Transforming Maternal Health Model NOFO Webinar

July 18, 2024

>>Cat Fullerton, SEA: Hello, and thank you for joining us. The webinar will begin shortly.

Good afternoon, all. Next slide, please.

Welcome to today's presentation. If you'd like to listen in to today's presentation, it is recommended that you listen via your computer speakers. If this does not work, there's also a dial in option for viewers to listen in through their phone. The dial-in number and passcode for today's event are listed on the slide. Closed captioning is also available at the bottom of the screen.

During today's presentation, all participants will be in listen-only mode. Please submit any questions that you have throughout today's presentation into the Q&A pod displayed on the right side of the meeting room window. Today's presentation is also being recorded. If you have any objections, please hang up at this time. This slide deck, a recording of today's presentation and a transcript will be made available on the TMaH website in about a week.

Finally, we will share a survey at the end of today's presentation. Please take five minutes to let us know how we did and share any questions that you may have about the TMaH Model.

We have more resources coming out soon. I would love to know what you all thought as we develop these materials. Next slide, please.

So, before we dive into the content, let me give a brief overview of the agenda for today's event. We will begin with an introduction to our speakers from the TMaH Model team. We'll share a brief overview of background information related to the model.

Next, our CMS presenters will provide information about Cooperative Agreement funding that will be available to TMaH state Medicaid agencies and walk through a few considerations for states considering applying to the model. We will share information about eligibility to apply, required and optional documents to include in your TMaH Model application and describe resources that will be available to support interested states.

We have reserved some time at the end of the call to answer questions related to TMaH that were submitted through the registration form. Due to time constraints, we may not get to every question, but, and the team will use the questions you share today to inform future events and materials. Next slide, please.

Joining me today to discuss the TMaH Model Notice of Funding Opportunity are the following speakers: Linda Streitfeld, Jennifer Morone, Arielle Kane, Sarah Leetham, Kevin Koenig, and Djene Sylla. These speakers and many others at CMS have been working over many months to develop and launch this innovative maternal health model.

With that I will now pass the event Linda Streitfeld, who has a poll question to kick off the event. Linda.

>>Linda Streitfeld, CMS: Well, great! Thank you so much. We're going to be asking for a few poll responses today. These will help us to prepare to manage the application process but more importantly, to develop some informational materials about the model. Your responses will be anonymous. So here we go.

The first question: for those joining us today who represent a state Medicaid agency, does your state intend to apply to the TMaH Model? Options are ‘yes’, ‘no’, ‘unsure’ or ‘not applicable’. Please continue to use the Q&A function to share any additional feedback or questions with our team. And now we’ll give you a minute to complete the poll.

Okay. Thank you to everyone who participated. It's really exciting to see the interest in the model and we really appreciate your feedback. Next slide.

I'll start with a brief overview of the model. Next slide.

TMaH is focused exclusively on improving maternal healthcare for people enrolled in Medicaid and the Children's Health Insurance Program. The model will test whether we can improve maternal outcomes and reduce program expenditures through effective implementation of a package of evidence-informed interventions, supported by targeted technical assistance and sustained by a value-based payment model.

Our model goals include reduced rates of low-risk caesarean sections, reduced incidence of severe maternal morbidity, reduced rates of low birth-weight infants, improved experience of care for pregnant people, and reduced Medicaid and CHIP program expenditures for maternity and infant care.

The required and optional elements are designed to drive achievement of these goals. The model includes several strategies that we'll review today, and that are described in more detail in the Notice of Funding Opportunity that we released last month, and which is now available online.

Those strategies include improving the timeliness of prenatal and postpartum care, increasing access to a range of maternal healthcare providers, ensuring consistent and comprehensive risk screenings for clinical and health related social needs, expansion of data infrastructure to support improved data collection, and access to capacity building support and technical assistance.

In today's presentation our team will provide a brief overview of these resources, and there's also a TMaH Model Technical Assistance Factsheet available online with examples of the types of support that will be available to state Medicaid agencies. Next slide.

CMS has incorporated lessons from previous Innovation Center models and programs in developing TMaH. This model is designed to support state-specific implementation, considering the unique needs and priorities in different states and regions. CMS will only accept applications from state Medicaid agencies.

We'll select up to 15 Medicaid agencies, each of which will receive up to 17 million dollars in Cooperative Agreement Awards over the 10-year period of performance. Award amounts may vary, based on factors such as the size and needs of Medicaid and CHIP populations to be served, as well as the overall scope of project as described in the application.

The model has no requirement for state matching funds. CMS will collaborate with these agencies, which will in turn engage with the other key partners that will participate in the model.

Each state Medicaid agency applicant will propose a test area and a comparison group based on the application requirements and state priorities. Each awarded agency will distribute funding and resources to Partner Organizations, Partner Providers, and Partner Care Delivery Locations in the test regions, which we'll go over on the next slide, and let's go there now.

So, we've pulled some definitions from the Notice of Funding Opportunity on this slide to illustrate some important points about the collaboration that will be required to be successful. Here we describe the types of partners that will work with TMaH SMA's to build capacity and improve patient care. There is a formal definition here for Medicaid managed care organizations in TMaH, and I'm not going to read through all of that.

It's important to note that in states where managed care has been implemented in Medicaid or CHIP, TMaH participants must collaborate with at least one managed care plan, and all of the managed care

plans in the test region must participate, and then states will determine whether participation is mandatory for providers.

