U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Maternal and Child Health Bureau

Division of Healthy Start and Perinatal Services

Integrated Maternal Health Services

Funding Opportunity Number: HRSA-23-106

Funding Opportunity Type(s): New

Assistance Listings Number: 93.110

Application Due Date: May 24, 2023

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 may take up to 1 month to complete.

Issuance Date: March 10, 2023

Lud Abigail Duchatelier-Jeudy, PhD MPH
Public Health Analyst, Maternal and Women's Health Branch
Division of Healthy Start and Perinatal Services
Maternal and Child Health Bureau
Phone: (240) 705-0802
Email: wellwomancare@hrsa.gov

See Section VII for a complete list of agency contacts.

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

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Integrated Maternal Health Services program. The purpose of this program is to foster the development and demonstration of integrated maternal health services models, such as the Maternity Medical Home (sometimes referred to as the Pregnancy Medical Home (PMH)), which is modeled after the patient-centered medical home[1]. The models developed and demonstrated by this program support comprehensive care (including clinical, ancillary, behavioral health, and support services) for pregnant and postpartum people who experience health disparities and have limited access to basic social and health care services. The primary goal of this initiative is to identify integrated health services models for future replication that will improve maternal health outcomes, advance health equity, and address systemic barriers.

Funding Opportunity Title:	Integrated Maternal Health Services
Funding Opportunity Number:	HRSA-23-106
Due Date for Applications:	May 24, 2023
Anticipated FY 2023 Total Available Funding:	Approximately $9,000,000
Estimated Number and Type of Award(s):	Up to 5 cooperative agreements
Estimated Annual Award Amount:	Up to $1,800,000 per award per year
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2023 through September 29, 2028 (5 years)

[1] https://www.ihi.org/communities/"The Maternity Medical Home: The Chassis for a More Holistic Model of Pregnancy Care?"

Eligible Applicants:	Any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. § 450b) is eligible to apply. For your reference, see 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are eligible to apply. For your reference, see 45 CFR part 87. 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 this NOFO and in HRSA's *SF-424 Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Thursday, March 30, 2023
11 a.m. – 1 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1601096631?pwd=d3A1TW03Mk41cUZJYm93NW90bXdtZz09

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 1-833-568-8864
Meeting ID: 160 109 6631
Passcode: 54980314

MCHB will provide an overview of the NOFO and an opportunity to ask questions. HRSA will record the webinar and make it available at: https://mchb.hrsa.gov/fundingopportunities/default.aspx.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the FY 2023 Integrated Maternal Health Services (IMHS) program.

The purpose of this program is to foster the development and demonstration of integrated health services models, such as the Maternity Medical Home (sometimes referred to as the Pregnancy Medical Home (PMH)) which is modeled after the patient-centered medical home[2]. The models developed and demonstrated by this program will support comprehensive care (including clinical, ancillary, behavioral health, and support services) for pregnant and postpartum people who experience health disparities and have limited access to basic social and health care services. The IMHS initiative will be used to identify integrated health services models for future replication that will improve maternal health outcomes, advance equity, and address systemic barriers.

Program Goal

The overarching goal of the IMHS initiative is to improve maternal health outcomes in the United States by increasing access to quality, equitable, comprehensive care for pregnant and postpartum people who experience health disparities and have limited access to basic social and health care services.

The program will work towards achieving this goal by:

- Fostering collaborative relationships between health care providers, social services organizations/providers, state Medicaid programs, and state and local health departments to coordinate services and improve maternal health outcomes;
- Developing and enhancing maternal health data infrastructure at the maternal health care practice and population levels;
- Assessing the viability of various models that support integrated health services for pregnant and postpartum people; and,
- Identifying lessons learned for future implementation.

[2] http://www.ihi.org/communities/ "The Maternity Medical Home: The Chassis for a More Holistic Model of Pregnancy Care?"

Program Objectives

The objectives to be accomplished during the period of performance to support the initiative's overarching goal include:

- By September 29, 2025, 100% of recipients will implement a model that includes all core strategies and activities; and,
- By September 29, 2028, funded demonstrations will report data for key measures by race and ethnicity, at a minimum, to evaluate disparities; and,
- By September 29, 2028, funded demonstrations will have incorporated strategies that deliberately address disparities.
- By 2028, identify at least one successful integrated services model for replication and scale-up.

For more details, see Program Requirements and Expectations.

2. Background

Authority

The Integrated Maternal Health Services program is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act). Under this authority, funding is made available for special projects of regional and national significance in maternal and child health and supports MCHB's aim to improve the health and well-being of America's mothers, children, and families. To learn more about MCHB's programs and investments visit http://www.mchb.hrsa.gov.

Approximately 3.6 million women give birth in the United States each year[3] and, despite advances in medical care and investments in improving access to care, rates of maternal mortality and severe maternal morbidity (SMM) have not improved. In 2020, there were 861 maternal deaths in the U.S., an increase from 754 in 2019, representing a maternal mortality rate of 23.8 per 100,000 live births.[4] In addition, thousands of women experience unintended outcomes of labor or delivery, resulting in significant short- or long-term consequences to their health. In 2020, more than 30,000 women experienced SMM (not including those who only received a blood transfusion).[5] Significant maternal health disparities exist in maternal mortality, SMM, and other adverse outcomes, with outcomes varying by race, ethnicity, geography, and select

[3] https://www.cdc.gov/nchs/fastats/births.htm
[4] https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm
[5] HCUP Fast Stats. Healthcare Cost and Utilization Project (HCUP). December 2022. Agency for Healthcare Research and Quality, Rockville, MD. http://datatools.ahrq.gov//hcup-fast-stats?type=subtab&tab=hcupfsse&count=3

indicators of socio-economic status.[6] [7]

To address this growing problem, the Maternal and Child Health Bureau (MCHB) supports national, state, and local efforts to improve maternal health. Several of the programs funded by MCHB are testing innovative strategies with a goal to identify those most effective at addressing adverse maternal health outcomes and accelerating progress to improve maternal health.

