COOPERATIVE AGREEMENTS
Department of Health and Human Services
Centers for Disease Control and Prevention
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

Issue Date: 08/03/2015

Grant Number: 5U59EH000510-07
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

Award e-mailed to: grants@health.mo.gov

Budget Period: 09/01/2015 – 08/31/2016
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)PHSACTi42USC241,243,247B 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

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

Additional information follows

SECTION I – AWARD DATA – 5U59EH000510-07

Award Calculation (U.S. Dollars)

Salaries and Wages	$126,519
Fringe Benefits	$63,260
Personnel Costs (Subtotal)	$189,779
Supplies	$350
Travel Costs	$4,749
Other Costs	$4,683
Consortium/Contractual Cost	$385,775
Federal Direct Costs	$585,336
Federal F&A Costs	$39,664
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.

08 $625,000
09 $625,000
10 $625,000

Fiscal Information:

CFDA Number: 93.070
EIN: [redacted]
Document Number: 000510EH14

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

SUMMARY TOTALS FOR ALL YEARS		
YR	**THIS AWARD**	**CUMULATIVE TOTALS**
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 08/03/2015

SECTION II – PAYMENT/HOTLINE INFORMATION – 5U59EH000510-07

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 – 5U59EH000510-07

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 – 5U59EH000510-07

Funding Opportunity Announcement (FOA) Number: EH14-1404
Award Number: 5 UE1 EH000510-07
Award Type: Cooperative Agreement
Applicable Cost Principles: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92

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, dated 04/22/2015, 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.

Note: In the event that any requirement in this Notice of Award, the Funding Opportunity Announcement, the HHS GPS, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence

Approved Funding: Funding in the amount of $625,000 is approved for the Year 07 budget period, which is 09/01/2015 through 08/31/2016. 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) sub-account information.

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

Objective/Technical 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

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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, 2015, will cause delay in programmatic progress and will adversely affect the future funding of this project

Budget Revision Requirement: By October 1, 2015 the grantee must submit a revised budget with a narrative justification and work plan. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Staff Contacts section of this notice before the due date.

Contractual:

There is at least one contractual cost element missing from all the contractors listed. There are 6 contractual elements in total. Please follow the official PGO budget guidelines for correct budget information and formatting of that information.

You are required to respond to concerns regarding your application. The proposed costs above are disapproved until a response is received and approval is granted by CDC. Submission deadline is **October 1, 2015**. 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 must submit a letter explaining the reason and state the date by which the Grants Management Specialist noted in CDC Contacts Section will receive the information

Disapproved Costs Carry Forward Unobligated Funds

Request to carry forward estimated unobligated funds are disapproved. The justification provided was determined to be insufficient. You may resubmit your request to use unobligated funds along with the Federal Financial Report (FFR) (SF 425) 90 days after the end of the budget period and calendar quarter for the Year 06 budget period. Report is due to be submitted to ERA Commons by December 31, 2015. Please ensure your request includes an itemized budget and detailed justification to support proposed costs. Also, please describe reasons why funds remained unobligated in the previous year and how funds will be used in support of the current year.

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): Ensure that at least one person travels to and participates in the NCEH Division of Environmental Hazards and Health Effects Grantees Meeting for four nights in Atlanta, Georgia.

Ensure that staffing includes at least 2.5 public health professionals, at least one FTE of which is a full-time project manager, (b) a distribution of project management, epidemiology, evaluation, and communication expertise appropriate for carrying out the proposed project activities. All vacant staff positions must be filled in a timely manner. If not, CDC may use these unobligated funds to offset subsequent year's award

Indirect Costs:

1. Indirect costs are approved based on the Indirect Cost Rate Agreement dated January 08, 2015, which calculates indirect costs as follows, a Provisional Rate is approved at a rate of 20.90% of the base applicable to Direct Cost. The effective dates of this indirect cost rate are from 07/01/2015 to 06/30/2016

Cost Limitations as Stated in the Consolidated and Further Continuing Appropriations Act, 2015 (Items A through E),

A. Cap on Salaries (Div. G, 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. G, 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. Lobbying Restrictions (Div. G, 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/grants/additionalrequirements/index.html and Anti Lobbying Restrictions for CDC Grantees at http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf

D. Needle Exchange (Div. G, Title V, Sec. 521): 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. Blocking access to pornography (Div. G, Title V, Sec. 526): (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 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. 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)).

