



Grant Number: 2U59EH000510-06

FAIN: U59EH000510

Principal Investigator(s):

Belinda Heimericks

Project Title: COMPREHENSIVE ASTHMA CONTROL THROUGH EVIDENCE-BASED STRATEGIES AND PUBLIC HEALTH - HEALTH CARE COLLABORATION

BRET FISCHER
DIRECTOR, DIVISION OF ADMINISTRATION
MISSOURI DEPT OF HEALTH AND SENIOR SVCS
P.O. BOX 570
920 WILDWOOD DRIVE
JEFFERSON CITY, MO 65102

Budget Period: 09/01/2014 – 08/31/2015

Project Period: 09/01/2014 – 08/31/2019

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$625,000 (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 301(A)311,317(C)PHSACT42USC241,243,247B 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,

Ralph U Robinson
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD DATA – 2U59EH000510-06

Award Calculation (U.S. Dollars)

Salaries and Wages	\$125,265
Fringe Benefits	\$61,380
Personnel Costs (Subtotal)	\$186,645
Supplies	\$350
Travel Costs	\$4,749
Other Costs	\$4,683
Consortium/Contractual Cost	\$392,737

Federal Direct Costs	\$589,164
Federal F&A Costs	\$35,836
Approved Budget	\$625,000
Federal Share	\$625,000
TOTAL FEDERAL AWARD AMOUNT	\$625,000

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$625,000

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

07	\$625,000
08	\$625,000
09	\$625,000
10	\$625,000

Fiscal Information:

CFDA Number: 93.070
 EIN: XXXXXXXXXX
 Document Number: 000510EH14

IC	CAN	2014	2015	2016	2017	2018
EH	939ZRHM	\$625,000	\$625,000	\$625,000	\$625,000	\$625,000

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
6	\$625,000	\$625,000
7	\$625,000	\$625,000
8	\$625,000	\$625,000
9	\$625,000	\$625,000
10	\$625,000	\$625,000

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

CDC Administrative Data:

PCC: N / OC: 4151 / Processed: ERAAPPS 07/22/2014

SECTION II – PAYMENT/HOTLINE INFORMATION – 2U59EH000510-06

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office 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. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 2U59EH000510-06

This award is based on the application submitted to, and as approved by, CDC 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 and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

This award has been assigned the Federal Award Identification Number (FAIN) U59EH000510. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Treatment of Program Income:
Additional Costs

SECTION IV – EH Special Terms and Conditions – 2U59EH000510-06

Funding Opportunity Announcement (FOA) Number: EH14-1404
Award Number: 2 U59 EH 000510-06
Award Type: Cooperative Agreement
Applicable Cost Principles: 2 CFR Part 225 Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87)

AWARD INFORMATION

Incorporation: The Centers for Disease Control and Prevention (CDC) hereby incorporates Funding Opportunity Announcement number EH14-1404, entitled Comprehensive Asthma Control through Evidence-based Strategies and Public Health – Health Care Collaboration, and application dated May 12, 2014, as may be amended, which are hereby made a part of this Non-Research award hereinafter referred to as the Notice of Award (NoA). The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in their NoA, including grants policy terms and conditions contained in applicable HHS Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout this notice and includes cooperative agreements.

Approved Funding: Funding in the amount of \$625,000 is approved for the Year 06 budget period, which is September 1, 2014 through August 31, 2015. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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

Award Funding: Not funded by the Prevention and Public Health Fund

Summary Review Statement Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the 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, October 1, 2014, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Programmatic Restriction(s): Recipient is required to allocate travel funds for at least three key project staff members to attend and participate in a 3 day, CDC convened asthma related partner meeting in Atlanta, GA. Includes a staffing plan and project management structure with (a) at least 2.5 public health professionals, at least one FTE of which is a full time project manager.

Indirect Costs: Indirect costs are approved based on the Indirect Cost Rate Agreement dated January 23, 2014, which calculates indirect costs as follows, a Fixed Rate is approved at a rate of 19.20% 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, 2014 to June 30, 2015.

