Transforming Maternal Health (TMaH) Model

Notice of Funding Opportunity (NOFO) Webinar

July 18, 2024

Housekeeping & Logistics

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If you have questions for the TMaH Model Team, please use the Q&A box on the bottom of your screen.

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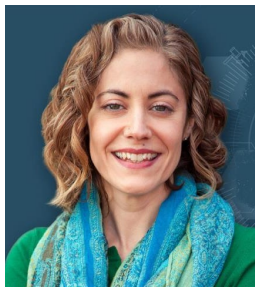
Closed captioning is available at the bottom of the screen.

Agenda

1. Welcome and Introductions
2. TMaH Model Background
3. Cooperative Agreement Funding and Support
4. Notice of Funding Opportunity (NOFO) Application Process
5. Application Submission Information
6. Federal Award Administration
7. Questions and Answers
8. Closing and Resources

Today's Speakers

Linda Streitfeld, M.P.H.
Project Lead, Transforming Maternal Health Model



Jennifer Morone, PhD, MHS, MA-ATR, RN
Social Science Research Analyst, Transforming Maternal Health Model

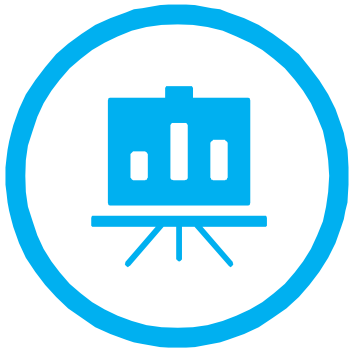
Arielle Kane, M.P.P
Quality and Safety Lead, Transforming Maternal Health Model

Sarah Leetham
Social Science Research Analyst, Division of Quality and Health Outcomes, Quality Improvement

Kevin Koenig, M.P.P.
Payment Lead, Transforming Maternal Health Model

Djene Sylla
Grants Management Specialist, Office of Acquisition & Grants Management

Audience Poll



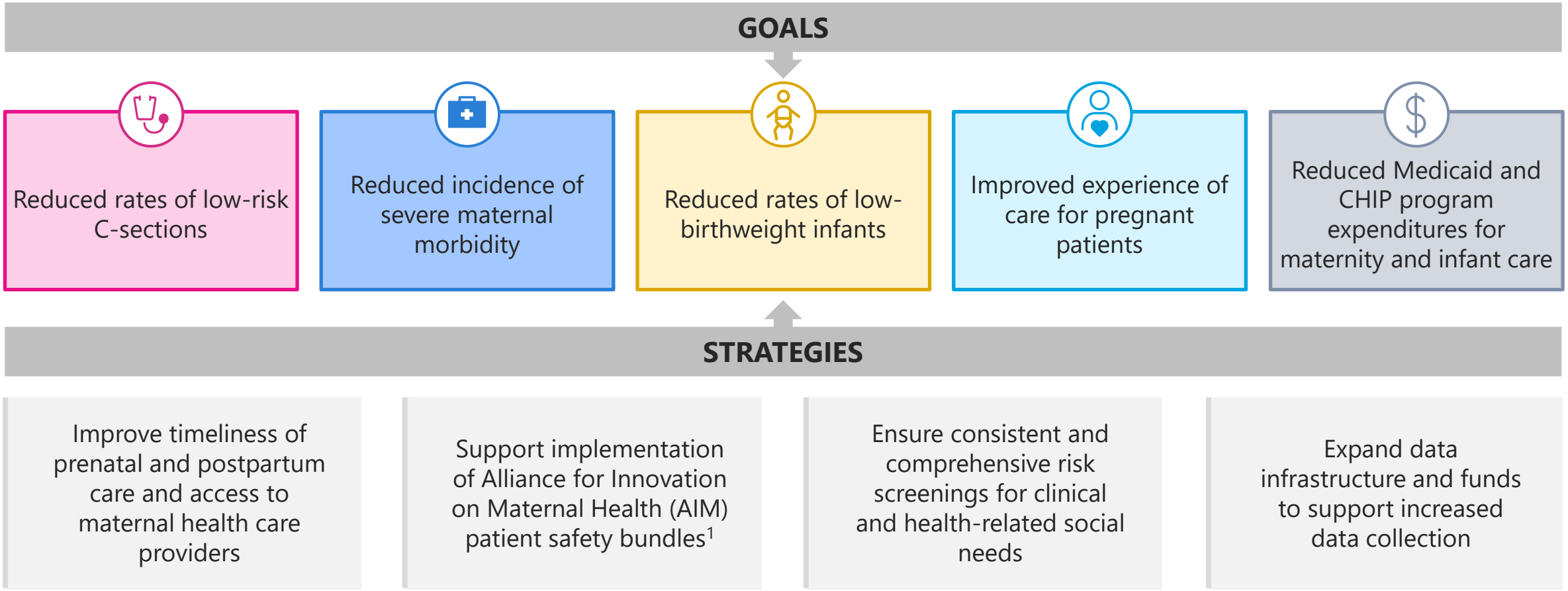
For those joining us today who represent a state Medicaid agency, **does your state intend to apply to the TMaH Model?**

a) Yes
b) No
c) Unsure - Please share more about your answer in the Q&A
d) Not applicable – We are not a state Medicaid agency

TMaH Model Background

TMaH Model Overview

In alignment with the White House Blueprint for addressing the maternal health crisis and the CMS Maternity Care Action Plan, the TMaH Model will test whether **targeted technical assistance (TA)**, coupled with payment and delivery system reforms, can **drive a whole-person care-delivery approach** to **pregnancy, childbirth, and postpartum care** while reducing Medicaid and CHIP program expenditures.



