Grant Number: 5U59EH000510-08
FAIN: U59EH000510

Principal Investigator(s):
steve cramer

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

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

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

Budget Period: 09/01/2016 – 08/31/2017
Project Period: 09/01/2014 – 08/31/2019

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of $625,000 (see “Award Calculation” in Section I and “Terms and Conditions” in Section III) to MISSOURI STATE DEPARTMENT OF HEALTH & SENIOR SERVICES in support of the above referenced project. This award is pursuant to the authority of 301(A)311,317(C)PHSACTI42USC241,243,247B and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the “Terms and Conditions” is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

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

Additional information follows
SECTION I – AWARD DATA – 5U59EH000510-08

Award Calculation (U.S. Dollars)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Wages</td>
<td>$128,802</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$45,081</td>
</tr>
<tr>
<td>Personnel Costs (Subtotal)</td>
<td>$173,883</td>
</tr>
<tr>
<td>Supplies</td>
<td>$214</td>
</tr>
<tr>
<td>Travel Costs</td>
<td>$4,749</td>
</tr>
<tr>
<td>Other Costs</td>
<td>$4,597</td>
</tr>
<tr>
<td>Consortium/Contractual Cost</td>
<td>$400,521</td>
</tr>
</tbody>
</table>

Federal Direct Costs: $583,964
Federal F&A Costs: $41,036
Approved Budget: $625,000
Federal Share: $625,000
TOTAL FEDERAL AWARD AMOUNT: $625,000

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

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

09 $625,000
10 $625,000

Fiscal Information:
CFDA Number: 93.070
EIN:
Document Number: 000510EH14

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

SUMMARY TOTALS FOR ALL YEARS

<table>
<thead>
<tr>
<th>YR</th>
<th>THIS AWARD</th>
<th>CUMULATIVE TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>$625,000</td>
<td>$625,000</td>
</tr>
<tr>
<td>9</td>
<td>$625,000</td>
<td>$625,000</td>
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<tr>
<td>10</td>
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<td>$625,000</td>
</tr>
</tbody>
</table>

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

CDC Administrative Data:
PCC: N / OC: 4151 / Processed: ERAAPPS 05/18/2016

SECTION II – PAYMENT/HOTLINE INFORMATION – 5U59EH000510-08

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

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhs tips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 5U59EH000510-08
This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

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

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

Treatment of Program Income:
Additional Costs

SECTION IV – EH Special Terms and Conditions – 5U59EH000510-08

Funding Opportunity Announcement (FOA) Number: EH14-1404
Award Number: 5U59EH000510 - 08
Award Type: Cooperative Agreement

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

AWARD INFORMATION

Incorporation: The Centers for Disease Control and Prevention (CDC) hereby incorporates Funding Opportunity Announcement number EH14-1404, entitled Comprehensive Asthma Control Through Evidence-Based Strategies and Public Health—Health Care Collaboration, and application dated April 22, 2016, as may be amended, which are hereby made a part of this Non-Research award hereinafter referred to as the Notice of Award (NoA). The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in their NoA, including grants policy terms and conditions contained in applicable HHS Grants Policy Statements, and requirements imposed by program statutes and regulations, 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 Funding Opportunity Announcement, 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 08 budget period, which is September 1, 2016 through August 31, 2017. 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

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

FUNDING RESTRICTIONS AND LIMITATIONS
Programmatic Restrictions: Ensure that 3 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 year’s funding

Indirect Costs:

Indirect costs are approved based on the Indirect Cost Rate Agreement dated February 4, 2016, which calculates indirect costs as follows. a Provisional is approved at a rate of 23.6% of the base, which includes, Direct salaries, wages and fringe. The effective dates of this indirect cost rate are from July 1, 2016 to June 30, 2017

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

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

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

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

C. Lobbying Restrictions (Div. G, Title V, Sec. 503):

- 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

- 503 (b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

D. Needle Exchange (Div. G, Title V, Sec. 521): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

E. Blocking access to pornography (Div. G, Title V, Sec. 526): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any Federal, State, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

