DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, MD 21244-1850

SEP 8 2015

HEALTH & SENIOR SERV.
SEP 2015
DIRECTOR'S OFFICE

Mr. Bret Fischer
Director, Division of Administration
Missouri Department of Health & Senior Services
920 Wildwood Street
P.O. Box 570
Jefferson City, MO 65102

Dear Ms. Fischer:

This grant award has been approved under appropriation 75X0512, "Grants to States for Medicaid." Any funds unused during this period may be carried forward and used in the subsequent period(s).

Activity	Period	Amount
State Certification	July 1 – September 30, 2015	$1,707,442

The Medicaid Survey and Certification program funds awarded in this notice can only be drawn from sub-account 15S&CTitle19Medicaid.

In accordance with your State plan under Title XIX of the Social Security Act, the above award provides funds for the Federal share of expenditures for activities related to the survey and certification activities of long-term care facilities. Computation of the award as reflected on the enclosed statement was prepared in accordance with the Code of Federal Regulations, Title 42, section 430.30 Grants.

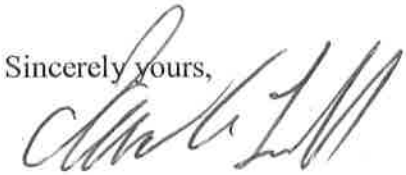
With the acceptance of this award, you agree to be responsible for limiting the drawing of Federal funds to the actual time of disbursement and to submitting timely reports as required. Further, you agree that when Federal funds are advanced to secondary recipients, you will be responsible for effectively controlling their use of cash in compliance with the Federal requirements. Federal funds to meet the Federal share of current disbursing needs may be drawn by presentation of payment vouchers against the continuing letter-of-credit certified to the U.S. Treasury Department. Withdrawals of Federal funds are not to exceed the total award shown above. Under provisions of Treasury Department Circular No. 1075, failure to adhere to the above requirements may cause the unobligated portion of your letter-of-credit to be revoked.

Payment under this award will be made by the Department of Health and Human Services, Payment Management System administered by the Division of Payment Management (DPM), Program Support Center. Inquiries regarding payment should be directed to:

Acting Director, Division of Payment Management
P.O. Box 6021
Rockville, Maryland 20852-0605
Telephone Number (301) 443-1660

Any questions you may have in connection with this award should be referred to the Associate Regional Administrator, Division of Medicaid and State Operations, Centers for Medicare and Medicaid Services.

Sincerely yours,



David Escobedo, Director
Survey and Certification Budget Staff
Survey and Certification Group
Center for Clinical Standards & Quality
Centers for Medicare and Medicaid Services

Enclosure

COMPUTATION OF AMOUNT FOR STATE AGENCY SURVEY AND CERTIFICATION ACTIVITIES UNDER AUTHORIZING LEGISLATION -- TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Missouri **FISCAL YEAR** 2015 **Quarter** 4th

Central Registry System Number 2432

Entity Identification Number [redacted]

1. Adjustments for quarter ending March 31, 2015

a. Actual federal share of expenditures	$1,707,442
b. Estimated federal share of expenditures	$1,727,142
c. Difference	
+ == actual exceeded estimate	
- == estimate exceeded actual.....	($19,700) 1/
d. Net adjustments applicable to prior periods.....	
e. Collections	
f. Other	
g. Total adjustments	($19,700)

2. Estimated Federal share of expenditures for quarter beginning July 1, 2015 — $1,727,142

3. Amount Awarded ..... — $1,707,442

****The Medicaid Survey and Certification program funds awarded in this notice can only be drawn from sub-account 15S&CTitle19Medicaid.**

CAN	DOCUMENT NUMBER	APPROPRIATION	OBJECT CLASS	AMOUNT
55993266	05-1505-MO-5001	75X0512	41.15	$1,707,442

* Actual Federal expenditures for Title XIX State certification activities may not exceed the estimated federal share without prior written approval from the Associate Regional Administrator, Division of Medicaid and State Operations.

1/Reflects the use of unobligated funds for prior period as partial payment on current award.

Date approved _____ Computations checked by _____