

1. DATE ISSUED MM/DD/YYYY 06/29/2017
 2. CFDA NO. 93.945
 3. ASSISTANCE TYPE Cooperative Agreement

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

2920 Brandywine Road
 Atlanta, GA 30341

NOTICE OF AWARD

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

1a. SUPERSEDES AWARD NOTICE dated 05/11/2017
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. 6 NU58DP003976-05-02
 Formerly 5U58DP003976-03
 5. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY
 From 07/01/2012 Through 06/30/2018

7. BUDGET PERIOD MM/DD/YYYY
 From 07/01/2016 Through 06/30/2018

8. TITLE OF PROJECT (OR PROGRAM)
 STATE PUBLIC HEALTH APPROACHES TO IMPROVING ARTHRITIS OUTCOMES

9a. GRANTEE NAME AND ADDRESS
 Missouri Dept. of Health and Senior Services/DSS&R
 920 Wildwood Dr
 -DUP2
 Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR
 Mr. Steve Cramer
 930 Wildwood Dr
 Jefferson City, MO 65109-5796
 Phone: 5735222806

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

10b. FEDERAL PROJECT OFFICER
 Michele Mercier
 1600 Clifton Rd
 Atlanta, GA 30333
 Phone: 770-488-4112

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	II
II Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	6,733.00
b. Fringe Benefits	3,367.00
c. Total Personnel Costs	10,100.00
d. Equipment	0.00
e. Supplies	27.00
f. Travel	0.00
g. Construction	0.00
h. Other	373,421.00
i. Contractual	401,951.00
j. TOTAL DIRECT COSTS →	785,499.00
k. INDIRECT COSTS	2,384.00
l. TOTAL APPROVED BUDGET	787,883.00
m. Federal Share	787,883.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	787,883.00
b. Less Unobligated Balance From Prior Budget Periods	8,253.00
c. Less Cumulative Prior Award(s) This Budget Period	409,233.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	370,397.00
13. Total Federal Funds Awarded to Date for Project Period	2,599,281.00

14. RECOMMENDED FUTURE SUPPORT <i>(Subject to the availability of funds and satisfactory progress of the project):</i>			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 6		d. 9	
b. 7		e. 10	
c. 8		f. 11	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:		e
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 OFFICIAL: Pamela Render

17. OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 03
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST
21. a. 7-939ZREX	b. 003976DP14	c. 93.945	d. DP	e. \$370,397.00
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

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Direct Assistance

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

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 06/29/2017
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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
07/01/2012	06/30/2013	Annual	09/28/2013
07/01/2013	06/30/2014	Annual	09/28/2014
07/01/2014	06/30/2015	Annual	09/28/2015
07/01/2015	06/30/2016	Annual	09/28/2016
07/01/2016	06/30/2018	Annual	09/28/2018

SPECIAL CONDITIONS

1. Grantee should respond to budget comments and recommendations in the technical review.

AWARD ATTACHMENTS

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

6 NU58DP003976-05-02

1. Terms and Conditions
2. Technical Review

Funding Opportunity Announcement (FOA) Number: DP12-1210

Award Number: DP0003976-05

Award Type: Cooperative Agreement

Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

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

AWARD INFORMATION

Supplemental Funds with Project Period Extension: The purpose of this revised Notice of Award (NOA) is to authorize supplemental funding in the amount of **\$373,208** and an extension to the budget/project period end date to June 30, 2018. The supplemental funds will be available for a 12-month period from **07/01/2017-06/30/2018**. This action is taken in accordance with the grantee's request dated 03/13/2017.

The budget is approved as follows

Budget Category	Year 05	Supplement	Approved Budget
Salaries & Wages	\$6,733		\$6,733
Fringe Benefits	\$3,367		\$3,367
Supplies	\$29		\$29
Other Costs	\$213	\$373,208	\$373,421
Consortium/Contractual Cost	\$402,222		\$402,222
<i>Total Direct Costs</i>	\$412,564	\$373,208	\$785,772
Indirect costs	\$2,111		\$2,111
Total Approved Costs	\$414,675	\$373,208	\$787,883

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

Use of Unobligated Funds: This NoA includes use of Year 04 unobligated funds in the amount of **\$2,811.00**, which has been applied as an offset to the currently approved funding level for this budget period. The use of unobligated funds is approved based on the Year 04 Federal Financial Report (FFR) dated September 28, 2016. The amount of this NoA will be subject to reduction if

the final amount of unobligated funds is less than the amount of unobligated funds reported on the referenced FFR.

