



## Ohio Administrative Code

### Rule 5101:9-7-50 Federal financial participation (FFP) and the nonfederal matching share.

Effective: May 25, 2019

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(A) Administration of the various family services programs is the joint financial responsibility of federal, state, and local governments. The percentage of federal financial participation (FFP) varies by program and is subject to change each federal fiscal year. State and local funds, known as the nonfederal share, shall be used to supply the difference between the percentage of FFP and one hundred per cent. When there is no FFP available, the state and county shall supply the total funds. When there are no state funds involved, the county shall supply the entire nonfederal share.

(B) The percentage of participation at the federal and state level is applicable only to allowable costs, up to the maximum amount of funds available. Nonallowable costs or nonreimbursable costs are not eligible for federal or state participation. These costs shall be met through one hundred per cent local funds.

(C) FFP is available to the county family services agencies (CFSAs) and workforce innovation and opportunity act (WIOA) local areas for allowable/reimbursable costs. Any funds comprising the nonfederal share that originate from sources other than state or county funds shall meet the requirements set for in paragraphs (D) to (I) of this rule.

(D) Donated funds originating from public sources may comprise the nonfederal share in claiming FFP under the following conditions:

(1) Funds shall be:

(a) Appropriated directly to the local agency, or

(b) Transferred from another public agency to the local agency and under the local agency's administrative control, or

(c) Certified by the contributing public agency as representing expenditures eligible for FFP;



(2) Funds shall not be used to match other federal funds; and

(3) Funds shall not be federal funds, except those authorized by federal law to be used to match other federal funds.

(E) Child support public matching funds requirements are contained in rules 5101:9-6-90 and 5101:12-1-50 of the Administrative Code.

(F) When a public entity wishes to contribute funds to a program, these donated public funds need not meet the requirements of paragraph (D)(1)(a) or (D)(1)(b) of this rule if the CFSA or WIOA local area and provider agency enter into a written agreement. This written agreement is known as a memorandum of understanding (MOU). The MOU shall contain the following terms:

(1) In lieu of transfer of funds, the provider agency will identify the specific amount of funds that the CFSA or WIOA local area may use as the nonfederal share of program expenditures;

(2) The funds that the provider agency identifies for use as the nonfederal share of program expenditures are for services and activities that are not otherwise available on a nonreimbursable basis;

(3) The CFSA or WIOA local area has the authority to determine the specific activities and services for which these funds will be used; and

(4) State or local funds identified for this purpose may not be used to match other federal funds.

(G) Funds donated from private sources may be considered the nonfederal share in claiming FFP when the funds meet the following three conditions:

(1) Funds shall be transferred to the local agency and under its administrative control;

(2) Funds shall be donated without any restriction which would require their use for particular individuals or at particular facilities or institutions; and



(3) Funds shall not revert back to the donor's control.

(H) A CFSA or WIOA local area receiving a provider-related donation can utilize FFP as long as the donation is not returned to the individual provider or related entity and:

(1) The amount of the payment received does not correlate to either the amount of the donation or to the difference between the amount of the donation and the amount of FFP received;

(2) No portion of the payment made under medicaid to the donor or any related entity varies based only on the amount of the total donation received; and

(3) The county agency receiving the donation does not provide for any payment, offset, or waiver that guarantees the return of any portion of the donation to the provider.

(I) Provider-related donations to the county agency shall not exceed the following limitations:

(1) Five thousand dollars per year from an individual provider; and

(2) Fifty thousand dollars per year from any health care organization entity unless the entity has outstationed eligibility workers as outlined in rule 5160:1-2-06 of the Administrative Code.