U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy
Community-Based Division
and
Maternal and Child Health Bureau

Rural Maternity and Obstetrics Management Strategies Program

Funding Opportunity Number: HRSA-19-094
Funding Opportunity Type: New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Letter of Intent Due Date: May 3, 2019

Application Due Date: June 17, 2019

MODIFIED on May 16, 2019 to reflect the RMOMS program is authorized by two separate authorities. Revisions: 1) Cover page; 2) Executive Summary; 3) Section I.1 Purpose and 1.2 Background; 4) Section II.2 Summary of Funding; 5) Section IV.2.iv Budget Narrative; and 6) Section VI.3 Progress Report

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: March 25, 2019

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Authorities: Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)), as amended; P.L. 115-245 and Social Security Act, Title V, § 501(a)(2) (42 U.S.C. § 701(a)(2)).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 Rural Maternity and Obstetrics Management Strategies (RMOMS) program. The purpose of this program is to improve access to and continuity of maternal and obstetrics care in rural communities.

Funding Opportunity Title:	Rural Maternity and Obstetrics Management Strategies Program
Funding Opportunity Number:	HRSA-19-094
Due Date for Applications:	June 17, 2019
Anticipated Total Annual Available FY 2019 Funding:	$1,800,000
Estimated Number and Type of Award(s):	Up to three cooperative agreements
Estimated Award Amount:	Year 1 up to $450,000 subject to the availability of appropriated funds. Year 1 up to $150,000 for Leveraging Telehealth and Specialty Care, subject to the availability of funds (Title V of the Social Security Act). Years 2-4 up to $650,000 each year subject to the availability of appropriated funds. Years 2-4 up to $150,000 for Leveraging Telehealth and Specialty Care (Title V of the Social Security Act), subject to the availability of appropriated funds.
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2019 through August 31, 2023 (4 years)
Eligible Applicants:	All domestic public and private entities, nonprofit and for-profit, are eligible to apply. 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 1

Day and Date: Tuesday, April 30, 2019
Time: 2 - 3 p.m. ET
Call-In Number: 1-888-603-9810
Participant Code: 9971486
Weblink: https://hrsa.connectsolutions.com/rmoms_ta/
Playback Number: 1-866-495-9344
Passcode: 67259

Webinar 2

Day and Date: Wednesday, May 29, 2019
Time: 3 - 4 p.m. ET
Call-In Number: 1-877-779-7422
Participant Code: 1366806
Weblink: https://hrsa.connectsolutions.com/rmoms_ta/

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Health Resources and Services Administration's (HRSA) Rural Maternity and Obstetrics Management Strategies (RMOMS) program. 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. 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**

Applicants are required to incorporate all four of the RMOMS Focus Areas in their proposals. Additionally, applicants are required to address the focus-specific questions listed below as they prepare a response. Responses do not have to be limited to those questions and may include additional information related to the Focus Areas.

Rural Hospital Obstetric Service Aggregation
- Could a regional network with several rural hospitals that are facing challenges in providing obstetric services aggregate obstetric services to one specific rural or critical access hospital (CAH) within the regional network to ensure enough patient volume to be financially viable and provide high-quality obstetric services?

Network Approach to Coordinating a Continuum of Care
- If obstetrics services are aggregated in a regional network, could the other rural hospitals, community health centers, and other clinical network partners then focus on improving access to the continuum of care: preconception, pregnancy, labor and delivery, and postpartum services?
- Are there ways to improve maternal and neonatal outcomes by developing more formal case management that includes rural hospitals and clinics working closely with existing HRSA award recipients such as Community Health Centers, Home Visiting and Healthy Start programs?

Leveraging Telehealth and Specialty Care
- How can rural networks collaborate with upstream tertiary providers to enhance case management of higher-risk expectant mothers living in geographically isolated areas?
- What role can telehealth applications, such as fetal monitoring, play in supporting rural clinicians and the obstetric patients they serve?

Financial Sustainability
- Can rural networks, in partnership with Medicaid and other payers, demonstrate improved outcomes and potential savings?

Applicants are required to develop their own strategies in response to all of the above Focus Areas. Funding for the RMOMS program is authorized by two separate authorities such that:
- $150,000 per year is available for Leveraging Telehealth and Specialty Care (Title V).
- $450,000 is available in year one and $650,000 is available in years two through four for the focus areas of Rural Hospital Obstetric Service Aggregation, Network Approach to Coordinating a Continuum of Care, Leveraging Telehealth and Specialty Care, and Financial Sustainability.

Applicants are required to submit a single application to perform activities under both authorities (i.e., they may not apply to carry out only a portion of the activities described by this NOFO and they must incorporate all four of the RMOMS Focus Areas in their proposals). See IV. 2. iv. Budget for instructions on how to delineate funds in Attachment 10.

This cooperative agreement program may be built into an existing statewide or regional health network that supports obstetrics services and primary care such that a woman's health care needs are addressed from the preconception period, through pregnancy, labor, delivery, and the postpartum period.

Award recipients will work in consultation with a HRSA-funded program evaluator to establish baseline data and analyze program outcomes throughout the course of the program.

Expected activities of award recipients include:

Year One (Planning Year)
a. Develop a model in alignment with RMOMS Focus Areas that support the coordinated maternal care and delivery needs of a region and the necessary workforce training, services, equipment, and reimbursement needs to sustain the model.
b. Coordinate with HRSA to establish baseline data during the planning period (year 1) and program data (years 2-4).
c. Develop a work plan to implement the model in the target region during years 2, 3, and 4.
d. Engage in network capacity building and infrastructure development.

Years Two, Three, and Four (Implementation Years)
   a. Implement and test model using the reviewed work plan.
   b. Provide case management and coordinated care for pregnant women, mothers, and their infants across the continuum of care.
   c. Track data and adjust model based on evaluative measures.

Refer to the Project Narrative, Methodology section for more details on all activities in project years 1-4.

By the conclusion of the period of performance in 2023, award recipients should be able to report on the extent to which the project resulted in: (1) a safe delivery environment with the support and access to specialty care for perinatal women and infants in rural communities; (2) models of maternal and obstetrics care reinforced and sustained by a payment/reimbursement structure; and (3) improved clinical outcomes for maternal and neonatal health spanning the preconception, pregnancy, labor, and delivery, and postpartum periods.

2. Background

This program is authorized by Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)), as amended (administered by HRSA's Federal Office of Rural Health Policy), and by the Social Security Act, Title V, § 501(a)(2) (42 U.S.C. § 701(a)(2)) (administered by HRSA's Maternal and Child Health Bureau).

HRSA's Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the Department of Health and Human Services (HHS). FORHP is statutorily required to advise the HHS Secretary on the effects of current policies and proposed statutory, regulatory, administrative, and budgetary changes in Medicare and Medicaid programs on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professions, and access to and the quality of health care in rural areas.

HRSA's Maternal and Child Health Bureau (MCHB) seeks to improve the health of all mothers, children, and their families. As part of the Maternal and Child Health Block Grant statute, Title V authorizes a set-aside for Special Projects of Regional and National significance (SPRANS), including the award of grants that address national or regional needs, priorities, or emerging issues (such as opioids, maternal mortality, and Zika) and demonstrate methods for improving care and outcomes for mothers and children.

