AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Presentation; US Census Bureau

Action Requested: Discussion

Parties to the Agreement:

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

Brian Meinhart from the US Census Bureau will present a presentation on the 2020 Census.

Fiscal Impact:

Submitted by: Liz Mense **Submitter's Email Address:** EMense@gunnisoncounty.org

Finance Review: ○ Required ◉ Not Required

Comments:

Reviewed by: Discharge Date:

County Attorney Review: ○ Required ◉ Not Required

Comments:

Reveiwed by: Discharge Date: Certificate of Insurance Required

Yes ○ No ○

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 5/2/2019

○ Consent Agenda ◉ Regular Agenda ○ Worksession Time Allotted: 30 minutes

Agenda Date: 5/7/2019

Revised April 2015

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Census
2020

2020 Census: What You Need to Know and Do Now

Brian J. Meinhart

970.683.8072

Brian.J.Meinhart@census.gov

U.S. Census Bureau-Denver Region

Gunnison County – May 7, 2019

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United States Census 2020

Census Overview

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- Why we do a census:

- **<u>Article 1, Section 2 of the U.S. Constitution</u>**
  - *The actual Enumeration shall be made within three Years after the first Meeting of the Congress of the United States, and within every subsequent Term of ten Years, in such Manner as they shall by Law direct.*

Mandated by the Constitution and:

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2020

- The Census determines apportionment in Congress
- The Census provides data for distribution of more than 675 Billion Federal Funds, every decade
- The census provides data essential for redistricting in 2021.

2020 Census

Why should every person be counted in Colorado?

- It's the law
- It's safe
- It's easy
- It's is the process of our democracy that building equity in access to funding and representation in Congress
- It only takes a few minutes to answer the decennial census
- This is the 1st time we can do the census on a computer, smart phone, ipad or any other electronic device
  - People can still be counted by calling in by phone, filling out a paper form or with an enumerator at the door

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Confidentiality

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Census Bureau reputation depends on keeping data confidential. We take it very seriously!

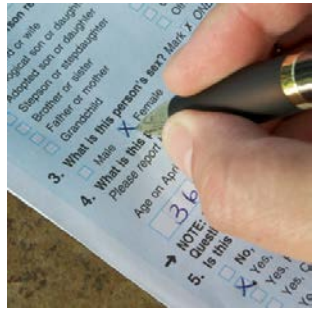
- **Federal Law** – Title 13 of the US Code protects the confidentiality of all information
- **Employee Oath** – Protect confidentiality for life. Penalties if violated can be 5 years in prison and/or $250,000 fine.
- **Statistical Safeguards** – Ensure that statistics released do not identify individuals.

Ways to Respond

2020 Census Offers More Choices

- Internet
- Phone
- Paper
- In-Person

Self Response Available Until July 24, 2020



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United States Census 2020

George Washington University Counting For Dollars 2020

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- Colorado receives Federal Funds for programs that impact every person living here.

- According to this study, the cost of an undercount is $1,262 per person, per year.

- When we undercount by even the smallest margin – we are at risk of missing out on the fair share of this distribution. Which often equals billions of dollars.
- **Counting for Dollars link:**
- https://gwipp.gwu.edu/counting-dollars-role-decennial-census-geographic-distribution-federal-funds

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WASHINGTON, DC

Counting for Dollars 2020

16 Large Federal Assistance Programs that Distribute Funds on Basis of Decennial Census-derived Statistics (Fiscal Year 2015)

Colorado

Total Program Obligations: $8,080,172,941
Per Capita: $1,481 (see note on proper use)

CFDA #	Program Name	Dept.	Type	Recipients	Obligations
93.778	Medical Assistance Program (Medicaid)	HHS	Grants	States	$4,650,854,036
10.551	Supplemental Nutrition Assistance Program (SNAP)	USDA	Direct Pay	House-holds	$771,959,823
93.774	Medicare Part B (Supplemental Medical Insurance) – Physicians Fee Schedule Services	HHS	Direct Pay	Providers	$715,616,897
20.205	Highway Planning and Construction	DOT	Grants	States	$521,218,168
14.871	Section 8 Housing Choice Vouchers	HUD	Direct Pay	Owners	$242,806,000
93.767	State Children's Health Insurance Program (S-CHIP)	HHS	Grants	States	$157,512,000
93.600	Head Start/Early Head Start	HHS	Grants	Providers	$155,683,621
84.027	Special Education Grants (IDEA)	ED	Grants	States	$154,827,292
84.010	Title I Grants to Local Education Agencies	ED	Grants	LEAs	$152,250,916
10.555	National School Lunch Program	USDA	Grants	States	$131,240,219
14.195	Section 8 Housing Assistance Payments Program (Project-based)	HUD	Direct Pay	Owners	$106,299,097
93.527/ 93.224	Health Center Programs (Community, Migrant, Homeless, Public Housing)	HHS	Grants	Providers	$96,212,429
10.557	Supplemental Nutrition Program for Women, Infants, and Children (WIC)	USDA	Grants	States	$72,447,786
93.658	Foster Care (Title IV-E)	HHS	Grants	States	$63,500,000
93.568	Low Income Home Energy Assistance (LIHEAP)	HHS	Grants	States	$48,958,657
93.596	Child Care and Development Fund-Entitlement	HHS	Grants	States	$38,786,000

How can local governments and community partners play a direct role?

Create a Complete Count Committee:

- CCCs are one of the core strategic elements of the Partnership program for the 2020 Census
- Census Bureau works with tribal, state and local governments, and community organizations to form CCCs around the country
- CCCs exist to plan and implement locally-based outreach campaigns that raise awareness of the census and ultimately drive participation
- CCCs are all inclusive and representative of your local community

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WHO?

Tribal, state, and local governments work together with partners to form CCCs to promote and encourage response to the 2020 Census in their communities. Community-based organizations also establish CCCs that reach out to their constituents.

WHAT?

A CCC is comprised of a broad spectrum of government and community leaders from education, business, healthcare, and other community organizations. These trusted voices develop and implement a 2020 Census awareness campaign based upon their knowledge of the local community to encourage a response.

WHEN?

The formation of CCCs is happening NOW! Leaders are identifying budget resources and establishing local work plans. In 2020, they will implement the plans and lead their communities to a successful census count.

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Complete Count Committees

United States Census Bureau

United States Census 2020

Complete Count Committee Formation

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What's next is we have a CCC?

Photo courtesy of Sue Cutsforth, Omaha-Council Bluffs Metropolitan Area Planning Agency

- Partnership Staff provides a comprehensive 2 hour training.
- Partnership Staff provide regular updates and work to address questions from the CCC and community.
- Partnership Staff serve as technical advisors for CCCs
- This is ongoing from NOW until end of our operations
- CCCs support the 2020 Census, nationally and locally.
- CCCs encourage self-response.
- March 23rd 2020– Internet and Phone Self-Response begins
- April 1, 2020 – CENSUS DAY
- CCCs educate, increase awareness, provide trusted messenger advocacy, and support of the census in local communities (i.e. presence within the community)
- CCCs thank the community for their participation in the 2020 Census, in tandem with Partnership

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What else do Partnership Specialists do?

- Form Partnerships
  - Community members
  - Business Chambers
  - Business Owners
  - Public Venues
  - With Anyone and anywhere the public is likely to see messaging on the importance of the 2020 Census
- Speak at events (BCC, Council Meetings, Community Gatherings, Panel discussions, Webinars, School Board meetings, and many more)

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Key Data Collection Dates

- Nov – 2019
- April 2018
- January-Feb 2019
- Aug – Oct 2019
- Jan-Aug-2019
- Early 2020
- March 23, 2020
- April 1, 2020
- May 2020
- August 2020
- December 31, 2020

- In-Office Address Canvass1414
- Regional Census Center Opens
- Early Area Census Offices Open *
- Address Canvassing – select areas
- Area Census Offices Open *
- Group Quarters Start
- Self Response Starts
- CENSUS DAY
- Non-Response Follow-Up Starts
- Data Collection Complete
- Census data is Delivered to President of the United States in statistical format

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United States Census 2020

Field Support and Operations

Colorado will have 4 offices:

- Denver
- Colorado Springs
- Longmont
- Aurora
  - We are hiring for these offices and all field staff NOW.
  - We need your help in sharing job postings and filling these critical roles.

