

Continuation Solicitation Approval Document for the Ohio Equity Institute 2.0

Special Note: ODH Staff Who Develop Solicitations

ODH subrecipient activities are expected to reflect a multifaceted approach to help overcome health disparities and health inequities. ODH programs developing competitive or continuation solicitations must meet with the Health Equity Office for technical assistance during the design phase of the document.

The Health Equity discussion has occurred, and the health equity section of this solicitation has been approved for this program.

Chip Allen

Date

Assessments (please work with Office of Health Policy & Performance Improvement (OHPPI)):

Does your solicitation require subrecipients to conduct/complete any type of assessment? Yes No If yes, please work with OHPPI.

Office of Health Policy & Performance Improvement

Date

Office Approvals:

Bureau/Office Chief

Date

Program Fiscal Liaison

Date

Out-of-State Training/Conferences/Meetings:

Does your solicitation include mandatory out-of-state training, conferences or meetings? Yes No

If yes, on which page of the solicitation is that information listed? _____

CART Approval:

CART approval

Date

This signed document serves as program approval to post the solicitation. The solicitation packet and PDF must be returned to GSU for posting.

Funding Source(s): _____



MEMORANDUM

Date: April 7, 2020

To: Subrecipient agencies

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

Subject: Subrecipient (Ohio Equity Institute 2.0 (OE21) (10/1/20-9/30/21))

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., May 18, 2020. 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 (<https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grant-solicitations>). 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 Kristin Snyder at 614-728-9166 or e-mail at Kristin.Snyder@odh.ohio.gov.

Table of Contents

I. <u>CONTINUATION FUNDING APPLICATION GUIDANCE</u>	
A. Policy and Procedure	2
B. Number of Grants and Funds Available	2
C. Formatting Requirement for Attachments	3
D. Qualified Applicants	3
II. <u>PROGRAM UPDATES</u>	
A. Program Progress Report	5
B. Program Narrative	7
C. Objectives and Work Plans	10
D. Documentation & Progress on Health Disparity/Inequity Activities.....	11
E. Program Budget.....	11
F. Other Application Requirements	13
G. Human Trafficking	14
H. Post Submission Requirements.....	15
III. <u>APPENDICES</u>	
A. Continuation Solicitation Reimbursement Type Form	
B1. Deliverable Descriptions	
B2. Deliverable Allocations	
C. Place Matters Documentation Template	
D. Deliverable Due Dates	
E. OE21 Local REDCap Procurement Agreement	
F. REDCap Data Entry	
G. Data Collection on Ineligible Women	
H. Minimum Required Number of Unique Women to be Served	
I. Deliverable 17: Fetal Infant Mortality Review	

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: October 1, 2020 – September 30, 2021 of the total project period, October 1, 2018 – September 30, 2021 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).
- Sub-recipient'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: Agencies may subcontract with other entities to provide services. The sources of funds to support the OEI 2.0 grant are both state and federal funds. No more than one entity per county will be awarded funding for this program. Up to 9 grants may be awarded for a total amount of up to \$3,128,855. \$2,910,730 of the identified funds will support OEI deliverables and \$218,125 will support FIMR objectives. Eligible entities may apply for up to the amount stated per county as defined in the table below.

County	OEI Maximum Funds Available	FIMR Maximum Funds Available	Total Maximum Funds Available
Butler	\$ 212,484.00	\$19,375.00	\$231,859.00
Cuyahoga	\$ 531,114.00	\$34,375.00	\$565,489.00
Franklin	\$ 509,872.00	\$36,875.00	\$546,747.00
Hamilton	\$ 403,662.00	\$28,125.00	\$431,787.00
Lucas	\$ 276,210.00	\$19,375.00	\$295,585.00
Mahoning	\$ 212,484.00	\$16,875.00	\$229,359.00
Montgomery	\$ 297,452.00	\$21,875.00	\$319,327.00
Stark	\$ 212,484.00	\$19,375.00	\$231,859.00
Summit	\$ 254,968.00	\$21,875.00	\$276,843.00
Total	\$ 2,910,730.00	\$218,125.00	\$3,128,855.00

OEI Maximum Funds will support completion of Deliverables 1 through 16. FIMR Maximum Funds will support completion of Deliverable 17, Objectives 1 through 4.

Should a subrecipient not meet grant deliverables, including serving the minimum required number of unique women, ODH reserves the right to identify an alternative subrecipient in the referenced county to receive the grant funds and complete the grant requirements. |

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 is not 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, May 18, 2020.** |

II. PROGRAM UPDATES:

Program Eligibility

Neighborhood Navigator program eligibility for the OE21 grant year:

To be eligible for Neighborhood Navigator services a woman must be pregnant and have a household income not exceeding 200% FPL.

Seventy-five percent of women served are expected to be African American and/or Black (as self-reported by the woman and documented in REDCap).

Please note the removal of additional risk factors as well as the requirement that women served cannot be currently served by a home visiting or community health worker program.

Data Security

Security of client records and of information passed between client and agency staff are vital in order for clients to receive effective services. Unless both client and agency staff can be assured that the written and verbal communication between them will remain confidential and secure, they may withhold information, thereby diminishing the quality of care.

To assure high standards of data security, OEI funded entities and all sub-grant/contract agencies must develop written policies and operating procedures regarding data security. These written policies must address:

1. Data collection,
2. Storage and security of records including while transported outside of the agency,
3. Record retention,
4. Client access to records,
5. Release of health information,
6. Re-disclosure,
7. Employee responsibility in confidentiality, including through communication with computers, electronic mail, telephone, cell phones, etc.,
8. Responsibility to the public,
9. Data corrections, deletions, destruction.

