



Grant Number: 1H23IP000540-01

Principal Investigator(s):

Cathy Sullivan

Project Title: CAPACITY BUILDING ASSISTANCE TO STRENGTHEN PUBLIC HEALTH

DIRECTOR
MISSOURI DEPT OF HHS
920 WILDWOOD DRIVE
PO BOX 570
JEFFERSON CITY, MI 651020570

Budget Period: 09/01/2011 – 08/31/2012

Project Period: 09/01/2011 – 08/31/2013

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$1,397,940 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to MISSOURI STATE DEPARTMENT OF HEALTH & SENIOR SERVICES in support of the above referenced project. This award is pursuant to the authority of PHS 317, 42 USC, SEC. 247B and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Hector Buitrago
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

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 submit a letter explaining the reason and date by which the Grants Officer will receive the information.

11. ASSISTANCE AWARD CLOSE-OUT REQUIREMENTS

a) FINAL FEDERAL FINANCIAL REPORT (FFR) (SF 425) is due 90 days after the end of the project period. An original and two copies are required. At a minimum it should include the following:

- A statement of progress made toward the achievement of originally stated aims
- A description of results (positive or negative) considered significant
- A list of publications resulting from the project, with plans, if any, for further publication.

An original and two copies are required. The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. Handwritten forms will not be accepted. Electronic versions of the form can be downloaded into Adobe Acrobat and completed on-line by visiting: <http://www.whitehouse.gov/omb/grants>. This report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Health and Human Services Payment Management System (PMS), you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury

12. MONTHLY PROGRESS REPORT

Will be due 30 days from the date of the Notice of Award and monthly thereafter. Due Date: October 1, 2011. Reports should contain cumulative data/information. A template will be developed in collaboration with the awardees, but monthly reports should contain, at a minimum, the following:

Project overview
Work Progress during the previous month
Status of Implemented Activities
Difficulties Encountered
Future Activities

13. PROGRESS REPORTING

The Interim Progress Report (IPR) will serve as the non-competing continuation application. IPR reporting timeframe is: September 1, 2011 - March 1, 2012. A due date and specific IPR guidance will be provided at a later date.

The report must contain the following:

Status/Progress of Current Budget Period Goals and Objectives
Also include key organizational changes, key staff changes, and an implementation plan for each activity.
Current Budget Period Financial Progress and amount of estimated unobligated balances
New Budget Period Program Proposed Activity Objectives and timelines
Ensure Objectives are specific, measurable, appropriate, realistic, and time-phased.
Measures of Effectiveness.
Additional requested information.
Detailed Line-Item Budget and Justification.
Use the SF424 forms: http://www.whitehouse.gov/omb/grants/grants_forms.html
For the Budget details and justification follow the Budget Guidelines at:
<http://www.cdc.gov/od/pgo/funding/grantmain.htm>

14. AUDIT REQUIREMENT

An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within

the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

The audit report must be sent to:
Federal Audit Clearing House
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: govns.fac@census.gov

It is very helpful to CDC managers if the recipient sends a courtesy copy of completed audits and any management letters on a voluntary basis to the following address.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention (CDC)
ATTN: Audit Resolution, Mail Stop E-14
2920 Brandywine Road
Atlanta, GA 30341-4146

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or cooperative agreement funds received exceed \$500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantee's own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub-recipient to permit independent auditors to have access to the sub-recipient's records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

15. SUBGRANT/SUBRECIPIENT AWARDS

Seed Grants/Sub-Grants are not authorized under this program or included in Program authorizing legislature. As a result, the recipient is not permitted to fund seed grants or sub-grants. Recipient must issue proposed funding as a procurement requirement per the organization's established procedures.

16. TRAVEL COST

In accordance with Health and Human Services (HHS) Grants Policy Statement, travel is only allowable for personnel directly charged and approved on the grant/cooperative agreement. There must be a direct benefit imparted on behalf of the traveler as it applies to the approved activities of the Notice of Award. To prevent disallowance of cost, Recipient is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization's established travel policies and procedures.

17. FOOD AND MEALS

Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel.

