



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**
- 7. Project Director or Principal Investigator**
Sara Davenport
sara.davenport@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**
Benjamin White
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
BWhite@hrsa.gov
(301) 945-9455
- 10. Program Official Contact Information**
Natalia Vargas
Office of Rural Health Policy (ORHP)
nvargas@hrsa.gov
(301) 945-0782

Federal Award Information

- 11. Award Number**
5 U2WRH33295-03-00
- 12. Unique Federal Award Identification Number (FAIN)**
U2W33295
- 13. Statutory Authority**
Balanced Budget Act of 1997, Section 4201, P.L. 105-33
Title XVIII, §1820(g)(1) and (2) of the Social Security Act (42 U.S.C. 1395i-4(g)(1) and (2)), as amended
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**
Noncompeting Continuation
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/01/2021 - End Date 08/31/2022	
20. Total Amount of Federal Funds Obligated by this Action	\$353,173.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$157,251.00
23. Total Amount of Federal Funds Obligated this budget period	\$353,173.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$510,424.00
26. Project Period Start Date 09/01/2019 - End Date 08/31/2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,374,021.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Inge Cooper on 08/09/2021

30. Remarks



Notice of Award
Award Number: 5 U2WRH33295-03-00
Federal Award Date: 08/09/2021

Office of Rural Health Policy (ORHP)

<p>31. APPROVED BUDGET: (Excludes Direct Assistance)</p> <p><input checked="" type="checkbox"/> Grant Funds Only</p> <p><input type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$71,748.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$44,803.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$116,551.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$659.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$2,056.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. 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<p>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:</p> <p>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.</p>																																																																			
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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/WebEPSEExternal/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 is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. 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:
<http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
2. 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://pms.psc.gov/grant-recipients/access-newuser.html>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <https://pms.psc.gov/find-pms-liaison-accountant.html>.
3. 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.
4. 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.
5. 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: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
 6. 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.
 7. 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>.
 8. To ensure timely execution of grant-supported activities, changes to Prior Approval requests must be submitted via the EHBs within two calendar weeks (10 business days) of the change request from the project officer or grants management specialist. This requirement applies to actions including, but not limited to, carryover, rebudgeting, and change of scope requests. Delayed revisions will result in denial of the Prior Approval.
 9. The budget period for this award ends August 31. The FFR is due January 30 as noted in the Reporting Requirements section of this NOA.
 10. 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.
 11. This Notice of Award provides the offset of an unobligated balance in the amount of \$157,251 from the 9/1/2019 - 8/31/2020 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.

Standard Term(s)

1. Your organization must comply with all HRSA Standard Terms unless otherwise specified on your Notice of Award.

Reporting Requirement(s)

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

The recipient must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access, should be directed to the Help Desk at PMSFFRSsupport@psc.hhs.gov.

The FFR will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR.

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

2. **Due Date: Within 60 Days of Budget End Date**

A Performance Improvement Management System (PIMS) report is due within 60 days of the budget period end date. Please upload the required documentation into the HRSA Electronic Handbooks (EHBs).

3. Due Date: 11/30/2022

Flex Programs are required to submit an annual narrative report on work plan activities for the budget period. This report is due with within 90 days of the end of the annual budget period end date. Format for update will be provided by Project Officer.

4. 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
Sara Davenport	Program Director	sara.davenport@health.mo.gov
Pamela Sandbothe	Business Official	pamela.sandbothe@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>).