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We increase our capacity for outreach through collaborative and supportive efforts

Gunnison County
COLORADO

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CENSUS JOBS NOW LIVE!

https://2020census.gov/jobs - NOW (Office positions, Field staff, apply NOW for all positions)
www.usajobs.gov – Partnership (one must apply to each position as they are posted within the time allotted)

Join the 2020 Census Team

Apply Online!

www.2020census.gov/jobs

1-855-JOB-2020

2020 Census Timeline

2018

- Tribal leader, governor, or highest elected local official or community leader determines Complete Count Committees (CCCs) structure.
- CCCs receive 2020 Census training.

2019

- Continue establishing CCCs.
- Open Area Census Offices.
- CCCs develop strategy and work plan.

2020

- CCCs begin community organization mobilization.
- 2020 Census advertising campaign begins in early 2020.
- CCCs support the 2020 Census.
- CCCs encourage self-response.

April 1, 2020 – CENSUS DAY

- CCCs urge households who do not respond to cooperate with census takers.

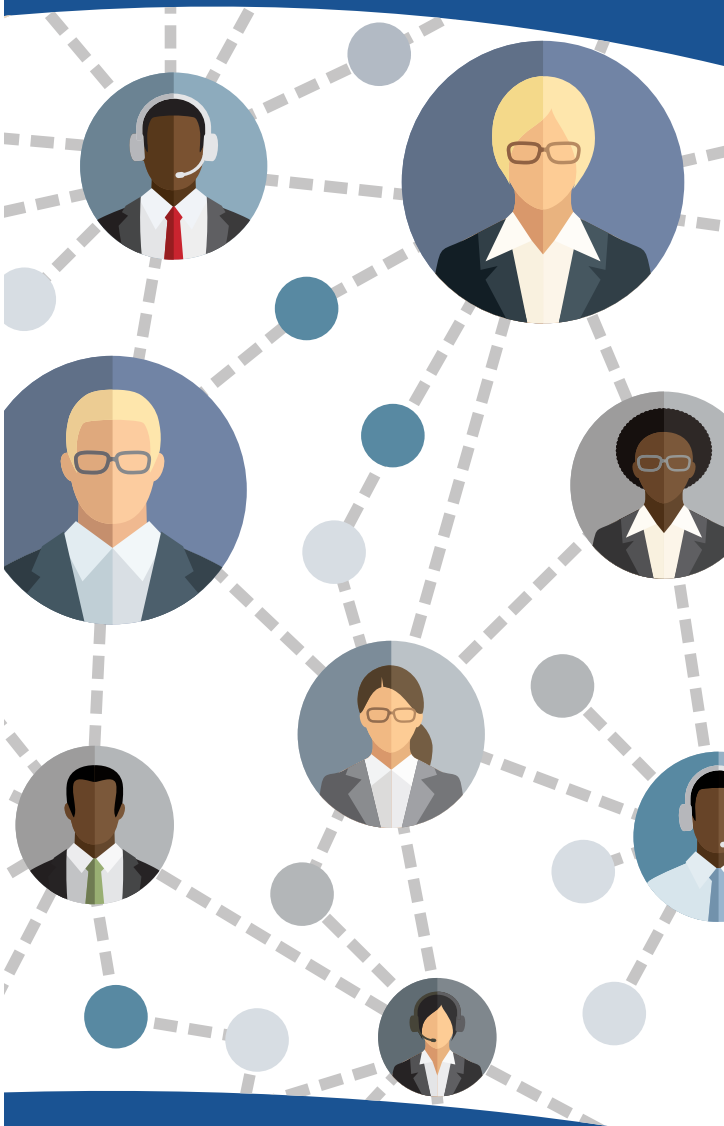
Contact Information

For additional information about the Complete Count Committees program, please contact your regional census office.

Please contact:	If you reside in:
ATLANTA Atlanta.rcc .partnership @2020census.gov	Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, and South Carolina
CHICAGO Chicago.rcc .partnership @2020census.gov	Arkansas, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, and Wisconsin
DALLAS Dallas.rcc .partnership @2020census.gov	Arizona, Colorado, Kansas, Montana, Nebraska, New Mexico, North Dakota, South Dakota, Oklahoma, Texas, Utah, and Wyoming
LOS ANGELES Los.Angeles.rcc .partnership @2020census.gov	Alaska, California, Hawaii, Idaho, Nevada, Oregon, and Washington
NEW YORK New.York.rcc .partnership @2020census.gov	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont, and Puerto Rico
PHILADELPHIA Philadelphia.rcc .partnership @2020census.gov	Delaware, District of Columbia, Kentucky, Maryland, Ohio, Pennsylvania, Tennessee, Virginia, and West Virginia

July 2018
D-1256 CCC

Complete Count Committees



United States Census Bureau

United States Census 2020

The 2020 Census is almost here!

Get Started

The 2020 Census provides an opportunity for everyone to be counted. Tribal, state, and local governments; community-based organizations; faith-based groups; schools; businesses; the media; and others play a key role in developing partners to educate and motivate residents to participate in the 2020 Census.

When community members are informed, they are more likely to respond to the census. Through collaborative partnerships, the U.S. Census Bureau and community leaders can reach the shared goal of counting EVERYONE in 2020.

The Complete Count Committees (CCC) program is key to creating awareness in communities all across the country.

- CCCs utilize local knowledge, influence, and resources to educate communities and promote the census through locally based, targeted outreach efforts.
- CCCs provide a vehicle for coordinating and nurturing cooperative efforts between tribal, state, and local governments; communities; and the Census Bureau.
- CCCs help the Census Bureau get a complete count in 2020 through partnerships with local governments and community organizations.

WHO?

Tribal, state, and local governments work together with partners to form CCCs to promote and encourage response to the 2020 Census in their communities. Community-based organizations also establish CCCs that reach out to their constituents.

WHAT?

A CCC is comprised of a broad spectrum of government and community leaders from education, business, healthcare, and other community organizations. These trusted voices develop and implement a 2020 Census awareness campaign based upon their knowledge of the local community to encourage a response.

WHEN?

The formation of CCCs is happening NOW! Leaders are identifying budget resources and establishing local work plans. In 2020, they will implement the plans and lead their communities to a successful census count.

WHY?

The primary goal of the 2020 Census is to count everyone once, only once, and in the right place.

Community influencers create localized messaging that resonates with the population in their area. They are trusted voices and are best suited to mobilize community resources in an efficient manner.

HOW?

It's up to all of us! CCCs know the best way to reach the community and raise awareness. Some activities could include:

- Holding CCC kickoff meetings with media briefings.
- Participating in Census rallies or parades.
- Coordinating Census unity youth forums.
- Hosting Interfaith breakfasts and weekend events.
- Encouraging the use of Statistics in Schools classroom resources.
- Incorporating census information in newsletters, social media posts, podcasts, mailings, and websites.
- Helping recruit census workers when jobs become available.

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REPORT

COUNTING FOR DOLLARS 2020

The Role of the Decennial Census in the Geographic Distribution of Federal Funds

Report #2: Estimating Fiscal Costs of a Census Undercount to States

Andrew Reamer, Research Professor | March 19, 2018

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COUNTING FOR DOLLARS 2020

The Role of the Decennial Census in the Geographic Distribution of Federal Funds

Report #2: Estimating Fiscal Costs of a Census Undercount to States

Andrew Reamer, Research Professor
March 19, 2018

Summary

Decennial Census results are essential to the equitable and prudent distribution of federal program dollars to states and local areas. Preliminary analysis indicates that about 300 federal programs geographically allocate over $800 billion a year based on census-derived statistics. While we cannot draw a straight line between the number of people counted in the census and the dollars a state receives for all census-guided programs, we can calculate the direct impact of a census undercount on federal allocations for several large programs that help states improve their residents' well-being.