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) 2015 funds will expire September 30, 2015. All FY 2015 funds should be drawn down and reported to Payment Management System (PMS) prior to September 30, 2020. 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, 2016. Reporting timeframe is September 1, 2015 through August 31, 2016.

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://grants.nih.gov/support/.

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

Audit Requirement

Domestic Organizations ***(including US-based organizations implementing projects with foreign components)***: An organization that expends $750,000 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 45 CFR Part 75. 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

AND

Procurement & Grants Office, Risk Management & Compliance Activity

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

Foreign Organizations: ***Check against the Foreign Audit Policy/SOP for differences in foreign-based organizations, public international organizations, and US-based entities with foreign components. Double check the address and amount.***An organization that expends $300,000 or more in a fiscal year on its Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of 45 CFR Part 75 and HHS policy. The audit period is an organization's fiscal year. The auditor shall be a U.S.-based Certified Public Accountant firm, the foreign government's Supreme Audit Institution or equivalent, or an audit firm endorsed by the U.S. Agency for International Development's Office of Inspector General. 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:

Electronic Copy to:
PGO.Audit.Resolution@cdc.gov (CDC Procurement & Grants Office, Risk Management & Compliance Activity)

After receipt of the audit report, CDC will resolve findings by issuing Final Determination Letters.

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 (45 CFR 75 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 45 CFR Part 75 Subpart F will apply to audits of fiscal years beginning on or after December 26, 2014.

Federal Funding Accountability and Transparency Act (FFATA): In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub-Award And Executive Compensation Information, Prime Awardees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime awardee awards any sub-grant equal to or greater than $25,000.

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?tpl=/ecfrbrowse/Title02/2cfr170_main_02.tpl

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 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 www.fsrs.govspecify.

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?explorer.event=true).

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/execomp.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 45 CFR Part 75). 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 45 CFR Part 75, as applicable.

Food and Meals: Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies and guidance, which can be found at http://www.hhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html. 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 45 CFR Part 75, 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 **July 31, 2016** or no later than **30** 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/grants/alreadyhavegrant/priorapprovalrequests.html

Key Personnel: In accordance with 45 CFR Part 75.308, 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, 5 **UE1 EH000510-07**, 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.

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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 45 CFR Part 75.

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, Payment Management Services
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?explorer.event=true

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/governmental_and_tribal.aspx?explorer.event=true

- Cross Servicing Payment Branch:
  http://www.dpm.psc.gov/contacts/cross_servicing.aspx?explorer.event=true

- International Payment Branch:
  Bhavin Patel (301) 492-4918
  Email: Bhavin.patel@psc.hhs.gov
  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.

Payment Management System Subaccount: Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC setup payment subaccounts within the Payment Management

System (PMS) for all grant awards.Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the " P Account". A P Account is a subaccount created specifically for the purpose of tracking designated types of funding in the PMS.

All award funds must be tracked and reported separately. Funds must be used in support of approved activities in the FOA and the approved application.

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 09/01/2014through 08/31/2019. 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 45 CFR Part 75.381 (Closeout), 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 45 CFR Part 75. 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://grants1.nih.gov/grants/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

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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
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STAFF CONTACTS
Grants Management Specialist: Damond Barnes
Grants Management Specialist
Centers For Disease Control and Prevention (CDC)
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2920 Brandywine Rd, Mailstop: E-18
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Email: xhp5@cdc.gov **Phone**: 770-488-2611

Grants Management Officer: Ralph U Robinson
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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: 5U59EH000510-07

INSTITUTION: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

Budget	Year 7	Year 8	Year 9	Year 10
Salaries and Wages	$126,519			
Fringe Benefits	$63,260			
Personnel Costs (Subtotal)	$189,779			
Supplies	$350			

Travel Costs	$4,749			
Other Costs	$4,683	$625,000	$625,000	$625,000
Consortium/Contractual Cost	$385,775			
TOTAL FEDERAL DC	$585,336	$625,000	$625,000	$625,000
TOTAL FEDERAL F&A	$39,664			
TOTAL COST	$625,000	$625,000	$625,000	$625,000

