


**MEMORANDUM**

Date: 12/10/2020

To: Prospective Applicants

From: Anna Starr   
Maternal, Child and Family Health  
Ohio Department of Health

Subject: Notice of Availability of Funds – Competitive Solicitation for State Fiscal Year 2020 (Maternal Safety Quality Improvement)

The Ohio Department of Health (ODH), Maternal, Child and Family Health announces the availability of grant funds.

Qualified applicants for grant funds under this initiative must be a local public or non-profit agency with experience as the primary contractor/vendor in implementation of clinical quality improvement (QI) projects with the State of Ohio. Applicants must have experience completing a clinical QI project specifically working with maternal health across geographically (urban and rural) and demographically diverse hospital systems. Qualified applicants should have experience building the capacity of multiple entities to collaboratively apply QI methods to improve maternal health with special attention to equitable care as a strategy to reduce disparities.

This is a competitive solicitation. All interested applicants must submit a Notice of Intent to Apply for Funding (NOIAF – Appendix A) no later than (December 18, 2019), so access to the application via the internet website “ODH Application Gateway” can be established.

To be eligible for funding, all applicant agencies must 1) be a local public or non-profit agency, 2) attend or document in writing prior attendance at Grants Management Information System (GMIS) training and 3) have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B).

Potential applicants are encouraged to participate in an Information Session to be held via conference call on December 16, 2019 from 9:00 AM to 11:00 AM. Call-in information is as follows: 614-466-7177 and meeting ID number 929616#). The conference call is being offered to allow potential applicants the opportunity to discuss the solicitation and learn about the elements of a successful application. Refer to the solicitation for more information regarding the Information Session.

All applications, including any required attachments, must be completed and received by ODH electronically via GMIS by 4:00 PM on Tuesday, January 21, 2020. Applications received after the due date will not be considered for review.

If you have questions, please contact Reena Oza-Frank at 614-466-4626 or e-mail at [Reena.Oza-Frank@odh.ohio.gov](mailto:Reena.Oza-Frank@odh.ohio.gov).



**ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET**

# **OHIO DEPARTMENT OF HEALTH**

**BUREAU OF**  
*Maternal, Child and Family Health*

*Maternal Safety Quality Improvement*  
**SOLICITATION**  
**FOR**  
**FISCAL YEAR 2020**  
**(03/01/20 – 09/29/20)**

**Local Public Applicant Agencies**  
**Non-Profit Applicants**

**COMPETITIVE GRANT APPLICATION INFORMATION**  
**100% Deliverable Funding**

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## **I. APPLICATION SUMMARY and GUIDANCE**

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

This is a competitive Solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by, December 18, 2019 | so access to the application via the Internet website “ODH Application Gateway” can be established.

**NEW AGENCIES ONLY or if UPDATES are needed:** For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

The application summary information is provided to assist your agency in identifying funding criteria:

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: <https://odh.ohio.gov/wps/portal/gov/odh/home>. (Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-manual>

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the budget justification examples listed on the GMIS bulletin board.

## Budget Justification Certification language

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

**B. Application Name:** *Maternal Safety Quality Improvement* |

**C. Purpose:**

Background

*In Ohio, an average of 21 women die each year because of pregnancy or delivery complications, a chain of events initiated by pregnancy, or aggravation of a condition by the physiologic effects of pregnancy. Considerable racial disparities exist, with Ohio black women more than two and a half times as likely to die from pregnancy-related complications than white women. Findings from the Ohio Department of Health's (ODH) Maternal Mortality Review Committee (MMRC), called the Pregnancy-Associated Mortality Review (PAMR), indicate that more than half of these deaths are preventable. Other populations may face an increased risk of pregnancy complications as well. For example, women with disabilities report significant disparities in their health care utilization, health behaviors and health status before and during pregnancy and during the postpartum period. Compared to nondisabled women, they were significantly more likely to report stressful life events and medical complications during their most recent pregnancy, were less likely to receive prenatal care in the first trimester, and more likely to have preterm births. PAMR uses a maternal mortality review process by which a state-level, multidisciplinary committee identifies and reviews cases of death within one year of pregnancy. The goals of PAMR are to identify and review all pregnancy-associated deaths in Ohio, abstract clinical and non-clinical data into the Maternal Mortality Review Information Application (MMRIA), identify underlying risk factors and gaps in care, enter committee decisions into MMRIA, and make recommendations for systems change to reduce preventable pregnancy-related deaths.*

Objectives

*The selected subrecipient will assist the Ohio Department of Health (ODH) in improving the health of Ohio's mothers using rapid-cycle quality improvement (QI) methods similar to those used by the Institute for Healthcare Improvement (IHI-like QI) (i.e. Model for Improvement) to collaboratively and transparently trigger insights and develop effective interventions that can more reliably produce improvements in maternal safety.*

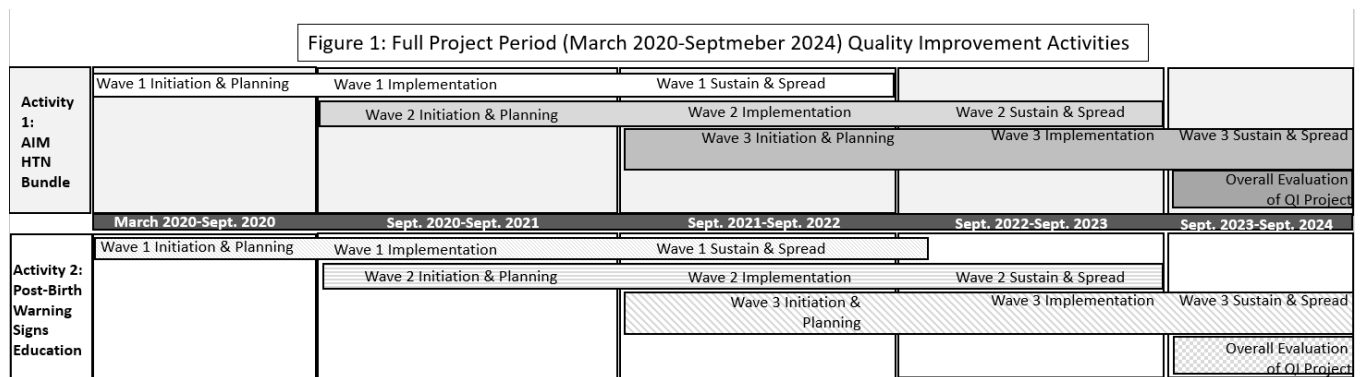
*The selected subrecipient should have experience building the capacity of multiple entities (i.e., government agencies, health insurers, clinical practices, industry and communities) to collaboratively apply IHI-like QI to improve maternal health. Core tenants critical to building the capacity of ODH and its partners to improve health outcomes include:*

