

1. DATE ISSUED MM/DD/YYYY 05/06/2019		1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA No. 93.898 - Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 5 NU58DP006299-03-00 Formerly		5. TYPE OF AWARD Other	
4a. FAIN NU58DP006299		5a. ACTION TYPE Non-Competing Continuation	
6. PROJECT PERIOD MM/DD/YYYY From 06/30/2017		Through 06/29/2022	
7. BUDGET PERIOD MM/DD/YYYY From 06/30/2019		Through 06/29/2020	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

1600 Clifton Road
Atlanta, GA 30329

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)

301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 241(a) and 247b(k)(2)], as amended.

8. TITLE OF PROJECT (OR PROGRAM)
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations

9a. GRANTEE NAME AND ADDRESS HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF Alternate Name: Missouri Department of Health 920 Wildwood Dr Community and Public Health Jefferson City, MO 65109-5796	9b. GRANTEE PROJECT DIRECTOR Mr. Steve Cramer 930 Wildwood Dr Jefferson City, MO 65109-5796 Phone: 5735222806
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10a. GRANTEE AUTHORIZING OFFICIAL Ms. Tonya R Loucks 920 WILDWOOD DR Jefferson City, MO 65109-5796 Phone: 573-751-6014	10b. FEDERAL PROJECT OFFICER Valerie Richmond-Reese 4770 Buford Highway Chamblee, GA 30341 Phone: 770-488-3694
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ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only <input type="checkbox"/>		a. Amount of Federal Financial Assistance (from item 11m) 4,286,682.00	
II Total project costs including grant funds and all other financial participation <input type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods 249,045.00	
a. Salaries and Wages 620,439.00		c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits 352,372.00		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <input type="text" value="4,037,637.00"/>	
c. Total Personnel Costs 972,811.00		13. Total Federal Funds Awarded to Date for Project Period <input type="text" value="12,476,019.00"/>	
d. Equipment 0.00		14. RECOMMENDED FUTURE SUPPORT	
e. Supplies 3,771.00		(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel 24,412.00		YEAR TOTAL DIRECT COSTS YEAR TOTAL DIRECT COSTS	
g. Construction 0.00		a. 4 b. 5 c. 6 d. 7 e. 8 f. 9	
h. Other 213,799.00		15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
i. Contractual 2,864,680.00		a. DEDUCTION	
j. TOTAL DIRECT COSTS → <input type="text" value="4,079,473.00"/>		b. ADDITIONAL COSTS <input type="checkbox"/>	
k. INDIRECT COSTS 207,209.00		c. MATCHING	
l. TOTAL APPROVED BUDGET <input type="text" value="4,286,682.00"/>		d. OTHER RESEARCH (Add / Deduct Option)	
m. Federal Share 4,286,682.00		e. OTHER (See REMARKS)	
n. Non-Federal Share 3,285,567.00		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
		a. The grant program legislation.	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

REMARKS (Other Terms and Conditions Attached - Yes No)

GRANTS MANAGEMENT OFFICIAL:

Merlin Williams
2960 Brandywine Rd
Mailstop E09
Atlanta, GA 30341-5509
Phone: 770-488-2851

17. OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 03
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST
21. a. 9-921Z1RL	b. 17NU58DP006299	c. 93.898	d. DP	e. \$11,440.00
22. a. 9-921Z1RU	b. 17NU58DP006299	c. 93.898	d. DP	e. \$2,350,955.00
23. a. 9-9390539	b. 17NU58DP006299	c. 93.898	d. DP	e. \$12,011.00
				APPROPRIATION
				f. 75-19-0948
				f. 75-19-0948
				f. 75-19-0948

NOTICE OF AWARD (Continuation Sheet)

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GRANT NO. 5 NU58DP006299-03-00	

FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
24.a. 9-9390540	b. 17NU58DP006299	c. 93.898	d. DP	e. \$118,686.00	f. 75-19-0948
25.a. 9-9390541	b. 17NU58DP006299	c. 93.898	d. DP	e. \$220,380.00	f. 75-19-0948
26.a. 9-9390542	b. 17NU58DP006299	c. 93.898	d. DP	e. \$120,157.00	f. 75-19-0948
27.a. 9-9390543	b. 17NU58DP006299	c. 93.898	d. DP	e. \$77,085.00	f. 75-19-0948
28.a. 9-939ZRBC	b. 17NU58DP006299	c. 93.898	d. DP	e. \$73,217.00	f. 75-19-0948
29.a. 9-939ZRBL	b. 17NU58DP006299	c. 93.898	d. DP	e. \$1,042,218.00	f. 75-19-0948
30.a. 9-939ZUUK	b. 17NU58DP006299	c. 93.898	d. DP	e. \$11,488.00	f. 75-19-0948

Direct Assistance

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

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 05/06/2019
GRANT NO. 5 NU58DP006299-03-00	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
06/30/2017	06/29/2018	Annual	09/27/2018
06/30/2018	06/29/2019	Annual	09/27/2019
06/30/2019	06/29/2020	Annual	09/27/2020

AWARD ATTACHMENTS

Missouri Department of Health

5 NU58DP006299-03-00

1. Year 03 NCC Terms and conditions
2. Funding Spreadsheet
3. NCCCP TR
4. NCCCP Supplement TR
5. BC TR
6. NPCR TR

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **DP17-1701**, entitled **Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations**, and application dated February 21, 2019, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of **\$4,286,682** is approved for the Year 03 budget period, which is **June 30, 2019** through **June 29, 2020**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

NBCCEDP:	\$ 2,600,000
NCCCP:	\$ 459,807
NCCCP Supplement:	\$ 100,000
NPCR (Component 1):	\$ 1,126,875
NPCR (Component 2):	\$ 0

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

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

Financial Assistance Mechanism: Cooperative Agreement

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

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

CDC activities in this NOFO are as follows:

- Collaboration between program consultants across the division to provide coordination of program monitoring and technical assistance activities such as joint program calls, site visits, and regional consultations.
- Team Leads, Project Officers, and Subject Matter Experts from across the division jointly plan and participate in trainings and other capacity building activities that address crosscutting strategic areas.
- Resources and guides that address key programmatic needs across the FOA will be jointly developed and/or disseminated to ensure consistent messages with meeting grantee technical assistance needs.
- Technical assistance in the areas of program implementation, fiscal and grants management, surveillance and epidemiology, health education and promotion,

evaluation, community-clinical linkages, and environmental approaches will be coordinated across programs to ensure consistency and build awardee capacity.