All employees must be trained and provided with an annual review of data security policies and operation procedures. Documentation that this has been met is required.

Training must address:

1. Securing files, records and computerized data;
2. Ensuring that only authorized persons have access to confidential materials;
3. Treating other confidential information as confidential;
4. Documenting clients' consent for release of confidential materials;
5. Conducting all interviews/counseling sessions with necessary privacy;
6. Avoiding unauthorized conversations.

Data security policies must be submitted with application. Training of staff to comply with submitted data security policies must be achieved annually.

A. Program Progress Report: OE21 reporting requirements include:

- REDCap
 - All OEI-funded Neighborhood Navigator service data must be entered into REDCap via use of the REDCap survey link provided by ODH or local procurement of the platform approved by signed submission of a signed OE21 Local REDCap Procurement Agreement found in Appendix E.
 - REDCap data entry must comply with the protocols described in Appendix F.
 - Only data entered by ODH-funded positions will be eligible for submission and reimbursement from ODH.
- Monthly Reporting
 - Subrecipient program reports must be completed and submitted via GMIS by the 10th of each month in the ODH defined reporting template.
 - Monthly program reports, at a minimum, shall include:
 - Deliverable achievement relevant to the reporting period.
 - Updates on all activities identified in the workplan relevant to the reporting period.
 - Data collection on ineligible women as defined in Appendix G
 - A summary of performance related to:
 - SDOH Team
 - Neighborhood Navigators
 - Project Coordinator
 - Epidemiologist
 - Monitoring and evaluation (M&E) development and implementation
 - Modifications to the workplan
 - TA needs
 - PC and epi participation in the county Fetal Infant Mortality Review (FIMR).
- Quarterly Reporting
 - Subrecipient quarterly reports must be completed and submitted via GMIS by the 10th of January, April, July and October in the ODH defined reporting template.
 - The OEI team shall draft and submit four (4) quarterly reports. The reports, at a minimum, shall include:
 - Updated workplan reporting progress on all activities, including current level of completion.
 - Updated SDOH Team charter, roster, and action plan, reporting progress on all activities, including current level of completion.
 - Quarterly narrative and evaluative responses to Social Determinates of Health (upstream intervention) questions.
 - Quarterly narrative and evaluative responses to Neighborhood Navigation (downstream intervention) questions.
 - Quarterly reports shall be submitted via GMIS on the following dates:
 - January 10, 2021

- April 10, 2021
 - July 10, 2021
 - October 10, 2021
- Annual Reporting
 - Annual Report Template
 - The OEI epidemiologist shall design, draft, and submit an annual report template. The template shall designate all data, graphics, and narrative topics for inclusion in the annual report. An annual report template outline will be provided by ODH by end of Quarter 2 (March 31, 2021).
 - The template at a minimum shall include the following topics:
 - At an aggregate level, data indicators provided by ODH in the annual report template outline.
 - Additional indicators, as determined by the OEI epidemiologist, to measure the progress and impact of the development, adoption, improvement or implementation of policies and/or practices referenced in the OE20 workplan.
 - Programmatic evaluation indicators, as defined in the monitoring and evaluation plan, approved by ODH and the ODH-funded evaluation contractor.
 - Lessons learned from the project, including internal quality improvement based on monitoring and evaluation efforts.
 - A template for the annual report shall be submitted via GMIS by the following date:
 - July 10, 2021
 - ODH staff shall provide feedback and final approval by the following date:
 - July 30, 2021
 - Annual Report
 - The OEI epidemiologist shall design, draft, and submit an annual report. The report, at a minimum, shall include:
 - At an aggregate level, the data indicators provided by ODH in the annual report template outline.
 - Additional data indicators, as determined by the OEI epidemiologist, to measure the progress and impact of the development, adoption, improvement or implementation of policies and/or practices referenced in the OE21 workplan.
 - Programmatic evaluation data indicators, as defined in the monitoring and evaluation plan, approved by ODH and the ODH-funded evaluation contractor.
 - Lessons learned from the project, including internal quality improvement based on monitoring and evaluation efforts.
 - The annual report shall be submitted via GMIS on the following date:
 - October 10, 2021
- FIMR
 - Quarterly reports

- Submission of completed quarterly FIMR reports to ODH for approval by 1/10/21, 4/10/2021, 7/10/2021 and 10/10/2021. All data fields must be complete to qualify for payment. |

B. Program Narrative: Complete and submit a narrative statement (do not exceed |15 |pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. |

