

1. DATE ISSUED MM/DD/YYYY 12/13/2019		1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA No. 93.940 - HIV Prevention Activities_Health Department Based			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 5 NU62PS924577-03-00 Formerly		5. TYPE OF AWARD Other	
4a. FAIN NU62PS924577		5a. ACTION TYPE Non-Competing Continuation	
6. PROJECT PERIOD MM/DD/YYYY From 01/01/2018		Through 12/31/2022	
7. BUDGET PERIOD MM/DD/YYYY From 01/01/2020		Through 12/31/2020	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

2939 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

8. TITLE OF PROJECT (OR PROGRAM)
Integrated HIV Surveillance and Prevention Programs for Health Departments

9a. GRANTEE NAME AND ADDRESS HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF 920 Wildwood Dr Missouri Dept. of Health and Senior Services Jefferson City, MO 65109-5796	9b. GRANTEE PROJECT DIRECTOR Ms. Christine Smith 920 Wildwood Drive Jefferson City, MO 65109-5796 Phone: 573-751-6439
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10a. GRANTEE AUTHORIZING OFFICIAL Ms. Marcia Mahaney 920 WILDWOOD DR JEFFERSON CITY, MO 65109-5796 Phone: 573-751-6014	10b. FEDERAL PROJECT OFFICER Mary Allen 1600 Clifton Rd Atlanta, GA 30333 Phone: 404-639-5200
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ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION			
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 1,119,374.00			
II Total project costs including grant funds and all other financial participation		b. Less Unobligated Balance From Prior Budget Periods 0.00			
a. Salaries and Wages 237,513.00	I	c. Less Cumulative Prior Award(s) This Budget Period 0.00			
b. Fringe Benefits 142,413.00		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 1,119,374.00			
c. Total Personnel Costs 379,926.00		13. Total Federal Funds Awarded to Date for Project Period 10,074,348.00			
d. Equipment 0.00		14. RECOMMENDED FUTURE SUPPORT			
e. Supplies 91,476.00		(Subject to the availability of funds and satisfactory progress of the project):			
f. Travel 21,608.00		YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
g. Construction 0.00		a. 4		d. 7	
h. Other 18,387.00		b. 5		e. 8	
i. Contractual 526,673.00		c. 6		f. 9	
j. TOTAL DIRECT COSTS 1,038,070.00		15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:		b	
k. INDIRECT COSTS 81,304.00	a. DEDUCTION				
l. TOTAL APPROVED BUDGET 1,119,374.00		b. ADDITIONAL COSTS			
m. Federal Share 1,119,374.00		c. MATCHING			
n. Non-Federal Share 0.00		d. OTHER RESEARCH (Add / Deduct Option)			
		e. OTHER (See REMARKS)			
		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:			
		a. The grant program legislation.			
		b. The grant program regulations.			
		c. This award notice including terms and conditions, if any, noted below under REMARKS.			
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.			
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.			

REMARKS (Other Terms and Conditions Attached - Yes No)
Financial Assistance (FA) is awarded in the amount of \$1,119,374.

GRANTS MANAGEMENT OFFICIAL:

Arthur Lusby, Grants Management Officer, Team Lead
2960 Brandywine Rd
Mailstop TV-2
Atlanta, GA 30341-5509
Phone: 770.488.2865

17. OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 03	
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 0-93909SC	b. 18NU62PS924577	c. 93.940	d. PS	e. \$935,023.00	f. 75-20-0950
22. a. 0-93909SM	b. 18NU62PS924577	c. 93.940	d. PS	e. \$184,351.00	f. 75-20-0950
23. a.	b.	c.	d.	e.	f.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 12/13/2019
GRANT NO. 5 NU62PS924577-03-00	

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 12/13/2019
GRANT NO. 5 NU62PS924577-03-00	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
01/01/2018	12/31/2018	Annual	03/31/2019
01/01/2019	12/31/2019	Annual	03/30/2020
01/01/2020	12/31/2020	Annual	03/31/2021
01/01/2021	12/31/2021	Annual	03/31/2022
01/01/2022	12/31/2022	Final	03/31/2023

AWARD ATTACHMENTS

Missouri Department of Health

5 NU62PS924577-03-00

1. Terms and Conditions
2. Technical Review

Notice of Funding Opportunity (NOFO): PS18-1802**Award Number: NU62PS924577-03-00****Award Type: Cooperative Agreement****Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards****AWARD INFORMATION**

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at, <https://www.cdc.gov/grants/federalregulationspolicies/index.html> the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **PS18-1802**, entitled **Integrated HIV Surveillance and Prevention Programs for Health Departments, National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)**, and application dated **September 11, 2019**, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of **\$4,477,487.00** is approved for the Year **03** budget period, which is **January 1, 2020** through **December 31, 2020**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

The approved component funding levels for this notice of award are:

NOFO Component	Amount
Component A - Surveillance	\$737,398.00
Component A Prevention	\$3,740,089.00
Component B - DEMOs	\$0.00

Available Funding: The CDC is operating under a Continuing Resolution; as a result, the total available funding for the Fiscal Year (FY) 2020 budget period is contingent upon the enactment of applicable appropriation bill(s). Funding in the amount of **\$1,119,374.00** in Financial Assistance (FA) is awarded on this NoA.

