Please contact infantmortality@medicaid.ohio.gov with any additional questions pertaining to the Infant Mortality RFA. Additionally, click here to access the Infant Mortality RFA and all associated documents.

2020-2021 INFANT MORTALITY RFA QUESTIONS & ANSWERS	
QUESTIONS	**ANSWERS**
We are a community-based organization, but our fiscal agent is a hospital. Can we still be a Primary Applicant?	Yes, as long as your organization is representative of the community effort as a whole.
Can hospitals and health systems be included in the application as Partner Agencies?	Yes.
Training for NFP is required in Denver, CO. The grant says it must be in Ohio. Please advise. Thanks!	We understand that Nurse Family Partnership (NFP) training is required to be done in Denver, CO. Funding for NFP training in CO cannot be provided by this grant, so other funding sources must be used for that training.
Is it possible that the county asks for the supportive funding separately from other requests for programming? For example, can the on-demand travel, non-medical transportation, child care, and other similar items be requested by the county to be provided as a benefit to all the funded participants?	Please see page 11 of the RFA. Funding for on-demand transportation is allowed when directly connected to an intervention funded through this process. Funding for non-medical transportation is allowed when associated with addressing a social determinant of health described in the funding application. Funding for childcare is allowed for women attending a group pregnancy intervention. We encourage you to contact your CDJFS and the MCPs regarding additional transportation services, and to work with other community organizations to facilitate other access to on childcare and on-demand transportation.
What is the "Medicaid Home Visiting" program that was referenced?	ODM is designing a new statewide maternal and infant support program—including options to expand home visiting—to decrease preterm births and infant mortality, and improve maternal health outcomes. This program will use new funding that is separate from the SFY 20-21 ODM/MCP infant mortality grant funds. To boost the efficacy of the new maternal and infant services and to prevent duplication of services, Ohio Medicaid is working closely with the Governor's Office of Children's Initiatives, the Ohio Department of Health, the Ohio Department of Developmental Disabilities, and other health and human services agencies. Interagency collaboration coupled with implementation of Medicaid's maternal and infant support program—including expanding options for home visiting—will support Governor DeWine's goal to triple the number of eligible women and children receiving home visiting services across the state. More information about ODM's new program will be available in the coming months.

Updated by ODM on Friday, September 6, 2019

2020-2021 INFANT MORTALITY RFA QUESTIONS & ANSWERS	
QUESTIONS	**ANSWERS**
How do we find out who is being served by a county's ODH program such as Help Me Grow? Specifically, when the ODH program is not housed under the 'lead agency'.	Please contact your respective county's Department of Health, the Ohio Department of Health, and/or your MCP point of contact.
What is the likelihood of new agencies being able to apply as a partner with the lead agency for funding?	Please see page 7 of the RFA. Primary Applicants are responsible for identifying, outreaching to, and engaging potential Partner Agencies to collaborate and develop a coordinated community-wide approach. Potential Partner Agencies should contact the Primary Applicant their county to discuss possible opportunities for collaboration and coordination.
Could you further explain the "digital divide" you referred to earlier (during the webinar) and how agencies would be able to address those needs?	During the webinar, Dr. Applegate referenced the opportunities around embracing telehealth and utilizing technology to address socioemotional isolation. Most mothers who have Medicaid have access to cell phones, but they may have limited data plans. Counties that have rural geographies may also have limited broadband, which can present communication challenges. Despite these potential limitations, there is an opportunity for innovation in enhancing how providers communicate and ultimately provide care which will improve patient experiences, quality and efficiency of care, and overall costs.
How will data collection be different?	This RFA requires Primary Applicants to lead and coordinate data collection and submission across the community. Please see page 10 of the RFA, Section G - Data Collection and Reporting for an overview of required activities. Page 14 - Appendix B has specific details on Data Collection and Performance Measures.
Where can we access a copy of the slides from today (the webinar on 7/29/19)?	Please visit https://www.medicaid.ohio.gov/Portals/0/Initiatives/ODM-MC-IM-RFA-Webinar.pdf
Can you tell us more what financial data and outcome data is due to whom and when?	Please see page 10 of the RFA, Section G - Data Collection and Reporting. Please also see Page 14 - Appendix B, which has specific details on Data Collection and Performance Measures. A quarterly financial reporting tool will be distributed to funded entities as a later date. It has not yet been determined if a reporting tool will be created for programmatic progress reports – please stay tuned for more information in the coming months.
Can you please describe what components of the narrative you expect from the program agencies vs. the lead applicant?	Primary Applicants are responsible for drafting and submitting the county's response to the RFA. Primary Applicants should closely collaborate with Partner Agencies to ensure accurate and complete information is included in the application response.
Are only the primary agencies in the identified areas able to apply for funding as a lead?	Each community needs to work together to determine who will serve as the Primary Applicant for their county's application. Only one proposal per county will be accepted. Therefore, it is imperative that this is collectively agreed upon by organizations in the county.

