

1. DATE ISSUED MM/DD/YYYY 12/12/2018		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AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	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 NU62PS924562-02-00 Formerly		5. TYPE OF AWARD Other	
4a. FAIN NU62PS924562		5a. ACTION TYPE Non-Competing Continuation	
6. PROJECT PERIOD MM/DD/YYYY From 01/01/2018		Through 12/31/2022	
7. BUDGET PERIOD MM/DD/YYYY From 01/01/2019		Through 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) Kentucky Integrated HIV Surveillance and Prevention Programs for Health Departments	
---	--

9a. GRANTEE NAME AND ADDRESS Health & Family Services, Kentucky Cabinet for Alternate Name: Kentucky Cabinet for Health & Family Services 275 E Main St hs2 E-C Kentucky Cabinet for Health & Family Services		9b. GRANTEE PROJECT DIRECTOR Ms. Karen D Sams 275 E Main St HS2ECV Division of Epidemiology Frankfort, KY 40601-2321	
10a. GRANTEE AUTHORIZING OFFICIAL Dr. Connie Gayle White M.D. 275 E. Main Street Office of Health Equity Frankfort, KY 40621-0001 Phone: 502-564-3970		10b. FEDERAL PROJECT OFFICER Earl Banks 1600 Clifton Rd Atlanta, GA 30333 Phone: 404-639-5200	

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) 2,591,201.00			
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 632,053.00				c. Less Cumulative Prior Award(s) This Budget Period 0.00			
b. Fringe Benefits 466,890.00				d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 2,591,201.00			
c. Total Personnel Costs 1,098,943.00				13. Total Federal Funds Awarded to Date for Project Period 5,182,402.00			
d. Equipment 0.00				14. RECOMMENDED FUTURE SUPPORT			
e. Supplies 69,450.00				(Subject to the availability of funds and satisfactory progress of the project):			
f. Travel 69,586.00				YEAR TOTAL DIRECT COSTS YEAR TOTAL DIRECT COSTS			
g. Construction 0.00				a. 3 b. 4 c. 5 d. 6 e. 7 f. 8			
h. Other 109,203.00				15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:			
i. Contractual 1,073,395.00				a. DEDUCTION b. ADDITIONAL COSTS c. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See REMARKS)			
j. TOTAL DIRECT COSTS 2,420,577.00				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:			
k. INDIRECT COSTS 170,624.00				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.			
l. TOTAL APPROVED BUDGET 2,591,201.00				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.			
m. Federal Share 2,591,201.00							
n. Non-Federal Share 0.00							

REMARKS (Other Terms and Conditions Attached - ☒ Yes ☐ No)
Non-Competing Continuation: Financial Assistance in the amount of \$2,591,201

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	1610600439B5	18b. EIN	610600439	19. DUNS	927049767	20. CONG. DIST.	06
FY-ACCOUNT NO.		DOCUMENT NO.		CFDA		ADMINISTRATIVE CODE		AMT ACTION FIN ASST	
21. a.	9-93909SC	b.	18NU62PS924562	c.	93.940	d.	PS	e.	\$2,109,254.00
22. a.	9-93909SM	b.	18NU62PS924562	c.	93.940	d.	PS	e.	\$481,947.00
23. a.		b.		c.		d.		e.	

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3

DATE ISSUED
12/12/2018

GRANT NO. 5 NU62PS924562-02-00

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
Total	\$0.00	\$0.00	\$0.00

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 12/12/2018
GRANT NO. 5 NU62PS924562-02-00	

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

Kentucky Cabinet for Health & Family Services

5 NU62PS924562-02-00

-
1. Terms & Conditions
 2. Technical Review

Notice of Funding Opportunity (NOFO): PS18-1802**Award Number: NU62PS924562-02-00****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 31, 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 **\$2,591,201.00** 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.