The remainder of the budget period Approved Funding amount is subject to the availability of funds.

NOFO Component	Amount
Component A - Surveillance	\$184,351.00
Component A Prevention	\$935,023.00
Component B - DEMOs	\$0.00

The recipient must obligate, expend and disburse all funds by the end of the budget period or,

December 31, 2020. After the budget period has expired, CDC may de-obligate all funds not expended and disbursed, including unliquidated obligations.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Financial Assistance Mechanism: Cooperative Agreement

Substantial Involvement by CDC: This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

In a cooperative agreement, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Collaborate to ensure coordination and implementation of strategies to support the implementation of HIV surveillance and prevention activities.
2. Work with awardees to identify and address capacity building assistance (CBA) and TA needs that are essential to the success of the project. Awardees must work with the assigned Project Officer/Project Consultant/Epidemiologist to establish a mechanism to request direct CDC TA and establish a CBA Request Information System (CRIS) user account to facilitate receipt of CBA.
3. Provide access to training and TA that will strengthen staff capacity relevant to all required strategies and activities of the program.
4. Provide guidance to awardees and set standards on data collection, use, and submission requirements.
5. Facilitate coordination, collaboration, and, where feasible, service integration among federal agencies, other CDC funded programs, other health departments, community based organizations, local and state planning groups, other CDC directly funded programs, national capacity building assistance providers, medical care providers, laboratories, recipients of the Ryan White HIV/AIDS Treatment Extension Act of 2009, and other partners working with people living with and at greatest risk for HIV infection toward common goals of risk reduction, disease detection, and a continuum of HIV prevention, care, and treatment.
6. Monitor awardee program performance using multiple approaches, such as site visits, emails, conference calls, and standardized review of performance, grantee feedback and other data reports, to support program development, implementation, evaluation, and improvement.
7. Provide guidance and coordination to funded organizations to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.
8. Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the project period.

9. Collaborate in assessing progress toward meeting strategic and operational goals/objectives and in establishing measurement and accountability systems for 37 of 77 documenting outcomes, such as increased performance improvements and best or promising practices.
10. Collaborate on strategies to ensure the provision of appropriate and effective HIV prevention services to target populations.
11. Provide requirements and expectations for standardized and other data reporting and support monitoring and evaluation activities.
12. Share information, best practices, lessons learned, and evaluation results between awardees (e.g., through conferences, guidance, material development, webinars, data sharing publications, other social media, participation in meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects).

Technical Review Response Requirement: The reviewer comments on the strengths and weaknesses of the proposal are provided as part of this award and are located in **Grant Solutions**. A response to the weaknesses in these statements must be **uploaded for approval into Grant Solutions as a Note and submitted to the Project Officer** noted in the CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, **January 31, 2020**, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By **January 31, 2020** the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date. The Budget Revision is a prior approval submitted in **Grant Solutions as an Amendment**.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period. **Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 “Remarks” of the annual Federal Financial Report.** If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient’s authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions:

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.

- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any cooperative agreement or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See [Additional Requirement \(AR\) 12](http://www.cdc.gov/grants/additionalrequirements/index.html#ar12) (<http://www.cdc.gov/grants/additionalrequirements/index.html#ar12>) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf) (http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Awardees may not use funds to purchase antiretroviral therapy.
- Awardees may not use funds to purchase sterile needles or syringes for drug injection.
- Funding should not be used for construction purposes.

Indirect Costs:

Indirect costs are approved based on the negotiated indirect cost rate agreement dated January 1, 2019, which calculates indirect costs as follows, Fixed rate type is approved at a rate of 21.40% (on site/all programs) of the base, which includes, direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2019 to June 30, 2020.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted to your GMS/GMO no later than 90 days after the end of the budget period. To submit the FFR, login to www.grantsolutions.gov, select “Reports” from the menu bar and then click on Federal Financial Reports. The FFR for this budget period is due by **March 31, 2021**. Reporting timeframe is **January 1, 2020** through **December 31, 2020**. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, the recipient is required to contact the Grants Officer listed in the contacts section of this notice before the due date.

Annual Performance Progress Reporting: The Annual Performance Progress and Monitoring Report (is due no later than 120 days prior to the end of the budget period, **September 2, 2020**, and serves as the continuation application for the follow-on budget period. This report should include the information specified in the solicitation from the GMS/GMO via www.grantsolutions.gov .

Performance Progress and Monitoring: Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132 “Performance Progress and Monitoring Report”, Expiration Date 8/31/2020**. The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html> .