National trends in maternal health have worsened over time and a key indicator is the pregnancy-related mortality ratio. The ratio is an estimate of the number of pregnancy-related deaths for every 100,000 live births. The pregnancy-related mortality ratio increased from 7.2 deaths per 100,000 live births in 1987 to 18.0 deaths per 100,000 live births in 2014.[1] Similarly, Severe Maternal Morbidity (SMM) is steadily increasing

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[1] Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm. Accessed on 9/26/2018.

and affected more than 50,000 women in the United States in 2014.[2] SMM includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health.[2] Reasons for the overall increase in pregnancy-related mortality and morbidity rates are unclear, however it is known that risk from maternal mortality is unevenly distributed across populations of African American, low-income and rural residents.

There is a lack of recent data at the national level describing the rural and urban differences for maternal morbidity and mortality rates. However, as of 2014, more than half of all rural U.S. counties were without hospital obstetric services.[3] Furthermore, rural obstetric unit closures are more common in smaller hospitals and communities with a limited obstetric workforce.[4] These trends in the decreasing availability of obstetric units in rural areas indicate growing challenges in gaining access to care. For example, when comparing rural U.S. counties not adjacent to urban areas that had a loss of hospital-based obstetric services to counties with continuous services, there was an increase in out-of-hospital and preterm births and births in hospitals without obstetric units in the following year.[5] Furthermore, rural counties had higher infant, neonatal, and post-neonatal mortality rates than large urban counties.[6]

Rural communities face distinct and varied challenges in light of the current trends. Many factors affect the sustainability of rural obstetrics care, including obstetrics workforce recruitment and skill maintenance[7], birth volume, financial viability, resources, and infrastructure of prenatal and postnatal services, among others.[4]

An important element of rural health care coordination is the distance traveled to receive services. Research findings show women who had to travel more than 30 miles to a labor and delivery location had fewer prenatal visits and infants with a lower birth weight and gestational age.[8] Telehealth, such as remote fetal monitoring, can be an important tool for improving access to quality health care, especially for underserved and economically or medically vulnerable populations. Applicants who propose a telehealth component to their work plan are encouraged to reach out to one of the 12 HRSA-supported regional Telehealth Resource Centers that provide technical assistance to organizations and individuals who are actively providing or interested in providing telehealth services to rural and/or underserved communities.

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[2] Centers for Disease Control and Prevention. Severe Maternal Morbidity in the United States. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html. Accessed on 9/27/2018.
[3] Hung P, Henning-Smith C, Casey M, Kozhimannil K. Access to Obstetric Services in Rural Counties Still Declining, with 9 Percent Losing Services, 2004-14. Health Affairs. 2017; 36 (9): 1663-1671. doi: 10.1377/hlthaff.2017.0338
[4] Hung P, Kozhimannil K, Casey M, Moscovice I. Why Are Obstetric Units in Rural Hospitals Closing Their Doors? Health Serv Res. 2016; 51: 1546-1560. doi: 10.1111/1475-6773.12441
[5] Kozhimannil K, Hung P, Henning-Smith C, Casey M, Association Between Loss of Hospital-Based Obstetric Services and Birth Outcomes in Rural Counties in the United States. JAMA. 2018 online. doi:10.1001/jama.2018.1830
[6] Ely D, Hoyert D. Differences Between Rural and Urban Areas in Mortality Rates for the Leading Causes of Infant Death: United States, 2013-2015. NCHS Data Brief No. 300. 2018. https://www.cdc.gov/nchs/data/databriefs/db300.pdf. Accessed on 12/6/2018.
[7] Hung P, Kozhimannil K, Casey M, Henning-Smith C, Prasad S. State Variations in the Rural Obstetric Workforce. Rural Health Research Center Policy Brief. 2016. http://rhrc.umn.edu/wp-content/uploads/2016/05/State-Variations-in-the-Rural-Obstetric-Workforce.pdf. Accessed on 9/27/2018.
[8] Hamlin L. Obstetric Access and the Community Health Imperative for Rural Women. Fam Community Health. 2018; 41(2): 105-110. doi: 10.1097/FCH.0000000000000192.

II. Award Information

1. Type of Application and Award

Type 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:
   a. Providing common measures that must be reported by all recipients;
   b. Participating in the planning and development of the baseline data and data collection methods;
   c. Reviewing and providing recommendations on the final work plan;
   d. Reviewing award activities on an ongoing basis and providing input on strategies or approach;
   e. Participating, as appropriate, in the planning and implementation of any meetings, training activities or workgroups conducted during the period of performance; and
   f. Providing consultation with the maternal rural health network, as appropriate, in outreach and dissemination activities.

The cooperative agreement recipient's responsibilities will include:
   a. Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds;
   b. Completion of activities included in the final work plan, specifically data collection and active participation in HRSA-funded efforts to contribute to the rural maternal health evidence base;
   c. Cooperating with a HRSA-funded technical assistance provider and evaluator during the period of performance (and potentially share project updates and information with them after the period of performance ends). HRSA will provide additional guidance on the technical assistance and evaluation components of the project throughout the period of performance;
   d. Participation in conference calls or meetings with HRSA;
   e. Timely response to requests for information, including requests for data submissions from HRSA; and
   f. Establishment of relationships and collaborations with other federal and state supported Maternal and Child Health programs and state Medicaid agencies.

2. Summary of Funding

HRSA expects approximately $1,800,000 to be available in FY 2019 to fund three recipients. You may apply for a ceiling amount of up to $600,000 total costs. Of the total FY 2019 amount, you may apply for up to $450,000, (includes both direct and indirect, facilities and administrative costs); and apply for up to $150,000 for Focus Area 3: Leveraging Telehealth and Specialty Care (Title V) includes both direct and indirect, facilities and administrative costs). In FY 2020, FY 2021, and FY 2022, you may apply

for a total ceiling amount of up to $800,000. Of that total amount, you may apply for up to $650,000 total costs (includes both direct and indirect, facilities, and administrative costs) each year; and apply for up to $150,000 for Focus Area 3: Leveraging Telehealth and Specialty Care (Title V), includes both direct and indirect, facilities and administrative costs). See IV. 2. iv. Budget for instructions on how to delineate funds in Attachment 10.

The period of performance is September 1, 2019 through August 31, 2023 (four years). Funding beyond the first year is subject to the availability of appropriated funds for the RMOMS 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

Applicant Organization Specifications:
Eligible applicants include all domestic public or private, non-profit or for-profit, entities, including faith-based and community-based organizations, tribes, and tribal organizations. The applicant organization may be located in an urban or rural area. However, all activities supported by this program must exclusively target populations residing in HRSA-designated rural counties or rural census tracts in urban counties. To ascertain whether a particular county or census tract is rural, please refer to https://data.hrsa.gov/tools/rural-health?tab=Address.

The applicant organization should have the staffing and infrastructure necessary to oversee program activities, serve as the fiscal agent for the award, and ensure that local control for the award is vested in the target rural communities.

The applicant organization must:
   a. Exercise administrative and programmatic direction over award-funded activities;
   b. Be responsible for hiring and managing the award-funded staff;
   c. Demonstrate the administrative and accounting capabilities to manage the award funds;
   d. Have at least one permanent staff at the time an award is made; and
   e. Have an Employer Identification Number (EIN) from the Internal Revenue Service.

