



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**PROGRAM SERVICES CONTRACT**

AM 853-

This contract is entered into by and between the State of Missouri, Department of Health and Senior Services (Department/state agency) and the below named entity/individual (Contractor). The contract consists of the contract signature page, the scope of work; any attachments referenced and incorporated herein; the terms and conditions; and any written amendments made in accordance with the provisions contained herein. This contract expresses the complete agreement of the parties. By signing below, the Contractor and Department agree to all the terms and conditions set forth in this contract.

To the extent that this contract involves the use, in whole or in part, federal funds, the signature of the Contractor's authorized representative on the contract signature page indicates compliance with the Certifications contained in Attachment A which is attached hereto and is incorporated by reference as if fully set forth herein.

<b>Tracking #</b> 45816	<b>Contract Title:</b> AREA AGENCY ON AGING SERVICES	
<b>Contract Start:</b> 7/1/2018	<b>Contract End:</b> 9/30/2020	<b>Questions/Please Contact:</b> PROCUREMENT UNIT @ (573)751-6471
<b>Contract #:</b> ERS10519005		<b>Amend #:</b> 01

**PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED**

<b>NAME OF ENTITY/INDIVIDUAL (Contractor)</b> NORTHEAST MISSOURI AREA AGENCY ON AGING	
<b>DOING BUSINESS AS (DBA) NAME</b>	
<b>MAILING ADDRESS</b> 115 NORTH OSTEOPATHY	
<b>CITY, STATE, and ZIP CODE</b> KIRKSVILLE MO 63501	
<b>REMIT TO (PAYMENT) ADDRESS (if different from above)</b>	
<b>CITY, STATE, and ZIP CODE</b>	
<b>CONTACT PERSON</b>	<b>EMAIL ADDRESS</b>
<b>PHONE NUMBER</b>	<b>FAX NUMBER</b>
<b>TAXPAYER ID NUMBER (TIN)</b> *****5687	<b>DUNS NUMBER</b> 164328171
<b>CONTRACTOR'S AUTHORIZED SIGNATURE</b> <i>Pamela Windtberg</i>	<b>DATE</b> 4/17/19
<b>PRINTED NAME</b> Pamela Windtberg	<b>TITLE</b> Executive Director
<b>DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE</b> <i>Pat Bedell</i>	<b>DATE</b> APR 24 2019

**AMENDMENT #001 TO CONTRACT ERS10519005**

**CONTRACT TITLE:** Area Agency on Aging Services

**CONTRACT PERIOD:** July 1, 2018 through September 30, 2020

The Department of Health and Senior Services hereby desires to amend the above referenced contract to change the period of availability of the Federal Fiscal Year (FFY) 2019 funding to October 1, 2018 to September 30, 2020 for the Older Americans Title III-Grants for State and Community Programs on Aging, Older Americans Act Section 311-Nutritional Services Incentive Program (NSIP), and Older Americans Act Title VII-Allotments for Vulnerable Elder Rights Protection Activities.

In addition, the Department of Health and Senior Services desires to amend the above reference contract in accordance with the following:

1. Delete paragraph 1.1 in its entirety and replace with paragraph 1.1 as follows:
  - 1.1 The contract amount shall not exceed \$3,322,801.00 for the period of July 1, 2018 through September 30, 2020.
2. Add paragraph 3.7 as follows:
  - 3.7 The Contractor shall complete the deliverables for Medicare Improvements for Patients and Providers Act (MIPPA) and Aging Disability Resource Centers (ADRC) grants as set forth in Attachment H, which is attached hereto and is incorporated by reference as if fully set forth herein.
3. Add paragraph 5.13 as follows:
  - 5.13 The Contractor shall expend 100% of the Older American Act Title VII – Ombudsman funding awarded in this contract only for programs and activities which conform with Section 712 of the Older Americans Act and those procedures outlined in Attachment G, which is attached hereto and is incorporated by reference as if fully set forth herein.
4. Delete Attachment D in its entirety and replace with revised Attachment D, which is attached hereto and incorporated by reference as if fully set forth herein.
5. Add Attachment G, Attachment H, Exhibit 2 and Exhibit 3, which are attached hereto and are incorporated by reference as if fully set forth herein.

All other terms, conditions, and provisions of the contract, including pricing, shall remain the same and apply hereto.

