



<b>Recipient Information</b>	
<b>1. Recipient Name</b>	
Missouri Department of Health 920 WILDWOOD DR JEFFERSON CITY, MO 65109-5796 [NO DATA]	
<b>2. Congressional District of Recipient</b>	
03	
<b>3. Payment System Identifier (ID)</b>	
[REDACTED]	
<b>4. Employer Identification Number (EIN)</b>	
[REDACTED]	
<b>5. Data Universal Numbering System (DUNS)</b>	
878092600	
<b>6. Recipient's Unique Entity Identifier</b>	
<b>7. Project Director or Principal Investigator</b>	
Ms. Molly McGrath Program Manager molly.mcgrath@health.mo.gov 573-526-4389	
<b>8. Authorized Official</b>	
Mrs. Marcia Mahaney Director, Division of Administration marcia.mahaney@health.mo.gov 573-751-6014	
<b>Federal Agency Information</b>	
CIP - MIPPA Project Grants	
<b>9. Awarding Agency Contact Information</b>	
Yi-Hsin Yan Program & Management Analyst yi-hsin.yan@acl.hhs.gov 202 795 7474	
<b>10. Program Official Contact Information</b>	
Katherine J Glendening Aging Services Program Specialist katherine.glendening@acl.hhs.gov 202-795-7350	

<b>Federal Award Information</b>	
<b>11. Award Number</b>	
2101MOMIAA-00	
<b>12. Unique Federal Award Identification Number (FAIN)</b>	
2101MOMIAA	
<b>13. Statutory Authority</b>	
The Medicare Improvements for Patients and Providers Act of 2008 – Section 119, Public Law (PL) 110-275 as amended by the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), reauthorized	
<b>14. Federal Award Project Title</b>	
FY2021 MIPPA: Priority 2 for AAAs	
<b>15. Assistance Listing Number</b>	
93.071	
<b>16. Assistance Listing Program Title</b>	
Medicare Enrollment Assistance Program	
<b>17. Award Action Type</b>	
New	
<b>18. Is the Award R&amp;D?</b>	
No	
<b>Summary Federal Award Financial Information</b>	
<b>19. Budget Period Start Date</b>	09/01/2021 - End Date 08/31/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$346,079.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
<b>21. Authorized Carryover</b>	
<b>22. Offset</b>	
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$0.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$346,079.00
<b>26. Project Period Start Date</b>	09/01/2021 - End Date 08/31/2022
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	Not Available
<b>28. Authorized Treatment of Program Income</b>	
ADDITIONAL COSTS	
<b>29. Grants Management Officer – Signature</b>	
Emmanuel Ekwo Deputy Administrator	

<b>30. Remarks</b>
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See Remarks (continuation)



Department of Health and Human Services

Administration For Community Living

Notice of Award

Award# 2101MOMIAA-00

FAIN# 2101MOMIAA

Federal Award Date: 08/30/2021

<p><b>Recipient Information</b></p> <p><b>Recipient Name</b>          Missouri Department of Health          920 WILDWOOD DR          JEFFERSON CITY, MO 65109-5796          [NO DATA]</p> <p><b>Congressional District of Recipient</b>          03</p> <p><b>Payment Account Number and Type</b>          [REDACTED]</p> <p><b>Employer Identification Number (EIN) Data</b>          [REDACTED]</p> <p><b>Universal Numbering System (DUNS)</b>          878092600</p> <p><b>Recipient's Unique Entity Identifier</b>          Not Available</p>
<p><b>31. Assistance Type</b>          Formula grant</p> <p><b>32. Type of Award</b>          Mandatory</p>

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$346,079.00
i. Contractual	\$0.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$346,079.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$0.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$346,079.00</b>
<b>m. Federal Share</b>	<b>\$346,079.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
1-299999C	2101MOMIAA	CIP	41.15	\$346,079.00	75-X-0142	



## Department of Health and Human Services

Administration For Community Living

## Notice of Award

Award# 2101MOMIAA-00

FAIN# 2101MOMIAA

Federal Award Date: 08/30/2021

### Remarks (Continuation)

This award is issued as a cooperative agreement, a financial assistance mechanism in which substantial ACL programmatic involvement is anticipated. This award is subject to the grantee and collaborative requirements and responsibilities set forth in the Cooperative Agreement outlined in the agency funding opportunities CIP-MI-21-001, CIP-MI-21-002, and CIP-MI-21-003 as announced. Those responsibilities are hereby incorporated by reference as special terms and conditions of this award.