Rent or Space Costs: Grantees are responsible for ensuring that all costs included in this proposal to establish billing or final indirect cost rates are allowable in accordance with the requirements of the Federal award(s) to which they apply, including 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. The grantee also has a responsibility to ensure sub-recipients expend funds in compliance with applicable federal laws and regulations. Furthermore, it is the responsibility of the grantee to ensure rent is a legitimate direct cost line item, which the grantee has supported in current and/or prior projects and these same costs have been treated as indirect costs that have not been claimed as direct costs. If rent is claimed as direct cost, the grantees must provide a narrative justification, which describes their prescribed policy to include the effective date to the assigned Grants Management Specialist (GMS) identified in the CDC Contacts for this award.

Trafficking In Persons: This award is subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).

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

Fiscal Year (FY) 16 funds will expire September 30, 2016. All FY 16 funds should be drawn down and reported to Payment Management Services (PMS) prior to September 30, 2021. After this date, corrections or cash requests will not be permitted.

REPORTING REQUIREMENTS


The FFR may be downloaded from the following website below and submitted to the GMS via email. https://www.whitehouse.gov/sites/default/files/omb/grants/approved_forms/SF-425.pdf

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

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, the grantee is required to contact the Grants Officer listed in the contacts section of this notice before the due date.

Performance Reporting: The Annual Performance Report is due no later than 120 days prior to the end of the budget period, May 1, 2017, and serves as the continuing application. This report should include the information specified in the FOA.

Audit Requirement:
Domestic Organizations (including US-based organizations implementing projects with foreign components): An organization that expends $750,000 or more in a fiscal year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of 45 CFR Part 75. The audit period is an organization’s fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor’s report(s), or nine (9) months after the end of the audit period.

The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System
Electronic Submission:
https://harvester.census.gov/facides/(S0vkw1zaelyzijbnahocga5i0))/account/login.aspx

AND

Office of Grants Services, Financial Assessment and Audit Resolution Unit
Electronic Copy to: PGO.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 grantee must ensure that the subrecipients receiving CDC funds also meet these requirements. The grantee must also ensure to take appropriate corrective action within six months after receipt of the subrecipient audit report in instances of non-compliance with applicable Federal law and regulations (45 CFR 75 Subpart F and HHS Grants Policy Statement). The grantee may consider whether subrecipient audits necessitate adjustment of the grantee’s own accounting records. If a subrecipient is not required to have a program-specific audit, the grantee is still required to perform adequate monitoring of subrecipient activities. The grantee shall require each subrecipient to permit the independent auditor access to the subrecipient’s records and financial statements. The grantee must include this requirement in all subrecipient contracts.

Note: The standards set forth in 45 CFR Part 75 Subpart F will apply to audits of fiscal years beginning on or after December 26, 2014.

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

Pursuant to 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 8104 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 8104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm).

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

Definitions:

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

- Executive means officers, managing partners, or any other employees in management positions.
• Sub-award: a legal instrument to provide support to an eligible sub-recipient for the performance of any portion of the substantive project or program for which the grantee received this award. The term does not include the grantees procurement of property and services needed to carry out the project or program (for further explanation, see 45 CFR Part 75). A sub-award may be provided through any legal agreement, including an agreement that the grantee or a sub-recipient considers a contract.

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

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

GENERAL REQUIREMENTS

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are only allowable where such travel will provide direct benefit to the project or program. There must be a direct benefit imparted on behalf of the traveler as it applies to the approved activities of the NoA. To prevent disallowance of cost, the grantee is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization’s established travel policies and procedures. Grantees approved policies must meet the requirements of 45 CFR Part 75, as applicable.

Food and Meals: Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies and guidance, which can be found at http://www.hhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html. In addition, costs must be proposed in accordance with grantee approved policies and a determination of reasonableness has been performed by the grantees. Grantee approved policies must meet the requirements of 45 CFR Part 75, as applicable.