Component A - Surveillance	\$481,947.00
Component A Prevention	\$2,109,254.00
Component B - DEMOs	\$0.00
DA Surveillance	\$0.00
DA Prevention	\$0.00
TOTAL	\$2,591,201.00

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 recipient's approved Cost Allocation Plan dated February 26, 2016.

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, 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.

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 (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. 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
(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

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 hhtips@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.

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 | 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 | 770-488-2858 Office

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

TECHNICAL REVIEW			
<p align="center">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</p>			
Health Department Name:	Kentucky Department for Public Health (KDPH)		
Cooperative Agreement No:	NU62PS924562		
Funding Amounts:	Component A HIV Surveillance	Component A HIV Prevention	Component B (if applicable)
Funding Amount Recommended:	\$481,947.00	\$2,109,254.00	N/A
Funding Amount Requested:	\$481,947.00	\$2,109,254.00	N/A
Name of Reviewer (HIV Prevention):	Dwayne Banks		
Reviewer's Signature:	<i>E. Dwayne Banks</i>	Date:	10/17/2018
Name of Reviewer (HIV Surveillance):	Ndidi Nwangwu-Ike		
Reviewer's Signature:	<i>Ndidi Ike</i>	Date:	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.

PROGRAM CATEGORIES		
Mark [X] each Component for which the recipient is funded under PS18-1802:		
Component A <input checked="" type="checkbox"/> (required)	Component B <input type="checkbox"/>	
BUDGET INFORMATION		
Select a response in the drop-down box for which the recipient provided appropriate information.		
<i>Did the Health Department:</i>	Component A	Component B (if applicable)
Provide a completed Standard Form-424A?	Partial or incorrect information	
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	
Indicate any anticipated/estimated unobligated fund balance (SF-424A in Section A, columns c and d)?	Yes	
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?	Partial or incorrect information	
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	
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? Please explain your response in the Monitoring Team Feedback Section.	Yes	
Direct Assistance (DA)		
Request or include Direct Assistance (DA)?	Not applicable	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)?	Not applicable	Not applicable
Staffing and Management		

Indicate any vacancies in <u>key staff</u> for Year 1 and provide a detailed plan with timeline for hiring/filling these vacancies?	Partial or incorrect information	
Monitoring Team Feedback: Budget Information and Staffing		
<p>Reviewers' Assessment:</p> <p>The recipient submitted a combined budget narrative for HIV prevention and surveillance and not separately as required per the budget format. The out of state travel line item was partially incomplete. For example, out of state travel for KDPH prevention staff provided justification for the travel; however, all travel was grouped together with no indication as to where each travel was located, how many would be traveling to the specific location, how many days for the specific travel, and the itemized cost (airfare, ground travel, per diem, and incidentals) for the specific travel. This was the same observation for the surveillance and the contracted staffs' out of state travel. On page 21 of the budget narrative, items requested for Partnership for Health, Every Dose Every Day, Community PROMISE, RESPECT, and other Effective Behavioral Interventions (EBIs) were not itemized as well. The recipient did not indicate how many client incentives and/or bus tickets would be purchased. Clients can be provided nutritional supplements with federal fund; however, food cannot be purchased. Gift cards to supermarkets can be provided as incentives for all clients who participate in HIV prevention activities sponsored by the health departments and other community partners who receive PS18-1802 funds.</p> <p>The recipient provided the name of each contractor and the contract amount; however, the following required information for each contractor was not provided: The method of selection, the period of performance, the scope of work, and method of accountability.</p> <p>All staff positions except the Data to Care staff position was filled during this reporting period. The recipient indicated the position was not directly funded; however, it was not clearly stated that a lack of funds was the challenge with filling this position. In contrast, the recipient indicated they anticipated \$273,800 in unobligated funds for year one.</p> <p>Recommendations:</p> <p>KDPH is encouraged to consider using funds from the unobligated \$273,800 to support the position for D2C, Geocoding, and Molecular sequencing or spread the cost of a full time position over STD, HIV prevention, and the surveillance programs. The budget narrative must be presented with the guidelines as indicated such as itemizing out of state travel and the costs for the EBIs. The missing contractor information must be provided in the budget narrative. The recipient is encouraged to fill the D2C position as soon as possible.</p> <p>Action Items:</p> <p>Due 30 days from the start of the project period (February 1, 2019)</p> <ol style="list-style-type: none"> 1. KDPH must submit a revised budget narrative with the corrections to include itemized and separate budgets narrative and additional contractor information noted above. 2. KDPH must submit a status update on filling the D2C position. 		

