

1. DATE ISSUED MM/DD/YYYY 07/06/2017
 2. CFDA NO. 93.070
 3. ASSISTANCE TYPE Cooperative Agreement

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

2920 Brandywine Road
 Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
 301(A)311,317(C)PHSACTi42USC241,243,247B

1a. SUPERSEDES AWARD NOTICE dated
 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4. GRANT NO. 5 NU59EH000510-09-00
 Formerly 5U59EH000510-08

5. ACTION TYPE Non-Competing Continuation

6. PROJECT PERIOD MM/DD/YYYY
 From 09/01/2009 Through 08/31/2019

7. BUDGET PERIOD MM/DD/YYYY
 From 09/01/2017 Through 08/31/2018

8. TITLE OF PROJECT (OR PROGRAM)
 COMPREHENSIVE ASTHMA CONTROL THROUGH EVIDENCE-BASED STRATEGIES AND PUBLIC HEALTH - HEALTH CARE COLLABORATION

9a. GRANTEE NAME AND ADDRESS
 Missouri Dept. of Health and Senior Services/DSS&R
 920 Wildwood Dr
 Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR
 steve cramer
 P.O. BOX 570
 920 WILDWOOD DRIVE
 MISSOURI DEPT OF HEALTH AND SENIOR SVCS
 JEFFERSON CITY, MO 65102

10a. GRANTEE AUTHORIZING OFFICIAL
 Mr. Bret Fischer
 920 Wildwood Dr
 Jefferson City, MO 65102-0570
 Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER
 Daniel Burrows
 Centers for Disease Control and Prevention
 CDC/CCHIP/ NCEH/DEHHE/APRHB
 Chamblee, GA 30341
 Phone: 770.488.3722

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 625,000.00	
II Total project costs including grant funds and all other financial participation <input type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages	121,251.00	c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits	44,863.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 625,000.00	
c. Total Personnel Costs	166,114.00	13. Total Federal Funds Awarded to Date for Project Period 5,239,660.00	
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT	
e. Supplies	203.00	(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel	4,749.00	YEAR	TOTAL DIRECT COSTS
g. Construction	0.00	a. 10	d. 13
h. Other	4,690.00	b. 11	e. 14
i. Contractual	413,696.00	c. 12	f. 15
j. TOTAL DIRECT COSTS →	589,452.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS	35,548.00	a. DEDUCTION	
l. TOTAL APPROVED BUDGET	625,000.00	b. ADDITIONAL COSTS	
m. Federal Share	625,000.00	c. MATCHING	
n. Non-Federal Share	0.00	d. OTHER RESEARCH (Add / Deduct Option)	
		e. OTHER (See REMARKS)	
		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
		a. The grant program legislation	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

REMARKS (Other Terms and Conditions Attached - Yes No)

GRANTS MANAGEMENT OFFICIAL: Ralph U Robinson

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. 7-939ZRHM	b. 000510EH14	c. 93.070	d. EH	e. \$625,000.00
22. a.	b.	c.	d.	f.
23. a.	b.	c.	d.	f.

NOTICE OF AWARD (Continuation Sheet)

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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)

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
09/01/2009	08/31/2010	Annual	11/29/2010
09/01/2010	08/31/2011	Annual	11/29/2011
09/01/2011	08/31/2012	Annual	11/29/2012
09/01/2012	08/31/2013	Annual	11/29/2013
09/01/2013	08/31/2014	Annual	11/29/2014
09/01/2014	08/31/2015	Annual	11/29/2015
09/01/2015	08/31/2016	Annual	11/29/2016
09/01/2016	08/31/2017	Annual	11/29/2017
09/01/2017	08/31/2018	Annual	11/29/2018

SPECIAL TERMS AND REQUIREMENTS

1. Ensure that three people travel to and participate in the Air Pollution and Respiratory Health Asthma Grantees Meeting for four nights in Atlanta, Georgia. Ensure that staffing plan 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 (grantee may contract for needed services). All vacant staff positions must be filled in a timely manner. If not, CDC may use these unobligated funds to offset subsequent years award.