Five grant programs administered by the U.S. Department of Health and Human Services (HHS) use the Federal Medical Assistance Percentage (FMAP), based on the 2010 Decennial Census population count, to determine reimbursements to and payments from each state government (totaling $286.1 billion in Fiscal Year 2015). The five FMAP-guided programs are Medicaid, the Children's Health Insurance Program, Title IV-E Foster Care, Title IV-E Adoption Assistance, and the Child Care and Development Fund.

In Fiscal Year (FY) 2015, reimbursements to and payments from state governments under these five programs totaled $286.1 billion (48.1% of all federal grants to states and 13.0% of all state budgets).

In FY2015, 37 states forfeited a measurable amount of funds for each person missed in the 2010 Census.

- A state's FMAP indicates the relative federal and state spending shares under each program. By law, the FMAP can be between 50 and 83 (that is, the federal-state split can range between 50-50 and 83-17).
- Each state's FMAP moves in the opposite direction from its per capita income (PCI). In other words, the lower a state's PCI, the higher its FMAP.
- PCI is determined by dividing state residents' total income by total state population. A state's total income does not change if the Decennial Census misses people. With the same income and fewer people, a state's PCI goes up and its FMAP falls.
- In FY2015, the FMAP for 37 states was above the minimum of 50, which means their FMAP had room to fall with an undercount. Thirteen states had a FMAP of 50.

Among these 37 states, the median FY2015 loss per person missed in the 2010 Census was $1,091. FY2015 loss per person missed ranged from $533 for Utah to $2,309 for Vermont. The median state is Tennessee.

Introduction

About 300 financial assistance programs created by Congress rely on data derived from the Decennial Census to guide the fair distribution of hundreds of billions in funds to states and local areas.

To ascertain the prospective role of the 2020 Census in the equitable geographic distribution of federal funds, George Washington University's ***Counting for Dollars Project*** is:

- identifying all federal programs that distribute financial assistance based, in whole or part, on data derived from the Decennial Census; and
- understanding the connection between the accuracy of the Decennial Census and the geographic distribution of funds.

The Counting for Dollars Project issued its first report, an analysis of 16 large census-guided financial assistance programs such as Medicaid and Medicare Part B, in August 2017.[1] The study found these 16 programs used census-derived data to allocate $589.7 billion to the 50 states and the District of Columbia in Fiscal Year (FY) 2015. The more accurate a state's census count, the more equitable is its share of federal funds. A substantial undercount in any one state could lead to the diversion of funds away from that state to other states and uses.

The Counting for Dollars Project is reviewing the Catalog of Federal Domestic Assistance to identify each federal financial assistance program that relies on census-derived data to allocate funds. To date, we have identified about 300 financial assistance programs, with total FY2016 funding of over $800 billion, that appear to rely on census-derived data. After we review each program to affirm it qualifies, we will publish a list of all census-guided programs.

Most census-guided federal grant programs rely on population characteristics such as age and income, not headcount.[2] As a result, we cannot quantify the fiscal impact of a state undercount in the Decennial Census on its revenues from 300 census-guided programs.[3]

At the same time, we can measure the direct fiscal impact of a state's Decennial Census undercount on the funds it receives from five programs administered by the U.S. Department of Health and Human Services (HHS). Each of these five programs relies on the ***Federal Medical Assistance Percentage (FMAP)***, which is calculated annually for each state and based in part on its Decennial Census count. This report measures, by state, the fiscal impact of an undercount in the 2010 Census on the funds flow for these five HHS programs.

Findings

In FY2015, the FMAP guided the allocation of $286.1 billion among the 50 states and the District of Columbia across five programs:

- Medical Assistance Program (Medicaid)
  - Federal reimbursement to states for traditional Medicaid – $259,913,762,900
  - State payments to federal government for prescription coverage through Medicare Part D – $8,934,827,262
- State Children's Health Insurance Program (CHIP) – $11,089,152,000 in reimbursements
- Title IV-E Foster Care – $2,856,783,359 in reimbursements
- Title IV-E Adoption Assistance – $2,017,706,607 in reimbursements
- Child Care and Development Fund (CCDF) Matching Funds – $1,298,677,787 in required state spending

The four smaller programs solely focus on children. For Medicaid, 45% of beneficiaries were children in 2013 (latest year for which data are available).[4]

Funds provided through these five HHS programs accounted for 48.1% of all federal grants to states and 13.0% of all state budgets in 2015, primarily due to the large size of Medicaid.[5]

The FMAP formula determines federal reimbursement for each state dollar spent. Each state's FMAP is calculated annually by the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE).[6] The higher the FMAP, the more dollars a state retains.

Each state's FMAP moves in the opposite direction from its per capita income (PCI). In other words, the lower a state's PCI, the higher its FMAP. The maximum FMAP is 83 (that is, HHS reimburses 83 cents for each state dollar spent); the minimum FMAP is 50. In FY2015, Mississippi had the highest FMAP (73.58) and 13 states were at the minimum of 50.[7]

Appendix 1 provides more detailed information on the construction of FMAPs. Appendix 2 describes each of the five FMAP-guided HHS programs.

The more people missed in the Decennial Census in a state, the higher the state's PCI. The U.S. Bureau of Economic Analysis (BEA) calculates each state's PCI by dividing state residents' total income by total state population. BEA measures income and population independently of each other. A state's total income does not change if the Decennial Census misses people. With the same income and fewer people, state PCI goes up.

For a state with an FMAP above 50, a higher PCI means a lower FMAP and fewer dollars in the state treasury. When state PCI rises, the state FMAP and federal reimbursements go down and state payments to the federal government go up.

For a state with an FMAP of 50—the minimum set by Congress to ensure that each state gets or keeps at least 50 cents on the dollar—a net undercount does not have a fiscal impact on FMAP-guided programs. Regardless of any Decennial Census undercount and higher PCI, a state's FMAP cannot fall below 50.

Among the 37 states with an FMAP over 50, the median FY2015 loss per person missed in the 2010 Census was $1,091. FY2015 loss per person missed ranged from $533 for Utah to $2,309 for Vermont. Tennessee was the median state.

Table 1: FY2015 Fiscal Loss in FMAP-Guided Programs Per Person Missed in 2010 Census, by State

Vermont	$2,309	Montana	$941
Pennsylvania	$1,746	Indiana	$929
Maine	$1,642	Arkansas	$909
Delaware	$1,567	Arizona	$887
Louisiana	$1,372	South Carolina	$809
Wisconsin	$1,338	Alabama	$755
Missouri	$1,272	Idaho	$721
Iowa	$1,268	Georgia	$708
Colorado	$1,262	Nevada	$628
Ohio	$1,206	Utah	$533
Hawaii	$1,189	Washington*	$39
South Dakota	$1,179	Alaska	$0
Oregon	$1,169	California	$0
Texas	$1,161	Connecticut	$0
Oklahoma	$1,123	District of Columbia	$0
New Mexico	$1,121	Maryland	$0
Nebraska	$1,109	Massachusetts	$0
Tennessee	$1,091	Minnesota	$0
Kansas	$1,020	New Hampshire	$0
West Virginia	$1,017	New Jersey	$0
Mississippi	$1,014	New York	$0
North Carolina	$988	North Dakota	$0
Kentucky	$972	Rhode Island	$0
Michigan	$954	Virginia	$0
Illinois*	$953	Wyoming	$0
Florida	$946	*States that would reach FMAP floor of 50 with undercount	

Note: Based on the state experiencing an additional 1% undercount in the 2010 Census. An undercount of a different magnitude would result in a slightly different loss per person missed, on the order of +/- 1-2%.

Differences between states are due to two factors. The first is the differences among state Medicaid program benefits. The second is the FMAP formula's nature, which leads to a larger loss per missed person for wealthier and smaller states, all else being equal.

For any state with an FMAP above 50, a sizable number of uncounted persons would lead to a substantial annual dollar loss across the five programs. An undercount of one percent would decrease a state's FMAP by 0.6-1.0 points. This would mean, for example, that for each $100 spent by a state's Medicaid Program, federal reimbursement would drop by somewhere between 60 cents and $1.

In the table below, the states are ranked by the projected size of the FY2015 fiscal loss due to an additional 1% undercount in the 2010 Census.

