

	<b>Amendment to Memorandum of Understanding</b>	
	<b>MOU #:</b> M00513-19	<b>MOU Description:</b> <b>Local Public Health Agency (LPHA) Reimbursement</b>
	<b>Amendment #</b> 001	<b>Effective Date:</b> See Below
	<b>Amendment Description:</b> Language Update	
	<b>Parties to the MOU:</b> <b>The Missouri Department of Social Services (DSS), Family Support Division (FSD)</b> and <b>The City of Columbia, Missouri, on behalf of its Columbia/Boone County Department of Public Health and Human Services</b>	

The above referenced agreement 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 is hereby amended as follows:

1. Section 3.2 is revised as follows:
  - 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 **report to** 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.
2. Sections 3.4 and 3.5 have been added as follows:
  - 3.4 ***The DSS reserves the right to make payments to the LPHA through electronic funds transfer (EFT). Therefore, prior to any payments becoming due under the agreement, the LPHA must register in the State's MissouriBUYS system by going to <https://missouribuys.mo.gov/registration>. All LPHAs who seek reimbursement are required to register with the Office of Administration through MissouriBUYS.***
  - 3.5 ***Reimbursement requests for LPHA expenditures must be submitted quarterly throughout the fiscal year. The reimbursement request must be received by DSS no later than the fifteenth (15<sup>th</sup>) of the next month following the end of the previous quarter.***
    - a. ***Each reimbursement request shall have a unique, unduplicated identifier as a request number.***
3. Section 4.2 has been revised as follows:
  - 4.2 The department will reimburse LPHA for the federal share of such costs.
    - a. ***For presumptive eligibility determinations, the federal share will be seventy-five (75%) for the total actual costs.***
    - b. 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. This amendment shall be effective with the expenditures starting April 1, 2019. All other terms and conditions shall remain unchanged.



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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature for The City of Columbia, Missouri

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Approved as to form:

\_\_\_\_\_  
City Counselor *mw*