



## MEMORANDUM

Date: December 15, 2021

To: GROUP PRENATAL CARE INITIATIVES subrecipient agencies

From: Dyane Gogan Turner *DGT*  
Bureau of Maternal, Child and Family Health  
Ohio Department of Health

Subject: GROUP PRENATAL CARE INITIATIVES (PC23) Continuation; July 1, 2022 – June 30, 2023

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

All electronic applications and attachments are due by **4:00 p.m., Monday, January 24, 2022**. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

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 until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website[[insert hyperlink]]. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Melissa Kuhn at 614-466-1349 or e-mail at [Melissa.Kuhn@odh.ohio.gov](mailto:Melissa.Kuhn@odh.ohio.gov).

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## I. CONTINUATION FUNDING APPLICATION GUIDANCE

### 100% Deliverable Funding

**A. Policy and Procedures:** The Continuation Funding Application consists of three parts: Program Updates(if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP(OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: [enter beginning and ending grant dates] of the total project period, [enter beginning and ending grant dates.] Reference the competitive Solicitation for more information.

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.

- 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. Number of Grants and Funds Available:**

Up to six awards will be awarded for a total amount of \$600,000. Only PC22 competitively funded subrecipients are eligible to apply – Cleveland Clinic, Community Action Organization of Scioto County, Erie County Local Health Department, My Community Health Center, Columbus Neighborhood Health Centers (Primary One), and Village of Healing.

Applicants may apply for all three scopes of work but can apply for as few as one.

Maximum funding amounts per applicant and scope will be determined based on applications received. We recommend applications be kept below \$100,000.

*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.*

### **C. Formatting Requirements for Attachments:**

- Properly label each item of the application packet (ex. 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 and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.

### **D. Qualified Applicants:**

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
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 Monday, January 24, 2022.**

### **II. PROGRAM UPDATES:**

Program should review the Evidence of Health Equity Strategies Checklist in Appendix C when drafting the program objectives and workplan.

**Due to COVID-19 accommodations, a program progress report and program narrative are not required for this RFP.**

**A. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. To clarify, these objectives and work plan should reflect proposed activities for the future, PC23, application year.

### **B. Documentation and Progress on Health Equity and Disparity Reduction Activities:**

Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan.

**C. Program Budget:** Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

**Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

Match or Applicant Share is not required by this program.

**1. [2023] Budget via GMIS:** Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period 7/1/22-to 6/30/23.

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

- **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

**2. 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. Baddebts 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. Providing clinical prenatal care services.

**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. Please refer to the OGAPP manual for additional information.**

#### D. Other Application Requirements:

- **Program Specific Attachments:** Complete and submit the following attachments. Workplan inclusive of each applied scope of work.

##### a. Other Required Documentation:

- 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.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov). Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaires part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in 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.
- **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.)**

- **For Non-Profit Organizations Only:**

1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.
2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

**E. Human Trafficking:**

Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

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 that may include, but are not limited to the following:
  1. Populations at increased risk
  2. Mental health population
  3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

Applicable to PC23

**F. Post Submission Requirements:** Continuation applicants are required to submit subrecipient program and expenditure reports.

**Note:** Failure to assure quality of reporting such as 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: Subrecipient Program Reports must be completed and submitted via GMIS** by the following dates. [Additional language is optional.] **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.

☒ Program Reports Required

☐ No Program Reports Required

Monthly Program Reports

| Period                           | Report Due Date    |
|----------------------------------|--------------------|
| July 1 – July 31, 2022           | August 10, 2022    |
| August 1 – August 30, 2022       | September 10, 2022 |
| September 1 – September 30, 2022 | October 10, 2022   |
| October 1 – October 30, 2022     | November 10, 2022  |
| November 1 – November 30, 2022   | December 10, 2022  |
| December 1 – December 31, 2022   | January 10, 2023   |
| January 1 – January 31, 2023     | February 10, 2023  |
| February 1 – February 28, 2023   | March 10, 2023     |
| March 1 – March 31, 2023         | April 10, 2023     |
| April 1 – April 30, 2023         | May 10, 2023       |
| May 1 – May 31, 2023             | June 10, 2023      |
| June 1 – June 30, 2023           | July 10, 2023      |

Quarterly Program Reports

| Period                           | Report Due Date  |
|----------------------------------|------------------|
| July 1 – July 31, 2022           | October 10, 2022 |
| August 1 – August 30, 2022       | January 10, 2023 |
| September 1 – September 30, 2022 | April 10, 2023   |
| October 1 – October 30, 2022     | July 10, 2023    |

*Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.*

*Mandatory meeting requirements include quarterly calls with ODH and Learning Collaboratives. Quarterly calls include mid- and end-of-year monitoring results.*