attention to equitable care as a strategy to reduce disparities, a dedication to high-quality services and best practices that incorporate the voices of the impacted population, and an all-teach-all-learn mindset.

Subrecipients should have expertise in assisting ODH, state agencies, and clinical practices in implementation of QI initiatives. This will require close consultation with ODH to establish specific goals, build theories of change, identify and prioritize key drivers, and test interventions using Plan-Do-Study-Act (PDSA) cycles and ramps. Demonstration of prior success in QI leadership, training, systems and design thinking, consulting expertise, and improving population health outcomes will be of paramount importance in the subrecipient selection process.

PAMR was awarded federal funding to address maternal mortality across Ohio. The funding coincides with ODH's release of Ohio's first comprehensive report on pregnancy-associated maternal deaths. Within the report ODH identified hypertension as one of the most preventable causes of death; deaths due to hypertension may be reduced by two quality improvement activities: (1) the Alliance for Innovation on Maternal Health (AIM) Hypertension Safety Bundle and (2) Post-birth warning signs education.

The full project period for these two activities will take place from March 2020 to September 2024 (see Figure 1). This grant is for budget period March 2020-September 2020 only (see Table 1). In order for the applicant to understand the full vision of these projects, please see the additional information below.



Each project phase encompasses activities and deliverables that influence subsequent phases. The number of activities and deliverables that are to be completed for a project will therefore vary for each project. All projects regardless of phase, require contracted entities to engage in the following activities: meeting planning, participation, and follow-up. The project phases are:

- Initiation Phase.** During the initiation phase a project is selected based on the degree of needed improvement in an outcome. It is during this period that the objectives, scope, purpose and deliverables to be produced are defined. During this phase of the project the initial members of the project steering committee and project stakeholders are identified. Additionally, the subrecipient will develop a problem statement, state the importance of addressing the problem, define the expected outcomes and measures necessary for documenting progress, outline potential risks and barriers, and develop a project timeline. These components must be developed in collaboration with ODH and with final approval from ODH.
- Planning Phase.** During the planning phase a more detailed project timeline is created in which each of the larger deliverables is broken down into smaller tasks. Partners are

recruited and engaged, and the overall project team and sub-teams are identified. Business processes are mapped, failure modes and root causes are identified, and drivers and interventions are proposed so that an initial theory of change, illustrated in the form of a KDD, is created. During the planning period, project partners are oriented to the project goals and objectives, and basic training is provided in the QI and data extraction skills needed for testing improvement strategies and tracking project progress. It is during this period that the cadence for meetings, project updates, and data collection, analysis, and reporting is also determined. In the planning phase, process, outcome, and balancing measures are defined and baseline data is collected from recruited practices which allows the project to refine the baseline and target for its SMART Aim.

- c. *Implementation Phase.* During the implementation phase, the efforts of the planning phase are executed. Project teams begin using PDSA cycles to test interventions; and the data submission cadence is in full swing, allowing the project coordinator to determine whether an intervention impacts the outcome measure. During the implementation phase, the KDD is continually updated to reflect learning resulting from testing, and documentation is retained on the results of intervention testing, as well as larger events occurring within the system, (e.g., policy changes), that may impact the SMART Aim.
- d. *Sustainability and Spread.* Intervention strategies found to be successful during the implementation phase are summarized in the finalized change package created during the sustainability phase. During this phase lessons learned are memorialized in a project summary. A spread and sustainability plan with timelines for putting processes and policies in place to sustain improvements, and a data analysis strategy for monitoring sustainment over time is also created.

#### Quality Improvement Activity 1: AIM Hypertension Bundle

The ultimate goal of the first quality improvement activity is to implement the AIM Hypertension Bundle in delivery hospitals statewide with a focus on equity. The long-term evaluation outcome is to observe a decrease in overall severe maternal morbidity and preventable maternal deaths associated with severe hypertension in pregnancy.

AIM (<https://safehealthcareforeverywoman.org/aim-program/>) is a national data-driven maternal safety and quality improvement initiative based on proven implementation approaches to improving maternal safety and outcomes in the U.S. AIM has created multiple evidence-based patient safety “bundles” that integrate system-based improvement initiatives to reduce adverse maternal outcomes. Many other states, such as California, Florida, Illinois, and Louisiana, have become “AIM States” and implemented AIM bundles. On behalf of the state of Ohio, ODH plans to apply to become an AIM State in 2020 and implement patient safety bundles to improve maternal health outcomes in Ohio.

Although preeclampsia and eclampsia are the 4th leading cause of pregnancy-related deaths in Ohio, over 80% of these deaths were determined to be preventable by PAMR. In order to reduce the number of preventable maternal deaths, in April 2019, ODH began a 12-month contract with the Ohio State University Wexner Medical Center to implement the AIM hypertension bundle within a main tertiary care facility and 2 affiliated rural hospitals. The overall expectation of the contract is to see improvement across all 3 hospitals in identification of and timely treatment of hypertension among prenatal and postpartum women.

ODH intends to implement the AIM hypertension bundle statewide in delivery hospitals over the next five years (through September 2024) in 3 distinct waves (Waves 1, 2, and 3).



