

# Department of Health and Human Services

Administration For Community Living

# Notice of Award

Award# 2201MOMIAA-00 FAIN# 2201MOMIAA Federal Award Date: 08/30/2022

<b>Recipient Information</b>	Federal Award Information	
<ol> <li>Recipient Name         HEALTH AND SENIOR SERVICES, MISSOURI         DEPARTMENT OF         920 WILDWOOD DR         -DUP         JEFFFRSON CITY_MO 65109-5796         [NO DATA]         Congressional District of Recipient         03         </li> </ol>	<ul> <li>11. Award Number 2201MOMIAA-00</li> <li>12. Unique Federal Award Identification Number (FAIN) 2201MOMIAA</li> <li>13. Statutory Authority The Medicare Improvements for Patients and Providers Act of 2008 – Section 119 Public as amended by the Patient Protection and Affordable Care Act of 2010 (Affordable Care A 14. Federal Award Project Title FY2022-23 MIPPA: Priority 2 for AAAs</li> </ul>	
<ol> <li>Payment System Identifier (ID)</li> <li>Employer Identification Number (EIN)</li> <li>Data Universal Numbering System (DUNS) 8:5092600</li> <li>Recipient's Unique Entity Identifier (UEI) UETLXV8NG8F4</li> <li>Project Director or Principal Investigator</li> </ol>	<ul> <li>15. Assistance Listing Number 93.071</li> <li>16. Assistance Listing Program Title Medicare Enrollment Assistance Program</li> <li>17. Award Action Type New</li> <li>18. Is the Award R&amp;D?</li> </ul>	
<ul> <li>A. Project Director of Principal investigator</li> <li>Ms. Molly McGrath</li> <li>Program Manager</li> <li>molly.mcgrath@health.mo.gov</li> <li>573-526-4389</li> <li>8. Authorized Official</li> <li>Mrs. Marcia Mahaney</li> <li>Director, Division of Administration</li> <li>miarcia.mahaney@health.mo.gov</li> <li>573-751-6014</li> </ul>	No Summary Federal Award Financial Information 19. Budget Period Start Date 09 01 2022 - End Date 08:31 2024 20. Total Amount of Federal Funds Obligated by this Action 20a. Direct Cost Amount 20b. Indirect Cost Amount 21. Authorized Carryover 22. Offset	\$3_4,286.00
Federal Agency Information CIP - MIPPA Project Grants 9. Awarding Agency Contact Information YI-Hsin Yan Program & Management Analyst yi-hsin.yan @acl.hhs.gov 202, 795 7474	<ul> <li>23. Total Amount of Federal Funds Obligated this budget period</li> <li>24. Total Approved Cost Sharing or Matching, where applicable</li> <li>25. Total Federal and Non-Federal Approved this Budget Period</li> <li>26. Period of Perfomance Start Date 09 01/2022 - End Date 08 34 2024</li> <li>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</li> </ul>	\$0.00 \$0.00 \$324,286.00 \$324,286.00
<b>10.Program Official Contact Information</b> Katherine J Glendening Aging Services Program Specialist katherine.glendening @acl.hhs.gov 202-795-7350	<ul> <li>28. Authorized Treatment of Program Income ADDITIONAL COSTS</li> <li>29. Grants Management Officer – Signature Emmanuel Ekwo Deputy Administrator</li> </ul>	

See Remarks (continuation)

**30. Remarks** 

Department of Health and Human Services Administration For Community Living

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Recipient Information	33. Approved Budget (Excludes Direct Assistance)	
Recipient Name HEALTH AND SENIOR SERVICES MISSOURI	<ol> <li>Financial Assistance from the Federal Awarding Ag II. Total project costs including grant funds and all compared to the second se</li></ol>	
DEPARIMENT OF 920 WILDWOOD DR -DUP JEFFERSON CITY, MO 65109-5796	<ul> <li>a. Salaries and Wages</li> <li>b. Fringe Benefits</li> <li>c. Total Personnel Costs</li> </ul>	\$0.00 \$0.00 \$0.00
[NO DATA] Congressional District of Recipient 03 Payment Account Number and Type Employer Identification Number (EIN) Data Universal Numbering System (DUNS) 8/8092600	<ul> <li>d. Equipment</li> <li>e. Supplies</li> <li>f. Travel</li> <li>g. Construction</li> <li>h. Other</li> <li>i. Contractual</li> </ul>	\$0.00 \$0.00 \$0.00 \$0.00 \$324,286.00 \$0.00
Recipient's Unique Entity Identifier (UEI) UEILXV8NG8F4	j. TOTAL DIRECT COSTS k. INDIRECT COSTS	\$324,286.00 \$0.00
31. Assistance Type Formula grant 32. Type of Award Mandatory	1. TOTAL APPROVED BUDGET m. Federal Share n. Non-Federal Share	\$324,286.00 \$324,286.00 \$0.00

#### **34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-299999C	2201MOMIAA	CIP	41.15	93.071	\$324,286,00	75-X-0142



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Award# 2201MOMIAA-00 FAIN# 2201MOMIAA Federal Award Date: 08/30/2022

#### 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-21-062, and CIP-MI-21-063 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

HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF

2201MOMIAA-00

1. FY22 MIPPA States Terms and Conditions

## **REPORTING REQUIREMENTS**

This award is issued with a 2-year project period from 9/1/2022 to 8/31/2024. The award amount issued with this Notice of Award is for the first 12-month budget period from 9/1/2022 to 8/31/2023.

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 1, 2022 through February 28, 2023 due March 31, 2023
- March 1, 2023 through August 31, 2023 due September 30, 2023
- September 1, 2023 through February 29, 2024 due March 31, 2024

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 by November 30, 2024.

### **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: <u>https://pms.psc.gov</u>. The semi-annual Federal Financial Report covers the following period:

- September 1, 2022 through February 28, 2023 due March 31, 2023
- March 1, 2023 through August 31, 2023 due September 30, 2023
- September 1, 2023 through February 29, 2024 due March 31, 2024

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, 2024 or by December 31, 2024. 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, 2024.

### 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 public information materials funded solely or in part by MIPPA funds, the recipient shall one of the following express acknowledgments:

- This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.
- 2. This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by ACL/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

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.

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Alabama	Kyle Stokes	Kyle.Stokes@acl.hhs.gov
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