National Center for Environmental Health
EHHE/APRHB
Technical Review

Awardee Name: Missouri Department of Health and Senior Services

Award #: 5 U59 EH000510-07 **Budget Year:** 9/1/2015 – 8/31/2016

FOA #: CDC-RFA-EH14-140407CONT15

Title: Comprehensive Asthma Control Through Evidence-based Strategies and Public Health—Health Care Collaboration

Requested Amount: $ 625,000 **Recommended Award Amount:** $ 625,000
Actual Unobligated Funds: $ 0 Estimated Unobligated Funds: $ 0

1. **Response to Technical Review:**
   _X_ The awardee must submit a response to the weaknesses and recommendations identified in the Technical Review within 30 days from receipt date of the Notice of Award. **(Note: Awardee's response should be reflective only of the weaknesses identified therefore; resubmission of the entire application is not required.)**

   _____ No response to Technical Review is required.

2. **Budget and Work Plan:**
   _____ Revised Budget and Work Plan are needed due to a reduction in proposed budget, which affects the proposed activities/work plan.

   Revised budget and work plan are required due to (provide reasons):
   _____

   _X_ Revised budget and work plan are **NOT** required.

3. **Performance:**
   _X_ The project officer certifies performance is satisfactory to date and continued funding is recommended.

   _____ The project officer certifies performance is not fully satisfactory to date and weaknesses and recommendations should be addressed. Continued funding should be restricted until attached recommendations are met.

   _____ The project officer has determined performance to date has been less than satisfactory and continued funding is denied. The project officer's determination is based on factual data below as published in the funding opportunity announcement.

Project Officer's Name: Pamela Collins, MPA, MSA

Project Officer's Signature: Pamela Collins **Date:** 05/18/2015

National Center for Environmental Health
EHHE/APRHB
Technical Review

Awardee Name: Missouri Department of Health and Senior Services

Award #: 5 U59 EH000510-06 **Budget Year:** 9/1/2014 – 4/08/2015

A thorough review of the annual progress report has been performed. The review considered the evaluation criteria published in the funding opportunity announcement. Based on the review, the following issues were identified:

I. Annual Performance Report (9/1/2014 – 4/08/2015)

A. Summary of Major Strengths:

1. Infrastructure:

a. Leadership

- Missouri Asthma Prevention and Control Program (MAPCP) identified one of their leadership role in statewide planning, coordination, and expansion of as asthma activities and resources by supporting the Missouri Primary Care Association's (MPCA) quality improvement group which manages a data warehouse of electronic health record (EHR) data from all Federally Qualified Health Centers (FQHCs) across the state. For a portion of FQHCs (located primarily in the St. Louis metropolitan area), the data warehouse also includes claims yielding a more comprehensive understanding of health care utilization and patient behavior. Equipped with data, MAPCP can target training or other interventions to enhance clinical quality.
- MAPCP has and will continue to will work exclusively with MOHealthNet (Missouri Medicaid) to revise benefits and reimbursement policies to enable coverage for comprehensive asthma control services, specifically: (1) home environment assessments, (2) self-management education (SME) consults in clinic settings and (3) SME consults in community settings (school or home).
- MAPCP collaborates with The Missouri Quality Health Collaborative which is a partnership between Department of Health and Senior Services (DHSS) and MPCA that assists FQHCs with quality improvement interventions for heart disease and diabetes. The Collaborative will add asthma in Years 3-5. To prepare, MPCA and MAPCP staff will work in concert to provide training and technical assistanc+D1e to individual FQHCs in Years 1-2. The Collaborative' s approach to technical assistance, which employs a site visit method, designs and tracks quality improvement projects (e.g., root cause analysis, process re-design) related to team-based care and "meaningful use" standards (e.g., NQF00036).

b. Strategic Partnerships

- MAPCP and ARC have been meeting with MOHealthNet to discuss analysis of cost savings related to Teaming Up for Asthma Control (TUAC), a CDC funded intervention for school age children. MOHealthNet at this meeting agreed to the cost data analysis.
- MAPCP and the Missouri Asthma Coalition (MAC) partners with Barton County and Washington County Memorial Hospitals have committed through a business agreement with ARC to have available trained professionals to provide asthma education and environmental assessments for high-risk MOHealthNet children with asthma should

funding become available for reimbursement.

