

1. DATE ISSUED MM/DD/YYYY 08/31/2018  
2. CFDA NO. 93.354  
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)  
311(c)(1) of the Public Health Service Act (42 USC § 243(c)(1))

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in effect unless specifically rescinded

4. GRANT NO. 1 NU90TP921962-01-00  
Formerly  
5. ACTION TYPE New

6. PROJECT PERIOD MM/DD/YYYY  
From 09/01/2018 Through 08/31/2019

7. BUDGET PERIOD MM/DD/YYYY  
From 09/01/2018 Through 08/31/2019

8. TITLE OF PROJECT (OR PROGRAM)

Kentucky's Application for Cooperative Agreement for Emergency Response: Public Health Crisis Response

9a. GRANTEE NAME AND ADDRESS  
Health & Family Services, Kentucky Cabinet for  
275 E Main St  
PH Protection & Safety  
Frankfort, KY 40601-2321

9b. GRANTEE PROJECT DIRECTOR  
Ms. Rebecca Gillis  
275 East Main Street  
Epidemiology & Health Planning  
Frankfort, KY 40601-0000  
Phone: 502-564-7243

10a. GRANTEE AUTHORIZING OFFICIAL

Ms. Martie Kupchinsky  
275 E Main St  
Frankfort, KY 40601-2321  
Phone: 5025643756x3768

10b. FEDERAL PROJECT OFFICER

Mr. Yull Celestin  
1600 Clifton Rd NE  
Atlanta, GA 30329-4018  
Phone: 404.639.7690

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only

II Total project costs including grant funds and all other financial participation

I

a. Salaries and Wages .....	335,134.00
b. Fringe Benefits .....	354,808.00
c. Total Personnel Costs .....	689,942.00
d. Equipment .....	0.00
e. Supplies .....	5,400.00
f. Travel .....	46,800.00
g. Construction .....	0.00
h. Other .....	102,541.00
i. Contractual .....	4,195,957.00
j. TOTAL DIRECT COSTS	5,040,640.00
k. INDIRECT COSTS	114,214.00
l. TOTAL APPROVED BUDGET	5,154,854.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	5,154,854.00
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	5,154,854.00

13. Total Federal Funds Awarded to Date for Project Period 5,154,854.00

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. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

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

- a. DEDUCTION  
b. ADDITIONAL COSTS  
c. MATCHING  
d. OTHER RESEARCH (Add / Deduct Option)  
e. OTHER (See REMARKS)

b

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: Shicann Phillips

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. 8-939039R	b. 18NU90TP921962OPCE	c. TP	d. \$4,808,654.00	e. 75-1819-0952
22. a. 8-9390ATW	b. 18NU90TP921962OPOE	c. TP	d. \$250,000.00	e. 75-1819-0952
23. a. 8-9390AUA	b. 18NU90TP921962OPPS	c. TP	d. \$96,200.00	e. 75-1819-0952

## NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 08/31/2018
GRANT NO. 1 NU90TP921962-01-00	

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**Direct Assistance**

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

## AWARD ATTACHMENTS

Health & Family Services, Kentucky Cabinet for

1 NU90TP921962-01-00

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1. Opioid Terms and Conditions
2. Technical Review NCICP
3. Technical Review NCICP Special
4. Technical Review NCHHSTP
5. Technical Review CSELS

## 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 TP18-1802, entitled Cooperative Agreement for Emergency Response: Public Health Crisis Response, and application dated December 11, 2017, 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 \$5,154,854 is approved for the Year 01 budget period, which is September 1, 2018 through August 31, 2019. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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 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 will provide substantial involvement beyond regular performance and financial monitoring during the project period. Substantial involvement means that applicants can expect federal programmatic partnership in carrying out the effort under the award. CDC will work in partnership with awardees to ensure the success of the cooperative agreement by:

- Providing cross-site and awardee-specific surveillance technical assistance such as providing tools to identify drug poisonings using ICD-9-CM, ICD-10, text searches and ICD-10-CM, if implemented during the award period;
- Providing technical assistance to revise annual work plans;
- Assisting in advancing program activities to achieve project outcomes;
- Providing scientific subject matter expertise and resources;
- Collaborating with awardees to develop evaluation plans that align with CDC evaluation activities; Providing technical assistance on awardee's evaluation and performance measurement plan; Providing technical assistance to define and operationalize performance measures;
- Facilitating the sharing of information among grantees;
- Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes;

- Coordinating communication and program linkages
- Coordinating communication and program linkages with other CDC programs and Federal agencies, such as Centers for Medicare and Medicaid Services (CMS), Food and Drug Administration (FDA), the National Institutes of Health (NIH), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the HHS Office of the National Coordinator for Health Information Technology (ONC)
- Translating and disseminating lessons learned through publications, meetings, surveillance measures and other means on promising and best practices to expand the evidence base.