Table 2: Projected FY2015 Loss in FMAP-Based Program Funds Due to Additional 1% Undercount in 2010 Census, by State

Texas	$291,908,615	Nebraska	$20,261,535
Pennsylvania	$221,762,564	West Virginia	$18,850,833
Florida	$177,848,466	Nevada	$16,972,279
Ohio	$139,097,423	Hawaii	$16,177,304
Illinois*	$122,231,690	Utah	$14,735,190
Michigan	$94,277,076	Vermont	$14,448,155
North Carolina	$94,218,427	Delaware	$14,067,257
Missouri	$76,194,260	Idaho	$11,301,745
Wisconsin	$76,101,387	South Dakota	$9,602,728
Tennessee	$69,205,364	Montana	$9,311,515
Georgia	$68,593,179	Washington*	$2,614,278
Colorado	$63,454,867	Alaska	$0
Louisiana	$62,200,953	California	$0
Indiana	$60,223,617	Connecticut	$0
Arizona	$56,672,252	District of Columbia	$0
Oregon	$44,779,594	Maryland	$0
Kentucky	$42,191,368	Massachusetts	$0
Oklahoma	$42,118,984	Minnesota	$0
Iowa	$38,633,118	New Hampshire	$0
South Carolina	$37,398,883	New Jersey	$0
Alabama	$36,094,132	New York	$0
Mississippi	$30,101,250	North Dakota	$0
Kansas	$29,110,082	Rhode Island	$0
Arkansas	$26,503,735	Virginia	$0
New Mexico	$23,079,495	Wyoming	$0
Maine	$21,809,261	*States that would reach FMAP floor of 50 with undercount	

Note: This table indicates the projected impact of a 1% greater-than-actual undercount in the 2010 Census in one state, with no change in other states.

Appendix 3 provides detailed tables by state and program. The box below illustrates the fiscal impact of an additional 1% census undercount on one state—Texas.

THE FISCAL IMPACT ON TEXAS OF AN ADDITIONAL 1% 2010 CENSUS UNDERCOUNT FOR FIVE FMAP-GUIDED PROGRAMS, FY2015

Actual:

- The 2010 Census counted 25,145,561 persons in Texas.
- Based on this count, the annual average PCI for Texas in 2010-12 was $37,104, compared to the U.S. average of $42,065.
- By formula, Texas FMAP for FY2015 was 58.05. So for each $100 that Texas spent on Medicaid benefits, it was reimbursed $58.05 by the federal government.
- This FMAP resulted in Texas reimbursements and spending of $22,406,609,789 ($21,912,453,825 in federal reimbursements, $374,084,489 as Medicare Part D clawback, and $120,071,475 in required state spending).

If the 2010 Census undercount in Texas had been one percent higher (that is, missed an additional 251,456 people):[8]

- The state's count would have been 24,894,105.
- The lower population count would have led to an annual average PCI for Texas in 2010-12 of $37,475 ($371 more than the actual PCI) and a U.S. average of $42,074 (a $9 increase due to fewer Texans).
- With the higher PCI, the Texas FMAP would have been 57.28, a drop of 0.77 (that is, 77 cents on every $100 Texas spent on Medicaid).
- The lower FMAP would have resulted in Texas forfeiting $291,908,615 in FY2015 ($281,264,017 less in federal reimbursement and $10,644,597 more in state expenditures).
- The cost per person missed would have been $1,161 (that is, $291,908,615 divided by 251,456).

To ensure receiving its fair share of FMAP-driven financing throughout the 2020s, each state should promote an accurate 2020 Census through supporting sufficient Census Bureau financing and full participation by its residents. **A high undercount could lead a state to forfeit a substantial amount of FMAP-related funds over ten years.**

To get a very rough sense of the decade-long fiscal impact on a state of a 1% net 2010 Census undercount, that state's number in Table 2 could be multiplied by ten. An undercount greater than 1% would result in proportionally more financial damage. (Actual funds forfeited differ from this rough approximation because no one year is the same as any other. Changes may occur in federal and state appropriations, reimbursement and payment formulas, eligibility criteria, and economic conditions. Projecting fiscal losses for the next decade would be that much more difficult.)

The FMAPs for FY2010 through FY2019 indicate that most states are fiscally vulnerable to a census undercount. Thirty-four states had an FMAP above 50 every year; two states were over 50 almost every year; four more states were above 50 for at least one year; and only 10 states were at 50 every year.[9]

The fiscal impact on a state due to a 2020 Census undercount would be far greater than that caused by the five HHS programs covered in this report. This spring, the Counting for Dollars Project will publish a list of all census-guided financial assistance programs, not just those reliant on the FMAP. The current candidate list includes about 300 programs annually distributing over $800 billion. In combination, this project's reports will show that it is in each state's fiscal self-interest to ensure an accurate 2020 Census count.

Appendix 1: Federal Medical Assistance Percentages (FMAPs)

HHS annually determines state FMAPs according to a formula in the Social Security Act.

A description and discussion of the FMAP formula is provided in the box below.

FMAP FORMULA

Section 1905(b) of the Social Security Act specifies the formula for calculating FMAPs:

"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 . . ."

Shown symbolically, the formula is:

$$FMAP_{state} = 1 - ((\text{Per capita income}_{state})^2 / (\text{Per capita income}_{U.S.})^2 * 0.45)$$

HHS decided that the PCI figure should be the average for the three most recently available years, to smooth out year-to-year variations. The FY2015 FMAPs were published on January 21, 2014 and based on the average annual state PCI from 2010 to 2012.

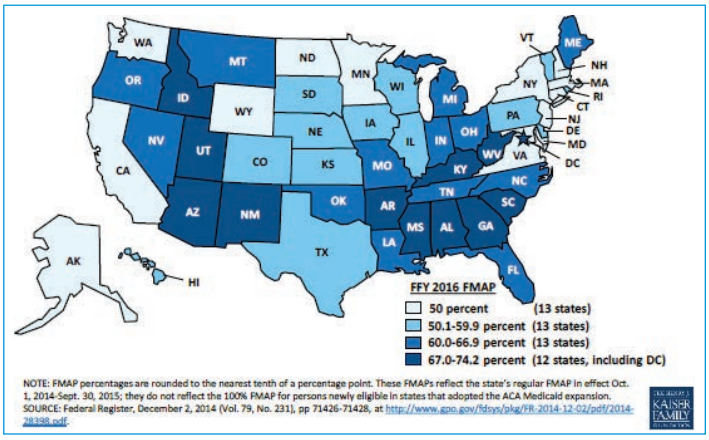
According to the Congressional Research Service:

The use of the 0.45 factor in the formula is designed to ensure that a state with per capita income equal to the U.S. average receives an FMAP rate of 55% (i.e., state share of 45%). In addition, the formula's squaring of income provides higher FMAP rates to states with below-average incomes (and vice versa, subject to the 50% minimum).[10]

Congress has set the FMAP for the District of Columbia at 70 and for Puerto Rico and territories at 55.

The map below shows each state's FMAP for FY2015.[11] Thirteen of the 50 states had an FMAP of the minimum of 50—Alaska, California, Connecticut, Maryland, Massachusetts, Minnesota, New Hampshire, New Jersey, New York, North Dakota, Rhode Island, Virginia, and Wyoming. (In FY2019, 14 states had an FMAP of 50—each of the above states minus Rhode Island and plus Colorado and Washington State.)

FMAP by State, FY2015



In pre-ACA expansion states, larger "transition FMAPs" are calculated for Medicaid-eligible under-65 adults without children.

Through 2016, the ACA provided 100 percent federal financing to post-ACA expansion states for persons newly eligible for Medicaid. For states that had Medicaid expansion in place at the time of ACA passage in 2010, a "transition FMAP" is available for under-65 adults without children eligible under that pre-ACA expansion. The formula changes each year between 2014 and 2018. For FY2015, the transition FMAP formula was FMAP plus 60% of the state's share (that is, 100 – FMAP). For instance, the transition FMAP for a state with an FMAP of 60 would be 84 (that is, 60 + (0.6*40)). The transition FMAP minimum is 80. By 2019, the reimbursement rate in all expansion states, pre- and post-ACA, will be a flat 93%.

Reimbursements for state CHIPs are determined by enhanced FMAPs.