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

| Period                           | Report Due Date    |
|----------------------------------|--------------------|
| July 1 – July 31, 2022           | August 10, 2022    |
| August 1 – August 30, 2022       | September 10, 2022 |
| September 1 – September 30, 2022 | October 10, 2022   |
| October 1 – October 30, 2022     | November 10, 2022  |
| November 1 – November 30, 2022   | December 10, 2022  |
| December 1 – December 31, 2022   | January 10, 2023   |
| January 1 – January 31, 2023     | February 10, 2023  |
| February 1 – February 28, 2023   | March 10, 2023     |
| March 1 – March 31, 2023         | April 10, 2023     |



|                          |               |
|--------------------------|---------------|
| April 1 – April 30, 2023 | May 10, 2023  |
| May 1 – May 31, 2023     | June 10, 2023 |
| June 1 – June 30, 2023   | July 10, 2023 |

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

| Period                           | Report Due Date  |
|----------------------------------|------------------|
| July 1 – July 31, 2022           | October 10, 2022 |
| August 1 – August 30, 2022       | January 10, 2023 |
| September 1 – September 30, 2022 | April 10, 2023   |
| October 1 – October 30, 2022     | July 10, 2023    |

**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, 2023**. 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 ALL Subrecipient Program and Expenditure Reports via the ODH’s GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.***

## APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1. Deliverable Descriptions  
B2. Deliverable Allocations
- C. Evidence of Health Equity Strategies Checklist
- D. Workplan Template
- E. Sample Monitoring Tool
- F. Monthly Reporting Template (All Scopes)
- G. Scope 2 Quarterly Reporting Template
- H. Scope 2 Quarterly Cohort Tracker
- I. Scope 3 Aggregate Incentive Tracker
- J. Scope 3 Incentive Purchase and Distribution Log

## Appendix A

Submission  
Required

CONTINUATION SOLICITATION  
REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health  
Bureau of Maternal and Child  
Health

*ODH Program Title:*  
[GROUP PRENATAL CARE  
INITIATIVES(PC23)]

**Reimbursement Type (check one)** Monthly ☐ **OR** Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

*Please print:*

Current Project Number \_\_\_\_\_

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

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

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

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

\_\_\_\_\_  
Agency Head (Print Name)

\_\_\_\_\_  
Agency Head (Signature)

*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.*

Due to ODH by December 22, 2021

Please email completed form to Karen Tinsley ([karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)).

## Appendix B1

**Name of Subgrant Program: Group Prenatal Care Initiatives: Continuation**

**Budget Period: July 1, 2022 – June 30, 2023**

**# of Deliverables: 11**

**Use Budget Justification Scenario #: 1**

**When considering proposed costs of the work, applicants should take into consideration ODH's guidance "Subgrant Deliverable Guidance" as posted on the GMIS Bulletin Board August 25, 2021.**

This continuation grant supports two scopes of work related to group prenatal scale – 2) establishment or expansion and 3) enhancements.

Qualifying group prenatal care models include Centering Pregnancy © (<https://www.centeringhealthcare.org/>) and Supportive Pregnancy Care (<https://www.marchofdimes.org/supportive-pregnancy-care/supportive-pregnancy-care.aspx#>).

Other group prenatal care models will be considered for approval based on the following criteria:

- Demonstrates a curriculum for a group prenatal care model through a detailed outline of specific medical and social topics to be covered during prenatal (starting in the first trimester) and postpartum (through 12 months) care.
  - Standard prenatal and post-partum medical care; and
  - Prenatal and postpartum topics specific to reducing stress/anxiety, increasing social and community support, and addressing other social determinants of health (e.g., alcohol and substance abuse prevention, mental health, law enforcement, health care access, healthy housing, food insecurity, homelessness, or the built environment).
- Describes risk screening and physical assessment.
- Identifies expected outcomes of proposed programming.
- Describes data collection and reporting specific to the proposed model:
  - Variables for data collection;
  - Capacity for data collection; and
  - Capacity for meeting reporting requirements described in the RFS.

All subgrantees must provide education on tobacco cessation, safe sleep, and breastfeeding. All subgrantees must also offer referrals to other care services as needed (e.g., evidence-based home visiting, WIC, Pathways HUB, smoking cessation, mental health/addiction counseling, etc.). All women served must be referred to the [Help Me Grow Central Intake and Referral System](#) and WIC. ODH will provide technical assistance on referrals to both.

While providing clinical prenatal care is a requirement to qualify for these grant dollars, funds cannot support the reimbursement of clinical care reimbursable by Medicaid or other insurance providers.

As this is considered short-term funding, applicants are expected to seek long-term sustainability through insurance reimbursement. Activities proposed in the grant application should only reflect supports needed during the grant funding period. Subrecipients are expected by insurance reimbursable by the end of the continuation year.

## **REQUIRED BY ALL SUBGRANTEES (Del. 1-5)**

### **Deliverable 1: Workplan**

Provide a comprehensive workplan for implementation of all scopes of work for which funding is requested. The plan must include the specific strategies and activities to be undertaken, staff responsible, timeframe for implementation and how the activity/strategy will be measured for success. If applying for scope 2 and utilizing the March of Dimes Supportive Pregnancy Care model, included in the workplan must be March of Dimes' Support Pregnancy Care Readiness Assessment, located at <https://www.marchofdimes.org/materials/Organization%20readiness%20and%20information%20form.pdf>. If applying for scope 2 and utilizing the Centering Pregnancy model, included in the workplan must be Centering Healthcare Institute's Readiness Assessment, located at <https://www.centeringhealthcare.org/start-centering>.