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.

**Technical Review Statement Response Requirement:** The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, **October 1, 2018**, will cause delay in programmatic progress and will adversely affect the future funding of this project.

**Budget Revision Requirement:** By **October 1, 2018** the recipient must submit a revised budget for the following:

#### **CSELS Budget #1 (State Capacity Building to Enhance Syndromic Surveillance for Opioid Conditions)**

- Travel: Provide the locations and dates for travel.
- Contractual: Provide the method of selection, period of performance, method of accountability and itemized budget for the Project Manager and Business Analyst.  
Provide an itemized budget for proposed travel.

#### **NCIPC Budget #2 (2018 Opioid Overdose Crisis)**

- Personnel: Provide the personnel attachment noted in the budget narrative that includes the names of the personnel.  
Provide the names and start dates for the TBD Opioid Response Coordinator, Staff Assistant, Peer Support Specialist, and LHD Liaison.
- Travel: Provide the locations and dates for travel.
- Contractual: Provide the method of selection, period of performance, method of accountability and itemized budget for the KY Pharmacy Education and Research Foundation's two pharmacists, the Norton Healthcare, Inc. two pharmacists, KY Office of Medical Examiner Administrative Assistant and Forensic Pathologist.
- Other: Provide itemized budgets for the Norton Healthcare/Poison Control Center, KDPH staff registration and fire schools, Advertisements in print publications.  
Provide method of selection, period of performance, method of accountability and an itemized budget for the KY Pharmacists Education and Research Foundation development of Naloxone Use and Replacement System, KY Pharmacists Education and Research Foundation support of six regional trainings, KY Office of the State Medical Examiner toxicology testing, and KY Health Information Exchange.

**REDIRECT** funds in the amount of \$40,000 for Syringe Exchange Program to an eligible expense.

Provide the name, method of selection, period of performance, method of accountability and itemized budget for the TBD production of printed material.

Provide the names of the LHDs and itemized budgets for the (\$1,868,703)

### **NCIPC Budget #3 (2018 Opioid Overdose Crisis – SPECIAL PROJECTS)**

- Personnel: Provide the name of the TBD Peer Support Specialist.
- Travel: Provide an itemized budget for the travel.
- Contracts: Provide the method of selection, period of performance, and method of accountability for the pharmacists.  
Provide itemized budget for the mobile unit for HAM Reduction Program. Provide quotes for equipment (\$220,000).

### **NCHHSTP Budget #4 (Jurisdiction-level vulnerability assessments for risk of opioid overdose, HIV, and viral hepatitis)**

- Personnel: Provide the name and start date for the TBD Epidemiologist II.

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.

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

## **FUNDING RESTRICTIONS AND LIMITATIONS**

### **Financial Management Requirements and Exceptions**

1. This is one-time funding, and funds must be spent/expended within the performance and budget period. There is no provision for the payment of unliquidated obligations following the last day of the budget/performance period.
2. Recipients are required to coordinate activities funded under this guidance with all other CDC-funded and federally funded opioid prevention activities to ensure alignment and reduce duplication. Specifically, recipients are encouraged to coordinate plans as applicable with the single state agencies for substance use disorder services in their jurisdictions.
3. Public Health Crisis NOFO activities are structured within the six domains listed below. Recipients are expected to align budgets and work plans with respective domains outlined below. The Department of Health and Human Services and CDC will provide ongoing oversight and monitoring of this cooperative agreement funding during the performance period.

### **Direct Assistance**

Direct assistance (DA) is not available through this cooperative agreement.  
Overlap in projects, budget items, or commitment of effort:

- Funds cannot be used for items covered by other federal sources.
- Funds cannot be used to match funding on other federal awards.