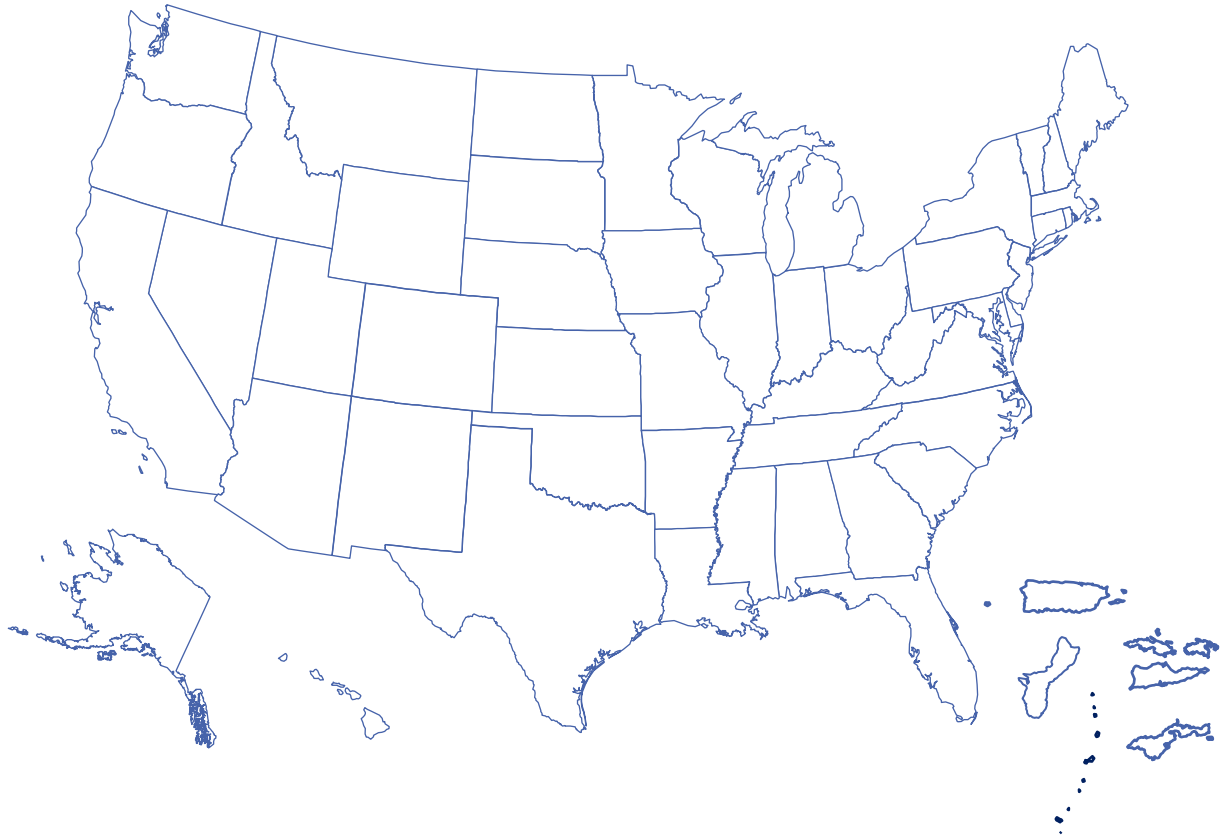
[1]AIM patient safety bundles are a structured set of protocols for improving the processes of care and patient outcome to address the leading cause of preventable maternal morbidity and morality in the United States. For more information on these bundles, see the AIM website at https://saferbirth.org/.

State Medicaid Agencies

CMS will only accept applications from state Medicaid agencies (SMAs).

STATE MEDICAID AGENCIES

- CMS will **select up to 15** state Medicaid agencies to participate.
- SMAs will receive up to **$17 million dollars in Cooperative Agreement Awards** over the **10-year period of performance.**



Partners

State Medicaid agencies will work with managed care plans (where applicable), maternal health providers, and other partners to improve patient care outcomes.

MEDICAID MANAGED CARE ORGANIZATION

- An entity that has, or is seeking to qualify for, a comprehensive risk contract as defined in 42 CFR 438.2, and that is
  1. A Federally qualified health maintenance organization (HMO); or
  2. Any public or private entity and is determined by the Secretary to also meet the following conditions:
     - Makes the services it provides to its Medicaid enrollees as accessible (in terms of timeliness, amount, duration, and scope) as those services are to other Medicaid beneficiaries within the area served by the entity.
     - Meets the solvency standards of 42 CFR § 438.116.
- State Medicaid agencies in states that have implemented managed care in their Medicaid and/or CHIP programs are **required to collaborate** with at least one risk-based managed care organization (MCO). States with a combination of managed care and fee for service must choose a test region that is served by at least one MCO. All MCOs in the test region must participate. States determine whether participation is voluntary or mandatory for providers.

PARTNER PROVIDERS

- These are **maternal health providers and practices** providing maternity care services to Medicaid and CHIP beneficiaries.
- Includes, but is not limited to, obstetrician-gynecologists, midwives, physicians, fetal medicine specialists, nurses, and other clinical and support staff, such as doulas, lactation consultants, and perinatal community health workers.

PARTNER CARE DELIVERY LOCATIONS

- These are **locations** where maternity care services are provided to Medicaid and CHIP beneficiaries.
- Includes, hospitals, birth centers, health centers, FQHCs, Rural Health Clinics (RHCs), Tribal sites and other points of care.

PARTNER ORGANIZATIONS

- These are **non-clinical organizations** that will partner to implement the TMaH Model.
- Includes state public health departments, perinatal quality collaboratives, maternal mortality review committees, managed care plans, community-based organizations, universities, and other non-clinical organizations.

Overview of Model Elements

TMaH Model will test a new paradigm of maternity care by increasing access to and expanding the maternal health workforce while also increasing the use of comprehensive clinical and social screenings, risk-appropriate care, safety practices and home monitoring.

	Pillar 1: **Access, Infrastructure, and Workforce**	Pillar 2: **Quality Improvement and Safety**	Pillar 3: **Whole-Person Care Delivery**
Required	• Increase access to the midwifery workforce • Increase access to birth centers • Cover doula services[1] • Improve data infrastructure • Develop payment model	• Support implementation of AIM patient safety bundles • Support "Birthing-Friendly" hospital designation	• Increase risk assessments, screening, referral and follow-up for perinatal depression, anxiety, tobacco use, substance use disorder, and health-related social needs (HRSNs) • Increase home monitoring of diabetes and hypertension • Develop Health Equity Plans
Optional	• Cover[2] certified midwives (CMs) and certified professional midwives (CPMs) in the state • Cover[3] perinatal community health workers (CHWs) • Create regional partnerships in rural areas • Extend Medicaid coverage to 12 months postpartum	• Promote shared decision-making between patients and providers	• Expand group perinatal care • Increase use of home visits, mobile clinics, and telehealth • Expand oral health care

[1]Include Doula Services among those eligible for Medicaid payment.
[2]Include certified midwives and/or certified professional midwives among the provider types eligible for Medicaid payment.
[3]Include perinatal community health worker services among those eligible for Medicaid payment.

Milestones and Support

Pre-Implementation Period funding and technical assistance will help the SMA build critical skills and capacity to successfully launch a value-based payment model that supports delivery of whole-person care during the seven-year Implementation Period.

State-specific technical assistance will be provided to support states with meeting milestones for required elements, as well as any optional elements a state selects in their application.