Cost Limitations as Stated in the Consolidated Appropriations Act, 2014:

A. Cap on Salaries (Div. H, Title II, Sec. 203): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with Federal funds.

B. Gun Control Prohibition (Div. H, Title II, Sec. 217): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

C. Proper Use of Appropriations - Publicity and Propaganda (LOBBYING) FY2012 (Div. H, Title V, Sec. 503):

- 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- 503 (b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant 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 the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Additional Requirement 12 at http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm and Anti Lobbying Restrictions for CDC Grantees at http://www.cdc.gov/od/pgo/funding/grants/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf.

D. Needle Exchange (Div. H, Title V, Sec. 522): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

E. Restricts dealings with corporations with recent felonies (Div. E, Title VI, Sec. 623): None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal or State law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent, and made a determination that this further action is not necessary to protect the interests of the Government.

F. Restricts dealings with corporations with unpaid federal tax liability (Div. E, Title VI, Sec. 622, Div. H, Title V, Sec. 518): None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency is aware of the unpaid tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

G. Blocking access to pornography (Div. H, Title V, Sec. 528): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any Federal, State, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

Rent or Space Costs: Grantees are responsible for ensuring that all costs included in this proposal to establish billing or final indirect cost rates are allowable in accordance with the requirements of the Federal award(s) to which they apply, including 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; 2 CFR Part 225, Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87); and 2 CFR Part 230, Cost Principles for Non-Profit Organizations (OMB Circular A-122). The grantee also has a responsibility to ensure sub-recipients expend funds in compliance with applicable federal laws and regulations. Furthermore, it is the responsibility of the grantee to ensure rent is a legitimate direct cost line item, which the grantee has supported in current and/or prior projects and these same costs have been treated as indirect costs that have not been claimed as direct costs. If rent is claimed as direct cost, the grantee must provide a narrative justification, which describes their prescribed policy to include the effective date to the assigned Grants Management Specialist (GMS) identified in the CDC Contacts for this award.

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

Cancel Year: 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose. An example is provided below:

Fiscal Year (FY) 2014 funds will expire September 30, 2015. All FY 2014 funds should be drawn down and reported to Payment Management Services (PMS) prior to September 30, 2019. After this date, corrections or cash requests will not be permitted.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted through eRA Commons no later than 90 days after the end of the calendar quarter in which the budget period ends. The FFR for this budget period is due to the GMS/GMO by December 31, 2015. Reporting timeframe is September 1, 2014 through August 31, 2015.

The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. All Federal reporting in PMS is unchanged.

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 grantee is required to contact the Grants Officer listed in the contacts section of this notice before the due date.

FFR (SF-425) instructions for CDC Grantees are available at <http://grants.nih.gov/grants/forms.htm>. For further information, contact GrantsInfo@nih.gov. Additional resources concerning the eFSR/FFR system, including a User Guide and an on-line demonstration, can be found on the eRA Commons Support Page: <http://www.cdc.gov/od/pgo/funding/grants/eramain.shtm>.

Performance Reporting: The Annual Performance Report is due no later than 120 days prior to the end of the budget period, **April 30, 2015**, and serves as the continuing application. This report should include the information specified in the FOA.

Audit Requirement: Domestic Organizations: An organization that expends \$500,000 or more in a fiscal 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. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System

Electronic Submission:

[https://harvester.census.gov/facides/\(S\(0vkw1zaelyzjibnahocga5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocga5i0))/account/login.aspx)

AND

Procurement & Grants Office, Risk Management & Compliance Activity

Electronic Copy to: PGO.Audit.Resolution@cdc.gov

Audit requirements for Subrecipients: The grantee must ensure that the subrecipients receiving CDC funds also meet these requirements. The grantee must also ensure to take appropriate corrective action within six months after receipt of the subrecipient audit report in instances of non-compliance with applicable Federal law and regulations (2 CFR 200 Subpart F and HHS Grants Policy Statement). The grantee may consider whether subrecipient audits necessitate adjustment of the grantee's own accounting records. If a subrecipient is not required to have a program-specific audit, the grantee is still required to perform adequate monitoring of subrecipient activities. The grantee shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The grantee must include this requirement in all subrecipient contracts.

Note: The standards set forth in 2 CFR Part 200 Subpart F will apply to audits of fiscal years beginning on or after December 26, 2014.