2020-2021 INFANT MORTALITY RFA QUESTIONS & ANSWERS	
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Regarding the above question…Said differently - can currently non-funded CBOs apply as a lead agency for this funding?	Each community needs to work together to determine who will serve as the Primary Applicant for their county's application. Only one proposal per county will be accepted. Therefore, it is imperative that this is collectively agreed upon by organizations in the county.
Can you revisit the important dates?	Please visit: https://www.medicaid.ohio.gov/Portals/0/Initiatives/ODM-MC-IM-RFA-Webinar.pdf
Are questions to be submitted [about the RFA] in uniform? Or, are they able to be submitted by individual agencies?	Anyone may ask a question regarding the Infant Mortality webinar presentation. We strongly encourage individual (partner) agencies to work with the community's selected Primary Applicant as you consider questions about the application.
What is meant exactly by the term 'community business organization'?	A few terms have been used to describe "CBO". In this work, CBO refers somewhat interchangeably to "Community-Based Organization" and "Community Business Organization," which is a term we use to describe organizations working to reduce infant mortality and its racial disparity in our communities.
What do the symbols mean on slide 5 of the IM RFA webinar?	This is the key for the symbols: C Centering (7) CHW Community Health Workers (7) F Fatherhood (5) CC Targeted Community Communication, including outreach in ZIP Codes (3) RC Racism conversation – & related activities HV Home Visiting (3) CI Centralized/Coordinated Intake (3) SDOH SDOH (transportation, housing counsellor, SS support) FB Faith-based pregnancy support MH Mental Health/Addiction support/MAT Medical Home WE Worker education, advocacy HS Healthy Start/Infant focus
Agencies wanted clarification that indirect costs are not covered and that direct costs are only covered up to 10%. Is there a list of all billable direct costs?	Please see pages 11 and 12 of the RFA for a list of allowable and unallowable costs.
Is funding for marketing allowed?	Please see pages 11 and 12 of the RFA for a list of allowable and unallowable costs. Applicants may choose to include marketing as part of Other Allowable Direct costs within the category of materials, supplies, and equipment purchased for use directly related to interventions and women served through funded programs. Please note, total funding for Other Allowable Direct Costs must not exceed 10% of total funding.