Attachment D

Summary of Contractor Funding and Maximum Administration

Contractor: Northeast Missouri Area Agency on Aging

Contract Number: ERS10519005

Summary of Contract Funding

	Detail Schedule:	Total Contract Funding
Federal Financial Assistance (FFA)	Section I	\$1,678,218
Estimated Medicaid Provider Reimbursement Funding	Section II	1,007,454
State of Missouri Funding	Section III	<u>\$637,129</u>
<b>Total Contract Funding</b>		<b><u>\$3,322,801</u></b>

Summary of Maximum Administration

From Funding Source:	Detail Schedule:	Total Maximum Administration
Older American's Act Parts B, C1 and/or C2	Section I	\$111,791
Older American's Act Part E	Section I	\$16,777
Social Services Block Grant	Section I	\$38,322
Missouri Medicaid Funding	Section II	\$100,745
State of Missouri General Revenue	Section III	<u>\$63,712</u>
<b>Total Maximum Administration</b>		<b><u>\$331,347</u></b>

Notes to Summary:

Note 1 See Sections I-III for program titles and CFDA numbers.

Note 2 Maximum Administration identified herein is only available for reimbursement of administration costs incurred during State Fiscal Year 2019, unless otherwise authorized in writing by subsequent contract amendment on forms approved by the Department.

**Attachment D**

**Summary of Contractor Funding and Maximum Administration**

**Contractor: Northeast Missouri Area Agency on Aging**

**Contract Number: ERS10519005**

**Section I - Detail of Federal Financial Assistance Funding**  
by Program and Code of Federal Domestic Assistance (CFDA) Number  
State Fiscal Year 2019 Funding Allocation

**Federal Agency Name: Department of Health and Human Services / Administration for Community Living (ACL)**

**Federal Award Name: Older Americans Act Title III**

Period of Availability of funds to AAAs (within this Contract)	CFDA #	Federal Fiscal Year (FFY) Awarded to State of Missouri		Totals
		7/1/18-9/30/20	10/1/18-9/30/20	
<b>Part III-B: Supportive Services</b>	<b>93.044</b>	\$99,320	\$282,342	<b>\$381,662</b>
Transfers in (out)		\$52,624	\$0	<b>\$52,624</b>
<b>Total Part B</b>		<b>\$151,944</b>	<b>\$282,342</b>	<b>\$434,286</b>
CFDA Title: Special Programs for the Aging Title III, Part B Grants for Supportive Services and Senior Centers				
<b>Part III-C1: Congregate Meals</b>	<b>93.045</b>	\$128,354	\$340,942	<b>\$469,296</b>
Transfers in (out)		(81,221)	0	<b>(81,221)</b>
<b>Total Part C1</b>		<b>\$47,133</b>	<b>\$340,942</b>	<b>\$388,075</b>
CFDA Title: Special Programs for the Aging Title III, Part C Nutrition Services				
<b>Part III-C2: Home-Delivered Meals</b>	<b>93.045</b>	\$64,244	\$174,492	<b>\$238,736</b>
Transfers in (out)		\$28,597	\$0	<b>\$28,597</b>
<b>Total Part C2</b>		<b>\$92,841</b>	<b>\$174,492</b>	<b>\$267,333</b>
CFDA Title: Special Programs for the Aging Title III, Part C Nutrition Services				
<b>Part III-D: Preventive Health</b>	<b>93.043</b>	\$8,145	\$20,079	<b>\$28,224</b>
CFDA Title: Special Programs for the Aging Title III, Part D Disease Prevention and Health Promotion Services				
<b>Part III-E: National Family Caregiver Support Program</b>	<b>93.052</b>	\$47,709	\$120,073	<b>\$167,782</b>
CFDA Title: National Family Caregiver Support Title III, Part E				

**Attachment D**

**Summary of Contractor Funding and Maximum Administration**

**Contractor: Northeast Missouri Area Agency on Aging**

**Contract Number: ERS10519005**

		FFY 2018	FFY 2019	
<b><u>Federal Award Name: Older Americans Act Section 311 - Nutrition</u></b>				
Period of Availability of funds to AAAs (within this Contract)		7/1/18-9/30/20	10/1/18-9/30/20	<b>Totals</b>
	<b>CFDA #</b>			
<b>Nutrition Services Incentive Program</b>	<b>93.053</b>	\$74,472	\$223,417	<b>\$297,889</b>
CFDA Title: Nutrition Services Incentive Program				