Federal Funding Accountability and Transparency Act (FFATA): Pursuant to A-133 (see Section_.205(h) and Section_.205(i)), a grant sub-award includes the provision of any commodities (food and non-food) to the sub-recipient where the sub-recipient is required to abide by terms and conditions regarding the use or future administration of those goods. If the sub-awardee merely consumes or utilizes the goods, the commodities are not in and of themselves considered sub-awards.

2 CFR Part 170: http://www.ecfr.gov/cgi-bin/text-idx?SID=62c0c614004c0ada23cb6552e0adcdc6&node=2:1.1.1.1.4&rqn=div5#_top

FFATA: www.fsrs.gov.

Reporting of First-Tier Sub-awards

Applicability: Unless you are exempt (gross income from all sources reported in last tax return is under \$300,000), you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a sub-award to an entity.

Reporting: Report each obligating action of this award term to <http://www.fsrs.gov>. For sub-award information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010). You must report the information about each obligating action that the submission instructions posted at <http://www.fsrs.gov/specify>.

Total Compensation of Recipient Executives: You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if:

- The total Federal funding authorized to date under this award is \$25,000 or more;
- In the preceding fiscal year, you received—
 - 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
 - \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
 - The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. Part 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

Report executive total compensation as part of your registration profile at <http://www.sam.gov>. Reports should be made at the end of the month following the month in which this award is made and annually thereafter.

Total Compensation of Sub-recipient Executives: Unless you are exempt (gross income from all sources reported in last tax return is under \$300,000), for each first-tier sub-recipient under this award, you must report the names and total compensation of each of the sub-recipient's five most highly compensated executives for the sub-recipient's preceding completed fiscal year, if:

- In the sub-recipient's preceding fiscal year, the sub-recipient received—
 - 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
 - \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and sub-awards); and
 - The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. Part 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to

the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/excomp.htm>).

You must report sub-recipient executive total compensation to the grantee by the end of the month following the month during which you make the sub-award. For example, if a sub-award is obligated on any date during the month of October of a given year (i.e., between October 1st and 31st), you must report any required compensation information of the sub-recipient by November 30th of that year.

Definitions:

- Entity means all of the following, as defined in 2 CFR Part 25 (Appendix A, Paragraph(C)(3)):
 - Governmental organization, which is a State, local government, or Indian tribe;
 - Foreign public entity;
 - Domestic or foreign non-profit organization;
 - Domestic or foreign for-profit organization;
 - Federal agency, but only as a sub-recipient under an award or sub-award to a non-Federal entity.

- Executive means officers, managing partners, or any other employees in management positions.

- Sub-award: a legal instrument to provide support to an eligible sub-recipient for the performance of any portion of the substantive project or program for which the grantee received this award. The term does not include the grantees procurement of property and services needed to carry out the project or program (for further explanation, see Sec. __210 of the attachment to OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations). A sub-award may be provided through any legal agreement, including an agreement that the grantee or a sub-recipient considers a contract.

- Sub-recipient means an entity that receives a sub-award from you (the grantee) under this award; and is accountable to the grantee for the use of the Federal funds provided by the sub-award.

- Total compensation means the cash and non-cash dollar value earned by the executive during the grantee's or sub-recipient's preceding fiscal year and includes the following (for more information see 17 CFR Part 229.402(c)(2)):
 - Salary and bonus
 - Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
 - Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
 - Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
 - Above-market earnings on deferred compensation which is not tax-qualified.
 - Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

GENERAL REQUIREMENTS

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are only allowable where such travel will provide direct benefit to the project or program. There must be a direct

benefit imparted on behalf of the traveler as it applies to the approved activities of the NoA. To prevent disallowance of cost, the grantee is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization's established travel policies and procedures. Grantees approved policies must meet the requirements of 2 CFR Parts 200, 225 and 230, as applicable and 45 CFR Parts 74 and 92, as applicable.

Food and Meals: Costs associated with food or meals are allowable when consistent with OMB Circulars and guidance, HHS Federal regulations, Program Regulations, HHS policies and guidance. In addition, costs must be proposed in accordance with grantee approved policies and a determination of reasonableness has been performed by the grantees. Grantee approved policies must meet the requirements of 2 CFR Parts 200, 225 and 230, as applicable and 45 CFR Parts 74 and 92, as applicable.