- Neighborhood Navigator
 - Purpose and vision:
 - The purpose of the Neighborhood Navigator strategy is to serve as an outreach, identification and referral resource for all existing local programs that support healthy pregnancy, both clinical and social.
 - Navigation is intended to serve as an entry point to connect pregnant women to existing settings where services are already being provided.
 - Navigation should not be in competition of existing services but serve as an access point to identify and connect pregnant women to existing services through a short-term relationship of outreach, identification, screening, referral and follow-up.
 - Navigation is not intended to address deficiencies in existing service providers' screening and referral processes. (For example, a particular service provider does a poor job of providing wrap-around referrals for women they serve and the responsibility is transitioned to a Neighborhood Navigator.)
 - The vision of the Neighborhood Navigator strategy is to establish local capacity to connect currently unserved pregnant women to needed clinical and social services.
 - Unserved women are defined as disconnected from existing systems and programs.
 - Each OEI team is tasked with identifying avenues that result in engagement with pregnant women currently disconnected from programs that support healthy pregnancy.
 - All primary avenues must be considered non-traditional outreach and prioritized in grant activities.
 - These primary avenues must be considered non-traditional and are expected to authentically fill a gap in existing outreach and identification capacity in the county. These non-traditional avenues are likely to support outreach and identification of pregnant women where existing systems and programs do not currently reach.
 - Examples of non-traditional outreach include (this list is not exhaustive):
 - Court systems, child care centers, education

systems, faith-based community, food pantries, homeless shelters, jails/correction centers, local businesses, prenatal care providers, public housing/apartments, social media, etc.

- Any traditional forms of outreach will be considered secondary avenues and require justification as grant activities.
 - Examples of traditional outreach include (this list is not exhaustive):
 - Referrals from the following service providers (this includes identification via wait lists and physical locations) WIC, Pathways Community HUB, community health worker programs, home visiting programs, Medicaid and JFS.
 - These service providers were identified as existing programs that are designed and expected to provide comprehensive screening and referral to other needed services.
 - Describe plans for implementing the Neighborhood Navigator approach in OE21, including how existing processes, strategies and framework will be improved, and if others will be implemented.
 - Describe how eligible women will be identified. Highlight any changes for the continuation grant. (All differences from original competitive grant application language should be noted.)
 - Identify primary outreach activities, these activities must be facilitated through non-traditional avenues.
 - Describe how and why identified non-traditional avenues will fill a gap in local capacity for outreach and identification of pregnant women.
 - Describe how primary outreach activities will be prioritized.
 - If traditional, secondary outreach activities are proposed, please identify and provide justification for their inclusion.
 - Describe your monthly and quarterly goals for expected counts of women served.
 - Minimum annual number of women required to be served by county can be found in Appendix H.
- Project Coordinator
 - Describe the Project Coordinator's role in partnership with the OEI epidemiologist and Neighborhood Navigator(s).
 - Describe the Project Coordinator's role in the implementation of the policies and/or practices adopted in the OE19 and OE20 grant years.
 - For the purposes of this grant, implementation is defined as the process of putting a decision or plan into effect; execution.
 - Describe the Project Coordinator's role in the development, adoption or improvement of policy(ies) and/or practice(s) identified by the SDOH Team in

the OE21 grant year.

- For the purposes of this grant, adoption is defined as the identified policy/practice, and includes all necessary agreement, represented by signatures, for future implementation.
- Highlight any changes for the OE21 grant year.
- Epidemiologist
 - Documentation/Data collection:
 - Describe how data entered into REDCap will be monitored on a monthly basis.
 - Describe proposed methodology for ensuring quality and accuracy of data entered into REDCap by Neighborhood Navigator(s) on a monthly basis.
 - Describe proposed methodology for data analysis to measure the impact of Neighborhood Navigation services.
 - Describe data collection plan.
 - Specify additional measures and/or instruments to be used.
 - Describe proposed methodology for data analysis to measure the progress and impact of changes in policy or practice related to SDOH.
 - Describe data collection plan.
 - Specify all measures and instruments to be used.
 - Describe how collected data will be used to drive program changes and inform stakeholders.
 - Highlight any changes proposed for the continuation grant.
- Staffing Plan
 - Provide a description of current staff education and capacity to complete their job responsibilities and at what time equivalent that they will work (i.e. 1 full time equivalent or 0.5 full time equivalent).
 - Per grant requirements, 1 full time equivalent Project Coordinator, 1 full time equivalent Epidemiologist, and locally identified Neighborhood Navigation capacity are required.
 - Provide a staff transition plan for intended or unintended new staff. Additionally, provide a description of training methods for new staff associated with this grant opportunity (persons responsible for training and timeframes for completion of training).
 - Provide description of continuing education/training plans for the OE21 grant year.
- Monitoring and Evaluation
 - Describe how recent monitoring and evaluation (M&E) data have been used to inform changes to the OE20 workplan.
 - Based on recent M&E data, report at least one mid-year OE20 project highlight for each of the following project components:
 - Neighborhood navigation
 - OE20 *implementation* of policy/practice change(s) adopted in OE19
 - OE20 *adoption* of policy/practice change(s) to be implemented in OE21
 - Describe project staff and stakeholder quality improvement (QI) processes implemented in OE20 to improve OEI project outcomes and what changes in QI processes are anticipated in OE21.

