

MOU # M00513-19

**Financial Memorandum of Understanding (MOU) Between
The Missouri Department of Social Services,
Family Support Division
The City of Columbia, Missouri, on behalf of its Columbia/Boone County
Department of Public Health and Human Services**

1. Purpose

- 1.1 This agreement is entered into between the Missouri Department of Social Services, Family Support Division (Department), and The City of Columbia, Missouri, on behalf of its Columbia/Boone County Department of Public Health and Human Services, a Local Public Health Agency (LPHA) for the purpose of expediting the filing and processing of electronic Medicaid applications and presumptive eligibility applications for pregnant women under Modified Adjusted Gross Income (MAGI) eligibility criteria by providing reimbursement for some expenses incurred by LPHA.
- 1.2 The LPHA provides services to pregnant women who are seeking or may have health coverage through the MO HealthNet Division

2. Term of Agreement/Modifications

- 2.1 This agreement shall be effective upon signature of all parties and shall remain in force until terminated by either party.
- 2.2 The agreement should be reviewed for necessary changes on an annual basis.
- 2.3 The parties agree that any changes to the agreement must be by formal amendment, reviewed, approved and signed by the parties.
- 2.4 The parties agree no other documents, including correspondence, acts and oral communications by or from any person, shall be construed as an amendment to the agreement.
- 2.5 Either party may terminate this agreement after providing a minimum of thirty (30) days written notice to the other party.

3. Responsibilities of the LPHA

- 3.1 The LPHA has been determined a Qualified Entity for the purpose of processing applications for presumptive eligibility through Memorandum of Agreement (MOA) Number 455-69.
- 3.2 The LPHA agrees to submit a quarterly report of actual costs incurred in providing presumptive eligibility determinations for the department and in providing assistance to applicants for presumptive eligibility applications who need to submit applications to obtain Medicaid coverage. Such assistance shall include costs related to submitting *Add a Pregnancy* forms to the Department. Such quarterly reports shall be submitted on a form and in a manner determined by the Department. The LPHA will invoice the Department for:

- a. One-hundred percent (100%) of the actual costs related to presumptive eligibility determinations; and,
 - b. One-hundred percent (100%) of the actual costs related to providing assistance to applicants for presumptive eligibility who need to file an application to obtain ongoing Medicaid coverage.
- 3.3 The LPHA must provide staff and equipment necessary to comply with the provisions of this agreement.
- 4. Responsibilities of the Department**
- 4.1 The Department will receive and process such quarterly costs reported by LPHA and report such expenses to the Centers for Medicare & Medicaid Services (CMS) to earn an appropriate federal share of such expenses.
- 4.2 The department will reimburse LPHA for the federal share of such costs.
- a. Until the presumptive eligibility determination process is integrated into the MEDES system, the federal share is fifty percent (50%) of the total actual cost.
 - b. Once the presumptive eligibility determination process is integrated into the MEDES system, the federal share will be seventy-five (75%) for the total actual costs.
 - c. The LPHA will be reimbursed the federal share upon providing presumptive eligibility determinations based on actual costs incurred. In no event will reimbursement to LPHA exceed the federal share paid to the Department by CMS for such costs incurred by the LPHA and such reimbursement shall be subject to any applicable limits and caps imposed by federal law.
- 4.3 The department will reimburse LPHA for providing assistance to patients who need to file an application for ongoing Medicaid coverage.
- a. The federal share of providing such assistance will be seventy-five (75%) for the total actual costs.
 - b. The federal share will be paid to LPHA for providing such assistance in completing Medicaid applications will be based on their own actual costs in support of providing such assistance. In no event will reimbursement to LPHA exceed the federal share paid to the Department by CMS for such costs incurred by the LPHA and such reimbursement shall be subject to any applicable limits and caps imposed by federal law.
 - c. The LPHA may elect to provide this assistance in lieu of providing presumptive eligibility determination services to its patients with the express written consent of the department.
 - d. The federal share will be paid to LPHA providing such assistance based on their own actual costs in support of providing such assistance.

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*In witness thereof, the parties below hereby execute this agreement.*

\_\_\_\_\_  
Approval Signature for the Family Support Division

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature for the Department of Social Services

\_\_\_\_\_  
Date

**CITY OF COLUMBIA, MISSOURI**

By: \_\_\_\_\_  
Mike Matthes, City Manager

Date: \_\_\_\_\_

ATTEST:

By: \_\_\_\_\_  
Sheela Amin, City Clerk

APPROVED AS TO FORM:

By: \_\_\_\_\_  
Nancy Thompson, City Counselor