

1. DATE ISSUED MM/DD/YYYY 06/07/2016
 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)
 301A,311BC,317K2(42USC241A,243BC247BK2)

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 in effect unless specifically rescinded

4. GRANT NO. 5 NU58DP003983-05-00
 Formerly 5U58DP003983-03
 5. ACTION TYPE Non-Competing Continuation

6. PROJECT PERIOD MM/DD/YYYY
 From 07/01/2012 Through 06/30/2017

7. BUDGET PERIOD MM/DD/YYYY
 From 07/01/2016 Through 06/30/2017

8. TITLE OF PROJECT (OR PROGRAM)
 NEW APPLICATION FOR FIVE YEAR FUNDING OPPORTUNITY: STATE PUBLIC HEALTH APPROACHES

9a. GRANTEE NAME AND ADDRESS
 Kentucky Cabinet for Health & Family Services
 275 EAST MAIN ST #5WA
 FRANKFORT, KY 40601-2321

9b. GRANTEE PROJECT DIRECTOR
 Dr. Terri Wood
 275 EAST MAIN STREET, HS2W-E
 KENTUCKY CABINET FOR HLTH&FAMILY SVCS.
 FRANKFORT, KY 40621
 Phone: 502-564-7996

10a. GRANTEE AUTHORIZING OFFICIAL
 Dr. CONNIE GAYLE WHITE
 275 East Main Street
 Frankfort, KY 40621
 Phone: 502-564-3970

10b. FEDERAL PROJECT OFFICER
 Michele Mercier
 1600 Clifton Rd
 Atlanta, GA 30333
 Phone: NO DATA

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	83,693.50
b. Fringe Benefits	71,629.22
c. Total Personnel Costs	155,322.72
d. Equipment	0.00
e. Supplies	7,105.60
f. Travel	4,594.83
g. Construction	0.00
h. Other	51,260.00
i. Contractual	129,807.25
j. TOTAL DIRECT COSTS →	348,090.40
k. INDIRECT COSTS	30,966.60
l. TOTAL APPROVED BUDGET	379,057.00
m. Federal Share	379,057.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	379,057.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	379,057.00
13. Total Federal Funds Awarded to Date for Project Period	1,959,823.00

14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 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:		b
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 AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation
 b. The grant program regulations.
 c. This award notice including terms and conditions, if any, noted below under REMARKS.
 d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached - Yes No)

GRANTS MANAGEMENT OFFICIAL: Pamela Render

17. OBJ CLASS 41.51	18a. VENDOR CODE 1610600439B5	18b. EIN 610600439	19. DUNS 927049767	20. CONG. DIST. 06
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 6-939ZREX	b. 003983DP14	c. DP	d. \$379,057.00	e. 75-16-0948
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 06/07/2016
GRANT NO. 5 NU58DP003983-05-00	

Direct Assistance

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

AWARD ATTACHMENTS

Kentucky Cabinet for Health & Family Services

5 NU58DP003983-05-00

1. Continuation terms
2. Technical Review

Funding Opportunity Announcement (FOA) Number: **CDC-RFA-DP12-1210**

Award Number: **NU58DP003983**

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

Incorporation: The Centers for Disease Control and Prevention (CDC) hereby incorporates Funding Opportunity Announcement number CDC-RFA-DP12-1210, entitled **State Public Health Approaches to Improving Arthritis Outcomes**, and application dated March 2, 2016, as may be amended, which are hereby made a part of this Non-Research award hereinafter referred to as the Notice of Award (NoA). The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in their NoA, including grants policy terms and conditions contained in applicable HHS Grants Policy Statements, and requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout this notice and includes cooperative agreements.

Note: In the event that any requirement in this Notice of Award, the Funding Opportunity Announcement, the HHS Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

Approved Funding: Funding in the amount of **\$379,057** is approved for the Year 05 budget period, which is July 1, 2016 through June 30, 2017. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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

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

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 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, 2016, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By August 1, 2016 the grantee must submit a revised budget with a narrative justification and work plan. 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 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

Funding Opportunity Announcement (FOA) Restrictions: N/A

1. Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated **10/23/2015**.

