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

STATE	Missour	ri	FISCAL YEAR	2020	Quarter	4th •]
Central Registry System Number 2432			2432				
Entity Ide	entification	Number					
	1.	Adjustments for quarter ending	March 31, 2020	_ :			
		a. Actual federal share of exper b. Estimated federal share of ex c. Difference				9	\$1,870,677.00 \$1,886,535.00
						1	(\$15,858.00)
		f. Otherg. Total adjustments				8 3	(\$15,858.00)
	2.	Estimated Federal share of experimental shar					\$1,886,535.00
	3.	Amount Awarded				:-	\$1,870,677.00
CAN	D	OCUMENT NUMBER - FAIN	APPROPRIATION		OBJECT CLAS	ss	AMOUNT
05993266		2005MO5001	75X0512		41.58		1,870,677.00
activ writt Med	vities may no en approval dicaid and S	expenditures for Title XIX State cert ot exceed the estimated federal sha I from the Associate Regional Admi State Operations. unobligated funds for prior period as	are without prior inistrator, Division of	ı			
Date approved				Computations checked by			



7500 Security Boulevard Baltimore, MD 21244-1850

Ms. Marcia Mahaney
Director, Division of Administration
Missouri Department of Health & Senior Services
920 Wildwood Street
P.O. Box 570
Jefferson City, MO 65102

Dear Ms. Mahaney:

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

Activity	<u>Period</u>	<u>Amount</u>
State Certification	July 1 - September 30, 2020	\$1,870,677

The Medicaid Survey and Certification program funds awarded in this notice can only be drawn from sub-account 20S&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. Mahaney:

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:

Director, Division of Payment Management P.O. Box 6021 Rockville, Maryland 20852-0605 Telephone Number (877) 614-5533 Email: PMSSupport@psc.gov Webpage: https://pms.psc.gov

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 Digitally signed by Jeffrey Pleines - S

Pleines - S

Date: 2020.09.01 17:45:31 -04'00'

Jeffrey Pleines, Director Division of Budget and Contract Management Business Operations Group Center for Clinical Standards & Quality Centers for Medicare and Medicaid Services

Enclosure