Prior Approval: All requests, which require prior approval, must bear the signature of the authorized organization representative. The grantee must submit these requests by May 1, 2017 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, withholding, or disallowance
- Redirection of funds
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Change in key personnel
• Extensions
• Conferences or meetings that were not specified in the approved budget

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/alreadhavagrant/prioreapprovalrequests.html

Key Personnel: In accordance with 45 CFR Part 75.308, CDC grantees must obtain prior approval from CDC for (1) change in the project director/principal investigator, business official, authorized organizational representative or other key persons specified in the FOA, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

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

Publications: Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement Number, 5U59EH000510 - 08, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Acknowledgment Of Federal Support: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and grantees of Federal research grants, shall clearly state:

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

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

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

**Disclaimer for Conference/Meeting/Seminar Materials:** Disclaimers for conferences/meetings, etc. and/or publications: If a conference/meeting/seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract the grantee must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

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

**Logo Use for Conference and Other Materials:** Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. Part 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the HHS Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003). Accordingly, neither the HHS nor the CDC logo can be used by the grantee without the express, written consent of either the CDC Project Officer or the CDC Grants Management Officer. It is the responsibility of the grantee to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the grantee must ensure written consent is received from the Project Officer and/or the Grants Management Officer. Further, the HHS and CDC logo cannot be used by the grantee without a license agreement setting forth the terms and conditions of use.

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

The grantee may use its own property management standards and procedures, provided it observes provisions 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 grantees only when grantees collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the grantee retains the original data and intellectual property, and is responsible for the security of these data, subject to all applicable laws protecting security, privacy, and research. If/when information collected by a grantee is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ347.107.pdf
Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:
Grantees are hereby given notice that the 48 CFR section 3.908, implementing section 828,
ettitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections," of
the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239,
enacted January 2, 2013), applies to this award.

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

3.908 Pilot program for enhancement of contractor employee whistleblower protections.

3.908-1 Scope of section.
(a) This section implements 41 U.S.C. 4712.

(b) This section does not apply to-
(1) DoD, NASA, and the Coast Guard; or
(2) Any element of the intelligence community, as defined in section 3(4) of the National Security
Act of 1947 (50 U.S.C. 3003(4)). This section does not apply to any disclosure made by an
employee of a contractor or subcontractor of an element of the intelligence community if such
disclosure-
(i) Relates to an activity of an element of the intelligence community; or
(ii) Was discovered during contract or subcontract services provided to an element of the
intelligence community.

3.908-2 Definitions.
As used in this section-
"Abuse of authority" means an arbitrary and capricious exercise of authority that is inconsistent
with the mission of the executive agency concerned or the successful performance of a contract
of such agency.

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

3.908-3 Policy.
(a) Contractors and subcontractors are prohibited from discharging, demoting, or otherwise
discriminating against an employee as a reprisal for disclosing, to any of the entities listed at
paragraph (b) of this subsection, information that the employee reasonably believes is evidence
of gross mismanagement of a Federal contract, a gross waste of Federal funds, an abuse of
authority relating to a Federal contract, a substantial and specific danger to public health or
safety, or a violation of law, rule, or regulation related to a Federal contract (including the
competition for or negotiation of a contract). A reprisal is prohibited even if it is undertaken at the
request of an executive branch official, unless the request takes the form of a non-discretionary
directive and is within the authority of the executive branch official making the request.

(b) Entities to whom disclosure may be made.
(1) A Member of Congress or a representative of a committee of Congress.
(2) An Inspector General.
(4) A Federal employee responsible for contract oversight or management at the relevant agency.
(5) An authorized official of the Department of Justice or other law enforcement agency.
(6) A court or grand jury.
(7) A management official or other employee of the contractor or subcontractor who has the
responsibility to investigate, discover, or address misconduct.