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

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

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

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

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

- 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- 503 (b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Additional Requirement 12 at <http://www.cdc.gov/grants/additionalrequirements/index.html> and Anti Lobbying Restrictions for CDC Grantees at http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf

D. Needle Exchange (Div. G, Title V, Sec. 521): Notwithstanding any other provision of this Act, no funds

appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

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

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

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

Cancel Year: 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose. An example is provided below: Fiscal Year (FY) 2016 funds will expire September 30, 2021. All FY 2016 funds should be drawn down and reported to Payment Management Services (PMS) prior to September 30, 2021. After this date, corrections or cash requests will not be permitted.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted to your GMO/GMS no later than 90 days after the end of budget period. The FFR for this budget period is due by September 30, 2017. Reporting timeframe is July 1, 2016 through June 30, 2017.

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

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

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

Performance Reporting: The annual Performance Report is due 90 days after the end of the budget period. Please reference the closeout requirements which follows in this NOA.

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

Federal Audit Clearing House Internet Data Entry System
Electronic Submission: [https://harvester.census.gov/facides/\(S\(0vkw1zaelyzjibnahocga5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocga5i0))/account/login.aspx)

AND

Office of Grants Services, Financial Assessment and Audit Resolution Unit
Electronic Copy to: PGO.Audit.Resolution@cdc.gov

Electronic Copy to:

OGS.Audit.Resolution@cdc.gov (CDC Office of Grants Services)

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

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

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

Federal Funding Accountability and Transparency Act (FFATA):

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

Pursuant to 45 CFR Part 75, §75.502, a grant sub-award includes the provision of any commodities (food and non-food) to the sub-recipient where the sub-recipient is required to abide by terms and conditions regarding the use or future administration of those goods. If the sub-awardee merely consumes or utilizes the goods, the commodities are not in and of themselves considered sub-awards.

2 CFR Part 170: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr170_main_02.tpl

FFATA: www.fsrs.gov.

Reporting of First-Tier Sub-awards

Applicability: Unless you are exempt (gross income from all sources reported in last tax return is under \$300,000), you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a sub-award to an entity.

Reporting: Report each obligating action of this award term to www.fsrs.gov. For sub-award

information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010). You must report the information about each obligating action that the submission instructions posted at www.frs.gov specify.

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

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

Report executive total compensation as part of your registration profile at <http://www.sam.gov>. Reports should be made at the end of the month following the month in which this award is made and annually thereafter.

Total Compensation of Sub-recipient Executives: Unless you are exempt (gross income from all sources reported in last tax return is under \$300,000), for each first-tier sub-recipient under this award, you must report the names and total compensation of each of the sub-recipient's five most highly compensated executives for the sub-recipient's preceding completed fiscal year, if:

- In the sub-recipient's preceding fiscal year, the sub-recipient received—
 - 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
 - \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and sub-awards); and
 - The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. Part 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/excomp.htm>).

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

Definitions:

- Entity means all of the following, as defined in 2 CFR Part 25 (Appendix A, Paragraph(C))

- (3)):
- Governmental organization, which is a State, local government, or Indian tribe;
 - Foreign public entity;
 - Domestic or foreign non-profit organization;
 - Domestic or foreign for-profit organization;
 - Federal agency, but only as a sub-recipient under an award or sub-award to a non-Federal entity.
- Executive means officers, managing partners, or any other employees in management positions.
- Sub-award: a legal instrument to provide support to an eligible sub-recipient for the performance of any portion of the substantive project or program for which the grantee received this award. The term does not include the grantees procurement of property and services needed to carry out the project or program (for further explanation, see 45 CFR Part 75). A sub-award may be provided through any legal agreement, including an agreement that the grantee or a sub-recipient considers a contract.
- Sub-recipient means an entity that receives a sub-award from you (the grantee) under this award; and is accountable to the grantee for the use of the Federal funds provided by the sub-award.
- Total compensation means the cash and non-cash dollar value earned by the executive during the grantee's or sub-recipient's preceding fiscal year and includes the following (for more information see 17 CFR Part 229.402(c)(2)):
- Salary and bonus
 - Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
 - Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
 - Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
 - Above-market earnings on deferred compensation which is not tax-qualified.
 - Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

GENERAL REQUIREMENTS

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are only allowable where

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

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

Prior Approval: All requests, which require prior approval, must bear the signature of the authorized organization representative. The grantee must submit these requests by March 2, 2017 or no later than 120 days prior to this budget period's end date. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests require prior approval.