Network Specifications:
The applicant organization must be part of a group of entities that are either an established or a formal network, which may need to be expanded to meet this program's network definition. **A network is defined as an organizational arrangement among three or more separately owned domestic public and/or**

private entities, including the applicant organization. For the purposes of this program, the applicant must have a network composition that includes: 1) at least two rural hospitals or CAHs; 2) at least one health center under section 330 of the Public Health Service Act (Federally Qualified Health Center (FQHC) or FQHC look-alike); 3) state Home Visiting and Healthy Start Programs if regionally available; and 4) the state Medicaid agency.

HRSA acknowledges that each state Medicaid agency varies in available resources and capacity to partner with community health care organizations. With that consideration, if the applicant is unable to obtain a signed MOA/U from the state Medicaid agency at the time of application submission, please explain in your application the extent of the anticipated partnership with the state Medicaid agency for the purposes of this program.

The applicant organization, along with each network member who will receive any of the awarded funds, must have separate and different Employer Identification Numbers (EINs). Note: If an organization has an affiliated satellite site in a rural area, but shares the same EIN as the parent site located in an urban location, then that entire organization is considered urban for the purposes of this award. If the rural satellite office has a unique EIN and acts autonomously from the urban parent organization, then the location will be considered rural.

At least one network member must be located in a HRSA-designated rural county or rural census tract in an urban county; however, the applicant organization may be located in an urban area. All individuals served and all activities supported by this program must exclusively target populations residing in HRSA-designated rural counties or rural census tracts in urban counties.

Given the specialized nature of maternal health, network members should be equipped to manage and coordinate care of the women's health throughout the preconception, pregnancy, labor, and delivery, and postpartum periods. Medicaid covers nearly 50 percent of all births nationally and the engagement, expertise, and support of state Medicaid agencies will be critical to the long-term success of the program and may also provide opportunities to achieve longer-term savings.[9] Networks should include upstream tertiary partners for enhanced case management of high-risk deliveries while also providing specialist support including the leveraging of telehealth to support care delivery and clinician support in rural communities.

An example of a rural maternal health network:
- Rural Hospital 1: the obstetrics delivery site with telehealth and prenatal care
- Rural Hospital 2: maternal and obstetrical case management with telehealth, prenatal, and postnatal care
- CAH 3: maternal and obstetrical case management with telehealth, prenatal, and postnatal care
- FQHC 1: maternal and obstetrical case management with telehealth, prenatal, and postnatal care

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[9] Rossier Markus A, Andres E, West K, Garro N, Pellegrini C. Medicaid Covered Births, 2008 Through 2010, in the Context of the Implementation of Health Reform. Women's Health Issues. 2013; 23 (5): e273-e280.

- FQHC 2: maternal and obstetrical case management with telehealth, prenatal, and postnatal care
- Rural Health Clinic (RHC)
- Public Health: well baby care, screenings, etc.
- Healthy Start Award Recipient: connecting patients to services; providing clinical support
- Home Visiting Award Recipient: connecting with at-risk new mothers and babies
- Tertiary Center with Obstetrics Specialty Services linked by telehealth
- Other local providers (nurse midwives, private practice clinicians, social workers, case managers)
- State Medicaid Agency: commit to work with the providers for reimbursement

Other potential partners include, but are not limited to:
- Health Center Controlled Networks
- Primary care providers/offices
- Primary care associations
- State Offices of Rural Health
- Emergency Medical Services entities
- Community organizations

Include the signed Memorandum of Agreement or Understanding (MOA/U) that defines the roles and responsibilities for each network partner as **Attachment 1**. If you are an established network please include a summary no longer than one page detailing your network's history of working together; highlighting your network's products, services, and sources of sustainability as **Attachment 2**.

Note: Each network member must demonstrate involvement in the project and contribute to the project goals, including integrating data sharing capabilities. The roles and responsibilities of each network member must be clearly defined in the MOA/U. The MOA/U must be signed by all network members at the time of application.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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.

The applicant organization may only apply as the applicant organization once for this funding opportunity. However, an entity that has applied as the applicant organization may also apply to this funding opportunity as part of another network applying for this funding opportunity under a different applicant organization. If this is the case, the applicant organization should submit abstracts for each RMOMS application for which it is a network member in **Attachment 9**.

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.

If you are reading this notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes 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 **90 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 11**: Other Relevant Documents.

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

The RMOMS program consists of two distinct phases over the period of performance. In the planning year (year 1), networks will develop their models, work plans, and establish baseline data. In the implementation years (years 2, 3, and 4), networks will test and refine their models through the execution of their work plans and continue to work with the HRSA-funded program evaluator on data collection efforts.

i. Project Abstract

Please use the following outline to complete the requested abstract content described below. The project abstract must be **single-spaced** and limited to **one page in length**. See Section 4.1.ix of HRSA's *SF-424 Application Guide* for further details.

ABSTRACT HEADER CONTENT
Applicant Organization Information Organization Name, Address (street, city, state, zip code), Facility/Entity Type (e.g., CAH, State Office of Rural Health, tribal organization, FQHC, RHC, public health department, etc.) and Website Address *(if applicable)*
Designated Project Director Information Project Director Name & Title, Contact Phone Number *and* E-Mail Address
RMOMS Project: • Project Title and Goal • Requested award amount for each project year (1-4)

ABSTRACT BODY CONTENT

Network Composition
     o   Briefly describe the network, including name and vision. Indicate if you are a formal or established network, and if you expanded your network membership for this program detail which network members were added.
     o   The number of network members involved in the project who have signed a MOA/U; indicate organization facility type (e.g., CAH, State Office of Rural Health, tribal organization, health center, RHC, public health department, etc.)

Target Service Area
 It is recommended that applicants provide this information in a table format.
     o   <u>Entirely Rural Counties</u> (list county name(s))
     o   <u>Partially Rural Counties</u> (list city, state, zip code, and census tract) Applicants should specify whether the area is in a HRSA-designated rural county or rural census tract in an urban county. To ascertain whether a particular county or census tract is rural, please refer to http://datawarehouse.hrsa.gov/RuralAdvisor/.

Target Population   Brief description of the target population the project proposes to serve and track.
Project Activities/Services   Brief description of the proposed project activities and/or services.
Expected Outcomes   Brief description of the proposed project's expected outcomes.

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:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need*
  The introduction should provide a brief overview of the target population(s) and service area and the network members involved in the project. This section should clearly outline the purpose of the proposed project. It should summarize the project's goals, activities and expected outcomes as they relate to each of the RMOMS Focus Areas: rural hospital obstetric service aggregation, network approach to coordinating a continuum of care, leveraging telehealth and specialty care, and financial sustainability approaches.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need*
  This section outlines the community's need for the proposed project, and how the region will be involved in the ongoing operations of the project. Describe how the target population was involved in determining the need and relevant barriers the project intends to overcome, and provide a geographical snapshot of the targeted service area(s). A list of resources is located in Appendix B.

Please use the following four sub-headings for this section: (1) Target Population Details, (2) Stakeholder Involvement, (3) Target Service Area Details, and (4) Maternal and Obstetric Health Care Availability in Service Area.