- The Integrated Health Network, through a grant funded by the Missouri Foundation for Health, is partnering with the MAPCP, ARC, community safety net health centers, City of St. Louis and St. Louis County Department of Health, and the Asthma and Allergy Foundation of America – St. Louis (AAF-STL) to enhance services to improve asthma health outcomes through the Asthma Surge event http://asthmaready.org/asthmasurge/.
- MAC members developed and revised proposals and negotiated the process policy change with MOHealthNet. This would provide reimbursement for home visits for home environmental assessments (HEA) and self-management education (SME) outside the clinic setting. MOHealthNet agreed to review cost data analysis to consider a reimbursement strategy.

c. Strategic Communication

- MAPCP identified current and future activities around communications that included dissemination of surveillance and evaluation findings and reports through the Missouri Department of Health and Senior Services' website. In addition, educational messages are posted on Twitter and Facebook.

d. Surveillance

- MAPCP identified low-income, underserved and or African –American school-age children as at-risk subpopulations. These groups were identified by using asthma prevalence measures, emergency department visits, hospitalizations, hospitalization costs by expected payer, Medicaid claims, ACBS (self-management education, medication use) and mortality.
- MAPCP indicated that all core data sets were available for at least 2013 with the exception of hospital discharge data which was available for 2012. All BRFSS datasets, including the Asthma Call-back survey was available for 2014. In addition, the grantee had several additional data sets which included Emergency Department Visits, Medicaid, Missouri Primary Care Association, Youth Tobacco Survey, Youth Risk Behavior Survey and Syndromic Surveillance System data. Some data were available for 2014 and 2015.
- MAPCP indicated that several asthma prevalence measures were used to define asthma burden and identify priority populations. Asthma hospitalization, ED visits, and School absenteeism measures were also used to guide program activities.
- MAPCP provided hospitalization and ED visits data to CDC for 2011 and 2012.

e. Evaluation

- MAPCP developed and submitted a draft SEP, which reflects a strong program with prioritized evaluations that align with MO asthma program and CDC expectations.
    - Evaluation of TUAC demonstrated a cost savings of $1401 per TUAC participant; provides evidence for recommending reimbursement for asthma education in the community setting by trained individuals and school nurses; a report will be included in the 2016 annual report;
- MAPCP had other actions taken as a result of evaluations:
    - Promoted the approved HB 1188 in all school-based trainings, which made stock rescue medication available to at least 46% of MO's public school students;
    - School nurse survey on asthma care management equipment use is guiding training and workforce development efforts to increase use of equipment
    - Health Care Provider Training and Tools evaluation findings have guided the

provision of panel reports to help providers identify high risk asthma patients and provide more tailored treatment.

2. Services Strategies

   a. Home-based Strategies

- In March 2015, a work group of partners including the children's hospitals in Missouri, the Missouri Hospital Association, the MAPCP, and leading experts in the field of home environmental assessments (HEAs) was formed. The first meeting of this group will occur in April 2015 and tasked with defining credentials and curricula for providing SME and HEAs.

   b. School-based Strategies

- MAPCP provided education and training to health professionals in FQHC and schools on self-management skills for people with asthma.
- MAPCP reported that contracts are established in eight school districts and training provided to health staff in six of those districts for the Childhood Asthma Linkages in Missouri 2 (CALM2).
- MAPCP reported that the Smart Tablet provides school nurses with a summary report that helps identify opportunities for SME. Using a color-coding schema (i.e., green, yellow, red, purple), the Smart Tablet directs school nurses to a specific action, such as reviewing an asthma action plan with parent/caregiver, requesting a home environment assessment, assessing controller medication adherence, etc.
- MAPCP has training occurring for a minimum of 75 school nurses. They reported to have completed seven regional trainings for home visitors (two by August 2015) with in this project period. Recruitment and outreach is directed toward school nurses and home visitors that serve the target population.