Budget Revision Requirement By August 1, 2017, grantee must submit a revised budget with narrative justification and work plan. Failure to submit the required information in a timely manner may cause supplemental funds to be de-obligated from the Payment Management System (PMS). If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Staff Contacts section of this notice before the due date.

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 must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, August 1, 2017, will cause delay in programmatic progress and will adversely affect the future funding of this project.

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Health department staff funded through this funding opportunity announcement may not serve as a Leader, Trainer, Master Trainer or T-Trainer for any of the evidence-based interventions for State Public Health Approaches to Arthritis using staff time funded by this CDC funding opportunity announcement; listed in Appendix A.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not use these funding opportunity announcement funds to support ongoing operational costs of partner organizations, including staffing, but use of funding opportunity announcement funds to support intervention start up costs is permitted.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a funding opportunity announcement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.
- Projects that involve the collection of information from 10 or more individuals and are funded by a grant/cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

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:

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

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

U.S. Department of Health and Human Services
Division of Payment Management
7700 Wisconsin Avenue, Suite 920
Bethesda, MD 20814

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

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

Payment Management System Subaccount: 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: 003976DP14

Subaccount Title: DP121210

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

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

CLOSEOUT REQUIREMENTS

Recipients must submit closeout reports in a timely manner. Unless the Grants Management Specialist/Grants Management Officer (GMS/GMO) approves a deadline extension the recipient must submit all closeout reports within 90 days of the period of performance end date. Reporting timeframe is 07/01/2012 through 06/30/2018. 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 performance progress reports.

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

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO and is submitted after solicitation from the GMS/GMO 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.

Information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 8/31/2019.**

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 period of performance end date. To submit the FFR, login to www.grantsolutions.gov, select “Reports” from the menu bar and then click on Federal Financial Reports.

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 PPER) cannot be submitted within 90 days after the end of the period of performance, in accordance with 45 CFR Part 75.381 (Closeout), the recipient 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 submitted to the business contact identified in CDC Staff Contacts.

Equipment Inventory Report: A complete inventory must be submitted with final PPER documents 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 recipient 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 recipient 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: A Final Invention Statement must be submitted with the final PPER documents. 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 Staff Contacts and Responsibilities

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program/Project Officers (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and

program staff have specific roles and responsibilities for each phase of the grant cycle. The GMS/GMO is responsible for the business management and administrative functions. The PO is responsible for the programmatic, scientific, and/or technical aspects. The purpose of this factsheet is to distinguish between the roles and responsibilities of the GMO/GMS and the PO to provide a description of their respective duties.

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

GMS Contact:

Keisha Thompson, Grants Management Specialist
Centers for Disease Control

Chronic Diseases and Birth Defects Services Branch

2960 Brandywine Rd
Atlanta, GA 30341
Telephone: 770-488-2681
Email: DWT6@cdc.gov

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:

Michele Mercier, Project Officer
Centers for Disease Control
National Center for Chronic Disease Prevention and Health Promotion
4770 Buford Hwy, MS F-78
Atlanta, GA 30341-3717
Telephone: 770-488-4112
Email: zaf5@cdc.gov

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

- Determining the appropriate award instrument, i.e.; grant or cooperative agreement
- Determining if an application meets the requirements of the 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:

Pamela Render, Grants Management Officer
Centers for Disease Control

Chronic Diseases and Birth Defects Services Branch

2960 Brandywine Rd

Atlanta, GA 30341

Telephone: 770-488-2712

Email: PRender@cdc.gov

Technical Review
DP12-1210 State Public Health Approaches to Improving Arthritis Outcomes
Supplement Period July 1, 2017 – June 29, 2018

Technical Reviewer Name: Michele Mercier, Project Officer

Grantee Name: Missouri Arthritis Program, Missouri Department of Health and Senior Services

Requested Funding Amount: \$414,675

Recommended Funding Amount:

Project Summary (for supplement period):

The Missouri Arthritis Program (MAOP) will continue working with the seven Regional Arthritis Centers (RACs). The primary role of the RACs is to recruit and grow the capacity of delivery system partners. MAOP has developed other key partnerships that will contribute to growth in reach in Year 6. These include the University of Missouri Extension (UME), the University of Missouri *Healthy for Life* worksite wellness program (UM-HFL), Humana Insurance and the Mississippi County Health Department (MCHD). In particular,

- UME will build on previous efforts to train leaders and continue coordinating and growing CDSMP offerings throughout the state.
- UM-HFL is seeking to incorporate CDSMP as one of the available program options in a program being developed for employees with diabetes.
- Humana Insurance will be offering CDSMP to employees and marketing it to healthcare providers to refer their patients.
- MCHD will continue addressing health equity by expanding CDSMP course offerings in the Southeast region of the state, and implementing WWE referrals.