- CDC Chronic Project Officers will continue to identify collaboration and coordination opportunities through the NCCDPHP Regional Team meeting
- Coordinated Program Directors meetings and Cancer Conferences will be prioritized to reduce burden on grantees
- Establish program policies and guidelines collaboratively with grantees.
- Facilitate the exchange of information and coordination, collaboration, and service integration between grantees and chronic disease counterparts.
- Provide ongoing guidance, consultation and technical assistance to support the planning, implementation, monitoring, and evaluation of the activities listed within the components funded in this FOA.
- Monitor grantee progress in implementing the program and work with grantees through email, conference calls, and site visits, and review of progress reports and other data reports to support program progress and program improvement.
- Convene trainings, capacity building exercises, meetings, web forums, conference calls, and site visits with grantees.
- Provide relevant scientific research findings, peer-reviewed publications, success stories, public health recommendations, and up-to-date clinical guidelines related to the FOA.
- Provide eligible population estimates for available geographic units. Estimates are currently available at the national, state, and county level. Estimates can be found at: <http://www.census.gov/hhes/www/sahie/data/index.html>.
- Design, implement, and evaluate program implementation of screening and patient support services.
- Provide strategies to work effectively with health care systems and community-based organizations to use available data and target populations to decrease disparities.
- Provide guidance on practical application of appropriate Public Laws based on the program specific needs. These laws include; Public Law 101-354, including amendments to the law, Public Health Service Act, (42 USC 280e-280e-4; Public Law 102-515), as amended and Public Health Service Act, [42 U.S.C. section 247b (e) and (k)(2)], as amended.
- Provide tools and methodologies to conduct linkages between the screening program data and central cancer registries data, and reporting registry stage data in the MDE.
- Develop regular data monitoring feedback reports based on clinical data submissions to support data use for quality assurance, program improvement, and program monitoring and evaluation.
- Evaluate, monitor, and report on progress toward meeting performance standards using interim progress reports, end of year reports, MDE reports, annual surveys, and others described in FOA.
- Provide analytic datasets through CDC's Research Data Center, restricted data access files for NPCR-sponsored registries, and a public use dataset.
- Provide mechanisms to facilitate external data linkages through CDC's National Death Index and Social Security Administration's Administrative Databases.
- Provide assistance with dissemination of information, including evaluation results, about awardee's program efforts to the public and public health audiences. When appropriate, evaluation findings will be described for individual awardees by name.
- Provide technical assistance and support to central cancer registries for electronic pathology, biomarkers and physician reporting/Meaningful Use efforts.
- Develop and provide publicly available software programs for collecting, receiving,

- validating, processing, and analyzing cancer registry data.
- Provide NPCR Program Standards and Program Manual to ensure standardized operations and data collection.
 - Collaborate with national partners and organizations to standardize the reporting of cancer, promote education for cancer registrars, and advocate for central cancer registries by actively participating as chairs/members of committees/workgroups.
 - Assess the quality of central cancer registry data by conducting NPCR-sponsored Data Quality Evaluations of central cancer registries.
 - Receive, evaluate, and disseminate cancer surveillance data received from central cancer registries through the NPCR Cancer Surveillance System.
 - Maintain online dissemination tools <http://www.cdc.gov/cancer/npcr/tools.htm>

Use of Unobligated Funds: This NOA includes use of Year 01 unobligated funds in the amount of **\$249,045 NBCCEDP Component**), which has been applied as an offset to the currently approved funding level for this budget period. The use of unobligated funds is approved based on the Year 01 Federal Financial Report (FFR). The amount of this NOA will be subject to reduction if the final amount of unobligated funds is less than the amount of unobligated funds reported on the referenced FFR.

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 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 CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, **July 31, 2019**, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By **July 31, 2019** the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Please ensure your revised budget addresses the following:

NCCCP component

– Budget cut from \$350,630 as requested to \$315,968. Please submit a revised budget using the revised budget totals

NCCCP component

– Budget cut from \$469,192 as requested to \$459,807. Please submit a revised budget using the revised budget totals.

NPCR component

– Budget cut from \$1,150,000 as requested to \$1,126,875. Please submit a revised budget using the revised budget totals.

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

Notice of Funding Opportunity (NOFO) Restrictions:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any 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 any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability [\(<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>\)](https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

Program 1: NBCCEDP

- As specified in PL 101-354, use of federal funds for treatment is prohibited.
- As specified by PL 101-354, not more than 10 percent of cooperative funds awarded may be spent annually for administrative expenses. These administrative expenses are in lieu of and replace indirect costs [Section 1504(f) of the PHS Act, as amended].

Program 3: NPCR

- As specified in the Public Health Service Act, (42 USC 280e-280e-4), as amended, cooperative agreement funds must not be used for purposes other than those outlined in this announcement.

- Purchase, licensing, or development of central cancer registry applications or database systems that perform the same functions as tools provided by CDC/NPCR (see CDC/NPCR Registry Plus module description).
- Design and development of new software and/or enhancement of an existing central cancer registry database management system where publicly available products exist.
- Funding for activities associated with the maintenance and support of a central registry database system that exceeds 20 percent of the total direct budget request per year. For additional information see <http://www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/>
- Direct data collection in reporting facilities unless justified. For additional information see <http://www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/>
- Abstracting from hard-copy medical records at the central cancer registry unless justified. For additional information see <http://www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/>
- Promotional items.
- International travel (exception Canada for NAACCR conference).
- Travel to meetings not directly related to cancer registries.
- Travel for non-registry staff NOTE: In accordance with Health and Human Services (HHS) Grants Policy Statement, travel is only allowable for personnel directly charged and approved on the grant/cooperative agreement.
- Cell phones, blackberries, palm pilots, or any other personal electronic device.
- Automobiles.
- Construction.
- Funds must be used to supplement not to supplant existing State and/or other Federal resources.

Indirect Costs: Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 09, 2018 which calculates indirect costs as follows, a FIXED is approved at a rate of 21.30% of the base, which includes, Total Direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from 07/01/2018 to 06/30/2019.

Matching Funds Requirement: Matching is generally calculated on the basis of the federal award amount and is comprised of recipient contributions proposed to support anticipated costs of the project during a specific budget period (confirmation of the existence of funding is supplied by the recipient via their Federal Financial Report). The recipient must be able to account separately for stewardship of the federal funding and for any required matching; it is subject to monitoring, oversight, and audit. The recipient may not use matching expenditures to count toward any Maintaining State Funding requirement.

When a recipient requests a carryover of unobligated funds from prior year(s), matching funds equal to the new requirement must be on record in the CDC grant file, or the recipient must provide evidence with the carryover request.

NBCCEDP: Recipient financial participation is required for this program in accordance with the authorizing legislation. Section 1502(a) and (b)(1), (2), and (3) of the Public Health Services (PHS) Act, as amended, requires matching funds from non-Federal sources in an amount not less than one dollar for every three dollars of Federal funds awarded under this program. However, Title 48 of the U.S. Code 1469a (d) requires DHHS to waive matching fund requirements up to \$200,000 for Guam, U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands.