3. Health Systems Strategies

- The University of Missouri-Columbia (UMC) Asthma Ready Communities team provides team-based asthma training and follow-up. MAPCP's evolution to team-based programming occurred in the last three years as MAPCP shifted away from physician-centered training toward practical, inter-professional tools and strategies to change operations of primary care practices. MAPCP began describing its public health approach to asthma as "enviro-clinical" to represent its emphasis on the overlap between public health and health care for achieving health status improvement and reducing health disparities. The MAPCP's key partners, continue to improve the MAPCP's capacity to collaborate across public health and health care settings.
- MAPCP is currently working with MOHealthNet to develop criteria for reimbursement for asthma self-management outside the clinic setting and home visits for asthma trigger reduction. A committee of leading experts in the field of asthma education and home visiting for environmental assessment has been identified and will begin meetings in April 2015. This committee will identify culturally competent guideline-based tools to be used across leading organizations for patient outreach and SME.
- MAPCP promotes public health-health care linkages at every level of partner interaction. The Asthma Control Monitor (ACM), a web-based application that synthesizes EHR data health plan claims, and assessment results, is under development by the University of Missouri to provide the linkage of data for risk factor stratification to the healthcare provider.

B. Summary of Weaknesses

1. Infrastructure:

   a. Leadership
   - No weaknesses identified.

   b. Strategic Partnerships
   - No weaknesses identified.

   c. Strategic Communication
   - No weaknesses identified.

   d. Surveillance
   - Although MAPCP identified at-risk subpopulations, it is unclear which specific dataset(s) was used to identify each at-risk subpopulation.

   e. Evaluation
   - No weaknesses identified.

2. Services Strategies

   a. Home-based Strategies
   - No weaknesses identified.

   b. School-based Strategies
   - No weaknesses identified.

3. Health Systems Strategies
   - No weaknesses identified.

C. Other Relevant Comments

1. Changes to work plan (if applicable)
   - No changes to Year 1 work plan.

2. Evaluation and Performance Measurement
   - MAPCP included Performance Measures and responded to all five measures.
   - MAPCP provided state maps indicating child asthma prevalence by region and hospitalizations of children with CALM 2 schools and federally qualified Health Centers. Tables and graphs were also provided. A table of hospital discharges for each county in the state was provided. In addition, a table and graphs of ED visits and hospital discharges for select counties was also provided. MAPCP used surveillance data/measures to target activities.
   - MAPCP's actions were reasonable and appropriate around the use of several evaluations: a) approval of HB 1188, making stock rescue medication available to at least 46% of MO's public school students; b) school nurses' increased use of asthma care management

equipment; TUAC evidence supporting promotion of reimbursement for asthma education in the community setting by trained individuals; provision of panel reports to identify and intervene with high-risk patients.

D. Recommendations:

- MAPCP should provide clarification as to which datasets were used to identify the aforementioned populations.
- MAPCP should continue further developing and refining the SEP, including adding more detailed plans around the prioritized evaluations and drafting a 5-year timeline for evaluation activities to the extent possible.

National Center for Environmental Health
EHHE/APRHB
Technical Review

II. New Budget Period Proposal Budget Year: 9/01/2015 – 8/31/2016

Awardee Name: Missouri Department of Health and Senior Services

A. Summary of New Budget Year Strategies and Activities:

The purpose of the Missouri Asthma Prevention and Control Program (MAPCP) is to maximize reach, impact, efficiency and sustainability of comprehensive asthma control services in Missouri and make substantial contributions toward health equity. Surveillance data has focused MAPCP on the needs of low-income and/or African American children living in urban and rural communities. Supported by an alliance of long-standing strategic partners, MAPCP's most substantial work improves the capabilities of schools to provide self-management education and health systems to deliver high quality, guideline-based care. MAPCP also seeks to change comprehensive asthma care coverage and reimbursement policies of health plans, especially Medicaid. MAPCP interventions build linkages between public health and health care. Using interactive mobile devices and analytic applications imbedded into electronic health record systems, MAPCP will enhance decision-making of clinic teams with information from community-based providers, such as school nurses or home visitors. MAPCP is also facilitating public health-health care collaboration by establishing a centralized system for health care providers to request self-management education consults and home environmental assessments from a statewide network of trained health professionals. This work is supported by robust surveillance data sources, experienced communications specialists, and an innovative, productive evaluation team dedicated to measuring and optimizing outcomes across all proposed activities.