AWARD ATTACHMENTS

Missouri Dept. of Health and Senior
Services/DSS&R

5 NU59EH000510-09-00

1. terms
2. tech review

AWARD INFORMATION

Incorporation: The Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity number EH14-1404, entitled **Comprehensive Asthma Control Through Evidence-Based Strategies and Public Health—Health Care Collaboration**, and application dated **April 28, 2017**, 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, 45 CFR Part 75, requirements imposed by program statutes and regulations, Executive Orders, 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 Notice of Funding Opportunity, the HHS Grants Policy Statement, 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 **2017** budget period, which is **September 1, 2017 through August 31, 2018**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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

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

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 weaknesses in these statements is not required.

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

Indirect Costs:

Indirect costs are approved based on the Indirect Cost Rate Agreement dated March 7, 2017, which calculates indirect costs as follows, a Predetermined is approved at a rate of 21.40% of the base, which includes, Salaries and wages. The effective dates of this indirect cost rate are from July 1, 2016 to June 30, 2018.

Cost Limitations as Stated in the Consolidated Appropriations Act, and Further Continuing and Security Assistance Appropriations Act, 2017 (Items A through E)

A. Cap on Salaries (Division H, Title II, General Provisions, Sec. 202): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

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

B. Gun Control Prohibition (Div. H, Title II, Sec. 210): 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. H, Title V, Sec. 503):

- 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- 503 (b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or 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

Recipients at http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Recipients_July_2012.pdf

D. Needle Exchange (Div. H, Title V, Sec. 520): 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. H, Title V, Sec. 521): (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.

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) 2017 funds will expire September 30, 2017. All FY 2017 funds should be drawn down and reported to Payment Management Services (PMS) prior to September 30, 2022. 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 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 **November 29, 2018**. Reporting timeframe is **September 1, 2017** through **August 31, 2018**. 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.

Annual Performance Progress Reporting: The Annual Performance Progress and Monitoring Report (is due no later than 120 days prior to the end of the budget period, **April 27, 2018**, and serves as the continuation application for the follow-on budget period. This report should include the information specified in the solicitation from the GMS/GMO via www.grantsolutions.gov .

Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920- "Performance Progress and Monitoring Report Expiration Date 8/31/2019"**

Any change to the existing information collection will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

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

AND

Office of Grants Services, Financial Assessment and Audit Resolution Unit

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

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

Audit requirements for Subrecipients to whom 45 CFR 75 Subpart F applies: The recipient must ensure that the subrecipients receiving CDC funds also meet these requirements. The recipient 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 recipient may consider whether subrecipient audits necessitate adjustment of the recipient's own accounting records. If a subrecipient is not required to have a program-specific audit, the recipient is still required to perform adequate monitoring of subrecipient activities. The recipient shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The recipient must include this requirement in all subrecipient contracts.

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 45 CFR Part 75, §75.502, 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.gov specify.

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

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

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIS):

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal

law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Damond Barnes, Grants Management Officer/Specialist
Office of Grants Services (OGS Centers for Disease Control
2920 Brandywine Rd, Mailstop: E-18
Atlanta, GA 30341
Email: xhp5@cdc.gov **Phone:** 770-488-2611

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))

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you as the recipient during that period of time must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in section 1 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available.

1. *Proceedings About Which You Must Report*

Submit the information required about each proceeding that:

- a. Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the Federal Government;
- b. Reached its final disposition during the most recent five year period; and
- c. If one of the following:
 - (1) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
 - (2) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;

(3) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or

(4) Any other criminal, civil, or administrative proceeding if:

(i) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;

(ii) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and

(iii) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

2. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in section 1 of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under Federal procurement contracts that you were awarded.

3. Reporting Frequency

During any period of time when you are subject to this requirement in section 1 of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have Federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

4. Definitions

For purposes of this award term and condition:

a. Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the Federal and State level but only in connection with performance of a Federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.

b. Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.

c. Total value of currently active grants, cooperative agreements, and procurement contracts includes—

(1) Only the Federal share of the funding under any Federal award with a recipient cost share or match;

(2) The value of all expected funding increments under a Federal award and options, even if not yet exercised

GENERAL REQUIREMENTS

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are allowable when the travel will provide a direct benefit to the project or program. To prevent disallowance of cost, the recipient is responsible for ensuring travel costs are clearly stated in their budget narrative and are applied in accordance with their organization's established travel policies and procedures. The recipient's established travel policies and procedures must also meet the requirements of 45 CFR Part 75.474.