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Rhonda Colbert
Grants Management Specialist
Centers for Disease Control
Infectious Disease Services Branch
2939 Flowers Road, Mailstop TV2
Atlanta, GA 30341
Email: hvx1@cdc.gov
(Include “Mandatory Grant Disclosures” in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include “Mandatory Grant Disclosures” in subject line) or
Email: MandatoryRecipientDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PROGRAM OR FUNDING GENERAL REQUIREMENTS

HIV Program Review Panel Requirement: All written materials, audiovisual materials, pictorials, questionnaires, survey instruments, websites, educational curricula and other relevant program materials must be reviewed and approved by an established program review panel. A list of reviewed materials and approval dates must be submitted to the CDC Grants Management Specialist identified in the CDC Roles and Responsibilities section of this NoA.

Prior Approval: All requests, which require prior approval, must bear the signature of the authorized organization representative. The recipient must submit these requests by **September 2, 2020**. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests require prior approval:

- Lift funding restriction
- Significant redirection of funds (i.e. cumulative changes of 25% of total award)
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Change in key personnel
- Extensions to period of performance

Templates for prior approval requests can be found at:

<http://www.cdc.gov/grants/alreadyhavegrant/priorapprovalrequests.html>

Templates for prior approval requests can be found at:

<http://www.cdc.gov/grants/alreadyhavegrant/priorapprovalrequests.html>.

Additional information on the electronic grants administration system CDC non-research awards utilize, Grants Solutions, can be found at: <https://www.cdc.gov/grants/grantsolutions/index.html>.

Key Personnel: In accordance with 45 CFR Part 75.308, **CDC recipients must obtain prior approval from CDC for (1) change in the project director/principal investigator, business official, authorized organizational representative or other key persons specified in the NOFO, application or award document;** and (2) the disengagement from the project for more than three

months, or a 25 percent reduction in time devoted to the project, by the approved Project Director or Principal Investigator.

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the “**P Account**”. Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

This award contains funding from multiple parts. The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described in the GMO section are performed by the GMS, on behalf of the GMO.

GMS Contact:

Rhonda Colbert, Grants Management Specialist
Centers for Disease Control and Prevention (CDC)
Office of the Chief Operating Officer (OCOO)
Office of Financial Resources (OFR)
Office of Grants Services (OGS)
Infectious Disease Services Branch (IDSB)
2939 Flowers Road, Mailstop TV2
Atlanta, GA 30341
Phone: 770-488-2848
Email: hvx1@cdc.gov

Grants Management Officer: The GMO is the only official authorized to obligate federal funds and is responsible for signing the NOA, including revisions to the NOA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization. The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards.

**The Grants Management Officer's information can be found on page 1 of this Notice of Award.*

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements.

**The Project Officer's information can be found on page 1 of this Notice of Award.*

TECHNICAL REVIEW			
Notice of Funding Opportunity: PS18-1802 Integrated HIV Surveillance and Prevention Programs for Health Departments Annual Performance Report (APR) for January 1, 2019 – June 30, 2019 Year 3 Budget Period January 1, 2020 – December 31, 2020			
Health Department Name:	Missouri Department of Health (MODOH)		
Cooperative Agreement No:	1NU62PS924577		
Funding Amounts:	Component A HIV Surveillance	Component A HIV Prevention	Component B (if applicable)
Funding Amount Recommended:	\$737,398	\$3,740,089	N/A
Funding Amount Requested:	\$737,398	\$3,740,089	N/A
Name of Reviewer (HIV Prevention):	M. Angie Allen		
Reviewer's Signature:	<i>Mary A. Allen</i>	Date:	10/2/2019
Name of Reviewer (HIV Surveillance):	Shacara Johnson		
Reviewer's Signature:	<i>Shacara Johnson</i>	Date:	10/4/2019

PURPOSE: The purpose of this document is to provide a review of the Health Department's performance under Notice of Funding Opportunity PS18-1802 during the period of **January 1, 2019 through June 30, 2019** as well as a review of the Health Department's planned activities for Year 3 (January 1, 2020 through December 31, 2020). The document contains observations, recommendations, action items, and capacity building assistance needs to assist the Health Department with the development, implementation, and monitoring of the integrated HIV surveillance and prevention activities in accordance with PS18-1802, Component A and Component B (if applicable) requirements. Some sections may not be applicable to all Health Departments.