B. Summary of Major Strengths:

1. Infrastructure

a. Leadership

- MAPCP plans to continue its work building and promoting, through key partnership, an infrastructure of dedicated school nurses (ratio of 1:541 students) to complete asthma action plans, assess asthma control, provide SME and collaborate with health care providers. School-based SME programs can identify high-risk children with asthma and coordinate linkages to primary care, health insurance coverage and home visits. Public health - health care collaboration will continue to be enhanced by working with important high-level partners to make available health care professional training (e.g., physicians, nurses and clinic staff).
- MAPCP infrastructure consists of experienced and dedicated staff, contractors and numerous partnerships across the state. The Leadership Team of eight people draws upon a diverse set of professional past and current work experience, including clinical care, health system management, environmental assessment, self-management education, school nursing, information technology, evaluation, quality improvement and project management.

b. Strategic Partnerships

- FQHCs have been and continue to be a key partner for MAPCP. Working in partnership with the MPCA, the FQHC non-profit association and data warehouse, MAPCP has enabled asthma-specific quality improvement projects, such as adding prompts to EHR systems, reporting standard quality metrics across FQHC sites and promoting team-based

training and quality recognition (Asthma Ready® Clinic). The MAPCP has and will continue to assist FQHCs in pursuit of higher quality, resource-efficient, evidence-based care, and thereby support implementation of reform at the provider level. The MAPCP is also an advocate for change at the payer level; MAPCP is currently working with MOHealthNet to develop coverage and reimbursement policies for comprehensive asthma services.

c. Strategic Communication

- All plans for projected communication activities will be included in the Strategic Communication Plan outlined in the approved Work Plan for Year 2 and will be completed by August 31, 2016.
- MAPCP plans to develop a branding strategy with assistance from the Missouri Department of Health and Senior Services (DHSS) and the MAPCP to increase use of home visits and Self-Management Education consults, especially by FQHCs.
- MAPCP plans a committee of leading experts in the field of asthma education and home visiting for HEAs to identify culturally competent guideline-based tools to be used across leading organizations for patient outreach and SME.
- MAPCP also plans to develop a plan using social media to disseminate public health messages and localized asthma information, and to facilitate community meetings to develop plain language tools concerning asthma quality care and health plan coverage benefits.
- MAPCP identified two staff as having communication responsibilities.
- Missouri DHSS provides access to a communications team that is housed in the Directors office. This is provided on an as-needed basis through general revenue funding and is not included in the budget.

d. Surveillance

- MAPCP proposes to maintain and enhance the existing statewide surveillance system. It indicated that it will continue to have all core data sets available for at least 2014. In addition, the grantee will continue to have several additional data sets which included Emergency Department Visits, Medicaid, Missouri Primary Care Association, Youth Tobacco Survey, Youth Risk Behavior Survey and Syndromic Surveillance System data. Some data will be available for 2014 and 2015.
- MAPCP proposes to maintain and enhance the existing statewide surveillance system. It indicated that it will continue to have all core data sets were available for at least 2014. All BRFSS datasets, including the Asthma Call-back survey will be available for 2014. In addition, the grantee will continue to have several additional data sets which included Emergency Department Visits, Medicaid, Missouri Primary Care Association, Youth Tobacco Survey, Youth Risk Behavior Survey and Syndromic Surveillance System data. Some data will be available for 2014 and 2015.
- MAPCP proposes to use several asthma prevalence measures to define asthma burden and identify priority populations that will be used to guide Year 2 program activities. Asthma hospitalization, ED visits, and School absenteeism measures will also be used to guide program activities.
- MAPCP proposes to provide hospitalization and ED visits data to CDC for 2013 and 2014.
- MAPCP proposes to use surveillance data to identify the at-risk subpopulations that will include asthma prevalence, emergency department visits, in-patient hospitalizations,

hospitalization cost by expected payment sources, Medicaid claims, self-management education, medication and mortality data. Medicaid claims data will be used to develop panel reports of children with poorly controlled asthma by provider groups.

