U.S. Department of Health and Human Services

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Federal Office of Rural Health Policy

Community-Based Division

Rural Maternity and Obstetrics Management Strategies Program

Funding Opportunity Number: HRSA-23-049

Funding Opportunity Type(s): New

Assistance Listings Number: 93.912

Application Due Date: July 7, 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: May 15, 2023

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 254c-1b (§ 330A-2 of the Public Health Service 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 Rural Maternity and Obstetrics Management Strategies (RMOMS) program. The purpose of this program is to establish or continue collaborative improvement and innovation networks to improve access to and delivery of maternity and obstetrics care in rural areas.

Funding Opportunity Title:	Rural Maternity and Obstetrics Management Strategies Program
Funding Opportunity Number:	HRSA-23-049
Due Date for Applications:	July 7, 2023
Anticipated FY 2023 Total Available Funding:	$2,000,000
Estimated Number and Type of Award(s):	Up to 2 cooperative agreements
Estimated Annual Award Amount:	Up to $1,000,000 per award
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2023 through September 29, 2027 (4 years)
Eligible Applicants:	All entities providing prenatal care, labor care, birthing, and postpartum care services in rural areas, frontier areas, or medically underserved areas, or to medically underserved populations or Indian Tribes or Tribal organizations. 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:

May 31, 2023 from 2 p.m. – 3 p.m. ET

Weblink: https://hrsa-gov.zoomgov.com/j/1603630214?pwd=eGpkSHFwS0s4d3BWWm5xamFrUE5zZz09

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

Call-In Number: 1-833-568-8864
Meeting ID: 160 363 0214
Passcode: 42409094

HRSA will record the webinar. Please email RMOMS@hrsa.gov 24 hours after live event for a link to the recording.

Table of Contents

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 establish or continue collaborative improvement and innovation networks to improve access to and delivery of maternity and obstetrics care in rural areas.

The goals of the RMOMS program are to:

(i) Identify and implement evidence-based and sustainable delivery models for the provision of maternal and obstetrics care in rural hospitals and communities;

(ii) Enhance and preserve access to maternal and obstetric services in rural hospitals that includes developing an approach to aggregate, coordinate, and sustain the delivery and access of preconception, prenatal, pregnancy, labor and delivery, and postpartum services;

(iii) Provide training for professionals in health care settings that do not have specialty maternity care;

(iv) Collaborate with academic institutions that can provide regional clinical expertise (such as specialty expertise and provider support using a variety of modalities including telehealth services) and help identify barriers to providing maternal health care, including strategies for addressing such barriers; and

(v) Assess and address disparities in infant and maternal health outcomes, including among rural racial and ethnic minority populations and underserved populations.

Applicants are encouraged to propose novel ways to achieve these goals through the establishment or continuation of collaborative improvement and innovation networks.

The RMOMS program seeks to document and monitor progress on these goals through the collection of aggregate data from each RMOMS award recipient and their network members. All network members will be **REQUIRED** to collect and share aggregate data. This program intends to preserve access to and continuity of maternal and obstetrics care in rural communities that address the following **RMOMS Focus Areas:**

1) **Rural Hospital Obstetric Service Aggregation**
   A regional network with several rural hospitals that are facing challenges in providing obstetric services could aggregate obstetric services to a targeted rural hospital or Critical Access Hospital (CAH) within the rural region to revive or sustain rural obstetric and maternal services.
2) **Approaches to Risk-Appropriate Care**
   Pregnant patients in a rural region should receive care in a facility that best meets their needs and those of their neonates through appropriate risk stratification.

3) **Financial Sustainability**
   Rural hospitals who have coordinated and aggregated their obstetrics services, in partnership with Medicaid and other payers, should aim to demonstrate improved outcomes and potential savings with the goal of ensuring ongoing support of the network once federal funding ceases.

For more details, see Program Requirements and Expectations.

2. Background

RMOMS is authorized by 42 U.S.C. § 254c-1b (§ 330A-2 of the Public Health Service Act), which provides for grants or cooperative agreements to establish or continue collaborative improvement and innovation networks to improve maternal and infant health outcomes and reduce preventable maternal mortality and severe maternal morbidity by improving maternity care and access to care in rural areas, frontier areas, maternity care health professional target areas (MCTAs), or jurisdictions of Indian Tribes and Tribal organizations.

National trends in maternal health have worsened over time[1,2] and risk from maternal mortality is unevenly distributed across African Americans, American Indian/Alaskan Natives, low-income persons, and rural residents. Rural residents have a 9 percent greater chance of experiencing severe maternal morbidity and mortality compared with urban residents.[3]

Many factors affect the sustainability of rural obstetric care, including obstetric workforce recruitment and skill maintenance, birth volume, financial viability, resources, and infrastructure of prenatal and postnatal services. Over half of rural counties have no hospital-based obstetric services and rural counties face greater risk of further loss of services compared to urban counties.[4] Rural obstetric unit closures are more common in smaller hospitals and communities with a limited obstetric workforce.[5] One way of addressing this issue is to form a regional network made up of several rural hospitals that are facing challenges in providing obstetric services and coordinating within the network to aggregate obstetric services to a targeted rural hospital or Critical Access Hospital (CAH) within the rural region in order to revive or sustain rural obstetric and maternal services. For example, volume may be too low at an individual rural hospital or CAH in the network; however, if deliveries were aggregated at one of the rural hospitals, the financial viability of rural obstetric services in the rural region could be increased.

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[1] Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System. www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm. Accessed 9/13/21

[2] Centers for Disease Control and Prevention. Severe Maternal Morbidity in the United States. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html Accessed on 9/13/2021.

[3] Kozhimannil K, Interrante J, Henning-Smith C, Admon K. Rural-Urban Differences in Severe Maternal Morbidity and Mortality in the US, 2007-2015. Health Affairs. 2019; 38 (12): 2077-2085. doi: 10.1377/hlthaff.2019.00805

[4] Kozhimannil KB, Interrante JD, Tuttle MKS, Henning-Smith C. Changes in Hospital-Based Obstetric Services in Rural US Counties, 2014-2018. JAMA. 2020;324(2):197. doi:10.1001/jama.2020.5662

[5] Hung P, Kozhimannil K, Casey M, Moscovice I. Why Are Obstetric Units in Rural Hospitals Closing Their Doors? Health Services Research. 2016; 51: 1546-1560. doi: 10.1111/1475-6773.12441

State Medicaid agencies are an important partner in improving access to and delivery of maternity and obstetrics care in rural areas. Medicaid pays for nearly half of all births nationally and covers a greater share of births in rural areas,6 making Medicaid payment policies a key factor in developing sustainable services.

The RMOMS program is intended to provide start-up funding to awardees to test out new approaches to supporting, enhancing, and expanding maternal and obstetrics care. Award recipients are expected to utilize these start-up funds to implement strategies that demonstrate the success of their approach and work with payers and network partners to continue these strategies after federal funding ends. These awards are to support the networks in the development of new approaches that seek to improve outcomes, service coordination and achieve sustainability.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of cooperative agreements. 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:

- Providing common measures and data elements that must be reported by all recipients (See Appendix B);
- Participating in the planning and development of the qualitative and quantitative data collection methods (See Appendix B);
- Reviewing and providing recommendations on the Regional Obstetrics Service Aggregation Plan;
- Reviewing award activities on an ongoing basis and providing input on strategies or approach;
- Participating, as appropriate, in the planning and implementation of any meetings, training activities or workgroups conducted during the period of performance; and
- Providing consultation with the maternal and obstetrics services rural health network, as appropriate, in outreach and dissemination activities.