## Unallowable Costs

- Research
- Purchase of naloxone
- Purchase of syringes
- Drug disposal programs (drop-boxes, bags or other devices, and/or take-back events) are not permissible under this funding opportunity
- Clinical care (except as allowed by law)
- Publicity and propaganda (lobbying)
- Funds cannot be used for the preparation, distribution, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal, recognized executive relationships. See Section VI. Revised Work Plan and Budget Narrative Submission for more information.

See [http://www.cdc.gov/grants/additional\\_requirements/index.htm](http://www.cdc.gov/grants/additional_requirements/index.htm) for detailed guidance on this prohibition and [http://www.cdc.gov/grants/documents/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf)

The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

**Indirect Costs:** Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated February 16, 2016.

## REPORTING REQUIREMENTS

### Required Disclosures for Federal Awardee Performance and Integrity Information System

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

CDC, Office of Grants Services  
Nicole Comick, Grants Management Specialist  
Centers for Disease Control and Prevention  
OD, Environmental, Occupational Health & Injury Prevention Services Branch  
2960 Brandywine Rd  
Atlanta GA 30341  
Email: [ktv6@cdc.gov](mailto:ktv6@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527

Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or

Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

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

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

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

**Additional Reporting Requirements:** Recipients must report fiscal and programmatic progress to determine if programs are meeting the timelines, goals, and objectives in their approved work plans.

Fiscal reports as defined in REDCap will be required on a monthly basis. CDC may adjust the frequency of these reports as necessary. For instance, jurisdictions functioning at the performance levels projected in approved work plans may move to quarterly reporting.

Performance reports are required on a quarterly basis.

#### 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](mailto: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.

This award contains funding from multiple components. The grant document number identified at the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

Component: CSELS
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Document Number: 18NU90TP921962OPOE
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Component: NCHHSTP
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Document Number: 18NU90TP921962OPPS
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Component: NCIPC
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Document Number: 18NU90TP921962OPCE
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## PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS

The final programmatic report format required is the following.

**Final Performance Progress and Monitoring Report (PPMR):** This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via [www.grantsolutions.gov](http://www.grantsolutions.gov). At a minimum, the report will include the following:

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

Additional guidance may be provided by the GMS and found at:

<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

## CDC Staff Contacts

**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.

### GMS Contact:

Nicole Comick, Grants Management Specialist  
Centers for Disease Control and Prevention  
OD, Environmental, Occupational Health and Injury Prevention Services Branch  
2960 Brandywine Road  
Atlanta, GA 30341  
Telephone: 404-718-5907  
Email: [ktv6@cdc.gov](mailto:ktv6@cdc.gov)

**Program/Project Officer:** The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

### Programmatic Contact:

Yull Celestine, Program Officer  
Centers for Disease Control and Prevention  
Office of Public Health Preparedness and Response  
1600 Clifton Road, NE, Mail Stop D-29  
Atlanta, Georgia 30329-4018  
Telephone: 404-639-7690  
E-Mail: [hsy1@cdc.gov](mailto:hsy1@cdc.gov)

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

Shicann Phillips, Grants Management Officer  
Centers for Disease Control and Prevention  
OD, Environmental, Occupational Health and Injury Prevention Services Branch  
2960 Brandywine Rd

Atlanta GA 30341  
Telephone: 770-488-2809  
Email: [ibq7@cdc.gov](mailto:ibq7@cdc.gov)

# NCIPC - CIO Work Plan Review Checklist And Technical Review

Applicant

Kentucky

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**NCIPC - Work Plan Review Checklist and Technical Review**

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Work Plan Title: NCIPC: 2018 Opioid Overdose Crisis Cooperative Agreement Supplement

Work Plan Review Checklist

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**1. Indicate whether the requirements below for this jurisdiction's (Kentucky) work plan were met or not.**

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	Yes	No
a. The problem statements and baseline capacities described under each domain provide a clear justification for the activities.	<input checked="" type="radio"/>	<input type="radio"/>
b. The proposed activities linked to allowable opioid overdose prevention activities as outlined in Tables 1-5 of the Opioid Supplemental Guidance for TP18-1802.	<input checked="" type="radio"/>	<input type="radio"/>
c. The funding for these activities can be reasonably expended or obligated within 12 months.	<input checked="" type="radio"/>	<input type="radio"/>
d. The performance measures are oriented toward project outcomes.	<input checked="" type="radio"/>	<input type="radio"/>
e. The performance measures lend themselves to tracking through interim milestones (measured qualitatively and/or quantitatively).	<input checked="" type="radio"/>	<input type="radio"/>
f. The CIO ADS or Human Subjects contact confirmed that the work plan does not involve research.	<input checked="" type="radio"/>	<input type="radio"/>

2. For this jurisdiction (Kentucky), select the domain(s) for which activities were proposed?

- ☒ Domain 1
- ☒ Domain 2
- ☒ Domain 3
- ☒ Domain 4
- ☐ Domain 5
- ☐ Domain 6

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**3. Indicate the recommended funding for this jurisdiction's (Kentucky) work plan.**

a. The funding for this project is:

(select one option, then enter the funding amount in the pop-up(s) below.)