18. PRIOR APPROVAL

All requests, which require prior approval, must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director named on this notice of award. The request must be postmarked no later than 120 days prior to the end date of the current budget period and submitted with an original plus two copies. Any requests received that reflect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

Prior approval is required but is not limited to the following types or requests: 1) Use of unobligated funds from prior budget period (Carryover); 2) Lift funding restriction, withholding, or disallowance, 3) Redirection of funds, 4) Change in Contractor/Consultant; 5) Supplemental funds; 6) Response to Technical Review or Summary Statement, 7) Change in Key Personnel, or 8) Liquidation Extensions.

19. CORRESPONDENCE

ALL correspondence (including emails and faxes) regarding this award must be dated, identified with the AWARD NUMBER: 1H23IP000540, and include a point of contact (name, phone, fax, and email). All correspondence should be addressed to the Grants Management Specialist listed below and submitted with an original plus two copies.

Michael Vance, Grants Management Specialist
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Procurement and Grants Office Branch II
2920 Brandywine Road, Mail Stop K14
Atlanta, GA 30341-4146
Telephone: 770-488-2686
Fax: 770-488-2044
Email: mav5@cdc.gov

20. INVENTIONS

Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

21. PUBLICATIONS: Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

This publication (journal article, etc.) was supported by the Cooperative Agreement Number: 1 H23IP000540 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

22. CONFERENCE DISCLAIMER AND USE OF LOGOS

Disclaimer. If a conference is funded by a grant, cooperative agreement, sub-grant and/or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily do not reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logos. Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the conference source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, and contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the grantee must ensure written consent is received from the Project Officer and/or the Grants Management Officer.

23. EQUIPMENT AND PRODUCTS

To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The grantee may use its own property management standards and procedures provided it observes provisions of the following sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92:

i. Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher education, hospitals, and other non-profit organizations. For additional information, please review the following website: <http://www.whitehouse.gov/omb/circulars/a110/a110.html>

ii. 45 CFR Parts 92.31 and 92.32 provides the uniform administrative requirement for grants and cooperative agreements to state, local and tribal governments. For additional information, please review the following website listed: http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html

24. INSPECTOR GENERAL

For your information, United States Department of Health and Human Services' Inspector General maintains a toll-free telephone number, (800) 368-5779, for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Such reports are kept confidential, and callers may decline to give their names if they choose to remain anonymous.

25. PROGRAM INCOME

Any program income generated under this cooperative agreement will be used in accordance with the additional cost alternative. The disposition of program income must have written prior approval from the Grants Management Officer.

Additional Costs Alternative--Used for costs that are in addition to the allowable costs of the project for any purposes that further the objectives of the legislation under which the cooperative agreement was made. General program income subject to this alternative shall be reported on lines 10r and 10s, as appropriate, of the FSR (Long Form).

26. KEY PERSONNEL

In accordance with 45 CFR 74.25(c)(2) & (3) CDC recipients shall obtain prior approvals from CDC for (1) change in the project director or principal investigator or other key persons specified in the application or award document, and (2) the absence for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

27. TRAFFICKING IN PERSONS

This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award terms and conditions, please review the following website: http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtm

28. ACKNOWLEDGMENT OF FEDERAL SUPPORT

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of

Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

29. ANTI-LOBBYING ACT

Anti-Lobbying Act requirements prohibit lobbying Congress with appropriated Federal monies. Specifically, this Act prohibits the use of Federal funds for direct or indirect communications intended or designed to influence a Member of Congress with regard to specific Federal legislation. This prohibition includes the funding and assistance of public grassroots campaigns intended or designed to influence Members of Congress with regard to specific legislation or appropriation by Congress.

In addition to the restrictions in the Anti-Lobbying Act, CDC interprets the new language in the CDC's Appropriations Act to mean that CDC's funds may not be spent on political action or other activities designed to affect the passage of specific Federal, State, or local legislation intended to restrict or control the purchase or use of firearms.

For the full text of the award terms and conditions, please review the following CDC website:
http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm#ar13

30. PAYMENT INFORMATION

Sub-account Title in the Payment Management System(PMS): IMMUNIZATIONINFRAS11

Note: The sub-account title will assist your organization in identifying the correct account when requesting funds in PMS.