[6] Medicaid and CHIP Payment and Access Commission. (2020). Medicaid's Role in Financing Maternity Care [Fact Sheet]. https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf

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 with HRSA award funds;
- Complying with program terms and reporting requirements detailed in the notice of award;
- Participating in conference calls and/or meetings with HRSA;
- Responding timely to requests for information, including requests for data submissions from HRSA;
- Establishing relationships and collaborations to leverage other federal and state supported Maternal and Child Health programs and state Medicaid agencies;
- Completing activities included in the Regional Obstetrics Service Aggregation Plan, specifically data collection and active participation in HRSA-funded efforts to contribute to the rural maternal health evidence base;
- Cooperating with a HRSA-funded Technical Assistance Provider and Data Support Provider during the period of performance (and potentially share project updates and information with them after the period of performance ends);
- Leading the network in data collection and reporting activities, including:
    - Working with a HRSA-funded Data Support Provider to collect and report aggregate data at least twice a year throughout the course of the 4-year period of performance; and
    - Timely development of a data collection strategy and infrastructure to satisfy aggregate data reporting requirements in the planning period (year 1) and throughout implementation (years 2-4).

  Data collection and reporting requirements, including anticipated measures, are detailed in Appendix B.
- Establishing a shared network governance model that incorporates perspectives from all members in its decision-making and resource allocation to meet program goals while ensuring and demonstrating high-level engagement from every member. The shared governance model structure should provide safeguards to ensure a collaborative decision-making process that empowers all network members to address program goals. HRSA strongly encourages that the governing body adopts a document (e.g., bylaws, charter, memorandum of understanding/agreement, etc.) that clearly defines the roles and responsibilities of each member and the decision-making structure of the governing body.
- Adjusting approach based on HRSA feedback and priorities.

2. Summary of Funding

HRSA estimates approximately $2,000,000 to be available annually to fund up to two recipients. You may apply for a ceiling amount of up to $1,000,000 annually (reflecting direct and indirect costs) per year.

The period of performance is September 30, 2023 through September 29, 2027 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for RMOMS 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 are non-profit or for-profit entities providing prenatal care, labor care, birthing, and postpartum care services in rural areas, frontier areas, or medically underserved areas, or to medically underserved populations or Indian Tribes or Tribal organizations.

Please reference the Program Requirements and Expectations section for additional guidance.

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.
- Fails to propose a service area that is entirely rural, as defined by the Rural Health Grants Eligibility Analyzer. All services supported by the RMOMS Program must exclusively occur in HRSA-designated rural areas. Please reference the Program Requirements and Expectations section for additional guidance.
- Applicant organization fails to demonstrate that it is part of a network comprised of at least three health care provider organizations (including the applicant organization) and includes the three required network partner types defined in

the glossary. Please reference the Program Requirements and Expectations section for additional guidance.

Multiple Applications

Multiple applications from an organization with the same Unique Entity Identifier (UEI) are allowed if the applications propose separate and distinct projects.

Applications associated with the same DUNS number or EIN should be independently developed and written. HRSA reserves the right to deem applications that provide insufficient information in **Attachment 3** or are nearly identical in content, to be ineligible. In this instance, assuming all other eligibility criteria are met, HRSA will only accept your last validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

Multiple Submissions

HRSA will only accept your last validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this 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-23-049 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 of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **80 pages** when printed by HRSA. Standard OMB-approved forms included in the workspace application package do not count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

The abstract is no longer an attachment that counts in the page limit. Additionally, Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-049, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

- HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to ensure your application does not exceed the specified page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-049 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 12: 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

Note that failure to meet the below program requirements, in addition to the criteria outlined in the Eligibility section, may result in HRSA deeming your application nonresponsive.

Applicant Organization Specifications:

The applicant organization should be a domestic public or private, non-profit or for-profit entities, including faith-based, community-based, tribes and tribal organizations. The applicant organization may be located in a rural or urban area, and must have demonstrated experience serving, or the capacity to serve, rural underserved populations.

The applicant organization may not have previously received federal funding for the same project. However, you are eligible to apply for funding under this announcement if the original period of performance for your previous award has ended by the start date for this funding opportunity (September 30, 2023) and if your newly proposed project (1) seeks to expand services or expand your service areas, (2) includes new or additional network member organizations, or (3) targets a new population or new focus area are eligible to apply if the original period of performance for their previous award has ended.

Network Specifications:

For the purposes of the RMOMS program, HRSA is employing a network model to encourage hospitals to aggregate services and work together in a collective manner to improve access to and sustain maternal and obstetric services in a rural region.

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 health care organizations, including the applicant organization. The overall network must be able to provide prenatal care, labor care, birthing, and postpartum care services in rural areas, frontier areas, or medically underserved areas, or to medically underserved populations or Indian Tribes or Tribal organizations.

Each network member must demonstrate involvement in the project and contribute to the project goals, including data sharing and reporting capabilities (See Appendix B).

For the purposes of this program, the applicant must have a network composition that includes:

1) **at least three rural hospitals or Critical Access Hospitals (CAHs);**
2) **at least one academic or tertiary institution that can provide regional clinical expertise (such as specialty expertise and provider support using a variety of modalities including telehealth services) and help identify barriers to providing maternal health care, including strategies for addressing such barriers; and**

3) **the state Medicaid agency.**

Partnership with the state Medicaid agency is beneficial, as rural populations have a large share of Medicaid recipients and networks are to plan for financial sustainability. 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 long-term savings.[7] Accordingly, successful applicants are required to obtain at least a letter of commitment from the state Medicaid agency within 90 days of the project period start date and a signed Memorandum of Agreement or Understanding (MOA/U) with the state Medicaid agency by the end of the planning year (September 29, 2024).

Given the specialized nature of maternal health, network members should be equipped to manage and coordinate care throughout preconception, pregnancy, labor, delivery, and postpartum periods. Other potential partners include, but are not limited to:

- Accredited birth centers
- Community organizations
- Emergency medical services entities
- Federally Qualified Health Center (FQHC) or FQHC look-alike
- Health Center Controlled Networks
- Level III and/or Level IV facility[8]
- CMS-certified Rural Health Clinic (RHC)
- Primary care providers/offices
- Primary care associations
- Regionally and/or locally available social services in the continuum of care (i.e., state Home Visiting and Healthy Start Programs)
- Rural Emergency Hospitals
- State Offices of Rural Health

Include the signed MOA/U that defines the roles and responsibilities for network partners 1 and 2:

1) at least three rural hospitals or Critical Access Hospitals (CAH)

2) at least one academic or tertiary institution that can provide regional clinical expertise and help identify barriers to providing maternal health care, including strategies for addressing such barriers

Depending on your network structure, HRSA may ask for further clarification upon receiving the award.

