

1. DATE ISSUED MM/DD/YYYY 12/19/2016
2. CFDA NO. 93.073
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

1a. SUPERSEDES AWARD NOTICE dated 09/23/2016
except that any additions or restrictions previously imposed remain
in effect unless specifically rescinded

4. GRANT NO.
6 NU50DD000004-01-02
Formerly

5. ACTION TYPE
Post Award
Amendment

6. PROJECT PERIOD MM/DD/YYYY
From 08/01/2016

MM/DD/YYYY
Through 07/31/2021

7. BUDGET PERIOD MM/DD/YYYY
From 08/01/2016

MM/DD/YYYY
Through 07/31/2017

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)

Sections 301(a) [42 U.S.C. Section 241(a)] and 317(C) of the Public Health
Service Act [42 U.S.C. Sections 243, 247b (k) (2) and 247b-4], as amended

8. TITLE OF PROJECT (OR PROGRAM)

Enhancement of the Kentucky Birth Surveillance Registry to improve surveillance, intervention, and
referral to service for infants with microcephaly or other adverse outcomes linked with Zika virus

9a. GRANTEE NAME AND ADDRESS

Kentucky Cabinet for Health & Family Services
275 E Main St # hslgwa
Frankfort, KY 40621-1000

9b. GRANTEE PROJECT DIRECTOR

Monica Clouse
275 E Main St
Maternal and Child Health
Frankfort, KY 40621-0001
Phone: 502/564/4830 x 4394

10a. GRANTEE AUTHORIZING OFFICIAL

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

10b. FEDERAL PROJECT OFFICER

William Paradies
Centers for Disease Control and Prevention
CCHP/NCBDDD/DBDDD/DBD
Atlanta, GA 30333
Phone: 404-498-3919

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	133,776.00
b. Fringe Benefits	102,185.00
c. Total Personnel Costs	235,961.00
d. Equipment	4,125.00
e. Supplies	35,995.00
f. Travel	46,017.00
g. Construction	0.00
h. Other	231,080.00
i. Contractual	0.00
j. TOTAL DIRECT COSTS	553,178.00
k. INDIRECT COSTS	46,822.00
l. TOTAL APPROVED BUDGET	600,000.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	600,000.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	400,000.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	200,000.00
13. Total Federal Funds Awarded to Date for Project Period	600,000.00

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: Merlin Williams

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		APPROPRIATION	
21. a. 6-939061A		b. 000004DD16		c. 93.073		d. DD		e. \$0.00		f. 75-16-0956	
22. a. 6-93906FV		b. 000004DD16		c. 93.073		d. DD		e. \$0.00		f. 75-1519-0943	
23. a. 7-93907P2		b. 000004DD16		c. 93.073		d. DD		e. \$200,000.00		f. 75-1617-0943	

NOTICE OF AWARD (Continuation Sheet)

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GRANT NO. 6 NU50DD000004-01-02	

Direct Assistance

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

AWARD ATTACHMENTS

Kentucky Cabinet for Health & Family Services

6 NU50DD000004-01-02

1. Supplement Terms and Conditions
2. Supplement Technical Review

FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) NUMBER: DD16-1605 (Supplement)**GRANT#:** 6 NU50DD000004-01**Revision:** 02**ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD**

SUPPLEMENT: The purpose of this revised Notice of Award (NOA) is to authorize supplemental funds in the amount of **\$200,000** for a 7-month period **12/30/2016 – 07/31/2017**. This action is taken in accordance with the grantee's request dated November 10, 2016.

The budget is approved as follows:

Budget Category	Current Award	Supplement	Revised Award
Salaries and Wages	\$133,776	\$0	\$133,776
Fringe Benefits	\$102,185	\$0	\$102,185
Consultants	\$0	\$0	\$0
Equipment	\$1,665	\$2,460	\$4,125
Supplies	\$28,235	\$7,760	\$35,995
Travel	\$13,187	\$32,830	\$46,017
Other	\$74,130	\$156,950	\$231,080
Contractual	\$0	\$0	\$0
Total Direct Costs	\$353,178	\$200,000	\$553,178
Indirect costs	\$46,822	\$0	\$46,822
Total Award	\$400,000	\$200,000	\$600,000

These funds are approved for the current budget period with no commitment for continued support in future budget periods.