Federal reimbursement of a state's CHIP expenditures is determined by an enhanced FMAP (E-FMAP) equal to the state FMAP plus 30% of the state share (100 – FMAP). For instance, the E-FMAP for a state with an FMAP of 60 would be 72 (that is, 60 + (0.3*40)). The E-FMAP minimum is 65 and the maximum is 85.[12]

For FY2016-19, each state's E-FMAP is increased by 23 percentage points (up to 100%). For FY2020, the E-FMAP is increased by 11.5%. For FY2021 and beyond, the E-FMAP reverts to the legislated formula.

Appendix 2: FMAP-Guided Programs

The FMAP-guided federal financial assistance programs administered by HHS are summarized in the table below. In four programs, HHS applies the FMAP to determine how much to reimburse each state for program funds expended. Each state reimburses HHS for a proportion of its share (100 – FMAP) of Medicare Part D prescription coverage for dual Medicare-Medicaid eligibles. In addition, each state must spend the state match (100-FMAP) to its allotment of CCDF matching funds.

FMAP-Guided Financial Assistance Programs, FY2015

Program	FMAP-guided Portion of Program	FMAP-determined:	Formula for:
		Reimbursements to States	Federal Reimbursement
Medicaid	Traditional Medicaid only[13]	$259,913,762,900	FMAP x state expenditures
CHIP	Up to state allocation	$11,089,152,000	E-FMAP x state expenditures
Foster Care	Maintenance expenditures by state Title IV-E agencies	$2,856,783,359	FMAP x state expenditures
Adoption Assistance	Maintenance expenditures by state Title IV-E agencies	$2,017,706,607	FMAP x state expenditures
		Spending by States	Required State Spending
Medicaid	Repayment of Medicare Part D coverage for dual eligibles	$8,934,827,262	(100 - FMAP) x 0.75 x # dual eligibles with full Medicaid benefits x State per capita Part D contribution rate[14]
CCDF	Matching Funds	$1,708,159,673	Federal allotment x ((100 -FMAP)/FMAP)

FMAP-Guided Program Overviews

Medical Assistance Program (Medicaid)

TRADITIONAL

- Catalog of Federal Domestic Assistance (CFDA) #: 93.778
- Program objective: Provide financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other category-eligible groups.
- Applicant eligibility: States
- Beneficiary eligibility:
  - Traditional: Low-income persons who are over age 65, blind or disabled, members of families with dependent children, low- income children and pregnant women, certain Medicare beneficiaries and, in many states, medically-needy individuals.
  - Expansion: At a state's option, eligibility can be extended to non-elderly individuals with family incomes up to 133 percent of the federal poverty level.
- Reimbursement formula:
  - States are reimbursed for expenditures by a formula based on the Federal Medical Assistance Percentage (FMAP), as defined at 42 USC 1396(d).
  - A transition FMAP is used for reimbursement of expenditures for eligible under-65 adults without children in pre-ACA expansion states, per 42 USC 1396(z)(2). (See Appendix I for discussion.)
  - States with expansions post-ACA are reimbursed at 100% for newly eligible recipients. Expansion reimbursements are excluded from this analysis as they are independent of the FMAP.

MEDICARE PART D CLAWBACK

- CFDA #: 93.770
- Program objective: Provide prescription drugs to Medicare beneficiaries through their voluntary participation in prescription drug plans, with an additional subsidy provided to lower-income beneficiaries.
- Beneficiary eligibility: Eligible beneficiaries include individuals who are entitled to Medicare benefits under Part A or enrolled in Part B and who reside in the plan's service area.
- Clawback objective: "defray a portion of the Medicare drug expenditures for individuals whose projected Medicaid drug coverage is assumed by Medicare Part D."
- Clawback formula: Per 42 CFR 423.910, each state pays the federal government an amount equal to: (# dual eligibles receiving full Medicaid benefits) x (per capita state contribution rate) x (100 – FMAP) x 0.75. Essentially, each state pays three-quarters of its normal FMAP share.

State Children's Health Insurance Program (CHIP)

- CFDA #: 93.767
- Program objective: Provide funds to enable states to maintain and expand health assistance to uninsured, low-income children.
- Applicant eligibility: States
- Beneficiary eligibility: Low-income children as defined by each state and not covered under a group health plan or under other health insurance coverage.
- Reimbursement formula: Per 42 USC 1397ee(2), the formula (Enhanced FMAP) is based the FMAP plus 30% of the state share (100 – FMAP). The E-FMAPs for FY2016-2019 have been increased by 23 percentage points (up to 100%) and for FY2020 by 11.5 percentage points.

Foster Care (Title IV-E)

- CFDA #: 93.658
- Objective: Provide safe and stable out-of-home care for children under the jurisdiction of the child welfare agency until the children are returned home safely, placed with adoptive families, or placed in other planned arrangements for permanency.
- Applicant eligibility: States and tribes
- Beneficiary eligibility: Children meeting eligibility criteria for the former Aid to Families with Dependent Children program whose removal and placement in foster care are in accordance with a voluntary placement agreement or judicial determinations to the effect that continuation in the home would be contrary to the child's welfare and that reasonable efforts were made to prevent the removal.

- Reimbursement formula: According to 45 CFR 1356.60(a)(2), for maintenance payments "federal financial participation is available at the rate of the" FMAP. (Administrative and training costs are reimbursed at the same percentage for each state.)

Adoption Assistance (Title IV-E)

- CFDA #: 93.659
- Objective: Support adoption of children with special needs who cannot be reunited with their families and who meet certain eligibility tests; prevent inappropriately long stays in foster care and promote the healthy development of children through increased safety, permanency and well-being.
- Applicant eligibility: States and tribes
- Beneficiary eligibility: Eligible beneficiaries include certain children who are legally freed for adoption where an adoption assistance agreement has been entered into prior to the finalization of an adoption. These children must: (1) have been determined by the state or tribe to be special needs, e.g., a special factor or condition which makes it reasonable to conclude that they cannot be adopted without adoption assistance; a state or tribe determination that the child cannot or should not be returned home; and a reasonable effort has been made to place the child without providing financial or medical assistance and (2) meet one of the relevant statutory eligibility criteria.
- Reimbursement formula: According to 45 CFR 1356.60(a)(2), for adoption assistance payments "federal financial participation is available at the rate of the" FMAP. Administration and training costs are reimbursed at the same percentage for each state.

Child Care and Development Fund – Entitlement

- CFDA #: 93.596
- Objective: Provide child care assistance to low-income families so they can work, attend school, or enroll in training to improve the well-being of their families.
- Applicant eligibility: States
- Beneficiary eligibility: Child must reside in a family with income that does not exceed 85 percent of the state median income for a family of the same size.
- Reimbursement formula: Per 45 CFR 98.55, states are reimbursed for CCDF-Entitlement expenditures based on FMAPs.

Appendix 3: FMAP-Guided Programs by State–Measuring the Fiscal Impacts of a Decennial Census Undercount

The following three tables are provided in this section:

- FY2015 funds for each of the five FMAP-guided programs, by state
- The amount of lost FY2015 funding for each person missed in 2010 Census, by FMAP-guided program, by state
- Projected loss of funds in FY2015 for the five FMAP-guided programs with an additional 1% census undercount in 2010, by state (holding all else equal