(1) Target Population Details
a. Describe the target population. Consider disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, religion, health literacy, and other populations that may otherwise be overlooked when identifying target populations.

b. Describe the associated unmet health needs of the target population of the proposed project (if funded, this is the population that you will monitor and track). Describe the entire population of the service area and its demographics in relation to the population you will serve. When possible, incorporate any national and/or local rankings data to aid in illustrating the community's need. Cite data for factors that are relevant to the project, such as specific regional health status indicators and unmet health need, such as loss of rural hospital obstetrics services, maternal mortality, average travel time to delivery for the target population and provision of prenatal and postnatal care, lack of a coordinated and continuum of care at various stages of pregnancy, financial sustainability issues as it relates to obstetric care, etc. Also, include information regarding the social determinants of health and health disparities affecting the population or communities served.

(2) Stakeholder Involvement
a. Describe how you identified the needs of the target region. Further, describe the involvement of the various stakeholder health care providers and payers in the project development and future plans to ensure the project is responding to the target population's needs.

b. Discuss the manner and degree to which the region's stakeholders were included in planning the activities of the project. Provide details (frequency, number of participants, etc.) regarding the tools and methods (e.g., needs assessments, focus groups, questionnaires/surveys, etc.) that you utilized to identify the need of the target region. Also, describe the involvement of the target population in the program development.

(3) Target Service Area Details
a. Identify the target service area(s) for the proposed project. Describe any relevant geographical features of the service area that affect access to health care services.

b. Provide a map that shows the location of network members, the geographic area that will be served by your network, and include any other information that will help reviewers visualize and understand the scope of the proposed activities. Please include the map as **Attachment 3**.

Note: Maps should be legible and in black and white.

(4) Maternal and Obstetric Health Care Availability in Service Area

    a. Describe the health care services available in or near the target service area and any gaps in services. Keep in mind that it is important for reviewers to understand the number and types of relevant health and social service providers that are located in and near the service area of the project as well as their relation to the project. Specifically detail the current obstetrics services available in the region and recent or pending changes to those services (i.e., lost or at risk of closing) and if there are any FQHCs, existing Healthy Start or Home Visiting programs. How does the proposed project incorporate and leverage the current services in the community?

    b. Detail if there are other health care providers or health systems in the region that are not a part of your network that could be affected by the proposed project. Describe whether this project would enhance collaboration or competition with other regional health care service providers (e.g., changes in referral patterns, practice patterns, provider reimbursement impact, etc.).

- *METHODOLOGY -- Corresponds to Section V's Review Criterion #2 Response*
This section outlines, in a narrative format, the methods that you will use to address and respond to the aforementioned needs and meet each of the program activities and expectations in this NOFO.
The following items must be addressed within the methodology sections. Please use the headings: (1) Methods for Fulfilling Planning Year 1 Activities, (2) Methods for Fulfilling Implementation Years 2-4 Activities, (3) Methods for Sustainability Planning, (4) Methods for Maintaining Network and Stakeholder Commitment.

(1) Methods for Fulfilling Planning Year 1 Activities

Detail the methods you will use to complete each first-year activity, which include:

    a. **Develop a model** addressing the RMOMS Focus Areas that support the coordinated maternal care and delivery needs of a region and the necessary workforce training, services, equipment, and reimbursement needs to sustain the model. The model should address and improve upon the following elements:

        ○ <u>Access:</u> Improve access to patient centered, comprehensive, coordinated care for women before, during and after pregnancy. The use of telehealth to support specialty services and to reduce the travel burden of patients is encouraged.

        ○ <u>Workforce:</u> Enhance skills by utilizing a multidisciplinary team and improve the distribution of maternal health care providers needed to facilitate a continuous team-based approach committed to improving the birth experience through the inclusion of doctors, nurse midwives, nurses, doulas, and other health professionals.

        ○ <u>Reimbursement:</u> collaborate and coordinate with state Medicaid agencies and other payers if applicable, to explore payment and reimbursement options to support the model, ensure access and

improve outcomes including potential ways to reduce costs.

b. **Establish and collect baseline data**, both quantitative and qualitative, to identify gaps in the continuity of obstetrics care, and/or workforce, services, and access to care within the target rural service area and existing federal, state, and local maternal health resources that could be leveraged within the rural community. Data points will be determined collaboratively by HRSA, the program evaluator, and program award recipients.
  o Discuss how clinical sites will be evaluated and the decision making process for designating which obstetric services will be offered at which sites in relation to the RMOMS Focus Areas of aggregating rural hospital obstetric services and coordinating a continuum of care; detail the anticipated roles and focus of all network providers and hospitals.

c. **Develop work plan** to implement the model in the target region during years 2, 3, and 4. The work plan must clearly align with the RMOMS Focus Areas and link the model's goals, strategies, activities, with correlating measurable process and outcome measures and be reviewed by HRSA and the HRSA-funded program evaluator.

d. **Engage in network capacity building and infrastructure development**. This can include, but is not limited to:
  o acquire appropriate staffing and equipment needs to support your model work plan;
  o develop a network business model;
  o identify how network members can integrate their functions and share clinical and/or administrative resources;
  o identify and establish ways to obtain regional and/or local community support/buy-in around the network model;
  o identify a strategy to leverage broadband connectivity to support health information technology applications in rural regions.

(2) Methods for Fulfilling Implementation Years 2-4 Activities
Detail the methods you will use to complete activities in years 2-4, which include:
  a. **Implement and test model** using the reviewed work plan in alignment with the RMOMS Focus Areas.
    o This might include testing and refining the model in a smaller catchment area and subsequently expanding to a larger region; or implementing and refining strategies within the model by period (preconception; pregnancy, labor, and delivery; and postpartum) across your region.

  b. **Provide case management and care coordination** for mothers and their infants across the continuum of care, leveraging existing services and programs. Programs to consider include, but are not limited to, the Healthy Start and the Home Visiting Programs.

  c. **Track data and adjust model based on evaluative measures**. You will work with HRSA and the HRSA-funded program evaluator to identify the

data elements that will be tracked and reported throughout the course of the period of performance and use that information to adjust the model where appropriate.

(3) Methods for Sustainability Planning

Describe a plan for sustaining the model funded by the RMOMS award and discuss the following:

a. Describe the strategies that you will utilize to achieve the desired sustainability of the project as a result of the RMOMS funding. You must consider how to sustain your RMOMS funded programs beyond the 4-year period of performance.

b. Describe some of the potential sources of support for achieving sustainability with a program emphasis on testing and innovating financial models to support maternal health. Most successful sustainability strategies include a variety of sources of support and do not depend on federal funding to maintain program activities.

c. Describe how realistic and feasible the proposed sustainability plan is for your project. HRSA understands that the sustainability plan may evolve as you implement the project. The prospect of being financially prepared to continue the project increases if you identify strategies for sustainability during the planning stages of the project.

Note: As part of receiving the award, recipients are required to submit a final sustainability plan during the final year of their period of performance. Further information will be provided upon receipt of the award.

(4) Methods for Maintaining Network and Stakeholder Commitment

Describe how your network will maintain members' commitment throughout the period of performance to fulfill the proposed activities, engage members in efficient decision-making, impact evaluation, and sustainability planning, and ensure that local control for the award remains vested in the target rural communities. Describe how the network will build and maintain stakeholder involvement and commitment throughout the period of performance.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*

  Describe the activities or steps (including addressing the RMOMS Focus Areas) that you will use to achieve each of the activities proposed during the first year of the period of performance (Note: you will develop your work plan for years 2, 3, and 4 during year 1). Use a timeline that includes each year 1 activity and identifies the responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the model and, further the extent to which these contributors reflect the cultural, racial, linguistic, religious and geographic diversity of the populations and communities served. Please include the work plan as **Attachment 4**.