- MAPCP provided a detailed table of proposed data analysis projects that included the title, topic, product type, method of dissemination and intended audiences. Some of the topics are unduplicated asthma hospitalizations and ED visits, asthma prevalence, asthma indicators, and persistent asthma among children. The grantee proposes to produce factsheets, reports, web tables and maps.
- MAPCP indicates that it will generate maps, factsheets and reports that can be used to demonstrate the alignment of program activities and surveillance findings in the proposed analysis plan. In addition, the grantee seeks to increase access to health systems data by partnering with health plans.

e. Evaluation

- MAPCP's lead evaluator will oversee implementation of the SEP.
- Regular meetings using completed CREW template for each project will be held to review progress and challenges related to implementing project-specific evaluations.
- Rapid evaluation quality improvement projects (REQIPs) will be conducted to expedite smaller, focused evaluations; findings will be disseminated by 8/31/16.
- MAPCP will evaluate the revision and expansion of the Smart Tablet mobile technology intervention.
- MAPCP's individual evaluation plans (IEPs) will be developed for school- and home-based services by 3/31/16.
- As a result of the evaluation of the adoption of HB 1188, which indicated only 27% of the state's student population was covered, MAPCP will execute an outreach and technical assistance plan in Years 2 and 3 to increase HB #1188 implementation.
- MAPCP's evaluation team will publish the first CARE (Asthma Coverage and Reimbursement Evaluation) report in Year 2.
- Communications around surveillance and evaluation findings will be shared on MO's DHSS website.

2. Services Strategies

a. Home-based Strategies

- MAPCP will work through the Institute for Environmental Health and Patient-Centered Outcomes (Southeast Missouri State University) to provide training for 80 home visitors which will include SME and environmental triggers reduction. MAPCP's approach uniformly focuses on educational/ behavioral objectives in four key areas: (1) inhaled corticosteroid adherence, (2) inhalation technique, (3) environmental trigger reduction and (4) regular check-ups with control measures.

b. School-based Strategies

- MAPCP will continue equipping health professionals with guideline-based training programs and materials that allow provision of SME that is tailored for school nurses (75), physicians/practitioners (40), and pharmacists. MAPCP's approach uniformly focuses on educational/ behavioral objectives in four key areas: (1) inhaled corticosteroid adherence, (2) inhalation technique, (3) environmental trigger reduction and (4) regular check-ups with control measures.

- MAPCP will make available guideline-based decision-support systems and tools to assist schools and health centers with risk stratification, enabling need-based prioritization of SME service delivery. Trainings will incorporate risk stratification. Also, MAPCP will incorporate the Panel Risk Report that provides Medicaid health plan claims data to alert health care providers, primarily FQHCs, about cases of uncontrolled asthma.
- MAPCP will continue education and support for the eight school districts participating in the CALM2 project. These districts are a key data source for CDC-required performance measures. The CALM2 districts will implement an evidence-based comprehensive program model with six goals: (1) identify uncontrolled asthma, (2) stratify population based on risk and intervene accordingly, (3) improve self-management skills/behaviors per MAPCP approaches, (4) assure regular follow-up visits with medical care providers, (5) train school teachers and staff to recognize uncontrolled asthma and (6) link to other resources, such as home visits and health plan enrollment.
- MAPCP's Smart Tablet will be expanded to the Springfield Public Schools in Year 2 to provide school nurses with a summary report, immediately viewable on the tablet screen, that helps identify opportunities for SME. Using a color-coding schema (i.e., green, yellow, red, purple), the Smart Tablet directs school nurses to a specific action, such as reviewing an asthma action plan with parent/caregiver, requesting a home environment assessment, assessing controller medication adherence, etc. MAPCP will support an evaluation of this mobile technology intervention with revision and expansion of the Smart Tablet application based on MAPCP's annual evaluation report.
- MAPCP will provide care management training for school nurses. School nurse training is prioritized to coordinate with all other MAPCP activities, such as CALM2 and Smart Tablet, with other recruitment and outreach directed toward school nurses that serve the target population as identified through available data. The MAPCP coordinates its work with partners, such Missouri's Coordinated School Health Program annual new school nurse orientation, Coordinated School Health Conference, Annual School Nurse Association meeting, and the annual St. Louis School Nurse Survival Training.
- MAPCP will execute an outreach and technical assistance plan to increase HB #1188 implementation. This bill, among the first of its kind in the United States, allows schools to maintain a stock supply of asthma-related rescue medications.