- Submit a monitoring and evaluation plan aligned to current and future workplan activities (as an attachment).
- FIMR
 - Describe how completion of FIMR objectives will be accomplished.
 - If required, all deliverables must be completed through a sub-grant/sub-contract with the current ODH-funded Maternal and Child Health Program Grant (MP20) FIMR recipient (Butler County General Health District, Cuyahoga County Health Department, Columbus City Health Department, Hamilton County Public Health, Lucas County Regional Health District, Mahoning County District Board of Health, Public Health – Dayton & Montgomery County, Stark County Health Department, Summit County General Health District). The entirety (100%) of the dollars received for this deliverable must be provide to the entity contracted to complete the work.
 - If applicable, a letter of commitment from the required sub-grant/sub-contract entity must be provided with the application.
 - Data sharing must be facilitated with local OEI.
 - A current data sharing agreement and/or protocol with the OEI must be provided by January 1, 2021.
 - The following information must be included in the agreement and/or protocol. This may be included in the narrative section of this grant application:
 - What data will be shared;
 - How often the data will be shared (frequency);
 - When the data will be shared (month/day); and
 - Frequency at which the agreement and/or protocol will be reviewed, updated and/or renewed to comply with this grant deliverable.
 - Staffing Plan (FIMR-specific)
 - Describe all staff associated with each objective applied for in the deliverable and their responsibilities. Provide a description of current staff education and capacity to complete their job responsibilities and at what time equivalent that they will work (i.e. 1.0 full time equivalent or 0.5 full time equivalent). If other staff is funded through the deliverable indicate at what percentage or FTE and for what purpose.
 - Provide a staff transition plan for intended or unintended new staff responsible for meeting the grant objectives. Explain the capacity of all existing staff to complete the work plan activities. Additionally, provide a description of training methods for new staff associated with this grant opportunity (persons responsible for training and timeframes for completion of training).
 - The contact for this deliverable is the Ohio Department of Health FIMR Coordinator, Theresa Quaderer, 614-728-0773, Theresa.Quaderer@odh.ohio.gov.

C. 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. |

- Provide a project logic model identifying inputs, activities, outputs, and short-, medium-, and long- term goals demonstrating plans to address poor birth outcomes and the social determinants of health impacting infant mortality, preterm births, and low birth weight in the identified service area.
 - All program components listed in the OE19 methodology must be included in the logic model.
- Submit an updated OE20 workplan outlining timelines for completing proposed activities to accomplish defined deliverables, including all scopes of work proposed in project narrative. See Appendix E1 of the competitive solicitation (OE19) for a workplan template.
 - For OE21 workplan due November 10, 2020, identify program goals and SMART objectives related to maintenance of the previously implemented (OE19) policy/practice, implementation of the previously adopted (OE20) policy/practice, adoption of a new (OE21) policy/practice, and completion of Neighborhood Navigator work.
- FIMR
 - Submit an updated workplan outlining timelines for completing proposed activities to accomplish defined objectives, including all scopes of work proposed in project narrative. |

D. Documentation & Progress on Health Disparity/Inequity 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 must also use the *Place Matters Documentation Spreadsheet* to document where (i.e., addresses, census tracts, census block groups or zip codes) health equity activities occurred during the previous funding period. |

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

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

For your convenience, a budget justification narrative example is available at <https://odhgateway.odh.ohio.gov/gmis/forms/BulletinForm.aspx>

| 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. |

2. Fiscal Breakdown

Provide information to detail the methodology and breakdown the costs for each deliverable listed in Appendix B1.

- Categorize costs into the following:
 - Personnel;
 - Travel/mileage;
 - Training/professional development;
 - Technology;
 - Contracts/subrecipients
 - Other (describe)
- Identify the number of staff hours allocated to each deliverable, by position.
- Identify the total number FTEs required to support this work, by position.
- Identify the total count of personnel required to support this work, by position.

3. 2021 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 | October 1, 2020 | to | September 30, 2021 |.

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.

4. 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;

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.

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments. Attachments do not count toward the 15-page limit identified in the program narrative section.

- Data security policies
- Logic model
- Workplan
- Monitoring and evaluation plan
- Fiscal breakdown
- Budget justification
- FIMR workplan

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. 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 questionnaire as 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. 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 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.

G. 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 (Ohio Equity Institute 2.0)

H. 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. |

- Monthly Reporting
 - Subrecipients program reports must be completed and submitted via GMIS by the 10th of each month in the ODH defined reporting template.
- Quarterly reports shall be submitted via GMIS on the following dates:
 - January 10, 2021
 - April 10, 2021
 - July 10, 2021
 - October 10, 2021
- The annual report shall be submitted via GMIS on the following date:
October 10, 2021 |

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

<i>Period</i>	<i>Report Due Date</i>
<i>October 1 – 31, 2020</i>	<i>November 10, 2020</i>
<i>November 1 – 30, 2020</i>	<i>December 10, 2020</i>
<i>December 1 – 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – 31, 2021</i>	<i>February 10, 2021</i>
<i>February 1 – 29, 2021</i>	<i>March 10, 2021</i>
<i>March 1 – 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – 30, 2021</i>	<i>May 10, 2021</i>
<i>May 1 – 31, 2021</i>	<i>June 10, 2021</i>
<i>June 1 – 30, 2021</i>	<i>July 10, 2021</i>
<i>July 1 – 31, 2021</i>	<i>August 10, 2021</i>
<i>August 1 – 31, 2021</i>	<i>September 10, 2021</i>
<i>September 1 – 30, 2021</i>	<i>October 10, 2021</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>October 1 – 31, 2020</i>	<i>November 10, 2020</i>
<i>November 1 – 30, 2020</i>	<i>December 10, 2020</i>
<i>December 1 – 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – 31, 2021</i>	<i>February 10, 2021</i>
<i>February 1 – 29, 2021</i>	<i>March 10, 2021</i>
<i>March 1 – 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – 30, 2021</i>	<i>May 10, 2021</i>
<i>May 1 – 31, 2021</i>	<i>June 10, 2021</i>
<i>June 1 – 30, 2021</i>	<i>July 10, 2021</i>
<i>July 1 – 31, 2021</i>	<i>August 10, 2021</i>
<i>August 1 – 31, 2021</i>	<i>September 10, 2021</i>
<i>September 1 – 30, 2021</i>	<i>October 10, 2021</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>October 1 – December 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – March 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – June 30, 2021</i>	<i>July 10, 2021</i>
<i>July 1 – September 30, 2021</i>	<i>October 10, 2021</i>

