

1. DATE ISSUED MM/DD/YYYY 07/05/2018	2. CFDA NO. 93.070	3. ASSISTANCE TYPE Cooperative Agreement
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
CDC Office of Financial Resources
2920 Brandywine Road
Atlanta, GA 30341

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in effect unless specifically rescinded

4. GRANT NO. 5 NU59EH000510-10-00 Formerly 5U59EH000510-08	5. ACTION TYPE Non-Competing Continuation
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6. PROJECT PERIOD MM/DD/YYYY From 09/01/2009	Through 08/31/2019
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7. BUDGET PERIOD MM/DD/YYYY From 09/01/2018	Through 08/31/2019
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NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulations)
301(A)311, 317(C)PHSACT142USC241, 243, 247B

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

9a. GRANTEE NAME AND ADDRESS
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
Alternate Name: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV
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
Ms. Patricia Bedell
920 WILDWOOD DR
Division of Administration
JEFFERSON CITY, MO 65109-5796
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)	
I Financial Assistance from the Federal Awarding Agency Only	<input type="checkbox"/>
II Total project costs including grant funds and all other financial participation	<input type="checkbox"/>
a. Salaries and Wages	108,585.00
b. Fringe Benefits	44,520.00
c. Total Personnel Costs	153,105.00
d. Equipment	0.00
e. Supplies	266.00
f. Travel	4,455.00
g. Construction	0.00
h. Other	4,666.00
i. Contractual	429,744.00
j. TOTAL DIRECT COSTS →	592,236.00
k. INDIRECT COSTS	32,764.00
l. TOTAL APPROVED BUDGET	625,000.00
m. Federal Share	625,000.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION			
a. Amount of Federal Financial Assistance (from item 11m)	625,000.00		
b. Less Unobligated Balance From Prior Budget Periods	0.00		
c. Less Cumulative Prior Award(s) This Budget Period	0.00		
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	625,000.00		
13. Total Federal Funds Awarded to Date for Project Period	5,864,660.00		
14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 11		d. 14	
b. 12		e. 15	
c. 13		f. 16	
15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:			
a. DEDUCTION			
b. ADDITIONAL COSTS			
c. MATCHING			
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 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 OFFICER 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. 8-939ZRHM	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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GRANT NO. 5 NU59EH000510-10-00	

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 07/05/2018
GRANT NO. 5 NU59EH000510-10-00	

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
09/01/2018	08/31/2019	Annual	11/29/2019

SPECIAL TERMS AND REQUIREMENTS

1. Ensure that three people travel to and participate in the Asthma and Community Health Branch 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.

AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

5 NU59EH000510-10-00

1. Terms
2. 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 EH14-1404, entitled **Comprehensive Asthma Control Through Evidence-Based Strategies and Public Health—Health Care Collaboration**, and application dated **May 1, 2018**, 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 **\$625,000** is approved for the Year **2018** budget period, which is **September 1, 2018 through August 31, 2019**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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 staff involved with this cooperative agreement will provide substantial involvement beyond site visits and regular performance and financial monitoring during the project period. Substantial involvement means that awardees can expect federal programmatic partnership in carrying out the effort under the award. The CDC program will work in partnership with awardees to ensure the success of the cooperative agreement by:

- Supporting awardees in implementing cooperative agreement requirements and advancing program activities to meet outcomes
- Providing technical assistance to revise annual work plans and budgets
- Providing expertise and resources related to scientific subject matter, health care reform, and opportunities for additional funding to support program activities
- Providing consultation and guidance on enhancing and expanding existing asthma surveillance activities, including the collection, analysis, and interpretation of core and additional data sets
- Providing technical assistance on the development, publication, and dissemination of surveillance reports, fact sheets, and other data products

- Collaborating with awardees to develop and implement strategic and individual evaluation plans and use evaluation findings
- Providing technical assistance to define and operationalize performance measures and implement awardees' performance measurement plans
- Analyzing awardee performance measurement data and evaluation findings to provide suggestions for program improvement
- Engaging awardees in cross-state evaluations of program activities and outcomes
- Establishing and facilitating learning communities to increase information sharing among awardees
- Providing professional development and training opportunities – either in person or through virtual web-based training formats – for the purpose of sharing best practices and the latest science
- Planning and convening in-person meetings to provide awardees with the opportunity to exchange resources, share lessons learned, and address common issues
- Participating in meetings, committees, conference calls, and working groups relevant to achieving the goals of the cooperative agreement
- Coordinating communication and program linkages with other CDC programs, federal agencies, and national organizations working to reduce the burden of asthma and promote public health – health care collaboration
- Translating and disseminating lessons learned by awardees to build a stronger practice base for asthma-specific policies and strategies

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.

