

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 ADDITIONAL FINANCIAL INFORMATION ON AWARD

CLIA

<p>a. PAYMENT CLAUSES (Check one. If b or a insert name address and telephone number)</p> <p>2. (X) DFAFS</p> <p>Payments under this award will be made available through the DHHS payment Management System (PMS). PMS is administered by the Federal Assistance Financing Branch (FAFB), Office of the Deputy Assistant Secretary, Finance which will forward instructions for obtaining payments. Inquires regarding payment should be directed to:</p> <p>Director, Division of Payment Management Post Office Box 6021 Rockville, Maryland 20852-0605</p> <p>Telephone No. (301) 443 -1660</p>	<p>2. CENTRAL REGISTRY SYSTEM ENTITY IDENTIFICATION NUMBER (CRS/EIN) _____</p> <p>3. DOCUMENT NUMBER _____ 1705MO5002</p> <p>4. FISCAL YEAR, CAN AND AMOUNT OF THIS AWARD/ACTION</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Fiscal Year</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>CAN</u></th> <th style="text-align: right; border-bottom: 1px solid black;"><u>Amount of Award/Action</u></th> </tr> </thead> <tbody> <tr> <td>FY 2017</td> <td></td> <td></td> </tr> <tr> <td>ANNUAL BUDGET</td> <td style="text-align: center;">5990569</td> <td style="text-align: right;">\$297,971</td> </tr> </tbody> </table> <p>_____</p> <p>1ST QUARTER AWARD</p> <p>IMPORTANT: SEE REMARKS BELOW</p> <p style="text-align: right;">Total Amount of This Award <u> \$74,493 </u></p>	<u>Fiscal Year</u>	<u>CAN</u>	<u>Amount of Award/Action</u>	FY 2017			ANNUAL BUDGET	5990569	\$297,971
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FY 2017										
ANNUAL BUDGET	5990569	\$297,971								
<p>b. {} AGENCY LETTER OF CREDIT</p> <p>Payments under this award will be made available through a letter of credit administered by _____</p> <p>Inquires regarding payments should be directed to: _____</p> <p>Telephone #: _____</p>	<p>5. CARRY-OVER BALANCE/UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS</p> <p style="text-align: right;">Amount _____</p>									
<p>c. {} TREASURY CHECK</p> <p>Payments under this award will be made available by Treasury Check issued through the _____</p> <p>Finance Office. Inquires regarding payments should be directed to: _____</p> <p>Telephone #: _____</p>	<p>4. SPECIAL EXPENDITURE REPORTING REQUIREMENT (For Awards paid by DFAFS only)</p> <p style="text-align: center;">_____ YES _____ NO</p> <p>If the yes block is checked, the recipient of this award must report his allowable expenditures to DFAFS Document Number.</p>									
<p>HHS-640T</p>	<p>7. REMARKS:</p> <p>The CLIA Funds awarded in this notice can only be drawn from sub-account 17CLIA</p>									

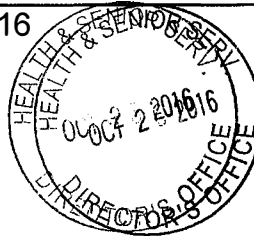
DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Kansas City Regional Office
601 East 12th Street, Room 355
Kansas City, Missouri 64106-2808



DIVISION OF SURVEY AND CERTIFICATION

October 24, 2016

Bret Fischer
Division of Administration
MO Department of Health and Senior Services
920 Wildwood Drive
PO Box 570
Jefferson City, Missouri 65102



Refer to: CLIA FY 2017

Dear Mr. Fischer:

We are approving \$297,971 for Clinical Laboratory Improvement Amendments of 1988 (CLIA) activity for Fiscal Year (FY) 2017.

We would like to remind you that regardless of the amount of funds approved, the FY 17 budget approval is subject to contingencies. The CLIA program is based solely on user fees collected, the number of laboratories participating in the program and the number of surveys performed.

We must work together to insure that funds expended do not exceed the amount of user fees collected because there is no other source of funding for the CLIA program. To this end, we will continue to require requests for any future hiring and/or equipment purchase plans. We will review your requests, request Central Office approval, and respond to you as quickly as we can with an approval, modified approval, or denial of the requests. Your hiring authority is still subject to Regional and Central Office approval.

The quarterly reporting procedures for the FY 2017 CLIA budget will remain the same as for FY 2016. Use the Survey and Certification/CLIA Automated Reporting System (ASCCRS). Please note that Quarterly Expenditure Reports are due the 25th day after the close of each quarter.

Enclosed is the CLIA HHS-640T for the period of October 1, 2016 through December 31, 2016 for the amount of \$74,493.

Please feel free to contact Diana Fairbanks, Medical Technologist, in our Kansas City Office at (816) 426-2011.

Sincerely,

A handwritten signature in cursive script that reads "Diana Fairbanks". The signature is written in black ink and is positioned below the word "Sincerely,".

Diana Fairbanks, Medical Technologist
Non Long Term Care Branch
Kansas City Regional Office

Enclosure