The established milestones that states will be expected to complete in Model Years 1 to 3 (Pre-Implementation Period) are available in the TMaH Model **Notice of Funding Opportunity Application**.

CMS will develop **state-specific milestones for Model Years 4 to 10 (Implementation Period)**, including the **implementation of the payment model and advancing model elements**.

Program Priority Areas

CMS may consider and give preference to applicants that include program priorities listed below.[1] **Program priorities are optional** to include in the application.

Tribal Engagement

CMS may consider and give preference to applicants for **partnering with at least one federally recognized Tribe** to implement the TMaH Model.

Applicants may describe any partnership with a Tribe and the role of the Tribe.

CMS recommends including a Tribal letter of support as an appendix.

Safety Net Providers, Birth Centers, and Community-Based Organizations

CMS may consider and give preference to applicants that **include safety net providers**, including Federally Qualified Health Centers, birth centers, and community-based organizations, as TMaH Model partners.

Applicants will be asked to list included safety net providers, birth centers, and community-based organizations in their application. The NOFO Glossary defines and lists Safety Net Providers.

CMS recommends including letters of support as an appendix.

Health Care Disparity

CMS may consider and give preference to applicants choosing to implement the model in a geographic area with **known maternal health disparities**.

Applicants may describe outcomes of interest and indicate how participation in the model can help reduce health disparities in the intervention region.

- Applicants implementing the TMaH Model statewide must identify disparities in outcomes with respect to national averages.
- Applicants choosing to implement the model in a sub-state region must identify outcomes with respect to state averages.

[1]For the most up-to-date information on TMaH Model program priorities, refer to the TMaH Notice of Funding Opportunity (NOFO) D.3.1 Project Narrative.

Regional Plan

States interested in participating must propose to either implement the model statewide or in a sub-state region specified by ZIP codes or counties.

Applicants will submit their **Regional Plan** with their **TMaH Model application**. Proposals for TMaH Model test region will be subject to CMS approval.

- The test region must **average no fewer than 1,000 combined Medicaid and CHIP covered births per year** (between the calendar years 2015-2020).
  - CMS encourages applicants to include rural, underserved, and Tribal areas in its proposed test region, where appropriate.
  - Sub-state implementation is preferred for evaluation reasons.[1]
- CMS understands that in some states and territories the minimum number of births may not occur in any sub-state region and therefore certain states or territories may need to implement the model state- or territory-wide to meet the 1,000 birth a year minimum.

[1]For more information on evaluation, please refer to Section F.6.1.2 Evaluation of the TMaH Model Notice of Funding Opportunity application.

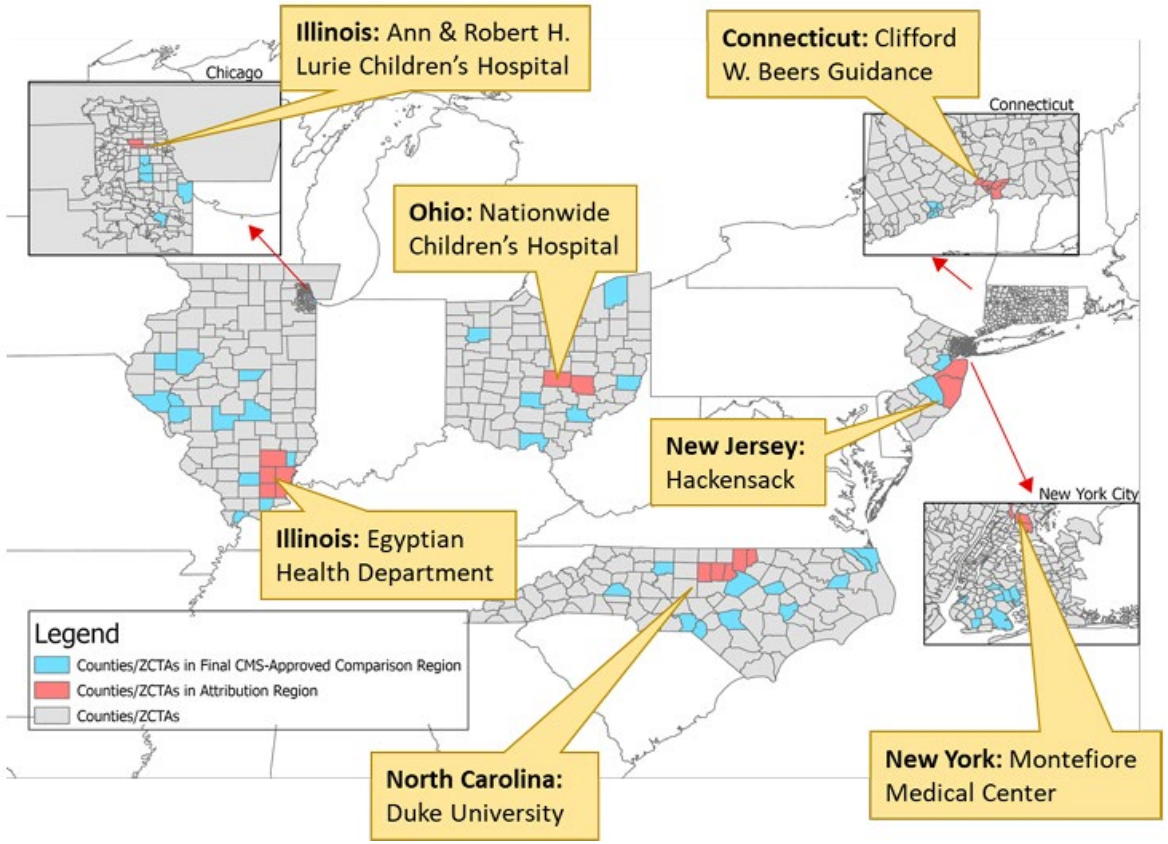
Sub-State Implementation

States must include a comparison group based on their Regional Plan in their application. States may select regional implementation with an in-state comparison group or full state implementation with an out-of-state comparison group.

Sub-state implementation with an in-state comparison group

- ✓ States will **propose a test region comprised of counties or ZIP codes or health plan**, as well as comparison region, in their NOFO application
  - Must consider the overlapping Medicaid MCO coverage in the region (if relevant)
  - Does not need to be contiguous as long as an appropriate comparison region can be identified (also does not need to be contiguous)
  - Service use for maternity care (including prenatal, birth, and postpartum services) may not overlap between the two groups.
- ✓ In-state comparison group allows the evaluation to control for the individual state's laws, policies, and contexts over the course of the model for regional analysis and patient-level impacts analysis

Map of Integrated Care for Kids (InCK) Model Recipients[1] and Comparison Regions



[1]Map of Integrated Care for Kids (InCK) Recipients pulled from 2022 Evaluation Report available at https://www.cms.gov/priorities/innovation/data-and-reports/2024/inck-model-second-eval-rpt-aag.

