

1. DATE ISSUED MM/DD/YYYY 12/17/2018		1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA No. 93.940 - HIV Prevention Activities_Health Department Based			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 5 NU62PS924577-02-00 Formerly		5. TYPE OF AWARD Other	
4a. FAIN NU62PS924577		5a. ACTION TYPE Non-Competing Continuation	
6. PROJECT PERIOD MM/DD/YYYY From 01/01/2018		Through MM/DD/YYYY 12/31/2022	
7. BUDGET PERIOD MM/DD/YYYY From 01/01/2019		Through MM/DD/YYYY 12/31/2019	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

1600 Clifton Road  
Atlanta, GA 30329

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)  
301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

8. TITLE OF PROJECT (OR PROGRAM)  
Integrated HIV Surveillance and Prevention Programs for Health Departments

9a. GRANTEE NAME AND ADDRESS HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF Alternate Name: MISSOURI STATE DEPT/ HEALTH & SENIOR SRV 920 Wildwood Dr Missouri Dept. of Health and Senior Services Jefferson City, MO 65109-5796	9b. GRANTEE PROJECT DIRECTOR Ms. Nicole Massey 920 WILDWOOD DR MISSOURI DEPT OF HLTH JEFFERSON CITY, MO 65109 Phone: [NO DATA]
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10a. GRANTEE AUTHORIZING OFFICIAL Mr. Bret Fischer 920 WILDWOOD DR JEFFERSON CITY, MO 65109-5796 Phone: 573-751-6014	10b. FEDERAL PROJECT OFFICER Mary Allen 1600 Clifton Rd Atlanta, GA 30333 Phone: 404-639-5200
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ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 4,477,487.00	
II Total project costs including grant funds and all other financial participation		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages	985,172.00	c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits	570,196.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 4,477,487.00	
c. Total Personnel Costs	1,555,368.00	13. Total Federal Funds Awarded to Date for Project Period 8,954,974.00	
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT	
e. Supplies	356,009.00	(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel	52,849.00	YEAR	TOTAL DIRECT COSTS
g. Construction	0.00	a. 3	d. 6
h. Other	75,277.00	b. 4	e. 7
i. Contractual	2,106,691.00	c. 5	f. 8
j. TOTAL DIRECT COSTS	4,146,194.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS	331,293.00	a. DEDUCTION	
l. TOTAL APPROVED BUDGET	4,477,487.00	b. ADDITIONAL COSTS	
m. Federal Share	4,477,487.00	c. MATCHING	
n. Non-Federal Share	0.00	d. OTHER RESEARCH (Add / Deduct Option)	
		e. OTHER (See REMARKS)	
		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL 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)  
Non-Competing Continuation: Financial Assistance in the amount of \$4,477,487

GRANTS MANAGEMENT OFFICIAL:

Arthur Lusby, Grants Management Officer, Team Lead  
2960 Brandywine Rd  
Mailstop E15  
Atlanta, GA 30341-5509  
Phone: 770.488.2865

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	APPROPRIATION				
21. a.	9-93909SC	b. 18NU62PS924577	c. 93.940	d. PS	e. \$3,740,089.00	f. 75-19-0950			
22. a.	9-93909SM	b. 18NU62PS924577	c. 93.940	d. PS	e. \$737,398.00	f. 75-19-0950			
23. a.		b.	c.	d.	e.	f.			

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 12/17/2018
GRANT NO. 5 NU62PS924577-02-00	

**Direct Assistance**

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

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 12/17/2018
GRANT NO. 5 NU62PS924577-02-00	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
01/01/2018	12/31/2018	Annual	03/31/2019
01/01/2019	12/31/2019	Annual	03/30/2020
01/01/2020	12/31/2020	Annual	03/31/2021
01/01/2021	12/31/2021	Annual	03/31/2022
01/01/2022	12/31/2022	Annual	03/31/2023

# AWARD ATTACHMENTS

MISSOURI STATE DEPT/ HEALTH & SENIOR SRV

5 NU62PS924577-02-00

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1. Terms & Conditions
2. Technical Review

**Notice of Funding Opportunity (NOFO): PS18-1802**

**Award Number: NU62PS924577-02-00**

**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**

**AWARD INFORMATION**

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at, <https://www.cdc.gov/grants/federalregulationspolicies/index.html> the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **PS18-1802**, entitled **Integrated HIV Surveillance and Prevention programs for Health Departments**, and application dated **August 28, 2018**, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of **\$4,477,487.00** is approved for the Year **02** budget period, which is **January 1, 2019** through **December 31, 2019**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

<b>Component A - Surveillance</b>	<b>\$737,398.00</b>
<b>Component A Prevention</b>	<b>\$3,740,089.00</b>
<b>Component B - DEMOs</b>	<b>\$0.00</b>
<b>DA Surveillance</b>	<b>\$0.00</b>
<b>DA Prevention</b>	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$4,477,487.00</b>

**This award is fully funded.**

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

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

**Financial Assistance Mechanism:** Cooperative Agreement

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

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

In a cooperative agreement, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring. CDC staff will provide support by:

- Facilitating the development and implementation of the standardized, multisite guidance documents and questionnaires.
- Facilitating the development of local operational plans.
- Providing training in methodology (including formative assessment), program planning, management and evaluation.
- Providing technical assistance to support implementation of agreed upon methods to execute the strategies and activities.

