# OB Navigation

Increasing access to prenatal care

Request for Applications DUE 4/13/20

Indiana State Department of Health

Division of Maternal and Child Health

ISDH RFA #20-03

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# FUNDING OPPORTUNITY DESCRIPTION

# Purpose

The purpose of this Request for Applications (RFA) is to fund competitive two-year grants for a health department, hospital, physician's group, other healthcare related entity, or a nonprofit organization (as defined by the IRS Tax Determination) within the State of Indiana to fund nurse practitioners, advance practice nurses and/or nurse midwives to provide prenatal care in 'OB deserts'. ISDH is defining an 'OB desert' as a county without inpatient delivery services available, and no medical providers delivering prenatal care. A map of these counties can be found at the end of this document.

Funding Opportunity Title:	OB Navigation— Increasing access to prenatal care
Due Dates for Applications:	April 13, 2020
Anticipated Total Available Funding:	\$800,000
Estimated Number and Type of Awards:	Four to five
Estimated Award Amount:	\$150,000 to \$200,000
Cost Sharing/Match Required	No
Project Period:	6/15/2020 - 6/30/2022
Eligible Applicants:	Eligible applicants include organizations with physician practices who conduct labor and delivery, or have a demonstrated commitment with physician groups willing to deliver women enrolled in the program. Applicants should already be providing prenatal care services in Indiana and be willing to extend services through innovative partnerships, home visitation, or other means to increase access to prenatal care services for

women. Providers under this grant should hold active licensure in the state of Indiana.

# Funding Opportunity Description

# Purpose:

The OB Navigator program is a collaboration between the Indiana State Department of Health (ISDH), the Indiana Family and Social Services Administration (FSSA) and the Indiana Department of Child Services (DCS). This initiative is building a network of services and support to wrap our arms around moms and babies to create healthier outcomes for both. It was established by House Enrolled Act 1007, which was signed into law by Gov. Eric J. Holcomb in 2019.

### Project Goals:

In order to help meet the needs of women and families in rural areas of the state, the Indiana State Department of Health (ISDH) Maternal and Child Health (MCH) Division is requesting applications from health departments, hospitals, other healthcare related entity, or a nonprofit organization (as defined by the IRS Tax Determination) within the State of Indiana for competitive grant funding to increase the availability of advanced practice nurses, nurse practitioners, physician assistants, or nurse midwives providing prenatal care in designated OB deserts. Applicants should already be providing prenatal care services in Indiana and be willing to extend services through innovative partnerships, home visitation, or other means to increase access to prenatal care services for women.

Successful applicants will demonstrate how they will provide prenatal care to women by using, nurse practitioners, advanced practice nurses, physician assistants, or nurse midwives in OB deserts. Applicants should either be associated with physician practices who conduct labor and delivery, or have a demonstrated commitment with physician groups willing to deliver women enrolled in the program.

Prenatal care provided by nurse practitioners, advance practice nurses, physician assistants, or nurse midwives can be conducted during a home visit, within local health departments, borrowed or rented clinical space, or other innovative methods to reach women in communities that lack prenatal care providers. Applicants must clearly demonstrate how they will (1) recruit pregnant women, (2) retain women in the program (3) measure health outcomes of women in care (4) ensure women with pregnancy complications or higher-risk pregnancies are referred to prenatal care providers appropriate for that woman's needed level of care and (5) demonstrate ability to refer women and families to appropriate existing community organizations able to provide social support (e.g. home visiting services, smoking cessation, family planning, breastfeeding support, addiction support/recovery)

### **Award Information**

### Type of application and Award:

Type(s) of applications sought: New Grant Awards

### Summary of funding:

ISDH expects to award approximately a total of \$700,000 to \$800,000. Award ceilings will be \$200,000 per year.

# Eligibility and Requirements

# Applicant organization:

- Must be a health department, hospital, physician's group, other healthcare related entity, or a nonprofit organization (as defined by the IRS Tax Determination).
- Must be able to provide prenatal services in one or more of Indiana's designated OB Deserts through advance practice nurses, physician assistants, and/or nurse midwives.
- Improve access and coordination through outreach and prenatal care services for pregnant women and fathers who are at risk of not receiving prenatal care and support
- Must be or become enrolled as a Medicaid provider within 60 days of acceptance of the grant
- Must bill Medicaid for eligible prenatal services
- Must be an Indiana-licensed OB/GYN provider group able to provide services outside of its traditional catchment area, or be able to demonstrate an established partnership with hospital-owned or private OB/GYN practices who are willing to deliver enrolled women
- Demonstrate established partnerships with social service organizations in catchment areas
- Must comply with financial requirements as listed in the budget section

### **SUMMARY OF TIMELINE**

Dates are general estimates and subject to change without notice.