PROGRAM CATEGORIES		
Mark [X] each Component for which the recipient is funded under PS18-1802:		
Component A <input checked="" type="checkbox"/> (required)	Component B <input type="checkbox"/>	
BUDGET INFORMATION		
Select a response in the drop-down box for which the recipient provided appropriate information.		
<i>Did the Health Department:</i>	Component A	Component B (if applicable)
Provide a completed Standard Form-424A?	Yes	Choose an item.
Provide a detailed line item budget and budget justification for <u>each</u> component that is implemented for the continuation award covering January 1, 2020 thru December 31, 2020?	Yes	Choose an item.
Indicate any anticipated/estimated unobligated fund balance (SF-424A in Section A, columns c and d)?	No/Not submitted	Choose an item.
Submit the names of all proposed contractors, including period of performance, scope of work, method of selection, method of accountability, and an itemized budget and justification for the Year 3 project period?	Yes	Choose an item.
Provide the required components for all proposed consultants including the following: name of consultant, organizational affiliation, nature of services to be rendered, relevance of service to the project, number of days for consultation, and expected rate of compensation?	No/Not submitted	Choose an item.
If indirect cost was requested, did the recipient provide a current cost allocation approval letter and indirect cost rate agreement?	Yes	Not applicable
In states with directly-funded cities, is a Letter of Agreement (LOA)/Letter of Concurrence (LOC) currently in place?	Not applicable	Not applicable
Indicate if there have been any changes/updates made to the LOA currently in place or submitted a revised LOA?	Not applicable	Not applicable
Allocate funding in their budget to adequately support program strategies and activities? Please explain your response in the Monitoring Team Feedback Section.	Yes	Choose an item.
Direct Assistance (DA)		
Request or include Direct Assistance (DA)?	Not applicable	Not applicable
Submit a request for <u>new</u> DA in lieu of Financial Assistance (FA) for Year 3?	Not applicable	Not applicable
Include an <u>existing/standing</u> DA request in their budget?	Not applicable	Not applicable
Request DA for Statistical Analyst System (SAS) license?	Not applicable	Not applicable
Staffing and Management		
Indicate any current vacancies in <u>key staff</u> for Year 2 and provide a detailed plan with timeline for hiring/filling these vacancies?	Yes	Choose an item.

Indicate any changes/updates to contracts for indirectly funded service delivery entities in <i>Appendix B: Contract Information for Indirectly Funded Service Delivery Entities</i> ?	No changes/updates
Monitoring Team Feedback: Budget Information and Staffing and Management	
<p>Reviewers' Assessment:</p> <ol style="list-style-type: none"> 1. Missouri adequately allocates funding in their budget to support program strategies and activities. 2. The budget is consistent with level funding amounts which allots 16% of the total budget to surveillance and 84% to prevention. 3. Continued staff vacancies have resulted in challenges in implementing interventions and services during the reporting period. During the reporting period, the recipient experienced 10 vacancies, of which 5 vacancies have been filled. An adequate detailed plan with timeline for hiring/filling vacancies has been provided. 4. The overall budget submission is compliant with requirements to be reasonable, allowable, and adequate to support all activities/strategies. <p>Recommendations:</p> <ol style="list-style-type: none"> 1. Continue to streamline the hiring process for new program staff. <p>Action Items: (<i>Note: Please indicate if the action item(s) for Budget and Staffing and Management refer to Component A and/or B</i>)</p> <p>MODOH shall:</p> <ol style="list-style-type: none"> 1. In-State travel: Provide positions affiliated with travel, names if available, and geographic areas associated with proposed travel allocations. 2. Out-of-State travel: Provide positions/names affiliated with travel. 	

COMPONENT A: Core Strategies and Activities (Strategies 1-7)	
Select a response in the drop-down box for which the recipient provided appropriate information.	
Did the Health Department 1) describe successes and challenges for Year 2 and 2) describe any anticipated changes being made in Year 3 for the required core strategies and associated activities below?	
Strategy 1: Systematic collection, analysis, interpretation, and dissemination of HIV data for surveillance and prevention program monitoring and evaluation	Yes
a. Has the jurisdiction implemented and maintained activities to support complete laboratory reporting of all HIV-related tests?	Yes
b. Was the volume of CD4 and viral load laboratory test results received between January-June 2019 similar ($\leq 5\%$ change) to the volume received for the six months prior (July-December 2018)?	Yes

c. Were all CD4 and viral load laboratory test results reported to the Health Department between January-June 2019 submitted to CDC each month?	Yes
If the recipient responded “No” to questions a, b or c above, did they provide an explanation?	Choose an item.
Did the recipient submit their updated Evaluation Performance Measurement Plan (EPMP) for Year 2?	Yes
Strategy 2: Identification of persons with HIV infection and uninfected persons at risk for HIV infection	Yes
Strategy 3: Development, maintenance, and implementation of plans to respond to HIV transmission clusters and outbreaks	Yes
Did the recipient identify any molecular clusters within the jurisdiction?	No
Did the recipient identify any time-space clusters within the jurisdiction?	No
Did the recipient provide the information requested for <i>Appendix F – Foundational Activities Assessment Checklist</i> ?	Yes
Strategy 4: Comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)	Yes
Did the recipient provide the information requested for their definition/criteria considered for “linked to care”?	Yes
Strategy 5: Comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection	Yes
Did the recipient describe which populations and what activities were supported for high-risk HIV-negative individuals?	Yes
Strategy 6: Perinatal HIV prevention and surveillance activities	Yes
Strategy 7: Community-level HIV prevention activities	Yes
Did the recipient provide the information requested for <i>Social Marketing Campaigns</i> ?	Yes
Provide the total number of condoms distributed during the reporting period?	514,411
Did the recipient provide the information requested for <i>Syringe Services Programs (SSPs)</i> ?	Yes
If you selected “no” for any of the questions for strategies 1-7, indicate below any information not provided:	
Monitoring Team Feedback: Core Strategies and Activities	

