



Recipient Information

- 1. Recipient Name**
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
912 Wildwood Dr.,
Jefferson City, MO 65109
- 2. Congressional District of Recipient**
03
- 3. Payment System Identifier (ID)**
[REDACTED]
- 4. Employer Identification Number (EIN)**
[REDACTED]
- 5. Data Universal Numbering System (DUNS)**
878092600
- 6. Recipient's Unique Entity Identifier**
UETLXV8NG8F4
- 7. Project Director or Principal Investigator**
Valerie Howard
Chief, Office of Rural Health & Primary Care
Valerie.Howard@health.mo.gov
(573)751-6072
- 8. Authorized Official**
Marcia A Mahaney
Marcia.Mahaney@health.mo.gov
(573)526-0722

Federal Agency Information

- 9. Awarding Agency Contact Information**
Whitney Watkins
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
wwatkins@hrsa.gov
(301) 287-0153
- 10. Program Official Contact Information**
Christy Edwards
Federal Office of Rural Health Policy (FORHP)
cedwards@hrsa.gov
(301) 443-2724

Federal Award Information

- 11. Award Number**
2 U2WRH33295-06-00
- 12. Unique Federal Award Identification Number (FAIN)**
U2W33295
- 13. Statutory Authority**
42 U.S.C. § 1395i-4(g)
- 14. Federal Award Project Title**
Medicare Rural Hospital Flexibility
- 15. Assistance Listing Number**
93.241
- 16. Assistance Listing Program Title**
State Rural Health Flexibility Program
- 17. Award Action Type**
Competing Continuation
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/01/2024 - End Date 08/31/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$587,662.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$22,754.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$587,662.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$587,662.00
26. Project Period Start Date 09/01/2024 - End Date 08/31/2029	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$587,662.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Inge Cooper on 07/25/2024

30. Remarks



Notice of Award
Award Number: 2 U2WRH33295-06-00
Federal Award Date: 07/25/2024

Federal Office of Rural Health Policy (FORHP)

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$66,747.00
b. Fringe Benefits:	\$42,645.00
c. Total Personnel Costs:	\$109,392.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$1,200.00
g. Travel:	\$16,509.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$22,590.00
j. Consortium/Contractual Costs:	\$415,217.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$564,908.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$22,754.00
i. Indirect Cost Federal Share:	\$22,754.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$587,662.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$587,662.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$587,662.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$587,662.00

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
07	\$587,662.00
08	\$587,662.00
09	\$587,662.00
10	\$587,662.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.51

37. BHCNIS#

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
24 - 3704129	93.912	24U2WRH33295	\$523,809.00	\$0.00	N/A	24U2WRH33295
22 - 3704129	93.912	24U2WRH33295	\$63,853.00	\$0.00	N/A	24U2WRH33295

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Award provides the offset of an unobligated balance in the amount of \$63,853.00 from the 09/01/2022 to 08/31/2023 budget period to the current budget period. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.
2. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests.
3. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**
You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:
<http://pms.psc.gov/find-pms-liaison-accountant.html>
4. Due to the need for revisions to the FY24 NOFO submission, in advance of the FY25 NCC submission, recipient must work with the Flex Partners to receive technical assistance to ensure completeness and accuracy of documents. Recipient must CC their HRSA Project Officer on the email request to verify compliance with this term.
5. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
6. To ensure program maintenance and integrity, State Flex Programs must attend the annual Flex Program meeting and one other regional or national meeting each year related to the administration of the Flex award. To ensure Flex Program staff have adequate training, new staff directly responsible for executing the Flex Program award activities must attend a Flex Program Workshop within one year of their start date.
7. As required in the 45 CFR 75, a non-Federal entity must liquidate all obligations incurred under the award not later than 90 days after the end of the funding period (or as specified in a program regulation) to coincide with the submission of the final Federal Financial Report (FFR). This deadline may be extended with prior written approval from the HHS awarding agency.
8. Carryover of unobligated funds into the subsequent funding period request should be submitted at the same time as the SF-425 FFR or no later than 30 days after the due date of the FFR and must include an SF-424A, line item budget, and narrative justification. The request should provide justification of why the funds remain unobligated and should include details as to how the carryover will be used to complete the previously approved goals and objectives of the program. Unobligated balances should not be requested solely in order to spend down available unobligated funds. Awardees will be notified via a revised NoA if carryover has been approved or via correspondence generated through the EHBs if it has been disapproved. **Unobligated balance carryover requests must be received by December 29, 2024. Requests received after this deadline will not be considered.**
9. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.

10. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$30,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsrs.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
11. Effective December 26, 2014, all references to OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.
12. A Performance Improvement Management System (PIMS) report is due within 60 days of the budget period end date. Please upload the required documentation into Salesforce.

Program Specific Term(s)

1. Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project

The cooperative agreement recipient's responsibilities shall include:

- Collaborating with HRSA on refining and implementing the Work Plan according to HRSA priorities, state needs, and changes in the rural health care environment;
- Negotiating with HRSA to update Work Plans at least annually, or more frequently as needed (e.g., in response to identified challenges or to establish new activities in response to environmental changes);
- Collaborating with HRSA to develop quality improvement benchmarks for the Flex Program and set state and national targets;
- Developing and implementing a state Flex program as described in this notice;
- Identifying a state Flex coordinator and staffing at least one full time equivalent position (may be met by multiple people) dedicated to managing and implementing the state Flex program;
- Ensuring program staff have appropriate training, including attending a Flex Program Workshop within one year of start date of new staff directly responsible for executing the duties of the Flex award;
- Annually attending the national Flex Program meeting and one other regional or national meeting each year related to the administration of the Flex award, as a part of ensuring program maintenance and integrity;
- Participating in information sharing and program improvement activities coordinated by designated Flex Program technical assistance providers; and
- Participating in the national evaluation of the Flex Program.

2. FORHP's responsibilities shall include:

- Collaborating with award recipients to review and provide input on the Work Plan in alignment with HRSA priorities, state needs, and changes in the rural health care environment through such activities as identifying and prioritizing needs to be addressed using federal funds;
- Monitoring and supporting implementation of the Work Plan through progress report reviews; Identifying opportunities to coordinate activities with other federally-funded projects;
- Providing guidance and assistance in identifying key changes in federal health care policies and the rural health care environment that impact state Flex programs (e.g., changes to national Medicare quality reporting program measures that impact the Flex Program); and
- Collaborating with technical assistance providers that are developing tools and resources for state Flex program use.

Standard Term(s)

1. Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA [Standard Terms](#) (unless otherwise specified on your Notice of Award), and [Legislative Mandates](#). The effectiveness of these policies, procedures, and controls is subject to audit.

Reporting Requirement(s)

1. Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.

The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

2. Due Date: Quarterly (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 30 days after end of reporting period.

Recipient is required to submit quarterly updates on status of completion of Work Plan activities within 30 days of end of each budget period quarter. Update should discuss any budget issues (i.e. staffing, travel, contracts) that are impacting completion timeline or ability to drawdown related financial resources as planned. Format for update will be provided by Project Officer.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Marcia A Mahaney	Authorizing Official	marcia.mahaney@health.mo.gov
Rain Davis	Business Official	rain.davis@health.mo.gov
Valerie Howard	Program Director	valerie.howard@health.mo.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).