U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Maternal and Child Health Bureau
Division of Healthy Start and Perinatal Services

State Maternal Health Innovation Program

Funding Opportunity Number: HRSA-19-107
Funding Opportunity Type(s): New
Assistance Listings (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: July 15, 2019

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: May 30, 2019

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Authority: Social Security Act, Title V, § 501(a)(2) (42 U.S.C. § 701(a)(2))

EXECUTIVE SUMMARY

The Health Resources and Services Administration is accepting applications for the fiscal year 2019 State Maternal Health Innovation (State MHI) Program. The purpose of this program is to assist states in strengthening their capacity to address disparities in maternal health and improve maternal health outcomes, including the prevention and reduction of maternal mortality and severe maternal morbidity. Specifically, this program will strengthen partnerships and collaboration by establishing a state-focused Maternal Health Task Force, improving state-level data surveillance on maternal mortality and severe maternal morbidity, and promoting and executing innovation in maternal health service delivery.

Funding Opportunity Title:	State Maternal Health Innovation Program
Funding Opportunity Number:	HRSA-19-107
Due Date for Applications:	July 15, 2019
Anticipated Total Annual Available FY 2019 Funding:	Approximately $18,650,000
Estimated Number and Type of Award(s):	Up to nine cooperative agreement(s)
Estimated Award Amount:	Up to $2,072,222 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2019 through September 29, 2024 (5 years)
Eligible Applicants:	Eligible applicants include any domestic public or private entity. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Tuesday, June 18, 2019
Time: 3–4 p.m. ET
Call-In Number: 1-866-714-2132
Participant Code: 1427617#
Weblink: https://hrsa.connectsolutions.com/statemhi/

HRSA will record the webinar and make it available at: https://mchb.hrsa.gov/fundingopportunities/default.aspx.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the State Maternal Health Innovation (State MHI) Program. The State MHI Program is being established to assist states in collaborating with maternal health experts, and optimizing resources to implement state-specific actions that address disparities in maternal health and improve maternal health outcomes, including the prevention and reduction of maternal mortality and severe maternal morbidity (SMM).[1] Specifically, award recipients will:

1) Establish a state-focused Maternal Health Task Force to create and implement a strategic plan that incorporates activities outlined in the state's most recent State Title V Needs Assessment;
2) Improve the collection, analysis, and application of state-level data on maternal mortality and SMM; and,
3) Promote and execute innovation in maternal health service delivery, such as improving access to maternal care services, identifying and addressing workforce needs, and/or supporting postpartum and interconception care services, among others.

The State MHI program seeks to fund nine state-focused demonstration projects tasked with translating recommendations on addressing maternal mortality and SMM from ideas to action. Each funded project will operate through the establishment of a Maternal Health Task Force, to drive collaboration from both traditional and non-traditional partners, to include tribes/tribal organizations, if applicable, working to eliminate preventable maternal deaths. The Maternal Health Task Forces will be comprised of multidisciplinary stakeholders to engage all necessary parties in shifting the paradigm of adverse maternal health outcomes.

Program Goal
The overarching goal of this initiative is to improve maternal health outcomes in the United States by: catalyzing multidisciplinary collaboration; collecting and analyzing maternal health data; and, promoting and executing innovation in maternal health service delivery to advance evidence-informed strategies that achieve a measureable impact.

Program Objectives and Impact Measures
By September 29, 2020, the award recipients' Maternal Health Task Force will develop a strategic plan to improve maternal health outcomes, including addressing identified gaps and incorporating activities outlined in the State Title V Needs Assessment.

[1] Severe maternal morbidity is defined as the "unintended outcomes of the process of labor and delivery that result in significant short-term or long-term consequences to a woman's health." Definition is provided by ACOG Clinical Guidance on Severe Maternal Morbidity accessed via https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Severe-Maternal-Morbidity-Screening-and-Review?IsMobileSet=false.

By September 29, 2020, the award recipients will produce the first annual report on maternal deaths occurring in the state and provide policy and programmatic recommendations aimed at reducing preventable maternal deaths.

By September 29, 2020, award recipients are expected to document, and report on annually:

1) Increases within the state from baseline on September 30, 2019 for the following:
- The percentage of women covered by health insurance.
- The percentage of women who receive an annual well-woman visit.
- The percentage of pregnant women who receive prenatal care.
- The percentage of pregnant women who receive prenatal care in the first trimester.
- The percentage of pregnant women who receive a postpartum visit.
- The percentage of women screened for perinatal depression.

2) Decreases within the state from baseline on September 30, 2019 for the following:
- The rate of pregnancy-related deaths.
- The racial, ethnic, and/or geographic disparities in pregnancy-related mortality rates.

By September 29, 2021, following the establishment of the Maternal Health Task Force, the award recipients will update the maternal health strategic plan by increasing the number of actionable recommendations based on state-level maternal health data.

Program Description
For a detailed description of the program, please see Section IV, page 9.

2. Background

This program is authorized by the Social Security Act, Title V, § 501(a)(2) (42 U.S.C. § 701(a)(2)).

HRSA's Role in Improving Maternal Health Outcomes
HRSA is the primary federal agency charged with improving health care to people who are geographically isolated, economically or medically vulnerable, including those in need of high-quality primary health care, such as pregnant women and mothers. Improving maternal health outcomes and access to quality maternity care services is central to HRSA's mission to improve health outcomes and address health disparities through access to quality services, a skilled health workforce, and innovative, high-value programs. HRSA has taken an active role in addressing maternal mortality and SMM through health promotion, risk prevention, and by training health care professionals to identify and treat early maternal warning signs of an obstetric emergency.