MAOP has begun working with QTAC/NY to develop a new online EBI program locator with bi-directional referral and registration feedback functionality known as the *Compass* database. Both the MCHD and the MO DHSS Bureau of Cancer and Chronic Disease Control (BCCDC) are contributing funding, and Humana Kansas City is in negotiations with Humana's corporate office to provide funding support as well. *Compass* will contribute significantly to the establishment of sustainable referral processes, as well as improve the quality of data collection and reporting processes.

Recipient Activity	Performance Measure	Comments and Recommendations
Recipient Activity A		
<i>Program Infrastructure</i>	<ol style="list-style-type: none"> 1. Program is appropriately staffed, and résumé or curriculum vitae (CV) available for staff supported at 10% FTE or greater. 2. Completion of online trainings, "Arthritis: The Public Health Approach" and "The Arthritis Challenge" for staff ≥25% FTE. 	<p><u>COMMENTS:</u></p> <ul style="list-style-type: none"> • Staffing remains stable • Addition of a .5 FTE position proposed. The narrative states that the Healthcare Programs Specialist (tbd) will oversee Central RAC programming and work on MAOP data projects. (p.3) <p><u>WEAKNESSES/CONCERNS:</u></p> <ul style="list-style-type: none"> • The position description provided for the Healthcare Program Specialist in the budget under the Curators of the University of MO, Columbia contract states that the Specialist will "provide the evidence-based programs and expand participant reach." <ul style="list-style-type: none"> ○ It is not clear what "provide the evidence-based programs" entails. The FOA does not allow for payment of instructors/leaders to offer the EBIs. ○ Specify which "evidence-based programs" are included.
Recipient Activity B		
<i>Data Collection and Surveillance</i>	<ol style="list-style-type: none"> 1. Arthritis Coordinator collaborates with state BRFSS coordinator to support the core Arthritis Burden module. 2. Arthritis Coordinator collaborates with the state BRFSS coordinator to support inclusion of the optional Arthritis Management module each year the core Arthritis Burden module is used. 3. Surveillance data are packaged and disseminated in appropriate formats (e.g., reports, fact sheets, and websites) to make the information useful and available to stakeholders and other partners throughout the project period. 4. Arthritis-specific information and data are included in state chronic disease reports. 	<p><u>COMMENTS:</u></p> <ul style="list-style-type: none"> • MAOP states that they will work with the BRFSS coordinator to ensure that the Arthritis Core Module questions are included in the 2018 MO BRFSS (p.4) (the Management Module was included in 2017 survey, as it is offered every other year, in odd-numbered years). • MAOP will share fact sheet with most recent (2015) BRFSS data, along with recently developed GIS maps, with RACs, MAAB, other MO DHSS chronic disease programs, potential new partners and state legislators. • MAOP states that they will continue providing data to other chronic disease programs on the chronic health conditions AAEBI participants report having. (pps.4-5) <p><u>WEAKNESSES/CONCERNS:</u></p> <ul style="list-style-type: none"> • Narrative states that MAOP staff will work with BRFSS coordinator to answer any questions on the core and optional arthritis modules included in the 2017 MO BRFSS (p.4). Unclear what this is referring to. • The GIS maps were referenced (p.4) but not included with submitted documents.

