

## Applicant Questions and Answers

RFA Number		RFA/Grant Name		
HHS0016838		Maternal Health Outcomes		
#+ Row	#	Reference	Applicant Question	Agency/Program Response
+ -	1	Form A, Face Page & Section 3.2, Application Screening Requirements	<p>Regarding Form A, Face Page that lists multiple other entity types, such as Indian tribes and for-profit entities, on page 1 of the file, under the "Type of Entity" section.</p> <p>Is eligibility for this program limited to government entities, including health departments, hospital districts, university medical centers, and other state or local agencies; FQHCs; and 501(c)(3) nonprofit organizations, as stated in Section 3.2 of the RFA (page 18 of the file)?</p>	<p>Yes. As stated in Subsection (A) of Section 3.2 of the RFA, "Applicant must be a governmental entity (health department, hospital district, university medical center, or other State or local agency), a federally qualified health center ("FQHC") (which is a safety net provider that provides services typically given in an outpatient clinic), or a nonprofit entity, with 501(c)(3) status."</p>
+ -	2	Section 2.4, Eligible Service Areas	<p>Regarding this RFA Language: Applicant must focus Project activities on communities and regions with unmet needs or higher rates of severe obstetric complications (SOCs), including rural areas and other locations where women face barriers to accessing preventive, prenatal, and postpartum care. Programs targeting these areas should aim to address gaps in maternal health outcomes.</p> <p>Do you have a list of which communities/regions HHSC considers to have unmet needs or higher rates of SOCs? For example, if a program focuses primarily on women from Bexar County or Travis County, would that be acceptable? (We think a case can be made that every region of Texas has unmet needs in this area but weren't sure if HHSC is looking for programs to focus on specific counties based on the RFA language.)</p>	<p>Section 2.4, Eligible Service Areas, of the RFA states that "[t]he service areas eligible for Project funding under this RFA are statewide."</p>
+ -	3	Section 2.2, Program Background & Section 2.5, Eligible Activities	<p>Regarding this RFA Language: This funding seeks to fund programs that address severe obstetric complications. Grantee must, with prior HHSC approval during the post-award conference (Refer to Section 2.8, Performance Measures and Monitoring), enhance, expand, or modify current interventions that improve outcomes related to one or more of the following SOCs, as defined by the U.S. Centers for Medicare and Medicaid Services, listed below:</p> <ol style="list-style-type: none"> <li>1. Cardiac           <ol style="list-style-type: none"> <li>a. Acute heart failure</li> <li>b. Acute myocardial infarction</li> <li>c. Aortic aneurysm</li> <li>d. Cardiac arrest/ventricular fibrillation</li> <li>e. Heart failure/arrest during procedure or surgery</li> </ol> </li> <li>2. Hemorrhage           <ol style="list-style-type: none"> <li>a. Disseminated intravascular coagulation</li> <li>b. Shock</li> </ol> </li> <li>3. Acute Renal Failure</li> <li>4. Respiratory           <ol style="list-style-type: none"> <li>a. Adult respiratory distress syndrome</li> <li>b. Pulmonary edema</li> </ol> </li> <li>5. Sepsis</li> <li>6. Other Obstetric           <ol style="list-style-type: none"> <li>a. Air and thrombotic embolism</li> <li>b. Amniotic fluid embolism</li> <li>c. Eclampsia</li> <li>d. Severe anesthesia complications</li> </ol> </li> <li>7. Other Medical           <ol style="list-style-type: none"> <li>a. Puerperal cerebrovascular disorder</li> <li>b. Sickle cell disease with crisis</li> </ol> </li> </ol> <p>Based on the RFA's focus on SOCs, would a postpartum, outpatient program focused on maternal behavioral health and birth spacing be considered for HHSC Maternal Health Outcomes Program funding?</p>	<p>Section 2.2, Program Background, of the RFA, states: "This funding seeks to fund programs that address <i>severe obstetric complications with the goal of improving health outcomes for pregnant women</i> in this state." Subsection (A) of Section 2.3, Eligible Population, of the RFA, states that "[w]omen who are pregnant or up to 12 months postpartum" are an eligible population. Subsection (C) of Section 2.5, Eligible Activities, of the RFA states that Grantee must "enhance, expand, or modify current interventions that improve outcomes related to one or more" of the SOCs listed in the subsection. Item 1 of Form C, Workplan, to the RFA requires that Applicant "[d]escribe Applicant's existing MHO program and how it reduces SOCs" and "[e]xplain which SOCs Applicant intends to address.". Applicants should ensure their proposal addresses all of the requirements listed above.</p>

