



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Portfolio
Cost Allocation Services

1301 Young Street, Room 732
Dallas, TX 75202
PHONE: (214) 767-3261
FAX: (214) 767-3264
EMAIL: CAS-Dallas@psc.hhs.gov

January 24, 2019

Ms. Pat Bedell
Deputy Director of Division of Administration
Missouri Department of Health & Senior Services
P. O. Box 570
Jefferson City MO. 65102-0570

Dear Ms. Bedell:

We are currently transmitting agreements by email. Please have the agreement signed by an authorized representative of your organization and email it to CAS-NY@psc.hhs.gov. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use. This agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government. Future proposal should be submitted electronically to CAS-NY@psc.hhs.gov.

The fixed rate for the fiscal year ending June 30, 2019 based on actual costs for the fiscal year ended June 30, 2017.

They include an over-recovery amount of \$716,017.

The fixed rate for fiscal year June 30, 2017 considered final.

The fixed rate for the fiscal year ending June 30, 2020 based on actual costs for the fiscal year ended June 30, 2018.

They include under-recovery amount of (\$42,213).

The fixed rate for fiscal year June 30, 2018 considered final.

Ms. P. Bedell
January 24, 2019
Page 1 of 1

An indirect cost proposal, together with supporting information, is required each year to substantiate claims made for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next indirect cost plan based on actual costs for the fiscal year ending June 30, 2019 are due in our office on December 31, 2019.

Thank you for your cooperation. If you have any questions, please call Wanda Rayfield at (214) 767-5249.

Sincerely,
Darryl W.
Mayes -S
Darryl Mayes
Deputy Director
Cost Allocation Services

Digitally signed by Darryl W. Mayes -S
DN: c=US, o=U.S. Government, ou=HHS,
ou=PSC, ou=People,
0.9.2342.19200390.100.1.1=2000131669,
cn=Darryl W. Mayes -S
Date: 2019.01.28 06:08:41 -0500

Enclosures

ACCEPTANCE

P. Bedell

Name

Deputy Director - Administration

Title

5/2/19

Date

STATE AND LOCAL GOVERNMENTS RATE AGREEMENT

EIN: 1446000987B6

DATE: 01/24/2019

ORGANIZATION:

FILING REF.: The preceding agreement was dated 03/09/2018

Missouri Department of Health & Senior Services

P.O. Box 570

Jefferson, MO 65102-0570

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

| <u>TYPE</u> | <u>FROM</u> | <u>TO</u> | <u>RATE (%) LOCATION</u> | <u>APPLICABLE TO</u> |
|-------------|-------------|------------|--------------------------|----------------------|
| FIXED | 07/01/2018 | 06/30/2019 | 21.30 On Site | All Programs |
| FIXED | 07/01/2019 | 06/30/2020 | 21.40 On Site | All Programs |
| PROV. | 07/01/2020 | 06/30/2022 | 21.40 On Site | All Programs |

*BASE

Direct salaries and wages including all fringe benefits.

ORGANIZATION: Missouri Department of Health & Senior Services

AGREEMENT DATE: 1/24/2019

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Fringe Benefits

FICA

Retirement

Disability Insurance

Life Insurance

Health Insurance

Worker's Compensation

Unemployment Insurance

Your next indirect cost rate proposal based on actual costs for the fiscal year ending 06/30/2019 is due in our office by 12/31/2019.

ORGANIZATION: Missouri Department of Health & Senior Services

AGREEMENT DATE: 1/24/2019

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Missouri Department of Health & Senior Services

(INSTITUTION)

Pat Bedell

(SIGNATURE)

Pat Bedell

(NAME)

Deputy Director - Administration

(TITLE)

5/2/19

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -S

Digitally signed by Darryl W. Mayes -S
DN: cn=US, ou=U.S. Government, ou=HHS, ou=PSC,
ou=People, o=92342.19200300.100.1.1=2000131669,
c=Darryl W. Mayes -S
Date: 2019.01.28 06:07:03 -0500

(SIGNATURE)

for **Arif Karim**

(NAME)

Director, Cost Allocation Services

(TITLE)

1/24/2019

(DATE) 4557

HHS REPRESENTATIVE: Wanda Rayfield

Telephone: (214) 767-3261