



STATEMENT BY
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BEFORE THE
SUBCOMMITTEE ON INFORMATION POLICY, CENSUS AND
NATIONAL ARCHIVES
COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM
U.S. HOUSE OF REPRESENTATIVES

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Good afternoon Chairman Clay, Ranking Member McHenry, and distinguished members of the Subcommittee. I am Donald Moulds, the newly appointed Principal Deputy Assistant Secretary for Planning and Evaluation in the Department of Health and Human Services (HHS) and the Acting Assistant Secretary. Thank you for the opportunity to appear before you today to discuss the topic of how data from the United States Census Bureau (Census Bureau) are used by HHS in the allocation of federal program funds through formula grants.

The Assistant Secretary for Planning and Evaluation (ASPE) is the principal advisor to the Secretary of the Department of Health and Human Services (HHS) on policy development in health, disability, aging, human services, and science, and provides advice and analysis on economic policy. We also are the departmental focal point for policy research, analysis, evaluation and coordination of department-wide science and data policy activities and issues. Upon receipt of the Committee's request, ASPE reviewed all grant programs that HHS funds, with a specific focus on how Census data are used in calculating funding amounts for grants and whether adjustments in funding are made based on the population "undercount." ASPE does not compute (or provide data to other entities within the Department to compute) federal funding allocations for various department formulae grant programs. Each operating agency within the Department is responsible for obtaining the required data for calculating funding levels for individual grantees according to statutory definitions for its programs and for preparing the allocation tabulations for funding in a statistically accurate and apolitical manner.

HHS is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. HHS administers more than 300 programs, covering a wide spectrum of activities, and representing almost a quarter of all federal outlays. The Department's Fiscal Year 2009 budget authority, excluding the Recovery Act, is \$777 billion.

HHS administers more grant dollars than all other federal agencies combined and awards approximately 60 percent of the federal government's grant dollars. In order to achieve our strategic goals and objectives, HHS forms partnerships with other federal Departments; State, local, and tribal governments; tribal institutions; hospitals; the business community; nonprofit and community-based organizations; and foreign countries and international organizations. The primary vehicles used to fund these partnerships are grants. Grants are financial assistance awards that provide support or stimulation to accomplish a public purpose authorized by federal statute. HHS manages an array of grant programs in health care financing, basic and applied science, public health and public health services, income support, child development, and health and social services.

HHS awards two types of grants: formula and discretionary. Formula grants are those that a federal agency is required by statute to award if the recipient, usually a State, submits an acceptable State plan or application, and it meets the eligibility or compliance requirements of the statutory and regulatory provisions of the program. Discretionary grants are those that permit the federal government, according to specific authorizing

legislation, to exercise judgment, or “discretion,” in selecting the applicant or recipient organization through a competitive grant process.

In Fiscal Year 2008, HHS awarded nearly \$265 billion in grants. Eighty-five percent of HHS grant funding was directed toward mandatory programs, while 94 percent of grantees received discretionary grants. The Centers for Medicare and Medicaid Services (CMS) awarded the largest amount of grant dollars - \$181 billion, or 69 percent of total HHS grant funds. The National Institutes of Health awarded the largest number of grants – 52,000, or 69 percent of all grants awarded – but less than 8 percent of total HHS grant funds.

For most of the formula grants administered by HHS, the formula and data elements that are to be used in allocating grant dollars are specified in statute. Attached to my written statement is a table listing the HHS-supported grants that specify the use of data from the Census Bureau in allocating grant funds. The majority of HHS’ grant allocations are not driven by Census Bureau data.

For purposes of this hearing, I will focus my testimony principally on mandatory grants. Mandatory grants can take the form of block grants and entitlements, which can be either open-ended or closed-ended. The authorizing legislation for block grants, which also may be referred to as formula grants, determines the purpose of the block grant, eligibility, the scope of the program, and the grant allocation methodology. Formula grants are typically based on factors such as population, poverty level, or other relevant data.

Following are some examples of how HHS uses specific Census data elements in several different grant programs. They are representative of the variety of grant programs administered by HHS, as well as the types of Census data that are used in calculating grant award amounts in carrying out statutory intent.