- Providing assistance in establishing and maintaining the computerized database to record information collected for the activities.
- Participating in the analysis and dissemination of the data. Conduct or coordinate analyses of the multisite data and distribute information to support national HIV prevention efforts.
- Facilitating the development of methods and computer programs to evaluate performance indicators and data quality.
- Assisting in the evaluation of overall effectiveness of program operations. Provide timely feedback on reported data for quality assurance purposes.
- Facilitating the development of evaluation activities.
- Maintaining a secure and confidential national database.
- Facilitating the development of supplemental guidance for extension of recruitment activities in project sites with geographic areas adjacent to the MSA or Division where HIV morbidity remains high.
- Participating in joint conference calls, awardee meetings and site visits.
- Monitoring progress in participant recruitment, HIV testing and other activities for all awardees.

**Technical Review Response Requirement:** The review comments on the strengths and weaknesses of the proposal are provided as part of this award and are located in **Grant Solutions**. A response to the weaknesses in these statements must be **uploaded for approval into Grant Solutions as a Note and submitted to the Project Officer** 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, **February 1, 2019**, will cause delay in programmatic progress and will adversely affect the future funding of this project.

**Budget Revision Requirement:** By **February 1, 2019** the recipient must submit a revised budget with a narrative justification. The budget revision must be **uploaded for approval in Grant Solutions as an Amendment**. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

**Addition Alternative:** Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

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

## FUNDING RESTRICTIONS AND LIMITATIONS

### Indirect Costs:

Indirect costs are approved based on the Indirect cost rate agreement dated 3/9/2018 fixed rate, from 7/1/2018 to 6/30/2019 on site at 21.30% for all programs. Base: Direct salaries and wages including all fringe benefits.

## REPORTING REQUIREMENTS

**Annual Federal Financial Report (FFR, SF-425):** The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted to your GMS/GMO no later than 90 days after the end of the budget period. To submit the FFR, login to [www.grantsolutions.gov](http://www.grantsolutions.gov), select "Reports" from the menu bar and then click on Federal Financial Reports. The FFR for this budget period is due by **March 30, 2020**. Reporting timeframe

is **January 1, 2019** through **December 31, 2019**. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report.

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

**Annual Performance Progress Reporting:** The Annual Performance Progress and Monitoring Report (is due no later than 120 days prior to the end of the budget period, **September 2, 2019**, and serves as the continuation application for the follow-on budget period. This report should include the information specified in the solicitation from the GMS/GMO via [www.grantsolutions.gov](http://www.grantsolutions.gov) .

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

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

CDC, Office of Grants Services  
Rhonda Colbert  
Grants Management Specialist  
Centers for Disease Control  
Infectious Disease Services Branch  
2960 Brandywine Rd, MS E-15  
Atlanta, GA 30341  
Email: [Hvx1@cdc.gov](mailto:Hvx1@cdc.gov)  
(Include “Mandatory Grant Disclosures” in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201  
Fax: (202)-205-0604 (Include “Mandatory Grant Disclosures” in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

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

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

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

## PROGRAM OR FUNDING GENERAL REQUIREMENTS

**HIV Program Review Panel Requirement:** All written materials, audiovisual materials, pictorials, questionnaires, survey instruments, websites, educational curricula and other relevant program materials must be reviewed and approved by an established program review panel. A list of reviewed materials and approval dates must be submitted to the CDC Grants Management Specialist identified in the CDC Roles and Responsibilities section of this NoA.

**Prior Approval:** All requests, which require prior approval, must bear the signature of the authorized organization representative. The recipient must submit these requests by **September 2, 2019**. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests require prior approval.

- Use of unobligated funds from prior budget period (Carryover)
- Lift funding restriction
- Significant redirection of funds (i.e. cumulative changes of 25% of total award)
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Change in key personnel
- Extensions to period of performance

Templates for prior approval requests can be found at:

<http://www.cdc.gov/grants/alreadyhavegrant/priorapprovalrequests.html>

**Key Personnel:** In accordance with 45 CFR Part 75.308, CDC recipients must obtain prior approval from CDC for (1) Change in the project director/principal investigator, business official, authorized organizational representative or other key persons specified in the 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.

## PAYMENT INFORMATION

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

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



The grant document number identified below must be known in order to draw down funds from this Account.