The State MHI Program is one of several new programs in HRSA's maternal health portfolio; along with the Supporting Maternal Health Innovation Program, the Alliance for Innovation on Maternal Health (AIM) – Community Care Initiative, and the Rural Maternity and Obstetrics Management Strategies Program (RMOMS), that will expand on HRSA programming to address disparities that contribute to maternal mortality and SMM and improve maternal health

outcomes. Furthermore, funded projects will be encouraged to collaborate with other maternal health stakeholders to implement these activities, including AIM, AIM – Community Care Initiative, Title V Maternal and Child Health Services Block Grant Program, Federally Qualified Health Centers, Healthy Start Initiative: Eliminating Disparities in Perinatal Health, and the Maternal, Infant, and Early Childhood Home Visiting programs within their state/territory.

For a detailed program description of the Supporting MHI Program, AIM, AIM – Community Care Initiative and RMOMS, please see Section VIII: Other Information on page 31.

Maternal Mortality

The World Health Organization (WHO) estimates that more than 300,000 women across the globe died from complications of pregnancy or childbirth in 2015.[2] Maternal mortality and SMM are key indicators of maternal health and health care quality worldwide. Maternal mortality is defined by the World Health Organization (WHO) as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.[3] It is reported as the number of maternal deaths per 100,000 live births.[4] The WHO reports that, globally, maternal mortality rates have fallen by nearly 44 percent from 1990 to 2015; however, the rate of maternal death has increased in the United States.[5] In 2015, there were approximately 550 maternal deaths in the United States placing the United States at 46th among all 181 countries with maternal mortality estimates.[6] It is near the bottom of all developed countries (38th out of 46)[7] on this indicator.

Over the past few decades, the rate of pregnancy-related deaths, during or within 1 year of pregnancy, in the United States has more than doubled from 7.2 deaths per 100,000 live births in 1987 to 18.0 deaths per 100,000 live births in 2014.[8] Much of this increase is attributable to improved ascertainment of deaths; however, the increasing prevalence of obesity and other chronic health conditions among pregnant women may also play a role.[9][10] Recent reports from the CDC and state Maternal Mortality Review Committees (MMRCs) highlight the importance of identifying and analyzing trends in maternal death at the state level. For example, a review of nine MMRCs noted that only two of the nine states had the same three

[2] http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/
[3] https://www.who.int/healthinfo/statistics/indmaternalmortality/en/
[4] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html
[5] http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/
[6] http://www.who.int/gho/maternal_health/mortality/maternal/en/
[7] http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/
[8] Data are from the CDC PMSS that includes death certificates for all women who died during pregnancy or within 1 year of pregnancy and matching birth or fetal death certificates. Pregnancy-related deaths are defined as the death of a woman while pregnant or within 1 year of the end of a pregnancy –regardless of the outcome, duration or site of the pregnancy–from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. This definition extends the World Health Organization definition of maternal deaths from within 42 days to within 1 year of pregnancy.
[9] MacDorman MK, Declerq E, Cabral H, Morton C. Is the United States maternal mortality rate increasing? Disentangling trends from measurement issues. Obstet Gynecol, 2016 Sep; 128(3): 447-455.
[10] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm

leading causes of maternal death.[11] The report highlights the importance of state-identified causes of maternal mortality, and that leading causes of death vary by state.

In addition, the risk of experiencing maternal mortality and morbidity is magnified for specific populations, including women of advanced maternal age, and those residing in medically underserved areas.[12] Significant racial and ethnic disparities also exist, with non-Hispanic Black women being three to four times more likely to die from pregnancy complications than non-Hispanic White women.[13]

From 2011–2014, cardiovascular disease was the leading cause of pregnancy-related death, followed by other non-cardiovascular medical conditions, infection, hemorrhage, and cardiomyopathy.[14] Additional causes of pregnancy-related deaths included thrombotic pulmonary embolism, cerebrovascular accident, hypertensive disorders of pregnancy, amniotic fluid embolism, and anesthesia complications. The cause of death was unknown for nearly 7 percent of pregnancy-related deaths during this period.

Severe Maternal Morbidity

While maternal mortality is considered a rare but sentinel event on the maternal health continuum, SMM is nearly 100 times more common. In 2014, more than 50,000 women living in the United States were affected by SMM.[15] SMM includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health.[16] Similar to maternal death, SMM has been on the rise in the United States for the past two decades. The Centers for Disease Control and Prevention (CDC) reports that the rates for most SMM indicators increased between 1993 and 2014, with the largest relative increases observed for blood transfusions, acute myocardial infarction or aneurysm, acute renal failure, and adult respiratory distress syndrome.[17] These conditions can be exacerbated by labor and delivery, have significant short- and long-term outcomes,[18] and represent a significant burden for women, their families, and society.

For additional information on factors that contribute to high rates of maternal mortality and SMM, please see Section VIII: Other Information, page 28.

[11] CDC Foundation Report from Nine Maternal Mortality Review Committees https://www.cdcfoundation.org/sites/default/files/upload/pdf/MMRIAReport.pdf.
[12] https://www.cdc.gov/chronicdisease/resources/publications/aag/maternal.htm
[13] Creanga A, Syverson C, Seed K, Callaghan W. Pregnancy-related mortality in the United States, 2011–2013. Obstet Gynecol, 2017; 130(2): 366-373.
[14] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm
[15] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html
[16] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html
[17] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html
[18] American College of Obstetricians and Gynecologists. Severe maternal morbidity: screening and review. Am J Obstet Gynecol, 2016; 215 (3): B17-B22.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA Program involvement will include:

- Having experienced HRSA personnel available as participants in the planning and development of the project;
- Participating, as appropriate, in conference calls, meetings, and technical assistance sessions that are conducted during the period of the cooperative agreement;
- Coordinating the partnership and communication with federally-funded maternal health programs and other federal entities that may be relevant for the successful completion of tasks and activities identified in the approved scope of work;
- Conducting an ongoing review of the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement;
- Participating with the award recipient in the dissemination of project findings, best practices, and lessons learned from the project.