If you are an established network, please include a summary, no longer than one page, detailing your network's history of working together and highlighting your network's

[7] Rossier Markus A, et al. Medicaid Covered Births, 2008 Through 2010, in the Context of the Implementation of Health Reform. Women's Health Issues. 2013;23 (5): e273-e280. DOI: 10.1016/j.whi.2013.06.006

[8] Level III (Subspecialty Care) and Level IV (Regional Perinatal Health Care Centers) facilities are defined by Levels of Maternal Care. Obstetric Care Consensus No. 9. American College of Obstetricians and Gynecologists. American Journal of Obstetrics and Gynecology 2019;134:e41e55. doi: 10.1016/j.ajog.2019.05.046.

products, services, and sources of sustainability as **Attachment 2**. If you are an existing RMOMS network, please also detail how you are proposing to expand the scope of the project or the area that will be served through the project in **Attachment 2**.

Geographic Requirements:

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).

The intent of this program is to establish or continue collaborative improvement and innovation networks that improve and expand access to maternal and obstetric services in rural, frontier and tribal areas as well as communities identified as maternity care health professional target areas (MCTAs). 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 services supported by this program must exclusively be provided in, and must target populations residing in, HRSA-designated rural counties or rural census tracts in urban counties.

RMOMS Focus Areas:

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

<u>Rural Hospital Obstetric Service Aggregation</u>

a. Demonstrate how a regional network with several rural hospitals that are facing challenges in providing obstetric services could aggregate obstetric services to a targeted rural hospital or Critical Access Hospital (CAH) within the rural region to revive or sustain rural obstetric and maternal services. For example, volume may be too low at an individual rural hospital or CAH in the network; however, if deliveries were aggregated at one of the rural hospitals, the financial viability of rural obstetric services in the rural region could be increased.

b. Provide training for professionals in health care settings that do not have specialty maternity care so that professionals are prepared to deliver babies and provide obstetrics care in birthing-ready environments.

c. Collaborate with academic or tertiary institutions that can provide regional clinical expertise (such as specialty expertise and provider support using a variety of modalities including telehealth services)

<u>Approaches to Risk Appropriate Care</u>

- Show how the network will ensure pregnant patients in the rural region receive care in a facility that best meets their needs and those of their neonates through appropriate risk stratification. For example, lower-risk and routine pregnancies may be delivered in rural settings and policies and procedures may be in place to transfer higher-risk deliveries to a tertiary facility.

- Address how rural regions can approach care practices to prioritize referral to an appropriate facility during pregnancy rather than emergent transfer during labor.
- Illustrate how telehealth platforms can support rural clinicians and the obstetric patients they serve and connect patients to specialty care that is otherwise unavailable in the region.
- Assess and address disparities in infant and maternal health outcomes, including among racial and ethnic minority populations and underserved populations in rural areas, frontier areas, maternity care health professional target areas, or jurisdictions of Indian Tribes and Tribal organizations.

Financial Sustainability

- Show how rural hospitals who have coordinated and aggregated their obstetrics services, in partnership with Medicaid and other payers, can demonstrate improved outcomes and potential savings with the goal of ensuring ongoing support of the network once federal funding ceases.

State Office of Rural Health Notification:

Each state has a State Office of Rural Health (SORH), and HRSA encourages applicants to make every effort to contact the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide consultation, information regarding model programs, data resources, and technical assistance for networks, evaluation, partner organizations, or support of information dissemination activities. A list of the SORHs can be accessed at: https://nosorh.org/nosorhmembers/nosorh-members-browse-by-state/.

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.*

Applicants should list the rural areas (counties) that will be served. Proposed counties should be fully rural, but if counties are partially rural counties, please include the rural census tract(s) in the **Project Abstract**. **It is important that applicants list the rural counties (or rural census tract(s) if the county is partially rural) that will be served through** their proposed project as this will be one of the factors that will determine whether the application is non-responsive.

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(s) • Requested award amount for each project year (1-4)
ABSTRACT BODY CONTENT
Network Composition • Briefly describe the network, including name and goal(s). 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. • Indicate 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. • Entirely Rural Counties (list county name(s)) • Partially Rural Counties (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 https://data.hrsa.gov/tools/rural-health?tab=Address
Target Population Briefly describe the target population the project proposes to serve and track.
Service Delivery Briefly describe the type of services provided (i.e., information demonstrating the provision of prenatal care, labor care, birthing, and postpartum care services) in rural areas, frontier areas, or medically underserved areas, or to medically underserved populations or Indian Tribes or Tribal organizations).

Capacity to Serve Rural Underserved Populations

- Applicants must demonstrate their experience serving or the capacity to serve rural, underserved populations. Examples to show a history or ability to serve in this capacity may include, but is not limited to:
  - Identifying formal partnerships/formalized MOA/Us with rural health careorganizations *(if applicable).*
  - Identifying activities that aggregate, strengthen, and maintain the necessary competencies and resources needed to sustain obstetrics service in a rural region.
  - Discussing organizational expertise and capacity as it relates to the scope of work proposed. Include a brief overview of the organization's assets, skills and qualifications to carry on the project.
  - Describing current experience, including partnerships, activities, program implementation and previous work of a similar nature.
  - Discussing the effectiveness of methods and/or activities employed to improve pregnancy and obstetrics health care services in rural communities.
- HRSA requires that applicants describe the geographic relationship to the proposed target rural service population, as well as the plans to ensure that the target rural populations are served.

Project Activities/Services

Briefly describe the proposed project activities and/or services.

Expected Outcomes

Briefly describe the proposed project's expected outcomes.

Funding Opportunity Notification

Briefly describe how the applicant organization learned about this funding opportunity. (Select one: State Office of Rural Health, HRSA News Release, Grants.gov, HRSA Project Officer, HRSA Website, Technical Assistance Provider, State/Local Health Department, Other (please explain)

Funding Priority Points Requested

To receive a funding priority, please include a statement that you qualify for a funding priority and identify the priority in the abstract. HRSA highly recommends that the applicant use the language below to identify their funding priority request:

"[Applicant organization name] is requesting a funding priority. The proposed RMOMS program will [insert program goals] in [state Z], one of the states with the top 10 highest average MCTA scores."

Refer to Section V.2 for further information.

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
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 but succinct description of all aspects of 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 outline the project's purpose, goals, activities and expected outcomes as they relate to each of the RMOMS Focus Areas: rural hospital obstetric service aggregation, approaches to risk appropriate 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 rural underserved populations in the local community or region to be served will be involved in the development and 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 C.

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

(1) Target Population Details and Maternal Health Indicators

a. Describe the target population. Detail the number of people in the target population; number of births in the last 3 years in the service area and the projected number of births going forward for the period of performance. Also, include applicable information regarding the social determinants of health and health disparities.

b. Describe the associated unmet health needs of the target population of the proposed project. Identify and describe any national and/or local rankings data to include the number of maternal deaths and or most recent maternal mortality ratio; rate of Severe Maternal Morbidity (SMM); and other maternal health indicators (e.g., percentage of pregnant patients with health insurance, median age at time of first birth, rate of cesarean section deliveries, percentage of birth parents who received a postpartum visit, teen birth rate; low birth weight rate, etc.). When possible, disaggregate health indicators by race and ethnicity or other demographic characteristics and/or discuss and contextualize your target population with respect to racial and ethnic disparities or other demographic characteristics in maternal health.