Event:	Date:
Posting of Request for Applications	March 30, 2020
Application Due Date	April 13 <sup>th</sup> , 2020 @ 11:59pm ET
Award Announcements	April 17, 2020
Grants Signed	June 15 <sup>th</sup> , 2020
Projects Begin	June 15 <sup>th</sup> , 2020
Interim Reports	<ul> <li>Q1 – July 1 - September 30;</li> <li>Q2 – October 1 - December 31;</li> <li>Q3 – January 1 - March 31; and</li> <li>Q4 – April 1 - June 30</li> </ul>
Project Concludes	June 30, 2022
Final Reports	July 15 <sup>th</sup> 2022

The ISDH intends to sign contracts with multiple respondents to fulfill the requirements in this RFA. The term of the contract shall be for a period of one (2) year from the date of contract execution expiring 6/30/2022.

# **Application Instructions**

Address to submit applications

To be considered for this competitive funding, a completed application must be received by ISDH by **NO LATER THAN** April 13<sup>th</sup> at 11:59PM EDT.

SUBMIT APPLICATIONS VIA EMAIL TO: OBNav@isdh.IN.gov

EMAIL SUBJECT LINE: RFA #20-03 OBN Increasing access to prenatal care

### **Application Page Format and Limitations**

The total application size of all files may not exceed the equivalent of **15 pages** when printed by ISDH. The application should be formatted with **one inch margins**, **double spaced**, **Times New Roman 12-point font**, **including page numbers submitted as a single PDF document**.

Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process. All required section headings are listed below. Please do not alter the format of the document.

We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered under this notice.

# Application Content APPLICATION NARRATIVE:

This section provides a comprehensive framework and description of program administration and infrastructure. It should be succinct, self-explanatory, and well organized so that reviewers can understand the request.

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

### INTRODUCTION:

This one-page summary will provide a succinct and clear overview of the applicant's plan to provide prenatal services in ISDH-designated OB deserts through the use of advance practice nurses and/or nurse midwives.

### ORGANIZATIONAL INFORMATION:

In this section, the applicant should describe how the organization is best positioned to fulfill the intent of this funding application. Please provide a clear understanding of the applicant organization's ability to provide prenatal care, its established relationships with OB provider groups and delivery hospitals. Applicant should describe similar work and any current or past activities that indicate success in employing advance practice nurses and/or nurse midwives to provide prenatal care specifically in areas of the state which have little to no prenatal care providers.

#### STATEMENT OF NEED:

- This section must describe the need for and significance of this program in the specific community or population as it relates to the program goals.
- Describe the catchment area of the proposed project and indicate which of the ISDH designated OB desert counties the program will serve
- Describe and justify the population of focus (demographic information on the population of focus such as race, ethnicity, age, socioeconomic status, and geography).
- Major successes in providing services
- Major barriers to providing services;

#### PROPOSED ACTIVITIES:

This section must describe the activities of the project and how they relate to the proposed objectives. Applicants must clearly demonstrate how they will:

- Recruit pregnant women in the catchment area
- Retain women in the program
- Ensure women with pregnancy complications or higher-risk pregnancies are referred to prenatal care providers appropriate for that woman's needed level of care
- Demonstrate ability to refer women and families to appropriate existing community organizations able to provide social support (e.g., home visiting services, smoking cessation, family planning, breastfeeding support, addiction support/recovery)
- Identify other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. **Project must demonstrate a relationship with an established OB/GYN practice willing to deliver participants' births.**
- Demonstrate the plan to seek Medicaid reimbursement of eligible participants, or ability to move towards sustainability through reimbursement.
- Describe established or potential relationships with social services providers, home visiting services, addiction and recovery services, or other community-based services relevant to improving the health and wellness of families.

### STAFFING PLAN:

This section must describe the staff currently available and staff to be hired to conduct the project activities.

List and describe the staff positions for the project including the Project Director and other key personnel, showing the role of each and their level of effort of full-time equivalency (FTE).

Regardless of whether a position is filled or to be filled, discuss how key staff have/will have experience working with the proposed population and appropriate qualifications to provide prenatal care.

