MAY 0 3 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 Mr. Fischer:

This grant award has been approved under appropriation 75X0512, "Grants to States for Medicaid."

<table>
<thead>
<tr>
<th>Activity</th>
<th>Period</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Certification</td>
<td>April 1 – June 30, 2017</td>
<td>$1,757,564</td>
</tr>
</tbody>
</table>

The Medicaid Survey and Certification program funds awarded in this notice can only be drawn from 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.
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
STATE Missouri
FISCAL YEAR 2017 Quarter 3rd
Central Registry System Number 2432
Entity Identification Number

1. Adjustments for quarter ending December 31, 2016
   a. Actual federal share of expenditures $1,757,564
   b. Estimated federal share of expenditures $1,739,526
   c. Difference + $18,038
      - $18,038
   d. Net adjustments applicable to prior periods
      e. Collections
      f. Other
      g. Total adjustments $18,038

2. Estimated Federal share of expenditures for quarter beginning April 1, 2017 $1,739,526

3. Amount Awarded $1,757,564

**The Medicaid Survey and Certification program funds awarded in this notice can only be drawn from sub-account 17S&CTitle19Medicaid.

<table>
<thead>
<tr>
<th>CAN</th>
<th>DOCUMENT NUMBER - FAIN</th>
<th>APPROPRIATION</th>
<th>OBJECT CLASS</th>
<th>AMOUNT</th>
</tr>
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<tbody>
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<td>75993286</td>
<td>1705M05001</td>
<td>75X0512</td>
<td>41.15</td>
<td>$1,757,564</td>
</tr>
</tbody>
</table>

* 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 ___________________