A sample workplan template can be found in Appendix F.

If seeking funds for Scope 2: establishment or expansion, must identify projected number of cohorts and sessions to be held. If victims of human trafficking are included in priority population as referenced on p. 7 of RFP, integrate this work into workplan.

If seeking funds for Scope 1: planning, must identify activities required to be conducted during the grant year that will result in the development of an implementation plan for year 2 of the grant. i.e., what will your implementation plan development process look like for the grant year? (If continuation funding is offered.)

**Validation:** Workplan submitted.

**Due date:** 8/10/22

**Reimbursable amount:** \$2,500

### **Deliverable 2: Monthly Progress Reports**

Submit complete and accurate required monthly reporting templates provided by ODH. Reporting requirements will include: project progress (narrative); project challenges (narrative); expenditures and data variables identified in the data collection section applicable to your funded scope(s) of work appropriate for monthly reporting.

See Appendix G for monthly reporting template.

**Validation:** Complete and accurate monthly progress and expenditure (monthly or quarterly based on reimbursement selected) reports submitted.

**Due date:** 10<sup>th</sup> of every month, starting 8/10/22

**Reimbursable amount:** \$1,000/month; \$12,000 total

### **Deliverable 3: Quarterly Data Reports & Workplan Updates**

Submit appropriate quarterly data reports and a current workplan with progress to date on all scopes of work.

Scope 2 funded entities may submit data utilizing a format required by their funded model. Any outstanding data requirements may be submitted separately.

Reporting requirements will include data variables identified in the data collection section applicable to your funded scope(s) of work. Workplan update should include: action steps for scope of work/deliverables (including status and description, target date for completion, completion date, % achieved); successes, challenges, and how challenges will be addressed; and identify workplan changes, if applicable.

Due quarterly by scope:

- All scopes
  - Current workplan with progress to date; changes to workplan should be highlighted and noted.
- Scope 2
  - Scope 2 Quarterly Reporting Template (provided by ODH; Appendix H)
  - Cohort tracker (provided by ODH; Appendix I)
  - Staffing plan
- Scope 3
  - Non-incentive enhancements – completed applicant-designed reporting template
  - Incentive enhancements - completed Aggregate Incentive Tracker (provided by ODH; Appendix K)

**Validation:** Complete and accurate data report and current workplan with progress to date identified for all activities. Changes to workplan should be highlighted and noted.

**Due date:** 10/10/22, 1/10/23, 4/10/23, 7/10/23

**Reimbursable amount:** \$1,000/quarter, \$4,000 total

#### **Deliverable 4: Sustainability Plan**

Provide a sustainability plan outlining support for all funded scopes beyond the grant period. Report should indicate what aspects of the work will continue, what is needed to move forward (i.e., management/coordination, staff, collaboration among partners, etc.), the cost, and funding strategies. The plan should include how your entity will seek insurance reimbursement for the group prenatal care services funded under this grant.

**Validation:** Sustainability plan submitted.

**Due date:** 6/10/23

**Reimbursable amount:** \$250

#### **Deliverable 5: Final Reports**

Submit a final, cumulative data report reflective of the total grant period. Submit a final workplan progress update (including status and description, completion date, % achieved) and accompanying narrative summarizing final achievement of grant activities. Final report must include a narrative inclusive of key achievements, lessons learned, next steps and proposed sustainability, at a minimum. If applicable, entities must validate sustainability through insurance reimbursement for group prenatal care services by the close of the continuation grant year.

**Validation:** Final report submitted.

**Due date:** 7/10/23

**Reimbursable amount:** \$1,250

#### **SCOPE 2: PROVIDE GROUP PRENATAL CARE SERVICES: ESTABLISHMENT OR EXPANSION (Del. 6-9)**

Grantees will be funded to implement evidence-based group prenatal care within seven months of the grant start. Models are expected to be sustainable. Clinical services reimbursable by Medicaid or other insurance providers are not eligible for support with these grant dollars. Should there be a continuation grant year and the grantee qualify for continuation funding, the entity must validate sustainability through insurance reimbursement for evidence-based group prenatal care services by the close of the continuation grant year.

#### **Deliverable 6: Staffing Plan**

Develop and maintain staffing plan that includes identification and documentation of adequate training for all project staff, including program coordinator, facilitator(s), and data (collection and reporting).

**Validation:** Submission of position descriptions, resumes (inclusive of qualifications) and required trainings, as well as contact information for all staff identified in staffing plan. Must include at a minimum: program coordinator, facilitator(s), data (collection and reporting).

**Due date:** 8/10/22

Quarterly Reporting: Submission of a current staffing plan in which all positions are addressed. (No need to submit position descriptions, resumes and previously described trainings unless you have updates to share on team members.)