### **RESOURCE PLAN/FACILITIES:**

This section must describe the facilities that will house the proposed services.

Describe resources available (within the applicant agency and its partner organizations) for the proposed project (e.g., facilities, equipment).

# **Budget**

ISDH expects to award approximately a total of \$700,000 to \$800,000. Award ceilings will be \$200,000.

The budget worksheet must be submitted with the application as a separate Microsoft Excel document. Do NOT substitute a different format. The budget must correlate with project duration: June 15, 2020 through June 30, 2022. Funding is not anticipated beyond this grant period.

The budget is an estimate of what the project will cost. In this section, demonstrate that:

- All expenses are directly related to project;
- The relationship between budget and project objectives is clear; and
- The time commitment to the project is identified for major staff categories and is adequate to accomplish project objectives.

All staff listed in the budget must be included in the staffing plan as indicated above. In-state travel information must include miles, mileage reimbursement rate, and reason for travel. Travel reimbursement may not exceed state rates. Currently, the in-state travel reimbursement is \$0.39 per mile, \$26 per day per diem, and \$96 plus tax per night of lodging (higher in select cities). In completing the budget, all amounts should be rounded to the nearest penny.

The Project shall not be used to supplant funds already being spent to provide prenatal care to women in ISDH designated OB deserts.

EXAMPLES OF EXPENDITURE ITEM	S THAT WILL NOT BE ALLOWED
Construction of buildings, building renovations	Accounting expenses for government agencies
Depreciation of existing buildings or equipment	Bad debts
Contributions, gifts, donations	Contingency funds
Entertainment, food	Executive expenses (car rental, car phone, entertainment)
Automobile purchase	Fundraising expenses
Interest and other financial costs	Legal fees
Costs for in-hospital patient care	Legislative lobbying
Fines and penalties	Equipment (over \$5,000 per unit)

Incentives	Dues to societies, organizations, or
	federations

### **Evaluation Criteria**

Applications will be reviewed for completeness and funds will be awarded based upon the proposed catchment area compared to the assessed need for prenatal care throughout the state.

# Letters of Support

Include a PDF copy of letters of support, letters of agreement, and/or memoranda of understanding. These documents must include date, contact information of individual endorsing letter, and involvement with the project or organization. **Must include letters of support with an established OB/GYN practice willing to take enrolled women on as clients and deliver their babies.** Applicants should also include any letters of support or commitment from other community and social service providers integral to the success of the project. Letters of support will not count towards the 20-page application limit.

# Required Reporting:

Recipients will be required to submit quarterly progress reports on meeting project goals and expenditure of funds. Quarterly reporting periods will be defined as follows. Reports will be due no later than 15 days after the end of each reporting period outlining progress to date:

- Q1 July 1 September 30;
- Q2 October 1 December 31;
- Q3 January 1 March 31; and
- Q4 April 1 June 30

Example evaluation/data to be reported will include, but are not limited to:

- Number of women receiving prenatal care through this funding
- Number of participants' prenatal care visits
- Number of live births
- Number of women with identified substance use disorder
- Number of women with identified substance use disorder referred to treatment
- Number of women enrolled in home visiting services

Full evaluation plans will be due to ISDH 60 days after award date.

### Points of Contact:

PROGRAM		
EDEN BEZY	CASSONDRA KINDERMAN	
Director of Maternal & Child Health	Home Visiting Program Manager	
(317) 233-1252	(317) 234-8173	
ebezy@isdh.in.gov	CKinderman@isdh.in.gov	
CRYSTAL FOWLER		
OB Navigator Coordinator		
(317) 232-3212		
crfowler@isdh.in.gov		

	FISCAL
LEIGH BROWN	REBECCA CHAUHAN
MCH Business Manager	ISDH Director of Grants and Contracts (317) 233-7087
(317) 233-9901	RChauhan1@isdh.in.gov
LeBrown@isdh.in.gov	

# **Priority Counties:**

Torrey Counties.		
Newton	Vermillion	
Starke	Parke	
Jasper	Putnam	
Benton	Clay	
White	Owen	
Carroll	Brown	
Clinton	Rush	
Tipton	Fayette	
Blackford	Union	
Montgomery	Franklin	
Warren	Jennings	
Fountain	Ohio	
Crawford	Switzerland	
Martin	Scott	
Pike	Washington	
Gibson	Posey	

# **Inpatient Hospital Obstetric Services by Indiana County**