Appendix Table 3.1: FMAP-Based Funds by Program and State, FY2015

	FMAP-based Programs							
State	Total		Medicaid		CHIP*	Title IV-E		CCDF
			Traditional*	Medicare Part D Clawback^		Foster Care*	Adoption Assistance*	Matching Funds#
Alabama	$3,993,073,711		$3,727,766,000	$63,557,758	$172,891,000	$8,356,772	$8,945,750	$11,556,431
Alaska	$986,859,756		$916,877,400	$25,963,016	$23,911,000	$4,363,037	$11,364,361	$4,380,942
Arizona	$6,129,210,926		$5,771,357,000	$83,838,951	$80,667,000	$73,595,799	$102,331,137	$17,421,039
Arkansas	$3,170,782,857		$2,974,318,700	$42,109,236	$93,980,000	$36,009,492	$17,546,094	$6,819,335
California	$34,944,843,219		$30,187,018,400	$1,584,581,880	$1,744,125,000	$822,967,394	$392,659,953	$213,490,592
Colorado	$3,409,276,956		$3,052,671,000	$108,714,386	$157,512,000	$47,584,413	$15,204,568	$27,590,589
Connecticut	$3,467,934,978		$3,209,975,900	$140,254,241	$48,065,000	$26,862,664	$25,126,325	$17,650,848
Delaware	$815,628,063		$771,851,900	$16,904,275	$20,261,000	$1,035,285	$1,444,798	$4,130,805
District of Columbia	$1,588,075,225		$1,504,228,400	$14,970,545	$20,711,000	$36,191,353	$10,797,329	$1,176,598
Florida	$13,893,393,741		$12,543,630,800	$473,758,528	$566,046,000	$168,380,172	$78,937,774	$62,640,467
Georgia	$7,189,113,088		$6,551,323,800	$122,446,727	$410,564,000	$40,780,518	$35,232,304	$28,765,739
Hawaii	$893,347,694		$780,388,300	$33,900,347	$46,316,000	$11,368,434	$14,653,262	$6,721,351
Idaho	$1,406,020,047		$1,298,620,800	$24,162,336	$66,216,000	$7,283,476	$5,853,744	$3,883,691
Illinois	$8,243,653,459		$7,196,342,900	$463,057,998	$361,410,000	$91,912,837	$63,094,080	$67,835,644
Indiana	$5,971,699,673		$5,451,840,900	$129,499,506	$162,871,000	$157,846,829	$51,133,813	$18,507,625
Iowa	$2,416,527,856		$2,142,345,900	$93,461,224	$126,012,000	$9,387,935	$31,787,923	$13,532,874
Kansas	$1,917,917,372		$1,740,969,600	$55,009,947	$85,146,000	$8,594,778	$15,374,777	$12,822,270
Kentucky	$4,895,466,369		$4,554,147,000	$86,439,291	$171,914,000	$27,234,751	$45,558,649	$10,172,678
Louisiana	$5,070,246,187		$4,728,883,500	$117,469,168	$180,137,000	$13,587,302	$14,169,029	$16,000,188
Maine	$1,726,766,485		$1,624,850,200	$52,335,561	$27,361,000	$5,323,982	$13,325,069	$3,570,673
Maryland	$4,379,489,757		$3,931,039,300	$129,507,475	$234,274,000	$30,832,505	$22,572,499	$31,263,978
Massachusetts	$8,066,337,795		$7,226,545,700	$344,953,284	$413,777,000	$30,636,495	$18,535,343	$31,889,973
Michigan	$8,924,514,189		$8,437,966,300	$196,366,114	$118,575,000	$44,542,875	$100,721,478	$26,342,422
Minnesota	$4,936,118,955		$4,647,584,700	$180,709,418	$41,135,000	$19,547,769	$17,140,941	$30,001,127
Mississippi	$4,156,260,196		$3,860,362,100	$47,667,623	$226,177,000	$8,320,916	$7,542,992	$6,189,565
Missouri	$6,601,681,368		$6,183,598,400	$184,436,417	$163,187,000	$21,344,168	$30,717,148	$18,398,235
Montana	$907,595,773		$782,360,200	$16,592,104	$91,735,000	$6,549,559	$7,643,856	$2,715,054
Nebraska	$1,165,639,695		$1,007,517,200	$52,015,480	$69,689,000	$13,158,261	$13,747,227	$9,512,527
Nevada	$1,515,951,924		$1,396,275,100	$25,038,252	$43,105,000	$19,048,841	$23,918,083	$8,566,648

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Appendix Table 3.1: FMAP-Based Funds by Program and State, FY2015 *(continued)*

	FMAP-based Programs							
State	Total		Medicaid		CHIP*	Title IV-E		CCDF
			Traditional*	Medicare Part D Clawback^		Foster Care*	Adoption Assistance*	Matching Funds#
New Hampshire	$794,540,178		$728,415,100	$34,638,772	$20,002,000	$2,777,380	$2,651,609	$6,055,317
New Jersey	$6,707,688,627		$5,890,857,400	$350,498,435	$344,793,000	$30,168,852	$44,866,058	$46,504,882
New Mexico	$2,630,538,615		$2,494,317,400	$32,899,807	$73,635,000	$7,488,426	$16,992,512	$5,205,470
New York	$27,456,380,996		$24,953,872,700	$960,642,529	$972,787,000	$319,000,376	$151,949,961	$98,128,430
North Carolina	$9,180,170,820		$8,432,788,300	$250,194,708	$395,016,000	$27,620,986	$46,869,982	$27,680,844
North Dakota	$486,019,879		$436,471,400	$14,158,518	$20,997,000	$6,034,184	$4,453,556	$3,905,221
Ohio	$11,788,578,011		$10,918,448,200	$295,424,348	$342,771,000	$127,197,849	$68,411,334	$36,325,280
Oklahoma	$3,505,438,031		$3,170,115,100	$80,041,643	$173,065,000	$29,855,070	$38,808,775	$13,552,443
Oregon	$4,013,445,730		$3,641,333,000	$83,443,381	$193,533,000	$37,277,671	$46,694,302	$11,164,376
Pennsylvania	$12,381,547,847		$11,226,998,100	$554,245,375	$371,121,000	$109,626,756	$61,624,382	$57,932,234
Rhode Island	$1,189,457,105		$1,078,441,600	$50,307,547	$45,987,000	$3,994,578	$5,852,787	$4,873,593
South Carolina	$4,497,504,221		$4,233,188,500	$79,799,856	$142,878,000	$17,464,252	$13,862,235	$10,311,378
South Dakota	$516,552,477		$468,266,700	$18,315,715	$18,868,000	$2,997,750	$3,462,759	$4,641,553
Tennessee	$6,403,353,502		$5,925,396,600	$176,406,319	$198,088,000	$42,084,776	$42,681,163	$18,696,644
Texas	$22,284,420,776		$20,511,500,500	$374,084,489	$1,068,727,000	$101,139,863	$108,897,449	$120,071,475
Utah	$1,741,520,264		$1,612,573,600	$31,296,966	$59,109,000	$22,317,505	$7,234,090	$8,989,103
Vermont	$833,988,280		$774,757,600	$27,058,101	$15,584,000	$5,881,646	$8,357,057	$2,349,876
Virginia	$4,608,562,125		$4,061,853,100	$191,869,272	$247,586,000	$24,195,880	$40,153,814	$42,904,059
Washington	$4,384,885,929		$3,924,855,400	$189,979,379	$128,952,000	$65,014,768	$38,741,148	$37,343,234
West Virginia	$2,270,623,080		$2,122,670,400	$36,727,838	$55,249,000	$27,980,599	$24,447,486	$3,547,757
Wisconsin	$5,345,185,360		$4,824,538,000	$181,915,465	$221,241,000	$52,886,523	$42,928,214	$21,676,158
Wyoming	$307,080,749		$279,446,800	$11,157,712	$11,393,000	$1,129,057	$685,628	$3,268,552
Total	$286,110,909,915		$259,913,762,900	$8,934,827,262	$11,089,152,000	$2,856,783,359	$2,017,706,607	$1,298,677,787

* Reimbursements to states from HHS

^ State reimbursements to HHS for prescription coverage for Medicaid-eligibles.