Statewide Implementation

States must include a comparison group based on their Regional Plan in their application. States may select regional implementation with an in-state comparison group or full state implementation with an out-of-state comparison group.

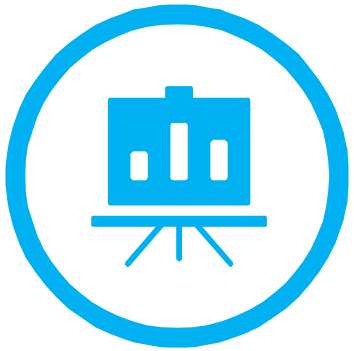
Statewide implementation with out-of-state comparison group

- ✓ States should plan to offer TA, expansion of all TMaH Model services, and the value-based payment model across their entire state and should note that all of the data needed to match comparison populations may not be available from other states.
- ✓ States will explain how they will implement all elements of the model across the entire state in concert

In their application, states selecting statewide implementation should propose at **least three other states** that they believe are comparable in:

- Demographic composition,
- Resource availability,
- Population size and density,
- Birth outcomes and disparities, and
- Medicaid policy

Audience Poll



For those joining us today who represent a state Medicaid agency, **is your state thinking about implementing the TMaH Model at a sub-state level or statewide?**

a) Statewide
b) Sub-state
c) Unsure - Please share more about your answer in the Q&A
d) Not applicable – We are not a state Medicaid agency

Health Equity

The TMaH Model's goal is to reduce disparities in severe maternal morbidity among pregnant and postpartum Medicaid and CHIP beneficiaries. CMS will partner with states to design and deliver interventions that show evidence or promise of improving on identified disparities and/or the health of beneficiaries.

Health Equity Activities and Deliverables in Each Phase of the Model

Application

SMAs will **answer questions about health disparities** in the state that are designed to help them **prepare to build a Health Equity Plan** (HEP).

Questions focus on community engagement, available data (e.g., State Health Improvement Plan), language access, and other initiatives to improve population health.

Pre-Implementation *(Model Years 1-3)*

SMAs will **receive technical assistance** to build out their HEP including:

- Conducting analyses to better understand health disparities
- Identifying specific goals and tactics for improvement
- Tracking process against these goals
- Expanding on existing health equity related activities

The HEP will guide ongoing efforts in **data collection, staff hiring, strategic community engagement, leadership engagement, and prioritizing populations** for intervention planning.

Implementation *(Model Years 4-10)*

SMAs continue to **set up and implement interventions** designed in the Pre-Implementation Period, including:

- Health Equity Plan goals supported by technical assistance
- HRSN data collection and screening
- Patient safety improvement

CMS Maternal & Infant Health Initiative (MIHI)

To improve access to and quality of care for pregnant and postpartum patients and their infants, CMS works closely with states on the MIHI, which includes technical assistance opportunities for state Medicaid and CHIP agencies and their partners.

Quality Improvement Affinity Groups

- The CMS-MIHI has launched a new webinar series which will be followed by two action-oriented affinity groups aimed at improving maternal mental health outcomes as well as maternal cardiovascular health.
- **Participating in the TMaH Model will not prevent state Medicaid agencies from participating in a MIHI affinity group. Both opportunities align with maternal health improvement opportunities across CMS.**
- **CMS-MIHI Link**: https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/maternal-infant-health-care-quality/index.html

Cooperative Agreement Funding and Support

Federal Award Information

The type of award issued under this Notice of Funding Opportunity is a Cooperative Agreement. The main difference between this and a grant is the higher degree of federal programmatic involvement.

CMS will award, by competitive process, up to fifteen Cooperative Agreements to state Medicaid agencies. Each state Medicaid agency is eligible for a maximum of **$17 million** over the 10 years of the model. The amount available each year will be capped by CMS.

A Cooperative Agreement will generate and **require a substantial level of collaboration** and cooperation between CMS and participating states.

More funding will be available in the early years than in later years, as we expect states to be moving steadily toward self-sustainability.

Funding for each year after Model Year 1 will be issued via **non-competing continuation awards**, contingent on progress in meeting project goals; timely submission of required data and reports; and compliance with all Terms and Conditions.

SMA must request funds for the next budget period via submission of a non-competing continuation application.

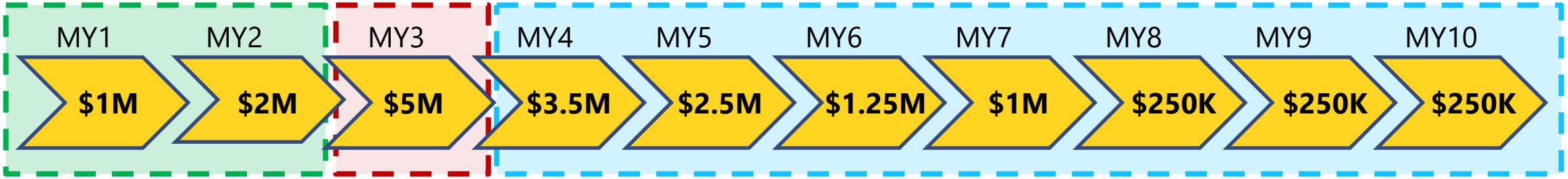
Funding

The following visual demonstrates an overview of the flow of TMaH Model funding from CMS to SMAs.

CMS will award **up to $17M** to each **state Medicaid agency.**

SMAs will use initial funding to plan and prepare for implementation.

In Model Year 3, SMAs will use a portion of their Cooperative Agreement funding to **pay Partner Providers** and **Partner Care Delivery Locations** for care delivery transformation activities.