*This grant will fund the initiation, planning, and implementation in Wave 1 hospitals through September 29, 2020. Future solicitations will fund continued implementation, sustainability, and spread activities. Please see Table 1 for the timeline for activity 1.*

<b>Table 1.</b>	<b>Activity 1: AIM Hypertension Bundle</b>	<b>Details</b>
March 2020	Initiation & planning for Wave 1 delivery hospitals	See deliverables (1a-2c) for more details
April 2020	Initiation & planning for Wave 1 delivery hospitals	See deliverables (1a-2c) for more details
May 2020	Initiation & planning for Wave 1 delivery hospitals	See deliverables (1a-2c) for more details
June 2020	Initiation & planning for Wave 1 delivery hospitals	See deliverables (1a-2c) for more details
July 2020	Implementation in Wave 1 delivery hospitals	See deliverables (3a-3f) for more details
August 2020	Implementation in Wave 1 delivery hospitals	See deliverables (3a-3f) for more details
September 2020	Implementation in Wave 1 delivery hospitals	See deliverables (3a-3f) for more details
Continuing Grant Funding September 2020-September 2021	Implementation in Wave 1 delivery hospitals; Initiation & Planning for Wave 2 delivery hospitals	Future grant contracts will provide more details
Continuing Grant Funding September 2021-September 2022	Sustainability & Spread in Wave 1 delivery hospitals; Implementation in Wave 2 delivery hospitals; Initiation & Planning for Wave 3 delivery hospitals	Future grant contracts will provide more details
Continuing Grant Funding September 2022-September 2023	Sustainability & Spread in Wave 2 delivery hospitals; Implementation in Wave 3 delivery hospitals	Future grant contracts will provide more details
Continuing Grant Funding September 2023-September 2024	Sustainability & Spread in Wave 3 delivery hospitals; Overall Evaluation of QI project	Future grant contracts will provide more details

### *Clinical Quality Improvement Activity 2: Post-Birth Warning Signs Education*

*The ultimate goal of the second quality improvement activity is to implement post-birth warning signs education in public health settings (e.g., WIC, evidence-based home visiting, and Healthy Start) throughout Ohio. The long-term evaluation outcome is to observe a decrease in overall preventable maternal deaths related to the specific post-birth warning signs included in the post-birth warning signs education.*

*There is a known drop-off in service intensity after delivery, which can lead to missed diagnoses and/or symptoms resulting in maternal death that could have been prevented. In Ohio from 2008-2016, 46% of pregnancy-related deaths occurred within 42 days of delivery and an additional 19% occurred 43 to 365 days after delivery. Thus, postpartum deaths comprise 65% of all pregnancy-related deaths. The most common causes of postpartum deaths include infection, preeclampsia and eclampsia, cardiovascular and coronary conditions, and hemorrhage, respectively, of which over half are preventable. This Ohio data mirrors national data, and these health outcomes will serve as the outcome measures for this activity. Because many women do not receive consistent messages or adequate guidance on identifying the warning signs of postpartum complications, or instructions about when and where to obtain necessary medical attention, Post-birth Warning Signs Education can facilitate this needed education. Post-birth warning signs education can help new mothers recognize warning signs of postpartum complications that could occur after discharge and to seek medical attention if necessary.*

*ODH intends to implement post-birth warning signs education throughout Ohio's public health settings (e.g., WIC, evidence-based home visiting, and Healthy Start) over the next five years (through September 2024) in 3 distinct waves (Waves 1, 2, and 3). This grant will fund the initiation and planning for Wave 1 sites through September 29, 2020. Future solicitations*



*will fund initiation (excluding Wave 1), implementation, sustainability, and spread of post-birth warning signs education activities for Waves 1, 2, and 3. Please see Table 2 for the timeline for activity 2.*

Table 2	Activity 2: Post-Birth Warning Signs	Details
March 2020	---	---
April 2020	---	---
May 2020		---
June 2020	Initiation & planning for Wave 1 public health settings	See deliverables (4a-4k) for more details
July 2020	Initiation & planning for Wave 1 public health settings	See deliverables (4a-4k) for more details
August 2020	Initiation & planning for Wave 1 public health settings	See deliverables (4a-4k) for more details
September 2020	Initiation & planning for Wave 1 public health settings	See deliverables (4a-4k) for more details
Continuing Grant Funding September 2020-September 2021	Implementation in Wave 1 public health settings; Initiation & Planning for Wave 2 public health settings	Future grant contracts will provide more details
Continuing Grant Funding September 2021-September 2022	Sustainability & Spread in Wave 1 public health settings; Implementation in Wave 2 public health settings; Initiation & Planning for Wave 3 public health settings	Future grant contracts will provide more details
Continuing Grant Funding September 2022-September 2023	Sustainability & Spread in Wave 2 public health settings Implementation in Wave 3 public health settings	Future grant contracts will provide more details
Continuing Grant Funding September 2023-September 2024	Sustainability & Spread in Wave 3 public health settings Overall Evaluation of QI project	Future grant contracts will provide more details

### Glossary

- *Action Period (AP) Calls: Calls occurring during the periods between Learning Sessions in which teams give progress reports on their testing and implementing of changes in their local settings with the aim of building collaboration and support for organizations as they try out new ideas. These calls may also incorporate presentations by subject matter experts with regard to promising practices and the establishment of best practices. The focus is sharing information and learning from one another, with participant feedback and comments considered to be just as important as information from presenters.*
- *Change Package: A compendium of intervention strategies initially based upon best practices and subject matter expert experience which is refined throughout the QI project to reflect the result of iterative intervention testing. A final change package representing project learning is produced as a final deliverable.*
- *HIPAA: Health Insurance Portability and Accountability Act of 1996*
- *IHI: Institute for Healthcare Improvement*
- *Key Driver Diagrams (KDDs): A visual depiction of a project's theory of improvement which contains the project's Specific Measurable Achievable Realistic Timebound (SMART) Aim, key drivers that define what essential factors are hypothesized to lead to change in the SMART Aim, and interventions that operationalize how these ideas or change concepts may result in that change.*
- *Learning Collaboratives: A learning system that brings together several teams to seek improvement in a focused area.*
- *Model for Improvement: An improvement framework developed by Associates in Process Improvement (The Improvement Guide, Jossey-Bass, 1996) consists of four key elements of successful process improvement: defining specific and measurable aims, identifying measures of improvement and tracking them over time, key changes that will result in the desired improvement, and a series of testing "cycles" during which teams learn how to apply key change ideas to their own organizations.*
- *PDSA cycles: Small tests of change for quickly determining whether the implementation of an intervention had the intended outcome.*