2020-2021 INFANT MORTALITY RFA QUESTIONS & ANSWERS	
QUESTIONS	**ANSWERS**
Would ODM pay for data evaluation and data-sharing tools?	Please see pages 11 and 12 of the RFA for a list of allowable and unallowable costs. Applicants may choose to included data evaluation and data-sharing tools as part of their Other Allowable Direct Costs within the category of consultant and/or certification services to accomplish specific program objectives. Please note, total funding for Other Allowable Direct Costs must not exceed 10% of total funding.
Are incentives billed under direct costs (e.g. as materials)?	Please see page 12 of the RFA for a list of allowable time-limited incentive costs. Incentive costs do not count toward the total for Other Allowable Direct Costs not to exceed 10% of total funding.
Will Fatherhood projects be funded?	Fatherhood projects will be considered for funding as long as the scope of work falls under one of the three (3) evidence-based models: CenteringPregnancy®, Home Visiting or Community Health Workers, or under an additional approved Community-based intervention that improves service delivery, maternal education and/or health outcomes of African American Women that may be proposed as part of the coordinated community effort. Please refer to pages 5, 7 and 8 of the RFA for further details.
Do we submit financials for the entire agency, or just financials related to the project?	We assume this question relates to the Budget portion of the submission, so please refer to pages 11 and 12 of the RFA. In the event the question is related to the Disclosure of Funding Agencies and Supporting Corporations (funds the Primary Applicant and Partner Agencies (CBOs) are receiving outside of the IM grant funds), please refer to page 12 of the RFA under Supporting Documentation. Sample Budget Formats may also be found in Appendix C of the RFA on pages 16 - 19.
Can the program coordinators from each lead agency have monthly meetings? This will [allow] the primary agencies to share information, [and] understand what is working or not working in each OEI county.	Thank you for the recommendation. The MCPs and ODM will organize quarterly in-person meetings for funded entities to share information and best practices. We will also hold monthly electronic meetings (using ODM's webinar software) that we will ask each county / Primary Applicant to "host" on a rotating basis
Are there standardized reports (quarterly and for data)? Or, will each county create their own quarterly and data report?	CBOs will be require continued collecting data through ODM's evaluation vendor (GRC) using their data collection instruments, which are detailed in the RFA's Appendix B: Data Collection and Reporting, Performance Measurement section on pages 14 and 15. Additionally, Primary Applicants will be required to submit quarterly financial and programmatic progress reports to ODM and the MCPs. A quarterly financial reporting tool will be distributed to funded entities as a later date. It has not yet been determined if a reporting tool will be created for programmatic progress reports – please stay tuned for more information in the coming months.
If the data being collected is the same data the Neighborhood Navigators are collecting, can we use the RED Cap System?	No. Data collection and reporting required for this grant must be reported directly to the MCPs, ODM, ODM's contracted evaluator (GRC), or OCHIDS (only for ODH home visiting models.)

Updated by ODM on Friday, September 6, 2019

2020-2021 INFANT MORTALITY RFA QUESTIONS & ANSWERS	
QUESTIONS	**ANSWERS**
If a county funds a Help Me Grow or Moms and Babies First program, will we receive monthly/quarterly reports from OCHIDS? If not, can the Program Coordinator be granted access to OCHIDS to run reports?	GRC receives data directly from ODH/OCHIDS for the programs that input into their system and are funded through this grant program. Other access to OCHIDS data must requested directly from ODH.
Is the grant amount for each county set? What happens to the money if a county is not fully funded?	The grant amount for each county has been set and is posted on page 1 of the RFA document. All Primary Applicants will have the opportunity to be fully-funded up to the maximum dollar amount indicated in the RFA. Funding will be awarded based on final approval of the projects within their submissions and full disclosure and receipt of all requested supplementary information. Should Primary Applicants not apply for, or not submit sufficient application materials to receive the maximum funding amount for their county, unfunded dollars will be re-allocated.
If an agency is receiving funding from ODH, The Ohio Commission on Fatherhood, or The Ohio Commission on Minority Health, how does that effect the funding?	Please see page 12 of the RFA under D. Supporting Documentation, Disclosure of Funding Agencies and Supporting Corporations for additional language. The RFA requires transparency and disclosure of all supplementary programmatic funding received by the Primary Applicant and Partner Agencies to assure funding efforts are not duplicative across initiatives. For example, if a county's Fatherhood program which employs 2 CHWs (focused on infant mortality reduction initiatives in the African American community) is being fully funded by the Ohio Commission on Fatherhood, additional dollars requested throughout this RFA to support the same staff and services would likely not be awarded.
Are there any requirements for font, font size, margins or spacing on the project narrative? Our preference is single spaced, 11 font size and .5 inch margins—is that okay?	There are no specifications or requirements for the actual proposal submissions. Please use your discretion.
Is it okay to submit annual budgets for half of the total amount for the applicant and each of the partners and note it will be repeated in year 2? Since the amount of money is fixed and our county is pretty established, at this point we do not have any projected changes to budget for in year 2, so this will reduce the number of budgets submitted (we have about 14 partners, so you will get lots of budgets either way!).	This budget submission request is reasonable as long as the detailed budget information by year is provided with an annual totals and a grand total for your funding request. Please refer to pages 11 & 12 in the RFA for more information regarding the Budget submission, and Appendix C on pages 16 – 19 for a Sample Budget Format.
Since our project costs are greater than the amount of funding available, is it okay to submit project budgets from applicant and each partner and note the amount we are requesting from Ohio Medicaid IM funds toward each budget? This will give you an idea of our total costs and IM funding's portion that we are requesting funding for.	This budget submission request is reasonable. If a Primary Applicant is only seeking a percentage of funds for a new and/or ongoing project from this RFA, it may be appropriate to submit budgets for fully-funded programs, including details for other funding sources, including the the identities of the other entities that are providing funds, the amounts of funds received from these other entities,and the amount being requested from this RFA.