FUNDING RESTRICTIONS AND LIMITATIONS

Administrative Restriction(s): None

Programmatic Restriction(s): None

Indirect Costs:

Indirect costs are approved based on the negotiated indirect cost rate agreement dated **March 7, 2017**, which calculates indirect costs as follows, a Provisional is approved at a rate of **21.4%** of the base, which includes, **Direct salaries and wages including all fringe benefits**. The effective dates of this indirect cost rate are from **July 1, 2018 to June 30, 2019**..

REPORTING REQUIREMENTS

Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132**, **“Performance Measures” Expiration Date 8/31/2019**

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. Sub recipients 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))

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.

Document Number: 000510EH14

Subaccount Title: EH141404COMPASTHMA14

PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS

The final programmatic report format required is the following.

Final Performance Progress and Monitoring Report (PPMR): This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via www.grantsolutions.gov. At a minimum, the report will include the following:

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

Additional guidance may be provided by the GMS and found at:

<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

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:

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 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:

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. 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.

GMOContact:

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

**National Center for Environmental Health
DEHSP/ACHB
Technical Review**

Awardee Name: Missouri Department of Health and Senior Services

Award #: NU59 EH00-510-09

Budget Year: 9/1/2018 – 8/31/2019

FOA #: CDC-RFA-EH14-140410CONT18

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

Requested Amount: \$ 625,000

Recommended Total Award: \$ 625,000

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 change 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: _____

Pamela Collins

Date: 05/12/2018

**National Center for Environmental Health
DEHSP/ACHB
Technical Review**

Grantee Name: Missouri Department of Health and Human Services

Reporting Period: 3/1/2017 – 2/28/2018

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 Partnership

- 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 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), Youth Tobacco Survey, Youth Risk Behavior Survey, MO County –Level Study (CLS), School Health Profiles, Special Health Care Survey Needs, and health systems data sets- Medicaid (MOHealthNet), and Missouri Primary Care Association. Emergency Department Visits (Patient Abstract System) is available thru 2015 and Medicaid data is available thru 2016.
- Grantee clearly identifies 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 were used to identify and target services to promote comprehensive asthma care. The targeted populations were low-income, underserved and/or African-American school age children.
- The grantee has provided emergency department visits data to CDC for 2013, 2014, and 2015.

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DEHSP/ACHB
Technical Review**

- The grantee previously 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. During this funding period, the grantee indicated that it utilized the Missouri Public Health Information Management System to provide access to relevant surveillance data to define program needs.
 - The 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. In addition, the grantee indicated that it uses the websites, publications and meetings of its partners and stakeholders.
- d. Evaluation
- Grantee submitted revised summary plans of their 4 ongoing evaluations (Panel Reports; Medicaid Reimbursement Policy Implementation; School Nurse link website; Brief Asthma Status Exchange between schools and doctors); each is a succinct report of critical elements, such as the focus of the evaluation, risks and mediating efforts, timeline, expected use and current status.
 - Submitted TUAC infographic presenting impressive economic impact and ROI results of MO's successful ASME program involving school nurses and increasing their competency and delivery of guidelines-based education to children with uncontrolled asthma, along with presentations of useful, positive findings from the Asthma Care Accelerator ECHO QI project.
 - Communicated findings through multiple means, including website, publications, meetings and conferences.
 - Grantee engaged in a reprioritization process and, as a result, updated their strategic evaluation plan; they continue to have active, frequent communication around prioritized evaluation projects with staff and partners.
2. Services Strategies
- Grantee evaluated the outreach, training, TA for HB 1188.
 - 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 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

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DEHSP/ACHB
Technical Review**

and public health programs. It is expected that at least 80% of the CALM2 schools will participate.

4. Work plans

Part I: Budget period 9/1/2016 – 8/31/2017 (activities from 3/1/2017 – 8/31/2017)

- Grantee's activities for Year 3 have all been met and have supported the intent of the Funding Opportunity Announcement.