(After selecting an option, a pop-up for you to enter the funding amount will appear below. )

- ☒ Fully approved.
- ☐ Partially approved, with an approved but unfunded amount.
- ☐ Not approved for funding.

Fully Funded Amount

4308654

4. Based on the budget narrative markup for this project, are there any restrictions noted for this award?

- ☐ Yes
- ☒ No

## 5. Bulleted list of work plan strengths:

### General Comments:

- CDC will work with funded jurisdictions during the first 90 days after the award to provide assistance with finalizing their performance measures.

### Domain 1: Incident Management for Early Crisis Response

- Kentucky described Domain 1 problem statements and current capacity well and proposed a set of allowable activities to address them.
- Kentucky will be using Domain 1 funds to augment Kentucky's Regional Poisoning Control Center to become a call center for both surge and ongoing opioid inquiries.
- Kentucky described their proposed activities well with appropriate timelines to complete activities.

### Domain 2: Jurisdictional Recovery

- Kentucky described Domain 2 problem statements and current capacity well and proposed a set of allowable activities to address them.
- Kentucky will be awarding mini-grants to develop local response plans, provide outreach to local jurisdictions relevant to opioid destigmatization and emergencies, and assemble Opioid Rapid Response Team utilizing existing multi-provider agreements.
- Kentucky has proposed to develop a Naloxone Use and Replace System Application to improve the tracking and availability of naloxone within the state.
- Kentucky is planning to host a statewide Harm Reduction Syringe Exchange Program (HRSEP) Summit to allow HRSEPs to share best practices with other HRSEPs and jurisdictions interested in implementing HRSEP.
- The HRSEP Summit will provide a venue where Local health Directors can invite local healthcare, board of health, county, and law enforcement leadership to learn about HRSEPs and encourage and broaden the impact of HRSEP operations in the state.
- Kentucky described their proposed activities well with appropriate timelines to complete activities.

### Domain 3: Biosurveillance

- The Domain 3 problem statement identifies the need for enhancements to current biosurveillance for fatal and nonfatal drug overdoses, including additional linkage of data, support for the Office of the Medical Examiner, improved data feeds for syndromic surveillance, and support for death scene investigations.
- Purchasing personal protective equipment for county coroners will aid in conducting more in-depth opioid overdose death scene investigations, leading to better data on context, risk factors, and circumstances relating to overdose deaths.
- Hiring administrative support staff and a physician to help carry out postmortem examinations for opioid overdose deaths, and purchasing equipment and supplies for post-mortem toxicology testing will enable Kentucky to obtain more timely information about opioid overdose deaths, including the substances involved, in order to implement prevention and response efforts.
- Development of a protocol for drug overdose outbreak investigation informed by syndromic surveillance data will improve Kentucky's ability to respond to detected outbreaks in order to identify possible factors responsible, allowing for the potential to intervene and prevent further overdoses.
- Kentucky described their proposed activities well with appropriate timelines to complete activities.

### Domain 4: Information Management

- Kentucky described Domain 4 problem statements and current capacity well and proposed a set of allowable activities to address them.
- Kentucky will develop a public health information campaign to reach at-risk populations and healthcare providers to include Public Service Announcements (PSAs), printed materials in both English and Spanish, and advertisements in print publications to educate the public on the opioid crisis.
- Kentucky described their proposed activities well with appropriate timelines to complete activities.

## 6. Bulleted list of work plan weaknesses:

No major weaknesses were identified for Domains 1, 2, 3, or 4.