2020-2021 INFANT MORTALITY RFA QUESTIONS & ANSWERS	
QUESTIONS	**ANSWERS**
In summary, this is how we propose to lay out the budget to show all of the program costs and the amount requested from Ohio Medicaid IM Funding: **1-Applicant comprehensive budget (noting how much of the budget is being ask for from Ohio Medicaid IM funding) for year 1-2020 that is also the year 2 budget-2021, 14(+/-)-Partner direct services comprehensive budgets (noting how much of the budget is being ask for from Ohio Medicaid IM funding) for year 1-2020 that is also the partners year 2 budget-2021** **1 overall budget that equals half of the funding allocated to be replicated for year 2 that lists each organization and the amount of funding that will be allocated to them to carry out the work plan.**	We ask that you follow, but not be limited to using, the Sample Budget Format provided in Appendix C, pages 16 – 19 of the RFA. Additional guidance can be found in the answers to the two previous questions listed above.
As the Lead Entity being accountable for the project, how do we best manage working with CBOs that either have trouble with data collection, or they do not collect data at all by the designated timelines?	All Lead Entities are expected to have Business Associate Agreements (BAAs) signed by themselves, the MCPs and their CBO partners to ensure work is produced and collected in a timely manner. Should data collection not be completed in a timely fashion, Primary Applicants and the MCP will need to work together provide additional technical assistance (TA) and/or determine whether a Corrective Action Plan (CAP) is necessary.
What exactly are the CBOs' accountable for?	Please refer to Expectations on page 4 of the RFA. Both Primary Applicants and Partner Agencies / CBOs are responsbile for meeting the General Expectations. The application must detail Partner Agencies (CBO's) responsibilites for each proposed intervention. Also, please see an example of a Letter of Commitment between the Lead Entities and CBOs on page 20.
Will we be able to communicte directly with ODM regarding this project? In past years we've been able to directy access the department's staff, but more recently we've been asked to work with the MCPs.	Primary Applicants will work directly with the MCP liaison(s) assigned to their county. In the event ODM needs to be contacted, plese send the communication to infantmortality@medicaid.ohio.gov and carbon copy the MCP liason(s).
What exactly will happen if the quarterly progress reports are not submitted in a timely manner?	Please refer to Expectations on page 4 of the RFA. Both Primary Applicants and Partner Agencies (CBOs) are responsible for meeting the General Expectations. Also, please see an example of a Letter of Commitment between the Lead Entities and CBOs on page 20.
Is there a certain percentage of the funding we should designate to the Additional Community-based Interventions? Or, is it possible that the full amount could be allocated towards those based on the community's needs?	Each coordinated community proposal submitted by a Primary Applicant must include at least one of the evidence-based interventions (CenteringPregnancy®, CHWs or Home Visiting). Funding can also be requested for Additoinal Community-based Interventions. The RFA does not include requirements for allocating funding between these two complimentary approaches.