  Describe the (1) Impact, (2) Replicability, and (3) Dissemination Plan for your project model.

(1) Impact
Describe the expected impact on the target population and the regional health system. Although HRSA recognizes the influence of external factors when attributing the effects of an activity or program to the long-term health outcome of a community, you should still describe the expected or potential long-term changes and/or improvements in health status due to the model. Similarly, describe the impacts of the model on the regional health system stakeholders. Examples of potential long-term impact could include:
- changes in maternal morbidity and mortality
- maintenance of desired behavior
- policy implications
- mitigation in access to care barriers
- viability of obstetric services in the region
- obstetrics workforce recruitment and retention

(2) Replicability
Describe the expected impact from the project on the target population and the extent of the project's value to similar regions with comparable needs. You must describe the degree to which the project activities are replicable to other rural regions with similar needs.

(3) Dissemination Plan
Describe the plans and methods for widely disseminating your project results. You must include a plan that describes how you will share the information collected throughout the project with varying stakeholders. A dissemination plan must be outlined describing strategies, platforms, and activities for informing respective target audiences and stakeholders (i.e., policymakers, research community, etc.).

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criteria #2 Response*
Discuss potential challenges and approaches to resolve those challenges. Include a discussion of:
  a. Designing and implementing the activities described in the work plan, including the data collection capacity at each clinical site and how data will be shared between network partners and with the HRSA-funded program evaluator;
  b. Keeping the network actively engaged throughout the period of performance;
  c. External challenges such as staff turnover, geographic limitations, health workforce shortages, insurance, provider reimbursement, telehealth, and/or others; and
  d. How to ensure the services provided address the cultural, linguistic, religious, and social differences of the target populations.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion(a) #3 Evaluative Measures and #5 Resources/Capabilities*
  This section should demonstrate your network's capacity to collaborate (including integrating data sharing capabilities amongst network members) with the HRSA-funded program evaluator on individual and cross-award recipient program evaluation/analyses. Describe the process (including staffing and quality assurance safeguards) by which you will collect, store, and analyze quantitative and qualitative data/information.

  Note that RMOMS award recipients will be expected to work with a HRSA-funded evaluator during the period of performance (and potentially share project updates and information with them after the period of performance ends). HRSA will provide additional guidance on the technical assistance and evaluation components of the project throughout the period of performance.

  HRSA will provide award recipients with a full list of required measures/data elements during the first year of the period of performance. For the purposes of your application, you must demonstrate the ability and capacity to report data in the following domains:
    a. Access (e.g., reduced wait time to scheduled appointments and increased receipt of follow-up services; reduced travel time for patients; health insurance status)
    b. Workforce Proficiency (e.g., attainment of relevant maternal and child health leadership competencies[10])
    c. Cost and Cost-Effectiveness
    d. Clinical Outcomes (e.g., low birth weight rates, rates of infant and maternal mortality)
    e. Quality of Care
    f. Healthy Behaviors (e.g., abstaining from tobacco, alcohol and illicit drug use, rates of breastfeeding)

  You should also indicate how you would use process and outcome indicators to track/measure whether the individual activities outlined in your work plan are implemented effectively.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion(a) #5 Resources/Capabilities*
  This section provides insight into the organizational structure of the network and the network's ability to implement the activities outlined in the work plan.

  You should include staffing and network information using the following subheadings: (1) List of Network Members; (2) Organizational Chart; (3) Resources and Capabilities; and (4) Network Strength and Capacity.

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[10] https://mchb.hrsa.gov/training/documents/MCH_Leadership_Competencies_v4.pdf

(1) <u>*List of Network Members*</u> **(Attachment 5)**: For each member of your network, include the following (**Must be provided in a table format**; list the applicant organization first):
  a. Member name
  b. Member street address (include city, county, state, zip code)
  c. Primary point of contact at organization (name, title, contact information)
  d. Member Employer Identification Number (EIN)
  e. Facility type (e.g., hospital, RHC, FQHC, etc.)
  f. Sector (e.g., healthcare, public health, education, law enforcement, etc.)
  g. List which periods in the maternal health continuum of care ((1) preconception; (2) pregnancy, labor and delivery; (3) postpartum) that the member provides services
  h. Specify (yes/no) whether member located in a HRSA-designated rural county or rural census tract of an urban county, as defined by: https://data.hrsa.gov/tools/rural-health?tab=Address

(2) <u>*Organizational Chart*</u> **(Attachment 6):** Provide a one-page organizational chart of the network that clearly depicts the relationship between the network members.

(3) <u>*Resources and Capabilities*</u>
  a. Describe a clear and coherent plan detailing the staffing requirements and competencies necessary to run the project differentiating between year 1 and years 2-4.
  b. A staffing plan is required and should be included in **Attachment 7**. Specifically, the following should be addressed:
      o The job descriptions for key personnel listed in the application.
      o The number and types of staff, qualification levels, and FTE equivalents.
      o The information necessary to illustrate the capabilities (current experience, skills, knowledge, and experience with previous work of a similar nature) of key staff already identified, competencies and the requirements that the applicant has established to fill other key positions if the award is received. Resumes/biographical sketches of key personnel should be included in **Attachment 8**.

  Project Director: The Project Director is typically the point person on the award, and makes staffing, financial, or other adjustments to align project activities with the project outcomes. You should detail how the Project Director will facilitate collaborative input across network members to fulfill the proposed project activities in the work plan and HRSA-required reporting requirements. **If the Project Director serves as a Project Director for other federal awards, please list the federal awards as well as the percent FTE for that respective federal award.** Project staff cannot bill more than 1.0 FTE across federal awards. If there will not be a permanent Project Director at the time of the award, recipients should make every effort to hire a Project Director in a timely manner and applicants should discuss the process and timeline for hiring a Project Director (i.e.,

the number of known candidates, the projected start date or the position, etc.).

c. Staffing needs should have a direct link to the activities proposed in the project narrative and budget portion of the application. HRSA strongly encourages award recipients to:
   - o devote at least 0.25 FTE to the project director position;
   - o have at least one permanent staff at the time an award is made; and
   - o have a minimum total equal to 2.0 FTE allocated for implementation of project activities, met across two or more staffing positions, including the project director position.

(4) ***Network Strength and Capacity***
   a. Describe strength, capacity and value of your network. Describe how your network has the capacity, and collective mission and vision to collaborate effectively to achieve the goals of the RMOMS program. Detail the history of collaboration among your network members and detail the strengths of your network (e.g., regional integration, ability to address gaps in the maternal health continuum of care; degree of referrals and coordinated care, etc.).
   b. Describe the extent of your network's relationship with a state Medicaid agency and/or the (proposed) methods for engaging with this office for the purposes of the RMOMS program. If there is an existing relationship, describe how the state Medicaid agency will assist in the development of innovative reimbursement strategies.

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
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
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 RMOMS program requires the following:

You must submit two separate budgets and budget justifications.