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

3.908-9 Contract clause.
Contractor Employee Whistleblower Rights and Requirement to Inform Employees of Whistleblower Rights (Sept. 2013)

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

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

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

**PAYMENT INFORMATION**

**Automatic Drawdown (Direct/Advance Payments):** Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

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

Director, Payment Management Services
P.O. Box 6021
Rockville, MD 20852
Phone Number: (877) 614-5533
Email: PMSSupport@psc.gov
Website: http://www.dpm.psc.gov/help/help.aspx?explorer.event=true

**Note:** To obtain the contact information of PMS staff within respective Payment Branches refer to the links listed below:

- University and Non-Profit Payment Branch:
  http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true

- Governmental and Tribal Payment Branch:

- Cross Servicing Payment Branch:

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

If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

U.S. Department of Health and Human Services
Division of Payment Management
7700 Wisconsin Avenue, Suite 920
Bethesda, MD 20814
To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

**Payment Management System Subaccount:** Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC setup payment subaccounts within the Payment Management System (PMS) for all grant awards. Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the "P Account". A P Account is a subaccount created specifically for the purpose of tracking designated types of funding in the PMS.

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

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

**Grant Document Number:** 000510EH14
**Subaccount Title:** EH141404COMPASTHMA14

**Acceptance of the Terms of an Award:** By drawing or otherwise obtaining funds from the grant Payment Management Services, the grantee acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of this award notice.

**Certification Statement:** By drawing down funds, the grantee certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer Federal awards and funds drawn down. Recipients must comply with all terms and conditions outlined in their NoA, including grant policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

**CLOSEOUT REQUIREMENTS**

Grantees must submit closeout reports in a timely manner. Unless the Grants Management Specialist/Grants Management Officer (GMS/GMO) approves a deadline extension the grantee must submit all closeout reports within 90 days after the last day of the final budget period. Reporting timeframe is 09/01/2014 through 08/31/2019. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

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

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

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

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

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.
Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted to the GMO/GMS no later than 90 days after the end of the project period. This report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' Payment Management Services (PMS), you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

If the final reports (FFR and Final Progress Report) cannot be submitted within 90 days after the end of the project period, in accordance with 45 CFR Part 75.381 (Closeout), the grantee must submit a letter requesting an extension that includes the justification for the delay and state the expected date the CDC Office of Grants Services will receive the reports. All required documents must be mailed to the business contact identified in Staff Contacts.

Equipment Inventory Report: An original and two copies of a complete inventory must be submitted for all major equipment acquired or furnished under this project with a unit acquisition cost of $5,000 or more. The inventory list must include the description of the item, manufacturer serial and/or identification number, acquisition date and cost, percentage of Federal funds used in the acquisition of the item. The grantee should also identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. These requirements do apply to equipment purchased with non-federal funds for this program. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award referenced in the cover letter. CDC will notify the grantee if transfer to title will be required and provide disposition instruction on all major equipment. Equipment with a unit acquisition cost of less than $5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government. If no equipment was acquired under this award, a negative report is required.

Final Invention Statement: An original and two copies of a Final Invention Statement are required. Electronic versions of the form can be downloaded by visiting http://grants1.nih.gov/grants/hhs568.pdf. If no inventions were conceived under this assistance award, a negative report is required. This statement may be included in a cover letter.

**CDC ROLES AND RESPONSIBILITIES**

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

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

- Determining the appropriate award instrument, i.e.; grant or cooperative agreement
- Determining if an application meets the requirements of the FOA
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy
- Ensuring grantee compliance with applicable laws, regulations, and policies
- Negotiating awards, including budgets
- Responding to grantee inquiries regarding the business and administrative aspects of an award
- Providing grantees with guidance on the closeout process and administering the closeout of grants
- Receiving and processing reports and prior approval requests such as changes in funding, carryover, budget redirection, or changes to the terms and conditions of an award
- Maintaining the official grant file and program book
The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

**GMO Contact:** See Staff Contacts below for the assigned GMO

**Grants Management Specialist:** The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described above are performed by the GMS on behalf of the GMO.

**GMS Contact:** See Staff Contacts below for the assigned GMS

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

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

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

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

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

**SPREADSHEET SUMMARY**
**GRANT NUMBER:** 5U59EH000510-08

**INSTITUTION:** MISSOURI STATE DEPT/HEALTH & SENIOR SRV

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National Center for Environmental Health
EHHE/APRHB
Technical Review

Awardee Name: Missouri Department of Health and Senior Services

Award #: 5 U59 EH510-08
Budget Year: 9/1/2016 – 8/31/2017

FOA #: CDC-RFA-EH14-140403CONT16

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.)