2020-2021 INFANT MORTALITY RFA QUESTIONS & ANSWERS	
QUESTIONS	**ANSWERS**
If our organzation does not spend all of the funds prior to the end of the biennium, is there a possibility for the funds to roll over into 2022 if we apply for and receive the IM funding again?	This RFA requires all funds to be spent no later than December 31, 2021. Extensions for spending grant funds past that date will not be considered.
Does the RFP allow efforts to reduce black infant mortality that include services to women in their child bearing years, not yet pregnant, and/or include post-partum moms and newborns?	The RFA targets reducingthe disparity between Caucasian and African American infant mortality rates. Interventions should target African American women of child-bearing age (pre andpost natal) and their infants up to age one (1). Please refer to the Program Description's Purpose on page 4 of the RFA for further details, alsong with the Project Narrative on pages 6-9.
In effort to assure the development of a responsive grant application, I have the following question in need of clarification: Because the grant references on multiple occasion the targeting of disparities in the African America infant mortality, are funds to be utilized exclusively to provides evidenced based services to the African American population?	Coordinated community programs must be designed to target the disparity between Caucasian and African American American infant mortality rates in the county. The target population for the proposed interventions should be African American women and their infants. We understand that most interventions may also serve women who are not African American, but all programs should target this subpopulation. Please also see page 7 of the RFA for further information on the Evidence-based Interventions that must be included in the application (at least one of these invervetions must be included). In addition to these evidence-based interventions, applications can include additonal Community-based Interventions that are not evidence-based, but will improve service delivery, maternal education, and/or health outcomes for African American women. Please see page 8, Additional Community-based Interventions for further details.
If I am reading the RFA correctly, a Lead Entity does not have to continue working with a prior CBO partner – correct? We see that they have to communicate with the organization in writing and the MCPs and ODM will be made aware. As a previously funded CBO, how can I ensure that my program funding will not be eliminated?	Please see Page 7 of the RFA, 3b, which indicates that Primary Applicants must communicate in writing with previously funded potential Partner Agencies / CBOs if the Primary Applicant determines the CBO will not be included in the application / coordinated community approach. Both the MCPs and ODM will be made aware if this occurs. All potential Partner Agencies (CBOs) are strongly encouraged to reach out to the Primary Applicant in their county to estalish a strong working relationship and determine if coordinating programs and funding through this opportunity might be possible.
In order to be eligible for the ODM Infant Mortality funding should organizations have a non-profit - official 501(c)3 Tax ID number? Or, can community organizations apply that do not have one. or is it that the "Parent Agency" has a non-profit status then they can partner with community programs that do not have that status?	The Infant Mortality Reduction Project funding RFA does not require Primary Applicants or Partner Agencies (Community Based Organizations - CBOs) to have 501(c)3 status.