- *QI Collaborative: Modeled after the IHI Breakthrough Series Model and used to manage large-scale improvement projects with multiple clinical sites and stakeholders (The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. (Available on [www.IHI.org](http://www.IHI.org))*

- *QIP: Quality Improvement Project*

- *SMART Aim: A method for writing project goals so that they are Specific, Measurable, Achievable/Attainable, Relevant/Realistic, and Time bound. In general, the format for a SMART Aim is written as "Increase/Decrease" outcome from baseline #/% to goal #/% by a specific month, day and year. SMART Aims answer the IHI Improvement Model question of "What are we trying to accomplish".*

- *Spread: Actively disseminating best practice and knowledge about every intervention and implementing each intervention in every available setting. This may include testing the intervention with new populations to determine what, if any, adaptations need to be made*

**D. Qualified Applicants:** | *All applicants must be a local public or non-profit agency. Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B).*

*The following criteria must be met for grant applications to be eligible for review:*

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Tuesday January 21, 2020.**
4. Evidence that the successful subrecipient has over five (5) years of demonstrated success in:
  - a. Developing the capability of organizational leaders and staff to apply the concepts of IHI-like QI and to lead projects incorporating these concepts;
  - b. Accelerating and measuring organizational culture change to an improvement-focus, incorporating systems thinking and person-centered design;
  - c. Leading multi-stakeholder improvement initiatives that incorporate input from rapid cycle testing, and the use of data to improve population health outcomes in clinical and community-based settings;
  - d. Connecting and collaborating with national experts in these fields to leverage the best of what is known about best practice across the country
  - e. Recruiting clinical partners to advise, and test interventions aimed at removing administrative barriers and establishing best clinical practice;
  - f. Developing and implementing methods for gathering data and providing data feedback to illustrate intervention effectiveness and improved outcomes;
  - g. Have demonstrated experience and knowledge of quality assessment and improvement methods; QI project design and methodology; and QI-related statistical analysis (e.g., statistical process control); and
  - h. Applying an understanding of variation in healthcare utilization, identifying best practices, and leading interventions for improving care primarily in clinical and community-based settings.
5. Applicant must demonstrate experience as the primary contractor/vendor in implementation of clinical quality improvement projects over the past three years with the State of Ohio.

6. Applicant must demonstrate experience meeting deadlines and successful completion of meeting deliverables over the past three years with a State of Ohio entity.
7. Applicant must provide one example of experience completing a clinical quality improvement project specifically working with maternal health across geographically (urban and rural) and demographically diverse hospital systems. |

**E. Service Area:** |*Applicant must provide a plan for implementation of the activities to occur statewide with a focus on impact and equity.* |

**F. Number of Grants and Funds Available:** |*The source of funds supporting this program is Federal. One award will be made up to \$500,000.*

*Facilities and Administrative (F&A) costs must be capped at 25%.*

*Payment will not be released until expenditure reports and deliverable completion is explicitly demonstrated.*

*Subrecipient recognizes that certain services covered in this solicitation are vital to ODH and must be continued without interruption. Subrecipient shall be prepared to continue providing such services identified by ODH, during periods of disaster, crisis, or other unexpected break in services based upon a Business Continuity Plan.*

*An interested parties conference call will be held on Monday, December 16, 2019 from 9:00 am – 11:00 am. Call-in information is as follows: 614-466-7177 and meeting ID number 929616#.*

*No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.* |

**G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery-by **4:00 p.m. by Tuesday, January 21, 2020**. Applications and required attachments received after this deadline will not be considered for review.

Contact Reena Oza-Frank, 614.466.4626 or Reena.Oza-Frank@odh.ohio.gov with any questions.

**H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill Section 3701.21 of the Ohio Revised Code.

**I. Goals:** |*The goal of this grant is to implement actionable, evidenced-based initiatives on a state-wide level that directly address findings from the PAMR review process. These initiatives must be based in evidence and achievable through quality improvement science. The activities should achieve widespread adoption of patient safety bundles and/or policies by maternity hospitals that reflect the highest standards of care with the project goal of achieving a reduction in maternal complications and preventable deaths related to pregnancy statewide with focus on equity.* |

**J. Program Period and Budget Period:** The program period will begin |March 1, 2020| and end on |September 29, 2024|. The budget period for this application is |March 1, 2020|

through September 29, 2020).

- K. Public Health Accreditation Board (PHAB) Standard(s):** This grant program will address PHAB standards 1.3: Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health, 1.4: Provide and use the results of health data analysis to develop recommendations regarding public health policies, processes, programs, or intervention, 3.1: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness, and 10.2: Identify and use the best available evidence for making informed public health practice decisions. The PHAB standards are available at the following website:

[http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf)

- L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

1. Public Health Impact Statement Summary - Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- Standard 10.2: Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. Public Health Impact Statement of Support - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the grant application. If an applicant agency has

a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

### 3. Evidence of Health Equity Strategies

The ODH is committed to the elimination of health disparities and health inequities. All applicants are required to:

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.
- 2) Identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities. This must be based on data and include geographic reference points (i.e., census tracts, census block groups) to specify where program activities are focused.
- 3) Identify measurable health equity targets to be achieved through program activities. This information must also be supported by data.
- 4) Outline specific evaluation strategies to measure the impact of program activities to decrease and/or eliminate health disparities and health inequities.
- 5) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but not limited to, current Healthy People goals and objectives; local Community Health Assessments; State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; The Health Opportunity and Equity (HOPE) Initiative.
- 6) The above items should be explicitly incorporated into key components of the application (i.e., Goals, Program Narrative, Objectives, Deliverables and Review Criteria). The applicant cannot decide where to insert this information. Care should be taken to avoid repetition to keep the responses focused and specific.

### Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:

The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods, freedom from racism and other forms of discrimination. These are

referred to as **social determinants of health (SDOH)**. SDOH are the root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

**M. GMIS Health Equity Module (There are some functionality issues in GMIS and this module may not function properly. Applications can still be submitted without this being marked complete):**

- 1) The GMIS Health Equity Module links important program interventions in grant proposals to health equity strategies identified in local, state or national strategies. These include, but are not limited to, the most current Healthy People goals and objectives; health equity targets in the State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; Ohio Health Opportunity Index and/or the Health Opportunity and Equity (HOPE) Initiative. Applicants are required to select the goals and strategies from the module that best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

**N. Human Trafficking:** The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population;
  1. At-risk population
  2. Mental health population
  3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

[ ☐ Applicable ☒ Not Applicable to Maternal Safety Quality Improvement ]

**O. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

**P. Programmatic, Technical Assistance and Authorization for Internet Submission:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOI AF. Please contact Reena Oza-Frank, 614.466.4626 or [Reena.Oza-Frank@odh.ohio.gov](mailto:Reena.Oza-Frank@odh.ohio.gov) |

**Q. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

**R. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Tuesday, January 21, 2020 at 4:00 p.m.**

Applicants should request a legibly dated postmark or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

**S. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.

**T. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.

**U. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to timelines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation.

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given Solicitations; **There will be no appeal of the Department's decision.**

**V. Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding



specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture

**W. Ownership Copyright** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. Since this grant is funded in whole by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Maternal, Child and Family Health, Maternal Health Quality Improvement and as a sub-award of a grant issued by The Ohio Department of Health under the PAMR program.”

“This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with xx percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.”

**X. Reporting Requirements:** Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

**Note: Failure to ensure the quality of reporting by submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.**

Reports shall be submitted as follows:

**a. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. *April 10, 2020 (for the period of March 1 – 31, 2020), May 10, 2020 (for the period of April 1 – 30, 2020), June 10, 2020 (for the period of May 1 – 30, 2020), July 10, 2020 (for the period of June 1 – 30, 2020), August 10, 2020 (for the period of July 1 – 31, 2020), September 10, 2020 (for the period of August 1 – 31, 2020), October 10, 2020 (for the period of September 1 – 29, 2020).* **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

X   Program Reports Required             No Program Reports Required

<i>Period</i>	<i>Report Due Date</i>
<i>March 1 – 31, 2020</i>	<i>April 10, 2020</i>
<i>April 1 – 30, 2020</i>	<i>May 10, 2020</i>
<i>May 1 – 30, 2020</i>	<i>June 10, 2020</i>
<i>June 1 – 30, 2020</i>	<i>July 10, 2020</i>
<i>July 1-31, 2020</i>	<i>August 10, 2020</i>
<i>August 1-31, 2020</i>	<i>September 10, 2020</i>
<i>September 1-29, 2020</i>	<i>October 10, 2020</i>

**b. Subrecipient Reimbursement Expenditure Reports** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: |

<i>Period</i>	<i>Report Due Date</i>
<i>March 1 – 31, 2020</i>	<i>April 10, 2020</i>
<i>April 1 – 30, 2020</i>	<i>May 10, 2020</i>
<i>May 1 – 30, 2020</i>	<i>June 10, 2020</i>
<i>June 1 – 30, 2020</i>	<i>July 10, 2020</i>
<i>July 1-31, 2020</i>	<i>August 10, 2020</i>
<i>August 1-31, 2020</i>	<i>September 10, 2020</i>
<i>September 1-29, 2020</i>	<i>October 10, 2020</i>

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

<i>Period</i>	<i>Report Due Date</i>
<i>March 1 – March 31, 2020</i>	<i>April 10, 2020</i>
<i>April 1 – June 30, 2020</i>	<i>July 10, 2020</i>
<i>July 1 – September 29, 2019</i>	<i>October 10, 2020</i>

*Note: Obligations not reported on the final monthly or 4<sup>th</sup> quarter expenditure report will not be considered for payment with the final expenditure report.*

**c. Final Expenditure Reports:** |A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before November 5, 2020.| The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

***Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic***

***acknowledgment and acceptance of OGAPP rules and regulations.***

**Y. Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

**Z. Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees -- unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
16. *Include any additional program specific unallowable costs per CFDA, program regulations and directives or state law specifications.*

**Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.**

**AA. Audit:** Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit

conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

**Subrecipient audit reports** (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

## **AB. Submission of Application**

### **Formatting Requirements:**

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 20 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH

The GMIS application submission must consist of the following:

<b>Complete &amp; Submit Via Internet</b>
---

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
  - Primary Reason
  - Funding
  - Justification
  - Personnel
  - Other Direct Costs
  - Equipment
  - Contracts
  - Compliance Section

- Summary
- 5. Civil Rights Review Questionnaire
- 6. Assurances Certification
- 7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
- 8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
- 9. Health Equity Module
- 10. Public Health Impact Statement Summary (non-health department only)
- 11. Statement of Support from the Local Health Districts (non-health department only)
- 12. Attachments as required by Program

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

**Complete  
Copy &  
E-mail or  
Mail to  
ODH**

Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

**Ohio Department of Health  
Grants Services Unit  
Central Master Files, 4<sup>th</sup> Floor  
35 E. Chestnut Street  
Columbus, Ohio 43215**

## **II. APPLICATION REQUIREMENTS AND FORMAT**

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for is submitted to ODH.

*All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.*

**A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.

**B. Budget:** Prior to completion of the budget section, please review pages [17-18] of the Solicitation for unallowable costs. Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources

**1.Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

**2.Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period [March 1, 2020] to [September 29, 2020].

The applicant shall retain all original fully executed contracts on file.