PROGRAMMATIC REPORTING REQUIREMENT INFORMATION: See Amended Funding Opportunity Announcement (FOA), posted on Grants.Gov, dated December 7, 2016.

TECHNICAL REVIEW STATEMENT RESPONSE REQUIREMENT: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the Staff Contacts section of this NOA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, **January 30, 2017**, will cause delay in programmatic progress and will adversely affect the future funding of this project.

BUDGET REVISION REQUIREMENT: By **January 30, 2017** the grantee must submit a revised budget with a narrative justification and revised work plan to the GMS via email:

Salaries and Wages

Principal Investigator/Project Director (PI/PD) - provide the following information for the PI or PD: 1) name of staff member occupying the position, if available; 2) annual salary; 3) percentage of time budgeted for this program; 4) total months of salary budgeted; and 5) total salary requested.

Equipment

Equipment is defined as tangible, non-expendable personal property (including exempt property) that has a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. Provide additional justification or redirect funds to Supplies.

Out of State Travel

Provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trips, and approximate dates.

Other

Provide a justification for the use of each item and related to the specific program objectives.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the **Staff Contacts section of this notice before the due date.**

Please be advised that the grantee must exercise proper stewardship over Federal funds by ensuring that all cost charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

All other terms and conditions issued with the original Notice of Award remain in effect throughout the budget period unless changed, in writing, by the CDC Grants Management Officer.

PLEASE REFERENCE THE GRANT NUMBER ON ALL CORRESPONDENCE.

Ferrinnia (Toni) Augustus-High, MSA, CGMS

Grants Management Specialist
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
wef9@cdc.gov email | 770-488-2906 office

Patricia French

Grants Management Officer (GMO)
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
pff6@cdc.gov | 770-488-2849 office

TECHNICAL REVIEW/SUMMARY STATEMENT
FOA #CDC-RFA-DD16-1605
Supplemental

Surveillance, intervention, and referral to services activities for infants with microcephaly or other adverse outcomes linked with the Zika virus

APPLICANT:	Kentucky Cabinet for Health and Family Services
APPLICATION NUMBER:	NU50DD2016000030
APPLICATION DATED:	10/14/2016
RECOMMENDATION: (Approved/Unapproved)	Approved
SUPPLEMENTAL FUNDING REQUESTED:	\$200,000.00
TECHNICAL REVIEWER: Shin Y. Kim	DATE: 11/12/16

SUMMARY OF PROJECT:

The Kentucky Cabinet for Health and Family Services/Department for Public Health is requesting \$200,000 to improve surveillance, intervention, and referral services for infants with microcephaly and central nervous system (CNS) defects. The applicant provides an updated work plan that delineates current progress of previously proposed activities, as well as new activities for improving rapid, active population-based surveillance.

EVALUATION:

1) APPROACH & WORKPLAN

Strengths:

- The Kentucky Birth Surveillance Registry (KBRS) activity participates in the US Zika Pregnancy Registry and has access to all data collected for the registry; therefore, any case in the registry will automatically be included in the Zika Birth Defects Surveillance system (ZBDS) system with appropriate follow-up.
- The applicant plans on continuing to enhance efforts to improve rapid and active case-findings:
 - Work with the office of vital statistics to provide a flag or an alert when any of the select CNS codes are entered or uploaded into the system in order to cross-reference with the ZBDS.
 - Develop a report in the Medicaid system searching for new microcephaly or select CNS system codes.
 - Hire an Active Surveillance Nurse within the original proposed timeframe to be responsible for reviewing the labor and delivery, nursery, and NICU logbooks at 11 major Kentucky birthing hospitals on a monthly basis.
 - Identify neurology, OB, MFM specialists, prenatal care practices and birthing hospitals who would be willing to serve as champions in rapidly notifying KBSR from their clinics and providing access to medical records.
 - Pilot innovative approaches using electronic health data for rapid case finding,

performing medical record reviews, and to provide supplemental information for other cases in the ZBDS system.