(2) Stakeholder Involvement

a. Describe how you identified the needs of the target region. Further, describe the involvement of the network members to ensure the project is responding to the target population's needs. Highlight the extent to which all stakeholders are represented among your network partners.

b. Discuss the manner and degree to which the region's stakeholders were included in planning the activities of the project, specifically the involvement of the target population in the program development.

(3) Target Service Area Details

a. Identify and describe the target service area(s) for the proposed project.

b. Describe the hospital service region for the network service area including both rural and Critical Access Hospitals as well as upstream tertiary referral partners with which your network has procedures in place for transfer of high-risk patients.

c. 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 4**. Note*:* Maps should be legible and in black and white.

(4) Maternal and Obstetrics 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, including whether the service area is an identified maternity care health professional target area (MCTA) or health care professional shortage area (HPSA). Specifically detail the current obstetric services available or not available in the region and recent or pending changes to those services (i.e., lost or at risk of closing), average travel time between facilities, 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.

b. Prior RMOMS cohorts faced challenges related to competition between providers that negatively affected program goals. Describe how the MOUs of separately owned network members will focus on program outcomes for the population served regardless of patient choice of where services are received as well as the seamless sharing of program data across network members.

- *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, and (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. *Engage in network capacity building and infrastructure development.* This can include, but is not limited to:

   - acquire appropriate staffing and equipment needs to support your Regional Obstetrics Service Aggregation Plan;
   - develop a network business model;
   - identify how network members can integrate their functions and share clinical and/or administrative resources; and
   - identify and establish ways to obtain regional and/or local community support/buy-in around the aggregation of obstetric services.

b. Utilize the Regional Obstetrics Service Aggregation Plan (Attachment 5) to guide the planning of program implementation in years 2-4.

c. *Establish data collection strategy.* Both quantitative and qualitative data will be used by the network and the HRSA-funded Data Support Provider to

inform progress on the Regional Obstetrics Service Aggregation Plan; perform continuous quality improvement; and identify gaps in the aggregation of obstetric care within the targeted rural service area. Network leads must establish a process to gather and store data from all network partners and report aggregate data from network partners. Sample data elements are included in Appendix B**.** The HRSA-funded Data Support Provider will work with network leads to determine a secure method to transfer aggregate data.

- Review Appendix B: RMOMS Data Requirements and detail how your network proposes to gather, share, and store data from all network partners, and report aggregate data from network partners to the HRSA-funded Data Support Provider. If your network has partners with different ownership status and you plan to provide funds to compensate partners for data collection time and resources, please ensure that these funds are reflected in your budget.
- Note: a data collection strategy must be finalized during year 1 for data collection and storage of aggregate data. A signed and dated Data Usage/Sharing Agreement with all network partners must be submitted at the time of application as **Attachment 10**.

(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 the program using the approved Regional Obstetrics Service Aggregation Plan.

b. Ensure the ongoing and full participation of each network member in a shared governance model.

c. Collect aggregate data from network partners and report data to the HRSA-funded Data Support Provider.

(3) Methods for Sustainability Planning

The RMOMS program is intended to provide start up-funding to awardees to test out new approaches to supporting, enhancing and expanding maternal and obstetrics care. Awardees are expected to work with payers and network partners to continue these core program activities after HRSA funding ends. Describe a plan for sustaining the model funded by the RMOMS award and discuss the following:

a. How the strategies planned to aggregate rural obstetric services and appropriately stratify risk (e.g., lower-risk and routine pregnancies delivered in rural network settings and higher-risk deliveries handled at a referral hospital in the network) will lead to long-term sustainable rural hospital obstetric services in the service area.

b. The strategies you will utilize to achieve the desired sustainability of the project as a result of the RMOMS funding. You must detail how to sustain your RMOMS funded programs beyond the 4-year period of performance. This should include an examination of support via payers (public and private) or a dues-structure or contributions by network members as part of a sustainability plan.

c. How to leverage the partnership with the state Medicaid agency and other payers to develop innovative reimbursement strategies for sustainability.

d. 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.

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 a shared governance model, promote efficient decision-making, assure accurate and timely data collection & reporting, undertake sustainability planning, and ensure that the rural underserved populations in the local community or region to be served will be involved in the development and ongoing operations of the project.

Describe how the network will build and maintain stakeholder involvement and commitment to developing strategies responsive to the RMOMS focus areas, and inclusive of engaging partnerships with organizations to improve health equity throughout the period of performance.

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

  For the purposes of the RMOMS program, the Regional Obstetrics Service Aggregation Plan is a work plan that describes the activities or steps (including addressing the RMOMS Focus Areas) that you will use to achieve each of the objectives proposed during the entire period of performance.

  Please use the following four sub-headings for this section: (1) Regional Obstetrics Service Aggregation Plan (include the plan as **Attachment 5**); (2) Impact; (3) Replicability; and (4) Dissemination Plan.

  (1) Regional Obstetrics Service Aggregation Plan

  The Regional Obstetrics Service Aggregation Plan should describe how the network proposes to enhance and preserve access to maternal and obstetrics

services in rural hospitals by developing an approach to aggregate, coordinate, and sustain hospital obstetric services within the rural region. Award recipients will be expected to submit an updated Regional Obstetrics Service Aggregation Plan each year, which incorporates any changes in activities or timelines and provides an update on completion status.

The Regional Obstetrics Service Aggregation Plan should address all RMOMS focus areas and include the following:

a. Rural Hospital Obstetric Service Aggregation

   - Describe how the network proposes to use RMOMS funding to provide patient-centered, comprehensive, risk-appropriate coordinated care for patients before, during and after pregnancy by aggregating services among rural hospitals within the region. If applicable, describe the efforts made by each network hospital to preserve obstetrics care in the past.

   - Please specify what services will be provided by each network hospital as a result of a coordinated plan, including additions and removals of services, to aggregate obstetric services. The use of telehealth to reduce the travel burden of patients is encouraged.

b. Approaches to Risk-Appropriate Care

   - Describe how the network will assess risk and develop a plan of care that is risk-appropriate, including how social determinants of health will be addressed and strategies to improve health equity. Networks should have policies and procedures in place at the time of application to enhance case management of higher-risk expectant patients living in geographically isolated areas and to transfer more complex deliveries to appropriate tertiary providers (that may or may not be a part of the proposed RMOMS network). The use of telehealth to support access to specialty services is encouraged.

c. Reimbursement and Financial Sustainability

   - Describe how the network will collaborate with state Medicaid agencies and other payers (if applicable) to explore payment and reimbursement options to support obstetric services after the grant funding ends.

   - Describe the activities of the governance board and network participants to promote collaboration and continue the provision of services after grant funding ends.

(2) Impact

Describe the expected impact on the target population and the regional health system, including the expected or potential long-term changes and/or improvements in health care delivery due to the aggregation of obstetric services.