Note: Obligations not reported on the final monthly or 4th 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, 2021]. 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
- B1. Deliverable Descriptions |
- B2. Deliverable Allocations |
- C. Place Matters Documentation Template
- D. Deliverable Due Dates
- E. OE21 Local REDCap Procurement Agreement
- F. REDCap Data Entry
- G. Data Collection on Ineligible Women
- H. Minimum Required Number of Unique Women to be Served
- I. Deliverable 17: Fetal Infant Mortality Review



CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

Submission
Required

Ohio Department of Health
Bureau of Maternal, Child and Family Health

See due date below

ODH Program Title:
Ohio Equity Institute 2.0 (OE21)

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 April 21, 2020.
Please email completed form to Karen Tinsley (karen.tinsley@odh.ohio.gov).

Name of Subgrant Program: OE21

Budget Period: 10/1/20-9/30/21

of Deliverables: 17

Use Budget Justification Scenario#: 1

100% Deliverables

Deliverable 1: Administrative

Up to 20% of total grant funds allotted to Deliverables 1 through 16 (non-FIMR) to support administrative activities.

Deliverable 2: Technical assistance

- Face-to-face meetings (x2)
- Regional technical assistance (x2)
- Individual TA (as scheduled)
- TA from external partners (as scheduled)

Deliverable 3: Finalized workplan

Submit finalized workplan.

Deliverable 4: Priority service areas

Submit final priority service area methodology. Analysis must be complete to qualify for payment. Priority geographies at a zip code or census tract level must be identified and included.

Deliverable 5: Social Determinants of Health Team charter and roster

Submit local Social Determinants of Health Team charter and roster.

Deliverable 6: Social Determinants of Health Team action plan

Submit local Social Determinants of Health Team action plan to support implementation of the OE20 adopted policy/practice and adoption of an additional policy/practice.

Deliverable 7: Annual report template

Submit annual report template.

Deliverable 8: Social Determinants of Health Team policy/practice implementation of policy/practice adopted in OE20

Submit Social Determinants of Health Team policy or practice implementation progress narrative, inclusive of status of each SDOH Team action plan activity.

Deliverable 9: Social Determinants of Health Team policy/practice adoption

Submit Social Determinants of Health Team policy or practice adoption progress narrative, inclusive of status of each SDOH Team action plan activity. Submit a copy of the adopted policy/practice with all required signatures.

Deliverable 10: Serve minimum number of required unique women

Per Appendix H, serve required minimum of unique women by providing appropriate connections or referrals. Three required follow-ups must be completed to qualify for payment and comply with all REDCap Data Entry protocols, Appendix F. May be reimbursed monthly or quarterly as confirmed by REDCap data entry.

Deliverable 11: Seventy-five percent of women served must be African American and/or Black

As validated by REDCap data, 75% of women served must identify as African American and/or Black. Reimbursement will be received biannually, at the close of Q2 and Q4, as validated by ODH. A sliding scale (see table below) will be used to determine proportion of reimbursement of this deliverable biannually. Therefore, teams will be eligible for 50% of the annual deliverable amount based on the average proportion of Black/African American women served during the identified quarters (Q1/Q2 and Q3/Q4). Five percent of total awarded OEI grant dollars must be tied to this deliverable.

Proportion of women served who are African American/Black	0-24%	25-49%	50-74%	75-100%
Proportion of Del. 11 reimbursement	25%	50%	75%	100%

Deliverable 12: Needs addressed

Of women served, 75% of identified needs were addressed by an appropriate connection or referral. (Average; proportional to the actual number of women served.)

Deliverable 13: Monthly reports

Submit monthly progress reports. All data indicators must be reported to qualify for payment. All required qualitative questions must have a response to qualify for payment.

Deliverable 14: Quarterly reports

Program; updated workplan; updated SDOH Team charter, roster and action plan; reporting progress on and/or completion of all activities listed in the most recent OE20 workplan and SDOH Team action plan must be provided to qualify for payment. Narrative report; all SDOH and Neighborhood Navigation open response questions must be reported to qualify for payment.

Deliverable 15: Mid-year self-assessment

Complete mid-year self-assessment in alignment with expected monitoring and evaluation plan activities.

Deliverable 16: Annual report

Submit annual data report. All ODH-required components must be included to qualify for payment.

Deliverable 17: Fetal Infant Mortality Review

Completion of all required FIMR objectives.

Objective 1: Administrative

Administrative (25% of maximum level of funding) reimbursement when staff is identified by time equivalent (e.g. 0.5 FTE, 1.0 FTE) and maintained to support the coordination and implementation of deliverables not to exceed 25% of maximum level of funding for FIMR. Reimbursement will be provided in four quarterly payments based on retention of identified staff at the start of the grant period (if there is a vacancy for more than two months of any quarter, reimbursement will not be paid unless a new staff person is identified and approved by ODH during that quarter or before) report to ODH by 1/10/2021, 4/10/2021, 7/10/2021 and 10/10/2021.

Objective 2: Quarterly Reports

Submission of completed quarterly FIMR reports to ODH for approval by 1/10/21, 4/10/2021, 7/10/2021 and 10/10/2021. All data fields must be complete to qualify for payment (\$1,500 per quarter).