Required state match to federal allotment

Data Sources: Traditional Medicaid, Kaiser Family Foundation (sourced from HHS); Medicare Part D Clawback, Federal Funds Information for States (sourced from HHS, for calendar 2015); remaining programs, HHS

Appendix Table 3.2: Decline in FY2015 FMAP-Based Funds Per Person Missed in 2010 Census, by State

	FMAP-based Program Funds Lost Per Person Missed in Census							
State	Total		Medicaid		CHIP	Title IV-E		CCDF
			Traditional	Medicare Part D Clawback		Foster Care	Adoption Assistance	Matching Funds
Alabama	$755		$699	$26	$20	$2	$2	$7
Alaska	$0		$0	$0	$0	$0	$0	$0
Arizona	$887		$821	$26	$7	$10	$15	$8
Arkansas	$909		$841	$29	$17	$10	$5	$7
California	$0		$0	$0	$0	$0	$0	$0
Colorado	$1,262		$1,142	$42	$32	$18	$6	$21
Connecticut	$0		$0	$0	$0	$0	$0	$0
Delaware	$1,567		$1,485	$38	$22	$2	$3	$17
District of Columbia	$0		$0	$0	$0	$0	$0	$0
Florida	$946		$849	$48	$22	$11	$5	$11
Georgia	$708		$643	$24	$25	$4	$3	$9
Hawaii	$1,189		$1,051	$50	$34	$15	$20	$19
Idaho	$721		$655	$31	$21	$4	$3	$7
Illinois*	$953		$840	$56	$23	$11	$7	$16
Indiana	$929		$834	$39	$15	$24	$8	$9
Iowa	$1,268		$1,131	$62	$38	$5	$17	$16
Kansas	$1,020		$927	$38	$26	$5	$8	$16
Kentucky	$972		$891	$39	$21	$5	$9	$7
Louisiana	$1,372		$1,272	$52	$29	$4	$4	$11
Maine	$1,642		$1,521	$80	$15	$5	$12	$9
Maryland	$0		$0	$0	$0	$0	$0	$0
Massachusetts	$0		$0	$0	$0	$0	$0	$0
Michigan	$954		$884	$39	$8	$5	$11	$8
Minnesota	$0		$0	$0	$0	$0	$0	$0
Mississippi	$1,014		$938	$32	$35	$2	$2	$6
Missouri	$1,272		$1,173	$61	$19	$4	$6	$10
Montana	$941		$825	$34	$59	$7	$8	$8
Nebraska	$1,109		$969	$57	$37	$13	$13	$20
Nevada	$628		$572	$19	$11	$8	$10	$10
New Hampshire	$0		$0	$0	$0	$0	$0	$0
New Jersey	$0		$0	$0	$0	$0	$0	$0
New Mexico	$1,121		$1,052	$32	$19	$3	$7	$7
New York	$0		$0	$0	$0	$0	$0	$0
North Carolina	$988		$895	$51	$26	$3	$5	$9
North Dakota	$0		$0	$0	$0	$0	$0	$0
Ohio	$1,206		$1,105	$50	$21	$13	$7	$10
Oklahoma	$1,123		$1,014	$42	$33	$10	$12	$12
Oregon	$1,169		$1,059	$43	$34	$11	$14	$9
Pennsylvania	$1,746		$1,591	$84	$29	$16	$9	$17
Rhode Island	$0		$0	$0	$0	$0	$0	$0

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Appendix Table 3.2: Decline in FY2015 FMAP-Based Funds Per Person Missed in 2010 Census, by State *(continued)*

	FMAP-based Program Funds Lost Per Person Missed in Census							
State	Total		Medicaid		CHIP	Title IV-E		CCDF
			Traditional	Medicare Part D Clawback		Foster Care	Adoption Assistance	Matching Funds
South Carolina	$809		$747	$34	$16	$3	$2	$6
South Dakota	$1,179		$1,074	$45	$24	$7	$8	$22
Tennessee	$1,091		$993	$55	$20	$7	$7	$9
Texas	$1,161		$1,075	$27	$33	$5	$6	$15
Utah	$533		$482	$22	$11	$7	$2	$9
Vermont	$2,309		$2,143	$88	$24	$16	$23	$14
Virginia	$0		$0	$0	$0	$0	$0	$0
Washington*	$39		$35	$2	$1	$1	$0	$1
West Virginia	$1,017		$933	$40	$15	$12	$11	$5
Wisconsin	$1,338		$1,206	$63	$32	$13	$11	$13
Wyoming	$0		$0	$0	$0	$0	$0	$0
Median for States w/ FMAP > 50	$1,091		$969	$40	$22	$7	$8	$9

*States that would hit FMAP minimum of 50 with undercount

Note: Based on the state experiencing an additional 1% undercount in the 2010 Census. An undercount of a different magnitude would result in a slightly different loss per person missed, on the order of +/- 1-2%.

Appendix Table 3.3: Decline in FY2015 FMAP-Based Funds Due to 1% Larger Undercount in 2010 Census, by State

					Reduction in Funds by FMAP-based Program						
State	1% Undercount of 2010 Population	FMAP			Total	Medicaid		CHIP	Title IV-E		CCDF
		Official	w/ +1% Under-count	Shift		Traditional	Medicare Part D Clawback		Foster Care	Adoption Assistance	Matching Funds
Texas	251,456	58.05	57.28	-0.77	$291,908,615	$270,318,279	$6,822,098	$8,177,685	$1,332,909	$1,435,145	$3,822,500
Pennsylvania	127,024	51.82	50.89	-0.93	$221,762,564	$202,109,491	$10,731,384	$3,634,533	$1,973,511	$1,109,368	$2,204,276
Florida	188,013	59.72	58.96	-0.76	$177,848,466	$159,598,792	$8,937,040	$4,161,722	$2,142,384	$1,004,364	$2,004,163
Ohio	115,365	62.64	61.91	-0.73	$139,097,423	$127,494,823	$5,783,927	$2,385,767	$1,485,290	$798,840	$1,148,775
Illinois*	128,306	50.76	50.00	-0.76	$122,231,690	$107,746,663	$7,147,118	$2,923,047	$1,376,158	$944,671	$2,094,033
Michigan	98,836	65.54	64.86	-0.68	$94,277,076	$87,361,310	$3,866,687	$745,378	$461,168	$1,042,806	$799,727
North Carolina	95,355	65.88	65.21	-0.67	$94,218,427	$85,307,155	$4,886,939	$2,441,685	$279,417	$474,143	$829,087
Missouri	59,889	63.45	62.73	-0.72	$76,194,260	$70,268,002	$3,638,373	$1,117,694	$242,547	$349,058	$578,587
Wisconsin	56,870	58.27	57.44	-0.83	$76,101,387	$68,565,881	$3,610,095	$1,814,837	$751,618	$610,092	$748,864
Tennessee	63,461	64.99	64.30	-0.69	$69,205,364	$62,988,321	$3,481,057	$1,261,111	$447,371	$453,711	$573,793
Georgia	96,877	66.94	66.30	-0.64	$68,593,179	$62,287,576	$2,357,232	$2,390,462	$387,726	$334,976	$835,206
Colorado	50,292	51.01	50.05	-0.96	$63,454,867	$57,445,159	$2,130,141	$1,617,870	$895,443	$286,120	$1,080,133
Louisiana	45,334	62.05	61.29	-0.76	$62,200,953	$57,686,775	$2,342,996	$1,311,918	$165,749	$172,845	$520,669
Indiana	64,838	66.52	65.86	-0.66	$60,223,617	$54,071,364	$2,551,873	$973,954	$1,565,525	$507,145	$553,756
Arizona	63,920	68.46	67.84	-0.62	$56,672,252	$52,463,177	$1,654,237	$448,911	$669,005	$930,217	$506,705
Oregon	38,311	64.06	63.35	-0.71	$44,779,594	$40,552,018	$1,656,353	$1,286,221	$415,146	$520,015	$349,842
Kentucky	43,394	69.94	69.35	-0.59	$42,191,368	$38,666,600	$1,707,563	$909,371	$231,234	$386,812	$289,787
Oklahoma	37,514	62.30	61.55	-0.75	$42,118,984	$38,040,833	$1,587,222	$1,230,364	$358,256	$465,699	$436,611
Iowa	30,464	55.54	54.65	-0.89	$38,633,118	$34,448,837	$1,877,383	$1,147,347	$150,958	$511,149	$497,446
South Carolina	46,254	70.64	70.06	-0.58	$37,398,883	$34,557,212	$1,567,357	$729,521	$142,568	$113,163	$289,063
Alabama	47,797	68.99	68.37	-0.62	$36,094,132	$33,387,373	$1,266,446	$948,552	$74,847	$80,122	$336,793
Mississippi	29,673	73.58	73.05	-0.53	$30,101,250	$27,819,159	$956,679	$1,041,038	$59,964	$54,358	$170,053
Kansas	28,531	56.63	55.77	-0.86	$29,110,082	$26,462,198	$1,091,775	$735,467	$130,638	$233,692	$456,313
Arkansas	29,159	70.88	70.30	-0.58	$26,503,735	$24,533,954	$845,454	$487,797	$297,028	$144,731	$194,772
New Mexico	20,592	69.65	69.05	-0.60	$23,079,495	$21,660,497	$655,651	$400,510	$65,029	$147,562	$150,247
Maine	13,284	61.88	61.11	-0.77	$21,809,261	$20,200,824	$1,056,209	$202,455	$66,190	$165,663	$117,920
Nebraska	18,263	53.27	52.33	-0.94	$20,261,535	$17,703,207	$1,041,883	$679,604	$231,205	$241,554	$364,081
West Virginia	18,530	71.35	70.77	-0.58	$18,850,833	$17,292,265	$745,133	$284,624	$227,943	$199,161	$101,707
Nevada	27,006	64.36	63.65	-0.71	$16,972,279	$15,443,103	$500,087	$285,041	$210,684	$264,539	$268,824
Hawaii	13,603	52.23	51.27	-0.96	$16,177,304	$14,293,950	$678,907	$465,295	$208,229	$268,396	$262,526
Utah	27,639	70.56	69.98	-0.58	$14,735,190	$13,315,407	$619,381	$302,165	$184,281	$59,734	$254,223
Vermont	6,257	54.01	53.08	-0.93	$14,448,155	$13,410,571	$550,034	$151,086	$101,808	$144,655	$90,001
Delaware	8,979	53.63	52.70	-0.93	$14,067,257	$13,335,719	$337,792	$194,275	$17,887	$24,963	$156,621
Idaho	15,676	71.75	71.18	-0.57	$11,301,745	$10,270,904	$485,365	$331,975	$57,606	$46,298	$109,598
South Dakota	8,142	51.64	50.68	-0.96	$9,602,728	$8,741,405	$365,100	$193,043	$55,961	$64,641	$182,578
Montana	9,894	65.90	65.21	-0.69	$9,311,515	$8,164,703	$334,631	$580,091	$68,351	$79,771	$83,968
Washington*	67,245	50.03	50.00	-0.03	$2,614,278	$2,353,501	$114,056	$39,665	$38,985	$23,231	$44,839
Alaska	7,102	50.00	50.00	0.00	$0	$0	$0	$0	$0	$0	$0

