DEPARTMENT OF HEALTH AND HUMAN SERVICES

Maternal and Child Health Bureau
Division of Healthy Start and Perinatal Services
Division of State and Community Health

State Systems Development Initiative - Maternal Health Enhancement Supplement

Funding Opportunity Number: HRSA-21-130
Funding Opportunity Type(s): Competing Supplement
Assistance Listings (CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: July 2, 2021

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: May 28, 2021

Kimberly C. Sherman, Acting Branch Chief
Maternal and Women's Health Branch
Division of Healthy Start and Perinatal Services
Telephone: (301) 443-1702
Email: ksherman@hrsa.gov

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 State Systems Development Initiative – Maternal Health Enhancement Supplement. The purpose of this program is to provide supplemental funding under the State Systems Developmental Initiative (SSDI) program to expand state and jurisdictional MCH data capacity in an effort to improve reporting for MCHB's Alliance for Innovation on Maternal Health (AIM) program, resulting in enhanced high quality and timely data and analysis.

Funding Opportunity Title:	State Systems Development Initiative – Maternal Health Enhancement Supplement
Funding Opportunity Number:	HRSA-21-130
Due Date for Applications:	July 2, 2021
Anticipated Total Annual Available FY 2021 Funding:	$900,000
Estimated Number and Type of Award(s):	Up to 15 grants
Estimated Award Amount:	Up to $60,000
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2021 through August 31, 2022 (1 year)
Eligible Applicants:	Current recipients funded under the State Systems Development Initiative Grant Program (HRSA-18-061 and HRSA-18-062) are eligible to apply for supplemental funding under this program. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Monday, June 7, 2021
Time: 2 – 3:30 p.m. ET
Call-In Number: 1-833-568-8864
Meeting ID: 161-009-5728
Audio Passcode: 080976960
Online Participant Passcode: maternal1
Weblink: https://hrsa-gov.zoomgov.com/j/1610095728?pwd=cUVRODFuVTdyeVpUZ1lpS2RHb0xrdz09

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for supplemental funding under the State Systems Developmental Initiative (SSDI) Grant Program in support of MCHB's Alliance for Innovation on Maternal Health (AIM) program. The purpose of this program is to expand state and jurisdictional maternal child health (MCH) data capacity in an effort to improve reporting for the AIM program, resulting in enhanced high quality and timely data and analysis. This funding opportunity will provide support to a subset (up to 15 of the 42) of SSDI award recipients whose state or jurisdiction is currently enrolled in the AIM program and participating in quality improvement (QI) via implementation of patient safety bundles within birthing facilities. Funds will be used to support the submission of timely, high quality maternal health data into the AIM Data Portal to support state and jurisdictional AIM QI activities.

The SSDI – Maternal Health Enhancement Supplement program seeks to:

- Expand state and jurisdictions' MCH data capacity by utilizing Title V/MCH data analytic support to assist with AIM QI efforts and enhance data-driven decision making to improve maternal health care;
- Improve the quality, validity, and timeliness of maternal health data at the state and jurisdictional levels; and,
- Enhance the collection and use of data on race, ethnicity and social determinants to assess the impact of the AIM program on health equity and health disparities.

MCHB recognizes the need to provide additional funding to expand MCH data capacity for up to 15 of the 42 states and jurisdictions that participate in both the SSDI and the AIM programs. Based upon the quality of data that has been submitted from states participating in AIM, MCHB is targeting additional support for a subset of states and jurisdictions to address MCH data capacity needs to more effectively support AIM patient safety bundle implementation efforts. These funds will specifically support states and jurisdictions to expand MCH data capacity to improve reporting for the AIM program, resulting in enhanced high quality and timely data and analysis of maternal health process and outcome data in support of AIM QI activities.

Program Goal and Expectations

The goal of this funding opportunity is to improve the quality and reporting of state maternal health data to support AIM patient safety bundle implementation efforts. Successful award recipients of this grant should reside within a state or jurisdiction currently enrolled in the AIM program and implementing at least one AIM patient safety bundle within birthing facilities.

To reach the program goal, successful award recipients will:

- Participate in an AIM Data Community of Learning to address data quality and share best practices in addressing data needs that occur at the sub-state/jurisdictional level;

- Submit quarterly reports of AIM program process, structure, and outcome measures that are associated with the AIM bundle that is being utilized in the state/jurisdiction;
- Provide an updated list of birthing facilities in the state/jurisdiction with 10 or more deliveries each year, and counts of birthing facilities participating in the AIM program; and,
- Submit information that show the reach and integration of AIM program activities utilizing data from participating birthing facilities and vital records.