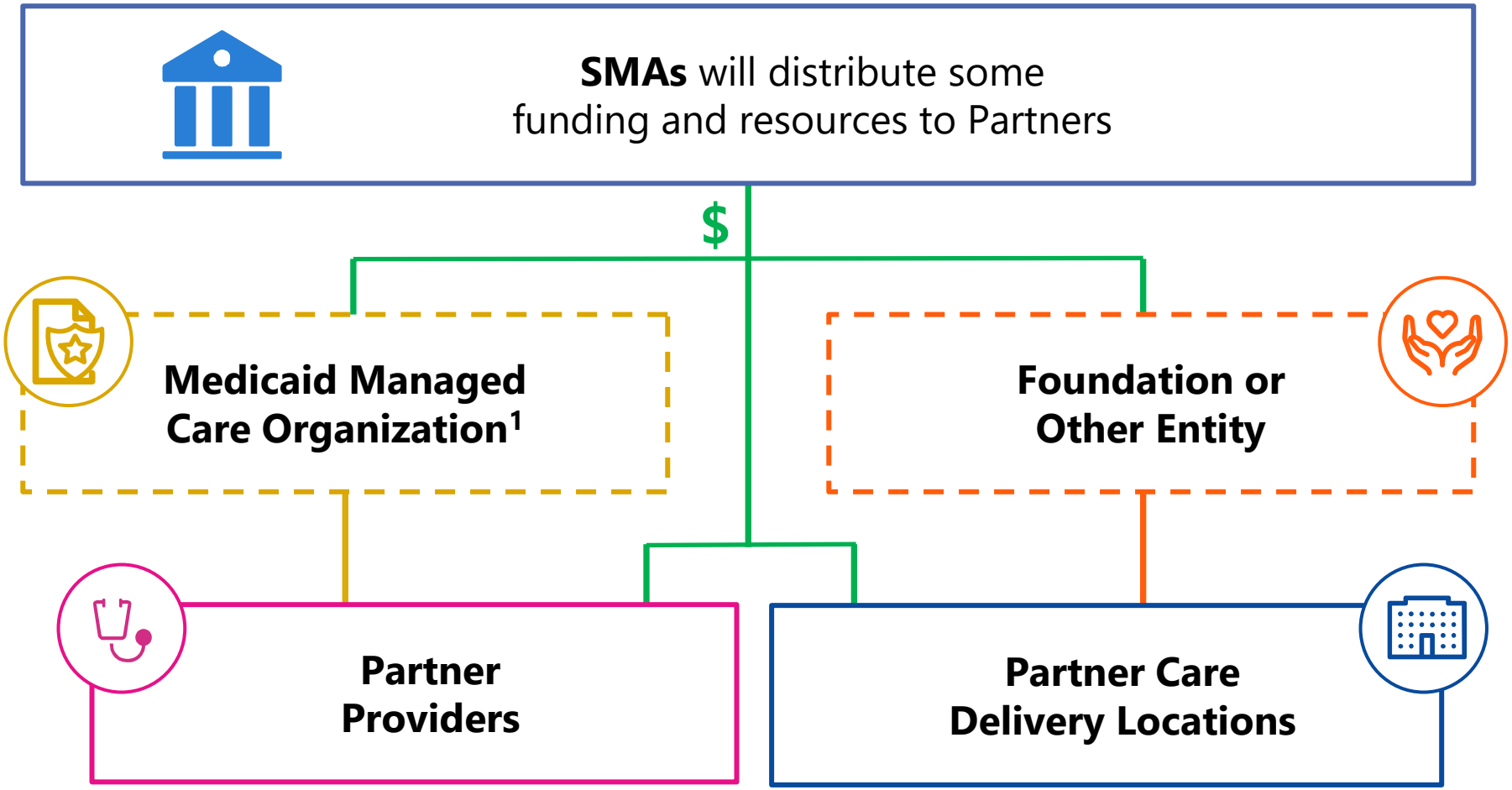


In Model Year 4, SMAs will implement their Quality and Cost Performance Incentive Payment approach. Partner Providers and Partner Care Delivery Locations may earn a percentage of a provider's total Medicaid payments for pregnancy-related services for TMaH Model-attributed patients. By the end of Model Year 5, SMAs will implement a sustainable, value-based payment arrangement.

Award amounts may vary based on factors such as the size and needs of Medicaid and CHIP populations to be served by the Model, as well as the overall scope of project as described in the application. All awards are subject to availability of funds. Annual budgets are subject to negotiation, and the maximum funding amounts listed in the graphic above are not guaranteed.

Funding - Model Year 3

The visual on this slide demonstrates how funding will continue to flow from SMAs to Partner Providers, Partner Care Delivery Locations, and Partner Organizations starting in Model Year 3.



[1]SMAs in states that have implemented managed care in their Medicaid or CHIP programs are required to collaborate with at least one risk-based managed care plan to implement the model.

Technical Assistance: Learning & Resources

SMAs will receive technical assistance during the Pre-Implementation Period. Depending on the model element, and at the direction of the SMAs, technical assistance may be provided to Partner Providers, Partner Care Delivery Locations and Partner Organizations to reach Pre-Implementation Period milestones.

Peer-to-Peer Collaboration

CMS will provide **model-wide** education or resources by interest area.

Topics may include:

- Assistance with environmental scans and analyses relevant to required and optional elements
- Partnerships with statewide Perinatal Quality Collaboratives (PQCs) for implementation of patient safety bundles
- Expansion of the maternal health workforce
- Assistance with identification of all parties necessary to implement the TMaH Model
- Improvement of prenatal and postpartum care
- Medicaid managed care procurement and Medicaid contracting
- Collection and use of data for quality measure reporting
- Feedback on payment model designed by CMS
- Best practices to support maternal and infant health with extended Medicaid eligibility to 12-month postpartum

One-on-One Support

CMS will offer **tailored resources and guidance** to support state- and sub-state implementation for each SMA.

Topics may include:

- Expertly crafted communications materials to recruit managed care plans and providers to participate
- Linkage of mother and infant Medicaid claims data
- Strategy advice and guidance around selection of Medicaid and CHIP authorities to achieve the TMaH Model's payment and care delivery reforms
- Linkages of Medicaid claims with vital records
- Data matching and outreach efforts across Medicaid, Supplemental Nutritional Assistance Program (SNAP), and Women, Infants, and Children (WIC) to streamline and increase enrollment and to facilitate auto-enrollment in benefit programs
- Data analysis and financial modeling to support the payment model, including risk-adjustment methodologies, benchmarking, specification development, and implementation guidance and support

Notice of Funding Opportunity (NOFO) Application Process

Eligibility Criteria

State Medicaid agencies for the 50 states, District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands are eligible to apply to the TMaH Model.

WHO CAN APPLY?

- Only **state Medicaid agencies** may apply and must be the **recipient** of the funding.
- States may apply to implement the model **statewide or designate a sub-state region**, subject to CMS approval. The **average annual birth rate** among Medicaid and CHIP beneficiaries for the implementation region must be **at least 1,000 between 2015 and 2020**.