The cooperative agreement recipient's responsibilities will include:

- Completing activities proposed in response to the Program Goal and Expectations section of this notice of funding opportunity;
- Providing the federal project officer with the opportunity to review and discuss any publications, audiovisuals, and other materials produced, as well as meetings planned, under the auspices of this cooperative agreement (such review should start as at the time of concept development and include review of drafts and final products);
- Participating in face-to-face meetings and conference calls with HRSA conducted during the period of performance, including participation at an annual national meeting for State MHI Program award recipients.;
- Consulting with the federal project officer in conjunction with scheduling any meetings that pertain to the scope of work and at which the project officer's attendance would be appropriate (as determined by the project officer);
- Collaborating with HRSA on ongoing review of activities, procedures and budget items, information/publications prior to dissemination, contracts and subawards;
- Providing leadership in data collection and analysis;
- Completing all administrative data and performance measure reports, as designated by HRSA, and timely;
- Collaborating with their state's or group of states' Maternal and Child Health Title V Director(s);
- Engaging in State Title V MCH program planning;

- Aligning with and enhancing the State Title V MCH Block Grant agency's existing maternal mortality efforts;
- Avoiding duplication of the State Title V MCH Block Grant agency's existing maternal mortality efforts;
- Assuring access to state/jurisdictional maternal mortality data and data systems, as needed;
- Assuring coordination of maternal mortality activities across the state;
- Providing leadership as a convener/collaborator in advancing state maternal mortality efforts; and,
- Providing education and technical assistance to support policy development for state maternal mortality efforts.

2. Summary of Funding

HRSA expects approximately $18,650,000 to be available annually to fund up to nine recipients. You may apply for a ceiling amount of up to $2,072,222 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 30, 2019 through September 29, 2024 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the State MHI Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include any domestic public or private entity. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

For the purpose of this funding opportunity, applicants should propose projects that involve collaboration with a state or group of states to strengthen state-level capacity in achieving program aims. A letter of support and planned participation to evidence this relationship should be included as Attachment 4.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Only one project will be funded within a state or group of states under this notice.

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard

OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 9: Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program Expectations

Successful applicants will propose projects that include the core functions and activities outlined below. Applications should not duplicate existing activities, nor should funds be used to supplant current activities. Funded activities under this announcement should be used to supplement existing maternal health activities.

1) Establish a State-Focused Maternal Health Task Force

Through the State MHI Program, HRSA seeks to reduce the increasing rates of preventable maternal mortality and SMM by establishing state-focused Maternal Health Task Forces. Each Task Force will be comprised of, but not limited to, state and local public health professionals (e.g., State Department of Health, State Title V MCH Program, State Medicaid Program), state MMRC liaison(s), providers, payers, representatives from the state legislature, representatives from state association of community health centers, tribes/tribal organizations, if applicable, and consumers to implement evidence-informed interventions to address critical gaps in the state's provision of maternity care services. Each Task Force will identify state-specific gaps. Examples of critical gaps may include, but are not limited to: limited state-level surveillance efforts to monitor maternal health outcomes; lack of access to quality prenatal and maternity care services in medically-underserved areas; and/or, inadequate access to mental and behavioral health specialists to screen and treat depression or substance use disorders among pregnant and postpartum women. Each Task Force will also assist in the development of a state-focused strategic plan that incorporates activities outlined in the states most recent State Title V Needs Assessment to improve maternal health outcomes, addresses identified gaps, and reflects strategies to translate knowledge and recommendations into practice.

2) Improve State-Level Maternal Health Data and Surveillance

Access to state maternal death data is vital for identifying the leading medical and non-medical contributors to maternal mortality. Specifically, successful recipients of the State MHI Program will be expected to identify and coordinate with a multidisciplinary state-focused MMRC or another state-focused initiative that can collect, analyze, and report maternal morbidity and mortality data. State-level data will be utilized to evaluate preventability, identify actionable recommendations, and improve systems of maternity care services. Successful applicants could address maternal health data and surveillance needs through one or more of the following activities:

1) Convene a state-focused MMRC or another state-focused mechanism to conduct data surveillance on maternal health outcomes. Please note that these funds are not to be used solely to support MMRCs, but to allow for implementation of recommendations from the states' MMRC or a similar mechanism that conducts maternal health data surveillance.
    a. Coordinate case abstraction, review, and key stakeholder interviews in compliance with state legislative mandates, as applicable.
2) Utilize valid and reliable data on maternal health outcomes to:
    a. Identify all pregnancy-associated and -related deaths, as well as rates of SMM that occurred within the state, incorporating the use of standard definitions as outlined by the CDC.
    b. Ascertain the leading causes of maternal death and disparities in outcomes at the state level.
    c. Determine preventability of identified maternal deaths.
    d. Make recommendations to prevent future maternal deaths.
3) Publish an annual report on maternal deaths to provide policy and programmatic recommendations aimed at reducing preventable maternal deaths.

3) Promote and Execute Innovation in Maternal Health Service Delivery

Award recipients will use program funding to identify and implement innovative strategies to address critical gaps in maternity care services, in one or more of the following areas:

1. Access to Comprehensive, Continuous, High-Quality Maternal Care Services;
2. Maternal Health Workforce Needs; and/or,
3. Comprehensive Postpartum and Interconception Care Interventions.