- Use of unobligated funds from prior budget period (Carryover)
- Lift funding restriction, withholding, or disallowance
- Redirection of funds
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Change in key personnel
- Extensions
- Conferences or meetings that were not specified in the approved budget

Note: Awardees may request up to 75 percent of their estimated unobligated funds to be carried forward into the next budget period.

Templates for prior approval requests can be found at:

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

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

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

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

This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement Number, **NU58DP003983**, funded by the Centers for Disease Control and Prevention.

Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

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

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

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

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

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

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

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

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

The grantee may use its own property management standards and procedures, provided it observes provisions in applicable grant regulations found at 45 CFR Part 75.

Federal Information Security Management Act (FISMA): All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, and PL 107-347.

FISMA applies to CDC grantees only when grantees collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the grantee retains the original data and intellectual property, and is responsible for the security of these data, subject to all applicable laws protecting security, privacy, and research. If/When information collected by a grantee is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ347.107.pdf

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ347.107.pdf

Pilot Program for Enhancement of Contractor Employee Whistleblower Protections: Grantees are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013), applies to this award.

Federal Acquisition Regulations

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

3.908 Pilot program for enhancement of contractor employee whistleblower protections.

3.908-1 Scope of section.

(a) This section implements [41 U.S.C. 4712](#).

(b) This section does not apply to-

(1) DoD, NASA, and the Coast Guard; or

(2) Any element of the intelligence community, as defined in section 3(4) of the National Security Act of 1947 (50 U.S.C. 3003(4)). This section does not apply to any disclosure made by an employee of a contractor or subcontractor of an element of the intelligence community if such disclosure-

- (i) Relates to an activity of an element of the intelligence community; or
- (ii) Was discovered during contract or subcontract services provided to an element of the intelligence community.

3.908-2 Definitions.

As used in this section-

“Abuse of authority” means an arbitrary and capricious exercise of authority that is inconsistent with the mission of the executive agency concerned or the successful performance of a contract of such agency.

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

3.908-3 Policy.

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

(b) Entities to whom disclosure may be made.

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

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

3.908-9 Contract clause.

Contractor Employee Whistleblower Rights and Requirement to Inform Employees of Whistleblower Rights (Sept. 2013)

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

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

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

PAYMENT INFORMATION

Automatic Drawdown (Direct/Advance Payments): Payment under this award will be made available

through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

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

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

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

- University and Non-Profit Payment Branch:
http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true
- Governmental and Tribal Payment Branch:
http://www.dpm.psc.gov/contacts/governmental_and_tribal.aspx?explorer.event=true
- Cross Servicing Payment Branch:
http://www.dpm.psc.gov/contacts/cross_servicing.aspx?explorer.event=true
- International Payment Branch:
Bhavin Patel (301) 492-4918
Email: Bhavin.patel@psc.hhs.gov

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

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

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: 003983DP14

Subaccount Title: DP121210

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

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

CLOSEOUT REQUIREMENTS

Grantees must submit closeout reports in a timely manner. Unless the Grants Management Specialist/Grants Management Officer (GMS/GMO) approves a deadline extension the grantee must submit all closeout reports within 90 days after the last day of the final budget period. Reporting timeframe is July 01, 2016 through June 30, 2017. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

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

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

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

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

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

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted to the GMO/GMS no later than 90 days after the end of the project period. This report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' Payment Management Services (PMS), you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

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

Equipment Inventory Report: An original and two copies of a complete inventory must be submitted for all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. The inventory list must include the description of the item, manufacturer serial and/or identification number, acquisition date and cost, percentage of Federal funds used in the acquisition of the item. The grantee should also identify each item of equipment that it wishes to retain for continued use in

accordance with 45 CFR Part 75. These requirements do apply to equipment purchased with non-federal funds for this program. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award referenced in the cover letter. CDC will notify the grantee if transfer to title will be required and provide disposition instruction on all major equipment. Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government. If no equipment was acquired under this award, a negative report is required.