2020-2021 INFANT MORTALITY RFA QUESTIONS & ANSWERS	
QUESTIONS	**ANSWERS**
I recently received notification for the new RFA for ODM- Infant Mortality funding. During the previous process we submitted an application and were granted an award outside of a "Primary Applicant". I wanted to verify if we needed to submit our organization's application as we did previously or if we need to go through a "Primary Applicant"?	Only applications from a single Primary Applicant representing a full county's coordinated effort will be accepted. Potential Partner Agencies / CBOs interested in receiving funding must coordinate their proposal through the Primary Applicant's application. All potential Partner Agencies (CBOs) are strongly encouraged to reach out to the Primary Applicant in their county to establish a strong working relationship and determine if coordinating programs and funding through this opportunity might be possible.
In the last round of applications, we were not allowed to cover Supervision salaries but only salaries for those who provide direct services. Could you provide clarity for me? Many of my applicants are requesting salaries for Directors, Supervisors, CFO, etc.	Costs allocated towards salaries of direct service / intervention providers and their direct/immediate supervisors fall under 'Salaries and wages allowable." Salaries for administrators, executive-level leadership and support staff should fall into the "other allowable direct costs not to exceed 10% of total funding" language located on page 11 of the RFA under C. DETAILED BUDGET INFORMATION, 1 AND 2.
On the bottom of Page 4, there is a question regarding the use of the REDCap data system. Does ODM's response mean that REDCap cannot be used as the data collection/storage solution for our community? Or, does it simply refer to the fact that the information collected in REDCap for other programs like OEI cannot be used to fulfill the data requirements outlined in the RFA?	The REDCap data system may be used for your community's data collection/storage solution. The Infant Mortality funding program will continue to collect data in collaboration with the Government Resource Center (GRC) and OCHIDS (for Home Visiting programs only).
There are several questions related to the funding disclosure requirement outlined in the RFA. Are Primary Applicants and Partner Agencies being asked to disclose funding for their entire organization? Or, just to disclose funding related to the IM projects for which funds are being requested?	Primary Applicants/Lead Entities and their CBO partners have been asked to disclose whether or not they are receiving supplementary funds for all infant mortality-related projects, included and not included, in the application supporting the 3 evidence-based initiatives and Additional Community-based Interventions. For example, if a Fatherhood CHW project is being submitted in the application, and it is currently funded by The Ohio Commission on Fatherhood, that detailed information should be disclosed.
At the top of Page 4, there is a question related to incentives. How should we capture costs related to incentives, if there are any? If they are not related to/counted towards the Other Allowable Direct Costs (i.e. Travel, Materials and Training), should we simply create another box/section in our budget document for incentives?	Incentive costs do not count toward the total for Other Allowable Direct Costs not to exceed 10% of total funding. In the event Primary Applicants/Lead Entities include incentives in their budget submissions, they are asked to detail those incentives in both the budget narrative and financial details. Please elaborate the rationale for inclusion and how the items will be used to support women and infants participating in the project.

2020-2021 INFANT MORTALITY RFA QUESTIONS & ANSWERS	
QUESTIONS	**ANSWERS**
Related to the formatting question on Page 5, do the budgets, letters of commitment and funding disclosures count toward the 25-page limit referenced in the RFA?	Please reference page 6, III. Application and Submission Information, 2. Project Narrative. The Project Narrative should consist of Sections A-G of the RFA and should be no longer than 25 pages. The requested Supporting Documentation will be separate attachments to the submission.
As I read the application we're only allowed to request 10% total for consultants, travel, and materials—is that accurate or is it 10% per each of those categories.	That is correct. Other Allowable Direct Costs are not to exceed 10% of total funding as indicated in the header of section 2 on page 11. That would include everything in that section, and not for those specific categories.
The RFA provides examples of allowable salaries & wages costs that includes coordinator and community health workers. In the past, ODM graciously provided support for Senior Level Staff, Program Managers and Directors, who directly support participants, as well as frontline staff to support the operation of the program. Is that the case for round 4?	Costs allocated towards salaries of direct service / intervention providers and their direct/immediate supervisors fall under 'Salaries and wages allowable." Salaries for administrators, executive-level leadership and support staff should fall into the "other allowable direct costs not to exceed 10% of total funding" language located on page 11 of the RFA under C. DETAILED BUDGET INFORMATION, 1 AND 2.
Has ODM identified a data system that applicants should use to collect the required data elements (e.g., REDCap, OCHIDS, etc.)?	Yes. At this time, the Infant Mortality funding program will continue to collect data in collaboration with the Government Resource Center (GRC) and OCHIDS (for Home Visiting programs only).
RELATED TO THE ABOVE QUESTION: If so, will all programs be encouraged to use the same data system?	This RFA requires Primary Applicants to lead and coordinate data collection and submission across the community. Please see page 10 of the RFA, Section G - Data Collection and Reporting. Please also see Page 14 - Appendix B, which has specific details on Data Collection and Performance Measures.
Additionally, for instance, if REDCap is the system of choice, will funded programs have to duplicate data entry if they use a different system like OCHIDS?	The Infant Mortality funding program will continue to collect data in collaboration with the Government Resource Center (GRC) and OCHIDS (for Home Visiting programs only).
Will ODM provide a guide for how to collect the required data elements? For instance, the data element that asks "what kind of housing does the participant have?" could be interpreted in multiple different ways without a provided list of options.	The GRC form asks and provides a list of options to select from. For example, please see below: What kind of housing does the participant have? a. Live in house/apartment owned by participant b. Live in house/apartment owned by family/friends c. Live in rented house/apartment d. Live in shelter or group home e. Public housing f. Homeless g. Other (specify)