Administration for Children and Families

The Administration for Children and Families (ACF) is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities. ACF programs finance a broad range of programs for children and families to promote stability, economic security, responsibility and self-sufficiency. ACF awarded the second highest percentage of total grants funds (17 percent, or \$46 billion), representing 10 percent of the total number of grant awards.

Child Care and Development Fund

The Child Care and Development Fund (CCDF), administered by the Administration for Children, is the primary federal program specifically devoted to providing families with access to child care and improving the quality of child care. It is the largest block grant program administered by ACF that uses Census data in allocating funds. CCDF provides funds to States through three component funding streams, each of which has a separate allocation formula and uses different data elements and sources. Two of the funding streams rely on the use of Census Bureau data in their funding formulae. Shares of the Child Care and Development Block Grant are allocated to States using a formula consisting of three factors, including a State's share of the nation's

children under age five. Separately, States meeting certain eligibility criteria may be awarded shares of the CCDF Matching Fund based on the number of children under age 13 in the State compared to the national total of children under 13. Data for the ratio of children under age 5 and the ratio of children under age 13 are obtained from the Census Bureau.

Social Services Block Grant

The Social Services Block Grant Program provides funding for social services directed towards achieving economic self-sufficiency, preventing or correcting neglect, abuse, or the exploitation of children and adults, preventing or reducing inappropriate institutionalization, and securing referrals for institutional care. Each grant recipient has the flexibility to determine what services will be provided and then either provides services directly or purchases them from qualified providers. Funds are allocated annually to states based solely on a State's population as a share of the national population. The source of the population data is the Census Bureau's Population Estimates Program (with the assistance of the Federal State Cooperative Program for Population Estimates).

Administration on Aging

The Administration on Aging (AoA) allocates formula grants to the States, Territories and tribal organizations to promote the development of a comprehensive and coordinated system of home and community-based services for older people and their family caregivers. Through the aging services network, it plays an important role in

delivering services and supporting consumer-centered systems of care that enable older individuals to remain living in their own homes and communities for as long as possible.

Special Programs for the Aging, Title III, Part C, Nutrition

AoA's nutrition grant programs are the largest of its grants to State and community programs on aging. Nutrition services are provided under the Older Americans Act to reduce hunger and food insecurity, promote socialization of older individuals, and promote the health and well-being of older individuals and delay adverse health conditions through access to nutrition and other disease prevention and health promotion services. The Congregate Nutrition Services and Home-Delivered Nutrition Services programs provide meals and related nutrition services to older individuals in a variety of settings or by home-delivery to help them remain independent and in their communities. Grants for Congregate Nutrition Services and Home-Delivered Nutrition Services are allocated to States and Territories by a formula based on their share of the population aged 60 and over, using data issued by the Census Bureau.

Health Resources and Services Administration

The Health Resources and Services Administration (HRSA) is the principal federal agency charged with increasing access to health care for those who are medically underserved. HRSA's portfolio includes a range of programs or initiatives designed to increase access to care, improve quality, and safeguard the health and well-being of the Nation's most vulnerable populations. HRSA distributes approximately 90 percent of its

funding in grants to U.S. States and Territories, public and private health care providers, health professions training programs and other organizations.

Maternal and Child Health Block Grant

The mission of the Maternal and Child Health (MCH) Block Grant is to improve the health of mothers, children and their families. As HRSA's second largest formula grant program, its goals are to improve access to health care, eliminate health disparities, and improve the quality of health care. One component of this program provides grants to the States, District of Columbia and other jurisdictions that, in part, are allotted by a legislated formula that sets aside funds for Special Projects of Regional and National Significance and Community Integrated Service Systems. A portion of the appropriated funds is allocated to States in proportion to a State's population of low-income children relative to the nation's. The formula uses Census data.

Substance Abuse and Mental Health Services Administration

The Substance Abuse and Mental Health Services Administration (SAMHSA) works to ensure that people with or at risk for mental or substance use disorders have the opportunity for recovery and to lead a fulfilling life in the community. SAMHSA funds and administers a rich portfolio of grant programs and contracts that support State and community efforts to expand and enhance prevention and early intervention programs and to improve the quality, availability and range of substance abuse treatment, mental health and recovery support services, in local communities, where people can be served most effectively.

Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is the largest block grant administered by SAMHSA. It is intended to be used by States for planning, carrying out, and evaluating activities to prevent and treat substance abuse and other substance-related HIV and tuberculosis activities as defined in statute. The Block Grant provides 34 percent of State expenditures on substance abuse treatment and 64 percent of State expenditures on prevention. The formula for allotment of funds is primarily based on the relative size of the State's at-risk population, the relative costs of providing substance abuse prevention and treatment services in a State, and its relative ability to pay for these services. The formula uses the most recent data from various sources including the U.S. Census Bureau.

Example of a Non-Formula Competitive Grant

In addition to these formula grant programs, HHS awards discretionary grants to a variety of types of organizations. The types of activities commonly supported by discretionary grants include demonstration, research, training, service, and construction projects or programs. Discretionary grant awards account for 94 percent of the total number of grant awards made in FY 2008, although they comprise only 16 percent of the grant funds.

The Centers for Disease Control and Prevention (CDC) administers several programs that use population data in the award making process. CDC works with partners throughout the nation and world to protect health and safety, by providing

credible information to enhance health decisions, and promoting health through strong partnerships. One example of a CDC discretionary grant program that uses Census data is the recent funding opportunity announcement “Collaborative Chronic Disease, Health Promotion, and Surveillance Program Announcement: Healthy Communities, Tobacco Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System.” Both the tobacco and diabetes components of this funding announcement use state population based data as a factor in determining funding level decisions. In addition, CDC releases bridged-race population estimates of the United States based on Census counts for use in calculating vital statistics. CDC also has just launched the debut of a new web-based tool, the National Environmental Public Health Tracking Network (NEPHTN) to track health, exposure, and hazard information and data from a variety of national, state, and city sources. Census data is critical to the NEPHTN in providing information about a population’s income, race, or occupation.

Data Adjustments

The authorizing statutes that specify funding allocation formulae for HHS grant programs vary in their data sources and elements. Those that identify the use of population data from the Census Bureau specify the use of either the Decennial population figures or the most recent population estimates from the Population Estimates Program or the Current Population Survey published by the Census Bureau. The statutory formulae do not direct the Department to use the Census data that have been adjusted for population undercount, and HHS does not make such adjustments either. We, therefore, accept the Census data as authoritative and apply them to the formulae. It

is fair to assume that the annual Census population estimates do reflect the effects of challenges, which Census has accepted in previous years. However, HHS does not make any adjustments of its own.

Summary

HHS uses a variety of data from the Census Bureau in calculating funding levels for federal grant programs. Many of the formula grant examples I have cited use tabulations of population counts by State and by various age groups to distribute grant funds. Of the 300 programs administered and managed by the Department of Health and Human Services, 50 are grant programs, representing approximately 37 percent of HHS expenditures in FY 2008. Of the 50 grant programs, Census data are used to calculate funding levels in about 35 of them. Census data are not used, however, for some of our largest programs including, for example, Medicare, which makes direct payments to providers, and the Temporary Assistance for Needy Families (TANF) block grant program, which is allocated to States on the basis of their past welfare expenditures.

Census data are used by HHS in all cases where authorizing legislation dictates its use and the manner in which it is to be used. HHS does not exercise any discretion to adjust funding formulae because of undercounts in urban areas.

Thank you for the opportunity to testify. I would be pleased to answer any questions you may have.