- The applicant proposes to use supplemental funding for staff travel to hospitals around the state to train champions, and also to host centralized trainings based on questions or concerns raised by providers, updated clinical guidelines, and regular surveys.
- Once the ZBDS system is developed, quarterly review of cases will be conducted to determine number of cases ascertained by source and average number of days from birth until case creation by source to identify delays and gaps. Currently, data from current passive system and additional data from the USZPR are used to determine baseline of the average number of days from birth until notification.
- The applicant states that the supplemental funding will be used to develop a new active surveillance screen in Kentucky's web-based system where birthing hospitals enter Kentucky Certificate of Birth, Hearing, Immunization, and Lab Data to include Zika data because this system is currently being used in all hospitals. This system will be linked to the new active ZBDS system.
- Partnerships with others within the state health department includes:
 - Acting MCH Division Director will provide clinical support in case review, communication to birthing hospitals, and assist in development of guidance and training materials.
 - The State Health Operations Center who is responsible for relaying timely and accurate information about Zika and the potential health risks to clinicians, Local Health Departments, policy makers, and the public.
 - Other partners include the Division of Epidemiology and Health Planning, Public Health Preparedness, Office of Vital Statistics, Environmental Health, Laboratory Services, State Epidemiologists, State Veterinarian, the Division of Women's Health, the Office of Communications, and officials from blood banks.
- The applicant proposes several activities related to communication and information dissemination with partners, the public, and high-risk populations.
- KBSR will work with the Early Intervention System and CCSHCN case management staff to hold joint meetings to refine the existing protocol that KBSR uses to refer children for developmental services and to ensure that the social needs of the children and their families are being met through resources suggested by case management.
- The applicant plans on engaging the MCH Data and Evaluation Officer to enhance data evaluation and analysis activities in order to collaborate with CDC pertaining to the pooled surveillance and clinical case projects to ensure all requirements are met prior to submission.

Weaknesses/Recommendation:

- Using supplemental funds, the applicant plans on identifying additional champions at prenatal care practices and birthing hospitals in the following jobs: Newborn Nursery Manager, Newborn Screening Nurse Contact, NICU Manager, or OB Manager. It's not clear if these positions are to be hired or example job titles they want to include. It's also not clear how they will identify these people, from how many facilities, and a clear timeline for accomplishing this task.
- The applicant does not describe partnerships with labs in any detail. They do mention blood banks but only in a listing of other partnerships.
- The actual plan and timeline for developing the actual ZBDS system is not clear. They mention

that this system is not created yet but do not include the actual development of the system in their timeline.

- The applicant states that once a quarter, data from USZPR, particularly the 2, 6, and 12 month follow-up forms will be use to ascertain health and developmental outcomes of children with microcephaly and select CNS conditions. However, it is not clear what they plan on doing with this information aside from counting the number of cases with outcome information.

2) EVALUATION AND PERFORMANCE MEASUREMENT

Strengths:

- The applicant outlines each activity, the evaluation plan for each, and the performance measures.
- The work plan aligns with the strategies/activities and outcomes outlined in the FOA.
- The Epidemiologist will evaluate ascertainment methodologies and data quality on a quarterly basis to identify strategies for quality improvement.
- The applicant will use the Referral Satisfaction Survey to evaluate the referral process and identify gaps on a quarterly basis.

Weaknesses/Recommendation:

- Most of the performance measures are not SMART and could benefit from additional information. How will each measure be assessed, by what timeframe, and what is considered the gold standard? How will these measures be used for improvement?

BUDGET JUSTIFICATION AND ADEQUACY OF FACILITIES (NOT SCORED)

The budget will be evaluated for the extent to which it is reasonable, clearly justified, and consistent with the intended use of the cooperative agreement funds. The applicant shall describe and indicate the availability of facilities and equipment necessary to carry out this project. Award recipients agree to use cooperative agreement funds for travel by project staff agreed-upon by CDC to participate in CDC-sponsored workshops or other called meetings.

COMMENTS:

- We verified the arithmetic accuracy, allowability, and reasonableness of the budget justification and the following was found:
 - **Equipment**
 - These costs should be moved to supplies because the per unit cost is less than \$5,000. Please see 45 CFR Part 75.2 Definitions for supplies and equipment.
 - **Travel** – for out of state travel, please provide an explanation for parking and mileage if there is ground transportation to/from the airport and general transportation for the conference days.
 - Out of State Travel CDC Annual Meeting – Per diem (not meals).

- **Other**
 - Please explain the method of capturing this service? If this is a contractual or a purchase order arrangement, this expense should be moved to Contractual category.
 - As well, additional detail is required:
 - (1) Method of Accountability
 - (2) # of Days, % of Time, Period of Time