Application Notes

- Applicants may only submit **one application**.
- States Medicaid agencies are encouraged to **engage multiple state entities** (e.g., public health department, Title V) in their application to support TMaH Model goals and activities.
- A **maximum of 15 states will be selected** for participation.

Model Overlap

A state can apply for the TMaH Model and the ongoing CMS models below if they follow the geographic and provider overlap guidelines. States currently implementing or considering CMS models not listed here should carefully consider potential duplication of funding or services, as well as administrative capacity.

Model	Geographic Overlap Permitted?	Provider Overlap Permitted?
States Advancing All Payer Health Equity Approaches and Development (AHEAD)[1]	No	No
Cell and Gene Therapy (CGT)[2]	Yes	N/A
Innovation in Behavioral Health (IBH)[3]	Yes	No
Making Care Primary (MCP)[4]	Yes	Yes

[1] A state can apply for both TMaH and AHEAD Models as long as there is no geographic overlap and no providers participating in both models.
[2] A state can apply for both TMaH and CGT Models. Geographic overlaps are permitted. The model does not include practice or provider participants.
[3] A state can apply for both TMaH and IBH Models. Geographic overlaps are permitted, but providers may not participate in both models.
[4] A state can apply for both TMaH and MCP Models. Geographic and provider overlaps are permitted.

Application Submission Information

Application Submission

The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with Grants.gov to obtain a username and password.

Application Submission Requirements

Application Requirements

- Have a valid Employer Identification Number (EIN) / Taxpayer Identification Number (TIN)
- Have a Unique Entity Identifier (UEI).
- Register in the System for Award Management (SAM) database to be able to submit an application. This registration must be annually renewed.
- Have a Login.gov account.

Electronic Signature

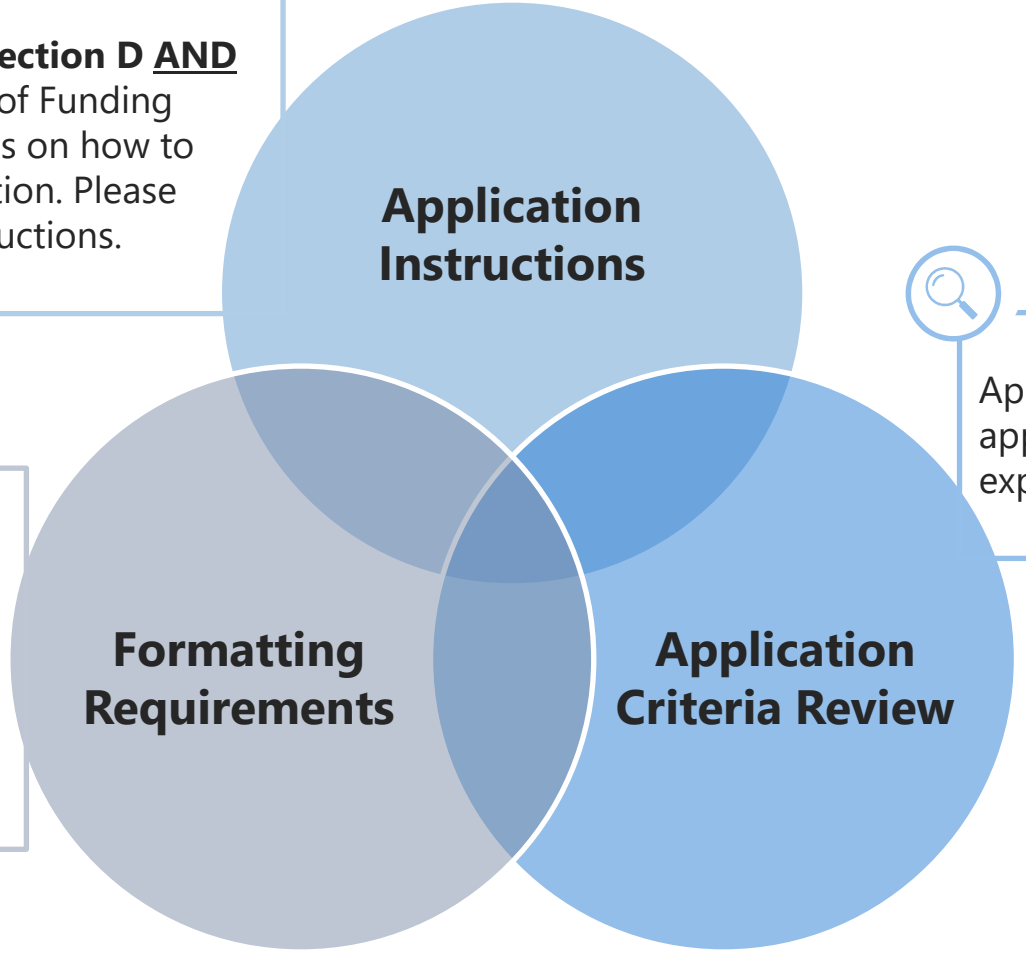
The electronic signature of the individual who is logged in and submits the application to Grants.gov will automatically populate throughout the application. The electronic signature must match the AOR named on the SF-424.

The AOR must submit the application to Grants.gov. The AOR is the individual, named by the applicant/recipient organization, who is authorized to act for the applicant/recipient and to assume the obligations imposed by the federal laws, regulations, requirements, and conditions that apply to grant applications or awards.

Application Criteria & Formatting

Please reference the NOFO sections highlighted below for application submission criteria and formatting requirements.

Applicants should review **Section D AND Appendix II** of the Notice of Funding Opportunity for instructions on how to submit a complete application. Please follow the application instructions.



Applicants should review **Section E1**. for application review criteria. This section explains how applications will be assessed.

Applicants must adhere to the formatting and content requirements included in **Section D2**. (e.g., font size, formatting, page limitations, required forms and documents, etc.) to ensure that you have an eligible application.

NOFO Application Overview

Applicants should review Section D and Appendix II of the NOFO for instructions on how to submit a complete application. Applications are due no later than September 20, 2024, at 11:59 pm EST.

If an applicant does not submit all the required documents and does not address each of the topics discussed in the Project Narrative, the applicant **risks not being eligible/awarded**.

Applications are reviewed in accordance with the information outlined below.

All applicants must submit the following:

Standard Forms

Cover Letter (optional)

Budget Narrative

Appendices

Including:

- Business Assessment of Application Organization
- Program Duplication Assessment
- Letters of Support (optional)

Project Narrative

Including:

- Maternal Health Policy Priorities
- Organization, Administration, and Capacity
- Payment Environment
- Regional Plan
- Model Pillars
- Sustainability Plan
- Stakeholder Recruitment Plans

[1]Refer to the TMaH Model Notice of Funding Opportunity for the most up-to-date information on eligibility, application submission, and application scoring details.