Food and Meals: Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies. In addition, costs must be clearly stated in the budget narrative and be consistent with organization approved policies. Recipients must make a determination of reasonableness and organization approved policies must meet the requirements of 45 CFR Part 75.432.

Prior Approval: All requests, which require prior approval, must bear the signature of the authorized organization representative. The recipient must submit these requests by **April 27, 2018** or no later than 120 days prior to this budget period's end date. 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
- Significant redirection of funds (i.e. cumulative changes of 25% of total award)
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Change in key personnel
- Extensions to period of performance

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 recipients must obtain prior approval from CDC for (1) change in the project director/principal investigator, business official, authorized organizational representative or other key persons specified in the NOFO, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Inventions: Acceptance of grant funds obligates recipients 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, **NU59EH000510-09**, 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 recipients 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 recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

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

Logo Use for Conference and Other Materials: Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. Part 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the HHS Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003).

Accordingly, neither the HHS nor the CDC logo can be used by the recipient without the express, written consent of CDC. The Project Officer or Grants Management Officer/Specialist detailed in the CDC Staff Contact section can assist with facilitating such a request. It is the responsibility of the recipient to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the recipient must ensure written consent is received. Further, the HHS and CDC logo cannot be used by the recipient without a license agreement setting forth the terms and conditions of use.

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

The recipient may use its own property management standards and procedures, provided it observes provisions in applicable grant regulations found at 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 recipients only when recipients 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 recipient 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 recipient 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: <https://www.gpo.gov/fdsys/pkg/PLAW-107publ347/pdf/PLAW-107publ347.pdf>

Pilot Program for Enhancement of Contractor Employee Whistleblower Protections: Recipients 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," "recipient," "subgrant," or "subrecipient"):

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 Access Procedures for New Grant Recipients:

To obtain access to the Payment Management System (PMS), Recipients must complete the below forms

- [Direct Deposit Instructions and SF-1199A Form for Domestic Bank Accounts](#)
- [Direct Deposit Instructions and SF-1199A Form for International Bank Accounts](#)
- [PMS System Access Form](#)

The forms can be submitted to your [PSC Liaison Accountant](#) by emailing the forms directly to them.

If there is a change in the recipient's banking institution or account number, a new SF-1199A must be submitted to PSC.

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

HHS/PSC Payment Management Services
P.O. Box 6021
Rockville, MD 20852
Phone Number: (877) 614-5533
Email: PMSSupport@psc.gov
Website: <https://pms.psc.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.

Note: To obtain the contact information of PMS staff based on your organization type: Government, Tribal, Universities, Hospitals, Non-Profit, For-Profit; refer to the link for HHS accounts:
https://pms.psc.gov/contact_us/contactus.html

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 (below) must be known in order to draw down funds from this P Account.

Document Number: 000510EH14

Subaccount Title: EH141404COMPASTHMA14

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from the grant Payment Management System, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer 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.

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

GMS Contact:

Damond Barnes
Grants Management Specialist
Centers For Disease Control and Prevention (CDC)
Office of Grants Services(OGS)
2920 Brandywine Rd, Mailstop: E-18
Atlanta, GA 30341
Email: xhp5@cdc.gov **Phone:** 770-488-2611

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 NOFOs 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 recipients in the performance of their project
- Post-award monitoring of recipient 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:

Daniel J. Burrows, MS, HSA

Team Lead, Asthma Program Team

CDC NCEH Air Pollution and Respiratory Health Branch

770-488-3722

dburrows@cdc.gov

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 NOFO
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy
- Ensuring recipient compliance with applicable laws, regulations, and policies
- Negotiating awards, including budgets
- Responding to recipient inquiries regarding the business and administrative aspects of an award
- Providing recipients 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.

GMOCcontact:

Ralph U Robinson

Center for Disease Control and Prevention

Office of Grants Services(OGS)

Koger Center/Colgate Bldg/Room 3218

2920 Brandywine Road, MS K-70

Atlanta, GA 30341

Email: inp2@cdc.gov **Phone:** 770-488-2441 **Fax:** 770-488-2670

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Technical Review**

Awardee Name: Missouri Department of Health and Senior Services

Award #: NU59 EH000510-09

Budget Year: 9/1/2017 – 8/31/2018

FOA #: CDC-RFA-EH14-140409CONT17

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

Requested Amount: \$ 625,000
Actual Unobligated Funds: \$ 000,000

Recommended Award Amount: \$ 625,000
Estimated Unobligated Funds: \$ 000,000

1. Response to Technical Review:

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):