Examples may include, but are not limited to:

1. Access to comprehensive, continuous, high-quality maternal care services
    a. Convening a state advisory panel on innovative payment or service-delivery models for maternal care
    b. Facilitating implementation and adoption of maternal safety protocols in all state birthing facilities (e.g., AIM maternal safety bundles are a small set of straightforward evidence-based practices, that when implemented collectively and reliably in the delivery setting, have improved patient outcomes and reduced maternal mortality and SMM)[19]

[19] http://www.ihi.org/Topics/Bundles/Pages/default.aspx

c. Identifying levels of maternal care for all birthing facilities using CDC's Levels of Care Assessment Tool (LOCATe)[20]

2. Maternal health workforce needs
    a. Assessing state maternal health providers to determine distribution of available providers and identify maternal care service area gaps
    b. Identifying legislative mandates, as applicable, that impact the provision of maternal care services
    c. Conducting training for maternal health providers on mechanisms to address and improve maternal health outcomes (e.g., implicit bias training)

3. Broad spectrum postpartum and interconception care interventions
    a. Implementing innovative maternal health interventions for medically-underserved communities
        i. Pilot testing concurrent well-baby and postpartum care visits or group models of postpartum care with clinical and behavioral health specialists
    b. Disseminating patient education information and resources on preventing obstetric emergencies and maternal early warning signs and symptoms

Award recipients are encouraged to incorporate telehealth services as a component of their project demonstrations. The National Consortium of Telehealth Resource Centers (TRCs) provides assistance, education, and information to organizations and individuals who are actively providing or interested in providing health care at a distance. Telehealth has been used successfully with pregnant and postpartum women to expand their access to essential services, information, and resources with text messaging, mobile applications, and private and secure video conferencing through smartphones, tablets, and computers with webcams. Telehealth can also address workforce gaps. For example, maternal telehealth programs currently support pregnant and postpartum women with accessing clinical health specialists for the screening and treatment of postpartum depression, remote pregnancy monitoring of gestational diabetes, nutrition counseling, and lactation support.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. Project Abstract
See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

ii. Project Narrative
This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project. Successful applications will contain the information below. Please use the following section headers for the narrative:

[20] CDC Levels of Care Assessment Tool (CDC LOCATe)
https://www.cdc.gov/reproductivehealth/maternalinfanthealth/LOCATe.html

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need*
  Briefly describe the purpose of the proposed project. Include discussion points that highlight an expert understanding of maternal mortality and SMM.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need*
  Outline the maternal health needs of the state or group of states. Describe and document the focus population, its unmet health needs, and how those unmet health needs contribute to maternal mortality, SMM, and poor maternal health outcomes. Use and cite demographic data whenever possible to support the information provided. Discuss any relevant barriers in the state or group of states that the project hopes to overcome. This section will help reviewers understand the state maternal health outcomes in relation to the proposed project.
    - Identify and describe maternal health outcomes at the state-level to include the total number of live births, total number of maternal deaths, the most recent maternal mortality ratio (maternal deaths per 100,000 live births), rate of SMM, and other related maternal health indicators (e.g., percentage of women with health insurance, median age at time of first birth, rate of cesarean section deliveries, percentage of women who received a postpartum visit, percentage of women screened for postpartum depression, etc.) that occurred between 2013–2015.
    - Describe the geographic and demographic disparities in negative maternal health outcomes as experienced by the state or group of states.
    - Describe factors that contribute to maternal mortality and SMM within the state or group of states.
    - Describe any ongoing state-led initiatives to improve maternal health outcomes (e.g., AIM maternal safety bundle implementation, State-led Perinatal Quality Collaborative, State MMRC, or other state-focused initiative to collect, analyze, and report maternal morbidity and mortality data, etc.).
    - Demonstrate knowledge of current innovative, evidence-informed strategies to improve maternal health and reduce maternal mortality and SMM.
    - Describe existing efforts utilizing telehealth and telemedicine strategies to improve maternal health outcomes.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*
  Propose methods that you will use to address the stated needs to meet each of the previously described program goals and expectations in this NOFO. Outline and discuss the maternal health data collection, analysis, and review process that will be used to gather requested state-level measures. Specifically, outline the framework for the state-focused Maternal Health Task Force, its membership, partnership goals, and how the Maternal Health Task Force will engage and support implementation of project activities.

  Describe the various strategies and activities that the state or group of states will implement to achieve project goals.

- Describe your role in supporting state-level maternal mortality programming and your ability to provide education and technical assistance in support of state policy development.

  For primary applicants that are a non-state entity, describe how coordination with the state agency will occur to support data collection and coordination, planning, execution, and evaluation of the proposed activities outlined in the work plan.

  Describe plans to assure alignment with and enhancement of existing State Title V MCH Block Grant maternal mortality efforts, as well as to avoid duplication of existing efforts. The State Title V MCH Block Grant recipients are uniquely positioned to support or partner in the implementation of activities required by this NOFO, and to achieve the stated purpose of these cooperative agreements.

  Describe plans to provide leadership as convener/collaborator in advancing state maternal mortality efforts.

  Describe plans to assure access to state/jurisdictional maternal mortality data and data systems.

  Describe capacity to assist with statewide maternal mortality efforts.

  Describe the plans and activities that will be implemented to foster collaborative learning with traditional and non-traditional partners, including tribes/tribal organizations, if applicable, and participation at an annual national meeting for State MHI Program award recipients.

  As appropriate, include the development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities. Include a plan to disseminate reports, products, and/or project outputs so key audiences receive the project information.

  Include a description of any innovative methods that you will use to address the stated needs. The approach submitted will be essential in determining the quality of the proposal.

  Describe plans for utilizing telehealth and telemedicine strategies to reduce maternal mortality and SMM.

  Propose a plan for project sustainability after the period of federal funding ends. Sustainability plans based on reimbursements from other federal grant activities are not allowable. HRSA expects recipients to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the focus population.

- *WORK PLAN -- Corresponds to Section V's Review Criterion #2 Response and #4 Impact*
  Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. A work plan must be submitted in table format as *Attachment 1*, and include all of the information and activities detailed in the narrative section of the application.

  Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:
  - Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
  - Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
  - Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
  - Focus population (e.g., the individuals to be served);
  - Activities (e.g., approach, listing key intervention, if applicable);
  - Outputs (i.e., the direct products of program activities); and
  - Outcomes (i.e., the results of a program, typically describing a change in people or systems).

  Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. You can find additional information on developing logic models at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 Response*
  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #4 Impact*
  Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project.

Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.