This would include how lower-risk obstetric services and deliveries will be provided in rural hospitals and higher-risk deliveries will be provided in partner tertiary facilities. Examples of potential long-term impact could include:

- enhanced availability of obstetric services in at least one of the participating rural hospitals or Critical Access Hospitals
- viability of obstetric services in the region
- obstetric workforce recruitment and retention (i.e., doulas, midwives)
- financial viability and sustainability of the network hospitals
- policy implications

***(3)* Replicability**

Describe the expected impact from the project on the target population and the network hospitals, 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.

(4) Outreach and Dissemination Plan

Describe the plans and methods for widely disseminating your anticipated activities and service line changes to the community, as well as project results. You must include a plan that describes how you will communicate the RMOMS program and availability of services to the public and stakeholders.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 Response*

  Discuss potential challenges and approaches to resolve those challenges. Include a discussion of:

  a. Implementing the Regional Obstetrics Service Aggregation Plan;

  b. Data collection capacity at each network partner site including how data will be shared among network partners and with the HRSA-funded Data Support Provider; and the corresponding staffing resources necessary for each network partner and the applicant organization to support successful data collection.

  c. Maintaining equal network collaboration

  d. External challenges including but not limited to competition, staffing and workforce, service reimbursement

  e. How to ensure the services provided address the cultural, linguistic, religious, and social differences of the target population

  f. Ensuring work and activities serve the target rural underserved populations

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #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 Attachment 10) with the HRSA-funded Data Support Provider on individual and cross-award recipient program evaluation/analyses. Describe the process (including staffing and quality assurance safeguards) by which you will collect, store, share, manage and report quantitative and qualitative data/information across the network. Include in the budget appropriate allocation of award resources and staffing to ensure data collection at all points of service. RMOMS award funds may be used for this purpose, if necessary.

  Note that RMOMS award recipients will be expected to work with a HRSA-funded Data Support Provider 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 data collection components of the project throughout the period of performance.

  Review the required measures/data elements in Appendix B. Detail how your network proposes to gather and store the data for each provider. Include information about technological processes including but not limited to Electronic Health/Medical Record (EMR/EHR) systems, Excel, REDCap, or other systems your network will develop and use to collect, review, clean, and report the data across network sites. Resources from the HRSA award may be allocated for this purpose, if necessary. Discuss how you will address legal, privacy and staffing considerations at each network site to meet these data requirements and the anticipated roles and focus of all network providers and hospitals. For the purposes of your application, you must demonstrate the ability and capacity to report data in the following:

  a. **Demographic information:** age, race/ethnicity, health insurance coverage, etc.
  b. **Utilization of services:** prenatal visits, postpartum visits, referrals to specialty care and types of specialists (with and without telehealth)
  c. **Maternal and infant health outcomes/behaviors:** maternal or neonatal death, pre-term birth, length of maternal hospital stay post-delivery, gestational age at delivery, neonatal intensive care unit (NICU) stay, rates of breastfeeding, etc.
  d. **Case management/care coordination contacts:** referrals to non-medical services
  e. **Cost and cost effectiveness:** billable services, cost reductions and savings, etc.

f. **Network approaches to care:** workforce[9], travel time to care, risk appropriate care and referral systems, etc.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #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.

  (1) *List of Network Members* (Attachment 3): For each member of your network, include the following (It is highly recommended to provide in a table format and 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, transportation, etc.)

  g. List which periods in the continuum of care [(1) preconception; (2) pregnancy, labor, and delivery; (3) postpartum] that the member provides services

  h. Specify (yes/no) whether the member is 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) *Organizational Chart (Attachment 6):* Provide a one-page organizational chart of the network that clearly depicts the relationship between the network members and their contribution/s to the project.

  (3) *Resources and Capabilities*

  a. Describe a clear and coherent plan detailing the staffing and training requirements and competencies necessary to run the project. The applicant organization must have the staffing and infrastructure necessary to oversee program activities and financial management for the award including:

[9] Maternal and Child Health Leadership Competencies Version 4.0
https://mchb.hrsa.gov/training/documents/MCH_Leadership_Competencies_v4.pdf

- responsibility for hiring and managing the award-funded staff;
- administrative and accounting capabilities to manage the award funds;
- organizational capacity to serve rural underserved populations;
- at least one permanent staff at the time an award is made; and

b. A staffing and training plan is required and should be included in Attachment 7. Staffing and training needs should have a direct link to the activities proposed in the project narrative and budget portion of the application. Specifically, the following should be addressed:

- The job descriptions for key personnel listed in the application
- The number and types of staff, qualification levels, and FTE equivalents
- 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.
- The training approaches and strategies that will be provided for professionals in health care settings that do not have specialty maternity care so that professionals are prepared to deliver babies and provide obstetrics care in birthing-ready environments.
- A clear description of how each network partner clinical site will have a designated data point of contact who will liaise and coordinate data collection and reporting with network data staff. Resources from the HRSA award may be allocated for this purpose, if necessary.

HRSA strongly encourages award recipients to 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.

HRSA recommends at least 0.5 FTE be allocated for staff at the network level to coordinate data collection and reporting across all network partner clinical sites. In addition to data collection, reporting, and coordination, this staff will be responsible for ensuring the quality and accuracy of the data reported to HRSA and must have the capacity to travel to all network clinical sites. Applicants should strongly consider network size when determining additional FTE allocation for data collection and reporting. Resources from the HRSA award may be allocated for this purpose, if necessary.

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. HRSA strongly encourages you to devote at least 0.25 FTE to the Project Director position. 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 each 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.).

(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 continuum of care; degree of referrals and coordinated care, etc.).

b. Describe how your network will ensure engagement among its network members, specifically each member's ability and commitment to reporting data to the network and the allocation of award funds across network members. Explain the network's governance structure and how it will incorporate perspectives from all members in its decision making and resource allocation in order to meet program goals while ensuring and demonstrating high-level engagement from every member.

c. Provide safeguards in a shared network governance to ensure a collaborative decision-making process that empowers all network members to address program goals.

d. Describe how the network will acquire, manage and share data. Explain how funding will be allocated to network members to ensure data collection across the network.

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.

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. Note that the conference may be held virtually during the ongoing COVID-19 pandemic if deemed necessary for safety and project officers will work with award recipients to make any budget adjustments if necessary.

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*.

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: Network Partnership Documentation

Submit a copy of your network's signed MOA/U for network partner types 1-2 (required), and the Letter of Commitment or MOA/U from the state Medicaid agency (if available). The Medicaid letter of commitment should describe the extent of the anticipated partnership for the purposes of the RMOMS program.

Attachment 2: Established Network History (if applicable)

In one page or less, detail your network's history of working together. Highlight your network's products, services, and sources of sustainability. If you are an existing RMOMS network, please detail how you are proposing to expand the scope of the project or the area that will be served through the project.

Attachment 3: List of Network Members

Provide a list of network members and identifying information as described in Section ii. *Organizational Information*.

Attachment 4: 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, and other pertinent elements such as broadband coverage/service providers, transportation considerations, etc.

Attachment 5: Regional Obstetrics Service Aggregation Plan

Attach the plan for the period of performance that includes all information detailed in Section IV.2.ii. Project Narrative.