One innovative strategy for integrated maternal health services specifically is the Pregnancy Medical Home (PMH) model. The Agency for Healthcare Research and Quality (AHRQ) defines a medical home as a model of the organization of primary care that delivers core functions and attributes of primary health care, including comprehensive, patient-centered and coordinated care; accessible services; and quality and safety.[8] The PMH, which is modeled after the patient-centered medical home[9], incorporates several key elements, including a standardized risk assessment; focus on early entry to prenatal care; care coordination by a nurse, social worker, or other health care professional; standardized care pathways; enhanced access; and patient-centered care. The PMH model has been implemented in some areas of the United States with a focus on promoting high-quality maternity care through coordinated, evidence-based maternity care management to improve perinatal outcomes in the pregnant Medicaid population. Previous assessments of several PMH models show positive impact on perinatal outcomes (i.e., fewer cesarean births and decreased rate of low birth weight infants) and healthcare utilization (i.e., improved postpartum visit rate).[10] [11] [12] The impact on maternal health outcomes is unclear. More evidence is needed to demonstrate the impact of the PMH model on maternal health and health equity, and HRSA seeks to build that evidence through this Integrated Maternal Health Services initiative.

About MCHB and Strategic Plan

The HRSA Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs. To achieve its mission of improving the health and well-being of America's mothers, children, and families, MCHB is implementing a strategic plan that includes the following four goals:

---

[6] Maternal Mortality Rates in the United States, 2020 (cdc.gov)
[7] Severe Maternal Morbidity after Delivery Discharge among U.S. Women, 2010-2014 | CDC
[6] https://pcmh.ahrq.gov/page/defining-pcmh
[9] http://www.ihi.org/communities/"The Maternity Medical Home: The Chassis for a More Holistic Model of Pregnancy Care?"
[10] https://www.ncmedicaljournal.com/content/76/4/263
[11] https://www.nashp.org/wp-content/uploads/2017/10/Wisconsin-Case-Study-Final.pdf
[12] http://texasperinatalservices.org/wp-content/uploads/2018/12/HHSC_State-Efforts-to-Address-Maternal-Mortality-and-Morbidity.pdf

Goal 1: *Assure access to high quality and equitable health services to optimize health and well-being for all MCH populations*
Goal 2: *Achieve health equity for MCH populations*
Goal 3: *Strengthen public health capacity and workforce for MCH*
Goal 4: *Maximize impact through leadership, partnership, and stewardship*

The Integrated Maternal Health Services program address Goals 1, 2, and 3 of the MCHB strategic plan. MCHB is committed to promoting equity in its health programs for mothers, children, and families.

To learn more about MCHB and the bureau's strategic plan, visit Mission, Vision, and Work | MCHB.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

In addition to the usual monitoring and technical assistance (TA) provided directly to award recipients, HRSA program involvement will include:

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

In addition to adhering to all applicable federal regulations and public policy requirements, the cooperative agreement recipient's responsibilities will include:

- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (**Acknowledgement of Federal Funding**);
- Completing activities proposed in response to the Program Requirements and Expectations section of this notice of funding opportunity;
- Providing the federal project officer with the opportunity to review and discuss any publications, audiovisuals, and other materials produced, as well as meetings planned, through this cooperative agreement. Such review should start at the time of concept development and include review of drafts and final products;
- Participating in technical assistance (TA) and capacity-building activities provided by the designated TA provider, including participation at an annual meeting hosted by the TA provider;
- Participating in evaluation activities provided by the designated HRSA evaluation contractor;
- Participating with HRSA in face-to-face meetings and conference calls conducted during the period of the cooperative agreement;
- Consulting with the federal project officer when scheduling any meetings that pertain to the scope of work and at which the project officer's attendance would be appropriate (as determined by the project officer);
- Collaborating with HRSA on ongoing review of activities, procedures, budget items, contracts, and subawards, as well as information/publications prior to dissemination; and,
- Completing all administrative data and performance measure reports, as designated by HRSA, in a timely fashion.

2. Summary of Funding

HRSA estimates approximately $9,000,000 to be available annually to fund up to 5 recipients. You may apply for a ceiling amount of up to $1,800,000 total cost (reflecting direct and indirect costs) per year.

The period of performance is September 30, 2023 through September 29, 2028 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for Integrated Maternal Health Services in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include any domestic public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 5304 (formerly cited as 25 U.S.C. 450b)). See 42 CFR § 51a.3(a). Domestic faith-based and community-based organizations are eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4

Multiple Applications

Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov application due date.

Only one cooperative agreement will be funded within a state under this notice. For more details, see Section V. 2. Review and Section Process.

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 notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-106 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS

tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total number of attachment pages that count toward the page limit shall be no more than **50 pages** when we print them. HRSA will not review any pages that exceed the page limit. We will remove any pages that exceed the page limit starting with the last printed page.