As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources/Capabilities*
  Succinctly describe your organization's current mission and structure, scope of current activities, and how these elements contribute to the organization's ability to conduct the program requirements and meet program expectations. Include a project organizational chart as *Attachment 5*.

  Describe how you will routinely assess and improve the unique needs of focus populations of the communities served.

  Describe project personnel, including proposed partners that will be engaged to fulfill the needs and requirements of the proposed project. Include relevant training, qualifications, expertise, and experience of staff to implement and carry out this project. Include a staffing plan and job descriptions for key personnel in *Attachment 2*, and biographical sketches of key personnel in *Attachment 3.*

  Provide a list of proposed partners for the Maternal Health Task Force, and identify partner roles in responsibilities for program implementation.

  Provide a detailed staffing model that supports large-scale program implementation. The model should list staff titles (e.g., Program Director, Program Assistant, State Coordinator, and Data Coordinator), number of FTEs fulfilling the role, roles and responsibilities of each position, and the number of state-based teams and/or partners that will be assigned to that staff member.

  Describe any relevant experience related to maternal mortality reduction and/or programs, initiatives, or projects to improve maternal health outcomes.

  Describe relationships with any organizations with which you intend to partner, collaborate, coordinate efforts, or receive assistance from while conducting these project

activities. Include letters of agreement (e.g., State Title V MCH Agency) and/or descriptions of proposed/existing project-specific contracts in *Attachment 4.*

Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs in order to avoid audit findings.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (4) Impact
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

The State MHI Program requires a 5-year budget proposal. The SF-424A Budget Form outlines the budget categories for the first 4 years of the project. Applications must include an additional 1-year budget to cover the entire period of performance. This document must be included as *Attachment 7: 5th Year Budget.* As outlined on page 10, the inclusion of telehealth is encouraged to incorporate telehealth services as a component of their project demonstrations. Applications incorporating telehealth services into their project activities should include a telehealth line item and funding amount in the budget and budget justification in the budget category labeled "Other."

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*, page 28.

Reminder: Applications must include the budget narrative for all 5 years of the project. The narrative for Years 2–5 should only include information that changes from the Year 1 budget narrative. The budget narrative portion of the application will be counted towards the application page limit.

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

Attachment 1: Work Plan and Logic Model

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. Also include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide)*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal beyond the membership of the Maternal Health Task Force. A letter of support from the State Maternal and Child Health Title V Director should be included in Attachment 4. For applications supporting multiple states, a letter of support from each respective state's Title V Director should be included. The letter of support should outline the state support, including providing access to state data and data systems. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. If a group of states submit a group application, then letters of support from each of the State Maternal and Child Health Title V Directors will be required as part of the application package.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: For Multi-Year Budgets--5th Year Budget (NOT counted in page limit)

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachments 8–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

UPDATED SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the updated FAQs to learn more.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *July 15, 2019 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The State MHI Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $2,072,222 per year (inclusive of direct and indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) apply to this program. Note that these or other restrictions will apply in the following FY, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The State MHI Program has six review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment

This review criterion assesses the extent to which the application describes the purpose of the proposed project, and exhibits an expert understanding of the issues related to the proposed project, and key activities listed in this cooperative agreement. Specifically, the extent to which the applicant describes within the state or group of states: maternal health outcomes; the geographic and demographic disparities in negative maternal health outcomes; factors that contribute to maternal mortality and SMM; current innovative, evidence-informed strategies to improve maternal health; and, existing efforts utilizing telehealth and telemedicine strategies to improve maternal health outcomes.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

The following review criteria are provided to assess the applicant's response to the "Purpose" section of the NOFO, and include the project logic model, work plan, and methods to address individual state needs, and ability to address the needs to meet the program requirements and expectations. Specifically, these criteria seek to assess the proposed project framework and activities including:

- The strength of the proposed goals and objectives, and their relationship to the identified project.
- The extent to which the strategies and activities described in the application are capable of addressing the problem and attaining the project objective, including innovative methods that will be used to address the stated needs.
- The extent to which the applicant has described the framework for the Maternal Health Task Force, its membership, partnership goals, and how the partnership will engage and support implementation of project activities.
- The extent to which the applicant describes their role in supporting state-level maternal mortality programming and their ability to provide education and technical assistance in support of state policy development.
- If the primary applicant is a non-state entity, the extent to which the application demonstrates substantial coordination with the state's efforts, including state agency involvement in data collection and coordination, planning, execution, and evaluation of the proposed activities described in the work plan.
- The strength of the work plan's proposed alignment and enhancement of existing State Title V MCH Block Grant maternal mortality efforts.
- The extent to which the applicant is able to provide leadership as a convener/collaborator in advancing state maternal mortality efforts.
- The strength of the proposed work plan to assure access to state/jurisdictional maternal mortality data.
- The strength of the applicant's engagement in State Title V MCH program planning.
- The extent to which the applicant describes a plan to assure coordination of maternal mortality activities across the state.
- The extent to which the applicant has proposed a work plan that is adequate and reasonable.

- The extent to which the applicant describes plans and activities that will foster collaborative learning with traditional and nontraditional partners, including tribes/tribal organizations, if applicable, including participation at annual national meetings for State MHI Program award recipients.
- The extent to which the applicant's description of activities that will be used during the period of performance in the Methodology section are adequate, reasonable, and clearly depicted.
- The appropriateness and reasonableness of the time line that includes each activity, responsible staff, and as appropriate identifies support and collaboration with key stakeholders.
- The extent to which the applicant discusses challenges they might encounter in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges in a timely manner.
- The extent to which the applicant describes the development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities.
- The extent to which the applicant describes plans for utilizing telehealth and telemedicine strategies to reduce maternal mortality and SMM.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

These criteria assess the strength and effectiveness of the proposed methods to monitor performance and evaluate the project processes, performance, outcomes/results, and impact. Specifically, the applicant should describe:

- The strength and effectiveness of the method proposed to monitor and evaluate project results.
- The evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project activities.
- The extent to which the applicant describes the systems and process that will support the organization's performance management requirements.
- The extent to which the applicant describes the data collection strategy to collect, analyze, and track data to measure impact and outcome data.
- The extent to which the applicant describes potential obstacles for implementing the project performance evaluation, and their plan to address those obstacles.
- The extent to which the evaluation findings will inform progress towards project goals and objectives.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology, Work Plan, and Evaluation and Technical Support Capacity

These criteria assess the feasibility and effectiveness of the applicant's methodology/work plan for developing and implementing activities focused on achieving the project goals. Specifically, the review should ascertain:

- The extent to which the project is expected to improve maternal health outcomes.