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

Reviewers' Input: 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
Monitoring Team Feedback: Local Resource Allocation	
Reviewers' Assessment: KDPH identified Louisville (Jefferson County) as the MSA with greater than 30 percent of the HIV incidence for the state. The allocation of resources (42%) is aligned with the largest HIV incidence (48%) for the state. The proposed budget appears to support the HIV prevention and surveillance activities as outlined in the budget narrative and performance report.	
Recommendations: None at this time	
Action Items: None at this time	

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 1) describe successes and challenges for Year 1 and 2) describe any anticipated changes being made in Year 2 for the required core strategies and associated activities below?	
Strategy 1: Systematic collection, analysis, interpretation, and dissemination of HIV data for surveillance and prevention program monitoring and evaluation	Yes
In addition, did they submit the updated Evaluation and Performance Measurement Plan (EPMP) for Year 1?	Yes
Strategy 2: Identification of persons with HIV infection and uninfected persons at risk for HIV infection	Yes
In addition, did they provide the information requested in <i>Appendix A: Partner Services</i> ?	Yes
Strategy 3: Development, maintenance, and implementation of plans to respond to HIV transmission clusters and outbreaks	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?	Yes
Did the recipient identify any emerging HIV infections in populations/areas with the jurisdiction, as a result of participating in cluster detection activities?	Yes
Strategy 4: Comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH)	Yes
In addition, did they provide the information requested for <i>Appendix B – Interventions and Services for HIV-Positive Individuals</i> ?	Yes

Strategy 5: Comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection	Yes
In addition, did they provide the information requested for <i>Appendix C – Interventions and Services for High-Risk HIV-Negative Individuals</i> ?	Yes
Strategy 6: Perinatal HIV prevention and surveillance activities	Yes
Strategy 7: Community-level HIV prevention activities	Yes
Provide the total number of condoms distributed during the reporting period?	50,114
Did the recipient receive concurrence for a submitted Determination of Need for a Syringe Services Program (SSP)?	Approved DON already in place
If you selected “no” for any of the questions for strategies 1-7, indicate below any information not provided: N/A	
Monitoring Team Feedback: Core Strategies and Activities	
<p>Reviewers’ Assessment of Progress Made Towards Implementation:</p> <p>In October 2017, KDPH was able to identify a significant increase of new HIV infections in Northern Kentucky among persons who inject drugs (PWID). At the time of this annual performance report submission, KDPH has been involved in a collaborative investigation with the CDC and the local health department to manage the new infections and conduct activities to prevent the further spread of new HIV infections among PWID in this health jurisdiction. The investigation into this situation is ongoing. During the January through June 2018 reporting period the KDPH was able to identify small clusters of HIV infections related to PWID and rapidly implement steps as outlined in their Outbreak Plan to manage the situation.</p> <p>The Data to Care staff position was not directly funded and was vacant during this reporting period. The additional responsibilities for D2C, Geocoding, and molecular sequencing are additional responsibilities for the surveillance staff, and KDPH indicated that they do not have the funds to support another full time position. The KDPH proposes to incorporate these additional tasks into the responsibilities of the present surveillance staff. The recipient reports that staff are presently stretched thin with regular work assignments.</p> <p>The recipient’s adoption and implementation of the double rapid HIV testing algorithm in non-clinical settings has increased the likelihood of clients receiving their test results and knowing their HIV status, especially in the Syringe Exchange Programs (SEPs). Clients received HIV tests results in real time with the double rapid protocol. The challenge for KDPH is getting all clinical staff at the local health departments around the state trained on how to conduct rapid HIV testing with the INSTI HIV test. All training is conducted by the health department staff; however, the small training staff is challenged with getting everyone around the state trained in a timely manner. Additionally, financial and community support for SEPs remains a challenge for local health departments.</p> <p>KDPH was successful in establishing and implementing PrEP strategies and activities for High Risk HIV Negative (HRN) persons. The MSM coordinator completed discussions and planning with a CBA provider to conduct a PrEP institute in the spring of 2019. The KDPH is hopeful that the PrEP institute will be successful in recruiting more PrEP providers/prescribers and developing strategies to educate the medical and lay communities. The 3MV behavioral intervention will be supported and implemented in the upcoming year. The Healthy Relationships and CLEAR behavioral interventions have been successful</p>	