## 7. Bulleted list of budget narrative comments specific to this jurisdiction's work plan:

Budget Narrative Comments that require jurisdiction response:

- Personnel item #5, please remove budget item from NCIPC budget narrative. This expense is reflected in the NCIPC special projects budget narrative.
- ☐ Travel budget item #2, Out-of-state travel activity will not be approved as funds are intended for emergency response/1 year funds. Revise activity and budget items to reflect another activity and budget justification.
- Travel budget item #3, please revise justification to include details on in-state travel. Which locations will be traveled to, by what means, and for how long?
- Contractual personnel budget item #1: please revise justification to include which domain the hiring of the pharmacists will support?
- Contractual personnel budget item #2: please revise justification to include which domain the hiring of the pharmacists will support? In what capacity will pharmacists be providing support to poison control center if hiring is related to Domain 1?
- Contractual personnel budget item #3: please revise justification to include which domain the hiring of the administrative assistant will support?
- Contractual personnel budget item #4: please revise justification to include which domain the hiring of the forensic pathologist will support?
- Other contract type, non-contractual budget item #3, please revise justification to include the purpose of this expense? To which activity does sending KDPH staff to at least 10 fire schools for two days pertain to? Which desired outcomes are expected?
- Other contract type, non-contractual budget item #4, to which domain and activity does this expense pertain to?
- Other contract type, contractual budget item #8: please revise justification to clarify how the amount requested will be used (e.g., will equipment be purchased, will costs of each test be paid?). Please clarify why \$516,250 is being requested and how the funds requested will add to toxicology testing funded by the Enhanced State Opioid Overdose Surveillance (ESOOS) program (i.e., what is currently covered by ESOOS funding, what will additionally be covered by requested funding).

CIO Technical Review

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## Required attachment related to CIO review of jurisdictional work plans and budget narratives

Please attach the final, approved 1385 form specific to the project your CIO plans to fund for this jurisdiction.

Note: CIOs will submit one 1385 form per jurisdiction that they plan to fund. The funds made available through this 1385 should match the total approved project funds as indicated on this jurisdiction's (Kentucky) approved budget narrative.

### \*Friendly Reminders\*

For future auditing purposes, CIO will need to have written documentation of their internal process used to "de-conflict" jurisdictional work plans.

\*Note: De-conflict as indicated above refers to the process used to compare activities across work plans and alter/adjust any items that indicate a clear duplication of efforts or potential supplanting of funds, including across other federal awards.

CIO will need to have written documentation of the process and rationale used for award decisions.

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## CIO certification of revised jurisdictional work plans and budget narratives

By submitting the approval of these recipient work plans, I certify that:

- ☒ My CIO's Senior Science/Medical Official has taken part in the review of the recipient's proposed work plans to ensure that there are no potential medical/scientific conflicts regarding human subjects, PRA determination, or other research-related activities and we have attached the appropriate documentation above.
- ☒ Appropriate SMEs have been consulted in the review of this jurisdiction's work plans to ensure that the proposed activities align with TP18-1802 and with our CIO's objectives for this 2018 Opioid Overdose Prevention funding announcement.
- ☒ Our CIO's budget analyst has loaded the CIO's CAN(s) and ceiling of funds in GMM.
- ☒ Approval of all jurisdictional work plans and budget narrative as aligning to our program objectives for this emergency response.

Name of Director, Deputy Director, or CIO Management Official approving work plans

Daniel Cameron

User ID Director, Deputy Director, or CIO Management Official approving work plans

dxcl

CIO Approval Date

08-08-2018 16:30:05

# NCIPC - Special CIO Work Plan Review Checklist And Technical Review

Applicant

Kentucky

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## NCIPC Special - Work Plan Review Checklist and Technical Review

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Work Plan Title: NCIPC: 2018 Opioid Overdose Crisis Cooperative Agreement Supplement - SPECIAL PROJECTS

Work Plan Review Checklist

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### 1. Indicate whether the requirements below for this jurisdiction's (Kentucky) work plan were met or not.