**Document Number: 18NU62PS924577**

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

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

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

- Determining the appropriate award instrument, i.e.; grant or cooperative agreement
- Determining if an application meets the requirements of the NOFO
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy
- Ensuring recipient compliance with applicable laws, regulations, and policies
- Negotiating awards, including budgets
- Responding to recipient inquiries regarding the business and administrative aspects of an award
- Providing recipients with guidance on the closeout process and administering the closeout of grants
- Receiving and processing reports and prior approval requests such as changes in funding, carryover, budget redirection, or changes to the terms and conditions of an award
- Maintaining the official grant file and program book

The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

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

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

**GMS Contact:**

Rhonda Colbert  
Grants Management Specialist  
Centers for Disease Control and Prevention (CDC)  
Office of the Chief Operating Officer (OCOO)  
Office of Financial Resources (OFR)  
Office of Grants Services (OGS)  
Infectious Diseases Branch (IDSB)  
Infectious Disease Services Branch  
2960 Brandywine Rd, MS E-15  
Atlanta, GA 30341-4146  
[Hvx1@cdc.gov](mailto:Hvx1@cdc.gov) | Phone: 770-488-2848



**GMO Contact:**

Edna Green  
Sr. Grants Management Officer  
Centers for Disease Control and Prevention (CDC)  
Office of the Chief Operating Officer (OCOO)  
Office of Financial Resources (OFR)  
Office of Grants Services (OGS)  
Infectious Diseases Branch (IDSB)  
2960 Brandywine Rd, MS E-15  
[EGreen@cdc.gov](mailto:EGreen@cdc.gov) | 770-488-2858 Office

***\*The Project Officer's information can be found on page 1 of this Notice of Award.***

**TECHNICAL REVIEW**

**Notice of Funding Opportunity: PS18-1802  
Integrated HIV Surveillance and Prevention Programs for Health Departments  
Annual Performance Report (APR) for January 1, 2018 – June 30, 2018  
Year 2 Budget Period January 1, 2019 – December 31, 2019**

<b>Health Department Name:</b>	Missouri Department of Health and Senior Services		
<b>Cooperative Agreement No:</b>	1NU62PS924577-01-00		
<b>Funding Amounts:</b>	<b>Component A HIV Surveillance</b>	<b>Component A HIV Prevention</b>	<b>Component B (if applicable)</b>
<b>Funding Amount Recommended:</b>	\$737,398	\$3,740,089	
<b>Funding Amount Requested:</b>	\$737,398	\$3,740,089	
<b>Name of Reviewer (HIV Prevention):</b>	M. Angie Allen		
<b>Reviewer's Signature:</b>		<b>Date:</b>	10/17/2018
<b>Name of Reviewer (HIV Surveillance):</b>	Shacara Johnson		
<b>Reviewer's Signature:</b>		<b>Date:</b>	10/17/2018

**PURPOSE:** The purpose of this document is to provide a review of the Health Department's performance under Notice of Funding Opportunity PS18-1802 during the period of **January 1, 2018 through June 30, 2018** as well as a review of the Health Department's planned activities for Year 2 (January 1, 2019 through December 31, 2019). The document contains observations, recommendations, action items, and capacity building assistance needs to assist the Health Department with the development, implementation, and monitoring of the integrated HIV surveillance and prevention activities in accordance with PS18-1802, Component A requirements. Some sections may not be applicable to all Health Departments.

<b>PROGRAM CATEGORIES</b>		
Mark [X] each Component for which the recipient is funded under PS18-1802:		
<b>Component A <input checked="" type="checkbox"/> (required)</b>	<b>Component B <input type="checkbox"/></b>	
<b>BUDGET INFORMATION</b>		
Select a response in the drop-down box for which the recipient provided appropriate information.		
<b><i>Did the Health Department:</i></b>	<b>Component A</b>	<b>Component B (if applicable)</b>
Provide a completed Standard Form-424A?	Yes	Choose an item.
Provide a detailed line item budget and budget justification for <u>each</u> component that is implemented for the continuation award covering January 1, 2019 thru December 31, 2019?	Partial or incorrect information	Choose an item.
Indicate any anticipated/estimated unobligated fund balance (SF-424A in Section A, columns c and d)?	No/Not submitted	Choose an item.
Submit the names of all proposed contractors, including period of performance, scope of work, method of selection, method of accountability, and an itemized budget and justification for the Year 2 project period?	Yes	Choose an item.
Provide the required components for all proposed consultants including the following: name of consultant, organizational affiliation, nature of services to be rendered, relevance of service to the project, number of days for consultation, and expected rate of compensation?	No/Not submitted	Choose an item.
If indirect cost was requested, did the recipient provide a current cost allocation approval letter and indirect cost rate agreement?	Yes	Not applicable
In states with directly-funded cities, is a Letter of Agreement (LOA)/Letter of Concurrence (LOC) currently in place?	Not applicable	Not applicable
Indicate if there have been any changes/updates made to the LOA currently in place or submitted a revised LOA?	Not applicable	Not applicable
Allocate funding in their budget to adequately support program strategies and activities? <b>Please explain your response in the Monitoring Team Feedback Section.</b>	Yes	Choose an item.
<b>Direct Assistance (DA)</b>		
Request or include Direct Assistance (DA)?	No/Not submitted	Not applicable
Submit a request for <u>new</u> DA in lieu of Financial Assistance (FA) for Year 2?	Not applicable	Not applicable
Include an <u>existing/standing</u> DA request in their budget?	Not applicable	Not applicable
Request DA for Statistical Analyst System (SAS) license?	Not applicable	Not applicable
Request resources and funding allocated in support of health information systems (i.e., eHARS)?	Yes	Not applicable
<b>Staffing and Management</b>		

