case shall the enhanced FMAP for a state exceed 85 percent.

The eFMAP rates are used in the Children's Health Insurance Program under title XXI and in the Medicaid program for expenditures for medical assistance provided to certain children as described in sections 1905(u)(2) and 1905(u)(3) of the Act. There is no specific requirement to publish the eFMAP rates. We include them in this notice for the convenience of the states (Table 1, Column 2).

(Catalog of Federal Domestic Assistance Program Nos. 93.558: TANF Contingency Funds; 93.563: Child Support Services; 93.596: Child Care Mandatory and Matching Funds of the Child Care and Development Fund; 93.658: Foster Care Title IV–E; 93.659: Adoption Assistance; 93.769: Ticket-to-Work and Work Incentives Improvement Act (TWWIIA) Demonstrations to Maintain Independence and Employment; 93.778: Medical Assistance Program; 93.767: Children's Health Insurance Program)

Dated: November 22, 2024.

Xavier Becerra,

Secretary, Department of Health and Human Services.

TABLE 1—FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES, EFFECTIVE OCTOBER 1, 2025–SEPTEMBER 30, 2026

[Fiscal year 2026]

State	Federal medical assistance percentages	Enhanced Federal medical assistance percentages
Alabama	72.63	80.84
Alaska	52.42	66.69
American Samoa *	83.00	85.00
Arizona	64.34	75.04
Arkansas	69.23	78.46
California	50.00	65.00
Colorado	50.00	65.00
Connecticut	50.00	65.00
Delaware	59.41	71.59
District of Columbia **	70.00	79.00
Florida	57.22	70.05
Georgia	66.40	76.48
Guam*	83.00	85.00
Hawaii	59.68	71.78
Idaho	66.91	76.84
Illinois	51.82	66.27
Indiana	64.74	75.32
Iowa	62.70	73.89
Kansas	60.67	72.47
Kentucky	71.41	79.99
Louisiana	67.83	77.48
Maine	61.29	72.90
Maryland	50.00	65.00
Massachusetts	50.00	65.00
Michigan	65.30	75.71

TABLE 1—FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES, EFFECTIVE OCTOBER 1, 2025–SEPTEMBER 30, 2026—Continued

[Fiscal year 2026]

State	Federal medical assistance percentages	Enhanced Federal medical assistance percentages
Minnesota	50.68	65.48
Mississippi	76.90	83.83
Missouri	64.44	75.11
Montana	61.47	73.03
Nebraska***	55.94	68.05
Nevada	59.80	71.86
New Hampshire	50.00	65.00
New Jersey	50.00	65.00
New Mexico	71.66	80.16
New York	50.00	65.00
North Carolina	64.62	75.23
North Dakota	50.99	65.69
Northern Mariana Islands*	83.00	85.00
Ohio	64.85	75.40
Oklahoma	66.47	76.53
Oregon	57.75	70.43
Pennsylvania	56.06	69.24
Puerto Rico*	76.00	83.20
Rhode Island	57.50	70.25
South Carolina	69.53	78.67
South Dakota	51.01	65.71
Tennessee	64.16	74.91
Texas	59.83	71.88
Utah	62.46	73.72
Vermont	59.01	71.31
Virgin Islands*	83.00	85.00
Virginia	50.39	65.27
Washington	50.00	65.00
West Virginia	74.22	81.95
Wisconsin	60.68	72.48
Wyoming	50.00	65.00

* The Consolidated Appropriations Act, 2023 set the FMAP for American Samoa, Guam, Northern Marianas, and Virgin Islands permanently at 83 percent and set the FMAP for Puerto Rico at 76 percent through Fiscal Year 2027. For purposes of section 1118 of the Act, the percentage used under titles I, X, XIV, and XVI will be 75 per centum for Puerto Rico, the Virgin Islands, and Guam.

** The values for the District of Columbia (DC) in the table were set for the state plan under titles XIX and XXI and for capitation payments and disproportionate share hospital (DSH) allotments under those titles. For other purposes, the percentage for DC is 50.00, unless otherwise specified by law.

*** Nebraska received the FMAP for a disaster-recovery FMAP adjustment State.

TABLE 2—FISCAL YEAR 2026 DISASTER-RECOVERY ADJUSTED FMAP RATES

State	FY 2025 FMAP	FY 2026 regular FMAP	Decrease in FMAP	Disaster-recovery adjustment*	Disaster-recovery adjusted FMAP FY 2026
Nebraska	57.52	54.36	3.16	1.58	55.94

* In the first year, the Disaster-Recovery Adjustment is 50 percent of the percentage point decrease between the regular FMAP for such fiscal year and the FMAP from the preceding fiscal year.

[FR Doc. 2024–27910 Filed 11–27–24; 8:45 am]
BILLING CODE 4150–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Adjustments for Disaster-Recovery States to the Fiscal Year 2024 and Fiscal Year 2025 Federal Medical Assistance Percentage (FMAP) Rates for Federal Matching Shares for Medicaid and Title IV–E Foster Care, Adoption Assistance, and Guardianship Assistance Programs

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: This notice announces the adjusted Federal Medical Assistance Percentage (FMAP) rates for the Fiscal Year 2024 and Fiscal Year 2025 for disaster-recovery FMAP adjustment States made available under the Social Security Act (the ''Act''), as enacted in section 2006 of the Patient Protection and Affordable Care Act of 2010 (''Affordable Care Act''). The Social Security Act adjusts the regular FMAP rate for qualifying states that have experienced a major, statewide disaster. The percentages listed are for Fiscal Year 2024, retroactively effective from October 1, 2023 through September 30, 2024, and for Fiscal Year 2025, effective October 1, 2024 through September 30, 2025. Table 1 gives the Fiscal Year 2024 Disaster-Recovery Adjusted FMAP Rates and Table 2 gives the Fiscal Year 2025 Disaster-Recovery Adjusted FMAP Rates.