So, in this model Partner Providers are defined as maternal health providers and practices that provide maternity care services to Medicaid and CHIP beneficiaries. The category includes, but it's 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 are the places where maternity care services are provided to Medicaid and CHIP beneficiaries. The category includes hospitals, birth centers, health centers, FQHCs, Rural Health Clinics, Tribal sites, and other points of care.

And finally, the Partner Organizations are nonclinical organizations whose resources and support are critical to implementation of TMaH. They may be state and local public health departments, Perinatal Quality Collaboratives, maternal mortality review boards and committees, managed care plans, community-based organizations, universities, and others. Next slide.

TMaH aims to transform the delivery of maternal care in three key areas or pillars: Number 1: Access, Infrastructure and Workforce; Number 2: Quality Improvement and Patient Safety; and Number 3: Whole-Person Care Delivery.

Pillar 1 reflects the fact that adequate provider capacity and coverage are critical for access to care and provision of whole person care along the prenatal pregnancy, delivery, and postpartum continuum. TMaH's required and optional elements under this pillar are listed here.

The elements in the top portion of the table are required. Beginning with increasing access to the midwifery workforce and birth centers. The SMAs will also be required to work toward establishing coverage of doula services. And finally, the last two required elements under this pillar include improving data infrastructure and developing a TMaH Model aligned payment model.

And we have four optional elements in this pillar: Medicaid coverage of all categories of certified midwives and certified professional midwives, Medicaid coverage of perinatal community health workers, creation of regional partnerships in rural areas and extension of Medicaid coverage to 12 months postpartum. States are not required to choose any of these optional elements. However, if a state wants to address an optional element, it must be included in the application.

Pillar 2 is Quality Improvement and Safety. TMaH will support SMAs to develop or enhance partnerships with Perinatal Quality Collaboratives to implement evidence-informed maternal health safety protocols and help their hospitals and health systems to attain the CMS "Birthing-Friendly" designation. This pillar has two required elements: support implementation of AIM patient-safety bundles and help Partner Care Delivery Locations to attain the "Birthing-Friendly" hospital designation. The single optional element in this pillar is the promotion of shared decision-making between patients and providers.

The third TMaH pillar focuses on Whole-Person Care Delivery. One required element under this pillar is to increase risk assessments, screening, referral and follow up in five different areas: Perinatal depression, anxiety, tobacco use, substance use disorder and health-related social needs. The agencies also must increase home monitoring of diabetes and hypertension, and develop a Health Equity Plan, which is described in more detail on a later slide.

The optional elements under this pillar include the expansion of group perinatal care, increased use of home visits, mobile clinics, and telehealth, and expansion of oral healthcare.

More information about the Pre-Implementation Period milestones that SMAs will be required to work toward is provided in the TMaH Notice of Funding Opportunity in Section A.4.2 Care Delivery Model and Milestones. Next slide.

This slide provides an overview of the support that will be available during each model period.

State-specific technical assistance and resources will support the implementation of both required and optional TMaH Model elements. As we saw on the last slide, TMaH includes eight optional elements that states may or may not decide to select when submitting their application, depending on their state's priorities and population health needs.

In the Notice of Funding Opportunity, CMS has provided examples of the Pre-Implementation milestones that SMAs will be expected to complete before the end of Model Year 3. For more information on these milestones see the NOFO section A.4.2, Table 3.

During these first three years CMS will provide funding and technical assistance to build critical skills and capacity to achieve the milestones and to successfully launch a value-based payment model that supports delivery of whole-person care during the Implementation Period, which is Model Years 4 through 10. CMS will work with states to develop state-specific milestones for Model Years 4 to 10, the Implementation Period, as they implement the payment model and advance model elements. Next slide.

As a reminder, CMS may give preference to applicants that address the TMaH Models program priorities, which include Tribal engagement, inclusion of safety net providers, birth centers and community-based organizations, and consideration of maternal healthcare disparities. These optional areas in the NOFO application are not required but may positively influence an applicant's score.

Preference may be given to applicants partnering with at least one federally recognized Tribe to implement the TMaH Model. Applicants should describe any partnership with a Tribe and the role of the Tribe to support TMaH Model implementation. CMS recommends including a Tribal letter of support as an appendix to their Notice of Funding Opportunity, their application. And we recommend starting that conversation with Tribes early in application planning to support the inclusion of a letter of support.

CMS may also give preference to applicants that include a list of the safety net providers, including Federally Qualified Health Centers, birth centers, and community-based organizations that they'll partner with to implement the model. Appendix VII, the Glossary, in the TMaH Model Notice of Funding Opportunity, provides definitions that includes safety net providers. CMS recommends including letters of support from these providers as an appendix to their application.

Additionally, CMS may favor applicants implementing the model in geographic areas with known maternal health disparities. Applicants may describe their outcomes of interest and indicate how participation in the model can help reduce disparities in the test region. Applicants who are considering implementation statewide must identify disparities and outcomes with respect to national averages. Applicants who are considering implementation in a sub-state region must identify outcomes with respect to state averages.

And now I'm going hand-off to my colleague, Jennifer Morone, who will say more about test and comparison regions. Next slide.