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 NoA. The grantee must submit these requests by **April 30, 2015** or no later than 120 days prior to this budget period's end date. 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.

The following types of requests require prior approval.

- Use of unobligated funds from prior budget period (Carryover)*
- Lift funding restriction, withholding, or disallowance
- Redirection of funds
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the most recently approved budget
- Apply for supplemental funds
- Response to the Objective/Technical Review Statement
- Change in key personnel
- Extensions
- Conferences or meetings that exceed cost threshold

Note: Awardees may request up to 75 percent of their estimated unobligated funds to be carried forward into the next budget period.

Templates for prior approval requests can be found at:
<http://www.cdc.gov/od/pgo/funding/grants/granteeguidance.shtm>

Key Personnel: In accordance with 2 CFR Parts 200.308 and 215.25(c)(2) & (3), CDC grantees 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 FOA, 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.

Inventions: Acceptance of grant funds obligates grantees to comply with the standard patent rights clause in 37 CFR Part 401.14.

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 Grant or Cooperative Agreement Number U59 EH 000510, funded by 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 or the Department of Health and Human Services.

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 grantees of Federal research grants, shall clearly state:

- percentage of the total costs of the program or project which will be financed with Federal money
- dollar amount of Federal funds for the project or program, and
- percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Copyright Interests Provision: This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Disclaimer for Conference/Meeting/Seminar Materials: Disclaimers for conferences/meetings, etc. and/or publications: If a conference/meeting/seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract the grantee 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 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.

Logo Use for Conference and Other Materials: Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 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. Part 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the HHS Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003). Accordingly, neither the HHS nor the CDC logo can be used by the grantee without the express, written consent of either the CDC Project Officer or the CDC Grants Management Officer. It is the responsibility of the grantee 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.

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 grantee 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 in applicable grant regulations and OMB circulars.

Federal Information Security Management Act (FISMA): All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, PL 107-347.

FISMA applies to CDC grantees only when grantees collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the grantee retains the original data and intellectual property, and is responsible for the security of these data, subject to all applicable laws protecting security, privacy, and research. If/When information collected by a grantee is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ347.107.pdf

Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:

Grantees are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013), applies to this award.

Federal Acquisition Regulations

As promulgated in the Federal Register, the relevant portions of 48 CFR section 3.908 read as follows (note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term and condition, should be read as "grant," "grantee," "subgrant," or "subgrantee"):

3.908 Pilot program for enhancement of contractor employee whistleblower protections.

3.908-1 Scope of section.

(a) This section implements 41 U.S.C. 4712.

(b) This section does not apply to-

(1) DoD, NASA, and the Coast Guard; or

(2) Any element of the intelligence community, as defined in section 3(4) of the National Security Act of 1947 (50 U.S.C. 3003(4)). This section does not apply to any disclosure made by an employee of a contractor or subcontractor of an element of the intelligence community if such disclosure-

(i) Relates to an activity of an element of the intelligence community; or

(ii) Was discovered during contract or subcontract services provided to an element of the intelligence community.

3.908-2 Definitions.

As used in this section-

"Abuse of authority" means an arbitrary and capricious exercise of authority that is inconsistent with the mission of the executive agency concerned or the successful performance of a contract of such agency.

"Inspector General" means an Inspector General appointed under the Inspector General Act of 1978 and any Inspector General that receives funding from, or has oversight over contracts awarded for, or on behalf of, the executive agency concerned.

3.908-3 Policy.

(a) Contractors and subcontractors are prohibited from discharging, demoting, or otherwise discriminating against an employee as a reprisal for disclosing, to any of the entities listed at paragraph (b) of this subsection, information that the employee reasonably believes is evidence of gross mismanagement of a Federal contract, a gross waste of Federal funds, an abuse of authority relating to a Federal contract, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a Federal contract (including the competition for or negotiation of a contract). A reprisal is prohibited even if it is undertaken at the request of an executive branch official, unless the request takes the form of a non-discretionary directive and is within the authority of the executive branch official making the request.

(b) Entities to whom disclosure may be made.

(1) A Member of Congress or a representative of a committee of Congress.

(2) An Inspector General.

(3) The Government Accountability Office.

(4) A Federal employee responsible for contract oversight or management at the relevant agency.

(5) An authorized official of the Department of Justice or other law enforcement agency.