Indicate any vacancies in <u>key staff</u> for Year 1 and provide a detailed plan with timeline for hiring/filling these vacancies?	Yes	Choose an item.
<b>Monitoring Team Feedback: Budget Information and Staffing</b>		
<p><b>Reviewers' Assessment:</b></p> <p>Missouri submitted a 424A with budget narrative for Component A and is not funded under Component B. The following budgetary comments apply to Component A funding (total amount \$4,477,487). The recipient applied 16% of the total budget to surveillance and 84% to prevention. While the 424A has no unobligated balance (no anticipated carryover), the interim FFR submitted indicates an unobligated balance of \$190,050. In prior calls between the CDC Joint Monitoring Team and the recipient, budget expenses were discussed with proposal to prepare a spend plan for redirecting unspent salaries into other budget categories and with prior CDC approval. The recipient had expressed a need for SAS training past the initial free offering, as well as Access, Excel and Visual Basics for Access trainings.</p> <p>There are five staff vacancies: Statewide Planner III; DIS/HPR III – Eastern District; DIS/HPR III – Northwestern District (position to be transferred to Jefferson City); (2) DIS/HPR II – Jefferson City (position to be transferred to the Northwestern District); and the Epidemiologist Specialist for Testing Program (position responsibilities under review and expected to change, meeting NOFO objectives). All staff vacancies are expected to be filled by 12/31/18.</p> <p>There are four contracts (3 prevention and 1 surveillance) with multiple partners, including local health departments around the state. Contractual services list the required components: method of accountability; period of performance; scope of work; method of selection; and a budget. There are no paid consultants with this funding.</p> <p>The recipient's budget included information technology allocations of \$11,124, split evenly within the prevention and surveillance budgets (\$5,562 each); these charges are related to an SQL (Structural Query Language) database and a VDI (Virtual Desktop Infrastructure) in support of HIV information systems.</p> <p>The identification of type and brand of HIV test kits and controls were not provided.</p> <p>There was no funding allocation for condoms.</p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1. With several vacancies anticipated through the end of the year, unspent salaries can be redirected, with CDC prior approval, to other budget categories in support of NOFO requirements and this has been discussed previously with recipients to eliminate any unobligated and carryover funds. A budget redirection would have been best submitted by August 31 to observe the CDC timeline for approval. Note that recipients may reallocate up to 25% (or \$250,000, whichever is less) of their total annual budget; reminder that some budget categories such as "Personnel/Salaries &amp; Wages" must first go through CDC prior approval before transferring funds into another budget category, even if within the 25%. When preparing a redirection spend plan, the recipient would discuss how they will reallocate funds from these vacancies into other budget categories to support NOFO requirements and consider the challenges/barriers and what is needed to meet strategies/activities per the work plan.</li> </ol> <p><b>Action Items: <i>Within 30 days from the start of the year two budget period (February 1, 2019), the recipient must respond to the following action item(s): Provide a revised budget and budget narrative addressing all action items:</i></b></p> <p>By February 1, 2019 provide to the CDC Joint Monitoring Team a response for all action items noted:</p> <ol style="list-style-type: none"> <li>1. Where there are identified unspent funds in 2019, prepare a spend plan narrative and have ready for discussion at a future CDC/MO bilateral call.</li> <li>2. Provide itemization for fringe.</li> <li>3. In-State travel: Provide positions affiliated with travel, names, if available, and geographic areas associated with proposed travel allocations.</li> </ol>		

4. Out-of-State travel:
  - i) Provide justification/clarification for both airfare and mileage.
  - ii) Provide positions/names affiliated with travel.
5. Contractual: Submit all required elements for proposed contractors and in the description of role and responsibilities, list the annual deliverable for each contractor.
6. Supplies: Provide type and brand of HIV test kits and controls.
7. Provide rationale for not allocating funds for condoms even if in-kind.
8. Other: Provide justification for each line item, along with what positions will be using networks and subscriptions.

**RESOURCE ALLOCATION (HIV Prevention Funding Only)**

Select a response in the drop-down box for which the recipient provided appropriate information.

Did the Health Department provide the information requested in Appendix D: Resource Allocation (Areas within the Jurisdiction with the Greatest Burden of HIV Disease)?	Yes
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<b>Reviewers' Input:</b> Is the Health Department's resource allocation plan consistent with its geographic burden and planned strategies in those geographic areas identified in Appendix D?	Yes
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**Monitoring Team Feedback: Local Resource Allocation**

<p><b>Reviewers' Assessment:</b></p> <p>Over 76% of Recipient's Year 2 budget is directed to services in the St. Louis and Kansas City MSA's which contain 78% of MO's HIV incidence. Services include HIV counseling/testing, health education, community outreach to high-risk populations, HIV Navigation, and community and group-level behavioral interventions.</p> <p>The submitted resource allocation shows three MSAs of noted HIV burden with congruent funding levels allocated, as follows:</p> <ul style="list-style-type: none"> <li>- St. Louis,, MO-IL: 48% disease burden / 46% funds allocation</li> <li>- Kansas City, MO-KS: 30% disease burden / 30% funds allocation</li> </ul> <p><b>Recommendations:</b> None noted</p> <p><b>Action Items:</b> None noted</p>
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**COMPONENT A: Core Strategies and Activities (Strategies 1-7)**

Select a response in the drop-down box for which the recipient provided appropriate information.