>>Jennifer Morone, CMS: Thank you, Linda. So next, I'm going to be reviewing the sub-state versus statewide regional implementation plan options for applicants.

The regional plan, states must propose to either implement the model either in a statewide or in a sub-state region, and those can be specified by zip codes, counties, or health plans if they select a sub-state

region. Applicants will submit the regional plan with their model application and proposals for the TMaH Model test region will be subject to CMS approval.

In that, the test region, whether it's statewide or sub state, must average no fewer than 1,000 combined Medicaid and CHIP covered births per year. And that average should come between an assessment of the calendar years 2015 through 2020. So basically, reviewing birth records through that 5-year period and determining whether the test region you plan on implementing has an average of no fewer than 1,000 combined Medicaid and CHIP covered births each year.

CMS also encourages applicants to include rural, underserved, and Tribal areas in its proposed test region, where appropriate. And sub-state implementation is preferred for evaluation reasons, and we'll go into that a little bit more.

Now CMS understands that in some states and territories the minimum average 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 that 1,000 birth a year minimum. And if you need more information, we point you to Section F.6.1.2, the evaluation section of the NOFO. Next slide, please.

More specifically, so in the sub-state implementation option, states will implement with an in-state comparison group. So, states will propose a test region, which is comprised of counties or zip codes or health plans, as well as a comparison region in their NOFO application.

When selecting a test and comparison region applicants should consider the overlapping Medicaid MCO coverage in the region if it's relevant. The region does not need to be contiguous as long as an appropriate comparison region can be identified, and also that the test region and the comparison region do not need to be contiguous. And that service used for maternity care, including prenatal birth and postpartum services, may not overlap between the two groups.

And having an in-state comparison group allows the evaluation to control for individual state laws, policies, and contexts over the course of the model for regional analysis and patient-level impact analysis. That’s the predominant difference between implementing at a statewide level versus a sub-state and why we're preferring sub-state implementation.

On the right of this slide, you can see an illustration of how comparison regions and test regions do not need to be geographically contiguous. For instance, if they're based on an MCO serving region or multiple zip codes, they may not actually be connected to one another, but they are spread out. And next slide please.

So, when if an applicant determines that they're going to implement statewide, then they also have to select an out-of-state comparison group. So, states should plan to offer TA, expansion of all 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. We expect the states will explain how they will implement all elements of the model across the entire state in concert, in their application. And 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.

So, these are the multiple ways that either implementing via sub-state or full state differ, and how they should be addressed in your application.

And next I'm going to pass the presentation onto my colleague Arielle Kane. Arielle, you’re up.

>>Arielle Kane, CMS: Thank you. Hi, everyone! I'm Arielle Kane, and I'm the Quality and Safety Lead for the TMaH Model.

Next up we have our next poll question. So, for those joining us today who represent a state Medicaid agency, is your state thinking about implementing the model at a sub-state or statewide level? As a reminder, your poll answers will not be public, but we will be able to see your answers.

So, I'll give everyone about a minute to answer that.

Okay. So, thank you for everyone's responses. We'll have one more poll question coming up, but for now, on to the next slide.

On this slide I'll be going over the Health Equity Plan requirements for the TMaH Model and some guidance for states interested in participating.

The TMaH Model's goal is to reduce disparities and 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 in reducing disparities and improving the health of Medicaid and CHIP beneficiaries. On this slide we have shared some activities and deliverables related to health equity in each phase of the model.

So, at the time of application, applicants will answer questions related to health disparities in the state that have been designed to prepare them to build a Health Equity Plan. The Health Equity Plan will be a TMaH Model requirement that state Medicaid agencies use and update over the course of the award period.

During the Pre-Implementation Period, which includes Model Years 1 through 3, state Medicaid agencies will receive technical assistance to build out their Health Equity Plans, which may include conducting analyses to better understand health disparities in the state or intervention regions, identifying goals and tactics, tracking progress, and expanding on existing health equity-related activities.

The Health Equity Plan will guide ongoing efforts in data collection, staff hiring, strategic community engagement, leadership engagement, and prioritizing populations for interventions.

So then finally, TMaH's Implementation Period will include Model Years 4 through 10. And during this time, state Medicaid agencies will continue to set up interventions designed in the Pre-Implementation Period. These may include the Health Equity Plan goals supported by technical assistance, health-related social needs screening, data collection and referral pathways, as well as patient safety improvement.

With that, I'm excited to pass the presentation over to my colleague Sarah Leetham, who will share more information about the Maternal and Infant Health Initiative. Sarah.

>>Sarah Leetham, CMCS: Thanks Arielle. Hi all, my name is Sarah Leetham, from the Division of Quality and Health Outcomes at CMCS. So, we wanted to take a moment to share the current opportunity available through the Center for Medicaid and CHIP Services Maternal and Infant Health Initiative, or MIHI for short.

Over the summer, the MIHI is hosting a maternal health 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. We want to be clear for interested states that participating in a TMaH Model will not prevent a state Medicaid agency from participating in a MIHI affinity group. Both of these activities align with maternal health improvement opportunities across CMS.

To view webinar recordings or learn more about upcoming webinars and participation in an affinity group, visit the link that's listed on this slide. We'll also drop this link in today's webinar chat for anyone who's interested.

I'll now pass it over to my colleague Kevin Koenig, who's going to share more information about TMaH's Cooperative Agreement funding and support. Next slide, please.