- The effectiveness of plans for dissemination of project results, reports, products, and the degree to which the project activities are replicable.
- The extent to which the applicant provides a plan for project sustainability after the period of federal funding ends. The plan should outline efforts to sustain key elements of the project (e.g., strategies, services, and/or interventions that have been effective in improving practices and those that have led to improve outcomes for the focus population).

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Organizational Information

These criteria assess the current capabilities and experience of the applicant organization and project personnel, including proposed Maternal Health Task Force partners, to fulfill the needs and requirements of the State MHI Program.

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project.
- The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project, including following the approved plan, properly accounting for federal funds, and documenting all costs to avoid audit findings.
- The extent to which the applicant describes their organization's mission, structure, and scope of current activities to improve maternal health outcomes; and whether these components contribute to the organization's ability to conduct to the project activities and meet the project goals and expectations.
- The extent to which project personnel, including proposed partners, are clearly described, and whether they have sufficient training, qualifications, expertise, and experience to carry out the project.
- The extent to which the applicant provided a detailed staffing model that supports large-scale project implementation. The model should list staff titles (e.g., Program Director, Program Assistant, and Data Coordinator), number of FTE's fulfilling the role, and roles and responsibilities.
- The extent to which the applicant has relevant experience related to maternal mortality reduction and/or programs, initiatives, or projects to improve maternal health outcomes.
- The extent to which the applicant has experience collaborating with relevant entities working to improve women's health/maternal health outcomes through a variety of mechanisms and processes on the community and state levels.
- The extent to which the applicant describes relationships to and demonstrates collaborative commitments from the State Maternal and Child Health Title V Director (letter of agreement in Attachment 4) and any other organization or entity with a focus on addressing maternal mortality and severe maternal morbidity (e.g., Healthy Start, state perinatal quality collaboratives, state hospital association, professional organizations) with which they plan to partner, collaborate, coordinate efforts, or receive consultative services from, while conducting project activities.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Narrative

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. No more than one project will be funded per state or group of states under this notice. You should ensure your proposal describes how your project will involve collaboration with a state or group of states to strengthen state-level capacity in achieving program aims. Collaboration should include working with your respective State Title V MCH Program(s), and ensuring substantial coordination with the state's efforts. The Objective Review Committee will determine the highest scoring qualified applicant for each state or group of states based on the Review Criteria set out in section V.1. above. In making final award decisions, HRSA may take into account additional factors, such as geographic diversity, broad program impact, and overall sustainability. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 30, 2019. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See 45 CFR § 75.101 Applicability for more details.

3. Reporting

The Discretionary Grant Information System (DGIS) reporting system will continue to be available through the Electronic Handbooks (EHBs). HRSA enhanced the DGIS and these improvements are available for recipient reporting. The agency will communicate with recipients and provide instructions on how to access the system for reporting. HRSA will also provide technical assistance via webinars, written guidance, and one-on-one sessions with an expert, if needed.

The updated and final reporting package incorporating all OMB-accepted changes can be reviewed at:

https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection (OMB Number: 0915-0298 Expiration Date: 06/30/2019).

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis, which should address progress against program outcomes, including any expected outcomes in the first year of the program. Further information will be available in the award notice.

2) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.

3) **Performance Reports.** HRSA has modified its reporting requirements for Special Projects of Regional and National Significance projects, Community Integrated Service Systems projects, and other grant/cooperative agreement programs to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). GPRA requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act.

   a) Performance Measures and Program Data

   To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are at https://perf-data.hrsa.gov/MchbExternal/dgisapp/formassignmentlist/U7A_2.html and below.

Administrative Forms
Form 1, Project Budget Details Form 2, Project Funding Profile Form 4, Project Budget and Expenditures Form 6, Maternal & Child Health Discretionary Grant Form 7, Discretionary Grant Project

Updated DGIS Performance Measures, Numbering by Domain *(All Performance Measures are revised from the previous OMB package)*			
Performance Measure	**New/Revised Measure**	**Prior PM Number (if applicable)**	**Topic**
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 1	New	N/A	State Capacity for Advancing the Health of MCH Populations
CB 3	New	N/A	Impact Measurement
Women's/ Maternal Health			
WMH 1	New	N/A	Prenatal Care
WMH 2	New	N/A	Perinatal/ Postpartum Care
WMH 3	New	N/A	Well Woman Visit/ Preventive Care
WMH 4	New	N/A	Depression Screening
Life Course/ Cross Cutting			
LC 1	New	N/A	Adequate Health Insurance Coverage

b) Performance Reporting Time line

Successful applicants receiving HRSA funds will be required, within 120 days of the period of performance start date, to register in HRSA's EHBs and electronically complete the program-specific data forms that are required for this award. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other grant/cooperative agreement summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each year of the period of performance. Recipients will be required, within 120 days of the budget period start date, to enter HRSA's EHBs and complete the program-specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant/cooperative agreement summary data as well as finalizing indicators/scores for the performance measures.

c) Project Period End Performance Reporting

Successful applicants receiving HRSA funding will be required, within 90 days from the end of the period of performance, to electronically complete the program-specific data forms that appear for this program. The requirement includes providing expenditure data for the final year of the period of performance, the project abstract and grant/cooperative agreement summary data as well as final indicators/scores for the performance measures.

4) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Janene P. Dyson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop
Rockville, MD 20857
Telephone: (301) 443-8325
Fax: (301) 443-6343
Email: JDyson@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Kimberly Sherman, MPH, MPP
Women's Health Specialist, Division of Healthy Start and Perinatal Services
Attn: State Maternal Health Innovation Program
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N86
Rockville, MD 20857

Telephone: (301) 443-0543
Fax: (301) 594-0878
Email: wellwomancare@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Tuesday, June 18, 2019
Time: 3–4 p.m. ET
Call-In Number: 1-866-714-2132
Participant Code: 1427617#
Weblink: https://hrsa.connectsolutions.com/statemhi/

HRSA will record the webinar and make it available at: https://mchb.hrsa.gov/fundingopportunities/default.aspx.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

Detailed Program Description of the Support MHI Program, AIM Program, AIM – Community Care Initiative and RMOMS

Factors Contributing to Maternal Mortality and SMM

Factors that contribute to high rates of maternal mortality and SMM in the United States are numerous. One major factor is the variability of, and in some cases, lack of access to high-quality prenatal and maternity care services. Access issues affect women of all races and ethnicities. Too often, women cannot initiate prenatal care within the first trimester of their pregnancy due to lack of access to providers or coverage for services.[21] Many women living in the United States are geographically isolated with limited access to quality obstetric care facilities. Although national data on women's health and outcomes according to geographic location are limited, disparities among women residing in rural communities are apparent. Recent research shows that 45 percent of rural United States counties had no hospital obstetric services from 2004–2014.[22] Prenatal care initiation in the first trimester was lower for mothers in rural areas compared with suburban areas.[23] Women living in rural areas experienced higher rates of hospitalizations with complications during pregnancy compared to women living in metropolitan areas.[24] Lack of access can mean life or death if a woman experiences complications, such as hemorrhage or hypertension after returning home from delivery.

Provider knowledge, training, and preparedness, as well as access to life-saving medication and tools (e.g., crash cart with obstetric supplies) within birthing facilities are other factors affecting maternal mortality rates. Unfortunately, not all birthing facilities are prepared to manage obstetric emergencies and may not have immediate access to vital equipment, medications, and supplies for a rapid response. Because obstetric emergencies are an infrequent occurrence in many inpatient and outpatient facilities, providers and staff may not be routinely educated or trained on recognizing and responding to the early warning signs of emergencies.[25] This lack of experience in dealing with obstetric emergencies can result in denial and delay of care when warning signs are present.

Pregnant and postpartum women, their family, and social networks may also lack knowledge about the early warning signs of obstetric emergencies, during both the prenatal and postpartum periods. Medical professionals play a vital role in providing patients and their families with adequate guidance on identifying the early warning signs of complications, and by helping women recognize potential life threatening post-birth warning signs and educating them on how best to obtain immediate medical attention. Women are often discharged after

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[21] https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.9.4.91

[22] Hung, P., Henning-Smith, C., Casey, M., and Kozhimannil, K. "Access To Obstetric Services In Rural Counties Still Declining, With 9 Percent Losing Services, 2004–14." Health Affairs 36, No. 9 (2017).

[23] Agency for Healthcare Research and Quality. 2012 national healthcare disparities report. AHRQ Publication No. 13-0003. Rockville (MD): AHRQ; 2013. Available https://archive.ahrq.gov/research/findings/nhqrdr/nhdr12/index.html

[24] Elixhauser A, Wier LM. Complicating conditions of pregnancy and childbirth, 2008. Statistical Brief #113. Healthcare Cost and Utilization Project (HCUP). Rockville (MD): Agency for Healthcare Research and Quality; 2011. Available at: https://www.ncbi.nlm.nih.gov/books/NBK56037/

[25] Robinson DW, Anana M, Edens MA, et al. Training in Emergency Obstetrics: A Needs Assessment of U.S. Emergency Medicine Program Directors. *West J Emerg Med*. 2017;19(1):87-92. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5785207/.

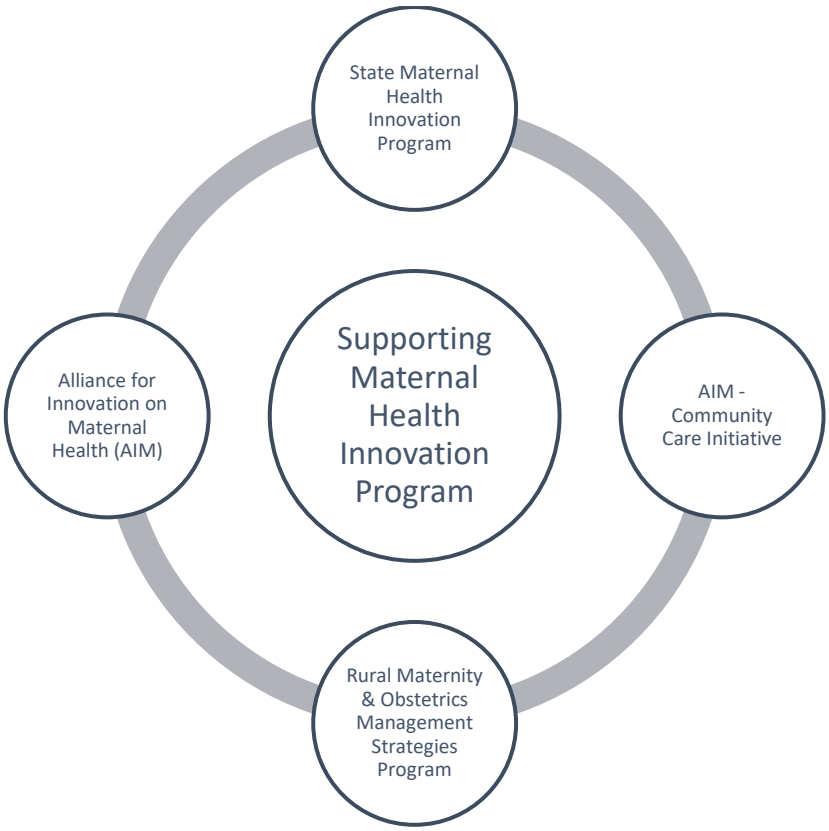
only a brief post-delivery hospitalization, and consistent messaging about early warning signs should be reinforced early and often. Once home, these women may be uncertain whether they are experiencing symptoms that warrant medical attention and may not have rapid access to expert guidance 24 hours a day. The postpartum visit offers an opportunity to address any health concerns post-delivery. While evidence shows close monitoring and follow-up care throughout the postpartum period is crucial, not all women attend a postpartum visit. Currently, as many as 40 percent of women do not attend a postpartum visit.[26]