<b><u>Federal Award Name: Older Americans Act Title VII - Allotments for Vulnerable Elder Rights Protection Activities</u></b>				
Period of Availability of funds to AAAs (within this Contract)		7/1/18-9/30/20	10/1/18-9/30/20	
	<b>CFDA #</b>			
<b>Part VII: Elder Abuse</b>	<b>93.041</b>	\$0	\$0	<b>\$0</b>
CFDA Title: Special Programs for the Aging Title VII, Chapter 3 Programs for Prevention of Elder Abuse, Neglect, and Exploitation				
<b>Part VII: Ombudsman</b>	<b>93.042</b>	\$1,510	\$4,528	<b>\$6,038</b>
CFDA Title: Special Programs for the Aging Title VII, Chapter 2 Long Term Care Ombudsman Services for Older Individuals				

		FFY 2018		
<b><u>Federal Award Name: Medicare Improvements for Patients and Providers Act (MIPPA): Medicare Savings Program, Low Income Subsidy &amp; Prescription Drug Enrollment Assistance through the Aging Network.</u></b>				
Period of Availability of funds to AAAs (within this Contract)			9/30/18-9/29/19	
	<b>CFDA #</b>			
CFDA Title: MIPPA Priority Area 2 AAAs	<b>93.071</b>		\$9,315	<b>\$9,315</b>

**Other HHS Funded Programs:**

<b><u>Federal Agency Name: Department of Health and Human Services / Administration for Children and Families (ACF)</u></b>		FFY 2018	SFY 2019	
<b>(passed through Missouri Department of Social Services to / and through Missouri Department of Health and Senior Services)</b>				
Period of Availability of funds to AAAs (within this Contract)		7/1/18-9/30/18	7/1/18-6/30/19	<b>Totals</b>
	<b>CFDA #</b>			
<b><u>Federal Award Name: Social Services Block Grant</u></b>	<b>93.667</b>	\$9,388	\$69,888	<b>\$79,276</b>
CFDA Title: Social Services Block Grant				
<b>Total Section I - Federal Financial Assistance</b>				<b>\$1,678,218</b>

**Notes to Section I:**

- Note I-1 All funding within this Section is 100% Federal.
- Note I-2 The Department has determined this contract is subrecipient in nature as defined within 2 CFR § 200.330.

Attachment D

Summary of Contractor Funding and Maximum Administration

Contractor: Northeast Missouri Area Agency on Aging

Contract Number: ERS10519005

Section II - Missouri Medicaid

Estimate of Contractor's Home Delivered Meal (HDM) Funding

Period of Availability of funds to AAAs (within this Contract) 7/1/18-6/30/19

Missouri Medicaid Provider Reimbursement System:

Estimate of Reimbursable HDM to Authorized Participants 7/1/2018 - 6/30/2019 170,466

x Estimated Reimbursement \$5.91

Estimated Reimbursement for 7/1/2018 - 6/30/2019 1,007,454

**Total Section II - Estimated Missouri Medicaid Reimbursement for HDM \$1,007,454**

Section III - State of Missouri Funding

State of Missouri General Assembly:

Period of Availability of funds to AAAs (within this Contract) 7/1/18-6/30/19

House of Representatives Bill 10

Missouri General Revenue \$634,272

Missouri Home Delivered Meals Trust Fund \$2,857

**Total State of Missouri Contract Funding \$637,129**

State Funds: 29.72%

Federal Funds: 70.28%

**Older American Act Title VII – Ombudsman Program**

1. The Contractor must comply with all of the program guidelines contained in the State Long-Term Care Ombudsman Program and Policy Manual and any additional guidelines provided by the State Long-Term Care Ombudsman Office.
2. The Contactor must participate in systems advocacy annually by raising public awareness and providing education regarding issues affecting long-term care residents including policy and legislative issues. These activities shall be documented in the state database.
3. The Contractor must be able to operate, without interference, to promote public awareness of issues related to long-term care, including but not limited to proposed legislation. The Contractor must inform the State Ombudsman Office of any legislative activity regarding long-term care prior to undertaking any such activity.
4. The Contractor must undertake volunteer recruitment efforts on a monthly bases as a minimum. Volunteer recruitment efforts shall be documented each month in the state database. The following resources may be utilized for recruitment efforts: community education, outreach to churches, civic organizations, college students, community partners, and media outlets such as radio, television, newspaper, health fairs, and other aging events.
5. The Contractor must ensure that volunteer membership information is current and be prepared to provide to the State Ombudsman Office upon request.
6. The Contractor must immediately notify the State Ombudsman Office of any felony charges and convictions received regarding staff or volunteers.
7. The Contractor must inform the State Ombudsman Office, no later than the next business day, of any contact, questions and/or requests for interviews from a public media source in relation to long-term care issues.
8. The Contractor must inform the State Ombudsman Office of any duties full time staff are doing in addition to the Ombudsman Program responsibilities.
9. The Contractor must offer to provide long-term care facilities with in-services or trainings approved by the State Ombudsman Office and offer to attend Resident and Family Council Meetings.