>>Kevin Koenig, CMS: Thanks, Sarah. Hi, everyone. My name is Kevin Koenig, and I am the Payment Model Lead for TMaH. I'll walk us through the TMaH Model's Cooperative Agreement funding and support slides. Next slide, please.

The type of award under the TMaH Model Notice of Funding Opportunity, or NOFO, is a Cooperative Agreement. The main difference between this and a grant is the higher degree of federal programmatic involvement. CMS will award, on a competitive basis, up to $17 million to each recipient over the 10-year model to a maximum of 15 applicants. The amount available each year will be capped by CMS, as will be shown on the next slide.

A Cooperative Agreement will require a substantial level of collaboration and cooperation between CMS and participating states. Early years of the TMaH Model will have more funding to aid states in reaching the Pre-Implementation Period milestones. Funding for each year after Model Year 1 will be issued via non-competing continuation awards contingent on progress and meeting project goals, timely submission of required data and reports, and compliance with all terms and conditions. Recipients must request funds for the next budget period via submission of a non-competing continuation application. Next slide, please.

This slide and the next provide an overview of the flow of TMaH funding from CMS to states.

As you can see, CMS will award up to $17 million to each state Medicaid agency that is selected to participate in TMaH. States will then use their initial funding to plan and prepare for implementation.

In Model Year 3, states will use a portion of their funding to pay Partner Providers and Partner Care Delivery Locations for care delivery transformation activities, in the form of Provider Infrastructure Payments.

In Model Year 4, states will implement the 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 delivered to TMaH Model-attributed patients.

States will make these payments based on Partner Providers and Care Delivery Locations meeting benchmarks for four quality measures and a cost benchmark.

As a reminder, CMS will collaborate with states during the TMaH Pre-Implementation Period to develop and refine the Model Year 5 value-based payment arrangement.

Award amounts may vary based on factors such as the size of the Medicaid and CHIP population to be served by the model, as well as the overall scope of a project as described in the application. All the 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. Next slide.

The visual on this slide demonstrates how funding will flow from states to Partner Providers and Partner Care Delivery Locations in Model Year 3. As we previously noted, states will use a portion of their funding to pay Providers and Care Delivery Locations in the TMaH test location for a defined set of activities. States must execute a legal agreement or subaward with a subrecipient for the purpose of administering these Provider Infrastructure Payments. States that operate their Medicaid programs via managed care may disperse funding through MCOs operating in the implementation region. States may also choose to disperse these payments to foundations or another entity that will then in turn disperse these payments to Partner Providers and Partner Care Delivery locations.

In a fee-for-service state, states may execute subrecipient agreements directly with Providers and Partner Care Delivery Locations in the test region for the purposes of allocating Provider Infrastructure Payments. Next slide, please.

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

CMS will offer two types of TA that SMAs may use to implement TMaH elements: Peer-to-peer collaboration and one-on-one support.

Peer-to-peer collaboration will include model-wide education and resources in several interest areas. And these topics may include assistance with analyses relevant to the optional and required TMaH elements, partnerships with statewide Perinatal Quality Collaboratives for implementation of AIM patient safety bundles, expansion of the maternal healthcare workforce, Medicaid managed care procurement and Medicaid contracting, and more.

One-on-one support will include tailored resources and guidance to support state and sub-state implementation of each element. Topics within this area may include communication materials related to the TMaH Model, strategic advice and guidance around the selection of Medicaid and CHIP authorities to achieve TMaH Model's payment and care delivery reforms, and more. Next slide, please.

In the next section. I'll walk us through the TMaH NOFO's eligibility criteria. Next slide, please.

The TMaH Model would be open to state Medicaid agencies in the 50 U.S. States, District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. State Medicaid agencies must be the recipient of the funding, meaning that the state Medicaid agency will need to be the organization that applies to, and is accepted into and ultimately holds responsibility for implementing the TMaH Model. Please note that CMS will provide funding and resources to state Medicaid agencies, who will determine an appropriate process to distribute funding and resources to Partner Providers, Care Delivery Locations, and Partner Organizations within the implementation region.

As a reminder, states may apply to participate in this at the state level or designate a sub-state region.

States will indicate their preference for implementation in the NOFO application. For evaluation purposes the average annual birth rate among Medicaid and CHIP beneficiaries for the implementation area must be at least 1,000 between 2015 and 2020.

A few additional notes. States interested in participating in TMaH may submit only one application. State Medicaid agencies are encouraged to engage multiple state entities in their applications to support TMaH Model goals and activities. For example, state Medicaid agencies may choose to collaborate with their public health department, their state's Title V team and/or their Perinatal Quality Collaborative as they prepare a response to the NOFO application. Resources for supporting these connections will be available in a forthcoming FAQ. Next slide, please.

This slide notes the TMaH Model's policy regarding participation overlaps with other Innovation Center models involving Medicaid. A state can apply for the TMaH Model, and other ongoing CMS models below if they follow the geographic and provider guidelines listed in the NOFO application.

As a reminder SMAs that are currently implementing or considering future CMS programs not listed on this slide should carefully consider potential duplication of funding or services, as well as administrative capacity.

If you have questions regarding overlaps, please email the TMaH team at tmahmodel@cms.hhs.gov.

The email will be provided on the final slide as well.