HHS Formula Grant Programs Utilizing Census Data

Program	Agency/ CFDA* #	Use of Census Data	Census Data Adjusted for Undercount?
Special Programs for the Aging - Title VII, Chapter 3 Programs for Prevention of Elder Abuse, Neglect, and Exploitation	AoA/93.041	AoA awards funds through a statutory formula to state Agencies on Aging. The statistical factor used for fund allocation is the state population of persons 60 years of age and over and the source is the most recent data available to the Assistant Secretary for Aging. In addition, minimum allotments are established for states.	No
Special Programs for the Aging – Title VII, Chapter 2 Long Term Care Ombudsman Services for Older Individuals	AoA/93.042	AoA awards funds through a statutory formula to state Agencies on Aging. The statistical factor used for fund allocation is the state population of persons 60 years of age and over and the source is the most recent data available to the Assistant Secretary for Aging. In addition, minimum allotments are established for smaller states and territories.	No
Special Programs for the Aging – Title III, Part D – Disease Prevention and Health Promotion Services	AoA/93.043	AoA awards funds through a statutory formula to state Agencies on Aging. In general, each state shall be allotted an amount which bears the same ratio to such sums as the population of older individuals in such state bears to the population of older individuals in all states. The number of individuals aged 60 or older in any state and in all states shall be determined by the Assistant Secretary on the basis of the most recent data available from the Bureau of the Census, and other reliable demographic data satisfactory to the Assistant Secretary.	No
Special Programs for the Aging – Title III, Part B - Grants for Supportive Services and Senior Centers	AoA/93.044	AoA awards funds through a statutory formula to state Agencies on Aging. In general, each state shall be allotted an amount which bears the same ratio to such sums as the population of older individuals in such state bears to the population of older individuals in all states. The number of individuals aged 60 or older in any state and in all states shall be determined by the Assistant Secretary on the basis of the most recent data available from the Bureau of the Census, and other reliable demographic data satisfactory to the Assistant Secretary.	No

Program	Agency/ CFDA* #	Use of Census Data	Census Data Adjusted for Undercount?
Special Programs for the Aging – Title III, Part C – Nutrition Services	AoA/93.045	AoA awards funds through a statutory formula. In general, each state shall be allotted an amount which bears the same ratio to such sums as the population of older individuals in such state bears to the population of older individuals in all states. The number of individuals aged 60 or older in any state and in all states shall be determined by the Assistant Secretary on the basis of the most recent data available from the Bureau of the Census, and other reliable demographic data satisfactory to the Assistant Secretary.	No
National Family Caregiver Support, Title III, Part E	AoA/93.052	AoA awards funds through a statutory formula to state Agencies on Aging. In general, the Assistant Secretary shall allot amounts among the states proportionately based on the population of individuals 70 years of age or older in the states. The number of individuals 70 years of age or older in any state and in all states shall be determined by the Assistant Secretary on the basis of the most recent data available from the Bureau of the Census and other reliable demographic data satisfactory to the Assistant Secretary.	No
Medicare Enrollment Assistance Program	AoA/93.071	AoA awards funds through a statutory formula to state Agencies on Aging. AoA will utilize appropriate census (poverty) and Medicare coverage (enrollment) data to identify statutory target populations.	No
State Abstinence Education Program	ACF/ 93.235	Funds are allocated among the states and jurisdictions based on a formula determined by the proportion that the number of low income children in the state bears to the total number of low income children for all states.	No
Temporary Assistance for Needy Families Supplemental Grants for Population Increases in Certain States	ACF/93.558	Funds are allocated in part on the basis on the population growth rate of a state as determined by the Bureau of the Census; only states that qualified in 1998 continue to receive supplemental grants.	No
Community Services Block Grant	ACF/93.569	The official poverty line, as established by the Secretary of HHS, is used as a criterion of eligibility. Each state is allotted an amount which bears the same ratio as the amount received by the	

Program	Agency/ CFDA* #	Use of Census Data	Census Data Adjusted for Undercount?
		state for fiscal year 1981 under Section 221 of the Economic Opportunity Act of 1964 bore to the total amount received by all states for fiscal year 1981.	No
Child Care and Development Block Grant	ACF/93.575	Allocations for states are based on a formula that takes into account the number of children below the age of five, the number of children receiving assistance through the School Lunch Program in the state, and per capita income.	No
State Court Improvement Program	ACF/93.586	Each state court with an approved application is allotted \$85,000 for fiscal year 2007-2011. In addition to this base amount, the remainder of the amount appropriated for all state courts (\$12,080,287 for fiscal year 2008) will be divided among those courts with approved applications according to each state's proportionate share of children under the age of 21. If any state courts do not apply for their share of these funds, the unclaimed amount will be reallocated each year to all other state courts with approved applications.	No
Community-Based Child Abuse Prevention Grants	ACF/93.590	States that meet all of the eligibility requirements will be awarded funds based in part on the number of children under the age of 18 in each such state.	No
Child Care Mandatory and Matching Funds of the Child Care and Development Fund	ACF/93.596	Eligible states are allocated matching funds based on the number of children under age 13 in a state compared with the national total of children under age 13.	No
Voting Access for Individuals with Disabilities – Grants to States	ACF/93.617	The statistical factor used for fund distribution is the population age 18 and over in each state.	No
Voting Access for Individuals with Disabilities-Grants for Protection and Advocacy Systems	ACF/93.618	The statistical factor used for fund distribution is the resident population in each state.	No
Runaway and Homeless Youth Act – Basic Center Funding	ACF/93.623	Basic Center funding beyond a statutorily-prescribed minimum is allotted annually to states by ACF on the basis of the states' relative populations of individuals who are less than 18 years of age.	No