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

- MAPCP's activities for Year 4 are on schedule and will be completed by August 31, 2018.

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/Partnerships

- No major weaknesses identified.

b. Strategic Communication

- No major weaknesses identified.

c. Surveillance

- No major weaknesses identified.

d. Evaluation

- No major weaknesses identified.

2. Services Strategies

- No major weaknesses identified.

3. Health Systems Strategies

- No major weaknesses identified.

4. Work plans

Part I: Budget period 9/1/2016 – 8/31/2017 (activities from 3/1/2017 – 8/31/2017)

- No major weaknesses identified.

**National Center for Environmental Health
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Technical Review**

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

- No major weaknesses identified.

5. Performance Measurement and Evaluation Results

- No major weaknesses identified.

C. Other Relevant Comments:

D. Recommendations:

1. Infrastructure

a. Leadership/Partnership

- No recommendations identified.

b. Strategic Communication

- No recommendations identified.

c. Surveillance

- Grantee should clarify whether 2014 is actually the most recent year of child ACBS data available for analysis.

d. Evaluation

- No recommendations noted.

2. Services Strategies

- No recommendations identified.

3. Health Systems Strategies

- No recommendations identified.

4. Work plans

Part I: Budget period 9/1/2016 – 8/31/2017 (activities from 3/1/2017 – 8/31/2017)

- No recommendations identified.

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

- No recommendations identified.

5. Performance Measurement and Evaluation Results

- Grantee should describe how performance measures have guided program planning. While this information can be surmised through some of the documentation that has been provided, a brief narrative in the appropriate section would be helpful

**National Center for Environmental Health
DEHSP/ACHB
Technical Review**

II. New Budget Period Proposal

Budget Year: 9/01/2018 – 8/31/2019

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/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.
- Grantee will continue expansion into high need areas in St. Louis through identified school districts by conducting listening meetings along with sharing information.

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). The grantee indicated that it has identified two new datasets to explore. They are the MOHealthNet claims data and MPCA pharmacy data. In addition, the grantee proposes to continue 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 continue to provide emergency department visits data to CDC as requested.
- Grantee proposes to create three maps for different geographic boundaries for children with persistent asthma aged 5-18 years who are enrolled in MOHealthNet. Additional maps may be generated as program activities evolve.

d. Evaluation

- Grantee will continue evaluating an extensive number of ongoing public health-health care collaborations and will work with MOHealthNet and UMC AsthmaReady to evaluate the impact of ASME reimbursement upon enrollment of additional providers.
- Grantee expects specific deliverables for most of their prioritized evaluation projects.
- Evaluation of system-level linkages and care coordination between schools, providers, and payers will continue to be prioritized.

**National Center for Environmental Health
DEHSP/ACHB
Technical Review**

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

3. Health Systems Strategies

- 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

- Grantee's proposed activities for Year 5 are appropriate and will be completed by August 31, 2019.

5. Performance Measurement and Evaluation Results

- Grantee actively engages with many statewide, system-level partners who are involved in evaluation on an as needed basis.

B. Summary of Major Weaknesses:

1. Infrastructure

a. Leadership/Partnerships

- No major weaknesses identified.

b. Strategic Communication

- No major weaknesses identified.

c. Surveillance

- No major weaknesses identified.

d. Evaluation

- No major weaknesses identified.

2. Services Strategies

- No major weaknesses identified.

**National Center for Environmental Health
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3. Health Systems Strategies
 - No major weaknesses identified.
4. Work plan
 - No major weaknesses identified.
5. Performance Measurement and Evaluation Results
 - No major weaknesses identified.

C. Other Relevant Comments:

D. Recommendations:

1. Infrastructure
 - a. Leadership/Partnerships
 - No recommendations identified.
 - b. Strategic Communication
 - No recommendations identified.
 - c. Surveillance
 - No recommendations identified.
 - d. Evaluation
 - No recommendations identified.
2. Services Strategies
 - No recommendations identified.
3. Health Systems Strategies
 - No recommendations identified.
4. Work plan
 - No recommendations identified.
5. Performance Measurement and Evaluation Results
 - No recommendations identified.

Other Reviewers:

Surveillance:	Carol Johnson
Evaluation:	Robin Kuwahara