With that I'd like to pass the baton to Djene Sylla, who will share more information about the TMaH Model NOFO. Djene.

>>Djene Sylla, OAGM: Hi everyone. My name is Djene Sylla from the Office of Acquisition and Grant Management, and I'm going to share some details about the TMaH Model Notice of Funding Opportunity application process. Next slide.

Now let's discuss who will be submitting the TMaH Model application on behalf of the applicant state. The Authorized Organization Representative, or AOR, will officially submit an application on behalf of the organization. The AOR must submit the application to Grants.gov. The AOR is a designated individual named by the applicant or recipient organization who's authorized to assume obligation imposed by the federal laws, regulations, requirements, and conditions that apply to the award. In order to successfully submit an application, the AOR must have a valid Employer Identification Number (EIN) or Tax Identification Number (TIN), have a Unique Entity Identifier (UEI), register in the System for Award Management (SAM) database to submit an application. The registration must be annually renewed, and finally, the AOR must have a Login.gov account. The electronic signature of the individual who is logged in and submits the application in Grants.gov will automatically populate throughout the application. The electronic signature must match the AOR name on the SF-424. Next slide, please.

Application Criteria and Formatting. We will now discuss the following NOFO section that covers application submission criteria and formatting requirements. For application instructions, applicants should review Section D and Appendix II of the NOFO for instructions on how to submit a complete application. This section will provide detailed application instructions that must be followed.

Formatting requirement will be discussed in Section D.2. Applicants must adhere to the formatting and content requirement for an eligible application, such as font size, formatting, page limitation, required forms and documents. Application criteria will be covered in Section E.1 of the NOFO. This section explains how an application will be assessed. Next slide.

NOFO Application Overview. Applicants must submit all the required standard forms and additional forms in the required format no later than September 20, 2024 at 11:59 PM Eastern Standard Time. We strongly recommend that you do not wait until the application due date to begin the application process. 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 or awarded. We have listed the required application material for the TMaH Model Notice of Funding Opportunity application on this slide. The TMaH Model application will require Standard Forms, a Budget Narrative, Appendices, and a Project Narrative.

In the following slides, we will cover the forms necessary for an eligible application. There are five standard forms, followed by five additional documents. Next slide, please.

Slides 31 and 32 describe the TMaH Model Notice of Funding Opportunity application Standard Forms, which include a Project Abstract Summary, the SF-424, the SF-424A, the SF-LLL, and the Project Site Location Form.

The first required standard form is the Project Abstract Summary. This one-page summary is used to provide a concise description of the proposed project and include purpose and outcomes, the total budget, and a description of how the funds will be used. CMS will use this document for information

sharing and public information requests for state Medicaid agencies who receive the TMaH Model award.

The SF-424: official Application for Federal Assistance is used to apply for federal grants. Federal awarding agencies and Office of Management and Budget (OMB) use information reported on this form for the general management of the federal assistance award program. The AOR completes and must sign this form. Guidance on how to submit a strong award description is provided in the TMaH Model NOFO.

The SF-424A: Budget Information Non-Construction is used to budget and request funds for non-construction programs. Federal awarding agency and OMB use the information on this form for general management of the federal assistance award program. Next slide.

The next Standard Form for submission is the SF-LLL: Disclosure of Lobbying Activity. All applicants must submit the SF-LLL form. If your entity does not engage in lobbying, please answer “non-applicable” on the form and include the required AOR name, contact information, and signature. It is important to note that the application kit available in Grants.gov is used for many programs and may designate this form as optional. However, this form is required as part of the TMaH Model application package and must be submitted for the application to be considered eligible for review.

The final Standard Form is the Project/Performance Site Location Form. This form is used to report the primary location and any other location at which the project will be performed. TMaH Model applicants must plan to submit information on Partner Providers and Partner Care Delivery Locations that will be included in the intervention areas of the Project and/or Performance Site Location Form. It is important to note the application kit available online on Grants.gov is used by many programs and may designate the Project Site Location Form as optional. However, just like the SF-LLL, both of these forms are required as part of the TMaH Model application package and must be submitted for application to be considered eligible for review. Next slide.

Slide 33 and 34 describe the TMaH Model Notice of Funding Opportunity application additional forms. TMaH Model application must provide a Project Narrative, a Budget Narrative, Business Assessment of the Applicant Organization, Program Duplication Assessment, and Appendices, which we will describe on the next slide.

The Project Narrative articulates, can you go back? Sorry. The Project Narrative articulates in detail the proposed goal, measurable objectives, and milestone in accordance with the TMaH Model Notice of Funding application Section D.3.1. It should offer a clear and concise description of your proposed project in a double spaced and not to exceed 60 pages in length. The Project Narrative should include a description of the applicant’s Maternal Health Policy Priority, Organization, Administration and Capacity, Payment Environment, Regional Plan, Model Pillar, Optional Model Element, Sustainability Plans, and Stakeholder Recruitment Plan. The Project Narrative will also be where applicants may decide to describe their engagement with TMaH Model program priorities, such Tribal Engagement, Safety Net Provider Engagement, and Health Care Disparity.

Applicants supplement form SF-424A with the Budget Narrative that includes the yearly breakdown of the cost for each line item outlined on the SF-424A, according to the 12-month period. Applicants include a clear description of the proposed cost for each activity within the line item. TMaH Model has provided additional information to support applicants as they prepare their Budget Narrative in Appendix I: Guidance for Preparing a Budget Request and Narrative. This form may not exceed 10 pages.