Use SF-424A Budget Form and budget justification for a maximum of $450,000 in Year 1, and for a maximum of $650,000 the Years 2 - 4.

For the Focus Area 3: Leveraging Telehealth and Specialty Care (Title V), submit a separate line item budget and budget justification for a maximum of $150,000 for Years 1 - 4 as Attachment 10.

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.

In addition, the RMOMS program requires the following:

Travel: HRSA may require award recipients to travel to conference(s) and/or technical assistance workshop(s). Please allocate travel funds for up to two program staff to attend an annual 2.5-day technical assistance workshop in Washington, DC and include the cost in this budget line item. Further information will be provided to award recipients during the period of performance and project officers will work with award recipients to make any budget adjustments if necessary.

Funding Restrictions – See Section IV.5.

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*.

In addition, the RMOMS program requires the following:

Budget for Multi-Year Award
This notice invites applications for periods of performance up to four years. Competitive FY 2019 awards will be for a 1-year budget period, although periods of performance may be for four years. Budget period renewal and release of subsequent year funds are based on the award recipient's submission and HRSA approval of Progress Report(s) and any other required submissions or reports. Funding beyond the 1-year budget period but within the multi-year period of performance is subject to availability of funds, satisfactory progress of the award recipient, and a determination that continued funding would be in the best interest of the Federal Government. You must submit 1-year budgets for each of the subsequent budget periods within the requested period of performance at the time of application.As outlined in [Section I.1 Purpose](#), $150,000 in Years 1-4 is available for Focus Area 3: Leveraging Telehealth and Specialty Care focus area. Applications should include Attachment 10 *Budget and Justification Narrative for Focus Area 3 for funds requested under* Title V of the Social Security Act.

v. 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: Memorandum of Agreement or Understanding (MOA/U)
>   Submit a copy of your network's signed MOA/U, by-laws, governing structure, and the roles and responsibilities for each member.

Attachment 2: Established Network History (if applicable)
>   In one page or less detail your network's history of working together; highlighting your network's products, services, and sources of sustainability.

Attachment 3: Map of Target Rural Service Area
>   Include a map that illustrates the geographic service area that will be served by your network. Also, detail the location of all network members within the map.

Attachment 4: Work Plan
>   Attach the work plan for the first year of the period of performance that includes all information detailed in Section IV. ii. Project Narrative.

Attachment 5: List of Network Members
>   For each member of the existing network, include the following (**Must be provided in a table format; list the applicant organization first**):
>   i.   Member name
>   ii. Member street address (include city, county, state, zip code)
>   iii. Primary point of contact at organization (name, title, contact information)
>   iv. Member Employer Identification Number (EIN)

      v.   Facility type (e.g., hospital, RHC, FQHC, etc.)
    vi.   Sector (e.g., healthcare, public health, education, transportation, etc.)
   vii.   List which periods in the maternal health continuum of care ((1) preconception; (2) pregnancy, labor and delivery; (3) postpartum) that the member provides services.
  viii.   Specify (yes/no) whether member located in a HRSA-designated rural county or rural census tract of an urban county, as defined by: https://data.hrsa.gov/tools/rural-health?tab=Address

Attachment 6: Network Organizational Chart
    Provide a one-page organizational chart of your network that clearly depicts the relationship between the network members and includes your network's governing board.

Attachment 7: 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, and FTE allocations of proposed project staff. Note: staff cannot bill more than 1.0 FTE across federal awards.

Attachment 8: Biographical Sketches of Key Personnel
    Include biographical sketches for persons occupying the key positions described in Attachment 6, 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 9: Other HHS Awards (if applicable)
    If the applicant organization has received any HHS funds within the last 5 years, include the name of the HHS awarding agency, award number, and award amount of the previous award. If the applicant is part of another network applying to the RMOMS program, please include the application abstract.

Attachment 10: Budget and Justification Narrative for Focus Area 3 for funds requested under Title V:
    Include a line item budget and justification narrative for $150,000 for Years 1-4 for Focus Area 3: Leveraging Telehealth and Specialty Care (Title V).

Attachment 11-15: Other Relevant Documents (Optional)
    Include here any other documents that may be relevant to the application (e.g., indirect cost rate agreement; letters of support that are dated and specifically indicate a commitment to the project/program, such as in-kind services, dollars, staff, space, or 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 *June 17, 2019 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 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 RMOMS program is 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 4 years.

In year 1, you may request no more than $600,000 in (inclusive of direct **and** indirect costs): up to $150,000 (Title V) for activities related to focus area Leveraging Telehealth and Specialty Care and up to $450,000 for activities related to focus areas of Rural Hospital Obstetric Service Aggregation, Network Approach to Coordinating a Continuum of Care, Leveraging Telehealth and Specialty Care, and Financial Sustainability Focus.

In years 2-4, you may request no more than $800,000 (inclusive of direct and indirect costs): up to $150,000 (Title V) for activities related to focus area Leveraging Telehealth and Specialty Care and up to $650,000 for activities related to focus areas of Rural Hospital Obstetric Service Aggregation, Network Approach to Coordinating a Continuum of Care, Leveraging Telehealth and Specialty Care, and Financial Sustainability Focus.

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. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

You cannot use funds under this notice for the following purposes:
- to build or acquire real property,
- construction, or
- major renovation/alteration of any space.

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.

7. Other Submission Requirements

Letter of Intent to Apply
The letter should identify your organization and its intent to apply, and briefly describe the proposal. HRSA will *not* acknowledge receipt of letters of intent.

Send the letter via email by *May 3, 2019* to:

> HRSA Digital Services Operation (DSO)
> Please use the HRSA opportunity number as email subject (HRSA-19-094)
> HRSADSO@hrsa.gov

Although HRSA encourages letters of intent to apply, they are not required. You are eligible to apply even if you do not submit a letter of intent.

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 RMOMS program has six review criteria:

Criterion 1: NEED (15 points) – Corresponds to Section IV's Introduction and Need

a. The clarity with which the proposed project thoroughly responds to the "Purpose" and each of the RMOMS Focus Areas included in the funding opportunity description and outlines the project goals, activities, and anticipated outcomes of the project.

b. The extent to which the applicant identifies and documents the unmet health care needs of the target population as evidenced by:
   i. The data provided regarding the incidence (e.g., maternal mortality, morbidity, neonatal outcomes, etc.) in the target population through demographic information and other specific health status indicators (e.g., social determinants of health, health disparities, etc.) relevant to the project.
   ii. The thoroughness with which the applicant illustrates the demographics of the service area (outside of the target population). The applicant should compare local data versus state and national data to demonstrate disparity and need.

c. The extent to which the applicant details both the range of regional stakeholders and their level of involvement, including the state Medicaid agency, in identifying the needs of the population and in planning the project activities.

d. The extent to which the target service area is clearly defined and described as evidenced by a map detailing the location of all network members and important geographical considerations.

e. The extent to which the applicant demonstrates a thorough understanding of the relevant obstetrics health services currently available in the targeted service area including:
   i. How the project will effectively address a health gap in the regional continuum of maternal health care
   ii. The potential impact of the project on current providers (especially those that are not included in the proposed project); specifically noting existing FQHCs.
   iii. Other potential adverse effects (if any), as well as estimates of how the project might augment and enhance any existing capabilities in the service area, including ongoing activities around maternal and child health, specifically noting Healthy Start and/or Home Visiting Programs where applicable.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's Methodology, Work Plan and Resolution of Challenges