Did the Health Department <b>1) describe successes and challenges for Year 1 and 2) describe any anticipated changes being made in Year 2</b> for the required core strategies and associated activities below?
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<b>Strategy 1: Systematic collection, analysis, interpretation, and dissemination of HIV data for surveillance and prevention program monitoring and evaluation</b>	Yes
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In addition, did they submit the updated Evaluation and Performance Measurement Plan (EPMP) for Year 1?	Yes
<b>Strategy 2: Identification of persons with HIV infection and uninfected persons at risk for HIV infection</b>	Yes
In addition, did they provide the information requested in <i>Appendix A: Partner Services</i> ?	Yes
<b>Strategy 3: Development, maintenance, and implementation of plans to respond to HIV transmission clusters and outbreaks</b>	Yes
Did the recipient identify any emerging HIV infections in populations/areas with the jurisdiction, as a result of having an HIV outbreak response plan in place?	No
Did the recipient identify any emerging HIV infections in populations/areas with the jurisdiction, as a result of participating in cluster detection activities?	No
<b>Strategy 4: Comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)</b>	Yes
In addition, did they provide the information requested for <i>Appendix B – Interventions and Services for HIV-Positive Individuals</i> ?	Yes
<b>Strategy 5: Comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection</b>	Yes
In addition, did they provide the information requested for <i>Appendix C – Interventions and Services for High-Risk HIV-Negative Individuals</i> ?	Yes
<b>Strategy 6: Perinatal HIV prevention and surveillance activities</b>	Yes
<b>Strategy 7: Community-level HIV prevention activities</b>	Yes
Provide the total number of condoms distributed during the reporting period?	413,680
Did the recipient receive concurrence for a submitted Determination of Need for a Syringe Services Program (SSP)?	No
<p>If you selected “no” for any of the questions for strategies 1-7, indicate below any information not provided:</p> <p>Strategy 3: The recipient did not identify any emerging HIV infections in populations/areas with the jurisdiction, as a result of participating in cluster detection activities.</p> <p>Recipient is currently finalizing DON to submit to CDC.</p>	
<b>Monitoring Team Feedback: Core Strategies and Activities</b>	
<p><b>Reviewers’ Assessment of Progress Made Towards Implementation:</b></p> <p>MODOH is making adequate progress in their implementation of PS18-1802 strategies and activities from the information provided in their annual performance and evaluation and performance management reports. Progress of activities outlined in the EPMP will be reviewed by the PS18-1802 joint monitoring team (JMT) and will require further discussion during monthly/quarterly conference calls.</p>	

Strategies 1-5, 7-11: Missouri is working to build their ELR/IT infrastructure and transition data systems for collection and management of all HIV-associated data. The recipient is also successfully improving timeliness and completeness of case reporting with its desktop interface technology as well as working to meet surveillance outcomes. The recipient continues to identify strategies and establish/implement new methods for improved data collection (including negative test data and treatment/ARV use).

Strategies 2, 4-5, 9: Missouri continues to monitor progress of care and prevention services to all PWLH and HIV-negative persons, especially persons belonging to target populations, provided by their funded healthcare and non-healthcare settings. The recipient also continues to identify and modify targets as appropriate based on PS18-1802 objectives and using a variety of local data sources to evaluate their funded entities' progress during the project period.

Strategy 2 specific:

- 34,757, valid test events were conducted during the reporting period, with the majority of clients testing in healthcare clinical settings.
- A total of 68 newly diagnosed clients were identified (0.20% sero-positivity rate); of which 79% (54) were linked to care;; 55% (30) were interviewed for partner services; and none were referred to prevention services. These outcomes were poor and need to be remedied.
- 79% of previously diagnosed clients (57/72) were re-engaged into care.
- The Partner Services Data Tables 1-2 differ in the number of PS interviews conducted.

Strategy 4 specific: Recipient did not describe Interventions and Services for People Living with HIV (PLWH) however, reported; 82 PLWH enrolled in behavioral risk screening; 77 PLWH enrolled in Individual and Group-level Interventions; 9,032 PLWH enrolled in Community-level Interventions; and 2,311 PLWH enrolled in other locally developed programs.

Strategy 5 specific: Recipient did not describe Interventions and Services for HIV-Negative Individuals.

Strategy 6 specific: The recipient will continue prenatal HIV testing and provide perinatal HIV service coordination, and conduct case surveillance for women with diagnosed HIV infection (and their infants) through vital records linkage, and as necessary fetal and infant mortality reviews (in the event that perinatal case is identified).

**Recommendations:**

Staff turnovers and subsequent limited staffing capacity has either delayed or halted certain integrated case surveillance and prevention activities.