**3.Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*

- C. Assurances Certification:** Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

**D. Project Narrative:**

- 1. Executive Summary:** *[Identify the target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address.]*

**2. Description of Applicant Agency/Documentation of Eligibility/Personnel:**

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

- 3. Problem/Need:** Identify and describe the local health status concern(s) that will be addressed by the program. Only restate national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population. Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.

Include a description of other agencies/organizations, in your area, also addressing this problem/need.

**Methodology:** In narrative form, identify the program goals, **SMART** process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each. |

**E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

**F. Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to [www.dnb.com](http://www.dnb.com). For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at [www.usaspending.gov](http://www.usaspending.gov) or the Office of Management and Budget's website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

**(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)**

**G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before January 21, 2020**.

*| A minimum of an original and one copy of non-Internet attachments are required. |*

## **APPENDICES**

- A. Notice of Intent to Apply for Funding
- B. GMIS Access Request Form
- C. Deliverable – Objective Descriptions and allocations
- D. Application Review Form



Reimbursement  
Type  
Select one of the  
options below:

☐ Monthly  
OR  
☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health

Bureau of Maternal, Child and Family Health

ODH Program Title:  
Maternal Safety Quality Improvement

ALL INFORMATION REQUESTED MUST BE COMPLETED.

Appendix A

Submission Required

See Due Date Below

New Applicants must submit the  
GMIS Access form with the Notice

County of Applicant Agency \_\_\_\_\_ Federal Tax Identification Number \_\_\_\_\_

Geographic Area Applying to Cover \_\_\_\_\_

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency (Check One)

<input type="checkbox"/> County Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local Schools
<input type="checkbox"/> City Agency	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Not-for Profit

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_  
\_\_\_\_\_

Agency Contact Person Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Agency Head (Print Name)	Agency Head (Signature)
<i>Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS. If the agency head needs updated in GMIS, please include a letter on agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.</i>	

Does your agency have at least two staff members who currently have access to the ODH GMIS system?  
YES ☐ NO ☐

If yes, no further action is needed.

If no, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information must be set-up and maintained in the following website: <http://supplier.ohio.gov/>

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO [Reena.Oza-Frank@odh.ohio.gov](mailto:Reena.Oza-Frank@odh.ohio.gov) by December 18, 2019

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAF's considered late will not be accepted.

**If new applicant, this form must be submitted with the Notice of Intent to Apply for Funding Form.**

## GMIS User Access, Access Change or Deactivation Request

*One request per person.* Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Refresher guides can be found on the ODH web site:* <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. ODH Grants Page - "GMIS Training Resource" Section.

Date: \_\_\_\_\_

Check the type of access and complete the information requested:     ☐ New Agency - needs GMIS Access

☐ New Employee - needs GMIS Access. Effective Date of Activation: \_\_\_\_\_

☐ Existing Employee - New GMIS User or GMIS User Access Change. Effective/Change Date: \_\_\_\_\_

☐ Deactivation - User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only:

Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): \_\_\_\_\_

Or Effective Date of Deactivation (GMIS 2.0 access only): \_\_\_\_\_

Agency Name & Address: \_\_\_\_\_

Employee Name (no nicknames): \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

Employee Office Phone Number: \_\_\_\_\_

Employee Office Fax Number: \_\_\_\_\_

Employee Office Email Address: \_\_\_\_\_

**User Access Section:** Please check all that applies and enter requested information:

Email Notifications: ☐ Yes     ☐ No

GMIS Project Number(s) user needs access to: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Authorization Signature for User Access/Change/Deactivation:**

\_\_\_\_\_  
 Signature of Agency Head or Agency Financial Head

\_\_\_\_\_  
 Printed Name of Agency Head or Agency Financial Head

**To be completed by Grants System Officer ONLY - Date Received:**

**Date Processed:**

Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546

Mail: ODH/OFA, 35 E. Chestnut St., 4<sup>th</sup> Floor, Columbus, Ohio 43215 Or

Scan & Email: [karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)

**Name of Subgrant Program: Maternal Safety Quality Improvement**

**Budget Period: March 1, 2020-September 29, 2020**

**# of Deliverables: 28**

**Use Budget Justification Scenario#: 1**

☐ **Base and Deliverables**

☒ **Deliverables Only**

**Goal A: Reduction of preventable maternal deaths associated with hypertension in pregnancy in Ohio**

**Objective 1:** By July 30, 2020, grantee will develop plan to implement AIM hypertension bundle throughout delivery hospitals in Ohio with a focus on equity.

**Deliverables and Strategies:**

1a. Coordinate a team of clinical experts and AIM leadership from each prospective delivery hospital site to advise on the statewide implementation effort and to contribute to the implementation of the AIM hypertension bundle in their respective delivery hospitals (e.g. Physician champions, nurse champions).

Total Reimbursement for this deliverable not to exceed \$10,000

1b. Collaborate with ODH to create SMART aims, Key Driver Diagram, and QIP timeline and update as necessary.

Total Reimbursement for this deliverable not to exceed \$5,000

1c. Identify at least 1 hospital and/or hospital systems in Ohio that have already implemented AIM hypertension bundle. Engage these sites as mentor sites for hospitals/hospital systems that will be recruited and engaged in each implementation wave.

Total Reimbursement for this deliverable not to exceed \$8,600

1d. Establish any subcontracts needed to complete Wave 1 work in at least 15 delivery hospitals.

Total Reimbursement for this deliverable not to exceed \$8,000

1e. Engage ODH in the planning process to ensure work is new and does not overlap/duplicate previous/current project activities.

Total Reimbursement for this deliverable not to exceed \$5,000

Strategy 1e1. Identify specific handouts and materials that will be given to participating delivery hospitals. Materials must be culturally and linguistically appropriate.

Strategy 1e2. Identify specific assessment and evaluation plan per AIM hypertension bundle.

Strategy 1e3. Identify specific, measurable learning objectives per AIM hypertension bundle.

1f. Establish procedures to safeguard confidentiality and privacy and assure that the grantee has obtained human subjects review and approval of the research protocol through the ODH Institutional Review Board (IRB). Submit IRB application within 2 months of contract start date.

