

1. DATE ISSUED MM/DD/YYYY 06/30/2020		1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA NO. 93.478 - Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 5 NU58DP006697-02-00 Formerly		5. TYPE OF AWARD Other	
4a. FAIN NU58DP006697		5a. ACTION TYPE Non-Competing Continuation	
6. PROJECT PERIOD MM/DD/YYYY From 09/30/2019		Through 09/29/2024	
7. BUDGET PERIOD MM/DD/YYYY From 09/30/2020		Through 09/29/2021	
8. TITLE OF PROJECT (OR PROGRAM) This funding will support Missouri's Pregnancy-Associated Mortality Review (PAMR) Program by facilitating timely identification of maternal deaths, formation and dissemination of prevention strategies			

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention**

2939 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
Public Health Service Act, as amended, Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12

9a. GRANTEE NAME AND ADDRESS HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF 920 WILDWOOD DR JEFFERSON CITY, MO 65109-5796		9b. GRANTEE PROJECT DIRECTOR Ms. Mindy Laughlin 920 Wildwood Dr Jefferson City, MO 65109-5796 Phone: 5737516435	
10a. GRANTEE AUTHORIZING OFFICIAL Ms. Marcia Mahaney 920 Wildwood Dr Jefferson City, MO 65109-5796 Phone: 573-751-6014		10b. FEDERAL PROJECT OFFICER Tegan Callahan 4770 Buford Hwy NE Atlanta, GA 30341 Phone: 404 639-8638	

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) 450,000.00			
II Total project costs including grant funds and all other financial participation <input type="checkbox"/> I				b. Less Unobligated Balance From Prior Budget Periods 0.00			
a. Salaries and WageS 110,413.00				c. Less Cumulative Prior Award(s) This Budget Period 0.00			
b. Fringe Benefits 66,248.00				d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 450,000.00			
c. Total Personnel Costs 176,661.00				13. Total Federal Funds Awarded to Date for Project Period 900,000.00			
d. Equipment 0.00				14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
e. Supplies 185.00				YEAR		TOTAL DIRECT COSTS	
f. Travel 4,002.00				a. 3		d. 6	
g. Construction 0.00				b. 4		e. 7	
h. Other 11,308.00				c. 5		f. 8	
i. Contractual 222,335.00				15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:			
j. TOTAL DIRECT COSTS → 414,491.00				a. DEDUCTION			
k. INDIRECT COSTS 35,509.00				b. ADDITIONAL COSTS			
l. TOTAL APPROVED BUDGET 450,000.00				c. MATCHING			
m. Federal Share 450,000.00				d. OTHER RESEARCH (Add / Deduct Option)			
n. Non-Federal Share 0.00				e. OTHER (See REMARKS)			
				16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:			
				a. The grant program legislation			
				b. The grant program regulations.			
				c. This award notice including terms and conditions, if any, noted below under REMARKS.			
				d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.			
				In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.			

REMARKS (Other Terms and Conditions Attached - Yes No)

GRANTS MANAGEMENT OFFICIAL:

Stephanie Latham, Team Lead, Grants Management Officer
2939 Flowers Rd. South
TV-2
Atlanta, GA 30333
Phone: 770.488.2917

17.OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 03
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 0-9390C2X	b. 19NU58DP006697	c. DP	d. \$450,000.00	e. 75-20-0948
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 06/30/2020
GRANT NO. 5 NU58DP006697-02-00	

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

AWARD ATTACHMENTS

Missouri Department of Health

5 NU58DP006697-02-00

1. T&C for MO
2. TR MO

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 CDC-RFA-DP19-1908, entitled Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees, and application dated April 27, 2020, 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 \$450,000 is approved for the Year 2 budget period, which is September 30, 2020 through September 29, 2021. 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 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 Assistance:

- Implementation of and data entry into MMRIA
- Identification of pregnancy-associated deaths
- Comprehensive, efficient, and effective abstraction of deaths
- Data quality improvement
- Data analysis of MMRC data, including analyzing aggregated MMRIA data to identify common opportunities for prevention
- Committee discussion facilitation and decision making
- Effective data use and dissemination
- Program evaluation and performance measurement

Information Sharing between MMRCs (funded and not funded through this NOFO):

- Through MMRC profiles and MMRC-developed products disseminated by CDC and partner organizations
- CDC will disseminate regular ongoing email communication to all recipients that will include information about conferences, current literature, and other relevant resources and events
- CDC will host distance-based topic-driven learning events to assist MMRCs with problem-solving areas of concern that arise during performance of program activities

- Networking and information sharing will occur during the in-person CDC-hosted annual reverse site visit

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 “Remarks” of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient’s authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:

Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 17, 2020, which calculates indirect costs as follows, a fixed rate is approved at a rate of 20.10% of the base, which includes, direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2020 to June 30, 2021.

REPORTING REQUIREMENTS

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 Latimer, Grants Management Officer/Specialist
Centers for Disease Control and Prevention
Branch 5 – Supporting Chronic Diseases and Injury Prevention
2939 Flowers Road MS V-2
Atlanta GA 30341
Email: RDLatimer@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))

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 hhstips@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 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.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

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:

Rhonda Latimer, Grants Management Specialist
Centers for Disease Control and Prevention
Branch 5 – Supporting Chronic Diseases and Injury Prevention
2939 Flowers Road, MS V-2
Atlanta GA 30341
Telephone: 770-488-1647
Email: RDLatimer@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:

Tegan Callahan, Project Officer
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention
Division of Reproductive Health
Chamblee Building 107
Atlanta GA 30341
Telephone: 404-639-8638
Email: UVU1@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:

Stephanie Latham, Grants Management Officer
Centers for Disease Control and Prevention
Branch 5 – Supporting Chronic Diseases and Injury Prevention
2939 Flowers Road MS V-2
Atlanta GA 30341
Telephone: 770-488-1297
Email: fzv6@cdc.gov

**Year 2 Technical Review Form
Continuation Application
DP19-1908: Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees**

Recipient: Missouri Department of Health and Senior Services' (MODHSS)

Grant #: NU58DP006697

Requested Amount: \$450,000

Recommended Amount: \$450,000

Technical Reviewer's Name: Tegan Callahan

Date: April 30, 2020

Signature:

Year 1 Progress Report:

1. Accomplishments:

MODHSS has many accomplishments from the initial reporting period of this award. Specific accomplishments include, but are not limited to:

- Operationalized an expanded case inclusion criteria for their PAMR reviews – including any MO resident, regardless of where the death occurred.
- Operationalized case identification through the use of provisional death files (instead of waiting for the file files).
- Finalized implementation of a peer – member chair structure for PAMR meetings – allowing the coordinator and abstractor, and other PAMR staff (i.e. analysts) take on more of a supportive facilitation role during the meetings.
- Ongoing maximization of the expertise available on their committee despite a limit of 18 members – in particular the program reports using scheduling and coordination techniques to ensure specific expertise can be available during specific case reviews (example shared on page 4 with motor vehicle accidents).
- Committee currently exceeds target 60%:40% clinical-non-clinical membership ratio with reporting on PM1 at 56%:44% clinical – non-clinical.
- Forecast achievement of their legislative mandate of an annual report released June 2020, which analysis and analytic product being developed during this reporting period (captured under PM 5).
- Brought inaugural committee chair along with program staff to the CDC MMRIA User Meeting in December 2020 in Atlanta to make peer to peer connections with other PAMR chairs/staff, as well as receive direct technical assistance from CDC staff and participant in collaborative learning presentations from other states.
- Completion of dissemination and collaboration/partnership building events throughout the reporting cycle (reporting in PM6):
 - PAMR infographic distributed at the Institute for Public Health's 12th Annual Conference, PAMR info graphic disseminated to PAMR board to assist with suicides and PAMR info graphic presented to Missouri Legislature.
- Increased collaborations with the MO Medicaid program – with the notable outcome of obtaining access to the Medicaid claims data base during reporting period.