Application Forms (1/4)

All applications must include the following standard forms[1]:

Project Abstract Summary	The abstract is used to provide a concise description of the proposed project and includes purpose and outcomes, the total budget, and a description of how the funds will be used.
SF424: Official Application for Federal Assistance	SF424 is used to apply for Federal grants. The Federal awarding agencies and Office of Management and Budget (OMB) use information reported on this form for general management of Federal assistance awards programs. The Authorized Organizational Representative (AOR) completes and signs this form.
SF424A: Budget Information Non-Construction	SF424A is used to budget and request grant funds for non-construction programs. The Federal awarding agencies and OMB use information reported on this form for general management of Federal assistance awards programs.

[1]Refer to the TMaH Model Notice of Funding Opportunity for the most up-to-date information on eligibility, application submission, and application scoring details.

Application Forms (2/4)

All applications must include the following standard forms[1]:

 **SF-LLL: Disclosure of Lobbying Activities**	All applicants must submit this SF-LLL form. If your entity does not engage in lobbying, please insert "Non-Applicable" on the form and include the required AOR name, contact information, and signature.
 **Project Site Location Form(s)**	All applicants must submit this Project/Performance Site Location form.

[1]Refer to the TMaH Model Notice of Funding Opportunity for the most up-to-date information on eligibility, application submission, and application scoring details.

Application Forms (3/4)

All applications must have the following additional forms[1]:

Project Narrative	The applicant provides a Project Narrative that articulates in detail the proposed goals, measurable objectives, and milestones in accordance with the instructions and content requirements provided in Section D.3.1, consistent with the criteria described in section A4, Program Requirements and E1, Criteria. Maximum 60 pages.
Budget Narrative	Applicants supplement Form SF-424A with a Budget Narrative that includes a yearly breakdown of costs, for each line item outlined in the SF-424A, according to a 12-month period. Applicants include a clear description of the proposed costs for each activity within the line item. Maximum of 10 pages.
Business Assessment of Applicant Organization	As required by 45 CFR §75.205 for Cooperative Agreements, CMS evaluates the risk posed by an applicant before they receive an award. This analysis of risk includes items such as financial stability, quality of management systems, internal controls, and the ability to meet the management standards prescribed in 45 CFR Part 75. Maximum 12 pages.

[1]Refer to the TMaH Model Notice of Funding Opportunity for the most up-to-date information on eligibility, application submission, and application scoring details.

Application Forms (4/4)

All applications must have the following additional forms[1]:

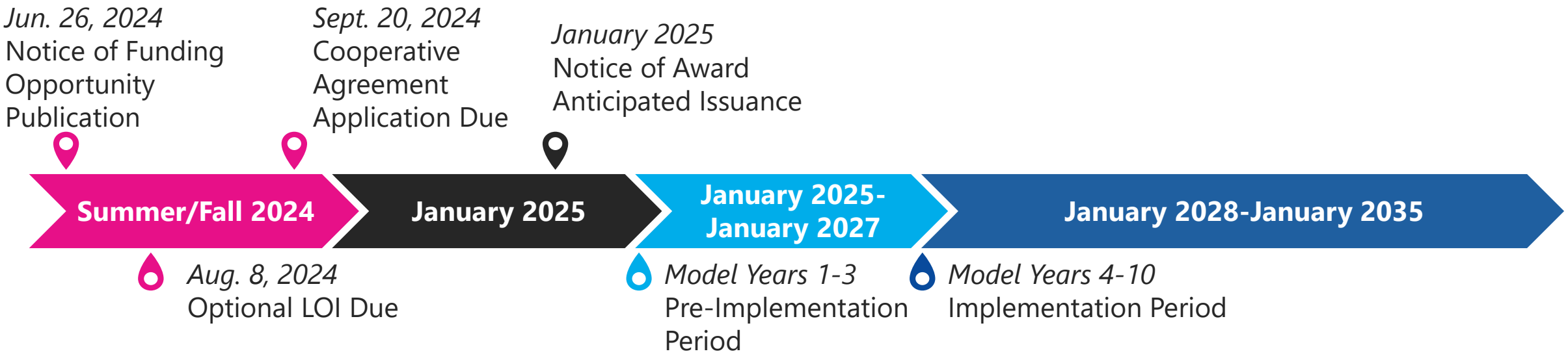
Program Duplication Assessment	The applicant will describe a plan to avoid program duplication[2] by filling out a required questionnaire related to other programs funded by Medicaid, Title V agencies, or other federal, state, and local programs that will provide direct care coordination or case management services to the Model population. Maximum 10 pages.
Appendices	Appendices include the following: • Resumes and/or curriculum vitae (**required** for identified managers, Project Director, and all other Key Personnel identified at the time of application) • Job descriptions for key model personnel, if not included in the Project Narrative • Organization chart, if not included in the Project Narrative • Letters of support (optional – letters of support from the applicant's governor or state legislators, hospitals, safety net providers, primary care providers, birth centers, federally recognized Tribe operating in the state and/or community-based organizations or others)

[1]Refer to the TMaH Model Notice of Funding Opportunity for the most up-to-date information on eligibility, application submission, and application scoring details.
[2]The U.S. Government Accountability Office (GAO) defines program duplication as two or more agencies or programs engaged in the same activities or providing the same services to the same beneficiaries.

Application Timeline

CMS strongly recommends that you do not wait until the application due date to begin the application submission process.

APPLICATION TIMELINE



APPLICATION SUBMISSION

Application materials will be available at Grants.gov. Please visit Grants.gov to begin the registration process.

All applications must be submitted to Grants.gov by the application deadline, **September 20, 2024, at 11:59 pm ET**.

Interested state Medicaid agencies are encouraged to submit an optional, non-binding Letter of Intent (LOI) to TMaHModel@cms.hhs.gov by **August 8, 2024.** Note LOIs will not impact application scoring and those who submit an LOI are not required to participate in the model or submit a full application.

Federal Award Administration

Federal Award Administration Information

If successful, applicants will receive a Notice of Award (NoA) signed and dated by the CMS Grants Management Officer.

The NoA is the legal document authorizing the Cooperative Agreement funding and issued to the applicant as listed on the SF-424.