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Appendix Table 3.3: Decline in FY2015 FMAP-Based Funds Due to 1% Larger Undercount in 2010 Census, by State *(continued)*

					Reduction in Funds by FMAP-based Program						
State	1% Undercount of 2010 Population	FMAP			Total	Medicaid		CHIP	Title IV-E		CCDF
		Official	w/ +1% Under-count	Shift		Traditional	Medicare Part D Clawback		Foster Care	Adoption Assistance	Matching Funds
California	372,540	50.00	50.00	0.00	$0	$0	$0	$0	$0	$0	$0
Connecticut	35,741	50.00	50.00	0.00	$0	$0	$0	$0	$0	$0	$0
District of Columbia	6,017	70.00	70.00	0.00	$0	$0	$0	$0	$0	$0	$0
Maryland	57,736	50.00	50.00	0.00	$0	$0	$0	$0	$0	$0	$0
Massachusetts	65,476	50.00	50.00	0.00	$0	$0	$0	$0	$0	$0	$0
Minnesota	53,039	50.00	50.00	0.00	$0	$0	$0	$0	$0	$0	$0
New Hampshire	13,165	50.00	50.00	0.00	$0	$0	$0	$0	$0	$0	$0
New Jersey	87,919	50.00	50.00	0.00	$0	$0	$0	$0	$0	$0	$0
New York	193,781	50.00	50.00	0.00	$0	$0	$0	$0	$0	$0	$0
North Dakota	6,726	50.00	50.00	0.00	$0	$0	$0	$0	$0	$0	$0
Rhode Island	10,526	50.00	50.00	0.00	$0	$0	$0	$0	$0	$0	$0
Virginia	80,010	50.00	50.00	0.00	$0	$0	$0	$0	$0	$0	$0
Wyoming	5,636	50.00	50.00	0.00	$0	$0	$0	$0	$0	$0	$0

*States that would hit FMAP minimum of 50 with undercount

Note: Projected impact of a 1% greater-than-actual undercount in the 2010 Census in one state, with no change in other states.

Endnotes

1 Andrew Reamer, *"Counting for Dollars 2020: The Role of the Decennial Census in the Geographic Distribution of Federal Funds, Initial Analysis: 16 Large Census-guided Financial Assistance Programs,"* August 22, 2017.

2 For the purposes of this paper, the term "undercount" means "net undercount." A state's net undercount equals the number people missed in the enumeration minus the number of people counted twice or inappropriately counted (for example, a college student or a vacation homeowner counted in two locations). For the 2010 Census, the Census Bureau estimated that the nation's White population was overcounted by 0.84%, the Hispanic population undercounted by 1.54%, and the non-Hispanic Black population undercounted by 2.07%. See Table 7 of Census Bureau, *"2010 Census Coverage Measurement Estimation Report: Summary of Estimates of Coverage for Persons in the United States,"* DSSD 2010 Census Coverage Measurement Memorandum Series #2010-G-01, May 22, 2012, p. 15.

3 While a few federal programs allot dollars to the states based on the number of people counted in the census, many more allocate them based on certain household characteristics, such as average or median income levels, that are derived from the census. An accurate census will guide prudent decisions on the type, scope and level of assistance needed in all communities, to ensure that tax dollars are spent wisely.

4 Medicaid and CHIP Payment and Access Commission, *MACStats: Medicaid and CHIP Data Book*, December 2017, Exhibit 7, p. 24.

5 Census Bureau, *"2015 Annual Survey of State Government Finances,"* 2017.

6 See *"Federal Medical Assistance Percentages or Federal Financial Participation in State Assistance Expenditures"* on ASPE website. For the FY2019 FMAP , see Department of Health and Human Services, *"Federal Matching Shares for Medicaid, the Children's Health Insurance Program, and Aid to Needy Aged, Blind, or Disabled Persons for October 1, 2018 Through September 30, 2019,"* Federal Register, November 21, 2017, pp. 55383-55386.

7 The law fixes the District of Columbia's FMAP at 70.

8 The Census Bureau estimates the net 2010 Census undercount for Texas at 0.97%. At the same time, Census says, "For each state and the District of Columbia, the estimated percent net undercount is not significantly different from zero." As a consequence, the analysis in this table uses the actual Texas count in 2010 as the base for estimating the impact of an additional one percent undercount, rather than measure the fiscal impact of an estimated 0.97% undercount. See Table 14 of Census Bureau, *"2010 Census Coverage Measurement Estimation Report: Summary of Estimates of Coverage for Persons in the United States,"* DSSD 2010 Census Coverage Measurement Memorandum Series #2010-G-01, May 22, 2012, p. 22.

9 The 10 states with an FMAP of 50 every year from FY2010-FY2019 are California, Connecticut, Maryland, Massachusetts, Minnesota, New Hampshire, New Jersey, New York, Virginia, and Wyoming. In most, but not all, years, Alaska, Colorado, and Washington also have an FMAP of 50. North Dakota's FMAP was above 50 in the first part of the decade and at 50 for the remainder.

10 Alison Mitchell, *"Medicaid's Federal Medical Assistance Percentage (FMAP),"* Congressional Research Service, February 9, 2016, p. 2.

11 Robin Rudowitz, Laura Snyder, and Vernon K. Smith, *"Medicaid Enrollment & Spending Growth: FY 2015 & 2016,"* Henry J. Kaiser Family Foundation, October 2015.

12 §2105(b) of the Social Security Act.

13 This portion excludes the newly eligible in post-ACA expansion states, which received 100% reimbursement in FY2015. It includes adults in pre-ACA expansion states eligible for the transition FMAP.

14 Office of the Actuary, *"Calendar Year (CY) 2015 Jan – Sep Phased-down State Contribution Final Per-Capita Rates,"* Centers for Medicare and Medicaid Services, October 15, 2014.

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