Automatic Drawdown (Direct/Advance Payments):

Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

a.) PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM
P.O. Box 6021
Rockville, MD 20852

Phone Number: (877) 614-5533
Email: PMSSupport@psc.gov
Website: http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true

Please Note: To obtain the contact information of DPM staff within respective Payment Branches refer to the links listed below:

University and Non-Profit Payment Branch:
http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true

Governmental and Tribal Payment Branch:
http://www.dpm.psc.gov/contacts/dpm_contact_list/gov_tribal.aspx?explorer.event=true

Cross Servicing Payment Branch:
http://www.dpm.psc.gov/contacts/dpm_contact_list/cross_servicing.aspx

International Payment Branch:
Bhavin Patel (301) 443-9188
Note: Mr. Patel is the only staff person designated to handle all of CDC's international cooperative agreements.

b.) If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

US Department of Health and Human Services

PSC/DFO/Division of Payment Management
7700 Wisconsin Avenue 10th Floor
Bethesda, MD 20814

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

31. ACCEPTANCE OF THE TERMS OF AN AWARD

By drawing or otherwise obtaining funds from the grant payment system, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer.

32. CERTIFICATION STATEMENT

By drawing down funds, Awardees certifies that proper financial management controls and accounting systems to include personnel policies and procedures have been established to adequately administer Federal awards and funds drawn down are being used in accordance with applicable Federal cost principles, regulations and Budget and Congressional intent of the President.

AR 29: Compliance with EO13513, ?Federal Leadership on Reducing Text Messaging while Driving,? October 1, 2009.

Recipients and sub-recipients of CDC grant funds are prohibited both from texting while driving a Government owned vehicle and/or using Government furnished electronic equipment while driving any vehicle. Texting means reading from or entering data into any handheld or other electronic device, including SMS texting, e-mailing, instant messaging, obtaining navigational information, or engaging in any other form of electronic data retrieval or electronic data communication. Driving means operating a motor vehicle on an active roadway with the motor running, including while temporarily stationary due to traffic, a traffic light, and stop sign or otherwise. Driving does not include operating a motor vehicle with or without the motor running when one has pulled over to the side of, or off, an active roadway and has halted in a location where one can safely remain stationary. Grant recipients and sub recipients are responsible for ensuring their employees are aware of this prohibition and adhere to this prohibition.

CDC PROGRAMMATIC CONTACT:

Program Area 1

Gary Urquhart
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases
1600 Clifton Road, NE MS A19
Atlanta, GA 30333
(T) 404-639-8277
Email: GAU5@cdc.gov

Program Area 3

Duane Kilgus
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases
1600 Clifton Road, NE MS E52
Atlanta, GA 30333
(T) 404-639-6354
(F) 404-639-8288
Email: DGK9@cdc.gov

ATTACHMENT 1							
Page 1 of 1							
CDC-RFA-IP11-1107PPHF11 Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance							
Grantee Name: Missouri		Grant Number: 1 H23 IP000540-01					
	Part I Enhancing Immunization Information Systems (IIS)		Part II Enhancing Grantees' Infrastructure to Improve Operations				Total Award Amounts
	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Program Area 5	Program Area 6	
Salaries/Wages	\$ 135,312	\$ -	\$ 41,450	\$ -	\$ -	\$ -	\$ 176,762
Fringe Benefits	\$ 64,274	\$ -	\$ 19,689	\$ -	\$ -	\$ -	\$ 83,963
Consultant Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ 2,398	\$ -	\$ -	\$ -	\$ 2,398
Other	\$ 5,743	\$ -	\$ 2,051	\$ -	\$ -	\$ -	\$ 7,794
Contractual Costs	\$ 605,592	\$ -	\$ 459,900	\$ -	\$ -	\$ -	\$ 1,065,492
Total Direct	\$ 810,921	\$ -	\$ 525,488	\$ -	\$ -	\$ -	\$ 1,336,409
Indirect	\$ 47,102	\$ -	\$ 14,429	\$ -	\$ -	\$ -	\$ 61,531
Total Award	\$ 858,023	\$ -	\$ 539,917	\$ -	\$ -	\$ -	\$ 1,397,940