Reviewers' Assessment of Progress Made Towards Implementation:

Missouri Department of Health and Senior Services (MODOH) is making progress in their continued implementation of PS18-1802 strategies and activities. However, the recipient has also faced several challenges due to staffing and has delayed implementation of certain activities under PS18-1802. Their progress was assessed from the information provided on quarterly calls and in their annual performance, and evaluation and performance management reports.

Strategy 1: MODOH is meeting standard outcomes in many of their activities under Strategy 1 at mid-year despite the number of the new surveillance activities implemented in PS18-1802. The recipient is in the final stages of their ELR infrastructure with plans to import approximately 50% of laboratory reports directly into eHARS. The recipient monitors data quarterly and identify strategies and implement ad-hoc systems as necessary to increase the quality and completeness of their data. The recipient has outlined challenges faced during January-June 2019 but has proposed actionable steps to address these challenges.

Strategy 2: Based on submitted National Monitoring and Evaluation (NHM&E) data in Evaluation Web for Q1 and Q2 during the reporting period, the recipient was successful in meeting several NOFO and National Indicators. However, the recipient was challenged in meeting other NOFO and National Indicators.

- 42,107, valid test events were conducted during the reporting period, with all clients testing in healthcare clinical settings.
- A total of 69 newly diagnosed clients were identified (0.5% sero-positivity rate), 47.8% were linked to care within 30 days and 75.4% were linked to medical care within 90 days; and 79.7% were interviewed for partner services. Although linkage to medical is improving from YR 01 these outcomes need to be remedied.

Strategy 3: MODOH has faced challenges in its implementation. The recipient communicated concerns to CDC about fully conducting cluster/outbreak response activities due to the potential of unintended legal consequences (including data protections and sharing) and violation of community trust. The recipient continues the discussion with their leadership, their DHSS Office of General Counsel, and CDC to identify potential solutions for this activity.

Strategy 4: Linkage to medical care in Missouri is defined as when a PLWH is seen by a health care provider and reported as having a CD4/viral load reported after diagnosis is entered into eHARS.

According to data submitted in EvaluationWeb, the recipient is not on track to reach the NOFO indicators of 85% for linkage to care and partner services. Besides implementing HIV behavioral risk reduction interventions for PLWH, the program must also ensure at least 85% of HIV-positive persons are screened and referred for HIV behavioral risk reduction services.

Strategy 5: The recipient reported that the vast majority of PrEP providers are located in or near large metropolitan areas which causes some residents of rural communities to travel several hours in order to get PrEP. The recipient is discussing the feasibility of telemedicine for PrEP for regions without PrEP providers, which could improve outcomes for those referred to PrEP providers.

Strategy 6: MODOH is working with the MCH program on HIV testing for pregnant women (e.g. at the first and third trimester) in the jurisdiction. The recipient is continuing to conduct both perinatal (e.g. exposure reporting) and case surveillance activities through their monthly birth registry matching to find potential perinatal exposures and previously unreported HIV positive mothers in eHARS. However, the recipient has experienced several challenges in completing perinatal exposure investigations due to the

vacancy of their HIV Surveillance Coordinator position and the re-structuring of the Hepatitis B program (program partner assisting in perinatal exposure investigations).

Strategy 7: During the reporting period, the recipient promoted several CDC social marketing campaigns via events and material distribution, traditional advertisement and social media. A social marketing campaign to promote condom distribution was disseminated via websites and mobile application.

Recommendations:

Strategy 2: The recipient should continue to work with non-healthcare testing sites to identify opportunities to reach those most at-risk for HIV.

Strategy 3: CDC recommends the recipient continue to strategize solutions with their program/bureau leadership and MO DHHS Office of General Counsel for the implementation of this activity (collection and analysis of HIV sequence data). At their discretion, the recipient is also encouraged to seek technical assistance/capacity building through available resources such as jurisdictional peer-to-peer exchange or non-profit member associations (e.g., NASTAD). MODOH is also recommended to continue discussions with CDC to request technical assistance (if needed) and provide quarterly updates on their efforts to implement Strategy 3 to their PS18-1802 Joint Monitoring Team (JMT) in Year 3.

MODOH should continue to assess clusters using the time-space analytic method and revise their draft implementation plan (as needed) in response to a cluster of concern or outbreak.