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

3. Performance:

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:  **Date:** 05/05/2017

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Grantee Name: Missouri Department of Health and Senior Services

Reporting Period: 3/1/2016 – 2/28/2017

Award #: NU59 EH000510

I. Annual Performance Report

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:

A. Summary of Major Strengths:

1. Infrastructure

a. Leadership/Strategic Partnerships

- Grantee's partners have provided essential guidance to strategic planning and facilitated sharing of resources, information, challenges and data among asthma stakeholders, including a collaboration between grantee and all three managed Medicaid health plans in Missouri and other established partners resulted in the Care Coordination for School-Aged Children Workgroup.
- Grantee has a strong, continuing partnerships with MO School Health Program, CALM2 Schools, MOHealthNet, UMC, MPCA, and Southeast Missouri State University in planning delivery of home- and school-based services especially for children who are disproportionately affected by asthma.

b. Strategic Communication

- Grantee continues to maintain the DHSS asthma website for the distribution of approved burden reports, fact sheets, maps, surveillance and evaluation findings, and other documents.
- Grantee submitted a communication plan which identified audiences, communication purpose, communication formats, and timing for evaluation, surveillance, and educational information communications.
- Grantee presented at numerous conferences, meetings, and trainings. Some of the topics included Building a Business for Asthma Control, Every Student Every Day, Panel Reports, and Teaming Up for Asthma Care.

c. Surveillance

- Although the grantee was required to collect, analyze and interpret one additional data set, eight additional data sets have been obtained, including Emergency Department Visits (Patient Abstract System) and health systems data sets- Medicaid (MOHealthNet), and Missouri Primary Care Association. Each data set had data available through at least 2014. Medicaid had data through 2013.
- Grantee clearly identified asthma measures that were used to guide program and evaluation activities. Emergency Department Visits and Self-management education measures from the Asthma Call-back Survey will be used to identify and target services to promote comprehensive asthma care.
- Grantee identified the data sets and provided maps identifying at-risk/disproportionately affected subpopulations using Emergency Department Visits data and showing asthma interventions in areas with high rates of Emergency Department Visits.
- Grantee provided emergency department visits data to CDC for 2012, 2013, and 2014.

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d. Evaluation

- Grantee reached numerous significant milestones on a wide range of evaluations, completing: Phase I evaluation of the Asthma ECHO Project which was renewed for a second funding year; childhood asthma community needs assessment in Kansas City; evaluation report for CALM2 school nurse and health staff professional development plans, evaluation of CALM2 emergency action plans; HCP policy and practice change protocol in Asthma Ready; MAPCP asthma care improvement trainings; FERPA-HIPAA tool and implementation strategy to link school nurses with managed Medicaid plans.
- Grantee utilized evaluation findings for program improvement and decision-making, and shared evaluation products through publication: TUAC, ED de-duplication surveillance analysis, Access to Care Report, FERPA-HIPAA tool.
- Evaluation team and approach continued to be key strengths of MAPCP; engaged stakeholders and identified 13 priority projects across three major categories that align with FOA priorities.

2. Services Strategies

- Grantee, through partnership, developed the Central Access Point website for health care providers to request home visits through www.asthmabridge.com.
- Through partnership with 1305, grantee conducted assessment of school linkages to health care providers and community resources.
- Grantee's partner continued to enhance the re-design and security for the Asthma Check-Up, a web-based application that guides school nurses, clinics, and community health workers through an evidence-based encounter with a child.
- Grantee along with the Missouri Primary Care Association continues to provide information and assist FQHCs enhance EHRs and add prompts to improve education for people with asthma and their family members/caregivers.

3. Health Systems Strategies

- Centers for Medicare and Medicaid Services (CMS) approved two state plan amendments in the fall of 2016: (1) MO-16-04 to offer coverage for home visits and reimbursement for self-management education (SME) and (2) MO-16-0002 to expand inclusion criteria for its nationally-recognized Health Home program to children with asthma as a stand-alone qualifying condition.
- Grantee's quality improvement activities are in the same communities or geographic areas where services, strategies, and activities are being implemented, including an 18-month quality improvement of primary care practices through statewide expansion of TUAC and a performance monitoring/reporting system (Missouri Foundation for Health funding).
- One of grantee's major activities related to system level linkages is surveying CALM2 school health staff that gathers information about linkages between schools, health systems and public health programs. It is expected that at least 80% of the CALM2 schools will participate.
- Community Health Worker collaborative project will fund CHWs to work with high utilizers in Primary Care Health Homes.