Total Reimbursement for this deliverable not to exceed \$4,000

1g. Within 2 months of contract start date, enter into the necessary data use agreements with ODH, and any other relevant partners (e.g., Medicaid, OHA, etc), and create protocols for provision of the minimum necessary data sets using approved Health Insurance Portability Accountability Act (HIPAA) standards.

Total Reimbursement for this deliverable not to exceed \$5,000

1h. Identify and develop measures that can be used for real time rapid cycle data feedback in Wave 1 sites (e.g., percent of delivery sites recruited/percent of deliveries to black mothers that occur at recruited sites).

Total Reimbursement for this deliverable not to exceed \$10,000

Strategy 1h1. Provide detailed description of how these measures will be used to inform PDSA cycles and AIM hypertension bundle implementation.

Strategy 1h2. Identify potential barriers and solutions to obtaining measures

Strategy 1h3. Identify factors that may affect provider/clinic participation in AIM hypertension bundle implementation.

Strategy 1h4. Provide a detailed description of a monitoring plan of recruited delivery hospitals.

Strategy 1h5. Provide evidence that these measures can be used to monitor equity.

**Objective 2:** By September 29, 2020, grantee will recruit delivery hospitals for implementation of AIM hypertension bundle and complete all necessary administrative and evaluation components of curriculum.

**Deliverables and Strategies:**

2a. Recruit and engage Wave 1 delivery hospitals (at least 15) throughout Ohio, specifically targeting those with the largest volumes of births and equity.

Total Reimbursement for this deliverable not to exceed \$10,000

2b. At the time of recruitment of Wave 1 delivery hospitals, administer a survey on pre-implementation knowledge/awareness, skills, self-efficacy, and behaviors/practices among staff that will be involved with activities included in the AIM hypertension bundle.

Total Reimbursement for this deliverable not to exceed \$12,000

2c. Enter into the necessary data use agreements with sites within 4 months of recruitment. Ensure all sites:

- Become familiar with and fully implement all requirements of HIPAA;
- Are in compliance with Federal, HIPAA, and State confidentiality law for data use and management, including but not limited to access, storage, and transmission, which shall be role-based, specific to this contract.

Total Reimbursement for this deliverable not to exceed \$4,000

**Objective 3:** September 29, 2020, grantee will implement AIM hypertension bundle to all Wave 1 delivery hospitals, monitor progress, and regularly report to ODH as described below.

**Deliverables and Strategies:**

3a. Submit monthly invoices to ODH and according to the guidelines provided by ODH and the grantee organization.

Total Reimbursement for this deliverable not to exceed \$5,000

3b. Submit written monthly progress reports to ODH detailing work activities with a focus on key accomplishments and issues related to achieving key milestones and deliverables in Wave 1 delivery hospitals.

Total Reimbursement for this deliverable not to exceed \$7,000

3c. Conduct on-site visits and/or coaching calls with the Wave 1 delivery hospitals as needed to address site specific struggles (e.g., unable to submit data, behind on submitting changes, etc.).

Total Reimbursement for this deliverable not to exceed \$10,000

3d. Participate in meetings via conference call at least every 4 weeks with ODH to discuss progress.

Total Reimbursement for this deliverable not to exceed \$8,000

3e. Provide quality improvement expertise, project management, administrative (e.g., printing and disseminating materials), and fiscal support to this project.

Total Reimbursement for this deliverable not to exceed \$20,000

3f. Develop, maintain, and support QI data collection via a HIPAA compliant platform (e.g., REDCap). The expectation is for data collection to start within the first quarter of the next grant period (October 2020-December 2020).

Total Reimbursement for this deliverable not to exceed \$5,000

**Goal B:** Decrease in overall preventable maternal deaths related to specific post-birth warning signs included in the post-birth warning sign education.

**Objective 4:** By September 29, 2020, grantee will develop an implementation plan for Post-Birth Warning Signs education statewide in public health settings (e.g., WIC, evidence-based home visiting, and Healthy Start settings)

**Deliverables and Strategies:**

4a. Participate as a member of the State Maternal Health Task Force; Attend as a speaker, grantee, or attendee, at least one statewide Ohio Maternal Task Force meeting/year.

Total Reimbursement for this deliverable not to exceed \$25,000

4b. Coordinate a team of clinical experts to aid in the ongoing design and implementation of the Post-Birth Warning Signs Learning Collaborative in public health settings throughout the state of Ohio. (i.e. QI Collaborative).

Total Reimbursement for this deliverable not to exceed \$65,000

Strategy 4b1. Provide list of the clinical experts the grantee will engage with to coordinate the Post-Birth Warning Signs Learning Collaborative.

Strategy 4b2. Outline the plan the grantee will use to initially engage the experts and sustain their engagement.

Strategy 4b3. Submit list of clinical experts and their roles within the Post-Birth Warning Signs Learning Collaborative.

4c. Collaborate with ODH to create SMART aims, Key Driver Diagram, and QIP timeline and update as necessary.

Total Reimbursement for this deliverable not to exceed \$30,000

4d. Engage ODH in the planning process to ensure work is new and does not overlap/duplicate previous/current project activities.

Total Reimbursement for this deliverable not to exceed \$50,000

Strategy 4d1. Identify specific handouts and materials that will be given to public health providers/clinics and patients. Materials must be culturally and linguistically appropriate, should be accessible to people with disabilities, and understood by people with low literacy.

Strategy 4d2. Identify specific assessment and evaluation plan per proposed Post- Birth Warning Signs program.

Strategy 4d3. Identify specific, measurable learning objectives per proposed Post-Birth Warning Signs program.

4e. Identify and develop measures that can be used for real time rapid cycle data feedback. (e.g., percent of families/women receiving education on post-birth warning signs, percent of providers with high self-efficacy in delivering education).

Total Reimbursement for this deliverable not to exceed \$28,000

Strategy 4e1. Provide detailed description of how these measures will be used to inform PDSA cycles and Post-Birth Warning Signs program.