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

CDC ROLES AND RESPONSIBILITIES

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program/Project Officers (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to 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 Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

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

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

GMO Contact: See Staff Contacts below for the assigned GMO

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

GMS Contact: See Staff Contacts below for the assigned GMS

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

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

Programmatic Contact:

Tai Baker, Project Officer
Centers for Disease Control
ONDIEH/NCCDPHP
Chamblee Bldg. 107
Cube 6229.4
Telephone: 770.488.5175
Fax: 404.498.3919
Email: TNBaker@cdc.gov

Karen Simon, MPA, CGMS
Contractor/Chenega Government Consulting, LLC
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO) Office of Grants Services (OGS)
Centers for Disease Control and Prevention (CDC)
ksimon@cdc.gov | 770-488-2615 office

Pamela Render
Grants Management Specialist/Officer (GMS/GMO)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO) Centers for Disease Control and Prevention (CDC)
PRender@cdc.gov | 770-488-2712 office

Feedback on Year 5 Plans

Covering: July 1, 2016 to June 30, 2017

Reach Target: 50,000

Recipient Activity	Performance Measures	Strengths, Weaknesses, and Recommendations
Recipient Activity A		
Program Infrastructure	1. Program is appropriately staffed, and résumé or curriculum vitae (CV) available for staff supported at 10% FTE or greater.	<p>Strengths:</p> <ul style="list-style-type: none"> Dustin Falls is an experienced Arthritis Program Coordinator (p.16) Jenny Grider provides a good link between arthritis and aging (p.16). KY has created a new 1.0 FTE Evidence-Based Intervention Coordinator position to better address their needs. They hope to receive approval to hire prior to the start of GY5 (p.16). KY appears to be well staffed (Staff Matrix). All necessary staff have taken the online trainings (Staff Matrix). KY has budgeted for travel to a CDC TA meeting, if necessary (p.16; Budget). <p>Recommendations:</p> <ul style="list-style-type: none"> Keep CDC apprised of Evidence-Based Intervention Coordinator position approval and hiring status. Once staff is hired, submit resume.
	2. Completion of online trainings, "Arthritis: The Public Health Approach" and "The Arthritis Challenge" for staff ≥25% FTE.	
	3. Attendance of at least one State Health Department staff member at arthritis grantee meetings.	
Recipient Activity B		
Data Collection and Surveillance	1. Arthritis Coordinator collaborates with state BRFSS coordinator to support the core Arthritis Burden module.	<p>Strengths:</p> <ul style="list-style-type: none"> KY plans to coordinate with the BRFSS coordinator to support the core module (p.17). KY plans to request inclusion of the optional arthritis management module (p.17). KY plans to provide data analysis by geographic areas (Area Development Districts) for local planning (p.18). KY plans to create fact sheets, presentations, and arthritis topic briefs (p.18). <p>Weaknesses/Concerns:</p> <ul style="list-style-type: none"> KY does not mention plans to have arthritis included in state chronic disease reports. <p>Recommendations:</p> <ul style="list-style-type: none"> Provide information on plans to have arthritis included in state chronic disease reports.
	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.	
Recipient Activity C		
Embed	1. The majority of the program efforts support	<p>Strengths:</p>