Grantee Name: Missouri (1 H23 IP000540-01)						
Program Area 1						
IP11-1107PPHF11 Fiscal Year 2011						
DO NOT FILL IN HIGHLIGHTED CELLS						
Category			Requested	Recommended	Difference	If different, reference page # and footnote program. Give justification below Summary Approved Budget.
A. PERSONNEL						
1. BIAA Project Manager			\$0	\$0	\$0	
2. ITSD Computer Information Technology Specialist				\$0	\$0	
3. ITSD Contractor Project Manager				\$0	\$0	
4. Contractor Software Application Developer(1.0 FTE)				\$0	\$0	
5. Contractor Database Analyst (1.0 FTE)				\$0	\$0	
6. Contractor Business Analyst (2.0 FTE)						
7. ITSD Computer Information Technology Specialist 1 (1.0 FTE)						
Personnel Subtotal			\$150,347	\$135,312	(\$15,035)	
B. FRINGE						
1 personnel x 30%			\$71,415	\$64,274	(\$7,142)	
				\$0	\$0	
Fringe Subtotal			\$71,415	\$64,274	(\$7,142)	
Total Personnel and Fringe			\$221,762	\$199,586	(\$22,176)	
C. CONSULTANT						
Name of Consultant				\$0	\$0	
Total Consultant			\$0	\$0	\$0	
D. EQUIPMENT						
				\$0	\$0	
Total Equipment			\$0	\$0	\$0	
E. SUPPLIES						
General office supplies				\$0	\$0	
Other items				\$0	\$0	
Other items				\$0	\$0	
Total Supplies			\$0	\$0	\$0	
F. TRAVEL						
1 In-State				\$0	\$0	
2 Out-of-State				\$0	\$0	
Total Travel			\$0	\$0	\$0	
G. OTHER						
1 Other items			\$6,381	\$5,743	(\$638)	Footnote 1:
2. Other items				\$0	\$0	
3. Other items				\$0	\$0	
Total Other			\$6,381	\$5,743	(\$638)	
H. CONTRACTUAL						
1 Name of Contractor			\$672,880	\$605,592	(\$67,288)	
				\$0	\$0	
				\$0	\$0	
Total Contractual			\$672,880	\$605,592	(\$67,288)	
TOTAL DIRECT COSTS			\$901,023	\$810,921	(\$90,102)	
I. INDIRECT COSTS (x 7.2%)			\$52,336	\$47,102	(\$5,234)	
TOTAL DIRECT AND INDIRECT COSTS			\$953,359	\$858,023	(\$95,336)	

Grantee Name: Missouri (1 H23 IP000540-01)
Summary Approved Budget - Fiscal Year 2011

DO NOT FILL IN HIGHLIGHTED CELLS		
Line Item	Approved	*Funding Summary
A. Personnel	\$135,312	Est. Unobligated Funds \$0
B. Fringe	\$64,274	Total FY 11 New Funds \$0
C. Consultant	\$0	Total FY 11 Approved Budget \$0
D. Equipment	\$0	
E. Supplies	\$0	
F. Travel	\$0	
G. Other	\$5,743	
H. Contractual	\$605,592	
Total Direct Costs	\$810,921	
I. Indirect Cost	\$47,102	
Total Approved Budget *	\$858,023	

Footnote 1: Unspecified "Other" budget not allowed unless specified with justification.