Lastly, identification and review of maternal deaths, and specifically pregnancy-related deaths, across the country are inconsistent. Estimates on the number of postpartum or post discharge maternal deaths are not representative nationally. Over the past several decades, numerous national, state, and local initiatives have been implemented to improve the identification, review, and prevention of maternal deaths. However, challenges remain with respect to shared terminology, definitions, and accuracy of maternal mortality data.[27] There continues to be a need for accurate standardized data to better understand the trends and causes of maternal death, and to inform preventive efforts to reduce maternal mortality and SMM in the United States. Access to high-quality and reliable data that identify both the characteristics of women who die due to pregnancy complications and the specific circumstances that may lead to these deaths are essential for informing our nation of critical action steps, developing strategies to prevent negative outcomes, and improving systems of care to prevent maternal mortality and SMM.

[26] https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care.

[27] St. Pierre A, Zaharatos J, Goodman D, Callaghan WM. Challenges and opportunities in identifying, reviewing, and preventing maternal deaths. Obstet Gynecol, 2018; 131(1): 138-142.

HRSA Maternal Health Programming Organizational Chart



Supporting Maternal Health Innovation Program
The Supporting Maternal Health Innovation Program (Supporting MHI) seeks to support states and other stakeholders in their efforts to reduce maternal mortality and severe maternal morbidity (SMM) by: 1) Providing capacity building assistance (CBA) to recipients of the State MHI Program to implement innovative and evidence-informed strategies, and 2) Providing national leadership to all stakeholders to improve maternal health.

The Supporting MHI Program will provide the necessary support to ensure the successful implementation of innovative and evidence-informed strategies in the State Maternal Health Innovation program, AIM, AIM-Community Care Initiative, and other HRSA-funded maternal health programs.

For a detailed description of the Supporting MHI Program, please see the HRSA-19-106 NOFO.

Alliance for Innovation on Maternal Health (AIM) – Community Care Initiative
The purpose of the AIM – Community Care Initiative is to support the development and implementation of non-hospital based maternal safety bundles within community-based organizations and outpatient clinical settings across the United States, in order to address preventable maternal mortality and severe maternal morbidity among pregnant and postpartum women outside of hospital and birthing facility settings. Specifically, funding for this

cooperative agreement will support the recipient's ability to conduct the following core activities:

1) Identifying and convening a Maternal Safety Workgroup comprised of community-focused public health experts to guide program activities;
2) Facilitating national implementation and adoption of non-hospital focused maternal safety bundles for use within outpatient clinical settings and community-based organizations; and
3) Collecting and analyzing process, structure, and outcome data to drive continuous improvement in the implementation of non-hospital focused maternal safety bundles, through a continuous quality improvement framework.

AIM – Community Care Initiative will provide an infrastructure based on collaborative learning, quality improvement, and innovation to increase the utilization of best practices among outpatient clinical settings and community-based organizations to show measurable impact and outcomes.

For a detailed description of the AIM – Community Care Program, please see the HRSA-19-109 NOFO.

Alliance for Innovation on Maternal Health (AIM)
The purpose of the AIM program is to reduce maternal deaths and SMM by engaging provider organizations, state-based health and public health systems, consumer groups, and other stakeholders within a national partnership to assist state-based teams in implementing evidence-based maternal safety bundles. Maternal safety bundles are a set of small straightforward evidence-based practices, that when implemented collectively and reliably in the delivery setting have improved patient outcomes and reduced maternal mortality and severe maternal morbidity. This program conducts the following activities:

1) Leading a national partnership of organizations focused on reducing maternal mortality and severe maternal morbidity by facilitating multidisciplinary collaborations;
2) Directing widespread implementation and adoption of the maternal safety bundles through collaborative state-based teams; and
3) Collecting and analyzing process, structure, and outcome data to drive continuous improvement in the implementation of safety bundles by state-based teams, through a continuous quality improvement framework.

For a detailed description of the AIM program, please see the program website.

Rural Maternity and Obstetrics Management Strategies Program (RMOMS)
The purpose of the RMOMS program is to improve access to and continuity of maternal and obstetrics care in rural communities.

The goals of the RMOMS program are to: (i) develop a sustainable network approach to coordinate maternal and obstetrics care within a rural region; (ii) increase the delivery and access of preconception, pregnancy, labor and delivery, and postpartum services; (iii) develop sustainable financing models for the provision of maternal and obstetrics care; and (iv) improve

maternal and neonatal outcomes. RMOMS applicants are encouraged to propose innovative ways to achieve these goals through an established or formal regional network structure.

This pilot program intends to demonstrate the impact on access to and continuity of maternal and obstetrics care in rural communities through testing models that address the following RMOMS focus areas:

1) Rural Hospital Obstetric Service Aggregation
2) Network Approach to Coordinating a Continuum of Care
3) Leveraging Telehealth and Specialty Care
4) Financial Sustainability

RMOMS applicants are required to incorporate all four of the RMOMS focus areas in their proposals.

For a detailed description of the RMOMS program, please see the HRSA-19-094 NOFO.