The Business Assessment of Applicant Organization form helps CMS to evaluate the risk posed by an applicant before they receive an award. The applicant will be expected to review and answer and submit business assessment questions outlined in Appendix III: Business Assessment of Application

Organization, which include items such as financial stability, quality of management system, internal controls, and ability to meet management standards, as prescribed in 45 CFR Part 75. This document should not exceed 12 pages in length. Next slide.

The Program Duplication Assessment includes questions to better understand program duplication risk related to other programs funded by Medicaid, Title V agencies, or other federal, state, and local program that will provide a direct care coordination or case management services to the model population. Applicants will respond to the question and provide CMS with sufficient information to prevent program and funding duplication related to the TMaH Model. This assessment may not exceed 10 pages in length. Hypothetical scenarios with program duplication are included Section D of the NOFO.

The Appendices section of the application includes resumes, which are required for identifying managers, Project Director, and all other key personnel at the time of the application, job descriptions for key model personnel, if not included in the Project Narrative Form, organization chart, if not included in the Project Narrative Form, letters of support from state agencies, hospitals, safety net providers, primary care provider, birth center, federally recognized Tribes operating in the state, and community-based organizations. Letters of support are optional. Next slide.

The Application Timeline. This slide walks us through an application timeline for the state Medicaid agency, who are the only eligible participants to apply directly to the TMaH on Notice of Funding Opportunity, using the Grants.gov website by midnight on September 20th. Interested state Medicaid agencies are encouraged to submit a non-binding Letter of Intent (LOI) by August 8th. This LOI is optional and will not impact application scoring. The window to submit the LOI is now open, and you can find information on how to submit the LOI in the TMaH Model Notice of Funding application Section C.3 Letter of Intent. Interested state Medicaid agencies can follow the steps listed on this slide including signing up for the TMaH listserv to stay up-to-date about TMaH and learn more about the application. If you are interested in the model, be sure to sign up to prepare for the application ahead of time.

The model's Pre-Implementation Period is anticipated to begin in January 2025, and the Implementation Period anticipated to begin in January 2028. Our team will share additional resources to help interested stakeholders understand the TMaH Model before the application window closes. As a reminder, any questions related to the TMaH Model are welcome at TMaHModel@cms.hhs.gov. We will now go into the application submission steps. Next slide.

In this section I will discuss in detail, related information for the award administration and share more about the process. Next slide, please.

The Notice of Award. The NoA is the legal document authorizing the Cooperative Agreement funding and issued to the applicant as listed on the SF-424. If successful, the NoA is available to the applicant organization through the online grants management system used by CMS and recipient organization, GrantSolutions. Any communication between CMS and applicants prior to the issuance of the NoA is not an authorization to begin performance of the project. If unsuccessful, CMS notifies the applicant via email address listed on their SF-424 within 30 days of the award date of the program. Next slide.

HHS Grants Management Process. The HHS Grants Management Process is displayed on, on this graphic. CMS program office identified program priority and timeline in coordination with the Grants Management office. Next, we developed the funding opportunity announcement to reflect program goals, requirements, and timetable. The Grants Management Office then oversees the review and evaluation of the Grant application to ensure outside reviewers and agency personnel comply with management and regulations, and with sound business management practices.

The next step is negotiation which involve negotiating all aspects of the award with the applicant. It may involve explaining to the recipient that the budget must be changed to comply with regulation. The award is officially obligated through the Notice of Award process, which describes all terms and conditions of the award, including reporting requirements. In this step, the Grant Management Office prepares and signs the Grant award certified that the award complies with the, with all legal, regulatory, and internal policy requirements and that it is a sound business agreement. Post-award monitoring of recipient performance includes financial and process report, maintenance of all communication, site visits, and responding to requests for amendment. Closeout involves reviewing expiring grants to ensure all requirements are met, resolve any known issues, and ensure the grant file is complete. Next slide, please.

Grant Regulation and Policy. The following grant policies reference administrative and national policy requirements, mandatory disclosure, and material compliance necessary to submit an eligible application. Please reference NOFO Section F for complete analysis of these requirements. I will now hand it back to Linda Streitfeld who will take us through the final poll question.

>>Linda Streitfeld, CMS: Thank you, Djene. This has been a lot of information, and we'd love to know which TMaH Model topics you would like more information about. Again, poll responses will be anonymous. But here we go with poll question number 3.

Which TMaH Model topics would you like more information about? And you can see the choices there. And we'll give you a minute to respond. Okay. I'm sorry I didn't record any Jeopardy music for that section.

But now we are going to move into answering some of the questions that you all submitted during registration and during the webinar itself.

I will start with this question that seeks more information about the workforce development component of the model. So, the answer is that the TMaH Model provides technical assistance and Cooperative Agreement funding to the state Medicaid agencies to expand and grow the maternal health workforce. In particular, TMaH will provide support to SMAs to cover doula services through Medicaid authorities, including defining doula services and reimbursement rates for these services. CMS will help SMAs establish doula advisory councils to support expanded opportunities and to guide implementation. CMS will provide technical assistance to states around expanding recruitment, training opportunities, and communications around the use and availability of doula services.