---

	Yes	No
a. The problem statements and baseline capacities described under each domain provide a clear justification for the activities.	<input checked="" type="radio"/>	<input type="radio"/>
b. The proposed activities linked to allowable opioid overdose prevention activities as outlined in Tables 1-5 of the Opioid Supplemental Guidance for TP18-1802.	<input checked="" type="radio"/>	<input type="radio"/>
c. The funding for these activities can be reasonably expended or obligated within 12 months.	<input checked="" type="radio"/>	<input type="radio"/>
d. The performance measures are oriented toward project outcomes.	<input checked="" type="radio"/>	<input type="radio"/>
e. The performance measures lend themselves to tracking through interim milestones (measured qualitatively and/or quantitatively).	<input checked="" type="radio"/>	<input type="radio"/>
f. The CIO ADS or Human Subjects contact confirmed that the work plan does not involve research.	<input checked="" type="radio"/>	<input type="radio"/>



2. For this jurisdiction (Kentucky), select the domain(s) for which activities were proposed?

- ☐ Domain 1
- ☐ Domain 2
- ☐ Domain 3
- ☐ Domain 4
- ☒ Domain 5
- ☐ Domain 6

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### 3. Indicate the recommended funding for this jurisdiction's (Kentucky) work plan.

a. The funding for this project is:

(select one option, then enter the funding amount in the pop-up(s) below.)

(After selecting an option, a pop-up for you to enter the funding amount will appear below. )

- ☒ Fully approved.
- ☐ Partially approved, with an approved but unfunded amount.
- ☐ Not approved for funding.

Fully Funded Amount

500000

4. Based on the budget narrative markup for this project, are there any restrictions noted for this award?

- ☐ Yes
- ☒ No

5. Bulleted list of work plan strengths:

General Comments:

- CDC will work with funded jurisdictions during the first 90 days after the award to provide assistance with finalizing their performance measures.

Domain 5: Countermeasures and Mitigation

- The problem statement clearly describes a need for additional resources, beyond what is currently possible, to adequately provide harm reduction to communities via a specialized mobile unit that will have the capacity to dispense naloxone, provide space for conducting HIV/HepC testing, provide peer support counseling, aid in provision of fentanyl testing strips, and provide space for syringe exchange services.
- The activities proposed clearly correspond to the gap identified in the problem statement and align with allowable activities for the Strengthen Countermeasures and Mitigation Domain.
- The purchase of a mobile unit and hiring of staff to dispense naloxone and provide linkage to care and other harm reduction services will meet an important need in Kentucky.

6. Bulleted list of work plan weaknesses:

Weaknesses requiring a jurisdictional response:

Domain 5: Countermeasures and Mitigation

- It is indicated that naloxone or other unallowable supplies will not be purchased, but further specification is needed:
  - o Please clarify/confirm that funds will not be used to pay for any HIV/HepC testing, but rather that the mobile unit will provide a space to carry out testing that is paid for by another funding source.
  - o Please clarify/confirm that funds will not be used to purchase fentanyl testing strips, but rather that the mobile unit will provide a mechanism to distribute fentanyl testing strips that have been purchased by another funding source.
- Please clarify/confirm that naloxone will be distributed by a licensed pharmacist because it is required by law in Kentucky, and that the pharmacist will not be providing clinical care.

## 7. Bulleted list of budget narrative comments specific to this jurisdiction's work plan:

Budget Narrative Comments that require jurisdiction response:

- Travel, #1: please revise justification to indicate what funds will cover - e.g., approximate number of trips, miles covered, regions traveled to.
- Contractual personnel, #1: please revise justification to indicate that the pharmacist will be hired to dispense naloxone because, per Kentucky law, naloxone can only be dispensed by a pharmacist; please clarify that no clinical care by the pharmacist will be paid for.
- Other, #1: please revise justification to indicate what anticipated maintenance will be covered.

CIO Technical Review

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## Required attachment related to CIO review of jurisdictional work plans and budget narratives

Please attach the final, approved 1385 form specific to the project your CIO plans to fund for this jurisdiction.

Note: CIOs will submit one 1385 form per jurisdiction that they plan to fund. The funds made available through this 1385 should match the total approved project funds as indicated on this jurisdiction's (Kentucky) approved budget narrative.

### \*Friendly Reminders\*

For future auditing purposes, CIO will need to have written documentation of their internal process used to "de-conflict" jurisdictional work plans.

\*Note: De-conflict as indicated above refers to the process used to compare activities across work plans and alter/adjust any items that indicate a clear duplication of efforts or potential supplanting of funds, including across other federal awards.

CIO will need to have written documentation of the process and rationale used for award decisions.