Missouri (1 H23 IP000540-01)						
Program Area 3						
IP11-1107PPHF11 FY 2011						
Category				Requested	Recommended	Difference
A. PERSONNEL						
Principal Investigator(10% of time)	\$60,000 x .10 x =	\$6,000		\$6,000	\$5,400	(\$600)
HPR III(20% of time)	\$40,968 x .20=	\$8,194		\$8,194	\$7,375	(\$819)
Planner II(15% of time)	\$47,184 x .15=	\$7,078		\$7,078	\$6,370	(\$708)
Planner III(40 % of time)	\$48,084 x .40=	\$19,234		\$19,234	\$17,311	(\$1,923)
MAS II(5% of time)	\$41,712 x .05=	\$2,086		\$2,086	\$1,877	(\$209)
Exec II(10% of time)	\$34,644 x .10=	\$3,464		\$3,464	\$3,118	(\$346)
<i>Personnel Subtotal</i>				\$46,056	\$41,450	(\$4,606)
B. FRINGE	47.5%x46,056			\$21,877	\$19,689	(\$2,188)
					\$0	\$0
<i>Fringe Subtotal</i>				\$21,877	\$19,689	(\$2,188)
Total Personnel and Fringe				\$67,933	\$61,139	(\$6,793)
C. CONSULTANT						
Name of Consultant				\$0	\$0	\$0
Total Consultant				\$0	\$0	\$0
D. EQUIPMENT						
Total Equipment				\$0	\$0	\$0
E. SUPPLIES						
General office supplies				\$0	\$0	\$0
Other items				\$0	\$0	\$0
Total Supplies				\$0	\$0	\$0
F. TRAVEL						
Travel to state district				\$0	\$0	\$0
1 In-State	(4 staff x 6 trips x 300 miles x .37 per mile)			\$2,664	\$2,398	(\$266)
2 Out-of-State				\$0	\$0	\$0
Total Travel				\$2,664	\$2,398	(\$266)
G. OTHER						
Network Access charge				\$2,279	\$2,051	(\$228)
				\$0	\$0	\$0
Total Other				\$2,279	\$2,051	(\$228)
H. CONTRACTUAL						
10 LPHAs to pilot SLV project	(10*46,100)			\$461,000	\$414,900	(\$46,100)
Competitive bid for training contract				\$25,000	\$22,500	(\$2,500)
Competive bid for evaluator contract				\$25,000	\$22,500	(\$2,500)
				\$0	\$0	\$0
Total Contractual				\$511,000	\$459,900	(\$51,100)
TOTAL DIRECT COSTS				\$583,876	\$525,488	(\$58,388)
	Indirect % (23.6%x46,056)			\$0	\$0	\$0
				\$0	\$0	\$0
Total Indirect				\$16,032	\$14,429	(\$1,603)
TOTAL DIRECT AND INDIRECT COSTS				\$599,908	\$539,917	(\$59,991)

Footnote 1

Missouri PPHF11 Program Area 3 Application Budget			
Line Item	Approved	*Funding Summary	
A. Personnel	\$41,450	Est. Unobligated Funds	\$0
B. Fringe	\$19,689	Total FY 11 PPHF Funds	\$539,917
C. Consultant	\$0	Total FY 11 Approved Budget	\$539,917
D. Equipment	\$0		
E. Supplies	\$0		
F. Travel	\$2,398		
G. Other	\$2,051		
H. Contractual	\$459,900		
Total Direct Costs	\$525,488		
I. Indirect Cost	\$16,032		
Total Approved Budget *	\$539,917		

Footnote 1 - Each line item has been reduced total budget by 10%. The 10% reduction is intended for the budget as a whole. The grantee may wish to adjust line items individually.

**SUMMARY STATEMENT
FUNDING OPPORTUNITY ANNOUNCEMENT
IP11-1107PPHF11**

Prevention and Public Health Fund: Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance

Program Area 1 – Enhance interoperability between electronic health records (EHRs) and Immunization Information Systems (IIS) and reception of HL7 standard messages in IIS

Date of Review: June 14, 2011

Applicant Name: Missouri Department of Health and Senior Services

Amount Requested: \$953,359

Recommendation: Approved

RECOMMENDATIONS:

OTHER RELEVANT COMMENTS:

- Missouri is not a mandatory reporting state; thus, the IIS is not able to clearly identify the actual number of enhanced EHR-IIS practice-based electronic interfaces available in Missouri.

CRITERIA

1. Plan Description

Summary of Strengths:

- The Planning for this task has been well documented. (pg. 9)
- Hiring the personnel for the roles and responsibilities. (pg.11)
- They have identified the target providers to assist with the plans. (pg. 17)
- The applicant's current immunization system, SMV, has already established the infrastructure and guidelines to accept electronic patient and immunization data in HL7 format.
- The applicant provided a detailed implementation schedule for the entire 2 year project.
- Upgrade interoperability to meet CDC guidelines for standard HL7 2.5.1 messages (Objective 1 from 0 to 100%)
- Improve data quality by developing and implementing a new process to prevent, address, and reduce errors, and assure that every provider that interfaces with IIS utilizes standard processes by end of funding period (Objective 2 not yet establish to national standard)
- Increase IIS immunization data primary sources by the end of the funding period by establishing successful interfaces with high-volume providers, non-participating Vaccines for Children (VFC) (Objective 39.9 to 55%)

Summary of Weaknesses:

- The Implementation Plan has no benchmark as they have pointed out. (pg. 8)
- The applicant indicates that a detailed budget is attached; however no detailed budget justification with numbers was located.
- The applicant does not indicate plans to participate in monthly calls and face-to-face meetings.