2. Background

This program is authorized by 42 U.S.C. § 701(a)(2), as amended (Title V, § 501(a)(2) of the Social Security Act).

Maternal Mortality and Severe Maternal Morbidity
Approximately 4 million women give birth in the United States each year, and despite advances in medical care and investments in improving access to care, rates of maternal mortality and severe maternal morbidity (SMM) have not improved.[1] In 2019, for every 100,000 live births, approximately 20 women in the United States died while pregnant or within 42 days of the end of pregnancy from causes related to pregnancy or delivery.[2] Moreover, significant racial and ethnic disparities exist and have persisted over time. In 2019, the maternal mortality rate for Non-Hispanic Black women was 2.5 times the rate for Non-Hispanic White women.[3] Case reviews of severe maternal events reveal that a significant proportion of morbidity and mortality related to these conditions is due to missed opportunities in the birthing facility to improve patient outcomes. Specifically, without established protocols and processes for addressing these conditions, maternal safety and outcomes will continue to suffer.

Evidence and practice demonstrate that the majority of maternal deaths are preventable. There is a need for systems level approaches to ensure that every birthing person has access to safe care and to increase awareness of maternal mortality and SMM.

AIM
AIM is the national, cross-sector commitment designed to lead in the development and implementation of patient safety bundles for the promotion of safe care for every U.S. birth and address the complex problem of high maternal mortality and SMM rates within the United States. In 2014, HRSA awarded funding to the American College of Obstetricians and Gynecologists (ACOG) to implement the AIM program. Initially, eight states were participating in AIM. During the program's current five-year project period engagement with AIM has grown from 11 states and 690 participating birthing facilities to 41 states plus the District of Columbia and 1,906 participating birthing facilities. The AIM National Team at ACOG provides technical support and capacity building to multidisciplinary state-based teams, most often perinatal quality collaboratives, leading targeted rapid-cycle quality improvement (QI) via implementation of patient safety bundles. In addition, the AIM Data Center provides a resource to all enrolled state-

[1] https://www.cdc.gov/nchs/fastats/births.htm
[2] https://www.cdc.gov/nchs/data/hestat/maternal-mortality-2021/maternal-mortality-2021.htm
[3] https://www.cdc.gov/nchs/data/hestat/maternal-mortality-2021/maternal-mortality-2021.htm

based teams to track data related to these QI efforts. AIM is uniquely comprised of private and public partners across the spectrum of maternity care providers, public health agencies, hospital networks and associations, quality care collaboratives, community groups, and patients with lived experience.

Patient safety bundles are a set of small straightforward evidence-based practices, that when implemented collectively and reliably in the delivery setting have improved patient outcomes and reduced maternal mortality and SMM.[4] The bundles do not introduce new guidelines, but rather bring together the existing evidence-based recommendations and resources to facilitate rapid implementation within birthing facilities. These bundles enumerate what a facility should have, and provide modifiable examples for various types of facility capacity. To date, AIM has four core patient safety bundles that are supported by specific quality metrics and measures and are considered the primary building blocks of the AIM program's efforts to address leading causes of preventable SMM and maternal mortality in the United States. Each of the core bundles have associated process, structure, and outcome data measures. States implementing AIM utilize a variety of approaches for data collection and reporting, which can lead to varying data quality.

The four core patient safety bundles are:

1) Obstetric Hemorrhage;
2) Severe Hypertension in Pregnancy;
3) Safe Reduction of Primary Cesarean Birth; and,
4) Obstetric Care for Women with Opioid Use Disorder.

AIM state-based teams convene and commit to improving maternal health outcomes by working together on bundle implementation. This level of collaboration requires frequent, transparent, and open communication from all participants that centers on implementation of bundle activities, data collection and analysis, and addressing barriers to implementation and uptake.

SSDI

SSDI assists state MCH and Children with Special Health Care Needs (CSHCN) programs in building their data capacity and infrastructure to support comprehensive, community-based systems of care for all children and their families. SSDI continues to play a critical role in supporting the Title V MCH Block Grant program by developing, enhancing, and expanding state MCH data capacity. Many AIM states include SSDI staff in the review, analysis, and submission of AIM program data. Many have also successfully provided needed QI information and quarterly data updates into the AIM Data Portal to support program activities. Where additional assistance and resources are needed to support AIM QI efforts, MCHB intends to support up to 15 states to expand MCH data capacity in an effort to improve data reporting, resulting in enhanced high quality and timely data and analysis.