2020-2021 INFANT MORTALITY RFA QUESTIONS & ANSWERS	
QUESTIONS	**ANSWERS**
Can ODM share the emerging rationale for inclusion of some of the data elements? Specifically, we would like to better understand the inclusion of these data points so we can prioritize methods for asking moms this volume of questions in our interactions.	The data collection points listed under Appendix B: Data Collection and Performance Measurement of the RFA are the same data collection points funded entities are currently collecting on their program participants and submitting to the Government Resource Center (GRC).
Participant and other biological parent identification information (Does this mean driver's license, insurance card, etc.? Would this exclude illegal immigrants or put them in danger?)	Other biological parent's identification information on the GRC data collection intake form only asks for the other biological parent's first & last name and address, it does not ask for any identification (ss#, license #, insurance card, etc.). The form does ask for the main participants SS# and Medicaid ID# for the purpose of ODM to verify that the participant is enrolled in Medicaid and identify which Medicaid Managed Care Plan a participant is enrolled with for the purpose of care coordination. A participant is not asked to provide a driver's license# and if a participant is unable to provide a SS or Medicaid # they should not be excluded from services.
Is the participant financially stable (financial stability seems like a fairly subjective measure, so we wonder about instead asking about income and household size)?	Income and household size do not always determine if an individual or family is financially stable or unstable, it's preferred to ask the participant's opinion of their financially stability.
Did the participant receive treatment with progesterone during this pregnancy (without understanding the need for progesterone in individual cases we are hesitant to collect this information)?	This information could be asked directly to the participant and indicates whether they received timely OB/GYN prenatal care that identified their need for progesterone to reduce the prevalence of infant mortality. If the participant refuses to answer that is their choice but ODM encourages use of the question.
How many ER/urgent care visits were attended for the child or participant since the child's birth (we understand concerns around over-use of the Emergency Room, but without knowing the circumstances around these ER/UC visits we do not know how useful this data would be).	A follow-up question to the ER/urgent care visit asks the reason(s) for the ER/Urgent care visit. The question is asked to identify any health problems the infant may be experiencing and ODM encourages funded entities under this RFA to assist the parent in any needed services or referrals for the parent that can assist in improving the infant's health.
Is the father involved in the care of the infant (How is this defined? And what if the father wants to be involved but the mother won't allow it? These questions do not provide much room for nuance)	This question relates to social determinants of health and a participant can always refuse to answer the question.