The recipient shall continue to work with their PS18-1802 joint monitoring team (JMT) on both integrated surveillance and prevention core and enhanced activities. The recipient shall request assistance from the CDC and their assigned JMT to collaborate on a strategic plan to address the jurisdiction's challenges in Year 1 of implementation.

The recipient shall do the following to continue their progress and meet established priorities:

HIV surveillance and prevention staff shall continue to advocate and streamline their hire process for new program staff. In the interim, the recipient shall consider alternative strategies to ensure project activities are near completion or complete (e.g., collaboration within integrated surveillance and prevention program staff, contractual services with local CBOs).



Strategy 1, 3-5, 7-11: The recipient is recommended to continuously assess their ELR uptake (e.g., onboarding of reporting laboratories), and their data management and analytic capacity for data to care and case/molecular surveillance activities. The recipient shall also provide findings of their provider/laboratory validation studies conducted in the last half of 2018 project period.

Strategies 1-2, 4-5, 9: The recipient is recommended to:

- i) regularly assess program progress/impact (e.g., quarterly) using local data systems,
- ii) provide timely feedback,
- iii) strategize interventions with the funded entity as appropriate, and
- iv) provide technical assistance to any funded entity either not conducting program activities and/or meeting established program outcomes.

The recipient is also recommended to prioritize rapid testing resources, if possible, by continuing to evaluate their morbidity data or consider other less expensive testing options (e.g., blood draws). The recipient shall continue to consult with CDC (e.g., PS18-1802 JMT prevention project officer) on integrated core activities as necessary.

Strategy 2: The recipient shall review their data to care plan and establish priorities (e.g., follow-up on FY'16/17 and current FY'18 D2C lists) due to challenges with DIS recruitment.

- i) These priorities shall be included in their implementation plan for the JMT.
- ii) The recipient shall consult with CDC (e.g., PS18-1802 JMT, HICSB Data to Care workgroup member) on data to care activities as necessary.

Strategy 3: The recipient is recommended to consult with CDC (e.g., PS18-1802 JMT surveillance project officer, HICSB Transmission and Molecular Epidemiology team staff member) to develop their capacity and technical expertise in detection of HIV-related clusters and outbreaks.

The recipient shall continue ongoing reviews (e.g., monthly or quarterly) of their data, using locally-developed and CDC-developed SAS time-space analytic tools, for detection of increases in HIV diagnoses (e.g. certain exposures, subgroups, or areas within the jurisdiction) and identification of any counties listed as "vulnerable" in the CDC County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection among PWID.

Strategy 6: The recipient is recommended to consult with either CDC (e.g., PS18-1802 JMT or HICSB perinatal SME) or continue their state peer-to-peer exchange (e.g., similar morbidity level peer) on development of their perinatal action plan. The recipient is recommended to conduct case surveillance activities for women with diagnosed HIV infection and their infants through vital records linkage (either annually or biannually).

- i) The recipient shall complete their FY'18 data matching activities of case and state birth registry data.
  - a. The recipient shall also discuss prioritizing tasks to complete FY'18 activities (e.g., either linkage of both 2016 and 2017 case data or 2017 case data with registry data) if local staffing capacity is limited, and include their order of priorities with timeline for completion in their action plan.
- ii) If a perinatal case is identified, the recipient shall conduct a fetal and infant mortality review, and follow-up with identified care providers to provide necessary training or technical assistance as appropriate. These details shall also be included in the plan.

**Action Items:**

*Within 30 days from the start of the year two budget period, the recipient must respond to the following action item(s):*

1. Strategy 1, 3-5, 7-11: Provide an ELR uptake action plan with proposed timeline to their CDC PS18-1802 JMT.
2. Strategy 2: Provide an implementation plan for the Data to Care program.
3. Strategy 3: Submit a draft HIV-specific cluster and outbreak detection response plan to their CDC PS18-802 JMT. [The plan shall include details of the recipient's molecular surveillance activities (e.g. monitoring/analysis of genetic diversity and HIV drug resistance). A final plan shall be submitted with the 2019 APR.]
4. Strategy 6: Submit a perinatal HIV action plan to their CDC PS18-1802 JMT.
5. The recipient shall complete their FY'18 data matching activities of their case data with state birth registry data. If any perinatal cases are subsequently identified, the recipient shall also plan fetal/infant mortality reviews and include those activities in their action plan.
6. Submit an explanation of why the number of PS interviews conducted differ in Tables 1 and 2. . Submit plans for improving the process of interviewing and investigating HIV PS clients.
7. Provide a list of activities funded to address PLWH/High Risk Negatives and present to CDC PO.

**COMPONENT A: Operational and Foundational Strategies and Activities (Strategies 8-11)**

Select a response in the drop-down box for which the recipient provided appropriate information.

Did the Health Department **1) describe any successes and challenges for Year 1 and 2) describe any anticipated changes being made in Year 2** for the required operational and foundational strategies and associated activities?