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## CIO certification of revised jurisdictional work plans and budget narratives

By submitting the approval of these recipient work plans, I certify that:

- ☒ My CIO's Senior Science/Medical Official has taken part in the review of the recipient's proposed work plans to ensure that there are no potential medical/scientific conflicts regarding human subjects, PRA determination, or other research-related activities and we have attached the appropriate documentation above.
- ☒ Appropriate SMEs have been consulted in the review of this jurisdiction's work plans to ensure that the proposed activities align with TP18-1802 and with our CIO's objectives for this 2018 Opioid Overdose Prevention funding announcement.
- ☒ Our CIO's budget analyst has loaded the CIO's CAN(s) and ceiling of funds in GMM.
- ☒ Approval of all jurisdictional work plans and budget narrative as aligning to our program objectives for this emergency response.

Name of Director, Deputy Director, or CIO Management Official approving work plans

Daniel Cameron

User ID Director, Deputy Director, or CIO Management Official approving work plans

dxcl

CIO Approval Date

08-08-2018 16:33:01

# NCHHSTP - CIO Work Plan Review Checklist And Technical Review

Applicant

Kentucky

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**NCHHSTP - Work Plan Review Checklist and Technical Review**

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Work Plan Title: Jurisdiction-level vulnerability assessments for risk of opioid overdose, HIV, and viral hepatitis

Work Plan Review Checklist

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**1. Indicate whether the requirements below for this jurisdiction's (Kentucky) work plan were met or not.**

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	Yes	No
a. The problem statements and baseline capacities described under each domain provide a clear justification for the activities.	<input checked="" type="radio"/>	<input type="radio"/>
b. The proposed activities linked to allowable opioid overdose prevention activities as outlined in Tables 1-5 of the Opioid Supplemental Guidance for TP18-1802.	<input checked="" type="radio"/>	<input type="radio"/>
c. The funding for these activities can be reasonably expended or obligated within 12 months.	<input checked="" type="radio"/>	<input type="radio"/>
d. The performance measures are oriented toward project outcomes.	<input checked="" type="radio"/>	<input type="radio"/>
e. The performance measures lend themselves to tracking through interim milestones (measured qualitatively and/or quantitatively).	<input checked="" type="radio"/>	<input type="radio"/>
f. The CIO ADS or Human Subjects contact confirmed that the work plan does not involve research.	<input checked="" type="radio"/>	<input type="radio"/>

2. For this jurisdiction (Kentucky), select the domain(s) for which activities were proposed?

- ☐ Domain 1
- ☒ Domain 2
- ☐ Domain 3
- ☐ Domain 4
- ☐ Domain 5
- ☐ Domain 6

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### 3. Indicate the recommended funding for this jurisdiction's (Kentucky) work plan.

a. The funding for this project is:

(select one option, then enter the funding amount in the pop-up(s) below.)

(After selecting an option, a pop-up for you to enter the funding amount will appear below. )

- ☒ Fully approved.
- ☐ Partially approved, with an approved but unfunded amount.
- ☐ Not approved for funding.

Fully Funded Amount

96200

4. Based on the budget narrative markup for this project, are there any restrictions noted for this award?

- ☐ Yes
- ☒ No

5. Bulleted list of work plan strengths:

Strengths:

- KDPH highlights the fact that 54 of the 220 vulnerable counties on CDC's County-level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections among PWD were counties in Kentucky.
- KDPH has data to identify areas of increased risk in an overdose assessment that can be mapped and has mapped their SSP locations over the national vulnerability assessment.
- KDPH intends to use funds to provide maps to outline the Syringe Exchange Programs (SEPs) for the jurisdictional level, since CDC only mapped SEPs at the county-level.
- Propose to conduct statistical and geospatial analysis
- Providing vulnerability findings via dashboards and stakeholder meetings.
- Activity planned to target opioid overdose and other related education materials.

Comments:

- CDC will work with funded jurisdictions during the first 90 days after the award to provide assistance with finalizing their performance measures.

6. Bulleted list of work plan weaknesses:

Weaknesses Requiring a Jurisdictional Response:

- None

Other Weaknesses:

- Add details on data sources planned to include in the assessment and potential time estimates to data use agreements

7. Bulleted list of budget narrative comments specific to this jurisdiction's work plan:

- Budget justification aligned with project activities and expected outcomes.

CIO Technical Review

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**\*Friendly Reminders\***

For future auditing purposes, CIO will need to have written documentation of their internal process used to "de-conflict" jurisdictional work plans.

\*Note: De-conflict as indicated above refers to the process used to compare activities across work plans and alter/adjust any items that indicate a clear duplication of efforts or potential supplanting of funds, including across other federal awards.