4. Work plans

Part I: Budget period 9/1/2015 – 8/31/2016 (activities from 3/1/2016 – 8/31/2016)

- MAPCP's activities for Year 2 have all been met and have supported the intent of the Funding Opportunity Announcement.

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Part II: Budget period 9/1/2016 – 8/31/2017 (activities from 9/1/2016 – 2/29/2017)

- MAPCP’s activities for Year 3 are on schedule and will be completed by August 31, 2017.

5. Performance Measurement and Evaluation Results

- Grantee provided maps and tables to define the health status and needs of the residents of Missouri. These aids are representative of the state and the three largest cities, Springfield, Kansas City and St. Louis.
- Grantee’s PMs were submitted, reviewed, and finalized.
- Grantee utilized evaluation findings to guide and redesign program planning, improve program functioning, strategic collaborations, and increase program effectiveness and outcomes.
- Grantee disseminated evaluation findings among strategic partners through publications, online portals, and professional conferences.

B. Summary of Major Weaknesses:

1. Infrastructure

a. Leadership/Strategic Partnerships

- No weaknesses noted.

b. Strategic Communication

- No weaknesses noted.

c. Surveillance

- No weaknesses noted.

d. Evaluation

- No weaknesses noted.

2. Services Strategies

- No weaknesses noted.

3. Health Systems Strategies

- No weaknesses noted.

4. Work plans

Part I: Budget period 9/1/2015 – 8/31/2016 (activities from 3/1/2016 – 8/31/2016)

- No weaknesses noted.

Part II: Budget period 9/1/2016 – 8/31/2017 (activities from 9/1/2016 – 2/29/2017)

- No weaknesses noted.

5. Performance Measurement and Evaluation Results

- No weaknesses noted.

C. Other Relevant Comments:

- MAPCP’s approach to continuous “evaluative thinking” that is demonstrated with the examples

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in the “Lessons Learned” and “Challenges” section and overall ways in which the program uses evaluation is highly commendable and reflective of the program’s embedded ‘culture of evaluation.’

D. Recommendations:

1. 1. Infrastructure

a. Leadership/Strategic Partnerships

- No recommendations noted.

b. Strategic Communication

- No recommendations noted.

c. Surveillance

- No recommendations noted.

d. Evaluation

- Grantee should continue integrating evaluation and ‘evaluative thinking’ into program planning and implementation, continuously applying learning to program improvement and decision-making.
- It is beneficial on many levels (accountability, ensuring clarity and open communication, documentation) to document plans; even briefly outlining purpose, key questions, and methodology used to obtain evidence would be valuable to all stakeholders and certainly save time and effort in the event, for example, of staffing changes and other unforeseen circumstances.

2. Services Strategies

- No recommendations noted.

3. Health Systems Strategies

- No recommendations noted.

4. Work plans

Part I: Budget period 9/1/2015 – 8/31/2016 (activities from 3/1/2016 – 8/31/2016)

- No recommendations noted.

Part II: Budget period 9/1/2016 – 8/31/2017 (activities from 9/1/2016 – 2/29/2017)

- No recommendations noted.

5. Performance Measurement and Evaluation Results

- Grantee should update activities, outcomes, and status in subsequent years on PMs A & B for the 4-6 levers/meetings having the greatest potential for impact to assess changes, particularly the level of progression in opportunities to leverage healthcare reform.

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II. New Budget Period Proposal

Budget Year: 9/01/2017 – 8/31/2018

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:

A. Summary of Major Strengths:

1. Infrastructure

a. Leadership/Strategic Partnerships

- Grantee plans to continue its partnerships with state wide organizations (FQHCs which are MOHealthNet Medical Homes), school districts, MOHealthNet, and MOHealthNet Managed Care Organizations to continue system-level linkages to improve coordination and provide evidenced-based asthma care.

b. Strategic Communication

- Grantee plans to continue to use their communication plan and implement activities.