(6) A court or grand jury.

(7) A management official or other employee of the contractor or subcontractor who has the responsibility to investigate, discover, or address misconduct.

(c) An employee who initiates or provides evidence of contractor or subcontractor misconduct in any judicial or administrative proceeding relating to waste, fraud, or abuse on a Federal contract shall be deemed to have made a disclosure.

3.908-9 Contract clause.

Contractor Employee Whistleblower Rights and Requirement to Inform Employees of Whistleblower Rights (Sept. 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

PAYMENT INFORMATION

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.

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

Director, Division of Payment Management
P.O. Box 6021
Rockville, MD 20852
Phone Number: (877) 614-5533
Email: PMSSupport@psc.gov
Website: <http://www.dpm.psc.gov/help/help.aspx>

Note: To obtain the contact information of PMS 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

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:

U.S. Department of Health and Human Services
Division of Payment Management
7700 Wisconsin Avenue, Suite 920
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.

For additional information and/or to obtain your agency point of contact at the PMS, see,
http://www.dpm.psc.gov/contacts/dpm_contact_list/dpm_contact_list.aspx?explorer.event=true

The grant document number and subaccount title (below) must be known in order to draw down funds from this P Account.

Grant Document Number: 000510EH14
Subaccount Title: EH141404COMPASTHMA14

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from the grant Payment Management Services, the grantee 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 within thirty (30) days of receipt of this award notice.

Certification Statement: By drawing down funds, the grantee 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. Recipients must comply with all terms and conditions outlined in their NoA, including grant policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

CLOSEOUT REQUIREMENTS

Grantees must submit closeout reports in a timely manner. Unless the Grants Management Specialist/Grants Management Officer (GMS/GMO) approves a deadline extension the grantee must submit all closeout reports within 90 days after the last day of the final budget period. Reporting timeframe is September 1, 2014 through August 31, 2019. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the progress reports.

An original plus two copies of the reports must be mailed to the GMS for approval by the GMO by the due date noted. Ensure the Award and Program Announcement numbers shown above are on the reports.

The final and other programmatic reports required by the terms and conditions of the NoA are the following.

Final Performance Report: An original and two copies are required. At a minimum, the report should include the following:

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

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted through eRA Commons no later than 90 days after the end of the project period. 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 Department of Health and Human Services' Payment Management Services (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.

If the final reports (FFR and Final Progress Report) cannot be submitted within 90 days after the end of the project period, in accordance with 2 CFR Parts 200.343 (Closeout), 225 and 230, the grantee must submit a letter requesting an extension that includes the justification for the delay and state the expected date the CDC Procurement and Grants Office will receive the reports. All required documents must be mailed to the business contact identified in Staff Contacts.

Equipment Inventory Report: An original and two copies of a complete inventory must be submitted for all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. The inventory list must include the description of the item, manufacturer serial and/or identification number, acquisition date and cost, percentage of Federal funds used in the acquisition of the item. The grantee should also identify each item of equipment that it wishes to retain for continued use in accordance with 2 CFR Parts 200, 215.37 or 2 CFR Part 215.71. These requirements do apply to equipment purchased with non-federal funds for this program. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award referenced in the cover letter. CDC will notify the grantee if transfer to title will be required and provide disposition instruction on all major equipment. Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government. If no equipment was acquired under this award, a negative report is required.

Final Invention Statement: An original and two copies of a Final Invention Statement are required. Electronic versions of the form can be downloaded by visiting <http://www.hhs.gov/forms/hhs568.pdf>. If no inventions were conceived under this assistance award, a negative report is required. This statement may be included in a cover letter.

CDC ROLES AND RESPONSIBILITIES

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program/Project Officers (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. The GMS/GMO is responsible for the business management and administrative functions. The PO is responsible for the programmatic, scientific, and/or technical aspects. The purpose of this factsheet is to distinguish between the roles and responsibilities of the GMO/GMS and the PO to provide a description of their respective duties.

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e.; grant or cooperative agreement
- Determining if an application meets the requirements of the FOA
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy
- Ensuring grantee compliance with applicable laws, regulations, and policies
- Negotiating awards, including budgets
- Responding to grantee inquiries regarding the business and administrative aspects of an award

- Providing grantees with guidance on the closeout process and administering the closeout of grants
- Receiving and processing reports and prior approval requests such as changes in funding, carryover, budget redirection, or changes to the terms and conditions of an award
- Maintaining the official grant file and program book

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.