3. Health Systems Strategies
   - MAPCP will be working through its health care provider training partner (UMC Asthma Ready Communities), MAPCP to provide evidence-based training for 10 clinic teams (i.e., a group of physicians, nurse practitioners, nurses, and medical assistant staff) who work in primarily FQHCs. These clinic teams will be trained with up-to-date materials and interactive, skill-based methods using a two-part Continuing Medical Education credits adaptation of *Physicians Asthma Care Education* (2 + 4 hours). The "Asthma Ready Clinic" designation is earned by clinic teams that adopt clinical care EPR-3 guideline 'best practices', such as risk stratification with Panel Risk Reports, use of home visitors, and coordination of care with trained school nurses.
   - MAPCP's partnership between DHHS and MPCA (Missouri Quality Health Collaborative) assists with FQHCs with quality improvement interventions. The Collaborative will add asthma in Year 2. Its approach to technical assistance, which employs a site visit method, designs and tracks quality improvement projects (e.g., root cause analysis, process re-design) related to team-based care and "meaningful use" standards (e.g., NQF 0036). MPCA fosters quality improvement by matching high-

performing FQHCs with those having problems in certain areas. MPCA's peer-to-peer approach is currently favored by MOHealthNet's medical home model. Project-specific results will be tracked by MAPCP's Evaluation Team.

- MAPCP will also support MPCA's quality improvement group that manages a date warehouse of EHR data from all FQHCs across the state. For a portion of FQHCs (located primarily in the St. Louis metropolitan area), the data warehouse also includes claims yielding a more comprehensive understanding of health care utilization and patient behavior. This will allow MAPCP to target training or other interventions to enhance clinical quality. The Program will also implement the asthma quality improvement plan.
- MAPCP will be working with MPCA to promote the modification of EHRs utilized in the FQHCs to include asthma related prompts and fields (modifications will be contingent on associated costs).
- MAPCP will continue to work with the UMC's Asthma Ready Communities team on implementing the ACM. It enables system-level linkage by giving health care providers: (1) access to synthesized claims data and (2) clinically-relevant information from community-based providers (e.g., school nurses, community health workers). Since ACM works as an independent application that can interface with any EHR with minimal programming, ACM is scalable and transferrable with minimal or no cost, thereby increasing its appeal as a public health strategy. Care teams at participating sites will be trained per the Asthma Ready Clinic process.

4. Work plan
   - MAPCP's work plan is consistent with the work that was well described in the project narrative.

C. Summary of Major Weaknesses:

1. Infrastructure

   a. Leadership
      - No weaknesses identified

   b. Strategic Partnerships
      - No weaknesses identified.

   c. Strategic Communication
      - No weaknesses identified.

   d. Surveillance
      - No weaknesses identified.

   e. Evaluation
      - No weaknesses identified

2. Health Services Strategies

   a. Home-based
   - No weaknesses identified.

   b. School-based
   - No weaknesses identified.

3. Health Systems Strategies
   - No weaknesses identified.

4. Work plan
   - No weaknesses identified.

D. Other Relevant Comments:

- With regard to plain language tools concerning asthma quality care and health plan coverage benefits grantee plans to develop, grantee may wish to liaise with ALA, who recently developed a related CDC-funded project.
- While the MAPCP provided a tables that clearly identified core and additional data sets and the years available, it was sometimes difficult to distinguish which years are to be considered for Year 2 with the exception of 2015 data.
- The MAPCP commits to reporting on all CDC required performance measures as clearly outlined in the competitive application. Only available and feasible data sources have been considered for inclusion.
- AMAPCP should keep up the progress on evaluation activities and developing the IEPs, ensuring active stakeholder engagement throughout the planning and implementation processes.

E. Recommendations:

- MAMAPCP should keep up the progress on evaluation activities and developing the IEPs, ensuring active stakeholder engagement throughout the planning and implementation processes.
- MAPCP should report on any evaluation capacity building activities planned and conducted for asthma program staff and partners.
- MAPCP should provide updates on SEP as available, including justifications for any major modifications.