Medicare Improvements for Patients and Providers Act  
Federal Award Number: 1801MOMIAA-00 (Priority 2)  
**Northeast Area Agency on Aging**

**Priority Two - MIPPA**

**1. Staffing**

- 1.1. The Contractor shall assign a staff person who will be responsible for Medicare Improvements for Patients and Providers Act (MIPPA) data collection and submission.

**2. Training**

- 2.1. The Contractor's staff and volunteers shall participate in ongoing training in person and through webinars.

**3. Enrollment Events**

- 3.1. The Contractor shall coordinate enrollment events with Community Leaders Assisting the Insured of Missouri (CLAIM). An enrollment event is defined as an event that has been coordinated by a contractor to include the opportunity to learn about Medicare benefits for which an attendee may be eligible, and assist that attendee with applying for benefits on-site.

**4. Outreach and Relationship Building**

- 4.1. The Contractor shall provide outreach and information to Medicare eligible beneficiaries regarding Low Income Subsidy (LIS), Medicare Savings Plans (MSP), Medicare Part D and new wellness benefits through presentations and media such as newsletters, radio, local television, and social media.
- 4.2. The Contractor shall work with the Department of Social Services' Family Support Division to assist clients with the application process for MSP and other benefits.
- 4.3. The Contractor shall provide outreach and education to local pharmacists regarding LIS.
- 4.4. The Contractor shall provide outreach information and materials to local doctors' offices, hospitals and clinics regarding new Medicare wellness benefits, LIS, and MSP.
- 4.5. The Contractor shall work with CLAIM and CLAIM volunteers to coordinate outreach efforts and avoid duplication of services.



## 5. Reporting

- 5.1. All MIPPA data shall be entered into the SHIP Tracking and Reporting System (STARS), by the 10<sup>th</sup> day of the month following the month in which service was provided. Reporting shall include all LIS, MSP and Medicare Part D or Part D special population applications, as well as the number and nature of the outreach and enrollment events, and the number of persons reached.
- 5.1.1 The Contractor shall utilize the reporting format set forth within Exhibit 2 for data collection and reporting. The Contractor shall submit reports electronically by the 10<sup>th</sup> day of the month following the month in which the service was provided. This report shall match the information submitted with the Contractors Monthly Services and Expenditure Report (MSER) for MIPPA applications in order to receive reimbursement for the services provided.
- 5.2. The Administration on Community Living (ACL) requires semi-annual program and financial reporting for this grant. The Contractor shall enter MIPPA data into STARS for each reporting period no later than April 10, 2019, and October 10, 2019, respectively. The Contractor also agrees to submit any additional narrative information requested by the Department by ACL. The Department shall notify the Contractor of any additional narrative reporting requirements imposed by ACL no less than two weeks prior to April 10<sup>th</sup> and October 10<sup>th</sup>.
- 5.3. ACL also requires quarterly data reports for this grant. The Contractor shall enter the number of LIS and MSP applications assisted with and the number of outreach events completed in STARS. The quarterly reporting periods and due dates follow.

<b>Reporting Period</b>	<b>Date Data Must Be Entered</b>
September 30 to December 31, 2018	January 10, 2019
January 1 to March 31, 2019	April 10, 2019
April 1 to June 30, 2019	July 10, 2019
July 1 to September 29, 2019	October 10, 2019

## 6. Reimbursement

- 6.1. The Contractor shall submit at least 69 qualifying applications for LIS, MSP and/or Medicare Part D or Part D special population applications. No more than 23 of the 69 applications may be Part D or Part D special population applications.
- 6.2. The Contractor shall submit their final invoice(s) by October 30, 2019. The Department shall have no obligation to pay any invoice submitted after October 30, 2019.

### MIPPA Monthly Applications Report

Area Agency on Aging:

Report Month:

Report Completed by:

Number of LIS Applications Completed	Number of MSP Applications Completed	Total number of LIS and MSP Applications Completed	Number of Part D Applications Completed

Email the completed report to [Mindy.Ulstad@health.mo.gov](mailto:Mindy.Ulstad@health.mo.gov) by the 10<sup>th</sup> day of the month following the month being reported.