- Since mandatory reporting of immunizations is not a state law, the applicant was not able to provide a master list of providers (page 17).
- A major challenge for Missouri – no mandatory reporting legislation exists.

2. Evaluation

Summary of Strengths:

- Missouri method of evaluation plan is detailed on (pg.15-17); Missouri's plan for this project involves two key parts:
 - Bi-monthly assessment reporting, which will document the status of all tasks and current benchmarks for all objectives (pg. 15)
 - A post-implementation evaluation of the feedback from the providers IT and EHR personnel (pg.17)
- The applicant provides clear and measurable pre- and post-implementation benchmarks for each of the three objectives.
- Identify and implement modifications and additions required for message exchange based on HL7 version 2.5.1.
- Work with five identified high-volume providers to assess their readiness to interface using HL7 standard messaging, and provide guidance and technical assistance to establish a successful interface.

Summary of Weaknesses:

None

3. Capacity

Summary of Strengths:

- Missouri has detailed the method of this evaluation, the timelines associated with the roles of all staff. (pgs 14-16)
- The justification to enhance interoperability between health records and Immunization Information systems is well documented. (pg. 19)
- The Missouri IIS has successfully secured funding each year to support operation of the registry. Funding sources have included a mix of general revenue, Medicaid Matching funds for the general revenue, and a variety of grants.
- CDC Immunization & Vaccines for Children Grant provides funds for staffing, which is expected to increase to \$250,000 in the subsequent years.

Summary of Weaknesses:

- The applicant has many start up activities as it relates to staffing:
 - They will need to hire nearly 7 FTEs, mostly via a contract to get the work done.
 - They will need to ensure initiation and execution of the contract, which may cause implementation delays if not completed in a timely manner.

4. Budget Comments

- Missouri has again provided well documented justification for the budget.
 - Personnel
 - Fringe benefits
 - Contractual
 - Indirect Charges
- The applicant does not provide a detailed description of the budget. The form 424A indicates that the applicant did not budget for travel to Atlanta to participate in face-to-face meetings.
- The primary costs are attributed to vendors that will place much of burden for meeting cost expectations on the contractual portion of this project.

Summary Statement IP11-1107PPHF11 - Missouri

SUMMARY STATEMENT FUNDING OPPORTUNITY ANNOUNCEMENT IP11-1107PPHF11

Prevention and Public Health Fund: Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance

Program Area 3 -- Develop strategic plans for billing for immunization services in health department clinics

Date of Review: 06/14/2011

Applicant Name: Missouri Department of Health and Senior Services

Amount Requested: \$599,908

Recommendation: Approved

RECOMMENDATIONS:

- Although overall, the plan to conduct public deliberations in town hall venues with LPHAs is well presented and justified, there are still risks involved and situations where this may be counterproductive and where a different “buy-in approach” might be more effective. More information on how these risks will be weighed and alternatives considered would have been helpful. Gathering brief “feedback cards” with ratings by community participants and stakeholders might present an opportunity for learning and refinement of strategy from one forum to the next.
- A better description of the expected needs and participation of the various LPHAs in the development process could have been helpful.
- Build more stakeholder support into your plan.

OTHER RELEVANT COMMENTS:

None.

CRITERIA

1. Background for Implementation Plan

Summary of Strengths:

- The applicant, Missouri Department of Health and Senior Services (MDHSS), displayed a strong understanding of the current landscape in their state and the broader opportunity referencing experiences of other states.
- Applicant’s plan is informed by a 2008 Infrastructure Survey of LPHAs in Missouri, conducted by their agency, which showed the level of current Medicaid billing (74% of LPHAs) and interest in billing private insurance companies (58%). An additional 2011

Summary Statement IP11-1107PPHF11 - Missouri

survey of 70 LPHAs identified the gaps and needs. For example, 91% do not bill for insured patients.