c. Surveillance

- Grantee proposes to continue to collect, analyze and interpret/report all core and multiple additional data sets, including Emergency Department Visits data and health systems data (Medicaid). In addition, the grantee proposes to collect, analyze, and report findings of school health data and Missouri County Level data
- Grantee proposes to continue to use core asthma measures to guide program and evaluation activities. Self-management education measures from the Asthma Call-back Survey will be used to identify and target services to promote comprehensive asthma care. In addition, the grantee proposes to Emergency Department visits measures to guide program and evaluation activities.
- Grantee proposes to use Emergency Department Visits, school health and MO County Level Study data to identify at-risk/disproportionately affected subpopulations.
- Grantee proposes to provide 2015 emergency department visits data to CDC.

d. Evaluation

- Grantee's specific deliverables are expected for most of the evaluations prioritized in Group A (highest priority) delineated in the updated SEP.
- Grantee's evaluations goals and activities align with the FOA priorities and are expected to significantly impact operations; they cover essential support services, linkages, and primary care quality and population health and include process, outcome, and impact evaluation.
- Grantee plans to continue developing "current IEPs."

2. Services Strategies

- Grantee plans on improving the provision of SME with the goal of linking children with asthma and their families to qualified asthma educators providing EPR-3 compliant education.
- Grantee will expand the Childhood Asthma Linkages in Missouri 2 (CALM2), a school-based SME program that identifies high-risk children with asthma in 12 districts and coordinates linkages to primary care, health insurance coverage and home visits. In addition, training and outreach will continue with schools that have high rates of asthma.
- Grantee plans to continue its work building up an infrastructure of dedicated school nurses (ratio

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of 1:541 students) to complete asthma action plans, assess asthma control, provide SME and collaborate with health care providers in response to the FOA.

3. Health Systems Strategies

- Grantee plans to continue with the Asthma Check-Up application in which participants are given information on the closest community health center where they can be enrolled in the medical home (if they qualify), and/or receive care, and receive help in enrolling in Medicaid or health insurance plan.
- Grantee's Asthma Risk Panel Reports in conjunction with the grantee and the Missouri University team is using Medicaid administrative claims data (10,000 children) to inform asthma improvement efforts. Key data fields include: ED visits, hospital days, outpatient visits and preventive services with asthma as a primary or secondary diagnosis and number of dispensing events for a) systemic or oral steroids, b) short-acting beta agonists (SABA), c) inhaled corticosteroids (ICS) and d) antibiotics.
- Grantee plans on implementing new web-based learning (ECHO) to assist in trainings for care givers as a measure to address staff turnover and promote team-based care.

4. Work plan

Part II: Budget period 9/1/2017 – 8/31/2018 (activities from 9/1/2017 – 2/29/2018)

- Grantee's proposed activities for Year 4 are appropriate and will be completed by August 31, 2018.

5. Performance Measurement and Evaluation Results

- Grantee proposes to continue to provide maps and tables to define the health status and needs of the residents of Missouri. These aids are representative of the state and the three largest cities, Springfield, Kansas City and St. Louis.
- Grantee plans to submit required performance measures and evaluation findings.

B. Summary of Major Weaknesses:

1. Infrastructure

a. Leadership/Strategic Partnerships

- No weaknesses noted.

b. Strategic Communication

- No weaknesses noted.

c. Surveillance

- No weaknesses noted.

d. Evaluation

- No weaknesses noted.

2. Services Strategies

- No weaknesses noted.

3. Health Systems Strategies

- No weaknesses noted.

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4. Work plan
 - No weaknesses noted.
5. Performance Measurement and Evaluation Results
 - No weaknesses noted.

Other Relevant Comments:

- When feasible, participation in cross-state evaluation calls is encouraged for both sharing of MO's wide-ranging evaluation successes and integrated approach to evaluation and learning from others.

C. Recommendations:

1. Infrastructure

- a. Leadership/Strategic Partnerships
 - No recommendations noted.
- b. Strategic Communication
 - No recommendations noted.
- c. Surveillance
 - No recommendations noted.
- d. Evaluation
 - Grantee should clarify which IEPs will be developed.

2. Services Strategies

- No recommendations noted.

3. Health Systems Strategies

- No recommendations noted.

4. Work plan

- No recommendations noted.

5. Performance Measurement and Evaluation Results

- No recommendations noted.

Other Reviewers:

Surveillance: Carol Johnson
Evaluation: Robin Kuwahara and Caryn Walker