Sub-criterion one: Methodology *15 points*
a. The quality and extent to which the applicant clearly details the strategies they will use to complete each of the outlined activities including:
   i. Develop a model in alignment with RMOMS Focus Areas that support the coordinated maternal care and delivery needs of a region and the necessary workforce training, services, equipment, and reimbursement needs to sustain the model.
   ii. Coordinate with HRSA and the HRSA-funded program evaluator to establish baseline data during the planning period (year 1) and program data (years 2-4). Describe the decision making process of how clinical sites will be evaluated and coordinated to aggregate services and coordinate a continuum of care.
   iii. Develop a work plan to implement the model in the target region during years 2, 3 and 4.
   iv. Engage in network capacity building and infrastructure development.
   v. Implement and test model using the reviewed work plan.
   vi. Provide case management and coordinated care for mothers and their infants across the continuum of care.
   vii. Track data and adjust model based on evaluative measures.

b. The strength and feasibility of the plan for sustainability after the period of federal funding ends.

c. The quality and extent to which the applicant details:
   i. How the network will maintain network members' commitment, including the state Medicaid agency, throughout the period of performance to fulfilling the proposed activities.

ii.   How the network will ensure that local control for the award remains vested in the target rural communities.

Sub-criterion two: Work Plan   *5 points*
a. The strength and feasibility of:
    i.   The work plan as a logical and effective approach for addressing regional obstetrics care and for completing the first year of project activities in alignment with the RMOMS Focus Areas.
    ii.   The clarity with which the work plan addresses the project activities, responsible parties, the timeline of the proposed activities, anticipated outputs, and the necessary processes associated with achieving project goals.
    iii.   The proposed work plan clearly demonstrates that the network will use a collaborative approach and that it has the capacity to implement the proposed activities.

Sub-criterion three: Resolution of Challenges   *5 points*
a. The extent to which the applicant clearly describe the relevant barriers that they hope to overcome including:
    i.   The extent to which the work plan addresses and resolves identified challenges and anticipated barriers.
    ii.   A plan to actively engage the network members throughout the period of performance.
    iii.   Any pertinent geographic, workforce, socio-economic, linguistic, cultural, and/or other barrier(s) that prohibit access to health care in the target community.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

The extent to which the applicant:

a. Demonstrates the strength, quality, and extent to which the proposed network's capacity to collaborate with a HRSA-funded program evaluator, including the capacity to collect, validate, and report quantitative and qualitative data in the areas of:
- Access
- Workforce Proficiency
- Cost and Cost-Effectiveness
- Clinical Outcomes
- Quality of Care
- Healthy Behaviors

b. Includes a strong quality assurance process to ensure the validity of data/information collected by the network that is evidenced in the budget, the work plan and clearly demonstrates an appropriate allocation of award resources to ensure data collection at all points of service.

c. Identifies process and outcome indicators to ensure that activities outlined in the work plan are implemented effectively.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Work Plan

a. The extent to which the proposed project will positively affect the target population and the extent to which the project may be replicable in other regions with similar needs.

b. The extent to which you describe the potential impacts on the viability of the obstetrics health system and workforce recruitment and retention.

c. The feasibility and effectiveness of the proposed approach for widely disseminating information regarding results of the project.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information.

The extent to which the application:
a. Demonstrates the network's capacity to share data successfully among relevant network members and with the HRSA-funded program evaluator.

b. Details the contributions, services and rurality of each network member.

c. Clearly describes the organizational structure of the network and depicts the relationship between network members; illustrating the network's ability to implement the activities outlined in the work plan.

d. Provides a clear and coherent staffing plan that includes all of the requested information for each proposed project staff and has a direct link to the activities proposed in the work plan.

e. Details how the Project Director will serve as the lead on the award; make staffing, financial, or other adjustments to align project activities with the project outcomes; and facilitate collaborative input across network members to fulfill the proposed project activities in the work plan and HRSA-required reporting requirements.
    i.   If there will not be a permanent Project Director at the time of the award, the quality and extent to which the applicant details the process for hiring a Project Director in a timely manner (i.e., the number of known candidates, the projected start date or the position, etc.).

f. Provides the resumes and/or biographical sketches that details the qualifications and relevant experience for each proposed project staff member.
    i.   If there will not be staff on board at the time of the award, the extent to which the applicant details the process and timeline for hiring staff (i.e., the number of known candidates, the projected start date or the position, etc.).

g. Details the extent of the state Medicaid agency's partnership within the network; and clearly outlines the role and the extent that the state Medicaid agency will assist in the development of innovative reimbursement strategies.

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

a. The extent to which the two budget narratives logically document how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed award-funded activities over the length of the 4-year period of performance.

b. The degree to which the estimated cost to the government for proposed award-funded activities is reasonable.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. 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).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2019.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 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*.

Human Subjects Protection:
Federal regulations (45 CFR Part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, recipients must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR Part 46), available online at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

Requirements of Subawards
The terms and conditions in the Notice of Award (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

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

1) **Strategic Work Plan.** Award recipients are required to submit a three-year work plan during the first-year of the period of performance that implements and tests the proposed model in an iterative process using baseline data established in the first year. Elements of strategic planning tied to internal and external analysis and alignment of the model with the network vision should be integrated into the work plan. Additional instructions will be provided upon receipt of the award.

2) **Data Reporting.** Award recipients will be required to collaborate with HRSA and with the HRSA-funded program evaluator to assess the impact of their project and of the RMOMS program as a whole. During the first year of the period of performance, HRSA will provide additional information, including the specific measures/data elements that award recipients will need to collect in years two through four.

   Required measures/data elements will include:
   a. Access
   b. Workforce Proficiency
   c. Cost and Cost-Effectiveness
   d. Clinical Outcomes
   e. Quality of Care
   f. Healthy Behaviors

   Award recipients should also use process and outcome indicators to track/measure whether the individual activities outlined in the work plan are implemented effectively.

3) **Federal Financial Status Report (FFR).** A Federal Financial Report (FFR) is required at the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through the EHBs. As part of this report, award recipients may be required to submit information that specifically accounts for expeditures related to Focus Area 3: Leveraging Telehealth and Specialty Care. More information will be included in the Notice of Award.

4) **Progress Report**. Award recipients must submit a progress report to HRSA on an annual basis. *Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds.* This report demonstrates award recipient progress on program-specific goals. Further information will be provided in the Notice of Award. As part of this report, award recipients must submit information that specifically accounts for and describes progress on Leveraging Telehealth and Specialty Care with grant funds.

5) **Performance Measures Report**. A performance measures report is required after the end of each budget period. Award recipients will be notified of the

specific performance measures required for reporting in the first year of the period of performance, and how these results will be reported to HRSA.

6) **Sustainability Plan**. As part of receiving the award, recipients are required to submit a final Sustainability Plan during the final year of the period of performance. Further information will be provided in the Notice of Award.

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

8) **Final Closeout Report**. A final report is due within 90 days after the period of performance ends. The final report details the resulting model; core performance measurement data; impact of the overall project; the degree to which the award recipient achieved the mission, goal and strategies outlined in the program; award recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the award recipient's overall experiences over the entire period of performance. Further information will be provided in the Notice of Award.

