amendments made by this section [enacting this sec-
July 18, 1984].''
ments made after the date of the enactment of this Act
stituted ''Centers for Medicare & Medicaid Services''
ignated existing provisions as subsec. (a), and added
subsec. (b).
1396d of this title), instead of the percentages
amounts of the Federal payments to which such
State is entitled under such sections, but with-
tories under its State plans approved under sub -
cal assistance percentage (as defined in section
of this title shall, at the option of the State, be
the Centers for Medicare & Medicaid Services'' for ''Ap-
pointment of the Administrator and Chief Actuary of
Health Care Financing Administration'' in section cachline.
tuted “Centers for Medicare & Medicaid Services” for “Health Care Financing Administration”.
tuted “Centers for Medicare & Medicaid Services” for “Health Care Financing Administration” and “such Centers” for “such Administration”.
1967—Pub. L. 90–35 amended section cachline, des-
ignated existing provisions as subsec. (a), and added subsec. (b).

§ 1318. Alternative Federal payment with respect
to public assistance expenditures

In the case of any State which has in effect a plan approved under subchapter XIX of this chapter for any calendar quarter, the total of the payments to which such State is entitled for such quarter, and for each succeeding quarter in the same fiscal year (which for purposes of this section means the 4 calendar quarters ending with September 30), under paragraphs (1) and (2) of sections 303(a), 1 1203(a), 1 1353(a), 1 and 1383(a) 1 of this title shall, at the option of the State, be determined by application of the Federal medical assistance percentage (as defined in section 1396d of this title), instead of the percentages provided under each such section, to the expenditures under its State plans approved under such subchapters I, X, XIV, and XVI of this chapter, which would be included in determining the amounts of the Federal payments to which such State is entitled under such sections, but without regard to any maximum on the dollar amounts per recipient which may be counted under such sections. For purposes of the preceding sentence, the term “Federal medical assistance percentage” shall, in the case of Puerto Rico, the Virgin Islands, and Guam, mean 75 per cent.


1 See References in Text note below.

References in Text
Paragraph (1) of sections 303(a), 1203(a), and 1353(a) of this title, referred to in text, were repealed by Pub. L. 97–35, title XXI, § 2144(a)(4)(A), (c)(2)(A), Aug. 13, 1981, 95 Stat. 816, 817.
Section 1383(a) of this title, referred to in text, is a reference to section 1383(a) of this title as it existed prior to the general revision of subchapter XVI of this chapter by Pub. L. 92–600, title III, § 301, Oct. 30, 1972, 86 Stat. 1465, eff. Jan. 1, 1974. The prior section (which is set out as a note under section 1383 of this title) continues in effect for Puerto Rico, Guam, and the Virgin Islands.

Amendments
1996—Pub. L. 104–193 struck out “603(a),” before “1203(a),”, “and part A of subchapter IV of this chapter,” after “XVI of this chapter,”, and “, and shall,” in the case of American Samoa, mean 75 per cent with respect to part A of subchapter IV of this chapter after “the Virgin Islands, and Guam, mean 75 per cent.”
1988—Pub. L. 100–485 inserted before period at end “, and shall, in the case of American Samoa, mean 75 per cent with respect to part A of subchapter IV of this chapter”.
1968—Pub. L. 90–248 struck out “IV,” after “I,” and inserted “and part A of subchapter IV of this chapter,” after “XVI of this chapter”.

Effective Date of 1996 Amendment
Amendment by Pub. L. 104–193 effective July 1, 1997, with transition rules relating to State options to accelerate such date, rules relating to claims, actions, and proceedings commenced before such date, rules relating to closing out of accounts for terminated or substantially modified programs and continuance in office of Assistant Secretary for Family Support, and provisions relating to termination of entitlement under AFDC program, see section 116 of Pub. L. 104–193, set out as an Effective Date note under section 601 of this title.

Effective Date of 1988 Amendment

§ 1319. Federal participation in payments for re-
pairs to home owned by recipient of aid or
assistance

In the case of an expenditure for repairing the home owned by an individual who is receiving aid or assistance, other than medical assistance to the aged, under a State plan approved under subchapter I, X, XIV, or XVI of this chapter, if—
(1) the State agency or local agency administering the plan approved under such subchapter has made a finding (prior to making such expenditure) that (A) such home is so defective that continued occupancy is unwarranted, (B) unless repairs are made to such home, rental quarters will be necessary for such individual, and (C) the cost of rental quarters to take care of the needs of such individual (including his spouse living with him in such home and any other individual whose
needs were taken into account in determining the need of such individual) would exceed (over such time as the Secretary may specify) the cost of repairs needed to make such home habitable together with other costs attributable to continued occupancy of such home, and

(2) no such expenditures were made for repairing such home pursuant to any prior finding under this section,

the amount paid to any such State for any quarter under section 303(a), 1203(a), 1353(a), or 1383(a) of this title shall be increased by 50 per centum of such expenditures, except that the excess above $500 expended with respect to any one home shall not be included in determining such expenditures.


REFERENCES IN TEXT
Section 1383(a) of this title, referred to in text, is a reference to section 1383(a) of this title as it existed prior to the general revision of this subchapter by Pub. L. 93–608.

AMENDMENTS
1996—Pub. L. 104–193 substituted “subchapter I, X, XIV, or XVI of this chapter,” for “subchapter I, X, XIV, or XVI, or part A of subchapter IV of this chapter” in introductory provisions and struck out “1203(a),” before “1203(a),” in closing provisions.

EFFECTIVE DATE OF 1996 AMENDMENT
Amendment by Pub. L. 104–193 effective July 1, 1997, with transition rules relating to State options to accelerate such date, rules relating to claims, actions, and proceedings commenced before such date, rules relating to closing out of accounts for terminated or substantially modified programs and continuance in office of Assistant Secretary for Family Support, and provisions relating to termination of entitlement under AFDC program, see section 116 of Pub. L. 104–193, as amended, set out as an Effective Date note under section 401 of this title.

EFFECTIVE DATE
Section 209(b) of Pub. L. 90–248 provided that: “The amendment made by subsection (a) [enacting this section] shall apply with respect to expenditures made after December 31, 1967.”

§ 1320a. Uniform reporting systems for health services facilities and organizations
(a) Establishment; criteria for regulations; requirements for hospitals

For the purposes of reporting the cost of services provided by, of planning, and of measuring and comparing the efficiency of and effective use of services in, hospitals, skilled nursing facilities, intermediate care facilities, home health agencies, home maintenance organizations, and other types of health services facilities and organizations to which payment may be made under this chapter, the Secretary shall establish by regulation, for each such type of health services facility or organization, a uniform system for the reporting by a facility or organization of that type of the following information:

(1) The aggregate cost of operation and the aggregate volume of services.
(2) The costs and volume of services for various functional accounts and subaccounts.
(3) Rates, by category of patient and class of purchaser.
(4) Capital assets, as defined by the Secretary, including (as appropriate) capital funds, debt service, lease agreements used in lieu of capital funds, and the value of land, facilities, and equipment.
(5) Discharge and bill data.

The uniform reporting system for a type of health services facility or organization shall provide for appropriate variation in the applica-