Matching funds may be cash, in-kind or donated services or equipment. Contributions may be

made directly or through donations from public or private entities. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title I to use funds received under the Indian Self-Determination Act as matching funds.

Applicants may also designate as State/Tribal/Territorial/Pacific Island Jurisdiction matching funds any non-Federal amounts spent pursuant to Title XIX of the Social Security Act for the screening and case management of women for breast and cervical cancers.

Matching funds may not include: (1) payment for treatment services or the donation of treatment services; (2) services assisted or subsidized by the Federal government; or (3) the indirect or overhead costs of an organization. All costs used to satisfy the matching requirements must be documented by the applicant and will be subject to audit.

To maintain the \$3:\$1 Non-Federal Match required the level of Non-Federal financial participation is \$866,667. This amount is the required ratio of cost sharing. The amount reflected on this Notice of Award, \$866,667 is the amount reflected in your submitted budget and equals the required ratio of cost sharing.

NCCCP: Cost sharing funds are encouraged in an amount not less than ten percent of Federal funds awarded under this program. Cost sharing is encouraged if it helps to leverage federal and state resources, is responsive to stated CDC recipient activities, supports the National Comprehensive Cancer Control Program priorities, and does not compromise the integrity or the ability of the comprehensive cancer control program to accomplish proposed activities. Matching funds are not required under this cooperative agreement, but are encouraged.

The encouraged level of Non-Federal financial participation is \$45,981. This amount represents the encouraged ratio of cost sharing. The amount reflected on this Notice of Award, \$0 is the amount reflected in your submitted budget.

NPCR: Per PHS Act (42 USC 280e-280e-4), matching funds are required for Program 3, NPCR applicants in an amount not less than 25 percent of such costs or one dollar for every three dollars of Federal funds awarded under this program; [Title 42, Chapter 6A, Subchapter II, Part M, § 280e(b)(1)]. Matching funds may be cash, in-kind, or donated services or equipment. Contributions may be made directly or through donations from public or private entities. However, Title 48 of the U.S. Code 1469a (d) requires DHHS to waive matching fund requirements for Guam, U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands up to \$200,000. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title 1 to use funds received under the Indian Self-Determination Act as matching funds. Non-federal financial contributions in excess of the Maintenance of Effort may be used for matching.

Matching funds may not include: (1) payment for treatment services or the donations of treatment services (2) services assisted or subsidized by the Federal government; or (3) the indirect or overhead costs of an organization. All costs used to satisfy the matching requirement must be documented by the applicant and will be subject to audit. Documentation of appropriate matching is to be provided in the detailed budget and narrative justification.

To maintain the \$3:\$1 Non-Federal Match required the level of Non-Federal financial participation is \$375,625. This amount is the required ratio of cost sharing. The amount reflected on this Notice of Award \$375,625 is the amount reflected in your submitted budget equals the required ratio of cost sharing.

Maintenance of Effort (MOE) Requirement: MOE represents an applicant/recipient historical level of contributions related to federal programmatic activities which have been made prior to the receipt of federal funds “expenditures (money spent).” MOE is used as an indicator of non-federal support for public health before the infusion of federal funds. These expenditures are calculated by the recipient without reference to any federal funding that also may have contributed to such programmatic activities in the past. Recipients must stipulate the total dollar amount in their grant applications. Recipients must be able to account for MOE separately from accounting for federal funds and separately from accounting for any matching funds requirement; this accounting is subject to ongoing monitoring, oversight, and audit. MOE may not include any matching funds requirement.

NBCCEDP: Maintenance of Effort is required for this program in accordance with the authorizing legislation PL 101-354. The average amount of non-Federal contributions toward breast and cervical cancer programs and activities for the two-year period preceding the first Federal fiscal year of funding for NBCCEDP is referred to as Maintenance of Effort (MOE). Only those non-Federal contributions in excess of the MOE amount may be considered matching funds. Supplanting, or replacing, existing program efforts currently paid with Federal or non-Federal sources is not allowable.

NCCCP: Maintenance of effort is not required for this program.

NPCR: Maintenance of Effort is required for this program. Recipients must agree to make available (directly or through donations from public or private entities) non-Federal contributions equal to the amount expended during the fiscal year preceding the first year of the original NPCR cooperative agreement award for the collection of data on cancer, as noted in Public Health Service Act (42 USC 280e-280e-4).

In determining the amount of non-Federal contributions for cost-sharing or matching, the recipient may include only those contributions that are in excess of the amount of contributions made by the State for collection of data on cancer for the fiscal year preceding the first year of the original NPCR cooperative agreement award. CDC may decrease the amount of non-Federal contributions required if the State can show that the amount will cause them financial hardship [Title 42, Chapter 6A, Subchapter II, Part M, § 280e(b)(2)(B)].

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted to your GMS/GMO no later than 90 days after the end of the budget period. To submit the FFR, login to www.grantsolutions.gov, select “Reports” from the menu bar and then click on Federal Financial Reports.

The FFR for this budget period is due by **September 30, 2020**. Reporting timeframe is **June 30, 2019 through June 29, 2020**. The FFR is cumulative and should only include those funds authorized and disbursed during the timeframe covered by the report.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, the recipient is

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

Required Disclosures for Federal Awardee Performance and Integrity Information System

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

CDC, Office of Grants Services
[Pamela Render](#), Grants Management Officer/Specialist
Centers for Disease Control and Prevention
Chronic Disease and Birth Defects Services Branch
Fax: (Include "Mandatory Grant Disclosures" in subject line)
Email: (Include "Mandatory Grant Disclosures" in subject line)

AND

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

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

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

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

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

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-

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

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

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:

Pamela Render, Grants Management Specialist
Centers for Disease Control and Prevention

Chronic Disease and Birth Defects Services Branch

Telephone: 770-488-2712

Email: prender@cdc.gov

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Programmatic Contact(s):

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Kristi Fultz-Butts, NCCCP
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Valerie Richmond-Reese, Project Officer, NBCCEDP
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Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. 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 information is located on Page 1 of this NOA.