VII. Agency Contacts

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

Potie Pettway
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Phone (301) 443-1014
Fax (301) 443-9810
Email: ppettway@hrsa.gov

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

Cassandra Phillips, MPH
Public Health Analyst
Attn: Rural Maternity and Obstetrics Management Strategies Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room 17W45C
Rockville, MD 20857
Telephone: (301) 945-3940
Email: RMOMS@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 Electronic Handbooks (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 the following technical assistance:

Webinar 1

Day and Date: Tuesday, April 30, 2019
Time: 2 - 3 p.m. ET
Call-In Number: 1-888-603-9810
Participant Code: 9971486
Weblink: https://hrsa.connectsolutions.com/rmoms_ta/
Playback Number: 1-866-495-9344
Passcode: 67259

Webinar 2

Day and Date: Wednesday, May 29, 2019
Time: 3 - 4 p.m. ET
Call-In Number: 1-877-779-7422
Participant Code: 1366806
Weblink: https://hrsa.connectsolutions.com/rmoms_ta/

Tips for Writing a Strong Application

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

Appendix A

Rural Maternity and Obstetrics Management Strategies
Program Glossary

Continuum of Care spans the following periods:
- **Preconception**:
  Spans all reproductive years, which are the years that a woman can have a child. Preconception care includes interventions that aim to identify and modify biomedical, behavioral and social risks to the woman's health or pregnancy outcome through prevention and management and the steps that should be taken before conception or early in pregnancy to maximize health outcomes. Source: https://cdc.gov/preconception/index.html

- **Pregnancy, Labor and Delivery**:
  The period occurring from conception through birth. Including prenatal care or the medical supervision of the pregnant woman by a physician or other health care provider during the pregnancy.

- **Postpartum**:
  Begins immediately after the birth of a child and has three distinct but continuous phases spanning acute period (first 6–12 hours postpartum), followed by the subacute postpartum period (2–6 weeks) and finally the delayed postpartum period (last up to 6 months). Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3279173/

Model: A set of strategies or approaches for addressing the RMOMS program Focus Areas: (1) rural hospital obstetric service aggregation, (2) network approach to coordinating a continuum of care, (3) leveraging telehealth and specialty care, and (4) financial sustainability approaches. Models should be tested and improved upon through the use of data and outcome measures spanning the continuum of care from the preconception period, through pregnancy, labor, delivery and the postpartum period.

Networks
- **RMOMS Health Network**: A network is defined as an organizational arrangement among three or more separately owned domestic public and/or private entities, including the applicant organization. For the purposes of this program, the applicant must have a network composition that includes: 1) at least two rural hospitals or CAHs; 2) at least one health center under section 330 of the Public Health Service Act (Federally Qualified Health Center (FQHC) or FQHC look-alike); 3) state Home Visiting and Healthy Start Programs if regionally available; and 4) the state Medicaid agency.

- **Formal Network**: A network organization is considered formal if the network has a signed Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or other formal collaborative agreements, including signed and dated bylaws. The network has a governing body that includes representation from all network member organizations and ensures that the governing body, rather than an individual network member, will make financial and programmatic decisions.

An advisory board that merely provides advice is not considered a governing body. An already existing non-profit board of individuals convened for providing oversight to a single organization is not an appropriate board structure.

- **Established Network**: Meets the above definition of a **formal network** in addition to having a history of working together.

Obstetrics: field of study concentrated on pregnancy, childbirth and the postpartum period.

Rural Area: Project area determined rural as defined by HRSA Rural Health Grants Eligibility Advisor: https://data.hrsa.gov/tools/rural-health?tab=Address

Appendix B

Rural Maternity and Obstetrics Management Strategies
Program Resources

Your local health department may be a valuable resource in acquiring data when responding to the Needs Assessment section.

The following entities can help applicants in identifying resources for their applications:

Alliance for Innovation on Maternal Health
Alliance for Innovation on Maternal Health (AIM) works through state teams and health systems to align national, state and hospital level quality improvement efforts to improve overall maternal health outcomes.
https://safehealthcareforeverywoman.org/aim-program/

HRSA Resources
Office of Regional Operations (ORO)
https://www.hrsa.gov/about/organization/bureaus/oro/index.html

Bureau of Primary Health Care (BPHC) Health Center Program
https://bphc.hrsa.gov/
- Find a Health Center (FQHC): https://data.hrsa.gov/

National Health Service Corps (NHSC)
https://nhsc.hrsa.gov/sites/helpfullcontacts/drocontactlist.pdf

Primary Care Offices (PCOs)
https://nhsc.hrsa.gov/sites/helpfullcontacts/drocontactlist.pdf

Maternal Child Health Glossary
https://mchb.tvisdata.qa.hrsa.gov/Glossary/Glossary
- Find Healthy Start and Home Visiting Program (at the bottom under Related Content, Query Data – "Awarded Grants"): https://data.hrsa.gov/topics/maternal-child-health

National Organization for State Offices of Rural Health (NOSORH)
https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/

Note: For information on how SORHs can be helpful in supporting rural community organizations, please visit the NOSORH website and check out the following resources:

- Community-Based Division Factsheet:
  https://nosorh.org/wp-content/uploads/2018/01/SORH-CBD-Factsheet-Final.pdf
- Community Organization Collaboration Video:
  https://www.youtube.com/watch?v=Tk3hGs6Btpc

The National Preconception Health and Health Care: Preconception Resource Guide
The goal of the Preconception Resource Guide is to help clinicians reach every woman who might someday become pregnant every time she presents for routine primary care with efficient, evidence-based strategies and resources to help her achieve healthier short and long term personal health outcomes; increased likelihood that any pregnancies in her future are by choice rather than chance; and decreased likelihood of complications if she does become pregnant in the future.
https://beforeandbeyond.org/resources/toolkits-reports/

Preconception Health: http://www.cdc.gov/preconception/index.html

Rural Health Information Hub
The Rural Health Information Hub (RHIhub) is supported by funding from HRSA and helps rural communities and other rural stakeholders access the full range of available programs, funding, and research that can enable them to provide quality health and human services to rural residents. Please visit RHIhub's website at: https://www.ruralhealthinfo.org.

RHIhub also provides free customized assistance that can provide support in gathering data, statistics, and general rural health information. You can contact RHIhub and information specialists can provide the information you need in responding to this section. To utilize RHIhub's free customized assistance, please call 1-800-270-1898 or send an email to info@ruralhealthinfo.org.

Rural Health Research Gateway
The Rural Health Research Gateway website provides easy and timely access to all of the research and findings of the HRSA-funded Rural Health Research Centers. You can use the site to find abstracts of both current and completed research projects, publications resulting from those projects, and information about the research centers themselves as well as individual researchers.

The Rural Health Research Gateway website is hosted at the University of North Dakota Center for Rural Health with funding from HRSA. Its intent is to help move new research findings of the Rural Health Research Centers to various end users as quickly and efficiently as possible. Please visit their website at: http://www.ruralhealthresearch.org.

Regional Telehealth Resource Centers
Provide technical assistance to organizations and individuals who are actively providing or interested in providing telehealth services to rural and/or underserved communities.
https://www.telehealthresourcecenter.org/