Strategy 6: CDC recommends the recipient to continue to strategize solutions (e.g., hire temporary workers or interns, or collaborate with the perinatal syphilis program) for conducting/following up on perinatal exposure investigations until their HIV Surveillance Coordinator vacancy is filled. The recipient is also recommended to regularly conduct data assessments (for perinatal cases) and evaluate care coordination and linkage activities of expectant mothers (including foreign-born) in the jurisdiction. If a perinatal case is identified, the recipient shall conduct FIMR, and follow-up with identified care providers to provide any necessary training or technical assistance as appropriate.

Action Items: Responses to action items are due to CDC by January 31, 2020.

1. MODOH shall provide a synopsis of their laws that form the basis for their concerns regarding unintended legal consequences under activities for Strategy 3 (collection and analysis of HIV sequence data). This synopsis should also include details for the following:
 - a. Provide a description of the unintended legal consequences anticipated.
 - b. Describe how these consequences will negatively impact community trust and the program's ability to fully implement cluster and outbreak response.
 - c. Describe what alternative strategies may be implemented to mitigate the impact of the anticipated legal consequences.
 - d. Describe how the anticipated unintended legal consequences impact other programs (e.g., Care/Data to Care, Partner Services).
 - e. Provide an assessment of HIV data protection policies and protocols to ensure the security and confidentiality of HIV surveillance and program data that could mitigate unintended legal consequences.
2. MODOH shall describe how the program intends to conduct cluster and outbreak investigations without collection and analysis of HIV sequence data.

3. MODOH shall develop an implementation plan (with timeline) for the collection and analysis of HIV sequence data to fully conduct response activities. This plan should also describe how the program will mitigate the potential unintended consequences from their synopsis.
4. MODOH should provide a plan to implement perinatal exposure investigations. The recipient should be in the implementation stage of their plan by May 1, 2020.
5. The recipient shall submit CBA request for the following:
 - a. HIV testing in non-clinical settings
 - b. Social Networking Strategy
 - c. Linkage to medical care, treatment and prevention services
 - d. Retention in medical care, treatment and prevention services.
 - e. Re-engagement with care for PWH who are currently not in care
 - f. Antiretroviral therapy (ART) early initiation.
 - g. Assessing and improving performance of HIV testing programs based in clinical and non-clinical settings.

COMPONENT A: Operational and Foundational Strategies and Activities (Strategies 8-11)	
Select a response in the drop-down box for which the recipient provided appropriate information.	
Did the Health Department 1) describe any successes and challenges for Year 2 and 2) describe any anticipated changes being made in Year 3 for the required operational and foundational strategies and associated activities?	
Strategy 8: Partnerships for integrated HIV prevention and care planning	Yes
Did the recipient make any changes to their Integrated HIV Prevention and Care Plan and/or planning group process?	No
Strategy 9: Implementation of structural strategies to support and facilitate HIV surveillance and prevention	Yes
Did the recipient describe the procedures being used or intend to use to ensure data are secured when stateno/cityno information is shared and stored between <i>eHARS and EvaluationWeb</i> ?	Yes
Did the recipient submit <i>Appendix D: FY 2020 SAS Licensing Request/Memorandum of Acceptance and 2019 List of Assigned SAS Users</i> ?	Yes
Did the recipient submit the signed <i>Certification of Compliance with the NCHHSTP Data Security and Confidentiality Standards for the reporting period</i> ?	Yes

Strategy 10: Data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities	Yes
Did the recipient describe how surveillance data was disseminated to inform prevention activities?	Yes
Did the recipient describe the dissemination of program monitoring and evaluation data and how feedback is shared with healthcare and non-healthcare providers and other community partners to inform and/or improve HIV prevention efforts?	Yes
Did the recipient provide the information requested in <i>Appendix A: Resource Allocation (Areas within the Jurisdiction with the Greatest Burden of HIV Disease)</i> ?	Yes
Reviewers' Input: Is the recipient's resource allocation plan consistent with its geographic burden and planned strategies in those geographic areas identified in Appendix A? Yes.	Yes
Strategy 11: Capacity building activities for HIV programs, epidemiologic science, and geocoding	Yes
Did the recipient indicate if CBA/TA provided met their needs/expectations?	Yes
Did the recipient submit their Assurances of Compliance (Appendix C) to CDC?	Yes
If you select "no" for any of the questions for strategies 8-11, indicate below any information not provided.	
Monitoring Team Feedback: Operational and Foundational Strategies and Activities	

Reviewers' Assessment of Progress Made Towards Implementation:

Strategy 8: Overall, MODOH is making progress toward conducting integrated HIV prevention and care planning. The program has implemented structural strategies to support and facilitate HIV surveillance and prevention. MODOH will need to increase efforts in the use of data to plan, monitor, evaluate and improve HIV surveillance and prevention programs in order to monitor the impact of local HIV prevention efforts.