Grantee:
Award Number:

Missouri Department of Health
DP006299-03

Attachment 1

Federal Cost Categories	NCCCP	NCCCP	NCCCP	NBCCEDP	NBCCEDP	NPCR	NPCR	NPCR	Year 03 Budget
		Programmatic Encouraged Cost Share: 10%	Supplement	<i>*Unobligated funds in the amount of \$249,045 used to offset Year 03 Notice of Award</i>	Match 3:1	Component #1	Component #2	Match 3:1	
Salaries & Wages	\$109,330	\$0	\$7,630	\$469,221	-	\$34,258	-	-	\$620,439
Fringe Benefits	\$63,411	\$0	\$4,425	\$264,851	-	\$19,685	-	-	\$352,372
Consultant Costs	\$0	\$0	\$0	\$3,322	-	\$0	-	-	\$3,322
Equipment	\$0	-	\$0	\$0	-	\$0	-	-	\$0
Supplies	\$697	\$0	\$24	\$1,663	-	\$1,387	-	-	\$3,771
Travel	\$2,575	\$0	\$403	\$14,524	-	\$6,910	-	-	\$24,412
Other	\$122,000	-	\$39,950	\$47,257	-	\$1,270	-	-	\$210,477
Contractual costs	\$125,000	-	\$45,000	\$1,642,805	-	\$1,051,875	\$0	-	\$2,864,680
Total Direct Costs	\$423,013	\$0	\$97,432	\$2,443,643	-	\$1,115,385	\$0	-	\$4,079,473
<i>Indirect Costs</i>	\$36,794	\$0	\$2,568	\$156,357	-	\$11,490	\$0	-	\$207,209
Non-Federal Share Requirement	-	-		\$0	\$866,667	-	-	\$375,625.00	\$1,242,292
Programmatic Encouraged Cost Share	-	\$45,981		\$0	-	-	-	-	\$45,981
Total Approved Budget	\$459,807	\$0	\$100,000	\$2,600,000	\$0	\$1,126,875	\$0		\$4,286,682

**FY 2019 – Funding Opportunity Announcement DP17-1701
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Annual Performance Report
Technical Review Form**

Recipient's Name and Grant #: Missouri NU58DP006299

Funded Program/Component: NCCCP

Technical Reviewer's Name: Kristi R. Fultz-Butts

Electronic Signature: 

Date: 3/18/2019

After a complete review of the DP17-1701 Year 03 APR and discussion with the Recipient regarding the Year 03 APR/Technical Review, the Recipient is to submit the following (check all that apply):

• **Response to Technical Review**

- The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.
- NO** response to Technical Review is needed.

• **Revised Budget and Workplan**

- Revised Budget and Workplan is needed due to significant reduction of proposed budget, which will affect the proposed activities. The revised budget and workplan should be reflective of the amount of the actual Notice of Award (NGA).
- Revised Budget and Workplan is **NOT** needed.

• **Revised Workplan**

- Revised Workplan is needed due to -- provide reason(s):
- Revised Workplan is **NOT** needed.

• **Revised Budget**

- Revised Budget is needed due to -- provide reason(s):
- Revised Budget is **NOT** needed.

Research Determination – DP17-1701 is only for non-research activities supported by CDC. For the definition of research, please see the CDC Web site at the following Internet address: <http://www.cdc.gov/od/ads/opspoll1.htm>

- No research activities have been proposed
- Research activities have been proposed, but were disapproved/disallowed

Summary of Major Strengths (Please use bullets):

- In Year 1, the program and the Comprehensive Tobacco Control Program (CTCP) collaborated with a media company to do market research targeting Medicaid accepting health care providers and recipients who smoke, and then provided creative development for campaign activation. The research and media campaign was shared with partners recruited from the Missouri Department of Social Services' MO HealthNet (Medicaid) Division (managed care, pharmacy, behavioral health); Missouri Department of Mental Health's (DMH) Community Mental Health Center Healthcare Home Program; representatives of Tobacco Free Missouri, other health system representatives and members of the Missouri Cancer Consortium. These entities reviewed the multi-component media campaign plan; and will disseminate to their stakeholders and develop additional interventions to promote tobacco cessation among high tobacco users and disparate populations in Missouri in Year 2.
- The program and the CTCP continue to collaborate with Missouri Department of Social Services' MO HealthNet to expand opportunities to increase the awareness and utilization of smoking cessation services and benefits among enrollees and providers. These efforts reduce client out-of-pocket costs by increasing utilization of the MO HealthNet smoking cessation services and benefits.
- The Missouri Cancer Consortium (MCC) Colorectal Cancer (CRC) Workgroup attended the CRC Forum in Atlanta in July 2017 to create a CRC Screening Action Plan. CRC was the featured program at the October MCC meeting during which a radiologist and President of Fight CRC presented on the National CRC Roundtable 80% by 2018 initiative. They also joined the MCC CRC Workgroup and are encouraging the workgroup to become a statewide roundtable.
- The program established a contract with the Missouri Primary Care Association (MPCA) to increase CRC screening in four (4) FQHCs. The goal is to create and implement strategies to help health systems and patients overcome barriers to improve screening rates in the targeted area.
- The program supported the work of the MCC through a partnership with the Center for Practical Bioethics and major medical centers to host end of life training events in conjunction with Dana Farber, Brigham and Women's Hospital.
- The program is leading an effort in partnership with Missouri Actions to Prevent Chronic Disease and Control Risk Factor's (MAP), MPCA, Bureau of Senior Programs, academia, health systems, behavioral health centers, community health workers and other relevant MCC partners like the American Cancer Society to gain input and buy-in during the development of an educational offering with a target population of community health workers, peer support specialists, patient navigators and seniors. The on-line training modules are focused on cancer prevention and screening and set for release in the second

half of Year 2.

Summary of Major Weaknesses (Please use bullets):

- Resources for the activities in Objective 7.1, 7.1.2 and 7.1.3 were not properly allocated; therefore prohibiting full execution of this work.

Recommendations:

Regardless of the staffing and policy challenges, your program has performed extremely well in YR2, meeting or exceeding targets. Of the ongoing targets, they are well within reach. My only recommendation is to work with BCCCP partners to determine innovative ways to support achievement of strategies related to Objectives 7.1, 7.1.2 and 7.1.3.

Reviewer Comments

Progress towards Objectives:

The program is showing exceptional gains in YR2 and going forward into YR3. The program evidences their commitment to reducing health disparities through collaboration with other chronic disease programs and diverse community partners. For example, collaboration, as intended under this cooperative agreement, has been the cornerstone of your success, as evidenced by your work thus far in YR2. Continue to leverage opportunities or partnerships that foster outreach to high-risk and diverse populations. Significant progress is evidenced in the leadership team plan report and plan. The program convened the team consisting of the Missouri Comprehensive Cancer Control Program (CCCP) Manager, the Show Me Healthy Women (SMHW) Program Manager and the Missouri Cancer Registry (MCR) Director. SMHW, MCR and BRFSS staff are participating members of the Missouri Cancer Consortium (MCC). The Office of Epidemiology (OOE) CCCP Evaluator also participates in the MCC. In addition, the program manager has recruited the MCR Director and the program evaluator to serve on the MCC Cancer Data and Evaluation Committee to assist the MCC and workgroups with relevant data and evaluation. The three program directors have equal partnership on the leadership team and will work collaboratively to ensure that program efforts are informed by cancer surveillance data and to identify populations with relatively higher cancer risks, incidence, and/or mortality to determine strategies to reduce the burden of cancer for these groups. A specific collaborative success, guided by the leadership team, is the program encourages electronic reporting. For example, the SMHW program compiles a file containing breast and cervical cancer screening data and sends it to MCR via secure electronic transmission for linkage with the MCR database for confirmation of final diagnoses and reporting of standardized cancer stage data in order to improve quality of the data reported to CDC through the minimum data elements. The program evidences collaborative efforts to improve self-management for survivors some efforts have completed while others are underway. The team's work plan includes multiple interventions that involve joint reporting of population risks and cancer burden with SMHW and other chronic disease programs using public health surveillance data. For example, the SMHW program will work with OOE and MCR to use cancer burden data to evaluate program reach and other metrics to improve screening efforts.