<b>Strategy 8: Partnerships for integrated HIV prevention and care planning</b>	Yes
In addition, did they make any changes to their Integrated HIV Prevention and Care Plan and/or planning group process?	Yes
<b>Strategy 9: Implementation of structural strategies to support and facilitate HIV surveillance and prevention</b>	Yes
In addition, did they submit the signed Certification of Compliance with the NCHHSTP Data Security and Confidentiality Standards for the reporting period?	Yes
<b>Strategy 10: Data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities</b>	Yes
In addition, did they describe use of epidemiologic and surveillance data collected for program planning, implementation, and evaluation purposes, including the types of data used (i.e., data to care)?	Yes
In addition, did they describe the dissemination of program monitoring and evaluation data and how feedback is shared with providers, community partners, and prevention programs?	Yes

<b>Strategy 11: Capacity building activities for HIV programs, epidemiologic science, and geocoding</b>	Yes
Indicate if CBA/TA provided met their needs/expectations?	Not applicable
Did the Health Department submit their Assurances of Compliance ( <b>Appendix E</b> ) to CDC?	Yes

If you select “no” for any of the questions for strategies 8-11, indicate below any information not provided.

**Monitoring Team Feedback: Operational and Foundational Strategies and Activities**

**Reviewers’ Assessment of Progress Made Towards Implementation:**

MODOH is making adequate progress in their implementation of PS18-1802 strategies and activities, and is actively working on developing their capacity of ongoing and new activities introduced through this funding opportunity.

Strategy 8: In order to compensate for reduced HIV Prevention funding, the recipient reduced the number of in-person CPPG meetings from four meetings per year to three.

Strategy 9: The recipient states they may consider opting out of the Medical Monitoring Project (MMP) activity due to the number of other new activities implemented under PS18-1802 and has not yet requested CDC technical assistance. This will be a discussion topic for the next scheduled CDC/MO bilateral call.

Strategies 1, 10-11: The recipient plans to continue their ongoing quality assurance of surveillance data and technology changes/improvements (e.g. use of RedCap, WebSurv enhancements) to support and facilitate their surveillance and prevention activities. For example, staff will use other systems (e.g. other HIV data systems, Asurint/LexusNexus) in the ascertainment/completeness of residence of case at HIV diagnosis for case surveillance, geocoding/SDH, and data to care activities. The recipient will continue capacity-building with CDC (e.g., PS18-1802 JMT surveillance project officer or HICSB Geocoding and Data Linkage workgroup member), as necessary, in their geocoding activities using CDC-provided tools in preparation for their end of the year data submissions.

Strategy 10: The recipient has strong data management, analytic, and informatics capacity to support many of their integrated activities. The recipient continuously monitors and evaluates their data to assess whether strategy objectives and needs are met accordingly.

**Recommendations:**

None

**Action Items:**

None

**OVERALL MONITORING TEAM SUMMARY: COMPONENT A**

**Reviewers’ Assessment of Progress and Implementation (feedback/comments)**

Overall, MODOH has or will address the required program strategies/activities of PS18-1802 and appear to be on track to complete PS18-1802 prevention and surveillance activities..

**Summary of Strengths**

MODOH has successfully served its state, conducting HIV surveillance and providing comprehensive HIV prevention program services for many years. The MODOH staff are experienced and dedicated, establishing critical relationships with partners and other local stakeholders to provide high quality services. The recipient has strong data management, analytic, and informatics capacity to support many of their integrated activities, and continuously monitors and evaluates their data to assess whether strategy objectives are met accordingly.

During the reporting period the recipient was successful in promoting the CDC social marketing campaign for National HIV Testing Day and Women and Girls HIV/AIDS Awareness Day.

### **Summary of Weaknesses**

Staff turnovers and subsequent limited staffing capacity has either delayed or halted certain integrated case surveillance and prevention activities. DIS vacancies has negatively impacted timing of patient interviews and timely linkage to care.

### **Summary of Recommendations**

CDC recommends that MODOH shall:

1. Continue to advocate and streamline the hire process for new program staff.
2. Strategy 1, 3-5, 7-11: Regularly assess their ELR uptake (e.g., onboarding of reporting laboratories), and their data management and analytic capacity for data to care and case/molecular surveillance activities.
3. Strategies 1-2, 4-5, 9: Provide program feedback and provide technical assistance to funded entities (e.g., when activities or targets are unmet) as necessary. Provide regular program feedback when either program activities and/or targets are unmet/delayed to CDC PS18-1802 JMT. Consult their PS18-1802 JMT prevention officer for specific technical assistance on prevention activities or PS18-1802 JMT on integrated core activities as necessary.
4. Strategy 2: Establish priorities for data to care program implementation. Consult their PS18-1802 JMT for technical assistance as necessary.
5. Strategy 3: Continue to develop their capacity and technical expertise in detection of HIV-related clusters and outbreak activities. Consult their PS18-1802 JMT surveillance project officer and the CDC Transmission and Molecular Epidemiology Team (TMET) staff as necessary.
6. Strategy 6: Initiate perinatal surveillance activities (including any new legal revisions) and collaborations. Consult their JMT surveillance project officer or a state peer for technical assistance as necessary.

### **Action Items**

By February 1, 2019 provide to the CDC Joint Monitoring Team a response for all action items noted; see end for summary of action items.