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 and Training 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, qualifications, training needs, training approaches and strategies 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 7, 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: Documentation of Maternal-Fetal Medicine (MFM) Physician

Include documentation of the MFM physician at a network partner facility. Include the name, credentials, any specializations, date(s) of certification, privileges, and onsite availability. Acceptable documentation may be cited or obtained from the Society for Maternal Fetal Medicine (https://www.smfm.org/) or American Board of Obstetrics and Gynecology (https://www.abog.org/verify-physician).

Attachment 10: Data Usage/Sharing Agreement

Submit a signed and dated document establishing the terms and conditions under which the network partners and applicant can acquire and use data from each other as it relates to the compliance of aggregate data reporting requirements associated with this cooperative agreement. The data usage/sharing agreement should include an attestation that the data that will be shared are appropriate and valid.

Attachment 11: 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 12-15: Other Relevant Documents (Optional)

Include here any other documents that may be relevant to the application (e.g., indirect cost rate agreement; letters of commitment or 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. 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/)

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 July 7, 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

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, at no more than $1,000,000 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 cannot use funds under this notice for the following purposes:

- To build or acquire real property; or for construction .
- Major renovation or alteration of any space.

Minor renovations and alterations are allowable.

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.

Six review criteria are used to review and rank the RMOMS program applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (17 points) – Corresponds to Section IV's Introduction and Needs Assessment

Target population details and maternal health indicators (5 points)

- The clarity with which the proposed project thoroughly responds to:
  - The information requested in the project abstract.
  - The "Purpose" and each of the three RMOMS Focus Areas included in the funding opportunity description and outlines the project target population, service area, network members, goals, activities, and anticipated outcomes of the project.

- The extent to which the applicant thoroughly demonstrates the unmet health care needs of the target population as evidenced by:
  - The data provided regarding the incidence of maternal mortality, severe maternal morbidity (SMM), other maternal health indicators in the target population, including demographic information relating to subpopulations and other health status indicators (e.g., social determinants of health, health disparities, etc.) relevant to the project.
  - 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, including disaggregation of data by racial and ethnic groups and/or a discussion of racial and ethnic disparities in the proposed target population or other demographics as appropriate.

Stakeholder involvement (4 points)

- The extent to which the applicant details both the range of regional stakeholders and their level of involvement in identifying the needs of the target population and in implementing the project activities, and the representation of these stakeholders in the shared governance model of the proposed network partners to foster regular consultation and collaboration between and among each network member.

Target service area details (4 points)

- The extent to which the proposed service area and target population is clearly defined and described, as evidenced by a clear depiction of the service area for the network and a map detailing the location of all network members and important geographical considerations.

Maternal and obstetrics health care availability in service area (4 points)

- The extent to which the applicant demonstrates a thorough understanding of the relevant obstetric health services currently available or not available in the targeted service area including:
    - How the project will effectively address a gap in the regional continuum of health care with attention to obstetric services, prenatal and postnatal care, recent or pending changes to obstetric services and financial sustainability issues.
    - The potential impact of the project on current providers (including those that are not part of the proposed project); specifically noting existing FQHCs, RHCs, and other federally funded programs (e.g., Healthy Start, Home Visiting, AIM, PQCs and MMRCs (to the extent which these resources are available in the service area) to be leveraged in the continuum of care.

Criterion 2: RESPONSE (33 points) – Corresponds to Section IV's Methodology, Work Plan and Resolution of Challenges

Methodology – Planning Year 1 Activities (5 points)

The quality and extent to which the applicant clearly details the strategies they will use to complete each of the outlined activities including:

- Engage in network capacity building and infrastructure development.

- Utilize the Regional Obstetrics Service Aggregation Plan to guide the planning of program implementation in years 2-4 to aggregate obstetric services in targeted rural hospitals or CAHs within the rural region to enhance obstetric services.
- Develop a data collection and storage process for aggregate data reporting that includes how network sites will be coordinated to meet these data requirements. Coordinate and plan with HRSA and the HRSA-funded Data Support Provider to submit aggregate data during the planning year (year 1) and for the implementation period (years 2-4).

Methodology – Implementation Years 2-4 Activities (5 points)

The quality and extent to which the applicant details how they will:

- Implement the program using the approved Regional Obstetrics Service Aggregation Plan.
- Ensure the ongoing and full participation of each network member in a shared governance model.
- Collect aggregate data from network partners and report data to the HRSA-funded Data Support Provider.

Methodology – Sustainability Planning (3 points)

The strength and feasibility the applicant details:

- How volume aggregation will lead to long-term sustainable rural maternal and obstetric hospital services in the service area.
- Sustainability planning and strategies for continuing the project beyond the 4-year period of performance.
- Leveraging state Medicaid agency partnership and other payers to explore innovative reimbursement strategies.
- Potential sources of support for sustainability beyond federal funding.

Methodology – Maintaining Network Commitment (3 points)

The quality and extent to which the applicant details:

- The structure of the network's shared governance and how the network will maintain all of the network members' commitment, throughout the period of performance to fulfill the proposed activities, efficient decision-making, data collection and cooperation with the evaluation, sustainability planning.
- How the network will ensure that the rural underserved populations in the local community or region to be served will be involved in the development and ongoing operations of the project, and maintain stakeholder involvement and commitment throughout the period of performance.
- How the network will build and maintain stakeholder involvement and commitment to developing strategies responsive to the RMOMS focus areas, inclusive of engaging partnerships with organizations to improve health equity throughout the period of performance.

Work Plan (12 points)
The strength and feasibility of:

- The Regional Obstetrics Service Aggregation Plan as a logical and effective approach for aggregating obstetric services in the rural region and in alignment with the RMOMS Focus Areas.
- The clarity with which the Regional Obstetrics Service Aggregation Plan addresses the project goals, objectives, and activities; responsible staff/organization to carry out each activity; performance benchmark or outcome measure; timeline of the proposed activities; and completion status.
- The proposed Regional Obstetrics Service Aggregation Plan clearly demonstrates that the network will use a collaborative approach and that it has the capacity to implement the proposed activities.
- The completeness of the cost report data and hospital-specific information for each year from 2017-2022 for each rural hospital or CAH in the network.

Resolution of Challenges (5 points)
The extent to which the applicant clearly describes the relevant barriers they hope to overcome including:

- The extent to which the Regional Obstetrics Service Aggregation Plan addresses and resolves identified challenges and anticipated barriers.
- Meeting HRSA Data Requirements outlined in Appendix B, specifically a plan to collect and store aggregate data across all network members with consideration of differences in health record systems, legal, privacy concerns, variable staffing and resource capabilities at each site.
- A plan to actively engage the network members throughout the period of performance, in particular maintaining communication and collaboration with the state Medicaid agency.
- Any pertinent geographic, workforce, socio-economic, linguistic, cultural, and/or other barrier(s) that prohibit access to health care in the target population; particularly ensuring activities specifically target rural underserved populations.

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

The extent to which the applicant:

- Demonstrates the strength, quality, and capacity of the network to collaborate with a HRSA-funded Data Support Provider, including the ability and capacity to collect, store and report aggregate data as outlined in Appendix B.
- Details how the network proposes to gather, share, and store data from all network partners, and report aggregate data from network partners to the HRSA-funded Data Support Provider.

- Includes, in the budget, an appropriate allocation of award resources and staffing to ensure data collection at all points of service. The Regional Obstetrics Service Aggregation Plan includes evidence of legal and privacy considerations and a strong quality assurance process to ensure the validity of data /information collected by the network.