   X 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:
   X The project officer certifies performance is satisfactory to date and continued funding is recommended.

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

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

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

Project Officer’s Signature: Pamela Collins
Date: 04/28/2016
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
      • Missouri Asthma Prevention and Control Program (MAPCP) established a new partnership with all three managed Medicaid health plans. Along with the Missouri School Boards Association and the Missouri Primary Care Association had a meeting to understand Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPPA) and how it affects the exchange of information between providers and schools. Topics included health plan enrollment/membership, care coordination tasks (transportation, physician appointments, asthma action plans, parent/patient engagement, access to devices), legal (FERPA, HIPAA), and building linkages (schools to health plans)
      • MAPCP continues to collaborate with MOHealthNet in developing coverage and reimbursement policies for comprehensive asthma services. Currently, the state offers coverage for home visits and reimbursement for asthma self-management education.
      • MAPCP identified 16 strategic partnership to implement services and health systems strategies. Some of the high activity partners included University of Missouri-Columbia Asthma Ready Communities (asthma self-management education tools and trainings, school nurse workforce development, clinic team training, linking school nurses to clinic team), Missouri Primary Care Association (electronic health records and claims data warehouse, quality improvement, facilitation for federally qualified health centers, MOHealthNet, Missouri School Board Association (school district policy assessment, recommendations and change, FERPA-HIPAA coordination, and Institute for Environmental Health & Patient-Centered Outcomes at Southeast Missouri State University (linking health care providers to home visits and asthma self-management consults for patients, training home visitors).

   b. Strategic Communication
      • MAPCP’s surveillance findings, particularly those from 2014 BRFSS and pediatric asthma hospitalizations, were distributed via the DHSS and partner websites.
      • MAPCP continues to work on communication plan and will be completed by August 31, 2016.
      • Missouri Department of Health and Senior Services’ in-kind communication support consists of communication specialist who specialize in publication and designs. Messages are posted on Twitter and Facebook on a monthly basis.
      • MAPCP’s communication products included Missouri Asthma Collaborative: Integrating Public Health and Health Care Interventions and Data, Innovative Care Delivery Models for Children with Asthma in Missouri, Battling Childhood Asthma in Missouri Schools, and Teaming Up for Asthma Control: EPR-3 Compliant Program is Effective and Cost Efficient (presentation).
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.
- Grantee clearly identifies asthma measures that were used 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.
- Grantee 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.

d. Evaluation

- MAPCP has used evaluation findings, including from Teaming Up for Asthma Control evaluation to advocate for Medicaid reimbursement; and from Childhood Asthma Linkages in Missouri 2 evaluation to introduce professional development plans at Childhood Asthma Linkages in Missouri 2 schools.
- MAPCP developed 3 IEPs (Panel Report, Professional Development Plans for School Health Staff, and Stock Rescue Medication Access) and 2 IEPs under development (School Nurse Needs Assessment and Health Care Provider Training).
- MAPCP met all stated evaluation goals in Work Plan.

2. Services Strategies

- MAPCP continues to implement Teaming Up for Asthma Control Program which targets children 6 to 12 years of age with persistent asthma. The asthma self-management education focuses on 4 key asthma messages: 1) take inhaled corticosteroids every day to improve asthma control; 2) measure airflow to see how much asthma is limiting breathing; 3) breathing medicines until the lungs requires practice and coaching; and 4) avoiding triggers improves control.
- MAPCP continues to implement Childhood Asthma Linkages in Missouri 2 trainings for eight school districts. In addition to improving self-management skills, the program also identifies uncontrolled asthma, stratify population based on risk and intervene accordingly, assure regular follow-up visits with medical care providers, and link to other resources, such as home visits and health plan enrollment.
- MAPCP’s continues to implement Asthma Check Up, which is a web-based application that guides school nurses, clinics and community health workers through an evidence-based encounter with a child. It also summarizes claims and clinically-relevant information, immediately viewable on the tablet screen.
- MAPCP is actively involved in (reimbursement for home environment assessment) policy development to support asthma control home visits and reduce triggers.