TMaH will also support SMAs to assess their midwifery workforce capacity, and optionally to expand coverage of licensed midwives in their state. CMS will support payment analyses for potential fee schedule updates and for the creation of billing pathways that allow midwives and obstetricians to consult with maternal fetal medicine specialists. TMaH will provide guidance to state Medicaid agencies around connecting with local and state resources, to expand recruitment, expand training opportunities, and improve patient communications around the use and availability of midwives. SMAs may also choose to cover perinatal community health workers or CHWs, on an optional basis, and we will, of course, provide additional guidance to help them do that through the appropriate Medicaid authorities.

And now I'm going to turn back to Kevin, our expert in stakeholder engagement. For a question about what you can do with regard to TMaH if you are not a state Medicaid agency, Kevin.

>>Kevin Koenig, CMS: Yes, Linda, thank you. A question came in, what can we do to increase the chances that our state Medicaid agency will apply for this opportunity? And of course, while only state Medicaid agencies are eligible to apply to the TMaH Model, providers, managed care plans, Tribes, community-based organizations, and other organizations will be important local partners, and can play a critical role

in raising awareness of the model. For example, an organization interested in TMaH may share with their state Medicaid agency the benefits of participating in TMaH, such as receiving funding and tailored one-on-one policy and analytic technical assistance to improve maternal health outcomes in the state. Interested organizations may also engage at the local level with local healthcare systems, hospitals, birth centers, and maternal healthcare providers and others about the benefits of participating TMaH, if their state is to apply. Interested groups may also send letters of support for TMaH to their Medicaid agency. As a reminder, optional Letters of Intent from state Medicaid agencies are due on August 8th and the states are considered the interested organization when completing question number two of the LOI.

I'll take the next question as well. The question was, what level of buy-in from managed care organizations do you expect to be necessary to implement the model? For SMAs that operate their Medicaid program through a managed care structure, MCOs are an integral to delivering and managing services for Medicaid and CHIP beneficiaries. All MCOs operating in the TMaH test region in a managed care state will be required to participate in TMaH and support the implementation of the model elements. Applications must specify which MCO is operating in the test region and their catchment area. Now I'll turn it over to, Linda, I can turn it to you or Arielle for the next one?

>>Linda Streitfeld, CMS: Well, why don't we lean this out and go straight to Arielle?

>>Arielle Kane, CMS: So both in advance of the webinar and today, during the webinar, we got some questions about what options exist for states to cover doula services through the TMaH Model? We know that states are at different places, and so states can cover doula services using their Medicaid authority, such as a state plan amendment or an 1115 demonstration waiver. Additionally, as a part of participation in TMaH, states will receive guidance on covering doula services, including how to define doula services, how to develop doula rate benchmarks, how to establish a state doula support council, and guidance on connecting with local and state resources that may already be in place. Linda, I'll pass it back to you for the next one.

>>Linda Streitfeld, CMS: Thanks Arielle. So we've been asked, when will states be awarded? And what are the award criteria used to select award recipients? Great questions. So, starting with the criteria, a panel of merit reviewers will assess and score applications based on the criteria outlined in Section E1 of the NOFO. Applicants should pay particular attention to Section A.4 Program Requirements and Section D Application and Submission Information. The merit reviewer will assess and score applications using a scale of 100 total base points. Of those, the Project Narrative is worth 80 points. In the Project Narrative, applicants will address their state's maternal health policy priorities, organization, administration and capacity, payment environment, intended regional plan, status of model pillars, sustainability plan, and how they'll meet the stakeholder requirements. The Budget Narrative comprises the other 20 points. In the Budget Narrative, applicants will provide a detailed budget with justification. And all of the elements of the Project Narrative and the Budget Narrative are used to assess an applicant's ability to design and implement an intervention that aims to improve maternal health outcomes.

And I'm going to address the next one as well, regarding reporting requirements. So we are going to require semi-annual and annual reports that summarize implementation and progress in reaching the milestones. As part of the reporting process, recipients will be responsible for and receive TA to support the collection of quality measurement data, which are critical to evaluating the model, and for inclusion as part of the payment model. We're very mindful of the burden on not only state staff, but also providers and other partners in collecting and submitting data. For that reason, CMS will seek to use administrative data and other data sources that are already being collected and reported for the quality measures where possible.

And now it looks like we have a question about how a state's current maternal health context might affect payment amounts. I'll pass this one back to Kevin.

>>Kevin Koenig, CMS: Thank you, Linda. The question is, is funding to a state reduced based on current or previous achievement of model requirements? For example, if a state already covers doula services, will that state receive less funding than another state that does not cover doula services, all else being equal? So as part of the application state agencies, as Linda was saying, will submit a detailed Budget Narrative. The Budget Narrative must clearly define the proportion of the requested funding designated for each activity, and justify the applicant's readiness to receive funding. Each activity must be clearly linked to the model milestones and be consistent with model requirements. Funding amounts will be based on this submitted Budget Narrative up to the defined annual limit as listed in Table 6 of the NOFO, subject to CMS approval and are not directly tied to prior achievement specific model element requirements.

>>Linda Streitfeld, CMS: Perfect. Kevin, can you take the next one as well? The question is, can Partner Care Delivery Locations include provider offices?