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

- 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.
- The extent to which the applicant describes the potential impacts on the viability of the obstetrics health system and workforce recruitment and retention including enhanced availability of obstetric services in at least one of the participating rural hospitals or Critical Access Hospitals.
- The feasibility and effectiveness of the proposed approach for outreach about the program and widely disseminating information regarding results of the project.

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

Evaluation and Technical Capacity (10 points)

The extent to which the application:

- Demonstrates the network's capacity to gather, store, and report data.
- Demonstrates that each network member has submitted a signed and dated document establishing the terms and conditions under which the network partners and applicant organization can acquire and use data from each other as it relates to the compliance of data reporting requirements associated with this grant program as noted in **Attachment 10**.
- Describes the technological processes including but not limited to Electronic Health/Medical Record (EMR/EHR) systems, Excel, REDCap, or other systems the network will develop and use to collect, review, clean, and report the data across network sites.
- Describes the process (including staffing and quality assurance safeguards) by which the network will collect, store, and convey quantitative and qualitative data/information to the HRSA-funded Data Support Provider to satisfy the HRSA Data Reporting Requirements in Appendix B.

Organizational Information (15 points)

The extent to which the application:

- Details the strength of the network, inclusive of the contributions, services, and rurality of each network member. The overall network must be able to provide prenatal care, labor care, birthing, and postpartum care services in rural areas,

frontier areas, or medically underserved areas, or to medically underserved populations or Indian Tribes or Tribal organizations.

- 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.
- Evidence that the applicant organization has the staffing and infrastructure necessary to oversee program activities and financial management for the award.
- Provides a clear and coherent staffing and training plan that includes all of the requested information for each proposed project staff, has a direct link to the activities proposed in the work plan year 1 and the anticipated staffing needs for years 2-4, and specifies the training approaches and strategies that will be provided for professionals in health care settings that do not have specialty maternity care so that professionals are prepared to deliver babies and provide obstetrics care in birthing-ready environments.
- Describes how staff at the network level will coordinate data collection and reporting across all network partner clinical sites. Demonstrates the capacity for ensuring data quality and accuracy, and ability to travel to each network clinical site.
- Describes which resources and staff are allocated to satisfy network engagement and data collection requirements at each network site.
- Demonstrates how each network partner clinical site has a designated data point of contact who will liaise and coordinate data collection and reporting with the network data staff.
- 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.

  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.).
- Provides the resumes and/or biographical sketches that details the qualifications and relevant experience for each proposed project staff member.

  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.).

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and Budget Narrative

- The extent to which the budget narrative logically documents 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.
- The degree to which the estimated cost to the government for proposed award-funded activities is reasonable.

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. To ensure geographic coverage consistent with the program purposes, and to prevent duplication, HRSA reserves the right to fund applicants out of rank order when making final award determinations. 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.

For this program, HRSA will use funding priorities.

Funding Priorities

A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff adjusts the score by a set, pre-determined number of points. The RMOMS Program has one funding priority:

Funding Priority: Top 10 States with the Highest Average MCTA Score (5 points)

In November 2022, HRSA released Maternity Care Health Professional Target Area (MCTA) scores for areas within an eligible Primary Care Health Professional Shortage Area (HPSA). MCTA scores reflect areas experiencing a shortage of maternity health care professionals and range from 0-25. The maximum score of 25 indicates the greatest need for maternity care services within the health professional shortage area.

The RMOMS Program has a funding priority for proposed networks that serve rural communities located in one or more of the states with the top 10 highest average MCTA scores. Clearly explain the applicable location(s) if your rural service area is in a different state from your applicant organization's primary address.

State	Average MCTA Score*: Geographic/Population HPSAs
Alabama	17.76
Mississippi	17.34
West Virginia	16.90
Texas	16.72
Arkansas	16.62
Louisiana	16.29
Ohio	15.93
Hawaii	15.65
Kentucky	15.59
Tennessee	15.33

**Average MCTA scores were calculated using publicly available data from the HRSA Data Warehouse. State-level averages reflect MCTA scores on April 4, 2023 for areas designated as geographic, high need geographic and population HPSAs.*

If you are requesting a funding priority, please indicate this in the **Project Abstract**. HRSA highly recommends that the applicant include this language to identify their funding priority request:

"[Applicant organization name] is requesting a funding priority. The proposed RMOMS program will [insert program goals] in [state Z], one of the states with the top 10 highest average MCTA scores."

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/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/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-english-proficiency/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/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination 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.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

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

1) **Progress Reports**. The recipient must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of your Non-Competing Continuation (NCC) Progress Report triggers the budget period renewal and release of subsequent year funds. This report demonstrates award recipient progress on program-specific goals. More information will be available in the NOA.

2) **Data Collection Plan.** Award recipients are required to submit a data collection plan during the planning year that details each network partner's capability to collect and report aggregate data and the network's plan to meet aggregate data reporting requirements. Additional instructions will be provided upon receipt of the award.

3) **Updated Regional Obstetrics Service Aggregation Plan.** Award recipients are required to submit an updated Regional Obstetrics Service Aggregation Plan annually, at the start of each program year. Additional instructions will be provided upon receipt of the award.

4) **Data Reporting.** Award recipients will be required to collaborate with HRSA and with the HRSA-funded Data Support Provider to monitor progress of their project. During the first year of the period of performance, HRSA will provide general program measures, in addition to the specific measures/data elements that award recipients will need to collect and report on annually.

Required measures/data elements will include:

a. Demographic information
b. Utilization of services
c. Maternal and infant health outcomes/behaviors
d. Case management/care coordination contacts
e. Cost and cost effectiveness
f. Network approaches

Award recipients should also use process and outcome indicators to track/measure whether the individual activities outlined in the Regional Obstetric Service Aggregation 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. More information will be included in the Notice of Award.

4) **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. Additional instructions will be provided upon receipt of the award.

5) **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 upon receipt of the award.

6) **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:

Bria Haley
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-3778
Email: bhaley@hrsa.gov

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

Victoria (Vicky) Tsai, MPH
Public Health Analyst
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 17W59D
Rockville, MD 20857
(301) 443-8930
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
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: RMOMS Program Glossary

Continuum of Care spans the following periods:

- **Preconception**: Spans all reproductive years, which are the years that a person can have a child. Preconception care includes interventions that aim to identify and modify biomedical, behavioral and social risks to woman's health or pregnancy outcomes 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 person by a physician or other health care provider during the pregnancy.
- **Postpartum**: Begins immediately after the birth of a child and spans the period of time up to one year after birth. Source: https://www.cdc.gov/vitalsigns/maternal-deaths/index.html

Equity: The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.[10]

Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.[11]

Health Care Provider/Organizations: Health care providers are defined as: hospitals, public health agencies, home health providers, mental health centers, substance abuse service providers, rural health clinics, primary care providers, oral health providers, social service agencies, health profession schools, local school districts, emergency services providers, community and migrant health centers, federally-qualified health centers, tribal health programs, churches, and state Medicaid agencies, civic organizations that are/will be providing health related services.

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[10] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

[11] Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf.