**Due date:** 10/10/22, 1/10/23, 4/10/23, 7/10/23

**Reimbursable amount:** Entity assigns costs based on cost to projected cost to complete deliverable. Reimbursed based on one unit/quarter.

#### **Deliverable 7: Recruitment and Enrollment**

Develop and implement an outreach plan for effectively recruiting and enrolling group prenatal care patients. Plan should address how you will reduce barriers to reach those at highest risk of poor birth outcomes. Outreach progress should be noted in the monthly program reports.

**Validation:** Provide the outreach plan.

**Due date:** 6/10/23

**Reimbursable amount:** Entity assigns costs based on cost to projected cost to complete deliverable. Reimbursed based on one unit.

#### **Deliverable 8: Schedule**

Schedule group prenatal care sessions. Subrecipient should consider barriers and cultural needs of the priority population and whether group during non-business hours would increase effectiveness of patient recruitment and retainment.

(Asking for accommodations during scheduling is considered best practice and will ensure that people with disabilities and limited English proficiency can participate in the prenatal care sessions.)

**Validation:** Submission of session schedule inclusive of all sessions supported by these grant dollars as outlined in workplan.

**Due date:** 7/10/23

**Reimbursable amount:** Entity assigns costs based on cost to projected cost to complete deliverable. Reimbursed based on one unit.

#### **Deliverable 9: Conduct Sessions**

Within the first seven months of the grant period, begin implementation of evidence-based group prenatal care sessions to identified model fidelity. Reimbursement will be provided in response to each validated session held.

**Validation:** Quarterly submission of cohort tracker template documenting number of session(s) held, including date and participant numbers.

**Due date:** 10/10/22, 1/10/23, 4/10/23, 7/10/23

**Reimbursable amount:** Entity assigns costs based on projected number of sessions to be held. Reimbursed based on number of sessions held. Ex. If expected to host 20 sessions, the deliverable cost would be divided by 20 units. You will be eligible for one unit of cost for every validated session.

### **SCOPE 3: ENHANCEMENTS (Del. 10-11)**

Grantees will be funded to enhance existing or proposed group prenatal care services to support client enrollment and retention through one or more of the following: virtual/remote group prenatal care, staff training, childcare, transportation, accessibility (including response to COVID-19) and client incentives. Eligible activities are not essential to an existing evidence-based model designed. All activities essential to supporting fidelity of the model curriculum would not qualify for the enhancements scope but may be included under the establishment or expansion scope (scope 2).

Allowable incentives include and are limited to diapers, baby wipes, phone/gas/gift/data cards. Gift cards may not be in the form of prepaid credit cards, cash, or checks.

### **Deliverable 10: Enhancements**

Purchase of enhancements including distribution of incentives.

#### **Non-incentive Enhancements:**

- Subrecipients will be reimbursed based on the total amount of enhancements purchased during the billing period.
- Receipts and/or validation must be provided for any non-incentive enhancements purchased with these dollars.

#### **Examples:**

- Receipts of purchase of equipment to support virtual/remote group prenatal care: tablets, blood pressure cuffs, scales, etc.
- Receipts of cost of training
- Validation of costs of childcare provided or purchased
- Validation of costs of transportation provided or purchased

#### **Incentives:**

- Subrecipients will be reimbursed based on the total amount of incentives distributed during the billing period.
- Reimbursement will be based on submission of a monthly log of incentives distributed with the following information (log template provided by ODH):
  - Date incentive provided to client
  - Client identifier (personal identifying information should be kept on record with the funded entity, but not submitted to ODH)
  - Previous incentives received during the grant period with these funds (i.e., cumulative amount of incentives received)
  - Type of incentive provided (diapers, baby wipes, phone/gas/gift/data cards)
  - Value of incentive(s) provided
  - Card identification number
  - Reason for incentive: recruitment or retention
  - Name of staff member distributing incentive
  - Type of client confirmation for receipt of incentive (can be confirmed through electronic means such as an email or text confirmation, or a physical signature and date)
- In addition, subrecipients must adhere to the procedures below. This documentation does not need to be submitted to ODH but should be kept on file and readily available if requested.
  - Recipients must sign a statement acknowledging and agreeing to the restrictions on the incentive such as unallowable uses which include but are not limited to purchases of alcohol, tobacco, illegal drugs or firearms and that gift cards may not be redeemed for cash.
  - The form must have the client's name printed legibly for ODH to accept.
  - A log of incentives purchased that includes type of incentives purchased, number purchased, unit cost, and total cost
  - Receipts of incentives purchased
  - Minors should not sign for gift cards; only the parent or legal guardian

**Validation:** Submit monthly:

- Non-incentive enhancements –Completed data collection tool (as created in Deliverable 11) and receipts/other purchase validation.
- Incentives – Completed Incentive Purchase and Distribution Log.

Total amount requested for reimbursement must match between data reports, GMIS expenditure report, and expenditure report spreadsheet.