Proposed Objectives:

The proposed objectives support the state cancer plan, state-developed cancer incidence maps and appropriately connect from YR2. The YR3 action plan also includes required elements – three (3) evidence-based interventions each for primary prevention, screening, cancer survivorship, and health equity. The proposed objectives are well-balanced across the diverse cancer plan objectives, and each is supported by an appropriate data source and has an evaluation activity incorporated.

Other Relevant Comments:

None

Itemized Budget:

The proposed budget appropriately supports the proposed YR3 work plan.

**FY 2019 – Funding Opportunity Announcement DP17-1701
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Annual Performance Report
Technical Review Form**

Recipient's Name and Grant #: Missouri NU58DP006299

Funded Program/Component: NCCCP Supplement

Technical Reviewer's Name: Behnoosh Momin

Electronic Signature: Behnoosh Momin

Date: 3/5/2019

After a complete review of the DP17-1701 Year 03 APR and discussion with the Recipient regarding the Year 03 APR/Technical Review, the Recipient is to submit the following (check all that apply):

- **Response to Technical Review**

- The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.
- NO** response to Technical Review is needed.

- **Revised Budget and Workplan**

- Revised Budget and Workplan is needed due to significant reduction of proposed budget, which will affect the proposed activities. The revised budget and workplan should be reflective of the amount of the actual Notice of Award (NGA).
- Revised Budget and Workplan is **NOT** needed.

- **Revised Workplan**

- Revised Workplan is needed due to -- provide reason(s):
- Revised Workplan is **NOT** needed.

- **Revised Budget**

- Revised Budget is needed due to -- provide reason(s):
- Revised Budget is **NOT** needed.

Research Determination – DP17-1701 is only for non-research activities supported by CDC. For the definition of research, please see the CDC Web site at the following Internet address: <http://www.cdc.gov/od/ads/opspoll1.htm>

- No research activities have been proposed
- Research activities have been proposed, but were disapproved/disallowed

Summary of Major Strengths (Please use bullets):

1. A letter of support from the Missouri Cancer Consortium was included.
2. The plan included a list of national comprehensive cancer control program partners that will be engaged in the described.
3. The plan included how the program will utilize and monitor survivor needs through use of the Behavioral Risk Factor Surveillance System (BRFSS) 13 question cancer survivorship module. The system will be used to set targets to increase the quality of life of cancer survivors and included a number of examples or ways it will do so.
4. The plan includes details on how the work will impact survivorship care planning through use of HER data, local cancer registry data, increasing consumers knowledge, and identifying evaluation and employ best practices for systemic delivery of written care plans.
5. The plan includes details related to the role of patient navigators, the implementation of strategies to facilitate community/clinical linkages, and dissemination of provider education through free continuing education e-learning series for primary care providers developed by the National Cancer Survivorship Resource Center.

Summary of Major Weaknesses (Please use bullets):

1. The interventions for each of the objectives seem redundant and should be diversified to achieve the outcomes stated.
2. Utilization of the LIDS system would be a helpful tool for the program.

Recommendations:

Given the number of strengths of this supplemental application, I recommend funding the supplement applicant.

Reviewer Comments

Progress towards Objectives:

The objectives are clearly stated and seem feasible based on the information provided. The interventions for each of the objectives seem redundant and should be diversified to achieve the outcomes stated.

Proposed Objectives:

Below are the proposed objectives submitted from the program. All seem to fit nicely to the objectives of the supplement.

1. Increase the percent of patients that reported having a treatment summary plan or survivorship care plan from 78.90% to 82% by June 2020.

2. Decrease the percent of five or more physically unhealthy days during the past 30 days among cancer survivors from 27.6% to 23.5% by June 2020.
3. Increase the percent of receipt of social or emotional support among cancer survivors from 70% to 72% by June 2020.
4. Increase the number of trainings on cancer survivorship for health professionals and para-professionals from 4 to 8 by June 2020.
5. Increase the percent of written follow up instructions received from 78.9% to 82% by June 2020.

Other Relevant Comments:

None.

Itemized Budget:

See budget form.

**FY 2019 – Funding Opportunity Announcement DP17-1701
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Annual Performance Report
Technical Review Form**

Recipient's Name and Grant #: Missouri NU58DP006299

Funded Program/Component: NBCCEDP

Technical Reviewer's Name: Valerie Richmond-Reese

Electronic Signature: *V. Richmond-Reese* Date: 3/12/2019

After a complete review of the DP17-1701 Year 03 APR and discussion with the Recipient regarding the Year 03 APR/Technical Review, the Recipient is to submit the following (check all that apply):

- **Response to Technical Review**

The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.

NO response to Technical Review is needed.

- **Revised Budget and Workplan**

Revised Budget and Workplan is needed due to significant reduction of proposed budget, which will affect the proposed activities. The revised budget and workplan should be reflective of the amount of the actual Notice of Award (NGA).

Revised Budget and Workplan is **NOT** needed.

- **Revised Workplan**

Revised Workplan is needed due to -- provide reason(s): *Additional information is needed on Program Management activities for YR3. Update the workplan to provide the names of the varying partners you are working with on the population health strategies rather than using term "pilot" to reduce confusion. Other updates are also needed, in response to weaknesses cited in this TR.*

Revised Workplan is **NOT** needed.

- **Revised Budget**

Revised Budget is needed due to -- provide reason(s):

Revised Budget is **NOT** needed.