Recipient Activity C		
<p><i>Embed Interventions into Delivery Systems and Promote Use of Interventions</i></p>	<p>1. The majority of the program efforts support intervention delivery.</p>	<p><u>COMMENTS:</u></p> <ul style="list-style-type: none"> • AAEBIs to be supported include CDSMP, WWE, EF, AFEP, and the Arthritis Toolkit (p.5) • MAOP states that their priority is increasing course delivery and participant reach (p.6). In addition to the health system and hospital partnerships RACs have established, MAOP will continue focusing on delivery partnerships with the Area Agencies on Aging (AAAs), University of MO Extension (ME), Center for Local Public Health Services (CLPHS) and the local public health agency (LPHA) infrastructure and MO Primary Care Association (MPCA) (p.6). The following appear to have the most promising growth potential: <ul style="list-style-type: none"> ○ UME plans to build on previous efforts and continue coordinating and offering CDSMP throughout the state (p.7) ○ The University of Missouri worksite wellness program, Healthy for Life (HFL), is developing a program for employees with diabetes that may include CDSMP as an EBI option (this has not yet been approved) (p.7) ○ Humana Insurance will be marketing CDSMP to participating healthcare providers and employees (p.7) ○ The Mississippi County Health Department will continue addressing health equity by expanding CDSMP course offerings in the Southeast region of the state. <p><u>WEAKNESSES/CONCERNS:</u></p> <ul style="list-style-type: none"> • MAOP mentions conversations re: offering EF with the state Y alliance, as well as individual Ys, but does not describe plans for the coming year other than a general statement about MAOP and RACs supporting programs through participant referral (pps.5-6). No objective related to working with Ys to offer EF is found in the workplan. No specific referral process is described. • MAOP states that initiation of state level partnerships with organizations such as the MO Parks and Rec Association will occur (p.6); however, no additional details are provided and the workplan does not contain a corresponding objective. • MAOP states that the Mississippi County Health Department will begin referring participants to WWE-SD from at least four of their sites but provides no specifics re: intervention delivery (p.9). • MAOP has a single vague objective related to the seven RACs: they will each “maintain or expand upon reach and capacity of at least four active or emerging delivery system partnerships at both the state and local levels” (workplan Obj 3.1). Given the key role played by the RACs in the development
	<p>2. Number and potential reach of delivery system partners is sufficient to achieve state-specific reach goal.</p> <p>a. At least one delivery system partner is addressing health equity</p>	
	<p>3. Reasonable progress is being made toward state-specific reach goal.</p>	
	<p>4. Number of new course offerings of state-selected interventions increased by 15% during each budget period.</p>	
	<p>5. Reach and capacity data is being collected and reported.</p>	
	<p>6. Collaborated with partners to provide technical assistance.</p>	

		of AA EBI delivery systems, as well as the errors seen in a number of the DSP tables submitted by the RACs for the GY4 APR, the understanding on the part of some of the RACs about what is expected of them is of concern.
Recipient Activity D		
<i>Support Evidence-based Practice & Environmental Approaches to Address Arthritis</i>	1. OPTIONAL: Arthritis information is included in appropriate state health department and other partner communications.	<u>COMMENTS:</u> <ul style="list-style-type: none"> The development of an online program locator and bi-directional referral/feedback system will contribute to increasing healthcare provider patient referrals to AAEBIs. The Mississippi County Health Department will be contributing funding in support (p.9). Humana Insurance may also support with funding but that is still to be determined (p.8). The University of MO employee wellness program, HFL, is considering including CDSMP as an EBI available to employees with diabetes (pps.10-11). Humana Kansas City is interested in implementing a process for physicians to refer patients to AAEBIs utilizing electronic medical record flagging (p.11). Following up on a recommendation from the D2 Partner Meeting conducted in GY5, MAOP will develop a quarterly newsletter for EBI delivery system partners to showcase organizational successes and share best practices (p.11). <u>WEAKNESSES/CONCERNS:</u>
	2. Progress is made toward implementing one or more evidence-based practice or environmental approaches that enhance intervention access and use over the course of the cooperative agreement or one or more recommendations from the GY5 D2 meeting have been implemented. <i>(CDC recommends grantee to implement one or more partner recommendations resulting from D2 meeting (as described in Attachment 8) to help direct what practices or approaches are used to enhance delivery of arthritis interventions. Implementation of one or more recommendations from the D2 meeting is an acceptable substitute for addressing requirements under activity D2)</i>	
Recipient Activity E		
<i>Communications (OPTIONAL)</i>	1. OPTIONAL: Estimated exposures to the health communications campaign equals three times the number of people with arthritis in the target area. <i>(one campaign per year)</i>	<u>COMMENTS:</u> <ul style="list-style-type: none"> Not applicable for Yr 6 <u>WEAKNESSES/CONCERNS:</u> <ul style="list-style-type: none"> N/A
	2. OPTIONAL: Obtained media coverage of one arthritis-appropriate intervention and one arthritis-specific data release in each funding year.	
Recipient Activity F		
	1. Performance monitoring plan documents interim and annual progress towards and	<u>COMMENTS:</u> <ul style="list-style-type: none"> RIAP submitted a workplan and performance monitoring plan with milestones.

