

**INTERGOVERNMENTAL TRANSFER OF PUBLIC FUNDS AGREEMENT
BETWEEN
THE MISSOURI DEPARTMENT OF SOCIAL SERVICES, MO HEALTHNET DIVISION
AND**

Ground Emergency Medical Transportation Provider (GEMT Provider)

This Intergovernmental Transfer Agreement is entered into between the Missouri Department of Social Services, MO HealthNet Division (DSS/MHD) and the GEMT Provider. It provides for an intergovernmental transfer of funds to the DSS/MHD from the GEMT Provider in order to provide the non-federal share of the reconciled cost reimbursement amount for the uncompensated Medicaid cost associated with ground emergency medical transportation (GEMT) services.

The GEMT Provider is authorized by inter alia, §208.1030 RSMo to enter into and carry out an Intergovernmental Transfer Agreement to transfer funds through intergovernmental transfers to the DSS/MHD for use as the state share of Medicaid expenditures.

AGREEMENT

1. Fund Transfer. The GEMT Provider (Governmental Entity) agrees to transfer funds to DSS/MHD at the times and in the amounts determined in accordance with the following paragraphs of this Agreement. The transfer shall be made prior to the payment by DSS/MHD for the uncompensated Medicaid cost associated with GEMT services.
2. The GEMT Provider will transfer funds to DSS/MHD equivalent to the non-federal share of the payments to be made upon notification by DSS/MHD.
3. The GEMT Provider shall certify that the funds transferred qualify for federal financial participation pursuant to 42 CFR part 433 subpart B, and are not derived from impermissible sources such as recycled Medicaid payments, federal money excluded from use as State match, impermissible taxes, and non-bona fide provider-related donations. Impermissible sources do not include revenue received from programs such as Medicare or Medicaid to the extent that the program revenue is not obligated to the State as the source of funding.
4. The GEMT Provider and DSS/MHD agree that both parties shall maintain necessary records and supporting documentation applicable to the uncompensated Medicaid cost associated with GEMT services payments to assure that claims for total funds and federal funds are in accordance with applicable federal requirements.
5. The GEMT Provider and DSS/MHD agree that each party shall have access to the other party's records and supporting documentation.

6. Any written notice required by this Agreement shall be sent to:

For: _____
GEMT Provider

Printed Name: _____

Title: _____

E-mail address _____

For DSS/MHD:

Printed Name: Fatimah Jennings _____

Title: Program Specialist _____

E-mail address: Ask.GEMT@dss.mo.gov _____

TERMS

This Intergovernmental Transfer Agreement covers the period beginning on or after July 1, 2021. This agreement may be modified at any time by the written agreement of both parties and it may be canceled by either party after giving thirty (30) days prior notice in writing to the other party.

The parties have duly executed this agreement and each party acknowledges the receipt of a duly executed copy of this agreement with original signatures.

GEMT Provider

Signature

Date

Printed Name

Title

MISSOURI DEPARTMENT OF SOCIAL SERVICES, MO HEALTHNET DIVISION

MO HealthNet

Date