Objective 3: Fetal Death Reviews

Completion of a minimum required number of fetal death reviews based on 4-year averages compiled using Vital Statics (VS) data provided by ODH per Appendix I. Averages will be based on 2015-2018 VS data. Quarterly submission of a fetal death review tracking sheet in a format provided by ODH. Quarterly reimbursement and tracking sheet example per Appendix I. Subgrantees may submit for Q1-Q3 payment as they work to complete this deliverable. Final payment contingent upon completion of required number of fetal death reviews.

Objective 4: Maternal Interviews

Completion of maternal interview (infant and fetal death reviews). Monthly deliverable total to be calculated using the following formula: (Total maternal interviews completed) x (\$300) monthly. Maximum reimbursement of 15 maternal interviews per year. (\$300 per maternal interview.) Maximum funding amounts listed in Appendix I.

Should a portion of Objective 4: Maternal Interviews funds be used to provide incentives for completion of maternal interviews, the following reporting documentation must be provided to ODH quarterly. Subrecipients are required to maintain a log of all client incentives purchased and distributed. Log must contain amount of incentive, type of incentive (Ex. gift card, gas card, etc.), the card number (if applicable), date given, client identifier, signature and name of staff providing incentive.

Please note GMIS is not a HIPPA compliant system and no personal identifying information should be included in the submitted logs.

Name of Subgrant Program: OEI 2.0

Budget Period: 10/1/20 – 9/30/21

of Deliverables: 17

Use Budget Justification Scenario: Deliverable Funding Only

X Deliverables Only

	Deliverable 1 (Admin)	Deliverable 2 (TA)	Deliverable 3 (Finalized workplan)	Deliverable 4 (Priority service areas)	Deliverable 5 (SDOH charter & roster)
Butler	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Cuyahoga	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Franklin	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Hamilton	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Lucas	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Mahoning	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Montgomery	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Stark	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Summit	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient

	Deliverable 6 (SDOH action plan)	Deliverable 7 (Annual data report template)	Deliverable 8 (Policy/practice implementation)	Deliverable 9 (Policy/practice adoption)	Deliverable 10 (Minimum number of women served)
Butler	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Cuyahoga	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Franklin	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Hamilton	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Lucas	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Mahoning	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Montgomery	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Stark	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Summit	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient

	Deliverable 11 (75% Black/African American)	Deliverable 12 (75% of needs addressed)	Deliverable 13 (Monthly reports)	Deliverable 14 (Quarterly data reports)	Deliverable 15 (Mid-year self-assessment)	Deliverable 16 (Annual report)
Butler	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Cuyahoga	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Franklin	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Hamilton	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Lucas	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Mahoning	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Montgomery	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Stark	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Summit	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Total						

OEI funding will support completion of Deliverables 1 through 16 (reference table in section B).

Funding for Deliverable 1 cannot exceed 20% of total grant funding.

Funding for Deliverables 10 and 12 must comprise at least 25% of total grant funding.

Funding for Deliverable 11 must comprise at least 5% of total grant funding.

	Deliverable 17 – Obj. 1 (FIMR: Admin)	Deliverable 17 – Obj. 2 (FIMR: Quarterly Reports)	Deliverable 17 – Obj. 3 (FIMR: Fetal Death Reviews)	Deliverable 17 – Obj. 4 (FIMR: Maternal Interviews)
Butler	Amt provided by subrecipient	\$6,000.00	Amt provided by subrecipient	Amt provided by subrecipient
Cuyahoga	Amt provided by subrecipient	\$6,000.00	Amt provided by subrecipient	Amt provided by subrecipient
Franklin	Amt provided by subrecipient	\$6,000.00	Amt provided by subrecipient	Amt provided by subrecipient
Hamilton	Amt provided by subrecipient	\$6,000.00	Amt provided by subrecipient	Amt provided by subrecipient
Lucas	Amt provided by subrecipient	\$6,000.00	Amt provided by subrecipient	Amt provided by subrecipient
Mahoning	Amt provided by subrecipient	\$6,000.00	Amt provided by subrecipient	Amt provided by subrecipient
Montgomery	Amt provided by subrecipient	\$6,000.00	Amt provided by subrecipient	Amt provided by subrecipient
Stark	Amt provided by subrecipient	\$6,000.00	Amt provided by subrecipient	Amt provided by subrecipient
Summit	Amt provided by subrecipient	\$6,000.00	Amt provided by subrecipient	Amt provided by subrecipient

FIMR funding will support completion of Deliverable 17, Objectives 1 through 4 (reference table in section B).

Place Matters Documentation Template

County: Your County Budget Period:

GMISID: Agency Name: Subgrant Program:

Geography Type	Specify Geography or Location	Data Source
Census Tract (FIPS Code)		

In future grant years Place Matters documentation will be captured in a standardized electronic database, likely REDCap.

