

STATE OF OHIO  
 CONTROLLING BOARD  
 30 East Broad Street, 34th Floor  
 Columbus, Ohio 43215-3457  
 (614) 466-5721 FAX:(614) 466-3813

**FUND/APPROPRIATION REQUEST**

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Controlling Board No.  
**MCD0100009**

Status: Scheduled  
 Meeting Date: 10/21/2013


**GENERAL INFORMATION**

<b>Agency</b> Medicaid  <b>Division/Institution</b> Contracts & Procurement	<b>Authorization Requested Pursuant to Revised Code Section 131.35</b>  <input checked="" type="checkbox"/> Increase Appropriation Authority  <input type="checkbox"/> Create a New Fund  <input type="checkbox"/> Establish Appropriation Authority	<b>Fiscal Year(s)</b>  2014-2015  <b>Bill No.</b>  HB 59
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**FUNDING INFORMATION**

Fund Group	Fund Code	Appropriation Line Item	Fund/Appropriation Line Item Name	FY	Current Appropriation Amount	Amount of Increase or New Fund	Total Appropriation Amount
	3F00	651623	Medicaid Services - Federal	2014	\$2,966,697,750.00	\$561,700,000.00	\$3,528,397,750.00
				2015	\$3,196,808,545.00	\$1,999,500,000.00	\$5,196,308,545.00

**SIGNATURES**

  Agency Director or Authorized Agent  10/11/2013  Date	On The Date Of    Controlling Board President/OBM Director
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**AGENCY CONTACT**

Name: Jenelle Donovan-Lyle	Title: Legislative Liaison
Phone: (614) 752 - 3770	Fax: (614) 752 - 3986
E-Mail: Jenelle.donovan-lyle@medicaid.ohio.gov	

**REQUIRED EXPLANATION OF REQUEST**

The Ohio Department of Medicaid respectfully requests Controlling Board approval to increase appropriation authority in fund 3F00, ALI 651623, Medicaid Services - Federal, by \$561,700,000 in SFY2014 and \$1,999,500,000 in SFY15.

This appropriation would provide Medicaid coverage to adults without dependent children between 0%-138% of the Federal Poverty Level (FPL) and parents otherwise not covered by current Medicaid eligibility levels up to 138% FPL. These individuals are enumerated in the Department of Medicaid's State Plan Amendment on eligibility as approved by the federal Centers for Medicare and Medicaid Services (CMS) on October 10, 2013.

The Social Security Act, section 1905(y), 42 USC 1396d(y), provides 100 percent federal funding for the newly eligible group in the state fiscal year 2014 and 2015 biennium. If this federal medical assistance percentage is lowered, state funds will not be used to supplant federal funds.

**Attachments**

Controlling Board Request No.: MCD0100009

Attachment Type	Attachment Description
Other	SFY2015 Appropriation Increase
Other	SPA Approval Letter
Other	Approved SPA

**Fund/Appropriation Request  
Required Information****Controlling Board Request No.: MCD0100009**

1. Identify the source of additional revenue (e.g., increase in fee, increase in state or federal grants, etc.).

The additional revenue is federal Medicaid funds.

2. If applicable, explain why creating and/or increasing a new fund and/or line item is more appropriate than depositing the revenue into an existing fund and increasing the appropriation authority of an existing line item.

N/A

3. Time line: Has the revenue been received? No

When is the revenue expected to become available? The revenue will be drawn at the time of expenditure.

4. For federal funds only, provide the following information:

a. Grant identification number from the Catalog of Federal Domestic Assistance: 93.778

b. Amount of state matching funds required: 0

c. Source (appropriation line item) of that match: N/A

d. Statutory or executive authority for participation in the program:

Ohio law gives the Medicaid Director express authority to seek a State Plan Amendment without additional legislation (RC 5162.07) and to change Medicaid eligibility within federal guidelines via a State Plan Amendment (RC 5163.03). On October 10, 2013, the federal CMS approved Ohio's SPA to provide Medicaid coverage to adults without dependent children between 0%-138% FPL (133% plus 5% income disregard) and parents otherwise not covered by current Medicaid eligibility levels up to 138% FPL.

Include a brief summary of the text or a copy of the reference.

Ohio law gives the Medicaid Director express authority to seek a State Plan Amendment without additional legislation (RC 5162.07) and to change Medicaid eligibility within federal guidelines via a State Plan Amendment (RC 5163.03). On October 10, 2013, the federal CMS approved Ohio's SPA to provide Medicaid coverage to adults without dependent children between 0%-138% FPL (133% plus 5% income disregard) and parents otherwise not covered by current Medicaid eligibility levels up to 138% FPL.

5. How will the additional appropriation and/or cash be used?

See chart below and attached for SFY2015.

Provide the following information below relative to this budgetary adjustment. NOTE: If a new fund and new appropriation authority are being requested, the "Current" and "Requested" columns are not required.

Account Category	Account Category Description	Current Appropriation Authority	Requested Increase in Appropriation	Total Appropriation Authority
500	Personal Services - Payroll	\$0.00	\$0.00	\$0.00
510	Purchases Personal Services and Others	\$0.00	\$0.00	\$0.00
520	Supplies and Maintenance	\$0.00	\$0.00	\$0.00
530	Equipment	\$0.00	\$0.00	\$0.00
550	Subsidies and Shared Revenue	\$2,966,697,750.00	\$561,700,000.00	\$3,528,397,750.00
570	Capital Items	\$0.00	\$0.00	\$0.00
590	Judgements, Settlements and Bonds	\$0.00	\$0.00	\$0.00
Other	Other	\$0.00	\$0.00	\$0.00
	<b>Total:</b>	<b>\$2,966,697,750.00</b>	<b>\$561,700,000.00</b>	<b>\$3,528,397,750.00</b>

6. For each additional amount shown in the table, provide a short description of what the dollars will be used to accomplish. For example, if increasing a subsidy account category, provide detail on the added recipients or the allocation formula for distribution of moneys. For Account Category 500, respond to specific questions in number 9 below.

Account Category	Short Description
500	
510	
520	
530	
550	To cover individuals listed under Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act.
570	

590	
Other	

7. Will this transfer be used to maintain current service levels, expand an existing program or activity, or begin a new program? Explain. This appropriation will allow Ohio Medicaid to cover adults without dependent children between 0%-138% FPL and parents otherwise not covered by current Medicaid eligibility levels up to 138% FPL.
8. Based upon the response to number 7, explain how these services or programs would have been funded if this additional funding were not available. These services would not be available.
9. Account Category 500-Personal Services:
  - a. Explain why changes are being requested in the personal services account category 500.  
N/A
  - b. How many existing staff are being affected by this transfer? 0  
What appropriation line item are they currently being paid? N/A
  - c. How would these existing staff have been affected if these additional funds were not available?  
N/A
  - d. Will new staff be hired as a result of the additional funds? No
10. List any other transfers involving these appropriation line items and/or cash approved by the Controlling Board in the current biennium, including the date and requested amount of the adjustment(s).

ALI	Transfer Date	Transfer Amount	CBR Number
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