DATES: The percentages listed in Table 1 will be effective for each of the four quarter-year periods beginning October 1, 2023, and ending September 30, 2024; The percentages listed in Table 2 will be effective for each of the four quarter-year periods beginning October 1, 2024, and ending September 30, 2025.

FOR FURTHER INFORMATION CONTACT: Amelia Whitman, Office of Health Policy, Office of the Assistant Secretary for Planning and Evaluation, Room 447D—Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201, (202) 578–1478.

SUPPLEMENTARY INFORMATION: Programs under titles IV, XIX and XXI of the Act exist in each jurisdiction. Programs under titles I, X, and XIV operate only in Guam and the Virgin Islands, and a program under title XVI (Aid to the Aged, Blind, or Disabled) operates only in Puerto Rico. The percentages in this notice apply to state expenditures for most medical assistance and child health assistance, and assistance payments for certain social services. The Act provides separately for Federal matching of administrative costs.

Sections 1905(b) and 1101(a)(8)(B) of the Act require the Secretary of HHS to publish the FMAP rates each year. The Secretary calculates the percentages, using formulas in sections 1905(b) and 1101(a)(8) of the Act, and calculations by the Department of Commerce of average income per person in each state and for the United States (meaning, for this purpose, the fifty states). The percentages must fall within the upper and lower limits specified in section 1905(b) of the Act. The percentages for the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands are specified in statute, and thus are not based on the statutory formula that determines the percentages for the 50 states.

Federal Medical Assistance Percentage (FMAP)

Section 1905(b) of the Act specifies the formula for calculating FMAPs as follows:

'' 'Federal medical assistance percentage' '' for any state shall be 100 per centum less the state percentage; and the state percentage shall be that percentage which bears the same ratio to 45 per centum as the square of the per capita income of such state bears to the square of the per capita income of the continental United States (including Alaska) and Hawaii; except that (1) the Federal medical assistance percentage shall in no case be less than 50 per centum or more than 83 per centum.''

Section 1905(b) further specifies that the FMAP for Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa shall be 55 percent. However, section 5101(b) of the Consolidated Appropriations Act, 2023 (CAA, 2023) (Pub. L. 117–328) amended section 1905(ff) of the Act to provide that the FMAP for the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa shall be 83 percent permanently, and that the FMAP for Puerto Rico shall be 76 percent through September 30, 2027. In addition, we note that the rate that applies for Puerto Rico, the Virgin Islands, and Guam in certain other programs pursuant to section 1118 of the Act is 75 percent. Section 4725(b) of the Balanced Budget Act of 1997 (BBA) (Pub. L. 105–33) amended section 1905(b) of the Act to provide that the FMAP for the District of Columbia, for purposes of titles XIX and XXI, shall be 70 percent.

Section 1905(y) of the Act, as added by section 2001 of the Affordable Care Act, provides for a significant increase in the FMAP for medical assistance expenditures for newly eligible individuals described in section 1902(a)(10)(A)(i)(VIII) of the Act, as added by the Affordable Care Act (*i.e.,* the adult group); ''newly eligible'' is defined in section 1905(y)(2)(A) of the Act. The FMAP for the adult group is 100 percent for Calendar Years 2014, 2015, and 2016, gradually declining to 90 percent in 2020, where it remains indefinitely. Section 1905 of the Act was further amended by section 9814 of the American Rescue Plan of 2021 (Pub. L. 117–2) to provide an eight-quarter increase of five percentage points in a qualifying state or territory's FMAP for a state or territory that begins to cover the adult group after March 11, 2021.. In addition, section 1905(z) of the Act, as added by section 10201 of the Affordable Care Act, provides that states that offered substantial health coverage to certain low-income parents and nonpregnant, childless adults on the date of enactment of the Affordable Care Act, referred to as ''expansion states,'' shall receive an enhanced FMAP beginning in 2014 for medical assistance expenditures for nonpregnant childless adults who may be required to enroll in benchmark coverage under section 1937 of the Act. These provisions are discussed in more detail in the Medicaid Program: Eligibility Changes Under the Affordable Care Act of 2010 proposed rule published on August 17, 2011 (76 FR 51148, 51172) and the final rule published on March 23, 2012 (77 FR 17144, 17194). This notice is not intended to set forth the matching rates for the adult group as specified in section 1905(y) of the Act or the matching rates for nonpregnant, childless adults in expansion states as specified in section 1905(z) of the Act.

Disaster-Recovery Adjustments to the FMAP

Section 1905(aa) of the Act, as amended by section 2006 of the Affordable Care Act, specifies that, notwithstanding section 1905(b) of the Act, the FMAP for a ''disaster-recovery FMAP adjustment state'' is adjusted as described in section 1905(aa)(1) of the Act. The statute defines a ''disaster-recovery FMAP adjustment state'' as one of the 50 states or District of Columbia for which, at any time during the preceding 7 fiscal years, the President has declared a major disaster under section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the ''Stafford Act''), under which every county or parish in