- Initiated conversations with the MO Violent Death Reporting System on sharing of autopsy data, ongoing.
- Contracted with the MO Hospital Association to carry out PAMR data-driven recommendations.
- Established data sharing and central hosting agreements with CDC in order to meet the expectations of the DP-19-1908 NOFO.
- Reporting immediate documentation of case review information into MMRIA – reporting documentation with 2-3 days of meetings – well within the recommended benchmark of 30 days (100% reporting on PM4).
- Integration of LOCATE and LOC work into ongoing PAMR/MMR collaborations notable within application materials.

Overall, the CDC team appreciates the MO PAMR staff's willingness to receive TA and implement best practices to refine their fundamental program components. It is also notable the program is proactive changing their internal ways of working to optimize program outcomes – for instance, on page 4 of the submission, the program suggests a new internal staff approach of meeting as a staff (coordinator, abstractor, analyst) between review meetings and data entry to maximize the entry of comprehensive, high quality data into MMRIA. Will also help with better achievement on PM 7, actionable recommendations, in future years.

We anticipate MO will continue to be a peer-leader with their PAMR program during the next cycle of funding and future project period years.

2. Challenges experienced and adjustments made (if relevant):

Challenges experienced in this reporting period include:

- Shift in general priorities, availability, and logistical need to maintain a functioning PAMR in light of the 2019 novel coronavirus public health emergency.
- Loss of two members of their PAMR committee in March 2020.
- Cross-state vital statistics sharing, an ongoing challenge in MO due to the fact the state borders more states than any other state in the nation. While some solutions to cross-state sharing have been identified, these solutions take considerable staff time to implement. Team indicates ongoing appreciate for work CDC is going at a national level to better routinize sharing of vital events across state lines.
- Unable to complete case identification for the 2017 pregnancy associated death cohort within 12 months of the date (dd/mm/yyyy) of death. Reporting only identifying 45% of cases within this time frame for the 2018 cohort. However, it is clear from the application the PAMR staff have already identified and operationalized efficiencies in their approach and anticipates meeting the benchmark in the next reporting cycle.
- Unable to complete the timely case review benchmark, i.e. review all cases within two years of date of death (dd/mm/yyyy). Reporting only reviewing 41% of the cases within this time frame for the 2017 cohort. However, 100% of cases were reviewed with 27 months and it is clear from the application the PAMR staff have already identified and operationalized efficiencies in their approach and anticipates meeting the benchmark in the next reporting cycle.
- Limited actionable recommendations from committee reviews – reporting only 25% of the recommendations in MMRIA meeting the fully 'actionable' structure of who/what/when. However, the team reports that many of the recommendations have 2 of the 3 components and still may be actionable, as well as continued sensitization of the committee on the need to use an actionable structure during generation of recommendations at case reviews.
- Limited implementation of data-driven recommendations to date (clinical or non-clinical). Reporting only 33% of hospitals implementing the AIM hypertension bundle. Not clear how MMRC data/analyses were used to select this bundle for implementation.

- Also, while these 33% of hospitals represent 59% of the births in MO, there are still gaps in populations served by this initial bundle. Prior to selecting the next one with the MO stakeholders, the team may want to prioritize discussion on who is not covered by this current bundle's implementation and lessons learned in order to optimize the next bundle's selection i.e. consider if there are key groups/geographies left out of implementation given uptake at only 33% of hospitals.
- No implementation to date of community level (non-clinical) recommendations (zero). Not clear how the program envisions these recommendations be implemented as the resources for implementation within the award are entirely focused on MHA subcontract, which to I understand will be focused on hospital-based/clinical-based activities. There is mention on page 5 of engagement of community within the MC LAN network for opioid use disorder bundle operationalization but not much information on the success of this engagement is provided.