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+/-	4	Section III. Applicant Eligibility Requirements	We currently have an application open for re-enrollment as a Medicaid provider. Would we still be eligible to place a bid?	Subsection (D) of Section 3.2, Application Screening Requirements, of the RFA states that "Applicant must be a Texas Medicaid provider or provide evidence with its Application that a Medicaid provider enrollment Application has been submitted." The Medicaid Provider Number or the date the Medicaid Application was submitted and the TMHP ticket number must be provided in Item 5 of Form A, Face Page, to the RFA.
+/-	5	Section III. Applicant Eligibility Requirements	We provide direct clinical care services to improve maternal health outcomes. Since the funding does not cover direct clinical service delivery, could it be utilized for an electronic health system, data collection, marketing/advertising, or personnel costs? We want to ensure we're aligned with the funding goals and guidelines.	Section 2.5, Eligible Activities, of the RFA lists the budget categories for which Grantee may request reimbursement. Subsection (B) of Section 2.5 of the RFA states that "Grantee must use funds to enhance, expand, or modify one or more existing MHO program(s)." Budgeted costs must be allowable, allocable, and reasonable. Section 6.2 of the RFA states that "only System Agency-approved budget items in the requested budget and included as the Budget in the Grant Agreement may be considered eligible for reimbursement."
+/-	6	Section 2.3, Eligible Population	Page 9 states "The Project does not fund direct service delivery," while subsequent references "direct clinical care service delivery." Does the MHO fund non-clinical service delivery, such as care navigation and coordination services?	Section 2.5, Eligible Activities, of the RFA lists the budget categories for which Grantee may request reimbursement. Subsection (B) of Section 2.5 of the RFA states that "Grantee must use funds to enhance, expand, or modify one or more existing MHO program(s)." Budgeted costs must be allowable, allocable, and reasonable. Section 6.2 of the RFA states that "only System Agency-approved budget items in the requested budget and included as the Budget in the Grant Agreement may be considered eligible for reimbursement."
+/-	7	Section 2.8, Performance Measures and Monitoring	Do all outcomes in the monthly data submission need to be at the client level, or can performers provide a data packet that also includes some outcome measures reported at the ZIP level as long as the report provides a comprehensive measure of the MHO success while also reporting some outcomes at the client level?	Section 2.8 of the RFA states: "Acceptance of proposed activities, interventions, and data collection and reporting is contingent upon final acceptance by HHSC. <i>Grantee must ensure outcomes can be tracked and reported at the Client level.</i> " (Emphasis added.) This requirement emphasizes the Applicant's ability to capture and report client-level data for outcomes. However, the data submitted in the monthly Outcome Measures report may also include other types of outcomes.
+/-	8	Section 2.8, Performance Measures and Monitoring	Does the client-level outcome reporting need to show outcomes for clients that received services that same month? Or, can the report show client-level outcomes for clients that received services earlier (i.e., delivery outcomes for clients that received prenatal support?)	No, the monthly Outcome Measures report does not need to show outcomes for clients that received services that same month. However, outcomes reported in the monthly Outcome Measures report must reflect impacts to enrolled clients. Subsection (C) of Section 2.6.3 of the RFA states that Grantee must "[d]evelop an enrollment policy that outlines the organization's procedures for enrolling Clients in the MHO program." Section 2.8 of the RFA states that Grantee must provide in the monthly Outcome Measures report: "B. Number of new unduplicated Clients enrolled in the MHO program." Section 2.8 of the RFA further states that "Grantee must include a clear methodology for calculating the proposed measure(s), how the measure(s) will be reported to HHSC, and how the measure(s) will inform improving the MHO program." Item 4 of Form C, Workplan, to the RFA states that Applicant must "[d]escribe the baseline data the Applicant collects for the existing program and any additional data to be collected for the program enhancement, expansion or modification including the data collection and reporting method, the specific measure(s) that will be tracked, the targets for each measure, the criteria Applicant will use to assess or define success for the MHO program, and how these performance measures will be used to improve MHO Client outcomes."

<span style="font-size: 2em;">+</span> <span style="font-size: 2em;">-</span>	9	Section 2.8, Performance Measures and Monitoring	<p>Does the client-level reporting requirement apply only to clients that receive services funded through the MHO? Or, can the report show clients that received support with non-MHO funds as part of the existing maternal health outcome program?</p>	<p>The monthly Outcome Measures report requires reporting on clients funded through the MHO or enrolled clients. Section 2.8 of the RFA states that "Grantee must include a clear methodology for calculating the proposed measure(s), how the measure(s) will be reported to HHSC, and how the measure(s) will inform improving the MHO program. HHSC may, with advance notice, require Grantee to revise measures, methodology for calculating proposed measure(s), data collection and reporting." The monthly Outcome Measures report may include clients that received support from non-MHO funded services if the client's outcome was impacted by the MHO-funded enhancement, modification, or expansion activities.</p>
<span style="font-size: 2em;">+</span> <span style="font-size: 2em;">-</span>	10	Section 8.5, Application Composition	<p>Kindly confirm that all the formatting requirements listed under 8.5.C. apply to the development of Form C responses, specifically the 1.5 line spacing requirement.</p>	<p>All formatting requirements listed in Subsection (C) of Section 8.5 of the RFA apply to Form C responses.</p>