**Due date:** 10<sup>th</sup> of every month

**Reimbursable amount:** Reimbursed based on total price of non-incentive enhancements purchased and/or incentives distributed.

**Deliverable 11: Enhancements Data Collection Tool(s)**

For non-incentive enhancements only, design data collection tool(s) required to measure activities approved for Scope 3: Enhancements funding. Subgrantees are responsible for designing appropriate monthly or quarterly templates for reporting relevant data reflective of activities and/or supports supported by Scope 3. Any non-incentive purchases will require proof of purchase/receipt.

All data collection tools must include race and ethnicity.

Examples of potential reporting variables:

- virtual/remote group prenatal care
  - proof of purchase of necessary supplies
- staff training
  - proof of staff attendance
- childcare
  - data reflecting childcare supports and number of children served
- transportation
  - data reflecting method of transportation provided, number of women served, etc.

Validation: Submission of finalized data collection tool(s).

Due date: 9/10/22

Reimbursable amount: \$1,250



## Appendix B2- Objective Allocations

Name of Subgrant Program: Group Prenatal Care Initiatives  
 Budget Period: July 1, 2022 – June 30, 2023  
 # of Deliverables: 11  
 Use Budget Justification Scenario#: 1  
 100% Deliverables

|   | Deliverable 1<br>(Workplan)                            | Deliverable 2<br>(Monthly progress reports)            | Deliverable 3<br>(Quarterly data reports)              | Deliverable 4<br>(Sustainability plan)                 | Deliverable 5<br>(Final report)                        |
|---|--|--|--|--|--|
| Subrecipient<br>(Number of subrecipients TBD) | \$2,500  | \$12,000   | \$4,000  | \$250  | \$1,250  |
| Total   | \$15,000   | \$72,000   | \$24,000   | \$2,000  | \$7,500  |
|   | Deliverable 6<br>(Staffing plan)                       | Deliverable 7<br>(Recruit and enroll)                  | Deliverable 8<br>(Schedule sessions)                   | Deliverable 9<br>(Conduct sessions)                    | Deliverable 10<br>(Enhancements)                       |
| Subrecipient<br>(Number of subrecipients TBD) | Amt. to be determined by applicant and approved by ODH | Amt. to be determined by applicant and approved by ODH | Amt. to be determined by applicant and approved by ODH | Amt. to be determined by applicant and approved by ODH | Amt. to be determined by applicant and approved by ODH |
| Total   | TBD  | TBD  | TBD  | TBD  | TBD  |
|   | Deliverable 11<br>(Enhancements data collection tool)  |  |  |  |  |
| Subrecipient<br>(Number of subrecipients TBD) | \$1,250  |  |  |  |  |
| Total   | \$7,500  |  |  |  |  |

## Appendix C

### ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

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

Racial and ethnic minorities, those living in rural communities, 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, learn, work, play, and age. 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 and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a 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**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.

Consider using the Ohio Health Improvement Zones Dashboard to determine or refine your priority service areas. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome a disaster like COVID-19.

By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in the communities that need it most. Interactive maps, census tract information and more can be found on the

Ohio Health Improvement Zones Dashboard, here: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>

- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in HealthyPeople 2030](#).
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

- 1) Link proposed activities to health equity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in [HealthyPeople 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments .
  - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
  - HealthyPeople 2030 - <https://health.gov/healthypeople>
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up- and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local industries, businesses, universities, businesses, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

The workplan template may be modified to meet your needs. (Ex. add rows and copy additional tables for additional goals)

| Key Action Steps   | Timeline  | Expected Outcome   | Data Source and Evaluation Methodology                             | Person/Area Responsible  | Comments                      |
|--|---|--|--|--|-------------------------------|
| <i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i> | <i>An expected completion date (month and year) must be defined for each action step.</i> | <i>An expected outcome must be defined for each action step.</i> | <i>An evaluative measure must be defined for each action step.</i> | <i>A responsible person must be identified for each action step.</i> | <i>Comments are optional.</i> |
| <b>Goal 1:</b>   |   |  |  |  |                               |
| <b>SMART Objective 1:</b>  |   |  |  |  |                               |
| Key Action Steps   | Timeline  | Expected Outcome   | Data Source and Evaluation Methodology                             | Person/Area Responsible  | Comments                      |
|  |   |  |  |  |                               |
|  |   |  |  |  |                               |
| <b>SMART Objective 2:</b>  |   |  |  |  |                               |
| Key Action Steps   | Timeline  | Expected Outcome   | Data Source and Evaluation Methodology                             | Person/Area Responsible  | Comments                      |
|  |   |  |  |  |                               |
|  |   |  |  |  |                               |
| <b>SMART Objective 3:</b>  |   |  |  |  |                               |
| Key Action Steps   | Timeline  | Expected Outcome   | Data Source and Evaluation Methodology                             | Person/Area Responsible  | Comments                      |
|  |   |  |  |  |                               |
|  |   |  |  |  |                               |