GMO Contact: See Staff Contacts below for the assigned GMO

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 above are performed by the GMS on behalf of the GMO.

GMS Contact: See Staff Contacts below for the assigned GMS

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

- The development of programs and FOAs to meet the CDC's mission
- Providing technical assistance to applicants in developing their applications e.g. explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources
- Providing technical assistance to grantees in the performance of their project
- Post-award monitoring of grantee performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS

Programmatic Contact:

Pamela Collins, Project Officer
Centers for Disease Control and Prevention
National Center for Environmental Health
4770 Buford Highway – Mailstop F-60
Atlanta, Georgia 30341
Telephone: 770-488-0792
Fax: 770-488-1540
Email: ing4@cdc.gov

STAFF CONTACTS

Grants Management Specialist: Glynnis Taylor
Centers for Disease Control and Prevention
Procurement and Grants Office
Koger Center, Colgate Building
2920 Brandywine Road, Mail Stop K 69
Atlanta, GA 30341
Email: gtaylor1@cdc.gov **Phone:** 770-488-2752 **Fax:** 770-488-2670

Grants Management Officer: Ralph U Robinson
Center for Disease Control and Prevention
Procurement and Grants Office
Koger Center/Colgate Bldg/Room 3218
2920 Brandywine Road, MS K-70
Atlanta, GA 30331
Email: inp2@cdc.gov **Phone:** 770-488-2441 **Fax:** 770-488-2670

SPREADSHEET SUMMARY
GRANT NUMBER: 2U59EH000510-06

INSTITUTION: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

Budget	Year 6	Year 7	Year 8	Year 9	Year 10
Salaries and Wages	\$125,265				
Fringe Benefits	\$61,380				
Personnel Costs (Subtotal)	\$186,645				
Supplies	\$350				
Travel Costs	\$4,749				
Other Costs	\$4,683	\$625,000	\$625,000	\$625,000	\$625,000
Consortium/Contractual Cost	\$392,737				
TOTAL FEDERAL DC	\$589,164	\$625,000	\$625,000	\$625,000	\$625,000
TOTAL FEDERAL F&A	\$35,836				
TOTAL COST	\$625,000	\$625,000	\$625,000	\$625,000	\$625,000

SUMMARY STATEMENT

**Objective Review of CDC-RFA-EH14-1404
Comprehensive Asthma Control Through Evidence-based Strategies
and Public Health—Health Care Collaboration Cooperative Agreement**

Application #: 2 UE1 EH000510-06
Funds Requested in Year 1 (9/1/2014-8/31/2015): \$ 625,000
Applicant Name: Missouri Department of Health and Senior Services
Recommendation of Committee: Approve
Score: 96.3
Review Dates: June 11-12, 2014

SUMMARY OF PROJECT:

- This project will build on an existing program, the Missouri Asthma Prevention and Control Program (MAPCP), designed to link public and private partnerships to improve asthma outcomes in children. This program's major accomplishments to date include the development of the Missouri School Asthma Manual, the training of approximately half of the school nurse workforce to provide self-management education (SME) and care management, and the development of a school-based community program for asthma care improvement. Under the current proposal, the MAPCP will implement the Childhood Asthma Linkages in Missouri 2 (CALM2) program, designed to identify high risk children with asthma and coordinate primary care and home visits with health insurance coverage and Medicaid (MO HealthNet). The project will include an evaluation of a newly developed tablet-based application which is linked to the health care provider's Electronic Health Record system, and is designed to guide school nurses through a process that will direct them to a specific action (e.g., reviewing an asthma action plan with a parent or assessing medication adherence). The project will work with school districts from urban, suburban, and rural areas, though the target population will be low-income and/or African American children with asthma in urban and rural communities, with activities directed toward FQHCs and health plans, particularly Medicaid (MOHealthNet), that provide coverage for comprehensive asthma services.
- Request for funding to continue school-based self-management education (SME) and training for guideline-based care. They use surveillance data to identify target population and track program effectiveness. Also utilize a system embedded in EMRs for requesting (SME) and home environment assessment,