3. Health Systems Strategies

- MAPCP has engaged partners to improve the quality of asthma care which includes collaborating with 1) Missouri Quality Improvement Network to promote asthma quality improvement initiatives within Federally Qualified Health Centers, 2) Extension for Community Health Outcomes to improve quality asthma care in participating clinics, and 3) Analysis of Medicaid Claims data to provide Panel Reports
on request from participating clinics to monitor improvement in asthma management.

- MAPCP’s other quality initiatives include: 1) the Missouri Foundation for Health funding an 18-month quality improvement of primary care practices through statewide expansion of Teaming Up for Asthma Care and a performance monitoring/reporting system, 2) the Midwest Health Initiative and the Missouri Primary Care Association making key measures of asthma care quality at physician and/or clinic level available to the public, and 3) the Missouri Primary Care Association collecting data on medication adherence.

- As mentioned under leadership stratégic partnership, MAPCP initiated a collaboration between MAPCP and all three managed Medicaid health plans to improve care coordination for school-age children with asthma. The planned activities are (1) school nurse access to online system (EMOMed) that provides insurance status of all school-age children in Missouri, (2) direct and immediate access for school nurses to care coordinators employed by Medicaid managed care companies, and (3) revamp the Family Educational Rights and Privacy Act form used by schools to enable team-based care. The work of the collaboration is expected to continue through August 2016 and possibly longer, if needed.

4. Work plans
   Part I: Budget period 9/1/2014 – 8/31/2015
   - MAPCP’s activities for Year 1 have all been met and have supported the intent of the Funding Opportunity Announcement.
   Part II: Budget period 9/1/2015 – 8/31/2016
   - MAPCP’s activities for Year 2 are on schedule and will be completed by August 31, 2016.

5. Performance Measurement and Evaluation Results
   - MAPCP submitted required performance measures.
   - MAPCP reviewed but anticipates no significant changes to the Strategic Evaluation Plan.
   - MAPCP has historically utilized evaluation to guide program planning and redesign; grantee plans to continue doing so, although not always in the formal evaluation format.
   - As a common practice, grantee strengthen evaluations by engaging strategic partners for their expertise in specific projects.

B. Summary of Major Weaknesses:

1. Infrastructure
   a. Leadership/Strategic Partnerships
   - No weaknesses identified.

   b. Strategic Communication
   - No weaknesses identified.

   c. Surveillance
   - No weaknesses identified.

   d. Evaluation
   - No weaknesses identified.
2. Services Strategies
   • No weaknesses identified.
3. Health Systems Strategies
   • No weaknesses identified.

4. Work plans
   Part I: Budget period 9/1/2014 – 8/31/2015
   • No weaknesses identified
   Part II: Budget period 9/1/2015 – 8/31/2016
   • No weaknesses identified.

5. Performance Measurement and Evaluation Results
   • No weaknesses identified.

C. Other Relevant Comments:
   • Unclear whether evaluation capacity building is taking place with partners, as it’s not
     explicitly described. If activities have occurred, please document and share with CDC.

D. Recommendations:

1. 1. Infrastructure
   a. Leadership/Strategic 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 plans
   Part I: Budget period 9/1/2014 – 8/31/2015
   • No recommendations identified.
   Part II: Budget period 9/1/2015 – 8/31/2016
   • No recommendations identified.
5. Performance Measurement and Evaluation Results
   • No weaknesses identified.
II. New Budget Period Proposal  

Budget Year: 9/01/2016 – 8/31/2017

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
      - MAPCP will expand their partnership into high need areas in St. Louis through identified school districts by conducting listening meetings along with sharing information.
      - MAPCP 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.
      - MAPCP plans to continue influence system-level change. Implementing the Health Services strategies has been a key part of the MAPCP during the past and current grant funding cycles and is aligned with the Funding Opportunity Announcement.