<p>Interventions into Delivery Systems and Promote Use of Interventions</p>	<p>intervention delivery.</p> <p>2. Number and potential reach of delivery system partners is sufficient to achieve state-specific reach goal.</p> <p>a. At least 1 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>	<ul style="list-style-type: none"> The majority of KY program efforts support CDSMP, WWE Group-Led and WWE Self-Directed, EF and AFEP intervention delivery using partners such as AAAILs, local health departments, YMCAs, HumanaVitality, and Kentucky Homeplace (pps.18-21). KY reports that additional delivery partners added in GY4 will increase CDSMP delivery (which had previously seen decreases), primarily to Eastern Kentucky which is part of the Appalachian region with the greatest arthritis rates and health disparities (p.18). KY will continue working with local health departments to offer interventions, with an emphasis on promotion of WWE Self-Directed to large employers as part of worksite wellness activities and WWE participant recruitment during HumanaVitality screenings for state employees and retirees (pps.15, 23-24). One of the strategies KY implemented to overcome the reach barriers caused by changes at the AF with AFEP was to begin working with the Y to offer EF in GY4. KY is building on this partnership with the Kentucky Alliance of YMCAs to expand EF offerings to additional sites and grow participant reach (p.21). Both the KY Arthritis Program (KAP) and Dept of Aging and Independent Living (DAIL) will continue to provide TA to partners via monthly/quarterly calls and annual site visits. Topics include participant recruitment, data collection, marketing interventions and media campaigns. Specific individualized marketing recruitment plans will developed for sites as needed (p.20). CDSMP lay leader training will be offered twice in GY5 (p.19). <p>Weaknesses/Concerns:</p> <ul style="list-style-type: none"> KY refocused their efforts/strategies and successfully added delivery system partners in GY4 and revitalized existing delivery partners. Additional delivery systems (i.e., Parks and Rec, Extension Service, Health Care Systems) may still be beneficial to increase reach potential. KAP mentions targeting the health communications campaign in Eastern KY where health disparities are high (p.25) but little information is provided on the delivery system partners to address health equity in the Appalachian region (p.18). Itemized budget for contracts with Center of Excellence in Rural Health – Kentucky Homeplace and Kentucky Alliance of YMCA are not sufficient. <p>Recommendations:</p> <ul style="list-style-type: none"> Discuss plans for recruiting additional delivery systems with CDC. Provide specific details re: delivery system partners addressing health equity. Review additional itemization needed for contracts with Center of Excellence in Rural Health – Kentucky Homeplace and Kentucky Alliance of YMCA with CDC.
<p>Recipient Activity D</p>		
<p>Support Evidence-based Practice & Environmental Approaches to Address Arthritis</p>	<p>1. Arthritis information is included in appropriate state health department and other partner communications.</p> <p>2. Progress toward implementing 3 evidence-based practice or environmental approaches that enhance intervention access and use over the course of the cooperative agreement.</p>	<p>Strengths:</p> <ul style="list-style-type: none"> KY has successfully included WWE Self-Directed in the Kentucky Employee Health Plan wellness program offerings administered by HumanaVitality. This is a good example of a sustainable change (pps.22-23). KY plans to partner with the Diabetes Prevention and Control Program to convene at least 5 delivery partners implementing at least one arthritis-appropriate EBI and another self-management intervention (p.23). KY has plans to create arthritis factsheets to use to educate policy makers (p.24). <p>Weaknesses/Concerns:</p> <ul style="list-style-type: none"> AAAILs will provide referral forms to healthcare providers for easy referral of patients to CDSMP (pps.23-24). However, unless a standard referral process is put in place, this does not meet D2 criteria. LHDs collaborating with the KY Worksite Wellness Coordinator to increase utilization of interventions by worksites does not meet D2 criteria. Incorporating interventions in wellness benefits for employees would

		<p>meet the requirement (p.24).</p> <ul style="list-style-type: none"> • KY repeats the updated D2 requirements verbatim but provides few specifics. It is not clear if the Diabetes Program has agreed to be a co-convenor yet. • No information is provided on how arthritis information will be included in other state health department or partner communication. <p>Recommendations:</p> <ul style="list-style-type: none"> • Discuss establishment of a standard referral process by health care providers that would meet D2 requirements with CDC. • Discuss strategies to incorporate arthritis-appropriate EBIs into employee wellness benefits with CDC. • Discuss plans for co-convening intervention delivery partners per the updated D2 guidance with CDC. • Provide information on how arthritis information will be included in documents created by other programs in the state health department and/or by partners.
Recipient Activity E		
<p>Communi- cations</p>	<p>1. Estimated exposures to the health communications campaign equals 3 times the number of people with arthritis in the target area.</p> <hr/> <p>2. Obtain media coverage of one arthritis-appropriate intervention and one arthritis-specific data release in each funding year.</p>	<p>Strengths:</p> <ul style="list-style-type: none"> • KY will implement the HCC in Spring 2017 in Eastern KY, a region with high health disparities (p.25). • KY plans to issue a press release for Arthritis Awareness Month addressing arthritis interventions and/or a specific data release. They intend to work with funded sites to submit articles to local newspapers for the campaign (p.25). • KY plans to submit success stories about interventions to a variety of media sources (p.26). <p>Weaknesses/Concerns:</p> <ul style="list-style-type: none"> • <p>Recommendations:</p> <ul style="list-style-type: none"> •
Recipient Activity F		
<p>Enhance Capacity for Monitoring Performance</p>	<p>1. Performance monitoring plan documents interim and annual progress towards and completion of items in the work plan.</p> <hr/> <p>2. Demonstrated evidence of use of data repositories.</p> <hr/> <p>3. Complete and timely use of the CDC approved management information system.</p>	<p>Strengths:</p> <ul style="list-style-type: none"> • KY will gather reach data from each of the intervention repositories to track and improve outcomes (p.27). • KY is working to streamline data reporting procedures and increase timeliness (p.28). • KY provided a work plan with objectives and timelines (Attachment 12). • KY provided a performance monitoring plan with milestones and timelines (Attachment 11). <p>Weaknesses/Concerns:</p> <ul style="list-style-type: none"> • A number of work plan objectives are not SMART. • Many of the major tasks/phases corresponding to performance monitoring plan objectives lack specificity. • Objectives 4 and 5 selected for enhanced performance monitoring do not seem like high priority objectives. <p>Recommendations:</p> <ul style="list-style-type: none"> • In collaboration with CDC, review and revise work plan objectives as necessary. • In collaboration with CDC, review and revise major tasks identified for performance monitoring plan objectives as necessary. • Discuss adding potential activities to the work plan with CDC, such as recruiting an additional delivery system partner(s), incorporating arthritis-appropriate interventions into wellness benefits for employees,