Deliverable Due Dates

Appendix D

DELIVERABLES	Due Date
1. Admin Up to 20% of total cost of the grant	Monthly or quarterly; 10 th of each month
2. Technical Assistance o Face-to-face meetings (x2) o Regional technical assistance (x2) o Individual TA (as scheduled) o TA from external partners (as scheduled)	Monthly or quarterly; 10 th of each month
3. Submit finalized workplan	11/10/2020
4. Submit final priority service area methodology	11/10/2020
5. Submit local Social Determinants of Health Team Charter and Roster	12/10/2020
6. Social Determinants of Health Team action plan	4/10/2021
7. Submit annual report template	7/10/2021
8. Social Determinants of Health Team policy/practice implementation of policy/practice adopted in OE20	10/10/2021
9. Social Determinants of Health Team policy/practice adoption	10/10/2021
10. ^Per Appendix H, serve required minimum of unique women by providing appropriate connections or referrals	Monthly or quarterly as confirmed by REDCap data entry; 10 th of each month
11. *75% of women served must be African American	4/10/2021 10/10/2021
12. ^Of women served, 75% of identified needs were addressed by an appropriate connection or referral	4/10/2021 10/10/2021
13. Submission of monthly progress report	10 th of each month
14. Submit quarterly reports a. Data i. All data indicators must be reported to qualify for payment. b. Program i. Updated workplan ii. Updated SDOH Team charter, roster and action plan	10 th of January, April, July and October

iii. Reporting progress on and/or completion of all activities listed in the most recent OE20 workplan and SDOH Team action plan must be provided to qualify for payment.	
15. Submit mid-year self-assessment	4/10/2021
16. Submission of annual report	10/10/2021
17. FIMR	10 th of January, April, July and October

OEI funding will support completion of Deliverables 1 through 16 (reference table in section B).

Funding for Deliverable 1 cannot exceed 20% of total grant funding.

^Funding for Deliverables 10 and 12 must comprise at least 25% of total grant funding.

****Funding for Deliverable 11 must comprise at least 5% of total grant funding.***

FIMR funding will support completion of Deliverable 17, Objectives 1 through 4 (reference table in section B).

Research Electronic Data Capture (REDCap) is a secure web application for building and managing online surveys and databases. The Ohio Department of Health (ODH) will use REDCap as the data platform for SFY21 Ohio Equity Institute (OEI 2.0). Funded entities will use REDCap to screen women to determine eligibility and need for clinical and social services. REDCap will be used to document Neighborhood Navigator (NN) connections, referrals, and follow-ups.

This agreement applies only to those counties who have chosen to procure the REDCap software locally and replicate the ODH-developed data collection tool.

Inability to comply with the requirements of this agreement may result in a request for the local subgrantee to utilize the ODH-provided REDCap survey link in place of locally procured REDCap software.

This agreement is valid for the OE20 grant period (10/1/20-9/30/21) and upon signature from all required parties.

NOTE: ODH reserves the right to reevaluate this agreement at the end of the OE21 grant cycle.

Responsibilities of Local Entity:

1. Submit REDCap data merge each month
 - Submissions *must* be sent to the ODH Health Services Policy Analyst, by close of business on the 4th day of the month following the reporting period (or the next business day if the 4th falls on a weekend).
 - i. Women served during the reporting period, who are not included in this data set will not qualify for reimbursement until the final expenditure report of the grant year. (Please refer to the OE20 Data Collection and Entry Amendment.)
 - Only data entered by ODH-funded positions will be eligible for submission and reimbursement from ODH.
 - i. ODH-funded positions will be validated by the sub-grantee's most recently submitted contact list. The number of identified staff members must align with the most current fiscal breakdown submitted in GMIS.
2. Each submission must be cleaned and formatted correctly
 - Local OEI Epidemiologist *must* ensure seamless import into ODH's REDCap system utilizing the format provided by ODH.
 - Any data entry duplications or errors as identified by ODH must be corrected before the next submission date.
3. Monitor Staff Capacity
 - Neighborhood Navigators
 - i. Local OEI team *must* maintain a current roster of ODH-funded NNs funded by the OEI grant.

- ii. Report any changes to NN positions to ODH OEI State Team as individuals transition into or out of this role.
- Epidemiologist
 - i. Report any changes to the OEI Epidemiologist position to ODH OEI State Team as individuals transition into or out of this role.
 - ii. Ensure Epidemiologist is trained on REDCap data monitoring and data merge submission procedures.
- All agreement requirements remain regardless of staff position changes or transitions.

Responsibilities of ODH Staff:

1. Determine the number of women served each month
 - On the 5th day of each month, the Health Services Policy Analyst will certify the number of women served during the reporting period, using the REDCap data merge sent to ODH by the local OEI team. This data will be used to determine appropriate reimbursement for Deliverable 10.
 - i. Women served during the reporting period, who are not included in this data set will not qualify for reimbursement until the final expenditure report of the grant year. (Please refer to the OE20 Data Collection and Entry Amendment.)
2. Communicate any submission discrepancies
 - ODH will report any REDCap data merge inconsistencies back to the local OEI Epidemiologist.
3. Import local OEI data merge into the ODH REDCap system on a monthly basis.

Local OEI Epidemiologist	Date
Local OEI Project Coordinator	Date
ODH Health Policy Analyst	Date

Neighborhood Navigator client data collection as required by the Ohio Equity Institute grant must be entered into REDCap within ten days of the activity. (Ex. If a 3rd follow-up occurred on the 10th of the month, all associated data *must* be submitted by the 20th of the month.)

However, in order to ensure OEI teams have the most accurate data for each reimbursement, all data collected during a month *must* be entered into REDCap by close of business on the 4th day of the following month. ODH will send REDCap data extracts on the 5th of the month (or the next business day if the 5th falls on a weekend). OEI teams will need to use this data extract to request the appropriate reimbursement for the number of women verified as served (3rd follow up completed) during the previous month. ODH will also use the REDCap data on this date to determine appropriate reimbursement for Deliverable 10.