Research Determination – DP17-1701 is only for non-research activities supported by CDC. For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/ads/opspoll1.htm>

No research activities have been proposed

Research activities have been proposed, but were disapproved/disallowed

Summary of Major Strengths (Please use bullets):

- Recipient has established navigation reimbursement rates and payment algorithm in place. Also, navigation assessment forms and instructions are available for providers to use electronically. (pages 1, 2 and 7)

Summary of Major Weaknesses (Please use bullets):

- The workplan does not include the processes in which the program manager will routinely monitor personnel, spending (program operations, screening contracts, etc.), and reallocate resources as needed. (page 1)
- The grantee is making slow progress on Environmental Approaches. The only objective for this strategy is in progress.
- In the progress report, patient navigation is being discussed as a major activity for Environmental Approaches (EA). Typically, patient navigation is a Community Clinical Linkages strategy and/or a health systems service delivery strategy. (page 5)
- Based on Community Clinical Linkages strategy guidance, the workplan lacks activities that describe outreach using community health workers with external partners. (page 7)
- The service delivery projection is not accurate, and recipient will need to correct. (SDP)

Recommendations:

- The recipient will need to update workplan to include plans of program manager to work with fiscal officer to ensure routine monitoring of program spending.
- Response to weaknesses, providing status update of delayed activities in the area of Environmental Approaches. To serve as resource, review the NBCCEDP program manual (latest version shared December 4, 2018).
- To serve as resources, review the Community Clinical Linkages guidance within NBCCEDP program manual (latest version shared December 4, 2018), and Community Clinical Linkage guidance documents (shared January 29, 2019). Update the workplan to include the correct strategy/activity under the correct category or explain to CDC how this strategy meets requirements for EA.
- The grantee should provide CDC with information on how they came to propose serving 8232 women with much smaller screening goals between the two cancer screening types. A revised Service Delivery Projections Worksheet should be submitted after discussion with CDC.

Reviewer Comments

Progress towards Objectives:

- Recipient is demonstrating some progress toward FOA areas. Some objectives are “completed,” on-going or “in progress.”
- Recipient’s quarterly report submission (October 2018) indicated that 956 women (42%) had been screened for breast cancer, out of 2297 projected, and 84 women (28%) screened for cervical cancer, out of 300 projected through December 2018.

- 1 implementation plan has been submitted for Big Springs Medical Association (Missouri Highlands).
- Evidence Based Intervention checklist and data validation for breast and cervical cancer screening rates has been cleared to use with pilot FQHCs. The expansion to work with other FQHCs will not take place at this time, as implementation results need to be realized before starting with a new clinic. (page 12)
- SMHW providers and other FQHCs have hired community health workers, however it is unclear if patient navigators are also members of the clinic team. The recipient plans to assess the number of patient navigators located serving hotspot areas. (page 7)
- The grantee is making slow progress on Environmental Approaches. The only objective for this strategy is in progress.
- Continued collaboration efforts with Family and Community Trust Organizations (FACT), WISEWOMAN, ACS and others to promote the SMHW program and the benefits of breast cancer screening. (page 8)

Proposed Objectives:

- Objectives are written in SMART format with the completion and/or outcome dates appearing to be achievable recipient plans to service 8232 women in YR3. 2246 breast screening, 3352 cervical screening and 300 navigation only. This is not an accurate projection, and recipient will need to correct. (SDP)
- Recipient plans to develop an information guide for SMHW providers and community health workers to be trained on navigation services and timely referrals for women health screenings. (page 9)
- Plans to continue working with the pilot project and partner with non-traditional agencies in an effort to develop a plan for promoting women's breast and cervical cancer screening and referrals within the state. (page 10)
- Health System Missouri Highlands plans to reduce client no-shows by 10% utilizing electronic health record client and provider reminders. (pages 15 - 17)
- When identifying strategies and activities within the progress report/workplan the recipient will need to provide more specifics (include name) of the health system partner expected to complete activity. The term "pilot" is confusing within the documentation, as it is referred to in multiple capacities.

Other Relevant Comments:

- Please note that the Division of Cancer Prevention and Control (DCPC) Program Consultants are conducting a collaborative review of your submitted leadership plans during the month of April and will follow-up with more comprehensive feedback.

Itemized Budget:

- The recipient is requesting \$2,700,000 to support their proposed YR3 activities.
- The budget is reasonable and consistent with proposed objectives and activities.
- Source of Match and Maintenance of Effort are appropriate, and their budget meets the 10% administrative cost cap requirement.

**FY 2019 – Funding Opportunity Announcement DP17-1701
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Annual Performance Report
Technical Review Form**

Recipient's Name and Grant #: Choose an item. Missouri NU58DP006299
Funded Program/Component: NPCR

Technical Reviewer's Name: Olivia Marr

Electronic Signature: *Olivia Marr* Date: 3/14/2019

After a complete review of the DP17-1701 Year 03 APR and discussion with the Recipient regarding the Year 03 APR/Technical Review, the Recipient is to submit the following (check all that apply):

• **Response to Technical Review**

- The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.
- NO** response to Technical Review is needed.

• **Revised Budget and Work plan**

- Revised Budget and Work plan are needed due to significant reduction of proposed budget, which will affect the proposed activities. The revised budget and work plan should be reflective of the amount of the actual Notice of Award (NGA).
- Revised Budget and Work plan are **NOT** needed.

• **Revised Work plan**

- Revised Work plan is needed due to -- provide reason(s):
- Revised Work plan is **NOT** needed.

• **Revised Budget**

- Revised Budget is needed due to -- provide reason(s):
- Revised Budget is **NOT** needed.

Research Determination – DP17-1701 is only for non-research activities supported by CDC. For the definition of research, please see the CDC Web site at the following Internet address: <http://www.cdc.gov/od/ads/opspoll1.htm>

- No research activities have been proposed
- Research activities have been proposed, but were disapproved/disallowed

Summary of Major Strengths (Please use bullets):

- The Missouri Cancer Registry's (MCR) WP has six Strategies: 1) Program Collaboration; 2) External Partnerships; 3) Cancer Data and Surveillance; 4) Community-level Interventions and Patient Support; 5) Health Systems Change; and, 6) Program Monitoring and Evaluation.
- MCR's six Strategies incorporate the four Domains of Chronic Disease Prevention: 1) Epidemiology and Surveillance; 2) Environmental Approaches; 3) Health Care System Interventions; and, 4) Community Programs Linked to Clinical Services.
- Some of the most positive aspects of this past year's work have been the creation of a Leadership Team (LT) and a LT Plan. While SMHW, CCCP and MCR had always collaborated, the formalization of activities, regular meetings of the LT and buy-in from the LT on the need for updated cancer reporting regulations are enabling MCR to move forward with drafting much-needed revised cancer reporting regulations. This is something that, at its current staffing level, MCR has been unable to accomplish. Planning will take place in the second half of YR 2 and revised regulations will be drafted and become effective in YR 3.
- Another positive aspect has been the creation and implementation of an MCR Evaluation and Performance Measurement Plan that has provided a general focus and direction for YR 2.
- Performance measures of Effectiveness have been identified for every activity in MCR's detailed YR 2 Interim Progress Report and YR 3 WP. Data to support each measure, the timeframe for assessing progress, and the team members responsible are clearly identified.