OVERALL STRENGTHS:

- A major strength of this project is the successful track record of the existing program that provides an excellent foundation for the proposed work. Established relationships with partners and stakeholders will increase the impact of the project. The proposal includes a considerable amount of specific details regarding the individual pieces of the project, while

SUMMARY STATEMENT

Objective Review of CDC-RFA-EH14-1404 Comprehensive Asthma Control Through Evidence-based Strategies and Public Health—Health Care Collaboration Cooperative Agreement

still allowing for modifications to improve the quality of outcomes through the evaluation and performance measurement plan. The proposal clearly outlines plans for developing links between schools, communities, health providers, and health plans to provide comprehensive asthma control services.

- Well written and strong application, MAPCP is focused and thoroughly well-developed.
- Well established, excellent use of surveillance data, strong leadership, documented effectiveness of programs.

STRENGTHS:

(1) Background

- The background provides an excellent overview of the successes of current program (MAPCP) including details of existing partnerships that will increase the impact and likelihood of success of the proposed work. Through this program, the state of Missouri has worked closely with school nurses, local public health agencies, and health clinics (primarily FQHCs).

(2) Approach

- The information regarding the increased burden of asthma among African-American children, children living in poverty, and children living in urban and rural areas is clearly presented. The problem statement includes the cost savings to Medicaid when an SME program is utilized.
- The purpose of the project is in perfect alignment with the purpose and strategies outlined in the FOA.
- There is a well-defined leadership role of the MAPCP in advancing public health-health care collaboration. The MAPCP leads an alliance of partners through the Missouri Asthma Coalition (MAC), who will lead the effort to advocate for health insurance coverage for home asthma visits and reimbursement for self-management education. Appropriate and necessary key partners are identified, the majority of which have been established for many years. These include, among others, the Missouri Primary Care Association (FQHC non-profit association), MOHealthNet (state Medicaid office), Missouri School Boards Association, and the Missouri Coordinated School Health Program and Council. Communication strategies include: maintaining the current MAPCP website with up-to-date findings, maps, fact sheets, etc., conducting face-to-face meetings with partners, and hosting live webinars for school leaders and community health workers. Social media may be used starting in Year 2. The surveillance capabilities of this project are a major strength as the MAPCP currently maintains, and is proposing to enhance, a statewide surveillance system. The MAPCP is housed in the same Division as, and is partnering with, two groups that are responsible for managing data systems and providing epidemiologic expertise across chronic disease prevention and control programs (e.g., BRFSS, Patient Abstract System, and the Bureau of Vital Records). Further, the MAPCP collaborates with other DHSS Divisions to maintain the Missouri Information for Community Assessment (MICA) database, containing hospital and emergency department data on Emergency Department Visits and Hospital

SUMMARY STATEMENT

Objective Review of CDC-RFA-EH14-1404 Comprehensive Asthma Control Through Evidence-based Strategies and Public Health—Health Care Collaboration Cooperative Agreement

Discharges, which is searchable by zip code. Additional partnerships will be developed to enhance asthma-specific surveillance for medication adherence, care quality, service utilization, and cost.

- The MAPCP and its partners, including the University of Missouri “Asthma Ready Communities,” have developed and delivered asthma self-management education programs in Missouri for many years. Under this proposal, DHSS will provide SME tools and training to an additional 375 school nurses, 400 home visitors, and 200 clinical physicians/nurses. Those trained will be surveyed beginning in year 3 to evaluate effectiveness and assess the need for modifications. The CALM2 program will enroll eight public school districts, selected primarily on poverty level and asthma burden, to implement a comprehensive asthma identification and control program. The MAPCP will establish a centralized access point (CAP) for health care providers to request home visits and SME consults for patients via phone or internet. A communications strategy will be developed in Year 1 to increase the use of home visits and SME consults. Additionally, the MAPCP will evaluate the use of smart tablets linking school nurses assessments with community health centers in three areas of Missouri with high asthma burden and poverty rates. This is part of the Asthma Control Monitor (ACM) system developed by the UM Asthma Ready Communities team, and will also be used by home visitors.
- The MAPCP will work with UM Asthma Ready Communities to train 50 clinic teams from FQHCs, rural health centers, and private practices serving low-income patients. Clinic teams that adopt clinical care EPR-3 guideline best practices will be designated as an “Asthma Ready Clinic” and the goal is to have 80% of FQHC sites in Missouri eligible by Year 5. The MAPCP will work closely with the Missouri Primary Care Association (MPCA) to provide training and technical assistance to individual FQHCs. In year 3, the MAPCP will develop a scoring system to evaluate EHR features for asthma assessment used by FQHCs. In Year 2, the MAPCP will publish an assessment of health plan benefits for comprehensive asthma control services (CARE report), and will publish a second report in Year 5 after working with health plans to revise plans to enable coverage for these services.