NoA Administration

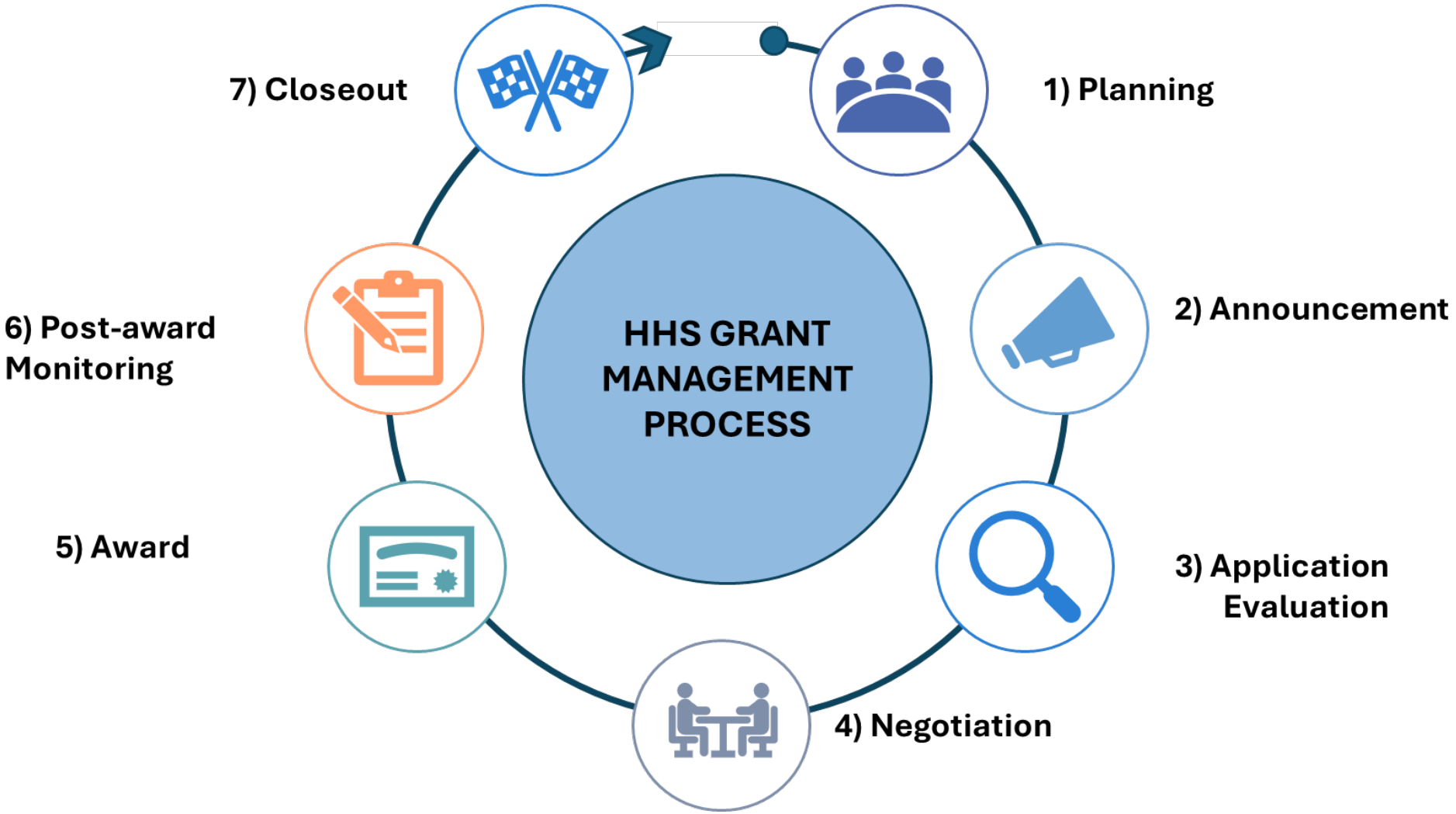
The NoA is available to the applicant organization through the online grants management system used by CMS and Recipient Organizations, GrantSolutions.

Any communication between CMS and the applicant prior to issuance of the NoA is not an authorization to begin performance of a project.

If the application is unsuccessful, CMS will notify the applicant electronically via the email address listed on its SF-424, within 30 days of the award date of the program.

HHS Grant Management Process

The Grant Management Process describes the steps related to the management of competitive grant awards.



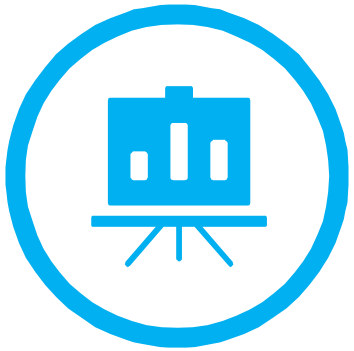
Grant Regulation and Policy

The sources cited below address regulatory and policy requirements which apply to federal grant and cooperative agreement awards.

Grant Policy

- **Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards**
  - 45 CFR Subpart 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards
- **HHS Grants Policy Statement**
- **Sam.gov**
  - Exclusions
  - Central Contractor Registration (CCR)
  - Responsibility/Qualification (R/Q)

Audience Poll



Which TMaH Model topics would you like more information about?

a) Program Description
b) Eligibility Information
c) Care Delivery Framework
d) Application and Submission Information
e) Application Review Information
f) Federal Award Administration
g) Other/Not Sure: Please share more about your answer in the Q&A

Questions and Answers

Open Q&A

Please **submit questions via the Q&A box** to the right of your screen.

Closing and Resources

Additional Information and Resources

For more information and to stay up to date on upcoming TMaH Model events and resources.

Email

TMAHModel@cms.hhs.gov

Letter of Intent

Download the Full Announcement
https://grants.gov/search-results-detail/354874

Listserv

Sign up for updates
public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_13161

Grants.gov Workspace

https://www.grants.gov/applicants/workspace-overview/

Upcoming Office Hours

Register for a TMaH Model Q&A

August 21, 2024, 1:00-2:00 pm ET

September 12, 2024, 2:00-3:00 pm ET

Additional TMaH Model Resources:

Overview Factsheet:
www.cms.gov/files/document/tmah-fact-sheet.pdf

Payment Design Factsheet
www.cms.gov/files/document/tmah-payment-design-fs.pdf

Technical Assistance Factsheet
www.cms.gov/files/document/tmah-tech-assistance-fs.pdf

Maternal Health Care Team Factsheet
https://www.cms.gov/files/document/tmah-maternal-hc-team-fs.pdf

Model Overlaps Policies Factsheet
https://www.cms.gov/files/document/tmah-model-overlaps-fs.pdf

Thank you for your time and interest!

Please take the survey following this webinar so we can learn how to make our events better.

Questions? Email TMAHModel@cms.hhs.gov.