Please note that the numbers on this report should match the numbers submitted on the MSER for payment.

Medicare Improvements for Patients and Providers Act  
Federal Award Number: 1801MOMIAA-00 (Priority 2)  
**Northeast Area Agency on Aging**

**Priority Two - MIPPA**

**1. Staffing**

- 1.1. The Contractor shall assign a staff person who will be responsible for Medicare Improvements for Patients and Providers Act (MIPPA) data collection and submission.

**2. Training**

- 2.1. The Contractor's staff and volunteers shall participate in ongoing training in person and through webinars.

**3. Enrollment Events**

- 3.1. The Contractor shall coordinate enrollment events with Community Leaders Assisting the Insured of Missouri (CLAIM). An enrollment event is defined as an event that has been coordinated by a contractor to include the opportunity to learn about Medicare benefits for which an attendee may be eligible, and assist that attendee with applying for benefits on-site.

**4. Outreach and Relationship Building**

- 4.1. The Contractor shall provide outreach and information to Medicare eligible beneficiaries regarding Low Income Subsidy (LIS), Medicare Savings Plans (MSP), Medicare Part D and new wellness benefits through presentations and media such as newsletters, radio, local television, and social media.
- 4.2. The Contractor shall work with the Department of Social Services' Family Support Division to assist clients with the application process for MSP and other benefits.
- 4.3. The Contractor shall provide outreach and education to local pharmacists regarding LIS.
- 4.4. The Contractor shall provide outreach information and materials to local doctors' offices, hospitals and clinics regarding new Medicare wellness benefits, LIS, and MSP.
- 4.5. The Contractor shall work with CLAIM and CLAIM volunteers to coordinate outreach efforts and avoid duplication of services.

## 5. Reporting

- 5.1. All MIPPA data shall be entered into the SHIP Tracking and Reporting System (STARS), by the 10<sup>th</sup> day of the month following the month in which service was provided. Reporting shall include all LIS, MSP and Medicare Part D or Part D special population applications, as well as the number and nature of the outreach and enrollment events, and the number of persons reached.
- 5.1.1 The Contractor shall utilize the reporting format set forth within Exhibit 2 for data collection and reporting. The Contractor shall submit reports electronically by the 10<sup>th</sup> day of the month following the month in which the service was provided. This report shall match the information submitted with the Contractors Monthly Services and Expenditure Report (MSER) for MIPPA applications in order to receive reimbursement for the services provided.
- 5.2. The Administration on Community Living (ACL) requires semi-annual program and financial reporting for this grant. The Contractor shall enter MIPPA data into STARS for each reporting period no later than April 10, 2019, and October 10, 2019, respectively. The Contractor also agrees to submit any additional narrative information requested by the Department by ACL. The Department shall notify the Contractor of any additional narrative reporting requirements imposed by ACL no less than two weeks prior to April 10<sup>th</sup> and October 10<sup>th</sup>.
- 5.3. ACL also requires quarterly data reports for this grant. The Contractor shall enter the number of LIS and MSP applications assisted with and the number of outreach events completed in STARS. The quarterly reporting periods and due dates follow.

Reporting Period	Date Data Must Be Entered
September 30 to December 31, 2018	January 10, 2019
January 1 to March 31, 2019	April 10, 2019
April 1 to June 30, 2019	July 10, 2019
July 1 to September 29, 2019	October 10, 2019

## 6. Reimbursement

- 6.1. The Contractor shall submit at least 69 qualifying applications for LIS, MSP and/or Medicare Part D or Part D special population applications. No more than 23 of the 69 applications may be Part D or Part D special population applications.
- 6.2. The Contractor shall submit their final invoice(s) by October 30, 2019. The Department shall have no obligation to pay any invoice submitted after October 30, 2019.

### MIPPA Monthly Applications Report

Area Agency on Aging:

Report Month:

Report Completed by:

Number of LIS Applications Completed	Number of MSP Applications Completed	Total number of LIS and MSP Applications Completed	Number of Part D Applications Completed

Email the completed report to [Mindy.Ulstad@health.mo.gov](mailto:Mindy.Ulstad@health.mo.gov) by the 10<sup>th</sup> day of the month following the month being reported.

Please note that the numbers on this report should match the numbers submitted on the MSER for payment.