- The need for billing resources in health department clinics is well described. Current resources are limited to billing Medicaid at most.
- A good description of current 317vaccine policy is provided.
- A good description of current resources constraints is provided.
- A plan for determining how to bill in health dept clinics is provided.

Summary of Weaknesses:

- Further details on the mechanisms that the small number of LPHAs who currently bill private insurers and apply other billing innovations would have been helpful.
- The role of billing in the most populous counties in the state was not specified, though a survey of counties with smaller populations indicates need for billing services in HD clinics.

2. Implementation Plan Description

Summary of Strengths:

- The applicant has already identified a number of possible avenues for intervention and has scoped the strengths and weaknesses of relevant options.
- The applicant already displays a good understanding of best practices and their plan to conduct a targeted literature search to insure that they are informed by relevant published findings in this area is commendable.
- The plan to develop a “billing model,” pilot it, refine it, and then disseminate is reasonable and is grounded in a sound implementation plan and timeline.
- Possible barriers are discussed along with potential solutions
- The plan is complete with a timeline for developing a full strategy document and pilot testing of the billing model identified.
- Objectives are specified starting on p. 8.
- Timeline is part of the project plan on p.7.

Summary of Weaknesses:

- Although overall, the plan to conduct public deliberations in town hall venues with LPHAs is well presented and justified, there are still risks involved and situations where this may be counterproductive and where a different “buy-in approach” might be more effective. More information on how these risks will be weighed and alternatives considered would have been helpful.
- The key informant interviews listed to get stakeholder input seem broad and may not be systematic enough to engage all the stakeholders in the state. The town halls should get input from the local health departments, but depending on how they are structured may be more qualitative than quantitative.
- While interviewing key informants may be illuminating they are not necessarily the same as stakeholders.

3. Capacity

Summary of Strengths:

- Clear descriptions of roles and designation of existing staff with relevant experience at the state and local levels and with immunization are strengths of this application and increases confidence in the potential for success.
- Identified staff members have experience with related issues and coalition/partnership building.
- The staff has been identified by name and their relevant experience listed. The staffing at the state seems appropriate.
- Sustainability assessment is part of the plan and will inform capacity to implement it.
- Staffing is described (p.12) and as part of the project plan on p.7.
- The staff has appropriate experience.
- Some description of staff roles is provided.

Summary of Weaknesses:

- A few key tasks are currently designated as responsibilities to be contracted.
- A little more information on Bureau of Immunization Assessment and Assurance (BIAA) would have been helpful.
- Evidence for the relationship between the state and the partners was not provided in detail. The survey completion rate suggests reasonable communication levels between them. (This is a minor weakness.)
- The plan relies heavily on a single contractor (p.15) table. (Although, not sure if this contractor is a person or the name of a company.)

4. Evaluation

Summary of Strengths:

- The applicant presented a thorough set of evaluation questions and methods of analysis for each evaluation goal.
- The mixture of quantitative indicators (e.g., pre and post surveys) and qualitative assessments (e.g., key informant interviewers, consideration of unintended consequences) is commendable.
- The evaluation plan includes process measures related to reports of fact finding activities and outcome measures related to estimate revenue from billing.
- A plan is provided on page 14.
- An evaluation matrix is provided on page 15.

Summary of Weaknesses:

- Given the roll of public deliberations in their plan, gathering brief “feedback cards” with ratings by community participants and stakeholders might present an opportunity for learning and refinement of strategy from one forum to the next.
- Specific ways to assess the acceptability of the final plan of all LPHA was not mentioned.
- Little quantitative data will be collected. But this may not be a weakness - it may just be where they are in the process.

Summary Statement IP11-1107PPHF11 - Missouri

5. Budget Comments

- The percentage time and salary numbers appear reasonable.
- Overall, the budget seems appropriate for the activities.
- Possible concern that there is only one contractor.
- The budget breakdown for this part of the proposal was not clearly separated from the other part of the proposal.
- The budget is detailed near the end of the application.
- The request is for a total of \$599,908.
- Indirect costs are 23.6%.
- The largest line item is contractual at \$511,000.
- Contractual included funds to 10 LPHAs.
- More information on what the LPHAs will actually do might be helpful.