2020-2021 INFANT MORTALITY RFA QUESTIONS & ANSWERS	
QUESTIONS	**ANSWERS**
MCP IM funds will not be used to "*braid funding*" with ODH's HV programs – correct?	That is correct. The Infant Mortality funds provided by the MCPs will be allocated towards programming focused on Home Visiting, Community Health Workers and Centering Pregnancy; along with additional community-based interventions focused on the three aforementioned evidence-based models. Additional community-based funding can be interventions utilized to engage and retain women in the three main interventions (e.g. peer-to-peer outreach) but also additional community-based interventions can be proposed to serve women who will not engage in a main intervention, but interventions that are tailored to their unique needs and can reach the most at-risk women. Proposed innovative interventions to reach these women and engage with them will also be considered. Details on the interventions are located on pages 6 & 7 of the RFA.
Would ODM consider funding to help organizations with all of the components of Home Visiting that are not billable?	This information is detailed on page 11 of the RFA under *1. Salaries and Wages Allowable (includes supervisory staff)* and *2. Other Allowable Direct Costs, not to exceed 10% of total funding (would include planning/training/etc.*). The Primary Applicant, collaboratively with the submitting CBOs, will need to determine what to include in their funding request for the period of up to 2 years (January 2020 – December 2021), and not exceed 10% threshold of total funding.
Could we please have clarity regarding the award amount? Is the total listed on the RFA for a two year period, or will we receive that listed amount annually?	The total amount listed on the RFA per county will be allocated for the two (2) year project period of **January 1, 2020 – December 31, 2021.**
Please confirm whether indirect costs can be submitted as part of the proposed budget. Potential Partnering Agencies have inquired about including up to, but not more than 10% of the total budget as indirect costs.	The majority of these items are direct labor costs and would fall under #1 Salaries and wages allowable. Maintenance and repairs would fall under #2 Other Allowable Direct Costs, not to exceed 10% of total funding. These items are described on pages 11 and 12 of the RFA.
In the event of award, if services provided from this funding opportunity become otherwise billable to Medicaid, the funded Applicants agree to not duplicate billing and work with the Managed Care Plans to develop a timeline for funding implications	Existing Medicaid-billable services provided by Medicaid providers should not be funded by the Coordinated Community Application - they should be billed separately to Medicaid by the providers of the services

2020-2021 INFANT MORTALITY RFA QUESTIONS & ANSWERS	
QUESTIONS	**ANSWERS**
RELATED TO THE PREVIOUS QUESTION: Does this mean we are, or are not able to bill for group visits? What does the second phrase mean in terms of our obligation to Managed Care Plans?	Application submissions should include services that are not currently billable to Medicaid. If these services later become separately billable to Medicaid, the entity will not be able to "double bill" for these services, and funded entities would need to work with the Managed Care Plans to develop a plan for when/how separate billing would start. For example: An application may include payment for a particular service, which is not currently billable to Medicaid. During the course of the IM funding cycle, this service becomes separately billable to Medicaid. If/when this occurs, the funded entity could not begin billing Medicaid for that service if it was funded by the IM grant dollars, and the funded entity would need to work with the Managed Care Plans to determine when separate billing would be acceptable (i.e. when grant funding stops, or sooner if grant funding is to be returned to the funder.)
Could you please provide guidance on how indirect billing rates should be incorporated in a budget submission?	Indirect billing rates should not be listed unless they have some relationship to the program that is being applied for under the RFA. For example, if it's an organization that deploys pregnancy centering, only the direct or indirect costs for deploying that program should be listed. If they also provide a program that supports safe water, they don't share those costs unless the staff associated with that centering program provides those services as well.
In regards to client eligibility, is the funding only to be utilized on those who are Medicaid eligible? or Can funding be utilized to serve private insured or those who are slightly above the 200% FPL?	The funds are to be directed towards African American women most at risk for poor birth outcomes. We understand there may be situations where non-Medicaid eligible African American women, or women of other races, who may benefit from the projects. Please refer to page 4 of the RFA under 1. Program Description, A. Purpose for more details.
We've had several partners express concerns that if they provide specific names in the budget portion of the RFA, that people will connect names to salaries in a public document, can they just include titles instead of specific names?	Listing titles instead of names is appropriate.
Has ODM done anything to ensure large RFA response files can be sent to the Infant Mortality email address?	Message size limitation for email is 50MB. When the submissions are sent, please compress them or zip them, so the size is reduced. Other options for sending files are to send all attachments separately instead of in one large file, or to provide a link (I.e. Google Drive) for the review team to access the files.

Please contact infantmortality@medicaid.ohio.gov with any additional questions pertaining to the Infant Mortality RFA. Additionally, click here to access the Infant Mortality RFA and all associated documents.