Strategy 4e2. Identify potential barriers and solutions to obtaining measures

Strategy 4e3. Identify factors that may affect provider/clinic participation in Post-Birth Warning Signs program

Strategy 4e4. Provide a detailed description of a monitoring plan of recruited providers and clinics.

Strategy 4e5. Provide evidence that these measures can be used to monitor equity.

4f. Develop plan to maintain, and support QI data collection via a HIPAA compliant platform (e.g., REDCap).

Total Reimbursement for this deliverable not to exceed \$30,000

4g. Provide detailed description of the recruitment plan for public health sites (e.g. WIC, evidence-based Home Visiting, Healthy Start) to establish and maintain engagement with sites recruited for participating in the Post-Birth Warning Signs educational program.

Total Reimbursement for this deliverable not to exceed \$24,000

4h. Plan for establishment of any subcontracts needed to complete the work.

Total Reimbursement for this deliverable not to exceed \$10,000

4i. Participate in meetings via conference call at least every 2 weeks with ODH to discuss progress.

Total Reimbursement for this deliverable not to exceed \$14,000

4j. Submit written monthly progress reports to ODH detailing work activities with a focus on key accomplishments and issues related to achieving key milestones and deliverables.

Total Reimbursement for this deliverable not to exceed \$36,000

4k. Submit monthly invoices to ODH and according to the guidelines provided by ODH and the grantee organization.

Total Reimbursement for this deliverable not to exceed \$20,000



## Appendix C2

Total amount available for each deliverable

Objective Number	Total Amount Available
Objective 1	55,600
Objective 2	26,000
Objective 3	55,000
Objective 4	332,000

## Appendix D

### Ohio Department of Health Maternal Safety Quality Improvement SFY 2020 Application Review Form

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Funding: \_\_\_\_\_

**Only those applicants that score above 70% will be considered for funding.**

**Project Narrative 10 points possible**

Applications to be scored based on the extent that the applicant agency provided a summary of the purpose, methodology, and evaluation plan for each objective of this project. Narrative included the following: public health problems that this project will address; priority population; services and programs to be offered; and agency/ agencies providing the services. (Refer to Sections C, E, I, U of this solicitation)

Score		Comments/Special Conditions
/2	The Executive Summary provided the target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. The summary described the public health problem(s) that the program will address.	
/2	Program narrative described applicant agency and agency(ies) that will provide services (one paragraph). Applicant agency demonstrated that they meet all requirements as specified in Section D of this solicitation.	
/2	Program narrative described public health problems that this project will address. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators.	
/2	Program narrative identified the priority population and explicitly described segments of the target population who experience a disproportionate burden of the health status concern.	
/2	Program narrative detailed services and programs to be offered.	
<b>Subtotal Score:</b> /10		<b>Overall Comments/Special Conditions:</b>

**Program Plan 80 points possible**

The completed Program Plan should be scored based on the extent that the applicant identified program objectives and the strategies and activities to accomplish stated objectives. The applicant identified how the strategies and activities will be evaluated to determine whether or not the objectives are being met and the tracking and reporting mechanism for program outcome measures. (Refer to Appendix B of this solicitation)

<b>Objective 1:</b> By July 30, 2020, grantee will develop plan to implement AIM hypertension bundle throughout delivery hospitals in Ohio with a focus on equity.		
<b>Score</b>		<b>Comments/Special Conditions</b>
/20	Described detailed implementation plan for AIM hypertension bundle including project set up, initiation, planning, implementation (including but not limited to plan for establishing and maintaining team of clinical experts, hospital recruitment, identification of measures, data collection and tracking, short- and long-term evaluation plans, potential barriers to obtaining measures, and monitoring plan).	

<b>Objective 2:</b> By September 29, 2020, grantee will recruit delivery hospitals for implementation of AIM hypertension bundle and complete all necessary administrative and evaluation components of curriculum.		
<b>Score</b>		<b>Comments/Special Conditions</b>
/20	Provided detailed description of identification, recruitment, and evaluation methods. Included explanation of why those methods were chosen. (Including but not limited to methods for selecting and contacting hospitals for recruitment, pre-implementation survey methods [via mail, electronic, etc.], pre-implementation survey content, evidence of measurement validity of selected survey tool, communication plan for selected hospitals, and short- and long- term evaluation plans).	
<b>Objective 3:</b> September 29, 2020, grantee will implement AIM hypertension bundle to all sites, monitor progress, and regularly report to ODH as described below.		
<b>Score</b>		<b>Comments/Special Conditions</b>
/20	Provided detailed description of ability to submit progress reports and invoices monthly [ex. reporting schedule], participate in conference calls monthly, plan to assess the QI, project management, administrative, and fiscal needs of	

	participating hospitals, HIPAA compliant data collection platform development plan, and plan to maintain data collection at participating hospitals.	
<b>Objective 4:</b> By September 29, 2020, grantee will develop an implementation plan for Post-Birth Warning Signs education statewide in public health settings (e.g., WIC, evidence-based home visiting, and Healthy Start settings)		
<b>Score</b>		<b>Comments/Special Conditions</b>
/20	Described detailed implementation plan for post-birth warning signs education including project set up, initiation, planning, implementation (including but not limited to plan for establishing and maintaining team of clinical experts for Post Birth Warning Signs Learning Collaborative, site recruitment, identification of measures, data collection and tracking, short- and long-term evaluation plans, potential barriers to obtaining measures, and monitoring plan, ability to submit progress reports monthly [ex. reporting schedule], participate in conference calls every 2 weeks, ).	

**Budget Narrative 10 points possible**

Applications to be scored based on the extent that the applicant agency provided a budget justification outlining each deliverable and cost of each deliverable. Refer to Section II. B. of the RFS)

<b>Score</b>		<b>Comments/Special Conditions</b>
/1	Specified the total project budget.	
9/	<b>Budget Narrative:</b> Provided a budget justification narrative outlining each deliverable and the cost of total cost of each deliverable.	
<b>Subtotal Score:</b>		<b>Overall Comments/Special Conditions:</b>
/10		

**Total Score: /100**

**Total Number of Special Conditions**