(3) Evaluation and Performance Measurement

- The performance measures described in the FOA are clearly identified with each of the major components of the project throughout the proposal. The MAPCP will utilize an Evaluation Advisory Committee with representatives from universities, schools, FQHCs, and the MAPCP to develop evaluation questions, conduct the evaluations, and develop recommendations for program improvement. The MAPCP has had success using this model for other projects and to enhance programmatic impact since 2010.

(4) Applicant’s Organizational Capacity to Implement the Approach

- The project manager, Peggy Gaddy, is the current Asthma Program Coordinator for the Missouri Department of Health and Senior Services, and has a distinguished record with the appropriate scientific and leadership background. Likewise, members of the leadership team have significant experience with complementary knowledge and

SUMMARY STATEMENT

Objective Review of CDC-RFA-EH14-1404 Comprehensive Asthma Control Through Evidence-based Strategies and Public Health—Health Care Collaboration Cooperative Agreement

expertise. The list of engaged partners is impressive and the fact that many of these partners have a long history with the MAPCP greatly contributes to the strength of the proposal.

(5) Work Plan

- The work plan is consistent with the work that was well described in the project narrative.

OVERALL WEAKNESSES:

- Two minor weaknesses of note are that the MAPCP does not have any established relationships with commercial health plans and there is no clear plan for including social media in the communication campaigns.
- Lack of detail on how they plan to analyze their data.
- Don't provide linkage to providers for patients not in care or not consistently in care.

WEAKNESSES:

(1) Background

- Unclear what impact the MAPCP has had to date as an advocate for the development of reimbursement policies related to comprehensive asthma services.

(2) Approach

- The MAPCP does not have any established relationships with commercial health plans; however, developing these partnerships is a major piece of the project, as described under the Infrastructure Strategies. Additionally, an Evaluation Team will be reporting out annually on the progress of establishing these health plan partnerships. Another minor weakness is the lack of a clear plan for including social media in the communication approach.

(3) Evaluation and Performance Measurement

- No weaknesses noted.

(4) Applicant's Organizational Capacity to Implement the Approach

- No weaknesses noted.

(5) Work Plan

- Minimal detail on the analysis of the core data sets.

OTHER NOTES FROM THE OBJECTIVE REVIEW PANEL:

- Q. Is this a comprehensive program across the state?
 - A. Yes.
- Q. Do these currently exist across the state?
 - A. I think so.
- Q. Is CALM program about linking to primary care?

SUMMARY STATEMENT

Objective Review of CDC-RFA-EH14-1404 Comprehensive Asthma Control Through Evidence-based Strategies and Public Health—Health Care Collaboration Cooperative Agreement

- A. Yes, they coordinate primary care and home visits.
- Q. Do schools nurses also direct kids to action?
 - A. Yes.
- Q. Is this adults and children?
 - A. Most of emphasis on school-based children.
- Don't describe establishing collaborative relationship with the provider.
- Q. Do they give an idea of how much of the state is covered?
 - A. Yes, they focus on St Louis, not sure if they presented numbers of how much of the state is covered.
- Q. I heard you talking about home-based as well.
 - A. That's right it is beyond school.

OBJECTIVE REVIEW COMMITTEE'S EVALUATION OF THE USE OF HUMAN SUBJECTS:

IRB approval not required. Funding Opportunity Announcement does not allow human subjects or other research to be conducted as part of this cooperative agreement.

BUDGET COMMENTS:

- No budget comments.

RECOMMENDATIONS:

- This is an outstanding proposal that will directly support the strategies and outcomes outlined in the CDC FOA, and I would therefore recommend it be approved.