[4] http://www.ihi.org/Topics/Bundles/Pages/default.aspx

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Supplement

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $900,000 to be available to fund up to 15 recipients. You may apply for a ceiling amount of up to $60,000 total cost (includes both direct and indirect, facilities and administrative costs) for one year funding.

If grantees are unable to fully expend funds in year one (09/01/2021-08/31/2022) a prior approval carryover request may be submitted in the subsequent year.

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

III. Eligibility Information

1. Eligible Applicants

Current recipients funded under the State Systems Development Initiative Grant Program (HRSA-18-061 and HRSA-18-062) are eligible to apply for supplemental funding under this program.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that exceeds the page limit referenced in Section IV non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

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

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files included in the page limit shall not exceed the equivalent of **20 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Please note: Effective April 22, 2021, the abstract is no longer an "attachment" that counts in the page limit. The abstract is SF form "Project Abstract Summary" and it will not count in the page limit. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-130, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application**

does not exceed the specified page limit. Any application exceeding the page limit of 20 pages will not be read, evaluated, or considered for funding.

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 5: Other Relevant Documents*.

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

Program-Specific Instructions

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

i. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V. Review Criterion (1) Need*
  Briefly describe the purpose of the proposed program. Identify what division, office, or agency in your state/jurisdiction is responsible for reporting quarterly AIM data and outline your working relationship with that entity. Discuss the data collection and analytic support that is provided for AIM data collection, analysis and reporting and whether Title V/MCH currently provides any data analytic support. Provide information on your state's engagement with the AIM program (Attachment 4 – AIM Program Engagement) as described within *Section iv. Attachments*.

- *NEEDS ASSESSMENT -- Corresponds to Section V. Review Criterion (1) Need*
  Outline your organization's current data capacity with regard to the collection, analysis and reporting of maternal health outcome data. Describe your state/jurisdictions' access to hospital discharge data and hospital-based indicators

relevant to AIM bundles. Describe the frequency with which your state/jurisdiction updates birthing facility data (i.e., number of birthing facilities) as well as provisional and final birth records data. Describe any gaps, current barriers or challenges to obtaining or reporting hospital, administrative or vital records data used for programmatic QI efforts that would support this request for additional funding. Provide a description of any identified gaps in MCH data capacity or challenges that prevent timely and complete submission of accurate data. Existing limitations in maternal health data collection and analysis will not be viewed negatively. Rather, this information will be used to assess level of need for the program.

- *METHODOLOGY, WORK PLAN, AND RESOLUTION OF CHALLENGES -- Corresponds to Section V Review Criteria (2) Response and (3) Impact*
  Describe your program's goals and objectives for all activities in your work plan. These goals and objectives should align with the purpose of the program and the four program expectations outlined within the *Section I. Program Goal and Expectations*. The work plan should be submitted in table format as Attachment 1. The work plan activities should include, but not be limited to, participation in the AIM Data Community of Learning, submission of quarterly AIM data reports, and the provision of information on the total number of birthing facilities in the state/jurisdiction with 10 or more deliveries each year and the number of birthing facilities participating in AIM. Describe challenges that are likely to be encountered with implementation of program activities described in the work plan and approaches to resolve such challenges. Describe approaches you intend to use to resolve the gaps, barriers or challenges presented within the Needs Assessment section of the NOFO.

ii. Budget

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

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

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iii. Budget Narrative

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

NARRATIVE GUIDANCE To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology, Work Plan, and Resolution of Challenges	(2) Response and (3) Impact
Budget and Budget Narrative	(4) Support Requested

iv. Attachments

Provide the following items in the order specified below to complete the content of the application. All information provided within the Attachments should be related to the State Systems Development Initiative - Maternal Health Enhancement Supplement program. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative.

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

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

Attachment 3: Biographical Sketches of Key Personnel

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

Attachment 4: AIM Program Engagement

Provide a one-page synopsis of your organization's activities with MCHB's AIM program to include your state/jurisdictions' AIM enrollment date, number of participating birthing facilities within your state/jurisdiction, which patient safety

bundles have been or are currently being implemented since enrolling in AIM, and updates on recent AIM activities.