Strategy 9: This strategy supports efforts to align existing structures, policies and rules to create an enabling environment for optimal surveillance, prevention, care and treatment activities where applicable. The recipient communicated concerns to CDC about fully conducting cluster/outbreak response activities due to the potential of unintended legal consequences (including data protections and sharing) and violation of community trust. The recipient continues the discussion with their leadership, their DHSS Office of General Counsel, and CDC to identify potential solutions for this activity and other integrated activities to ensure policies of data security, confidentiality, and sharing are maintained. The description of their plans to ensure stateno/cityno security seems adequate and reasonable.

Strategy 10: The recipient has strong data management and analytic capacity to support their integrated activities. The recipient continuously monitors and evaluates their data to assess whether strategy objectives are met accordingly. The recipient produces an integrated epidemiologic profile, HIV Continuum of Care, and other reports and relevant program materials for their partners and other stakeholders. The recipient is working to enhancing their data infrastructure to conduct ELR and geocoding activities.

Strategy 11: The recipient has cross-trained relevant staff on data to care activities and reviewed CDC technical guidance documents. The recipient has continued their analytic/informatics capacity through SAS and ArcGIS trainings. The recipient will continue to strategize solutions and as necessary, request capacity-building with CDC (e.g., PS18-1802 JMT surveillance project officer or HICSB Geocoding and Data Linkage workgroup member) for their geocoding activities using CDC-provided tools (in preparation for their end of the year data submissions).

Recommendations:

Strategy 9: CDC recommends the recipient continue to strategize solutions with their program/bureau leadership and MO DHHS Office of General Counsel for the implementation of Strategy 3 (collection and analysis of HIV sequence data) as well as other integrated activities to ensure policies of data security, confidentiality, and sharing are maintained. At their discretion, the recipient is also encouraged to seek technical assistance/capacity building through available resources such as jurisdictional peer-to-peer exchange or non-profit member associations (e.g., NASTAD).

Strategy 11: Due to staff turnover in their MODOH IT, the recipient is recommended to continue capacity-building with CDC (e.g., PS18-1802 JMT surveillance project officer or HICSB Geocoding and Data Linkage workgroup member), as necessary, in using CDC-provided tools in preparation for their end of the year geocoded data submissions.

Action Items:

None

OVERALL MONITORING TEAM SUMMARY: COMPONENT A

Reviewers' Assessment of Progress and Implementation (feedback/comments)

Overall, MODOH is making efforts toward implementation of a comprehensive and integrated HIV surveillance and prevention program to prevent new infections; improve health outcomes for persons living with HIV infection, including achieving and sustaining viral suppression; and reduction of health related disparities in accordance with the national prevention goals and indicators.

Summary of Strengths

MODOH continues to serve its state, conducting HIV surveillance and providing HIV prevention services. Program staff are experienced and dedicated and has established critical partnerships with local stakeholders to provide comprehensive services. MODOH has strong data management and informatics capacity to support their integrated activities. The JMT believes these strengths will aid in keeping the program sustainable.

Summary of Weaknesses

Staff turnovers has delayed certain integrated case surveillance and prevention activities. Specifically, these staff vacancies have impacted the timelines for patient interviews as well as the provision of services for HIV-negatives persons in the rural regions.

Summary of Recommendations

1. The recipient should continue to work with non-healthcare testing sites to identify opportunities to reach those most at-risk for HIV.
2. CDC recommends the recipient continue to strategize solutions with their program/bureau leadership and MO DHHS Office of General Counsel for the implementation of this activity (collection and analysis of HIV sequence data) as well as other integrated activities to ensure policies of data security, confidentiality, and sharing are maintained. At their discretion, the recipient is also encouraged to seek technical assistance/capacity building through available resources such as jurisdictional peer-to-peer exchange or non-profit member associations (e.g., NASTAD). MODOH is also recommended to continue discussions with CDC to request technical assistance (if needed) and provide quarterly updates on their efforts to implement Strategy 3 to their PS18-1802 Joint Monitoring Team (JMT) in Year 3.
3. MODOH should continue to assess clusters using the time-space analytic method and revise their draft implementation plan (as needed) in response to a cluster of concern or outbreak.
4. CDC recommends the recipient to continue to strategize solutions (e.g., hire temporary workers or interns, or collaborate with the perinatal syphilis program) for conducting/following up on perinatal exposure investigations until their HIV Surveillance Coordinator vacancy is filled.
 - o The recipient is also recommended to regularly conduct data assessments (for perinatal cases) and evaluate care coordination and linkage activities of expectant mothers (including foreign-born) in the jurisdiction.

- If a perinatal case is identified, the recipient shall conduct FIMR, and follow-up with identified care providers to provide any necessary training or technical assistance as appropriate.
5. Due to staff turnover in their MODOH IT, the recipient is recommended to continue strategize solutions and as necessary, request capacity-building with CDC (e.g., PS18-1802 JMT surveillance project officer or HICSB Geocoding and Data Linkage workgroup member) in using CDC-provided tools in preparation for their end of the year geocoded data submission.

Action Items

Responses to action items are due by January 31, 2020.