## Ohio Department of Health

**Group Prenatal Care Initiatives: Competitive (PC23) Monitoring Review**

Date \_\_\_\_\_

Subrecipient \_\_\_\_\_

GMIS Project Number \_\_\_\_\_

Program Consultant \_\_\_\_\_

Total number of  
indicators:

Met:

Partially Met:

Not Met:

N/A:

| Standard/Criterion   | Reference             | Benchmarks  | Standard/Criterion Status |               |         |         | Comments |
|--|-----------------------|---|---------------------------|---------------|---------|---------|----------|
|  |                       |   | Met                       | Partially Met | Not Met | N/A N/R |          |
| Administrative   |                       |   |                           |               |         |         |          |
| Special conditions   | GMIS                  | Timeliness and completeness of responses.   |                           |               |         |         |          |
| Quarterly and monthly program reports submitted in GMIS by deadlines.            | PC23                  | Completed quarterly and monthly program reports submitted in GMIS by deadlines.   |                           |               |         |         |          |
| Expenditure reports submitted in GMIS by deadlines.                              | PC23                  | Completed expenditure reports submitted in GMIS by deadlines.   |                           |               |         |         |          |
| Expenditure reports submitted are accurate and reflective of deliverable(s) met. | GMIS                  | Expenditure reports submitted include payment requests reflective of deliverables met.  |                           |               |         |         |          |
| Program  |                       |   |                           |               |         |         |          |
| Agency demonstrated progress towards work plan goals and objectives.             | PC23, GMIS, work plan | Documentation and communications with ODH demonstrated progress towards work plan objectives, including data to support progress. |                           |               |         |         |          |



|  |      |  |  |  |  |  |  |
|--|------|--|--|--|--|--|--|
|  |      | <p>Activities of work plan was completed by proposed timeline end date. If not completed, barriers or challenges were communicated, or a change in strategy was communicated to ODH and updated on work plan.</p> <p>Activities of PC23 work plan due to be completed(by date of monitoring) were completed.</p> |  |  |  |  |  |
| Grant deliverable(s) met by deadlines. | GMIS | Appropriate documentation demonstrating deliverable requirement(s) submitted in GMIS be deadline(s).   |  |  |  |  |  |

|  |            |  |  |  |  |  |  |
|--|------------|--|--|--|--|--|--|
| <b>Del. 1 Workplan</b><br><br><b>Due: 8/10/22</b><br><b>Submitted:</b>                               | PC23       | Provide a comprehensive workplan for implementation of all scopes of work for which funding was received. The plan must include the specific strategies and activities to be undertaken, staff responsible, timeframe for implementation and how the activity/strategy will be measured for success.   |  |  |  |  |  |
| <b>Del. 2 Monthly reports</b><br><br><b>Due: by 10th of the following month</b><br><b>Submitted:</b> | GMIS, PC23 | Submit complete and accurate required reporting template provided (Scope 2) or approved (Scope 3) by the 10th of each month. Reporting requirements will include: project progress (narrative); project challenges (narrative); and data variables identified in the data collection section applicable to your funded scope(s) of work appropriate for monthly reporting. |  |  |  |  |  |



|  |               |  |  |  |  |  |  |
|--|---------------|--|--|--|--|--|--|
| <b>Del. 3 Quarterly data reports</b><br><br><b>Due: 10<sup>th</sup> of January, April, July</b><br><b>Submitted:</b> | GMIS,<br>PC23 | Submit quarterly data reports (Scopes 2, 3) and a current workplan with progress to date (all Scopes).   |  |  |  |  |  |
| <b>Del. 4. Submit a sustainability plan</b><br><br><b>Due: June 10, 2023</b><br><b>Submitted:</b>                    | PC23          | Provide a sustainability plan outlining support for all funded scopes beyond the grant period.   |  |  |  |  |  |
| <b>Del. 5 Final report</b><br><br><b>Due: July 10, 2023</b><br><b>Submitted:</b>                                     | PC23          | Submit a final, cumulative data report reflective of the total grant period. Submit a final workplan progress update (including status and description, completion date, % achieved) and accompanying narrative summarizing final achievement of grant activities. Final report must include a narrative inclusive of key achievements, lessons learned, next steps and proposed sustainability, at a minimum. |  |  |  |  |  |
| <b>Scope 1: Planning</b>   |               |  |  |  |  |  |  |