<i>Enhance Capacity for Monitoring Performance</i>	completion of items in the work plan. (Milestone chart and work plan)	<ul style="list-style-type: none"> The objectives selected for enhanced monitoring (PMP) are appropriate. MAOP will continue conducting quality assurance to ensure accuracy of data submitted (p.9). <p><u>WEAKNESSES/CONCERNS:</u></p> <ul style="list-style-type: none"> Both the workplan and performance monitoring plan have a number of objectives that are not SMART. This detracts from understanding what is proposed to be accomplished.
	2. Demonstrated evidence of use of data repositories.	
Recipient Activity G		
<i>Work in Collaboration with Other Chronic Disease Programs and Relevant Stakeholders</i>	1. Collaboration with other state health department programs that enhance the grantee's execution of the work plan.	<p><u>COMMENTS:</u></p> <ul style="list-style-type: none"> BCCDC will provide support for the development of the program locator and EBI referral database (p.14) MAOP will work with the Diabetes Prevention Program to communicate EBI successes among partnering organizations (p.14) <p><u>WEAKNESSES/CONCERNS:</u></p> <ul style="list-style-type: none"> MAOP does not elaborate on the support BCCDC will provide for the development of the program locator and EBI referral database. The role the MO DHSS Diabetes Prevention Program will play in the creation of the quarterly newsletter is not described in the project narrative, workplan or performance monitoring plan. Proposal to establish cross-referrals among EBI delivery partners lacks specifics.
	2. Active participation in the execution of the work plan by relevant stakeholders (ex. aging, disability, injury, etc.).	
	3. State arthritis program priorities included in the state chronic disease plan.	
	4. Arthritis Program Coordinator/Manager is a member of the state chronic disease coalition.	

Overall Comments (briefly summarize comments provided for recipient activities above and provide any additional comments):

1. Evolving collaborations and partnerships between MAOP and the University of MO Extension, the Mississippi County Health Department, the University of MO *Healthy for Life* worksite wellness program, and Humana Health Insurance offer opportunities for substantial growth in the delivery and reach of CDSMP and WWE.
2. The development of an online program locator and bi-directional referral/feedback system will contribute to increasing healthcare provider patient referrals to AAEBIs and promoting sustainability.
3. Project Narrative does not always have corresponding objectives and activities identified in the work plan*; additionally, in a number of instances, confusing sentence composition,** missing information,*** unnecessary repetition,**** etc. make it difficult to understand what is meant.

* For example, MAOP discusses planning with the state Y alliance as well as local Ys that took place in 2016 re: offering EF, and participant referral support being provided by MAOP and the RACs in Year 6 (pps.5-6), yet there is no corresponding objective related to this in the workplan. Similarly, MAOP states they will initiate a partnership at the state level with MO Parks and Rec Association (p.6), yet there is no corresponding objective related to this in the workplan.

** “The MAOP staff will work with the DHSS BRFSS coordinator to answer any questions on the core Arthritis Burden module and optional state added Arthritis Management module that were included in the 2017 MO BRFSS survey.” (p.4)

** “The BRFSS arthritis data is very impactful when presenting to potential participants, which is often shared by MAOP staff during large presentations to showcase multiple chronic conditions, portray the effect comorbid conditions have on each other, and showcase the relation of arthritis to self-management.” (p.4)

*** Refer to Weaknesses/Concerns listed under Recipient Activity C

**** The text beginning with the sentence in the last paragraph on p.7 stating that in year five “Humana compiled a review of CDSMP for their provider engagement team...” through the end of the paragraph at the top of p.8 is repeated verbatim on p.11 under **Health Insurer**.

Work Plan Recommendations (address any major work-plan weaknesses identified above. (*Focus on any weaknesses in recipient C activities*):

1. Both the workplan and performance monitoring plan contain objectives that are not SMART—in a number of instances specificity, clarity, and/or measurability is lacking. The workplan and performance monitoring plan will need to be revised in collaboration with CDC project officer.
2. A single vague objective related to the seven RACs is included in the workplan (Obj 3.1: “they will each maintain or expand upon reach and capacity of at least four active or emerging delivery system partnerships at both the state and local levels”). Given the key role played by the RACs in the development of AA EBI delivery systems, as well as the errors seen in a number of the DSP tables submitted by the RACs for the GY4 APR, the understanding on the part of some of the RACs about what is expected of them is of concern. Work with the PO to define expectations for RACS and develop a plan for communicating those expectations to the RACs.
3. PO strongly recommends that MO take advantage of the opportunity to collaborate with state health department or University of MO communication staff to develop and publish the proposed newsletter for EBI delivery partners.

Budget Comments and Recommendations (indicate whether the proposed budget is appropriate and sufficient or any adjustments or changes that are required by budget categories- personnel, travel, contracts, etc.):

1. RAC Contract—Scope of Work
 - a. Language states that the RAC shall *provide* evidence-based programs. Clarification is needed about what “provide” entails. Reminder that FOA dollars are not approved to pay for instructors/leaders to offer EBIs.
 - b. Clarify what “evidence-based programs” are being referred to. Are they specifically referring to AA EBIs?