Summary of Major Weaknesses (Please use bullets):

- Five full-time staff positions remain vacant in YR 2.
- Loss of key positions has negatively impacted MCR's ability to expand electronic reporting and capture cases via electronic health records (EHRs).

Recommendations:

- Explore ways to fiscally support positions through such remedies as alternate sources of funding, position-sharing, providing internships etc. to help remediate the employment gaps.
- Work with peer grantees, CSB's IDSAT team and PC to identify ways to expand electronic reporting and capturing cases via EHRs.
- As noted in its APR, Missouri is one of 15 states eligible to receive supplemental funding to participate in a CDC Data Quality Evaluation (DQE) project. Consequently, Strategy 3: Cancer Data and Surveillance (Domain 1) Topic Area 7 (Data Quality Assurance & Education) has one new Objective and Activity (Participate in a CDC DQE project) which will be initiated in YR 2 Q3 and implemented in YR 3. Please keep PC informed on project progress.
- Even with a reduced workforce, MCR has been able to maintain the quality, completeness and timeliness of data, meeting all National Data Quality Standards (NDQS). Keep up the good work!

Reviewer Comments

Progress towards Objectives:

- Continuation of Leadership Team (LT) formed in YR 1. The LT, originally composed of the managers of Show Me Healthy Women (SMHW; Missouri's Breast and Cervical Cancer Early Detection Program) and the Comprehensive Cancer Control Program (CCCP) and the Director (D) of the Missouri Cancer Registry (MCR; now the Missouri Cancer Registry and Research Center (MCR-ARC)), added a fourth member, DHSS' Office of Epidemiology (OOE) Epidemiology Consultant who supports SMHW & CCCP & works directly w/ MCR. The three programs have always cooperated and collaborated but having a LT provides structure and continuity. The LT meets monthly, most often by conference call but at least twice a year in person.
- The LT refined their Leadership Plan in this budget period. MCR priorities, including revising reporting regulations (19 CSR 70-21.010), were included in the Plan. Planning will begin in the last half of YR 2 and revisions drafted in YR 3. The importance of revising regulations is that this offers an opportunity to increase penalties for non-reporting and enhance MCR's ability to bring reporting facilities into compliance.
- Data linkage with SMHW took place in Q1; this is the first of two linkages that will take place in YR 2. SMHW & MCR staff also collaborated at MCR to understand processes and discuss improvements.
- The MCR Director participated in two Missouri Cancer Consortium (MCC) meetings, in Q1 informing members that 2015 data had been added to MCR-ARC's website and giving an update on activities (Qs 1 & 2). As Chair of MCC's Data & Surveillance Committee, she also participated in an Executive Committee conference call meeting (13 Dec 18).
- MCR staff were active in the Missouri State Tumor Registrars Association (MoSTRA), National Cancer Registrars Association (NCRA), North American Association of Central Cancer Registries (NAACCR), International Association of Cancer Registries (IACR), Union for International Cancer Control (UICC; sponsor of the World Cancer Congress), and the American Public Health Association (APHA). Two MCR staff already serving on the MoSTRA Board were joined by a third, newly-elected staff member. The MCR Director co-chairs and the Operations Manager serves on NAACCR's Uniform Data Standards (UDS) Work Group; the UDS, which normally meets monthly held additional sessions related to 2018 changes. The Operations Manager also serves on the NAACCR 2018 Implementation Guidelines Task Force. The Director, elected to a second two-year term on APHA's Governing Council in YR 1, also serves as the Health Informatics Information Technology (HIIT) Section Liaison to the APHA Student Assembly and as HIIT's Student Award Program Chair.
- A QA Unit CTR presented a GoToMeeting™ online webinar, "2018 Grade for Breast" in Q1 and the OM presented "2018 Strategies for Success" in Q2; these recordings are posted to the MCR website (<http://mcr.umh.edu>). The OM and a QA CTR were invited by the Kansas Cancer Registrars Association to give the above two presentations plus a third educational component at their annual meeting in Q2.
- Researchers from Johns Hopkins University reached out to the Director and Senior Statistician to collaborate on a breast cancer project on survival of women with breast cancer

who have a variety of co-morbidities; this project involved linking the MCR database with DHSS's hospital discharge database. This project was completed in YR 2 and the D and SS gave oral presentations at the APHA Annual Meeting in San Diego in November. Researchers at Washington University in St. Louis also reached out to the D and the SS; talks are underway for a project on head and neck cancers.

- Legislative Authority: Progress on updating existing cancer reporting regulations was outlined in the last paragraph of the Introduction (p. 1). Although revised regulations will not be in place until YR 3, actions by the LT and the MCC during this reporting period and later in YR 2 are setting the stage for a successful outcome, one that would not have been possible without their collaborative efforts.
- Administration/Operations: Strategic planning has been enhanced by creation and modification of the MCR Evaluation and Performance Measurement Plan and ongoing LT collaboration (see p. 2).
- Data Collection, Content & Format: All *MCR Monthly Updates* in YR 2 have contained valuable information on v.18 changes; staff have received much positive feedback from reporting facility staff.
- Electronic Data Exchange: While inability to increase electronic data exchange remains a source of frustration, the SSA actively participates in the Physician Reporting WG to ensure MCR remains prepared. MCR staff work closely with MU IT security to ensure all electronic data are received via secure transmission.
- Data Completeness/Timeliness/Quality: A more efficient mechanism was devised for tracking case-sharing agreements and data exchanges.
- Linkages: Until YR 1, NDI linkage and subsequent updating of MCR's database had only been carried out for a few selected sites (e.g., breast & cervical). had been updated. In YR 1 following SSDI linkage, cases with unknown date of death for all sites were sent for linkage; in YR 2, this became standard practice.
- Data Quality Assurance and Education: Inclusion of "Abstracting Tips" in each *MCR Monthly Update* continues to be very popular with facility registrars throughout the state and has reduced submission errors. "Show Me Tip Sheets" are attached quarterly and are also popular.
- Data Use and Data Monitoring: Area Profiles and Double Maps, interactive features of our data visualization software (InstantAtlas™) updated in YR 1 Q4, continue to be a valued component on our website (<http://mcr.umh.edu>). Ovarian Cancer Survival in Missouri, 1996-2014" was published in *Missouri Medicine* in Q4.
- Data Submission: 1996-2016 data were submitted to CDC/NPCR and NAACCR in Q2 (November 2018). While the NPCR Data Evaluation Report (DER) has not yet been received, we anticipate that our submission will meet National Data Quality Standards.
- Area Profiles and Double Maps on MCR-ARC's website (<http://mcr.umh.edu>) continue to provide valuable information to local-area users as does our "Top Ten Sites by County" feature.
- eReports for screening-amenable cancers are available as Area Profiles and Double Maps MCR-ARC's website (<http://mcr.umh.edu>).
- MCR management identified the *NPCR Evaluation Plan Guide for DPO17-1701 NPCR Grantees* as the framework for MCR's Evaluation and Performance Measurement Plan. This

led to a revision of Strategy 6 Objectives and Activities. MCR management remain excited about the impact this plan is having on MCR's internal and external activities.