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		See 42 USC 5711.	
Developmental Disabilities Basic Support and Advocacy Grants	ACF/93.630	Two-thirds (2/3) of the amount appropriated is allotted to each state according to the ratio the population of each state bears to the population of the United States, weighted by the relative per capita income for each state. One-third (1/3) of the amount appropriated is allotted to each state according to the ratio of beneficiaries in the state receiving benefits under Childhood Disabilities Beneficiary Program, related to the age 18 to 65 population of the state as bearing on the national total of such population, weighted by the total population of the state. The data used to compute allotments are supplied annually by the Social Security Administration and the U.S. Department of Commerce, for the three most recent consecutive years for which satisfactory data are available.	No
Children's Justice Grants to States	ACF/93.643	Each state receives a base amount with an additional amount based on the population of children under age 18 in each state.	No
Child Welfare Services – State Grants	ACF/93.645	Each state receives a base amount with additional funding allotted on a variable formula which takes into account the child population under 21 and the complement of the state per capita income compared to the U.S per capita income. The statistical factors used to fund allocations are: (1) the population of children under 21 years of age by state and the source is "Current Population Reports", P-25, Bureau of the Census; and (2) 3-year average per capita income by state and the source is the Bureau of Economic Analysis, Department of Commerce.	No
Social Services Block Grant	ACF/93.667	State allotments are proportional to each state's portion of the national population of the amount authorized for Title XX minus the amount authorized to the other jurisdictions. The statistical factors used for fund allocation are the state population and total U.S. population (ratio of population of all states and the District of Columbia to total population); source, "Current Population Reports," P- 25, Bureau of the Census.	No

Program	Agency/ CFDA* #	Use of Census Data	Census Data Adjusted for Undercount?
Child Abuse and Neglect State Grants	ACF/93.669	The statistical factor used for fund distribution is the population of children under 18 in each state. Data are provided by "Current Population Reports."	No
Family Violence Prevention and Services/Grants for Battered Women's Shelters – Grants to States	ACF/93.671	Each state grant shall be \$600,000 with the remaining funds allotted to each state on the same ratio as the population of the state to the population of all states. State populations are determined on the basis of the most recent census data available to the Secretary of HHS, and the Secretary shall use for such purpose, if available, the annual current interim census data produced by the Secretary of Commerce pursuant to 13 U.S.C. 181 (42 U.S.C. 10403(b)).	No
Family Violence Prevention and Services/Grants for Battered Women's Shelters – Indian Tribes	ACF/93.671	<p>In computing Tribal allocations, FYSB will use the latest available population figures from the Census Bureau. Where Census Bureau data are unavailable, FYSB will use figures from the Bureau of Indian Affairs' (BIA's) Indian Population and Labor Force Report.</p> <p>The base allocations are determined by a tribe's population and a funds allocation schedule. Tribes with populations between 1,500 to 50,000 people receive a \$2,500 base allocation for the first 1,500 people. For each additional 1,000 people above the 1,500 person minimum, a tribe's base allocation is increased \$1,000. Tribes with populations between 50,001 to 100,000 people receive base allocations of \$125,000 and Tribes with a population of 100,001 to 150,000 receive a base allocation of \$175,000. Once the minimum amounts have been distributed to the Tribes that have applied for FVPSA funding, the ratio of the Tribal population category to the total of all base allocations is then considered in allocating the remainder of the funds.</p> <p>Tribes are encouraged to apply for FVPSA funding as a consortium. Tribal consortia consist of groups of Tribes who agree to apply for and administer a single FVPSA grant with one Tribe or Tribal organization responsible for grant administration. In a Tribal consortium, the population of the Tribal Trust Land for all of the Tribes involved will be used to calculate the award amount. The allocations</p>	No