getting HIV positive clients to attend and participate in prevention activities for HIV positive persons. The social network strategy will be used to recruit for all of the behavioral interventions.

The KDPH has identified stigma and lack of knowledge and HIV prevention education as a persistent major barrier to conducting HIV prevention, especially in small towns and rural communities. The KDPH recognizes a need for a state wide HIV prevention campaign that would help to bring attention to the high incidence of HIV and HCV in the state.

The KDPH reports that their Information Technology (IT) department works well with their branch, but it also is stretched thin in that it supports the entire state government. As such, Surveillance program jobs (such as onboarding new labs to send electronic lab reports) are placed in a queue with all the other state jobs. In addition, some of their reporting providers are small practices and have not adopted electronic methods for reporting. The Surveillance section does not have access to accept HIV information from the Kentucky Health Information Exchange (KHIE) due to the inability to limit access to HIV information. Due to an ongoing cluster investigation in Northern Kentucky, surveillance staff have not devoted the time to conduct in-depth training to providers about HIV legislative reporting guidelines for HIV screening and reporting.

Since this APR report was sent to CDC, KDPH staff have worked with their legal department regarding the interpretation of their statutes on the submission of Geocoding data to the CDC. Recently, after KDPH discovered what data constraints it had, the MOA for geocoding was signed and KDPH is now fully onboard with the geocoding project.

To improve response to HIV transmission clusters and outbreaks, KDPH states that its homegrown intervention – The Kentucky Finding Cases Project (KyFC) which will work to increase testing targeted among PWID will start its work in Northern Kentucky counties (Campbell, Carroll, Gallatin, Grant, and Kenton), a region that saw recent increases in the past year. The objective is to target HIV testing, raise awareness of HIV particularly to those high-risk groups, conduct outreach and testing programs to those previously not tested, and to identify those who are HIV positive.

The KDPH has stated that they have completed an outbreak and response plan as stated in the strategy 3 of the NOFO and it is currently in draft form. They have done remarkable work in working on the Northern Kentucky/Hamilton County, Ohio investigation and will do better in analyzing the data using Secure HIV trace; a CDC-developed, web-based application that HIV surveillance programs can use to conduct cluster analyses.

The KDPH states that they are working to onboard additional laboratories to send HIV sequences to them and we encourage them to continue to work with their IT department to understand how to receive HIV sequences in their electronic feed.

Recommendations:

1. The recipient is encouraged to incorporate D2C activities into routine surveillance activities.
2. The recipient is encouraged to work in tandem with the Program Communication Branch (PCB) at CDC to develop a state wide campaign focusing on stigma and the lack of education around HIV.
3. The KDPH is encouraged to implement Secure HIV Trace to assist in analyzing molecular clusters.