1. MODOH shall provide a synopsis of their laws that form the basis for their concerns regarding unintended legal consequences under activities for Strategy 3 (collection and analysis of HIV sequence data). This synopsis should also include details for the following:
 - a. Provide a description of the unintended legal consequences anticipated.
 - b. Describe how these consequences will negatively impact community trust and the program's ability to fully implement cluster and outbreak response.
 - c. Describe what alternative strategies may be implemented to mitigate the impact of the anticipated legal consequences.
 - d. Describe how the anticipated unintended legal consequences impact other programs (e.g., Care/Data to Care, Partner Services).
 - e. Provide an assessment of HIV data protection policies and protocols to ensure the security and confidentiality of HIV surveillance and program data that could mitigate unintended legal consequences.
2. MODOH shall describe how the program intends to conduct cluster and outbreak investigations without collection and analysis of HIV sequence data.
3. MODOH shall develop an implementation plan (with timeline) for the collection and analysis of HIV sequence data to fully conduct response activities. This plan should also describe how the program will mitigate the potential unintended consequences from their synopsis.
4. MODOH should provide a plan to implement perinatal exposure investigations. The recipient should be in the implementation stage of their plan by May 1, 2020.
5. The recipient shall submit CBA request for the following:
 - a. HIV testing in Nonclinical Settings
 - b. Social Networking Strategy
 - c. Linkage to medical care, treatment and prevention services
 - d. Retention in medical care, treatment and prevention services.
 - e. Re-engagement with care for PWH who are currently not in care

- f. Antiretroviral therapy (ART) early initiation.
- g. Assessing and improving performance of HIV testing programs based in clinical and non-clinical settings.

NHM&E DATA SUBMISSION (HIV Prevention Only)	
NHM&E Data Tables extracted from EvaluationWeb® with data submitted as of September 16, 2019.	
Select a response in the drop-down box for which the recipient provided appropriate information.	
Did the recipient provide any additional comments or clarifications regarding their NHM&E data submission including justification for partial/late data submission?	No
If yes, provide comments or clarifications stated by the recipient here:	
PS18-1802 DATA TABLES (HIV Prevention Only)	
<p><u>Note:</u> The information included in the PS18-1802 Data Tables (auto-populated from EvaluationWeb) will be used to review progress made towards meeting the performance standards, unless otherwise noted.</p> <p>Please review PS18-1802 Data Tables to assess progress towards meeting Performance Standards.</p> <p>Indicate if any information is missing from the PS18-1802 Data Tables below: The Partner Services tables (Table 13 and Table 14) were omitted. These tables will be populated and submitted to you the recipient at a later time.</p>	
Reviewers' Assessment of PS18-1802 Data Tables	
Based on submitted National Monitoring and Evaluation (NHM&E) data in Evaluation Web for Q1 and Q2 during the reporting period, the recipient was successful in meeting several NOFO and National Indicators. However, the recipient could benefit from CBA/TA recommended by project officer to assist in overcoming challenges in meeting other NOFO and National Indicators.	

COMPONENT B: Demonstration Projects <input checked="" type="checkbox"/> Not Applicable	
Select a response in the drop-down box for which the recipient provided appropriate information.	
Did the Health Department provide the following information for their funded demonstration project during the reporting period?	
Describe updates to the project planning and implementation activities?	Choose an item.
Describe any technical assistance needs and resources needed for their demonstration project?	Choose an item.
Describe any successes experienced with their demonstration project?	Choose an item.
Describe any challenges experienced with their demonstration project?	Choose an item.
Describe any anticipated changes for Year 3 to their demonstration project?	Choose an item.
Indicate if all key staff were in place?	Choose an item.

OVERALL MONITORING TEAM SUMMARY: COMPONENT B

Reviewers' Assessment of Progress and Implementation (feedback/comments)

Summary of Strengths

Summary of Weaknesses

Summary of Recommendations

Action Items

Responses to action items are due to CDC within 30 days of the start of the budget period (by January 31, 2020).

The recipient must respond to the following action items(s):

**SUMMARY OF CAPACITY BUILDING NEEDS:
(As Identified by Monitoring Team or Health Department)**

The recipient shall submit CBA request for the following CDC Technical Assistance:

HIV testing in Nonclinical Settings

Social Networking Strategy

Linkage to medical care, treatment and prevention services

Retention in medical care, treatment and prevention services.

Re-engagement with care for PWH who are currently not in care

Antiretroviral therapy (ART) early initiation.

Assessing and improving performance of HIV testing programs based in clinical and non-clinical settings.

FUNDING IS RECOMMENDED:

**Component A
HIV Surveillance**

**Component A
HIV Prevention**

**Component B
(if applicable)**

Restriction(s), Withholding(s), or Condition(s)

No

No

Choose an item.

List the Restriction(s), Withholding(s), or Condition(s) with amounts and issues in the table below.
(This includes issues found on the 424A form and/or the budget justification).

AMOUNT	ISSUE
\$	
\$	