Program	Agency/ CFDA* #	Use of Census Data	Census Data Adjusted for Undercount?
		for each of the Tribes included in the consortium will be combined to determine the total grant for the consortium.	
ARRA: Aging Home-delivered Nutrition Services for States	AoA/93.705	In general, each state shall be allotted an amount which bears the same ratio to such sums as the population of older individuals in such state bears to the population of older individuals in all states.	No
ARRA: Aging Congregate Nutrition Services for States	AoA/93.707	In general, each state shall be allotted an amount which bears the same ratio to such sums as the population of older individuals in such state bears to the population of older individuals in all states.	No
ARRA – Community Services Block Grant	ACF/93.710	HHS determines the amount of funds to be allocated as block grants to each state in accordance with the formula set forth in the CSBG Act. (The official poverty line, as established by the Secretary of HHS, is used as a criterion of eligibility in CSBG. Each state is allotted an amount which bears the same ratio as the amount received by the state for fiscal year 1981 under Section 221 of the Economic Opportunity Act of 1964 bore to the total amount received by all states for fiscal year 1981.)	No
ARRA – Child Care and Development Block Grant	ACF/93.713	Allotments to states are based in part on the number of children in the state under 5 years of age in relation to the number of such children in all states as provided by the most recent annual estimates of population by the Census Bureau of the Department of Commerce.	No
ARRA – Temporary Assistance for Needy Families (TANF)	ACF/93.716	Funds are allocated in part on the basis on the population growth rate of a state as determined by the Bureau of the Census; only states that qualified in 1998 are eligible to receive supplemental grants.	No
Children’s Health Insurance Program (CHIP) ¹	CMS/93.767	<p>The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) changed the funding formula for distribution of annual allotments to states and territories as follows:</p> <p>Funding formula for FY 09:</p> <ul style="list-style-type: none"> • FY 09 (state) allotment is determined by using 110 percent of the greatest of the following three options: 	No

Program	Agency/ CFDA* #	Use of Census Data	Census Data Adjusted for Undercount?
		<ul style="list-style-type: none"> - A state's FY 08 Federal spending based on state-submitted estimates, adjusted for growth in health care costs and child population (or "allotment increase factor"); - A state's FY 08 Federal share multiplied by the allotment increase factor for FY 2009; and - A state's FY 09 projected Federal spending based on state submitted estimates. <p>Funding formula for FY 10 - FY 12:</p> <ul style="list-style-type: none"> • FY 10 (state and territory), allotments are determined as the sum of a state's (1) FY 09 allotment and (2) any FY 09 Contingency Fund or FY 09 redistributed/shortfall payments made to a state, multiplied by the FY 10 allotment increase factor. • FY 11 (state and territory) allotments are determined as the sum of a state's FY 2010 Federal payments (including any Contingency fund payment and FY 2010 redistribution funds), multiplied by the allotment increase factor. • FY 12 (state and territory) allotments are determined as the sum of a state's (1) FY 11 allotment and (2) any FY 11 Contingency Fund payments, multiplied by the allotment increase factor. • FY 13 (state and territory) allotments are determined as two semi-annual allotments. <p>The allotment increase factor equals the product of:</p> <p>Per capita health care growth factor—1 plus the percentage increase in the projected per capita amount from the Nation Health Expenditures, and</p> <p>Child population growth factor—1 plus the percentage increase in the population of children in the state (based on CPS data).</p>	