Action Items:

1. By February 1, 2019 the recipient must provide an update on the status of a statewide campaign focusing on stigma and education around HIV.
2. By February 1, 2019, KDPH must develop their final HIV-specific plan in Year 2 (in the event of a cluster or outbreak) as a cluster and outbreak detection plan is required with next year's 2019

--

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?	
Strategy 8: Partnerships for integrated HIV prevention and care planning	Yes
In addition, did they make any changes to their Integrated HIV Prevention and Care Plan and/or planning group process?	No
Strategy 9: Implementation of structural strategies to support and facilitate HIV surveillance and prevention	Yes
In addition, did they submit the signed Certification of Compliance with the NCHHSTP Data Security and Confidentiality Standards for the reporting period?	Yes
Strategy 10: Data-driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities	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
Strategy 11: Capacity building activities for HIV programs, epidemiologic science, and geocoding	Yes
Indicate if CBA/TA provided met their needs/expectations?	Yes
Did the Health Department submit their Assurances of Compliance (Appendix E) to CDC?	Yes
If you select “no” for any of the questions for strategies 8-11, indicate below any information not provided. N/A	
Monitoring Team Feedback: Operational and Foundational Strategies and Activities	

Reviewers' Assessment of Progress Made Towards Implementation:

The KY HIV/AIDS Planning and Advisory Council (KHPAC) worked collaboratively to design and implement the HIV Linkage Navigator Program. The collaboration is among persons who are infected and affected by HIV, so the KDPH initiated a pilot to conduct regional KHPAC meetings to increase attendance. The pilot has produced some valuable information despite low attendance at the local meetings. Community members who live in small and rural communities do not want to be identified as participating on the KHPAC because of stigma around HIV and the impression by others who believe HIV only impacts MSM and PWID.

The KDPH has not requested any TA from a surveillance perspective but in year 2, it is anticipated that Surveillance will request TA for geocoding, including GIS software and other trainings to improve reporting of data and produce a final product that is consumer friendly. Surveillance will review what is available for Data to Care as they develop the program.

Recommendations:

The KDPH is encouraged to request TA for activities related to molecular surveillance and geocoding.

Action Items:

None Identified

OVERALL MONITORING TEAM SUMMARY: COMPONENT A**Reviewers' Assessment of Progress and Implementation (feedback/comments)**

The recipient submitted a combined budget for prevention and surveillance; however, there are several items noted for correction. Overall, KDPH has addressed the required strategies/activities of PS18-1802, and they appear to be on track for implementing all components of the PS18-1802 HIV prevention and surveillance program.

Summary of Strengths

1. The implementation of the double rapid HIV testing algorithm and the use of the INSTI in SEPs.
2. The implementation of the Social Network Strategy to recruit participants for behavioral interventions. KDPH will support the 3MV behavioral intervention for HRN MSM.
3. The planning of a PrEP Institute to help develop strategies for recruiting providers/prescribers and conducting education for the medical and lay communities.
4. KDPH has created an outbreak plan, in draft form that will help in ensuring adequate and timely statewide response for an HIV outbreak or cluster.

Summary of Weaknesses

1. The budget narrative is not separated by surveillance and HIV prevention as required.
2. The out of state travel and EBIs line items are not itemized.
3. The D2C staff position is not funded and does not have a staff person identified to coordinate D2C activities.
4. KDPH does not currently have the capacity to train all the clinical staff at the local health departments to conduct the INSTI rapid HIV test.

Summary of Recommendations

1. KDPH is encouraged to consider using funds from the unobligated \$273,800 to support the position for D2C, Geocoding, and Molecular sequencing or spread the cost of a full time position over STD, HIV prevention, and the surveillance programs. The budget narrative must be presented with the guidelines as indicated such as itemizing out of state travel and the cost for the EBIs. The missing contractor information must be provided in the budget narrative.
2. The recipient is encouraged to fill the D2C position as soon as possible.
3. The recipient is encouraged to incorporate D2C activities into routine surveillance activities.
4. The recipient is encouraged to work in tandem with the Program Communication Branch (PCB) at CDC to develop a state wide campaign focusing on stigma and the lack of education around HIV.
5. KDPH is encouraged to implement Secure HIV Trace to assist in analyzing molecular clusters.
6. KDPH is encouraged to submit CBA for activities related to MHS and Geocoding.