>>Kevin Koenig, CMS: Sure and the short, the short answer is yes, and we have a definition of Care Delivery Locations in the glossary of the NOFO. And that definition notes that these locations are where maternity care services are provided to Medicaid and CHIP beneficiaries, which include, but are not limited to hospitals, birth centers, obstetrician-gynecology practices, Rural Health Clinics, FQHCs, travel sites, and other points of care.

>>Linda Streitfeld, CMS: There's a related question, if you're comfortable answering it now, which is whether states will be required to have their participating Care Delivery Locations identified at the time of the application?

>>Kevin Koenig, CMS: Yes, and it's a great question, and we understand that it takes time to recruit providers. We do ask in the NOFO that the applicants summarize communication and outreach with providers, to date, regarding their interest and capacity to participate in the model. And that applicants also indicate any recruitment efforts, challenges to recruitment, and also collect and submit any letters of support from providers that have indicated they would be willing to participate in the model.

>>Linda Streitfeld, CMS: Thank you for jumping on.

>>Kevin Koenig, CMS: Oh, let me add on to that, Linda.

>>Linda Streitfeld, CMS: Sure.

>>Kevin Koenig, CMS: We understand that it does take time, so during the first one year, maybe into the second year, we do expect, you know, providers to be recruited, and be ready to participate in the Model Year 3 Provider Infrastructure Payments, and be ready for the Implementation Period. So, there'll be a little bit of a recruitment period during the first part of the Pre-Implementation Period.

>>Linda Streitfeld, CMS: Okay, sounds good. We have a question about midwives. The question is, when we talk about midwives in the model, does that mean all types of midwives? So, coverage for certified nurse midwives is required by Medicaid, all states have to cover them. But with the assistance of the TMaH Model, each state Medicaid agency, will be required to assess their current levels of coverage with a goal to improve access to midwifery care. Possible strategies around that include revising how midwives are paid, reducing administrative burden for timely payment. CMS is not requiring that SMAs add new midwife certification categories. However, optionally, if an SMA is interested in covering other licensed midwives like certified midwives or certified professional midwives, the model will offer technical assistance to them to assist with the process. And I hope that was clear. And I don't see any

additional questions that we were prepared to answer today. So let me quickly ask my team if anyone else wants to jump in with an answer, or whether we are ready to end.

>>Kevin Koenig, CMS: Linda, as we're transitioning to closeout, there was a question that came in, will CMS tell states the exact VBP they must implement, or will states work with the CMS TA providers to design their own that meet certain CMS criteria? And we can note that for the Model Year 5 VBP arrangement, we'll be leading the design of the maternal health VBP structure that all SMAs are then expected to implement. With that said, we'll be working very closely with SMAs, and other key interested groups, such as providers, as partners on the development structure and details of the VBP Arrangement during the first three years of TMaH. We'll lead some workshop sessions and work with experts to conduct analyses that will inform the design. The design will also be informed by the infrastructure payments in Model Year 3, the quality and cost performance incentive in Model Year 4, as well as the latest research on maternity VBP Arrangements.

>>Linda Streitfeld, CMS: Thank you. Kevin.

>>Kevin Koenig, CMS: With that, I think we're ready to close.

>>Linda Streitfeld, CMS: Yes, that'll conclude today's session. You're also welcome to submit additional questions to our help desk at TMaHModel@cms.hhs.gov. We have some closing resources that we'll share with anyone interested in learning more about the model. So I am going to pass it back to Cat. Next slide, please.

>>Cat Fullerton, SEA: Great thanks, Linda, and what a great discussion. Thank you everyone for submitting questions today. We hope this event was helpful for clarifying information about the model. Next slide, please.

As we close, yes, as Linda mentioned, we do have some additional information resources for you shown on this slide. We have a reminder of the TMaH email address shown here. That is TMaHModel@cms.hhs.gov. We also provided a link to the TMaH Model website, which contains many helpful resources for you to learn more. We pulled links to download the full announcement, sign up for the TMaH Model listserv and Grants.gov workspace, as well, on this slide. We'd also like to encourage you to stay tuned for more information about the office hours sessions that the TMaH Model will host in August and September. We have the dates and times listed on the slide, and registration information will become available in the coming days. Again, reminder to sign up for the TMaH Model listserv if you'd like to learn more about these events.

We also have resources that are available on the TMaH Model webpage, which include the TMaH Model Overview Factsheet, which describes an introduction to the model. A Payment Design Factsheet that introduces TMaH's payment structure. And a Technical Assistance Factsheet that describes the resources available to state Medicaid agencies and their implementation partners in TMaH. Lastly, we also have a Maternal Healthcare Team Factsheet, which covers how different maternal care providers are supported by the model.

Many resources that you can certainly access through the TMaH Model website to stay up to date on the TMaH Model again, feel free to sign up for the TMaH Model listserv, using the link shown here. We will announce resources and more information about the model Notice of Funding Opportunity using the listserv, and you can learn about these as they become available by signing up receiving updates in your inbox. Next slide, please.

I must say I want to thank everyone on this call for joining today's webinar. We're so proud to share more information on the TMaH Model and truly appreciate your participation. Please let us know how we did today by participating in a quick survey after the call. The link is posted in the chat now, and it will also

pop up after you close this webinar. We would love to hear from you. Lastly, thanks again for attending today's webinar. This concludes today's event.

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