CIO will need to have written documentation of the process and rationale used for award decisions.

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- ☒ Appropriate SMEs have been consulted in the review of this jurisdiction's work plans to ensure that the proposed activities align with TP18-1802 and with our CIO's objectives for this 2018 Opioid Overdose Prevention funding announcement.
- ☒ Our CIO's budget analyst has loaded the CIO's CAN(s) and ceiling of funds in GMM.
- ☒ Approval of all jurisdictional work plans and budget narrative as aligning to our program objectives for this emergency response.

Name of Director, Deputy Director, or CIO Management Official approving work plans

Michael Melneck

User ID Director, Deputy Director, or CIO Management Official approving work plans

MIM2

CIO Approval Date

08-08-2018 23:17:35

# CSELS - CIO Work Plan Review Checklist And Technical Review

Applicant

Kentucky

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**CSELS - Work Plan Review Checklist and Technical Review**

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Work Plan Title: State Capacity Building to Enhance Syndromic Surveillance for Opioid Conditions

Work Plan Review Checklist

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**1. Indicate whether the requirements below for this jurisdiction's (Kentucky) work plan were met or not.**

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	Yes	No
a. The problem statements and baseline capacities described under each domain provide a clear justification for the activities.	<input checked="" type="radio"/>	<input type="radio"/>
b. The proposed activities linked to allowable opioid overdose prevention activities as outlined in Tables 1-5 of the Opioid Supplemental Guidance for TP18-1802.	<input checked="" type="radio"/>	<input type="radio"/>
c. The funding for these activities can be reasonably expended or obligated within 12 months.	<input checked="" type="radio"/>	<input type="radio"/>
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e. The performance measures lend themselves to tracking through interim milestones (measured qualitatively and/or quantitatively).	<input checked="" type="radio"/>	<input type="radio"/>
f. The CIO ADS or Human Subjects contact confirmed that the work plan does not involve research.	<input checked="" type="radio"/>	<input type="radio"/>

2. For this jurisdiction (Kentucky), select the domain(s) for which activities were proposed?

- ☐ Domain 1
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- ☒ Domain 3
- ☐ Domain 4
- ☐ Domain 5
- ☐ Domain 6

---

### 3. Indicate the recommended funding for this jurisdiction's (Kentucky) work plan.

a. The funding for this project is:

(select one option, then enter the funding amount in the pop-up(s) below.)

(After selecting an option, a pop-up for you to enter the funding amount will appear below. )

- ☐ Fully approved.
- ☒ Partially approved, with an approved but unfunded amount.
- ☐ Not approved for funding.

Partially Funded Amount

250000

Approved but Unfunded Amount

20000

4. Based on the budget narrative markup for this project, are there any restrictions noted for this award?

- ☐ Yes
- ☒ No

5. Bulleted list of work plan strengths:

The Kentucky Department for Public Health adequately propose three activities that align to allowable opioid objectives with reasonable outcomes:

- Execute contract with the Kentucky Health Information Exchange (KHIE) to hire two staff to oversee additional data collection and data quality and attend monthly syndromic surveillance workgroup meetings
- Expand data collection with hospitals to have a well established connection between the hospital's electronic health record (EHR) system and the National Syndromic Surveillance Program (NSSP)
- Provide on-site training to hospitals on using ESSENCE for basic opioid/overdose monitoring.

Other comments:

CSELS will continue to work with recipients to refine performance measures and outcomes over the first 90 days of the award..

6. Bulleted list of work plan weaknesses:

None noted

7. Bulleted list of budget narrative comments specific to this jurisdiction's work plan:

Due to limited funding contractor travel costs could not be approved for conferences.  
The budget was reasonable and justified.

## CIO Technical Review

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**Required attachment related to CIO review of jurisdictional work plans and budget narratives**

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**CIO certification of revised jurisdictional work plans and budget narratives**

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- ☒ Our CIO's budget analyst has loaded the CIO's CAN(s) and ceiling of funds in GMM.
- ☒ Approval of all jurisdictional work plans and budget narrative as aligning to our program objectives for this emergency response.

Name of Director, Deputy Director, or CIO Management Official approving work plans

William MacKensie

User ID Director, Deputy Director, or CIO Management Official approving work plans

wrm0

CIO Approval Date

08-10-2018 06:19:33