|   |      |   |  |  |  |  |  |
|---|------|---|--|--|--|--|--|
| <b>Del. 12 Develop a plan for providing group prenatal care</b><br><br><b>Due: 7/10/23</b><br><b>Submitted:</b> | PC23 | <p>Develop a workplan inclusive of all planning activities proposed to prepare for providing group prenatal care. Plan should be different from your application workplan. Funds in this deliverable may be used for costs associated with receiving consultation and technical assistance to plan for group prenatal care as approved by ODH.</p> <p>This plan should be different from your Deliverable 1 workplan. The Deliverable 1 workplan should outline the process of developing a plan for submission to meet this deliverable.</p> |  |  |  |  |  |
| <b>Scope 2: Provide Group Prenatal Care Services (establish or expand)</b>                                      |      |   |  |  |  |  |  |
| <b>Del. 6 Submit a staffing plan</b><br><br><b>Due: 8/10/23 and Quarterly</b><br><b>Submitted:</b>              | PC23 | <p>Develop and maintain staffing plan that includes identification and documentation of adequate training for all project staff, including program coordinator, facilitator(s), and data (collection and reporting).</p>  |  |  |  |  |  |
| <b>Del. 7 Recruit and enroll group prenatal care patients to participate in the program</b>                     | PC23 | <p>Develop an outreach plan for effectively recruiting and enrolling group</p>  |  |  |  |  |  |



|   |      |   |  |  |  |  |  |
|---|------|---|--|--|--|--|--|
| Due: 6/10/23<br>Submitted:  |      | prenatal care patients. Plan should address reaching those at highest risk of poor birth outcomes.  |  |  |  |  |  |
| Del. 8 Schedule group prenatal care sessions<br><br>Due: 7/10/23<br>Submitted:  | PC23 | Schedule group prenatal care sessions. When developing schedule, subrecipient should consider need of priority population and whether group during non-business hours would increase effectiveness of patient recruitment and retainment. |  |  |  |  |  |
| Del. 9 Conduct group prenatal care sessions<br><br>Due: Quarterly<br>Submitted: | PC23 | Within the first seven months of the project period, begin implementation of group prenatal care sessions to identified model fidelity. Reimbursement will be provided in response to each validated session held.                        |  |  |  |  |  |
| Scope 3: Enhancements   |      |   |  |  |  |  |  |
| Del. 10 Group prenatal care enhancements<br><br>Due: Monthly<br>Submitted:      | PC23 | Funds may be used to enhance existing group prenatal care services to support client enrollment and retention through one or more of the following: virtual/remote group prenatal care, staff training, childcare                         |  |  |  |  |  |

|   |      |  |  |  |  |  |  |
|---|------|--|--|--|--|--|--|
|   |      | <p>transportation, accessibility (including response to COVID-19) and client incentives. Provide all tools used to collect and report approved data metrics.</p> <p>Reimbursement will be provided based on reported costs of enhancements purchased or incentives distributed.</p>  |  |  |  |  |  |
| <p><b>Deliverable 11: Develop group prenatal care enhancements data collection tool(s)</b></p> <p><b>Due: 9/10/22</b><br/><b>Submitted:</b></p> | PC23 | <p>Design data collection tool(s) required to measure activities approved for Scope 3: Enhancements funding. Subgrantees are responsible for designing appropriate monthly or quarterly templates for reporting relevant data reflective of activities and/or supports supported by Scope 3. Any non-incentive purchases will require proof of purchase/receipt.</p> |  |  |  |  |  |

## Appendix F - Monthly Reporting Template (All Scopes)

Excel template will be provided to funded entities prior to start of the grant year.

*\*This reporting template is subject to change*

PC22 Monthly Progress Report      Date: July 2021  
Subrecipient:

### Project Progress (All Scopes)

### Project Challenges (All Scopes)

## Appendix G - Scope 2 Quarterly Reporting Template

Excel template will be provided to funded entities prior to start of the grant year.

*\*This reporting template is subject to change*

| NEW Women Served   |       |       |       |
|--|-------|-------|-------|
| Total number of NEW women served (line 14) broken out by variables in this section |       |       |       |
| Variable   | Black | White | Other |
| Disability   |       |       |       |
| No   |       |       |       |
| Yes  |       |       |       |
| Age  |       |       |       |
| <18  |       |       |       |
| 18-24  |       |       |       |
| 25-34  |       |       |       |
| 35+  |       |       |       |
| Education Level  |       |       |       |
| <High School   |       |       |       |
| High School Diploma, GED   |       |       |       |
| Some College, No Degree  |       |       |       |
| Associates Degree  |       |       |       |
| Bachelor's Degree  |       |       |       |
| Master's Degree  |       |       |       |
| Doctoral or Professional Degree  |       |       |       |
| Ethnicity  |       |       |       |
| Non-Hispanic/Non-Latinx  |       |       |       |
| Hispanic/Latinx  |       |       |       |
| Insurance Type   |       |       |       |
| Medicaid   |       |       |       |
| Private Insurance  |       |       |       |
| Other Public Insurance   |       |       |       |
| Referrals Provided   |       |       |       |
| WIC  |       |       |       |
| HV   |       |       |       |
| Current Smoking Status   |       |       |       |
| Yes  |       |       |       |
| No   |       |       |       |