OEI teams will only receive reimbursement for the number of women verified as served in REDCap on the 5th of the month. If a woman is served during a month, but her data is not entered by the deadline, you will not be reimbursed until the final expenditure report of the grant year (September). (Ex. REDCap data only validates 40 women served in the month of April during the data export on May 5th. However, a Neighborhood Navigator enters 3rd follow-up dates on 3 additional women served during the month of April after May 5th. These additional 3 women will not be eligible for reimbursement until the final expenditure report of the grant year of September.) Additionally, only data entered by ODH-funded positions will be eligible for submission and reimbursement from ODH.

To bill for one unit of Del. 10, all 3 required follow-up attempts must be documented in REDCap.

- Only women who provided waiver consent and identified as eligible (Y) in “c_eligible” will be counted.
- This will be audited using the “followup_date_3” variable in REDCap.
- Please note that the case closed variable (“closed,”) is not considered. (As you may choose to maintain a relationship w/ that woman beyond the 3 required follow-ups based on her needs.)
- Please note that the date of initial contact does not impact your ability to bill (“date_initialcontact”). We are only accounting for those women who received their 3rd required follow-up during the referenced reporting period.
- You may only enter follow-up dates as they occur (i.e. please do not list anticipated future follow-up dates into REDCap). Women who have follow-up dates listed as in the future may be deemed ineligible for payment.

Your monthly progress report should accurately reflect the number of women served during the given reporting month.

You can bill for this number of women served monthly. For those who are on quarterly payment, it will be the cumulative number of women served during the quarter. However, everyone (regardless of reimbursement frequency) should accurately reflect the number of women served in their monthly report.

Data Collection on Ineligible Women

Appendix G

Subrecipients will be required to capture a refined subset of data on all women screened (regardless of eligibility). However, this data collection is being simplified and streamlined. This data will be used to inform future program eligibility and design.

These variables will be at an aggregate level and will not require entry into REDCap. The provided tool *must* be submitted to ODH by the 10th of each month with other monthly reporting requirements. The spreadsheet will track rolling aggregate information on the count of women screened who were ineligible for the program.

Reference the ineligible women data collection tool below. This tool will also be provided to you in excel format.

Subrecipients may choose to define additional variables to be collected for ineligible women, if helpful to local programmatic efforts.

Why are women ineligible for OEI? For each ineligible woman, enter "1" for True and "0" for False.			
Ineligible woman	Today's Date	Not Pregnant	> 200% FPL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
Totals		0	0

Minimum Required Number of Unique Women to be Served**Appendix H**

County	Minimum Unique Women to be Served (Total Grant Cycle)
Butler	114
Cuyahoga	1180
Franklin	1212
Hamilton	823
Lucas	336
Mahoning	143
Montgomery	423
Stark	118
Summit	307

Source: Ohio Department of Health, Bureau of Vital Statistics, Ohio Resident Live Births (2006-2018)

Minimum number of women to be served determined by proportion (25%) of Non-Hispanic African American women, by county of residence, who gave birth 2018 and met OEI 2.0 (OE19) eligibility.

Deliverable 17: Fetal Infant Mortality Review

Appendix I

Maximum FIMR Funding, by County

Deliverable 17: Fetal Infant Mortality Review

County	Maximum FIMR Funding
Butler	\$19,375.00
Cuyahoga	\$34,375.00
Franklin	\$36,875.00
Hamilton	\$28,125.00
Lucas	\$19,375.00
Mahoning	\$16,875.00
Montgomery	\$21,875.00
Stark	\$19,375.00
Summit	\$21,875.00

Maximum Fetal Death Review Funding, by County

*Deliverable 17: Fetal Infant Mortality Review; Objective 3: Fetal Death Reviews
Eligible to be reimbursed quarterly.*

County	Maximum Fetal Death Review Funding (Total cost)	Maximum Fetal Death Review Funding (1 Unit Cost)
Butler	\$5,000.00	\$1,250.00
Cuyahoga	\$17,000.00	\$4,250.00
Franklin	\$19,000.00	\$4,750.00
Hamilton	\$12,000.00	\$3,000.00
Lucas	\$5,000.00	\$1,250.00
Mahoning	\$3,000.00	\$750.00
Montgomery	\$7,000.00	\$1,750.00
Stark	\$5,000.00	\$1,250.00
Summit	\$7,000.00	\$1,750.00

Minimum Number of Death Reviews Required, by County

Deliverable 17: Fetal Infant Mortality Review, Objective 3: Fetal Death Reviews

County	Minimum Number
Butler	5
Cuyahoga	17
Franklin	18
Hamilton	12
Lucas	5
Mahoning	3
Montgomery/Dayton	8
Stark	5
Summit	8

Fetal Death Review Tracking Sheet

Below are screen shots taken from the draft Excel spreadsheet each that should be used to track FIMR case progress. The finalized tracking sheet will be provided by ODH at least 30 days prior to the start of the grant.

Case Identifier	Type of Death	Mother: Date and Method of Attempted Contact						
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
	<input type="checkbox"/> Fetal Death <input type="checkbox"/> Infant Death	Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
	<input type="checkbox"/> Fetal Death <input type="checkbox"/> Infant Death	Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other
		Date:		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Letter/Postcard	<input type="checkbox"/> Text	<input type="checkbox"/> Other