These attachments don't count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other attachments that don't count toward the page limit, we'll make this clear in Section IV.2.v Attachments.

If you use an OMB-approved form that isn't in the HRSA-23-106 workspace application package, it may count toward the page limit. We recommend you only use Grants.gov workspace forms related with this NOFO to avoid going over the page limit.

Once any excess pages are removed from an application, HRSA will determine eligibility using Section 3. Eligibility Information.

Applications must be complete and validated by Grants.gov under HRSA-23-106 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are 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. § 3354).

3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 8: Other Relevant Documents*.

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

Program Requirements and Expectations

You are required to propose a plan to successfully launch your project within the first year of funding and establish the IMHS demonstration at the state[13] level or one or more regions within the state to support the population with the greatest unmet need. You should develop strong partnerships with family leaders and community members who have lived experiences with health and social services in the development of your demonstration, and integrate their needs and perspectives into program design, decision making, and performance assessment. You should take into consideration the target population and scope of your demonstration's intended IMHS model when writing your application to maximize reach, impact, and equity in maternal health. Applications should not duplicate existing activities, nor should funds be used to supplant current activities. You are expected to work with relevant stakeholders to develop and carry out the IMHS model for your demonstration, including collaborating at the state-level to strengthen capacity in achieving project aims and building on other HRSA maternal health programs.

Your demonstration is expected to achieve the purpose and overarching goal listed within the Purpose section of this NOFO by including the following core strategies and activities within your IMHS model:

1) Integrated Maternal Health Services

Establish an integrated health services model of care for your demonstration that includes:

[13] This NOFO uses the terms "state" and state-level for brevity, but is inclusive of an organization at the state, jurisdiction, territory, or tribal community level that may be applying for funding. Tribal community refers to an Indian tribe or tribal organization. See also the definition of "state" in PHS Act, § 2(f).

- Routine use of a standardized risk assessment for pregnant people to identify those at greater risk for adverse maternal health outcomes. The risk assessment should be conducted during the first prenatal care visit or as early as possible in the pregnancy. Integration of the risk assessment into each practice's electronic health record system is recommended.
- Provision of pregnancy care management and care coordination for people identified to be at greater risk for adverse maternal health outcomes, such as those who experience health disparities and have limited access to basic social, behavioral, and health care services. For the purposes of this NOFO, pregnancy care management should occur during pregnancy and continue throughout the 12-month postpartum period. Coordinated pregnancy care management should include:
    - Monitoring of preventive and wellness care during pregnancy and throughout the postpartum period;
    - Referrals for specialized care and support services to address clinical (medical and obstetric), ancillary, behavioral health, and social/support needs;
    - Team-based and patient-centered approach designed to address the increasing complexity of care in outpatient settings;[14] and,
    - Culturally and linguistically appropriate, respectful, patient[15]- and family-centered services that focus on listening to, informing, educating, and involving patients in their care.

Your demonstration is expected to foster collaborative relationships and community-clinical linkages between health care providers, social services organizations/providers, state Medicaid programs, and state and local health departments to provide seamless coordination of services and improve maternal health outcomes. If the design of your integrated health services model includes incentivizing providers and health care systems (e.g., Medicaid reimbursement, monetary payments for completed risk screens) to support comprehensive maternal health care, you should consider partnering with your state Medicaid program, if feasible. Include applicable letters of agreement in *Attachment 4*.

[14] https://www.ahrq.gov/ncepcr/care/coordination/mgmt.html

[15] The Institute of Medicine define patient-centered care as "Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions" - Institute of Medicine. "Crossing the Quality Chasm: A New Health System for the 21st Century"

2) IMHS "Local-Level"[16] Workforce

In order to better serve the individual needs of the pregnant and postpartum people, you are encouraged to establish a diverse workforce reflective of populations served, which may include, but is not limited to, racial and ethnic diversity. The workforce should be established in a way that fosters collaboration among health care providers and care managers to support pregnancy care management, care coordination, and quality improvement (QI) in maternal health care practices. Establishing this workforce includes:

- Recruitment of maternal health care practices (e.g., obstetrics, family practice, certified nurse midwives) and workforce to deliver pregnancy care management and care coordination (e.g., nurses, social workers, community health workers, doulas) to implement the integrated model serving pregnant and postpartum people with health disparities and limited access to basic social and health care services.
- Training of OB providers and workforce that includes culturally and linguistically appropriate services, trauma-informed care, implicit bias, motivational interviewing, and social determinants of health.

3) Region-Level Coordination and Support

Every project will have at least one "region"; a smaller state may be one region. Your project may include more than one region if it is designed to cover a larger portion of your state or the entire state. You are expected to include region-level coordination of and support for pregnancy care management by an OB provider and a regional coordinator. Each region-level provider/coordinator team is responsible for working with the maternal health care practices in their region to ensure the local-level workforce is implementing the intended IMHS model. Establishing the provider/coordinator team includes:

- Recruitment of OB provider(s) (e.g., OB/GYNs, certified nurse midwives, family practice physicians) who are well versed in evidence-based practices and have experience in implementing QI in maternal health care to oversee the IMHS model of care. They should be able to develop standardized approaches (e.g., clinical pathways) for care delivery, promote best practices, set performance expectations, and provide subject matter expertise and guidance for the health care practices.
- Recruitment of regional coordinator(s) (e.g., OB nurses) who have experience in implementing QI methods in maternal health care to oversee pregnancy care

[16] Note: While this part of the workforce is denoted as being "local-level", these are flexible to what grantees envision as "local" for their projects. For example, local-level workforce could be working with pregnant or post-partum people across a state, if the individuals to be served are within a small state.

management and care coordination activities and provide training and support to the local-level workforce (e.g., nurses, social workers, community health workers).

