

BOARD AS FUNDER

These guidelines apply to the situations in which County Boards of Developmental Disabilities (CBDDs) provide the local match portion for waiver services (e.g. HPC, day services) provided by private developmental disability service providers. In this situation, the board never actually receives any extra revenue from the Enhanced FMAP (since the CBDD is only invoiced for the local portion of match, and the EFMAP revenue stays at ODODD). Thus, CBDDs only needs to track the “freed-up match” generated from the increased FMAP (i.e. the EFMAP).

- Each quarter of the calendar year, Clay Weidner will send a spreadsheet to CBDDs that will provide quarterly estimates of CBDDs “freed-up” match amount that results from the increase in Federal reimbursement (EFMAP) for private day services. The amount will be posted in Column “S” of the spreadsheet
 - For each CBDD, the spreadsheet shows the following: the total amount of cost authorized for waiver services in each county for the year; the adjusted cost of each county’s plan (95% of the original total); the total amount of the state allocation; the pre-stimulus FMAP amount of federal reimbursement expected for each county (prior to the passage of the stimulus/the enhancement of the FFP); and the new EFMAP amount of federal reimbursement.
 - The spreadsheet then shows how much each CBDD would have owed when the state allocation and the old FMAP federal reimbursement are subtracted.
 - This amount is then compared to the new amount that will be owed with the state allocation and the new EFMAP federal reimbursement amount subtracted.
 - Finally, the difference between the two (i.e. the old amount owed by county minus the new amount owed by the county) for each county is divided by four to find the quarterly amount of “freed-up match” under the current EFMAP.
- The CBDD should then track this “freed-up match” internally as a separate line item that can be easily identified as “freed-up” match.
- The CBDD can then use this fund for any expense that they are authorized to use it for under Section 5126 of the ORC.
- The only restriction on the “freed-up match” is that the funds be spent in a “reasonable time period”.

- At this time, “a reasonable time period” is interpreted by ODODD legal as a time spanning from the present until the end of July 2011. ODODD has also said the funds must be spent in an ongoing basis.

BOARD AS PROVIDER

These guidelines apply to situations in which boards are the actual providers of day services and of targeted case management services. In this situation, the board is essentially paying for the services up front, and is then reimbursed by ODODD at an amount that is higher than before the passage of the stimulus (due to the new, Enhanced FMAP revenue). In this situation, the CBDD is responsible for tracking both the EFMAP revenue, and the “freed-up match” amounts separately.

- EFMAP amounts can be tracked on the Medicaid Billing System (MBS). Each week, the board will add up the EFMAP amounts posted on the MBS system (excluding EFMAP generated from the Martin Waivers).
- The “freed-up match” can also be determined using the MBS reports. This is because the “freed-up match” amount is equal to the amount of non-Martin waiver EFMAP generated through the provision of TCM and day services by the CBDD.
- The Board should then set up a separate fund/account/line item with their county auditor for the EFMAP revenue (as calculated by using the MBS report) and then expend all of the EFMAP on continuing expenses directly associated with waiver services (i.e. waiver match).
- The Board should then set up another separate line item internally to display an amount of revenue equal to the “free-up match”. This is the same as the separate line item you set up internally for the freed-up match “board as funder scenario”.
- The Board can then spend the “freed-up match in anyway that is permitted by section 5126 of the ORC.
- As was mentioned above, the only restriction on the “freed-up match” is that the funds be spent in a “reasonable time period”.
- At this time, “a reasonable time period” is interpreted by ODODD legal as a time spanning from the present until the end of CY 2011. However, ODODD has indicated that it may revise this interpretation and shorten the amount of time considered to be “reasonable”.

Additional Issues

- Retroactive payments – When ODODD sends these out, they will send information breaking out the EFMAP amount from the freed up match amounts, because the retroactive payments will be a mix of the two. The retroactive payments will include refunds of local match since the waiver match invoices were calculated using the higher match percentage. The retroactive payments will also include EFMAP funds for TCM and Day Array services since county boards (as providers) were only paid at the pre-enhanced FFP percentage until FY 10.
- Small Counties -- Some small counties do not provide match because the state waiver allocation is enough to cover the match amount. If these county boards receive EFMAP, they may not have the need or ability to use the EFMAP for match. ODODD recommends using the EFMAP for salaries based on the proportion of Medicaid eligible people that are being served in the program for which the salaries are paid.
- COGS -- Cogs receive TCM funds for services that they provide through the county boards. As such, COGS will need to set a tracking mechanism up for EFMAP that they receive from a county board. They'll need to track each county separately. The EFMAP from TCM must be spent on Medicaid. For COGS that pay waiver match to ODODD for their counties, the freed up match reports from Clay will identify the amount of freed-up match to be spent and tracked for each county consistent with the guidance provided above regarding the tracking and spending of freed-up match.
- Administrative Costs -- Although OACB believes that safest way to spend EFMAP funds is to spend them on waiver match; it may be possible to spend them on administrative costs directly related to Medicaid. At this time, JFS is getting clarification from the feds as to whether or not the EFMAP can be used in this way. If this is the case, the boards will likely have to use some sort of allocation methodology so the EFAMP is not used on non-Medicaid services.