Action Items

1. The recipient must submit a revised budget narrative with the corrections to include itemizing and a separate budget narrative and additional contractor information previously noted.
2. The recipient must submit a status update on filling the D2C position.
3. The recipient must provide an update on the status of a statewide campaign focusing on stigma and education around HIV.
4. The recipient must develop their HIV-specific plan in Year 2 (in the event of a cluster or outbreak) as a cluster and outbreak detection plan is required with next year's 2019 APR. This cluster and outbreak detection plan should also include details of their molecular surveillance activities (e.g., monitoring of HIV drug resistance).

NHM&E DATA SUBMISSION (HIV Prevention Only)	
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?	Yes
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: N/A	
PS18-1802 DATA TABLES (HIV Prevention Only)	
<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 Table A-2?	Yes
Was information provided for Table A-3?	Yes
Was information provided for Table A-4?	Yes
Was information provided for Table A-5?	Yes
Was information provided for Table A-6 (if applicable)?	Not Applicable
Was information provided for Table 2?	Yes
Was information provided for Table 3?	Yes
If any information is missing, indicate below any sections/information not populated in the data tables: N/A	
<u>Reviewers' Input (Table A-2):</u> Recipient's percentage for newly identified HIV-positive tests in healthcare settings or venues:	0.37 %
<u>Reviewers' Input (Table A-2):</u> Recipient's percentage for newly identified HIV-positive tests in non-healthcare settings or venues:	0.53 %
<u>Reviewers' Input (Table A-2):</u> Recipient's percentage for linkage to care (target: 85% of newly identified HIV-positive persons linked to medical care):	23.08 %
<u>Reviewers' Input (Table A-2):</u> Recipient's percentage for referral to Partner Services (target: 85% of newly identified HIV-positive persons referred to Partner Services):	46.67 %
Reviewers' Assessment of PS18-1802 Data Tables	

KDPH has funded partners and local health jurisdictions conducting HIV testing and successfully identifying new HIV cases. There appears to be challenges linking 85% of new clients to HIV care and conducting Partner Services (PS) at 85% or above. Overall, KDPH linked 23% (21.43% for health care settings and 27.27% for non-health care settings) of newly diagnosed HIV positive clients to care and did not achieve the expected 85% during this reporting period. Overall, there was 46% (68% for health care settings and 9% for non-healthcare settings) of clients diagnosed as HIV positive interviewed for Partner Services (PS); however, they did not achieve the expected 85% during this reporting period. The overall percentage of previously diagnosed HIV positive clients linked to care (22.58%) and referred to PS (36.84%) was similar to the percentages noted for newly diagnosed clients. KDPH is advised to identify barriers to increasing the linkage to care and referral to PS above the required 85% minimum.

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

TA on developing a statewide campaign for addressing stigma around HIV

KDPH has identified TA related to conducting MHS and Geocoding activities.

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).

Category	Action Item
Budget	By February 1, 2019 the recipient will submit a revised budget with corrections as noted in this review.
Budget Information and Staffing.	The recipient should submit a status update on filling the D2C position.
Strategy #3: Development, maintenance ...HIV transmission clusters and outbreaks	By Feb 1, 2019, the recipient should develop their final HIV-specific plan in Year 2 (in the event of a cluster or outbreak) as a cluster and outbreak detection plan is required with next year's 2019 APR. This cluster and outbreak detection plan should also include details of their molecular surveillance activities (e.g., monitoring of HIV drug resistance).
Strategy #7: Community Level HIV Prevention.	By February 1, 2019 the recipient will provide an update on the status of a statewide campaign focusing on stigma and education around HIV.

FUNDING IS RECOMMENDED:	Component A HIV Surveillance	Component A HIV Prevention	Component B (if applicable)
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. (This includes issues found on the 424A form and/or the budget justification).			
AMOUNT	ISSUE		
\$N/A	N/A		
\$			