   b. Strategic Communication
      - MAPCP will continue to communication activities and no new activities in year 3.

   c. Surveillance
      - MAPCP proposes to continue to collect, analyze and interpret/report 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
      - MAPCP proposes to continue to use 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 use school health data and Missouri County Level data to identify at-risk/disproportionately affected subpopulations.

   d. Evaluation
      - MAPCP plans to evaluate the public health-health care collaborations that are operating in Missouri, a critical element in providing comprehensive asthma control services.
      - As part of the process in evaluating school-based services across sites in Missouri, the MAPCP successfully developed common definitions that are being used by school-based services provided by CALM2 schools.
      - MAPCP demonstrates plans to use Asthma Coverage and Reimbursement Evaluation information in developing a plan to attain reimbursement for home visits and self-management education.

2. Services Strategies

   - MAPCP proposes to continue to implement Teaming Up for Asthma Care and is in the process of greatly 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.

- In Yr. 3, MAPCP will continue with the Asthma Check-Up application which asks each participant their insurance status and if they have a primary care physician. If no provider is identified, clients will be given information 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 is also in the process of implementing an on-line referral system that captures this information.

- MAPCP proposes to continue Project Extension for Community Healthcare Outcomes Childhood Asthma: a cohort, case-based telemedicine approach to health care provider training and quality improvement, and (d) Missouri Quality Improvement Network Data Warehouse. Grantee also plans to continue its work building up an infrastructure of dedicated school nurses (ratio of 1:541 students) to complete asthma a providers in response to the Funding Opportunity Announcement.

- The MAPCP proposes to expand the Childhood Asthma Linkages in Missouri 2 in four additional school districts and coordinate 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.

3. Health Systems Strategies

- MAPCP’s proposes a new web-based learning (Extension for Community Healthcare Outcomes) to assist in trainings for care givers. This will be a way to provide continuity when turnover occurs and promote team-based care in which health systems link back to and support schools/home environmental assessments/service strategies providing team based care.

- MAPCP will maintain its plan to serve the populations described throughout the progress report and continuation application. There will be no material changes. The MAPCP will continue to work with MOHealthNet, Medicaid Managed Care Organizations, Missouri Primary Care Associations, Federally Qualified Health Centers, Health Homes, Extension for community Healthcare Outcomes and schools in areas with a high asthma emergency room and hospital utilization,

- MAPCP plans to continue the partnership with MOHealthNet in implementing reimbursement for asthma self-management education and home environmental assessment. It is planned that this may be approved by CMS for implementation in late summer or early fall.

4. Work plan

- MAPCP proposes no changes to Yr. 3 work plan which is aligned with the Funding Opportunity Announcement.

5. Performance Measurement and Evaluation Results

- MAPCP plans to submit required performance measures and evaluations findings.
B. **Summary of Major Weaknesses:**

1. **Infrastructure**
   
   a. **Leadership/Strategic Partnerships**
      
      * No weaknesses identified.
   
   b. **Strategic Communication**
      
      * No weaknesses identified.
   
   c. **Surveillance**
      
      * No weaknesses identified.
   
   d. **Evaluation**
      
      * No weaknesses identified.

2. **Services Strategies**
   
   * No weaknesses identified.

3. **Health Systems Strategies**
   
   * No weaknesses identified.

4. **Work plan**
   
   * No weaknesses identified.

5. **Performance Measurement and Evaluation Results**
   
   * No weaknesses identified.

C. **Other Relevant Comments:**

   * Explicit evaluation capacity building activities are not described, although the report implies that capacity building is occurring as a result of MAPCP’s well-integrated approach to evaluation in their interventions and strategic partnerships.

D. **Recommendations:**

1. **Infrastructure**

   a. **Leadership/Strategic Partnerships**
      
      * No recommendations identified.
   
   b. **Strategic Communication**
      
      * No recommendations identified.
   
   c. **Surveillance**
      
      * No recommendations identified.
   
   d. **Evaluation**
      
      * MAPCP should document any explicit evaluation capacity building efforts that are
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Technical Review

occurring with staff and partners.

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