### Birth Outcomes of Women Served

*Of women served during the grant year (9/1/20-6/30/20); only include birth outcomes that occurred during the reporting period; each birth should only be represented a single time during the grant year-- count each baby separately if multiples occurred; variables based on mom's race.*

| Variable  | Black | White | Other |
|---|-------|-------|-------|
| Total number of live births   |       |       |       |
| Number of babies born to program participants <28 weeks preterm       |       |       |       |
| Number of babies born to program participants 28 to <32 weeks preterm |       |       |       |
| Number of babies born to program participants 32 to <37 weeks preterm |       |       |       |
| Number of babies born to program participants weighing <2500 grams    |       |       |       |
| Number of babies born to program participants weighing <1500 grams    |       |       |       |
| Number of babies admitted to NICU                                     |       |       |       |
| Number of fetal deaths  |       |       |       |
| Number of infant deaths   |       |       |       |
| Number of vaginal deliveries  |       |       |       |
| Number of Cesarean deliveries   |       |       |       |
| Breastfeeding initiation  |       |       |       |
| Exclusively breastfeeding at hospital discharge                       |       |       |       |
| Attended postpartum visit   |       |       |       |

Insert approved data collection re: quality of prenatal care (as designed by applicant)- social support, cultural sensitivity, perceived bias, patient satisfaction



## Appendix H - Scope 2 Quarterly Cohort Tracker

Excel template will be provided to funded entities prior to start of the grant year.

*\*This reporting template is subject to change*

### Scope 2: Group Prenatal Care Services Deidentified Session Attendance Tracking Sheet

Note: Attendance sheets should be submitted quarterly.

| Cohort 1           |              |       |       |       |       |
|--------------------|--------------|-------|-------|-------|-------|
| Cohort Start Date: |              | X     |       |       |       |
| Cohort End Date:   |              | X     |       |       |       |
| Session            | Session Date | Black | White | Other | Total |
| 1                  |              |       |       |       | 0     |
| 2                  |              |       |       |       | 0     |
| 3                  |              |       |       |       | 0     |
| 4                  |              |       |       |       | 0     |
| 5                  |              |       |       |       | 0     |
| 6                  |              |       |       |       | 0     |
| 7                  |              |       |       |       | 0     |
| 8                  |              |       |       |       | 0     |
| 9                  |              |       |       |       | 0     |
| 11                 |              |       |       |       | 0     |
| 12                 |              |       |       |       | 0     |
| 13                 |              |       |       |       | 0     |
| 14                 |              |       |       |       | 0     |
| 15                 |              |       |       |       | 0     |

| Gestational Age at Enrollment         |       |       |       |       |
|---------------------------------------|-------|-------|-------|-------|
| Patients should only be counted once. |       |       |       |       |
| Variable                              | Black | White | Other | Total |
| 1st Trimester                         |       |       |       | 0     |
| 2nd Trimester                         |       |       |       | 0     |
| 3rd Trimester                         |       |       |       | 0     |

*\*This reporting template is subject to change*

1

Appendix J- Scope 3 Incentive Purchase and Distribution Log

Excel template will be provided to funded entities prior to start of the grant year.

*\*This reporting template is subject to change*

| Subrecipient:  |   |   |  | Month/Year:   |  |                                       |
|----------------|---|---|--|---|--|---------------------------------------|
| Date Purchased | Type of Incentive Purchased<br><br>(diapers, baby wipes, gift cards, gas cards) | # of This Incentive Purchased<br><br>(i.e. should you be purchasing multiples of a given incentive type in a single transaction. Ex. 10 packs of diapers) | Individual Value of Each Incentive<br><br>(Ex. Each pack of diapers was valued at \$8.97.) | Total Value of Purchase<br><br>(i.e. total amount expected to be validated by receipt. Ex. 10 packs of diapers at \$8.97/pack [+tax if applicable] would result in a total cost of \$80.97) | Gift/Gas Card Identifier #<br><br>(list a unique number for each gift/gas card provided) | Name of Staff Purchasing Incentive(s) |
|                |   |   |  |   |  |                                       |
|                |   |   |  |   |  |                                       |
|                |   |   |  |   |  |                                       |
|                |   |   |  |   |  |                                       |
|                |   |   |  |   |  |                                       |
|                |   |   |  |   |  |                                       |

|                   | Incentive Provided   |       | Gift/Gas Card Identifier #                   | Reason for Incentive     | Has This Client Already Received an Incentive? |                   |                             | Name of Staff Member Distributing Incentive | Confirmation of Receipt of Incentive by Client (physical signature & date, email, text)  |
|-------------------|--|-------|--|--------------------------|--|-------------------|-----------------------------|---|--|
| Client Identifier | (diapers, baby wipes, gift card, gas card)<br><br>Please list each incentive distributed on a separate line. | Value | (Only applicable if providing gift/gas card) | Enrollment vs. Retention | Yes/No   | If Yes, How Much? | Date incentive was received |   | When you've received confirmation from client, mark an X below.<br><br>Subrecipients must keep confirmations on file for monitoring purposes |
|                   |  |       |  |                          | Select   |                   |                             |   |  |
|                   |  |       |  |                          | Select   |                   |                             |   |  |
|                   |  |       |  |                          | Select   |                   |                             |   |  |
|                   |  |       |  |                          | Select   |                   |                             |   |  |