Attachment 5: Other Relevant Documents
Include here any other documents that are relevant to the application.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation

requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is July 2, 2021 *at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The SSDI – Maternal Health Enhancement Supplement program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding at no more than $60,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

Funding restrictions placed under HRSA-18-061 and HRSA-18-062 apply. See the most recent Notice of Award for detail.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all

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

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

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The SSDI – Maternal Health Enhancement Supplement program has four review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (25 points) – Corresponds to Section IV's Introduction and Needs Assessment
The extent to which you:

- Describe a clear understanding of the program purpose and how the proposed approach will address and improve MCH data capacity and activities to support quality data submissions.
- Demonstrate a clear and comprehensive understanding of the maternal health data issues relevant to the SSDI and AIM programs in the collection, analysis and reporting of process and outcome data.
- Discuss engagement with the AIM program (Attachment 4), identify which division, office or agency in the state/jurisdiction is responsible for reporting quarterly AIM data, and outline the working relationship with the responsible entity.
- Discuss the current data capacity for the collection, analytic support, and reporting of maternal health outcome data provided by your organization, and whether Title V/MCH provides the data analytic support.
- Describe state/jurisdiction's access to hospital discharge data and hospital-based indicators relevant to AIM bundles.

- Describe the frequency with which the state/jurisdiction updates birthing facility data as well as provisional and final birth records data.
- Identify and describe gaps, current barriers or challenges to obtaining or reporting hospital, administrative or vital records data used for programmatic quality improvement efforts that would support this request for additional funding.
- Discuss specific gaps in MCH data capacity or challenges that prevent timely and complete submission of accurate data.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's Methodology, Work Plan and Resolution of Challenges
The extent to which you:

- Describe a set of substantive and realistic program goals and objectives within the Work Plan including a timeline for each activity during the entire period of performance and responsible staff that comprehensively frame the intent of the SSDI – Maternal Health Enhancement Supplement program.
- Include a realistic and practical description of activities including how data would be analyzed, synthesized and used to improve quarterly submissions into the AIM Data Portal, and participation in the AIM Data Community of Learning.
- Describe challenges that are likely to be encountered with implementing activities described in the Work Plan and approaches to resolve such challenges.
- Describe approaches that will be used to resolve the gaps, barriers or challenges presented within the Needs Assessment section of the NOFO.

Criterion 3: IMPACT (20 points) – Corresponds to Section IV's Work Plan, Methodology, and Resolution of Challenges
The extent to which you:

- Detail activities within the Work Plan that are realistic for improving maternal health outcome data submission, analysis and reporting.
- Describe activities within the Work Plan that will lead to improved submission and overall quality of maternal health data reported at the state level to support AIM patient safety bundle implementation efforts.

Criterion 4: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's Budget and Budget Narrative
The extent to which costs, as outlined in the budget and required resources sections, are reasonable and support the scope of work; and the extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

HRSA will consider those states/jurisdictions enrolled in the AIM program, and utilizing State Title V MCH Block Grant staff working via SSDI to address maternal health data needs at the time of award.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to September 1, 2021. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements
Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

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

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

Human Subjects Protection
Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

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

1) **Progress Report**(s). As outlined in the NOFO for HRSA-18-061 and HRSA-18-062, the recipient must submit a progress report to HRSA on an annual basis. Information on the SSDI – Maternal Heath Enhancements program will be integrated within the annual progress report. Further information will be available in the NOA.

2) **Other required reports and/or products**. Recipients will submit quarterly data reports into the AIM Data Portal. Draft reports will be shared with the Community of Learning to address data quality concerns.

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

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

Kaleema Ameen
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-7061
Email: KAmeen@hrsa.gov

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

Kimberly C. Sherman, MPH, MPP
Acting Branch Chief, Maternal and Women's Health
Attn: SSDI – Maternal Health Enhancement Supplement
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N94
Rockville, MD 20857
Telephone: (301) 443-0590

Email: ksherman@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

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

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance
HRSA has scheduled following technical assistance:

Webinar
Day and Date: Monday, June 7, 2021
Time: 2 – 3:30 p.m. ET
Call-In Number: 1-833-568-8864
Meeting ID: 161-009-5728
Audio Passcode: 080976960
Online Participant Passcode: maternal1
Weblink: https://hrsa-gov.zoomgov.com/j/1610095728?pwd=cUVRODFuVTdyeVpUZ1lpS2RHb0xrdz09

Tips for Writing a Strong Application

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

508 Compliance Disclaimer

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