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Medical Assistance Program (Medicaid) ²	CMS/93.778	<p>Personal income is the key variable in the Federal Medical Assistance Percentage (FMAP) formula. The formula is based on rolling three-year average per capita income data for each state and the United States, produced by the Department of Commerce's Bureau of Economic Analysis (BEA). The Medicaid statute sets forth how a state's share of Medicaid costs is to be calculated: the state share equals the square of a state's per capita income divided by the square of U.S. per capita income, multiplied by 0.45. It also defines the federal share as 100 percent minus the state share.</p>	No
Ryan White HIV Care Formula Grants ³	HRSA/93.917	<p>Ryan White Part A funding to eligible metropolitan areas and transitional grant areas (EMAs/TGAs) includes formula and supplemental components. EMAs/TGAs range in size from one city or county to more than 26 different political entities. <u>EMA/TGA geographic boundaries are based on the U.S. Census.</u> Formula grants are based on reported living HIV and AIDS cases as of December 31 in the most recent calendar year for which data are available.</p> <p>Ryan White Part B base grants are awarded to states and Territories using a formula based on reported living cases of HIV/AIDS. Additional Part B funds are earmarked for state AIDS Drug Assistance Programs, and supplemental funds are available to states and territories through competitive grants based on demonstrated need. Part B also provides supplemental grants to states with Emerging Communities (cities with at least 500 but fewer than 1,000 reported AIDS cases in the most recent 5 years).</p>	No
Maternal and Child Health Services Block Grant to the States ⁴	HRSA/93.994	<p>Section 502 of the Social Security Act states that of the amounts appropriated up to \$600 million, 85% is for allocation to the states, and 15% is for Special Projects of Regional and National Significance (SPRANS) activities. Any amount appropriated in excess of \$600 million is distributed as follows: 12.75% is for Community Integrated Service Systems (CISS) activities; of the remaining amount, 85% is for allocation to the states, and 15% is for</p>	No

Program	Agency/ CFDA* #	Use of Census Data	Census Data Adjusted for Undercount?
		<p>SPRANS activities. Report language sometimes earmarks funds from the appropriation for additional specific projects.</p> <p>Of the funds distributed to the states, the first \$422 million is distributed in the same manner that it was in 1983. Funds in excess of that amount are distributed in proportion to a state's population of low-income children relative to the Nation's. Data come from the Census Bureau and are not updated between censuses.</p>	
Projects for Assistance in Transition from Homelessness (PATH)	SAMHSA/ 93.150	SAMHSA awards funds through a statutory formula to states and territories. For states, data from the annual update of the Decennial Census use a statistical factor based on the population living in urbanized areas of the state, compared to the population living in urbanized areas of the entire United States except that no state receives less than \$300,000.	No
Protection and Advocacy for Individuals with Mental Illness	SAMHSA/ 93.138	SAMHSA awards funds through a statutory formula to the state office that protects and advocates the rights of persons with developmental disabilities. Data from the annual update of the Decennial Census uses a statistical factor for each state's population and each state's population weighted by relative per capital income except that no state's allotment (including the District of Columbia and the Commonwealth of Puerto Rico) is less than \$260,000.	No
Block Grants for Community Mental Health Services	SAMHSA/ 93.958	SAMHSA awards funds through a statutory formula to states applied for community based mental health services for adults with serious mental illness and children with serious emotional disturbance. The allocation is determined by a statistical factor based on certain weighted population factors and total taxable resources as well as the cost of providing services. No state may receive less than they received in 1998. The decennial census updated on a yearly basis is used to determine the population factor. The program has no matching requirements, but does have maintenance of effort (MOE) requirements.	No

Program	Agency/ CFDA* #	Use of Census Data	Census Data Adjusted for Undercount?
Block Grants for Prevention and Treatment of Substance Abuse	SAMHSA/ 93.959	SAMHSA awards funds through a statutory formula to states, the District of Columbia, territories and one Indian Tribe (Red Lake Indians of Minnesota). Using data from the annual update of the Decennial Census, the states' allocations are determined by a statistical factor based on weighted population factors and, for equity purposes, a measure reflecting the differences that exist between the State involved and other States in the cost of providing authorized services. As is true in the Community Mental Health Service Block Grant the grant has no matching requirement but does require that the State maintain its expenditures for substance abuse services through the principal agency.	No

* Catalog of Federal Domestic Assistance Programs (www.cfda.gov)