Proposed Goals and Objectives:

- **Five-Year Overarching Goal**

In collaboration with Missouri's (MO's) Comprehensive Cancer Control Program (CCCP) and Show Me Healthy Women (SMHW; MO's Breast & Cervical Cancer Early Detection Program), the MCR will decrease cancer incidence, morbidity and mortality by focusing on underserved populations with increased cancer risk due to health disparities.

- **Five-Year NPCR Component 1 Goals** --The MCR will:

- 1) Collect & disseminate high-quality data on all reportable incident cancer cases in a timely manner for public health cancer prevention & control purposes;
- 2) Improve & enhance electronic reporting;
- 3) Meet or exceed all NPCR standards & requirements; and,
- 4) Identify additional funding sources & obtain funding needed to stay current with rapidly-evolving technologies and carry out 21st century goals and objectives.

Strategy 1: Program Collaboration Objectives

- Promote use of central cancer registry (CCR) data for planning & evaluation of cancer control objectives & public health practice by:
 - A) Collaborating with CCCP & SMHW across CDC's four domains (epidemiology & surveillance; environmental approaches; health care system interventions; & community programs linked to clinical services) with defined & measurable cancer prevention or control outcomes; and,
 - B) Coordinating & collaborating with other chronic disease programs and key external organizations and programs.

Strategy 2: External Partnerships

- Utilize external partnerships including:
 - A) Convening MCR's existing Advisory Board (AB) to assist in enhancing & utilizing CCR data for cancer prevention & control, other chronic diseases & collaborating with other cancer programs; and,
 - B) Promoting greater awareness & utilization of cancer registry data through existing and new partnerships.

Strategy 3: Cancer Data and Surveillance

- **Legislative Authority** -- Maintain and strengthen existing statutes and regulations that:
 - A) provide legal authority for a central cancer registry as defined in Public Health Services Act Title 42, Chapter 6A, Sub-Chapter II, Part M, 280e, authorizing the National Program of Cancer Registries (NPCR); and,
 - B) update existing statutes and regulations as needed to support electronic data exchange.

- **Administration/Operations –**
 - A) Hire and retain sufficient staff (in number & expertise) to:
 - manage, implement & evaluate the CCR and,
 - utilize & disseminate the data;
 - B) Ensure that adequate hardware & software systems are in place to support CCR activities (data collection, database management, interstate data exchange, data linkages, QA, data analysis & management reporting); and,
 - C) Ensure confidentiality & security of CCR data through software & hardware security standards.

- **Data Collection, Content & Format:**
 - Conduct surveillance for all reportable cancer diagnosis and related data items following CDC NPCR Program Standards, 2017 – 2022, and data submission specifications.
 - Regardless of residency, collect data on all reportable cancers & benign neoplasms according to CDC specifications & state-specific requirements
 - Use standardized, NPCR-recommended data exchange format for all data transmissions to other CCRs & CDC

- **Electronic Data Exchange:**
 - A) Utilize standardized, CDC-recommended data transmission formats for electronic exchange of cancer data via a secure Internet-based mechanism (e.g., Web Plus, eMaRC Plus, PHIN-MS, MOVEit); and,
 - B) Develop & implement a plan to enhance timely reporting via the expansion of electronic reporting.

- **Data Completeness/Timeliness/Quality:**
 - A) Maintain, and update as needed, procedures to ensure timeliness, quality and completeness of data in accordance with CDC data quality standards;
 - B) Maintain, and expand as needed, interstate data exchange agreements with out-of-state CCRs; and,
 - C) Perform linkages with external datasets to improve data completeness and quality

- **Linkages --** Perform data linkages:
 - A) in accordance with NPCR Program Standards; and,
 - B) additional linkages necessary for Program functioning and/or for assisting partners (e.g., Comprehensive Cancer Control Program (CCCP) and Show Me Healthy Women (SMHW)) in addressing other public health issues as they relate to cancer, including tobacco use and obesity (e.g., behavioral risk factor data, socioeconomic status data).

- **Data Quality Assurance and Education:**
 - A) Maintain, and update as needed, a quality assurance (QA) plan and an education/training program for internal staff and reporting facilities with the goal of improving central cancer registry data quality;

B) Conduct internal audits and/or quality checks, participate in national QA studies, participate in ad hoc audits with CDC & conduct external audits of reporting sources; and, C) Complete & submit the Program Evaluation Instrument (PEI) by the stated deadline.

- **Data Use and Data Monitoring:**

A) Develop a coordination plan to propose innovative ways cancer surveillance data will be used to improve public health in Missouri;

B) Produce annual on-line reports and, in collaboration with CCCP and SMHW, participate in the production of biennial reports that include screening-amenable cancers (e.g., breast, cervix, colorectal, lung) and cancers associated with obesity, tobacco & HPV; and,

C) Submit final biennial report to CDC and, in collaboration with CCCP, the MCC & SMHW, disseminate to partners as appropriate.

- **Data Submission** -- Submit electronic data files to:

1) NPCR-CSS according to timeframe and content established by CDC (outlined in NPCR-CSS Submission Specifications), and

2) NAACCR according to their Call for Data guidelines; and B) Participate in all CDC-created and hosted analytic datasets and web-based data query systems.

Strategy 4: Community-level Interventions and Patient Support

- Disseminate cancer surveillance data with CCCP and SMHW and other organizations/agencies identified by the Missouri Cancer Consortium (MCC) (which includes the MCR Advisory Board) to implement community-level and patient-support interventions.

Strategy 5: Health Systems Change

- Share cancer surveillance data with CCCP and SMHW and other agencies identified by MCC and MCR's Advisory Board to enable implementation of evidence-based interventions for health systems change.

Strategy 6: Program Monitoring and Evaluation

- Conduct program evaluation inclusive of reviewing processes, outputs and outcomes of Missouri's CCR and use findings to continually improve operations, data quality and completeness.

Other Relevant Comments:

- Please note that the Division of Cancer Prevention and Control (DCPC) Program Consultants are conducting a collaborative review of your submitted leadership plans during the month of April and will follow-up with more comprehensive feedback.

Itemized Budget:

- Funding total requested for year 3 (\$1,150,000) exceeds total level funding of NOA for year 2 (\$1,050,000). Recommend funding, including \$76,875 for DQE= **\$1,126,875**.