Due to system limitations, box 33 "Approved Budget" shows the total dollar amount approved for this award. No line item budget breakout will be included in the NOA. The budget narrative submitted with the approved state plan is considered the Approved Budget for this award.

# AWARD ATTACHMENTS

Missouri Department of Health

2101MOMIAA-00

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1. FY2021 MIPPA Terms and Conditions

## REPORTING REQUIREMENTS

Programmatic data must be submitted via the SHIP Tracking and Referral System (STARS) monthly. Grantees must report data for all MIPPA program activities including any outreach conducted to the public as well as one-on-one assistance provided to beneficiaries, their families, and/or caregivers. All monthly data shall be submitted by the end of the month following the close of the reporting period. For example, all data from the month of October would be due November 30th. The recipient shall comply with data integrity guidelines and perform data validation to ensure the accuracy of their data on a quarterly basis.

Programmatic data will be used to track progress against the MIPPA Performance Measures (PM):

- **PM1: Overall MIPPA Contacts** - Percentage of total beneficiary contact forms per Medicare beneficiaries under 150% FPL in the state
- **PM2: Overall Persons Reached through Outreach** - Total number of people reached as reported on group outreach and education forms
- **PM3: MIPPA Target Populations** - Total number of beneficiary contact forms by target beneficiary groups (Under 65, Rural, Native American, English as a Secondary Language)
- **PM4: Contacts with Applications Submitted** - Percentage of forms with applications submitted compared to overall MIPPA contacts reported in PM1

Narrative progress reports must be submitted semi-annually. This report must be submitted using an authorized GrantSolutions account. The semi-annual narrative progress report covers the following period:

- September 1st through February 28th – due March 31st

A final narrative report will be due at the end of the grant period. This final report will replace the last semi-annual narrative and must cover the entire life of the grant. The final narrative report is due 90 days after the end of the award November 30, 2022.

### Financial Reporting

Federal Financial Reports (SF-425) must be submitted semi-annually. The SF-425 shall be submitted using the HHS Payment Management System (PMS). PMS website is located at: <https://pms.psc.gov>. The semi-annual Federal Financial Report covers the following period:

- September 1st through February 28th – due March 31st

A final Federal Financial Report will be due at the end of the grant period within 120 days after the project period end date of August 31, 2022 or by December 31, 2022. This final report will replace the last semi-annual report and must cover the entire life of the grant.

The period for liquidation of the obligations is through November 30, 2022

### Additional Terms

At any phase of the project period, the recipient shall deliver to the Administration for Community Living (ACL) upon request, any materials, systems or other items developed, refined, or enhanced under the

grant award. The recipient agrees that ACL shall have royalty-free, non-exclusive, and irrevocable rights to reproduce, publish, or otherwise use and authorize others to use the items for Federal Government purposes.

On all publications funded solely or in part by MIPPA funds, the recipient shall include the express acknowledgement, "This project was supported, in part by grant number XXXXXX####, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking project with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy."

The recipient shall participate, as appropriate, in ACL's MIPPA Evaluation Project.

The recipient shall work with assigned ACL project officer to address any project concerns, if applicable, identified in the application review process.

### Staff Contacts

State	Project Officer	Email
Alabama	Akia Dieuseul	Akia.Dieuseul@acl.hhs.gov
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<b>State</b>	<b>Project Officer</b>	<b>Email</b>
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