		embedding an EBI coordinator position with a delivery partner, and/or establishing a standard referral process with a healthcare system.
Recipient Activity G		
Work in Collaboration with Other Chronic Disease Programs and Relevant Stakeholders	1. Collaboration with other state health department programs that enhance the grantee's execution of the work plan.	<p>Strengths:</p> <ul style="list-style-type: none"> • KY is collaborating with the Worksite Wellness Coordinator to market WWE in worksite wellness programs (p.28). • DAIL, AAAs and LHDs actively participate in execution of work plan. <p>Weaknesses/Concerns:</p> <ul style="list-style-type: none"> • Little information is provided on work with other chronic disease programs to collaborate or assist in the execution of the work plan. • No information is provided on state arthritis priorities being included in the state chronic disease plan. • No information is provided re: participation in state chronic disease coalition or workgroup. <p>Recommendations:</p> <ul style="list-style-type: none"> • KY has addressed program collaboration, arthritis-related priorities in state chronic disease plan, and participation in state chronic disease coalition/workgroup in previous reports and/or responses to weaknesses. Please address/update status in every report/continuation application.
	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.	

Summary

Strengths:

- KY is well-staffed and has reconfigured their staffing plan to better meet their programmatic needs.
- KY has successfully included WWE Self-Directed in the Kentucky Employee Health Plan wellness program offerings provided by HumanaVitality.
- KY plans to partner with the Diabetes Prevention and Control Program to convene at least 5 delivery partners implementing at least one arthritis-appropriate EBI and another self-management intervention.
- KY has plans to create arthritis factsheets
- KY will continue working closely with delivery system partners to grow their capacity and reach.

Weaknesses (needing a response):

- Little information is provided on the delivery system partners to address health equity in the Appalachian region.
- Provide information on plans to have arthritis included in state chronic disease reports.
- Provide additional itemization needed for contracts with Center of Excellence in Rural Health – Kentucky Homeplace and Kentucky Alliance of YMCA (discuss with CDC).
- Discuss plans for co-convening intervention delivery partners per the updated D2 guidance with CDC.

Recommendations:

- Discuss establishment of a standard referral process by health care providers that would meet D2 requirements with CDC.
- In collaboration with CDC, review and revise work plan objectives as necessary.
- In collaboration with CDC, review and revise major tasks identified for performance monitoring plan objectives as necessary.
- Discuss with CDC adding potential activities to the work plan, such as recruiting an additional delivery system partner(s), incorporating arthritis-appropriate interventions into wellness benefits for employees, embedding an EBI coordinator position with a delivery partner, and/or establishing a standard referral process with a healthcare system.

- Review additional itemization needed for contracts with Center of Excellence in Rural Health – Kentucky Homeplace and Kentucky Alliance of YMCA with CDC.
- KY does not thoroughly address all recipient activities. This feedback has been previously provided. Please be mindful of this in future reports.

Summary

By refocusing their efforts/strategies to deal with barriers/challenges, KY successfully recruited delivery system partners and revitalized existing delivery partners in GY4. For GY5 they intend to build on their partnership with the Kentucky Alliance of YMCAs to expand EF offerings to additional sites and grow participant reach, build on LHD success growing WWE-Self-directed reach as part of worksite wellness efforts, expand CDSMP offerings in under-served regions in Eastern KY with new delivery partners, and offer trainings for CDSMP lay leaders to support course delivery.

Michele M. Mercier

Signature

April 20, 2016

Date