<b>NHM&amp;E DATA SUBMISSION (HIV Prevention Only)</b>	
NHM&E Data Tables extracted from EvaluationWeb® with data submitted as of September 17, 2018.	
Select a response in the drop-down box for which the recipient provided appropriate information.	
Did the Health Department complete the NHM&E certification statement?	No
Did the recipient provide any additional comments or clarifications regarding their NHM&E data submission including justification for partial/late data submission?	No
If yes, provide comments or clarifications stated by the recipient here:	
<b>PS18-1802 DATA TABLES (HIV Prevention Only)</b>	
<u>Note:</u> The information included in the PS18-1802 Data Tables (auto-populated from EvaluationWeb) will be used to review progress made towards meeting the performance standards, unless otherwise noted.	
Was information provided for <b>Table A-2?</b>	Yes
Was information provided for <b>Table A-3?</b>	Yes
Was information provided for <b>Table A-4?</b>	Yes
Was information provided for <b>Table A-5?</b>	Yes
Was information provided for <b>Table A-6 (if applicable)?</b>	Not Applicable
Was information provided for <b>Table 2?</b>	Yes
Was information provided for <b>Table 3?</b>	Yes
If any information is missing, indicate below any sections/information not populated in the data tables:	
<b><u>Reviewers' Input (Table A-2):</u></b> Recipient's percentage for newly identified HIV-positive tests in <b>healthcare settings or venues:</b>	0.15 %
<b><u>Reviewers' Input (Table A-2):</u></b> Recipient's percentage for newly identified HIV-positive tests in <b>non-healthcare settings or venues:</b>	0.40 %
<b><u>Reviewers' Input (Table A-2):</u></b> Recipient's percentage for linkage to care (target: <b>85%</b> of newly identified HIV-positive persons linked to medical care):	79.41 %
<b><u>Reviewers' Input (Table A-2):</u></b> Recipient's percentage for referral to Partner Services (target: <b>85%</b> of newly identified HIV-positive persons referred to Partner Services):	55.56 %
<b>Reviewers' Assessment of PS18-1802 Data Tables</b>	

34,757, test events were completed in the first six months of FY1; a total of 68 newly diagnosed and 72 previously diagnosed clients were identified for an overall 0.40% sero-positivity rate, 79% (54) were linked to care; 55% (30) were interviewed for partner services; and none were referred to prevention services. These outcomes were poor and need to be remedied.

**SUMMARY OF CAPACITY BUILDING NEEDS:  
(As Identified by Monitoring Team or Health Department)**

JMT has identified the following capacity building needs:

1. Cluster and Outbreak Detection
2. Geocoding & Data Linkage (GDL)
3. Capacity-building and Prevention Communication (to aid MODOH with their statewide initiatives to reach prioritized populations as necessary)
4. Assess HIV PS staff capacity, monitoring and supervision, and redirect CBA/TA Training accordingly

**SUMMARY OF ACTION ITEMS:**

**Instructions:** List all action items identified in this report and indicate the category for each (e.g., budget, EPMP, Strategy 4, etc).

**Note: Responses to action items are due by February 1, 2019, which is within 30 days of the start of the budget period.**

Category	Action Item <i>By February 1, 2019 provide to the CDC Joint Monitoring Team a response for all action items noted:</i>
Budget	Where there are identified unspent funds in 2019, prepare a spend plan narrative and have ready for discussion at a future CDC/MO bilateral call. Provide itemization for fringe. In-State travel: Provide positions affiliated with travel, names, if available, and geographic areas associated with proposed travel allocations. Out-of-State travel: Provide justification/clarification for both airfare and mileage. Provide positions/names affiliated with travel. Contractual: Submit all required elements for proposed contractors and in the description of role and responsibilities, list the annual deliverable for each contractor. Supplies: Provide type and brand of HIV test kits and controls. Provide rationale for not allocating funds for condoms even if in-kind. Other: Provide justification for each line item, along with what positions will be using networks and subscriptions.
Strategies 1, 3-5, 7-11	Provide an ELR uptake action plan with proposed timeline.
Strategy 2	Provide an implementation plan, according to CDC guidelines for Data to Care to the CDC PS18-1802 JMT.

Strategy 3	Submit a draft HIV-specific cluster and outbreak detection response plan, according to HICSB technical guidance, to their CDC PS18-1802 JMT. Run CDC-developed time-space analytic tool for cluster detection as necessary.
Strategy 5	Provide list of activities funded to address PLWH/High Risk Negatives and present to CDC PO.
Strategy 6	Strategy 6: Submit a perinatal action plan with timeline, according to HICSB technical guidance, to the CDC PS18-1802 JMT. Complete FY'18 data matching activities of the case data with state birth registry data.

<b>FUNDING IS RECOMMENDED:</b>	<b>Component A HIV Surveillance</b>	<b>Component A HIV Prevention</b>	<b>Component B (if applicable)</b>
Restriction(s), Withholding(s), or Condition(s)	No	No	No
List the Restriction(s), Withholding(s), or Condition(s) with amounts and issues in the table below.			
<b>AMOUNT</b>	<b>ISSUE</b>		
\$			
\$			