



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard  
Baltimore, MD 21244-1850

FEB 09 2017

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."

<u>Activity</u>	<u>Period</u>	<u>Amount</u>
State Certification	July 1 – September 30, 2016	\$178,898
State Certification	January 1 – March 31, 2017	\$1,739,526

**The Medicaid Survey and Certification program funds awarded in this notice can only be drawn from sub-account 16S&CTitle 19Medicaid and sub-account 17S&CTitle 19Medicaid.**

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.

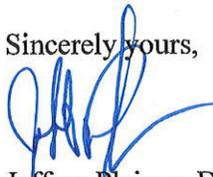
Page 2 - Ms. Fischer:

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 Consortium for Quality Improvement and Survey and Certification.

Sincerely yours,



Jeffrey Pleines, Director  
Division of Survey and Certification  
and CLIA Budget  
Business Operations 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 2017 Quarter 2nd

Central Registry System Number 2432

Entity Identification Number [REDACTED]

1.	Adjustments for quarter ending <u>September 30, 2016</u>	
	a. Actual federal share of expenditures .....	<u>\$1,883,543</u>
	b. Estimated federal share of expenditures .....	<u>\$1,704,645</u>
	c. Difference	
	+ == actual exceeded estimate	
	- == estimate exceeded actual.....	<u>\$178,898 1/</u>
	d. Net adjustments applicable to prior periods.....	
	e. Collections .....	
	f. Other .....	
	g. Total adjustments .....	<u>\$178,898</u>
2.	Estimated Federal share of expenditures for quarter beginning <u>January 1, 2017</u>	<u>\$1,739,526</u>
3.	Amount Awarded .....	<u>\$1,918,424</u>

**\*\*The Medicaid Survey and Certification program funds awarded in this notice  
can only be drawn from sub-account 17S&C Title 19 Medicaid.**

CAN	DOCUMENT NUMBER - FAIN	APPROPRIATION	OBJECT CLASS	AMOUNT
75993266	1605MO5001	75X0512	41.15	\$178,898
75993266	1705MO5001	75X0512	41.15	\$1,739,526

\* 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 pror period as partial payment on current award.

Date approved \_\_\_\_\_

Computations checked by \_\_\_\_\_