4) Data, Information Management, and Evaluation

You should establish a system to guide QI, track performance measures, monitor outcomes, and support overall program performance evaluation. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the demonstration. The system should include:

- Real-time practice-level data and analytics that are accessible to, and reviewed by, participating practices to inform QI strategies and monitor progress;
- Collection and use of data stratified by race, ethnicity, and social factors to assess the impact of the IMHS model on health equity and health disparities; and,
- Key quality and performance measures to identify and track care management and care coordination activities to ensure that people who are at greater risk for adverse maternal health outcomes are receiving needed services.

You could consider having your system support linkage of administrative data (e.g., birth certificates, fetal death records, Medicaid claims) with standardized risk assessments, care management, and other pertinent datasets. If this is possible and incorporated, it may allow you to track performance measures, monitor outcomes, support overall evaluation activities for the demonstration, and guide QI within the health care practices.

You are also expected to collect, track, and report annually on measures to show progress on program objectives. These measures may include, but are not limited to:

- The number of health care practices recruited to implement the IMHS model;
- The number of providers recruited and trained in pregnancy care management and care coordination;
- The number of individuals recruited and trained to deliver pregnancy care management and care coordination;
- The number of individuals (OB providers and care pregnancy management workforce) trained in culturally and linguistically appropriate services, trauma-informed care, implicit bias, motivational interviewing, and social determinants of health;
- The number of pregnant people receiving a standardized risk assessment;

- The percent of people identified at greater risk for adverse maternal health outcomes who receive pregnancy/postpartum care management;
- The percent of people identified as having clinical, behavioral health, and/or social needs who receive appropriate services;
- The percent of pregnant people who receive prenatal care starting in the first trimester;
- The percent of pregnant people who receive a comprehensive postpartum visit no later than 12 weeks after birth;
- The percent of postpartum people transitioning to appropriate primary/specialty care;
- Total number of live births;
- Total number of pregnancy-related deaths;
- Rate of severe maternal morbidity;
- Number of people with insurance coverage; and,
- Number of people screened for maternal depression (including postpartum depression).

5) Community Partnerships and Health Equity

Across all activities, HRSA expects recipients to focus on equity, diversity, inclusion, and accessibility to address systemic barriers, including racism, and to meet community needs. Activities should aim to advance equity in access to health and social services as well as health outcomes.

Your demonstration should:

- Prioritize recruiting practices that serve communities with the greatest health and family well-being needs (e.g., those with populations that have been historically marginalized and underserved); and,
- Develop strong partnerships with family leaders and community members who have lived experiences with health and social services and include compensation or other fair supports for contributors.

Program-Specific Instructions

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

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below 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*
  Briefly describe the purpose of the proposed demonstration.
- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need*
  - Provide the most recent estimates for key maternal health outcomes at the state level, including the total number of live births, total number of

maternal deaths, maternal mortality rate (maternal deaths per 100,000 live births), rate of severe maternal morbidity (SMM), and other related maternal health indicators (e.g., percentage of people with health insurance, median age at time of first birth, rate of cesarean section deliveries, percentage of women who received a postpartum visit, percentage of women screened for postpartum depression, etc.).

- Outline the maternal health needs of your state and the region(s) to be served. Describe the geographic and demographic disparities in adverse maternal health outcomes as experienced by your state that will be addressed by your IMHS demonstration, including access to health care (e.g., percentage of people with health insurance, OB provider-patient ratio). Describe factors that contribute to maternal mortality and SMM within the state, including systemic and individual factors.
- Describe and document the target population. Describe the unmet health and social needs your demonstration will serve, and how those unmet health needs and health disparities experienced by the target population contribute to maternal mortality, SMM, and other adverse maternal health outcomes. This section will help reviewers understand the state maternal health outcomes in relation to the proposed project.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact)*
  - Propose methods that you will use to establish an IMHS demonstration in your state, meet each of the previously described Program Requirements and Expectations in this NOFO, and achieve the overarching project goal. Methods should encompass all 5 years of the demonstration and identify the outcomes you expect to achieve by the end of the period of performance. As appropriate, include methods for the development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination, with efforts to involve patients, families, and communities. If applicable, include a plan to disseminate reports, products, and/or demonstration outputs so key target audiences receive the information.
  - Provide Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives for each proposed project goal, as applicable.
  - Describe the integrated health services model you intend to implement in as much detail as possible, including the ways in which it will advance equity in maternal health outcomes and improve health care delivery.

- Describe the scope of your demonstration within your state or region(s) and why you have chosen this approach. Include a description of your plans to work with relevant stakeholders to develop and implement your IMHS model, including collaborating at the state-level to strengthen capacity in achieving demonstration aims and building on other HRSA maternal health programs.
- Describe your plan for a successful launch of the IMHS demonstration within the first year of funding, to include descriptions of any existing tools, resources, and infrastructure that will be used.
- If the design of your model includes incentivizing providers and health care systems to support the comprehensive maternal health care, describe what incentives you intend to use. If the incentives involve provider reimbursement, describe how you intend to engage with insurers/payers.
- Propose a plan for sustainability after the period of federal funding ends. HRSA encourages recipients to sustain key elements of their demonstrations, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

Integrated Maternal Health Services:

- Describe your plan to develop the standardized risk assessment and whether you intend to have the health care practices integrate the risk assessment into their electronic health record system. If your organization already has a risk assessment tool you are planning to use, you should upload a copy within *Attachments 8-15*.
- Describe your plan for providing pregnancy care management and care coordination for people identified to be at greater risk for adverse maternal health outcomes and include the components described within the Program Requirements and Expectations section of the NOFO.

IMHS Local-Level Workforce:

- Describe your plans to establish a diverse workforce reflective of populations served, which may include, but is not limited to, racial and ethnic diversity.
- Describe how you will recruit maternal health care practices and workforce to deliver pregnancy care management. Describe the type of health care practices you are considering for inclusion (e.g., obstetrics, family practice, certified nurse midwives) and the type of workforce (e.g., nurses, social workers, community health workers) to implement the

integrated model serving pregnant and postpartum people with health disparities and limited access to basic social and health care services.

- Describe how you will train OB providers and workforce that includes culturally and linguistically appropriate services, trauma-informed care, implicit bias, motivational interviewing, and social determinants of health.

Region-Level Coordination and Support:

- Describe how you will recruit OB provider(s) (e.g., OB/GYN, family practice physicians) who are well versed in evidence-based practices and experience in implementing QI in maternal health care to oversee the IMHS model of care at the region-level, develop standardized approaches for care delivery, promote best practices, set performance expectations, provide subject matter expertise and guidance, and provide training and support to the maternal health care practices.
- Describe how you will recruit regional coordinator(s) (e.g., OB nurses) who have experience in implementing QI methods in maternal health care to oversee pregnancy care management and care coordination activities and provide training and support to the local-level workforce.

Data, Information Management, and Evaluation:

- Describe your plan to manage real-time data to guide clinical QI, track performance measures, and monitor outcomes. Outline and discuss your process for developing key quality and performance measures that will be used to identify and track care management and care coordination activities.
- If you are considering linkage of administrative data with standardized risk assessments, care management, and other pertinent datasets, describe your plans.
- Describe your plans for the collection and use of data stratified by race, ethnicity, and social factors to assess the impact of the integrated health services model on health equity and health disparities.
- Identify any measures you will use to assess performance and progress towards the objectives outlined in the Purpose section.
- Document your plans/ability to collect and report data on those performance measures as part of your annual progress report. This includes plans for establishing baseline data and targets.

Health Equity:

- Describe how your activities will aim to advance equity in access to health and social services as well as health outcomes.
- Describe your plan for partnering with family leaders and community members who have lived experiences with health and social services.
- Describe how you will prioritize recruiting practices that serve communities with the greatest health and family well-being needs.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*
  - Submit a work plan in table format as *Attachment 1*, and include all of the information and activities detailed in the Program Requirements and Expectations section of the NOFO and the Methodology section of the application.
  - Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a timeline that includes each activity and identifies responsible staff.
  - As appropriate, identify meaningful support and collaboration with key stakeholders, including family leaders and community members who have lived experiences with health and social services, in planning, designing, and implementing all activities, including developing the application.

Logic Models

Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and

- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. You can find additional information on developing logic models at ACF HHS: Logic Model Tip Sheet.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 Response*
    - Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.
- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #5 Resources/Capabilities*

  Provide a performance measurement and evaluation plan that shows how your demonstrations will fulfill the expectations and requirements for performance measurement and evaluation described in the Program Requirements and Expectations section. This plan should include the following:
    - Monitoring: Describe how you will track demonstration-related processes, activities, and milestones, and use data to identify actual or potential challenges to implementation. Provide an initial list of measures (indicators, metrics) you will use to monitor progress.
    - Performance Measurement: Describe your plan for measuring and tracking performance on the goals outlined in the Purpose section. The plan should include required and/or proposed measures outlined in the Program Requirements and Expectations section and plans for the timely collection and reporting of all measures. Describe how you will link the performance measures to administrative datasets based upon the scope of your demonstration.
    - Program Evaluation: Describe your program evaluation plans and methods for completing the activities outlined in the Program Requirements and Expectations section. Plans should include a description of data to be collected and how those data relate to program and performance goals and performance measurement, data management and data submission plans, and expected deliverables. You should also describe any potential obstacles for implementing the performance evaluation and your plan to address those obstacles.

- Continuous Quality Improvement: Describe your plans for using and incorporating information from performance measurement and evaluation to inform and improve processes and outcomes.
- Capacity: Describe your plans to collect and manage data in a way that allows for accurate and timely monitoring, performance measurement, and evaluation. Include a description of the available resources (e.g., organizational profile, collaborative partners, staff skills and expertise, budget), systems, and key processes you will use for monitoring, performance measurement, and evaluation (e.g., data sources, data collection methods, frequency of collection, data management software).

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources/Capabilities*
  - Succinctly describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations.
  - Include a project organizational chart as *Attachment 5*.
  - Describe current experience, skills, and knowledge of integrated health services models of care (e.g., pregnancy medical home), including individuals on staff, materials published, and previous work of a similar nature.
  - Describe any IMHS models that your state has implemented in the past, if applicable, including challenges and successes.
  - Discuss how your organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.
  - Describe project personnel, including proposed partners that will be engaged to fulfill the needs and requirements of the demonstration. Include relevant training, qualifications, expertise, and experience of staff to implement and carry out this demonstration. Include a staffing plan and job descriptions for key personnel in *Attachment 2*, and biographical sketches of key personnel in *Attachment 3*. The staffing plan should list staff titles, number of FTEs fulfilling the role, and roles and responsibilities of each position.
  - Describe relationships with any organizations with which you intend to partner (e.g., state Medicaid agency, state public health department), collaborate, coordinate efforts, or receive assistance from while conducting these project activities. If your organization is not a state

entity, you should include a letter of support and planned coordination with the state agency, including a data sharing agreement, as evidence of a collaborative relationship. Include letters of agreement and/or descriptions of proposed/existing project-specific contracts in *Attachment 4*.

- Describe how your organization advances equity, diversity, inclusion, and accessibility and how you currently partner with family leaders and community members who have lived experiences with health and social services.

iii. *Budget*

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

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

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "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…" Effective January 2023, the salary rate limitation is **$212,100.** Note that these or other salary rate limitations may apply in the following fiscal years, as required by law.

iv. *Budget Narrative*

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

Corresponds to Section V's Review Criterion #6 Support Requested

In addition, applications for the Integrated Maternal Health Services initiative are required to:

Provide a narrative that explains the amounts requested under each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. Submit a budget justification for the entire period of performance (Years 1–5). For subsequent budget years, highlight the changes from year 1 or clearly indicate that there are no substantive budget changes during the period of performance.

Line-item information must be provided to explain the costs entered in the SF-424A. Be careful about how each item in the "other" category is justified. The budget justification must be concise. Do NOT use the budget justification to expand the project narrative.

In addition to requirements in HRSA's SF-424 Application Guide , include the following:

- *Personnel Costs*: List each staff member who will be supported from award funds or in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Include the full name of each staff member (or indicate a vacancy), position title, percentage of full-time equivalency, and annual salary. See Organizational Information for required "key personnel." Note: final personnel charges must be based on actual, not budgeted labor.
- *Travel*: List anticipated travel expenses associated with participating in state, regional, or national meetings that address the objectives of this project. Note: if meetings are only held virtually or you decide to participate in meetings virtually with approval from HRSA, you may rebudget the travel funds accordingly.
- *Contractual/Subawards/Consortium/Consultant*: Provide a clear explanation as to the purpose of each subaward, how the costs were estimated, and the specific outcomes or deliverables of associated activities. Identify amounts to be provided to implementation sites, if any. Provide additional details in *Attachment 6*.
    - Be sure to include details and justification for the following in the appropriate category(ies):
        - Costs associated with supporting the time commitment and other contributions of key partners, including family leaders and community representatives; and
        - Costs associated with performance monitoring and evaluation activities, including any subawards to external organizations.

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.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**. You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Work Plan

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

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

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

Attachment 3: Biographical Sketches of Key Personnel

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

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

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

This attachment should give more details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: For Multi-Year Budgets--5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limitation; however, any related budget narrative does count. See Section 4.1.iv of HRSA's SF-424 Application Guide.

Attachment 8: Indirect Cost Rate Agreement (Does not count against the page limit)

Attachments 9–15: Other Relevant Documents

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

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.
- Register at SAM.gov and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may 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 two separate systems:

- System for Award Management (SAM) (https://sam.gov/content/home | SAM Knowledge Base)
- Grants.gov (https://www.grants.gov/)

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.

- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) more about this change on the BUY.GSA.gov blog to know what to expect.

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

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 application due date under this NOFO is ***May 24, 2023 at 11:59 p.m. ET***. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Summary of emails from Grants.gov in HRSA's *SF-424 Application Guide*, Section 8.2.5 for additional information.

5. Intergovernmental Review

Integrated Maternal Health Services is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $1,800,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these and other restrictions will apply in following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424*

Application Guide. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has 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.

Reviewers will evaluate and score the merit of your application based upon these criteria. However, if a progress report is submitted with a competing continuation application, HRSA program staff will review the report after the objective review process.

Six review criteria are used to review and rank Integrated Maternal Health Services applications. Below are descriptions of the review criteria and their scoring points.

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

The application will be assessed based on the extent to which it completely and effectively:

- Provides the most recent estimates for key maternal health outcomes in the state and describes the maternal health needs of the state, including geographic and demographic disparities in adverse maternal health outcomes.
- Describes factors that contribute to maternal mortality and SMM in the state, including access to health care.
- Describes and documents the target population that will be served by the IMHS model and demonstrates that the population to be served is the population in greatest need.

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

This section addresses the Methodology, Work Plan, and Resolution of Challenges. The weighting of the review of these sections should be as follows: Methodology (20 points), Work Plan (10 points), and Resolution of Challenges (5 points). Reviewers will consider the extent to which the proposed project meets the provided Program Requirements and Expectations and will support the goals and objectives included in the Purpose section. This includes:

Methodology (20 points)

- The strength and feasibility of the proposed methods that will be used to establish an IMHS demonstration in the state that meets each of the Program Requirements and Expectations. If the applicant is not a state entity, this includes the description of how coordination with the state agency will occur to support planning, execution, and evaluation of the proposed project activities, as well as how the applicant will work with relevant stakeholders, including building on other HRSA maternal health programs. Methods should encompass all 5 years of the demonstration and identify the outcomes the applicant expects to achieve by the end of the period of performance.
- Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable (SMARTIE) objectives, as applicable, and their relationship to the proposed project.
- The quality and degree of detail in the scope of the demonstration and the description of the IMHS model to be implemented, including the feasibility of the plan for successful launch of the IMHS demonstration within the first year of funding and the ways in which the plan will advance equity in maternal health outcomes and improve health care delivery.
- The quality of the plan for the development of a standardized risk assessment for routine use. If the applicant already has a standardized risk assessment, it should be available in *Attachments 8-15*.
- The quality and feasibility of the plan to provide pregnancy care management and care coordination for people identified to be at greater risk for adverse maternal health outcomes and includes the components described within the Program Requirements and Expectations section of the NOFO.
- The quality and feasibility of the plan to establish a diverse workforce reflective of populations served, which may include, but is not limited to, racial and ethnic diversity (e.g., OB providers and workforce to provide care management).

- The quality and feasibility of the plan to recruit maternal health care practices and workforce that serve communities with the greatest health and family well-being needs to deliver pregnancy care management.
- The quality and feasibility of the plan to provide training to OB providers and a workforce to support pregnancy care management that includes culturally and linguistically appropriate services, trauma-informed care, implicit bias, motivational interviewing, and social determinants of health.
- The quality and feasibility of the plan to establish region-level support, including recruitment of OB providers to oversee the IMHS model of care and provide subject matter expertise and guidance for the health care practices, as well as recruitment of regional coordinators to oversee the pregnancy care management and care coordination activities and provide training and support to the workforce at the local levels of the region(s).
- The quality and feasibility of the plan for the collection and use of data stratified by race, ethnicity, and social factors to assess the impact of the integrated health services model on health equity and health disparities.
- The strength of the focus on equity, diversity, inclusion, and accessibility to address systemic barriers, including racism, and meet local community needs. This includes partnering with family leaders and community members who have lived experiences with health and social services.

Work Plan (10 points)

The extent to which the application completely and effectively:

- Describes the specificity and measurability of the objectives and activities in the work plan and the degree to which they align with the NOFO's purpose, goals, and objectives.
- Provides a logic model that shows a clear connection between the priority population(s), inputs, activities, outputs, anticipated outcomes, and goals of the demonstration.

Resolution of Challenges (5 points)

- The extent to which the application completely and effectively demonstrates sufficient understanding of the possible challenges to implementation of the action plan and describes approaches for addressing those challenges.

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

Reviewers will assess the strength of the proposed performance measurement and evaluation plan and the extent to which the application completely and effectively:

- Describes the plan and ability to collect data on the measures specified by HRSA MCHB in the Program Requirements and Expectations section and proposed measures presented by the applicant in their application narrative. The quality and feasibility of any proposed measures and targets, and the degree to which the proposed measures align with the purpose of the NOFO and are adequate to assess performance and progress towards the program and performance goals of the NOFO.
- Describes the process for developing key quality and performance measures that will be used to identify and track care management and care coordination activities.
- Describes the plan for managing real-time data to guide clinical QI, track performance measures, and monitor outcomes.
- Describe the plan for the collection and use of data stratified by race, ethnicity, and social factors to assess the impact of the integrated health services model on health equity and health disparities.
- Describes the applicant's capacity to collect, track, manage, and report proposed and required data over time, including available resources, systems, and processes.
- Demonstrates clear, feasible and appropriate monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- Demonstrates the strength and effectiveness of the evaluation plan that will contribute to continuous QI and support routinely evaluating and improving the quality of services provided throughout the period of performance, and the method proposed to monitor and evaluate the project results.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology and Work Plan

The extent to which the application completely and effectively demonstrates:

- That the proposed demonstration is likely to have a public health impact and the project will be effective, if funded. This may include the impact project results may have on the communities or target population, the degree to which the demonstration's activities are replicable, and the sustainability of the program beyond the federal funding.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information

The extent to which the application completely and effectively demonstrates or describes:

- How personnel are qualified by training and/or experience to manage, implement, and carry out the demonstration.
- The capabilities of the applicant organization and the quality and availability of health care practices, pregnancy care management workforce, and personnel to fulfill the needs and requirements of the proposed IMHS demonstration.
- The system and processes that will support the collection, analysis, and tracking of data to measure process and impact/outcomes and inform program development.
- The applicant's experience with and commitment to advancing equity, diversity, inclusion, and accessibility and the strength of its plan to partner with family leaders and community members who have lived experiences with health and social services.
- The applicant's experience with implementing an IMHS model in the state.

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

The extent to which the application demonstrates:

- The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the proposed activities, and the anticipated results.
- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- Key personnel have adequate time devoted to the demonstration to achieve project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications 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. In addition to the ranking based on merit criteria, HRSA approving officials will apply other

factors (e.g., geographical distribution) described below in selecting applications for award.

This program includes a special consideration, as regulated by 45 CFR part 75 Appendix 1 (E)(2). A special consideration is the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of special consideration. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

HRSA will take into special consideration the geographic scope of applications HRSA reserves the right to fund applicants out of rank order when making final award determinations and may select only one entity to implement the program in a particular state.

3. Assessment of Risk

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.

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 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 as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 30, 2023. 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*.

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity, The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/forproviders/provider-obligations/index.html and https://www.hhs.gov/civil-rights/forindividuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-englishproficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sexdiscrimination/index.html.

- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated antidiscrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

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

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Utilize health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Utilize health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isa/.Reporting

3. Reporting

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

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report annually, by the specified deadline. Please be advised the administrative forms and performance measures for MCHB discretionary grants will be updated on May 4, 2023. DGIS reports created on or after May 4, 2023 will contain the updated forms. To prepare successful applicants for their reporting requirements, the administrative forms and performance measures for this

program are Core 3, Capacity Building 3, Capacity Building 8, Financial Form 1, Financial Form 5, Financial Form 6, and Financial Form 7. The type of report required is determined by the project year of the award's period of performance. The full OMB-approved reporting package is accessible at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection (OMB Number: 0915-0298 | Expiration Date: 08/31/2025).

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	September 30, 2023 – September 29, 2028 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	September 30, 2023 – September 29, 2024 September 30, 2024 – September 29, 2025 September 30, 2025 – September 29, 2026 September 30, 2026 – September 29, 2027	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	September 30, 2027 – September 29, 2028	Period of performance end date	90 days from the available date

2) **Progress Report**(s). The recipient must submit a progress report to HRSA annually. More information will be available in the NOA.

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

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards

effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

Tynise Kee
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 945-3944
Email: tkee@hrsa.gov

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

Lud Abigail Duchatelier-Jeudy, PhD, MPH
Public Health Analyst, Maternal and Women's Health Branch
Division of Healthy Start and Perinatal Services
Attn: IMHS
Maternal and Child Health Bureau
Health Resources and Services Administration
Phone: (240) 705-0802
Email: wellwomancare@hrsa.gov

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

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA

TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

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

Appendix A: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	*My attachment =___ pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment =___ pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment =___ pages*
Attachments Form	Attachment 1: Work Plan	*My attachment =___ pages*
Attachments Form	Attachment 2: Staffing Plan and Job Descriptions for Key Personnel	*My attachment =___ pages*
Attachments Form	Attachment 3: Biographical Sketches of Key Personnel	*My attachment =___ pages*
Attachments Form	Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or contracts	*My attachment =___ pages*
Attachments Form	Attachment 5: Project Organizational Chart	*My attachment =___ pages*
Attachments Form	Attachment 6: Tables, Charts, etc.	*My attachment =___ pages*

Standard Form Name *(Forms themselves do not count against the page limit)*	**Attachment File Name** *(Unless otherwise noted, attachments count against the page limit)*	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Attachments Form	Attachment 7: 5th Year Budget (Does not count against the page limit; however, any related budget narrative does count.)	*My attachment =___ pages*
Attachments Form	Attachment 8: Indirect Cost Rate Agreement (Does not count against the page limit)	*My attachment =___ pages*
Attachments Form	Attachment 9	*My attachment =___ pages*
Attachments Form	Attachment 10	*My attachment =___ pages*
Attachments Form	Attachment 11	*My attachment =___ pages*
Attachments Form	Attachment 12	*My attachment =___ pages*
Attachments Form	Attachment 13	*My attachment =___ pages*
Attachments Form	Attachment 14	*My attachment =___ pages*
Attachments Form	Attachment 15	*My attachment =___ pages*
Project/Performance Site Location Form	Additional Performance Site Location(s)	*My attachment =___ pages*
Project Narrative Attachment Form	Project Narrative	*My attachment =___ pages*
Budget Narrative Attachment Form	Budget Narrative	*My attachment =___ pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-23-106 is 50 pages		**My total = ____ pages**

Appendix B: Additional Information for Applicants

- Engaging People with Lived Experience: The Office of the Assistant Secretary for Planning and Evaluation released a brief in January 4, 2022 on "Methods and Emerging Strategies to Engage People with Lived Experience". The brief can be accessed at https://aspe.hhs.gov/reports/lived-experience-brief.
- Rural Area: HRSA defines rural areas as all counties that are not designated as parts of metropolitan areas (MAs) by the Office of Management and Budget (OMB). In addition, HRSA uses Rural Urban Commuting Area Codes (RUCAs) to designate rural areas within MAs. This rural definition can be accessed at https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx. If the county is not entirely rural or urban, follow the link for "Check Rural Health Grants Eligibility by Address" to determine if a specific site qualifies as rural based on its specific census tract within an otherwise urban county.
- Underserved Area**:** HRSA defines underserved areas by the following terms: a Health Professional Shortage Area (HPSA); a Partial Health Professional Shortage Area; a Medically Underserved Area/Population (MUA/P); or a Partially MUA/P.
    - Updated HPSAs and Medically Underserved Areas/Populations (MUA/Ps) are accessible through the HPSA Find, https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspxand, and MUA/P Find tools, https://datawarehouse.hrsa.gov/tools/analyzers/muafind.aspx, within the HRSA Data Warehouse, https://datawarehouse.hrsa.gov/topics/shortageAreas.aspx.
- Social Determinants of Health: Healthy People 2030: The Department of Health and Human Services (HHS) is committed to improving the health and well-being of the nation through Healthy People 2030 (HP2030). HP2030 establishes national health objectives with targets and monitors and catalyzes progress over time to measure the impact of research and prevention efforts. HHS defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social determinants of health can be grouped into 5 domains: economic stability; education access and quality; health care access and quality; neighborhood and built environment; social and community context. You can explore evidence-based resources at the following link: Browse Evidence-Based Resources.
    - CDC: CDC: Social Determinants of Health: Know What Affects Health
    - CDC Social Vulnerability Index (SVI) County Maps: CDC's Social Vulnerability Index (SVI): County Maps

- HHS National Partnership to End Health Disparities: https://www.minorityhealth.hhs.gov/assets/pdf/npa/NPA_Toolkit.pdf