Health Professional Shortage Areas (HPSAs): HPSAs can be geographic areas, populations, or facilities. These areas have a shortage of primary, dental or mental health care providers. HPSA Find tool: https://data.hrsa.gov/tools/shortage-area/hpsa-find

Maternity Care Health Professional Target Areas: Maternity Care Health Professional Target Areas (MCTAs) are areas within an existing Primary Care Health Professional Shortage Areas (HPSA) that are experiencing a shortage of maternity health care professionals.

Memorandum of Agreement/Understanding (MOA/U): A MOA/U is a written document that must be signed by all network members to signify their formal commitment as network members. An acceptable MOA/U should at least describe the network purpose and activities; clearly specify each organization's role and responsibilities in terms of participation, governance and voting, integrating data sharing capabilities (see Appendix B); and membership benefits. For the purposes of this program, a letter of commitment is not the same as a MOA/U; a letter of commitment may represent one organization's commitment to the project but does not necessarily outline the roles and responsibilities that are mutually agreed upon among the network partners.

Medically Underserved Area/Population (MUA/P): MUAs and MUPs identify geographic areas and populations with a lack of access to primary care services. MUA Find tool: https://data.hrsa.gov/tools/shortage-area/mua-find

Networks:
RMOMS Health Network: A network is defined as an arrangement among three or more separately owned domestic public and/or private health care provider organizations, including the applicant organization. For the purposes of this program, the applicant must have a network composition that includes: 1) at least three rural hospitals or Critical Access Hospitals (CAH); 2) at least one academic institution that can provide regional expertise and help identify barriers to providing maternal health care, including strategies for addressing such barriers and; 3) 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.
  The network ensures a joint decision-making model that ensures an equal voice for all network members and includes ongoing transparency related to network decisions, information and data sharing, and budget allocation decisions.

- **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

Telehealth: HRSA defines telehealth as the use of electronic information and telecommunications technologies to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health.

Underserved Communities: Populations sharing a particular characteristic, as well as geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of "equity." [12]

[12] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

Appendix B: RMOMS Data Requirements

Award recipients are required to work with the HRSA-funded Data Support Provider and provide aggregate data at least twice a year throughout the period of performance. The purpose is for the network and the HRSA-funded Data Support Provider to inform progress on the Regional Obstetrics Service Aggregation Plan; perform continuous quality improvement; and identify gaps in the aggregation of obstetric care within the targeted rural service area.

HRSA recommends at least 0.5 FTE be allocated at the network level to coordinate data collection and reporting across all network partner clinical sites. This staff must also be able to travel to all network clinical sites. Applicants should strongly consider network size when determining additional FTE allocation for data collection and reporting staff. HRSA also encourages that each network partner clinical site should have designated data point of contact who will liaise and coordinate data collection and reporting with network data staff. The award recipient must identify an individual(s) responsible for collecting and reporting data at the network level and strongly encourages identification at each at each network partner clinical site within the network. The individual(s) must have the skills necessary to ensure timely and accurate data collection. Resources from the HRSA award may be allocated for this purpose, if necessary.

Examples of aggregate patient data to be collected across the network include, but are not limited to:

- **Demographic information:** age, race/ethnicity, health insurance coverage, etc.
- **Utilization of services:** prenatal visits, postpartum visits, referrals to specialty care and types of specialists (with and without telehealth)
- **Maternal and infant health outcomes/behaviors:** maternal or neonatal death, pre-term birth, length of maternal hospital stay post-delivery, gestational age at delivery, neonatal intensive care unit (NICU) stay, rates of breastfeeding, etc.
- **Case management/care coordination contacts:** referrals to non- medical services
- **Cost and cost effectiveness:** billable services, cost reductions and savings, etc.
- **Network approaches to care:** workforce[13], travel time to care, risk appropriate care and referral systems, etc.

Sample data elements are listed below. Please note that these are examples of the data elements that award recipients will be expected to collect and report; the final list of required data elements may differ from the list below. Additional information will be provided by the Federal Office of Rural Health Policy.

[13] Maternal and Child Health Leadership Competencies Version 4.0
https://mchb.hrsa.gov/training/documents/MCH_Leadership_Competencies_v4.pdf

Network:

1. Identify the types and number of organizations in the network for your project
2. Total number of NEW member organizations that joined the network during this reporting period
3. As a result of being part of the network, how many network member organizations were able to integrate joint policies, procedures and/or best practices within their respective organizations during this reporting period
4. Number of network sites contributing direct service encounter data

Sustainability:

5. Additional funding secured to assist in sustaining the network
6. How many of the network members have provided the following in-kind services
7. Sources of Sustainability
8. Which of the following activities have you engaged in to enhance your sustained impact
9. What is your Ratio for Economic Impact vs. HRSA Program Funding
10. Will the network sustain after this federal funding period
11. Will any of the network's activities be sustained after this federal funding period

Demographics:

12. Number of counties served in project
13. Number of people in the target population
14. Number of unique individuals from your target population who received direct services during this reporting period
15. Number of unique women from your target population who received direct services during this reporting period
16. Number of people served by ethnicity
17. Number of people served by race
18. Number of people served by age group

Project Specific Domain:

19. Health insurance status of women served during the reporting period
20. Number of NICU stays for deliveries that occur within the network, including stays that are transferred outside of the network
21. Number of live deliveries
22. Number of maternal deaths
23. Number of women who receive a prenatal visit
24. Number of women who receive a prenatal visit in the first trimester
25. Number of women who receive a postpartum visit
26. Number of women who receive case management contact
27. Number of network sites providing/using RMOMS relevant telehealth services
28. Number of women directly served by telehealth
29. Number of women receiving specialty care services via telehealth
30. Number of providers trained and/or supported through distance learning and/or telementoring

Appendix C: RMOMS Program Resources

The following resources may also be helpful to applicants. Inclusion of a non-federal resource on this list does not constitute endorsement by HRSA, nor a guarantee that information in the resource is accurate. Your local health department may be a valuable resource in acquiring data when responding to the Needs Assessment section.

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/

Centers for Medicare & Medicaid Services (CMS): Rural Health Clinics
For more information on RHCs: https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center

- To determine whether a facility is an RHC, visit https://qcor.cms.gov/main.jsp, select Basic Search then under Advanced Search select Rural Health Clinics (RHCs)

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) and Primary Care Offices (PCOs): https://nhsc.hrsa.gov/nhsc-sites/contacts/regional-offices-state-contacts.html
- Maternal Child Health Glossary: https://mchb.tvisdata.qa.hrsa.gov/Glossary/Glossary
    - Find Healthy Start and Home Visiting Program: https://data.hrsa.gov/tools/find-grants
- 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 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

HHS Resources for Health Literacy
HHS Health.gov: Health Literate Care Model
AHRQ: Health Literacy Universal Precautions Toolkit

The National Preconception Health and Health Care: Preconception Resource Guide

The goal of the Preconception Resource Guide is focused improving the health of young adults and any children they may choose to have. The vision is that all people of reproductive age will achieve optimal health and wellness, fostering a healthy life course for them and any children they may have.
https://beforeandbeyond.org/resources/toolkits-reports/

Preconception Health

CDC: 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 (www.ruralhealthresearch.org) 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.

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/