Application for next Budget Period:

3. Summary of application strengths:

- MO proposes a variety of activities that will strengthen dissemination of PAMR findings, including fact sheets in addition to the legislative report due to be released June 2020, and platform enhancements to the MODHSS website for accessing these materials.
- MO proposes to continue to build on collaborations and partnerships to strengthen PAMR processes – including with deputy coroners, coroners, and medical examiners.
- MO proposes continued work on establishing an MOU with the MO VDRS to gain access to valuable information from their data system.
- MO proposes to continue to operationalize linkages with hospital discharge data to provide other information to inform case abstraction and review.
- MO proposes continued work with the MHA to prepare the MC-LAN/PQC for adoption of a second patient safety bundle driven by the priorities identified in their MMRIA data and their report to be released June 2020.
- MO proposes continued work on reconciling discrepancies on LOC through ongoing conversations with facilities and utilization of CDC's LOCATe tools.

4. Major weaknesses of application:

- MO states an intention to select another AIM bundle for implementation, however, from the information provided on leading causes of death in their upcoming report, there is not an AIM bundle available at this time for the leading cause of pregnancy-related death in MO (cardiomyopathy).
- It is not clear how successful engagement of community/non-clinical partnerships has been within the MH-LAN/PQC to date and from reporting on PM10 there are gaps in implementation of community-based recommendations of the PAMR.

5. Proposed recommendations to application to address identified weaknesses (note: each major weakness should have a corresponding recommendation proposed).

- Continue to share updates/discuss with CDC Team during standing calls the process of selecting the second AIM bundle for implementation in MO through the MHA/MC-LAN partnerships.
 - In preparation for this work, CDC strongly recommends MO PAMR ask the MC-LAN stakeholders to consider implementation lessons from the initial bundle's implementation (i.e. hypertension) as only 33% of hospitals, representing 59% of births, up took the bundle. MO PAMR should lead discussions among their stakeholders on any inequities that may be inherent within facility 'readiness' to uptake a new bundle and how implementation of the second bundle may be able to proactively address these issues.

- MO PAMR staff should consider non-AIM bundle actions in order to address the leading cause of pregnancy-related death in MO per their upcoming report (cardiomyopathy). For instance, there is a CMQCC toolkit on cardiac disease which may be relevant to the MO context. SOW for the MHA could be to adapt for implementation in MO.
- Given ongoing COVID response and the sustained demand on hospital systems during this response period, the MO team should consider if hospital association/hospitals will be able to fully utilize these funds during the period of performance on the sub-contract. If, upon further internal consideration and discussion, there may be barriers to full implementation of a hospital-based activity – consider shifting implementation funds to a partner who will have bandwidth to address recommendations during COVID response times.
- Continue to share updates/discuss with CDC Team during standing calls the operationalization of community-based commendations of the PAMR. During these conversations, also include updates on dissemination plan for June 2020 report among community stakeholders.

Recommendation

After careful review of the non-competing grant progress report, proposed work plan, and budget, the grantee is: to submit the following (check one and provide details):

Recommended for funding with no changes

Recommended for funding, written response required to points raised by programmatic review in technical review form – i.e. ‘4. Major weaknesses of application’ and ‘5. Proposed recommendations...’. A full revision of workplan may not be required but is welcome if relevant to provide a written response to the weaknesses and recommendations noted.

Recommended for funding with the following changes:

Work plan: A revised work plan is requested by the program (See Question 5 for recommended changes):

Budget and budget justification: A revised budget and budget justification is requested by the program. Please refer to the attached Budget Mark-Up Form.

Research Determination – DP19-1908 is only for non-research activities supported by CDC.

No research activities have been proposed.

Research activities have been proposed, but were disapproved/disallowed. These activities include: