



**SFY 2014 Maternal Opiate Medical Supports
(M.O.M.S.)
Guidance for Applicants (GFA)**

John R. Kasich, Governor
State of Ohio

Tracy Plouck, Director
Ohio Department of Mental Health
and Addiction Services

November 8, 2013

Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Mission Statement

The mission of Ohio Department of Mental Health and Addiction Services (OhioMHAS) is to provide statewide leadership of a high-quality mental health and addiction prevention, treatment and recovery system that is effective and valued by all Ohioans.

Background

Governor John Kasich, Ohio Department of Mental Health and Addiction Services (OhioMHAS) Director Tracy Plouck and Governor's Cabinet Opiate Action Team Director Orman Hall have made the fight against opiate abuse and addiction in Ohio a top priority. Ohio's epidemic of opioid addiction has become a public health crisis, and the state's efforts to address this crisis have taken many forms.

Children born to pregnant women who are dependent on or addicted to opioids suffer adverse birth outcomes including fetal growth restriction, placental abruption, preterm labor, fetal distress and fetal death (ACOG Brief 524, May 2012). These effects may be due to the drugs themselves or to the withdrawal from the drugs. In addition, opioid dependency and addiction places these women at risk for violence, hepatitis, HIV and other infections that can have significant impact on both the mother and the infant. While heroin may be the most recognizable illicit opioid, prescription opioids are problematic as well and include codeine, fentanyl, morphine, methadone, oxycodone, hydrocodone, hydromorphone, propoxyphene and buprenorphine, a partial agonist.

Purpose

OhioMHAS – through the Office of Health Transformation – is making innovation funds available to accomplish the following overarching goal:

To improve fetal outcomes, improve family stability and reduce the costs of Neonatal Abstinence Syndrome (NAS) to Ohio's Medicaid program by providing treatment, including Medication Assisted Treatment (MAT), to pregnant mothers during and after pregnancy.

The primary objectives of the project are to:

- 1) Develop an integrated maternal care home model of care which provides timely access to appropriate addiction and mental health services that extends postpartum, including intensive home-based or residential treatment;
- 2) Identify best practices for obstetrical services relating to opioid addicted women including medication assisted treatment (MAT), before, during and after delivery;
- 3) Develop a toolkit to support clinical practices for this population;
- 4) Conduct a pilot and evaluation of promising practices at 2-3 sites that will integrate these practices into their programs; and
- 5) Generate sufficient savings to Medicaid to cover the costs of the M.O.M.S. project by decreasing by 30% the average length of time that NAS affected infants spend in Neonatal Intensive Care Units (NICUs).

Expectations

General Requirements for Service Provision

- Services will be provided in the language and cultural context that is most appropriate, and the program will be operated at a location that is readily accessible to the population served;
- Gender specific substance abuse treatment and other therapeutic series, including trauma-informed care when appropriate, will be provided to at least 75 women;
- Therapeutic interventions for children in custody of women in treatment which may address, among other things, their developmental needs and trauma;
- Sufficient treatment support and case coordination (case management) to include all necessary support activities to insure that women and their children have access to the services listed above;
- Clinical approaches that support managed care (improved utilization management systems, such as, enhanced engagement, step down provisions for consumers in residential settings, aftercare and/or linkage to other services);
- Enhanced collaboration with children's services, the criminal justice system, vocational rehabilitation and employment services and other entities serving Medicaid eligible consumers; and
- Identification and tracking methods of service utilization for all participants.

Prevention, Treatment, and Recovery Support Services for Women, Children and Families

- Outreach, engagement, pre-treatment, screening, and assessment;
- Outpatient, Intensive Outpatient or Residential treatment based on level of care determination;
- Substance abuse education, treatment, and relapse prevention;
- Medical, dental, and other health care services, including obstetrics, gynecology, diabetes, hypertension, and prenatal care;
- Postpartum health care including attention to depression and anxiety disorders, and medication needs; specialized assessment, monitoring, and referrals for education, peer support, therapeutic interventions and physical safety;
- Primary pediatric care for children, including immunizations;
- Mental health care, including a trauma-informed system of assessments and interventions;
- Health promotion services, such as nutrition counseling and tobacco cessation programs;
- Parenting education and interventions;
- Home management and life skills training;
- Education, testing, counseling, and treatment of hepatitis, HIV/AIDS, sexually transmitted infections, and related issues;

- Employment readiness, and job training and placement;
- Education and tutoring assistance for obtaining a high school diploma (including GED) and other higher education goals;
- Childcare during periods in which the woman is engaged in therapy or in other necessary health or rehabilitative/habilitative activities;
- Recovery support activities such as groups, mentoring, and recovery coaching; and
- Transportation and other wraparound services.

Case Management /Maternal Opiate Support

- Coordination and integration of services, and support with navigating systems of care to implement the individualized and family service plans;
- Assessment and monitoring of the extent to which required services are appropriate for women, children, and the family members of the women and children;
- Assistance with community reintegration, before and after discharge, including referrals to appropriate services and resources;
- Assistance in accessing resources from Federal, State, and local programs that provide a range of treatment and support services, including substance abuse, health, mental health, housing, employment, education and training; and
- Connection to safe, stable, and affordable housing that can be sustained over time.

Funding and Funds Availability

OhioMHAS expects to award a total amount of approximately \$1.8 million among the selected applicant(s) over a three year period beginning in the second half SFY 2014. Applicants are required to identify other funding sources and amounts that will support the staffing and operations of the pilot project. These funding sources may include, but are not limited to: Medicaid, Medicare, self-pay, private insurance and complementary grant funding or local support.

Location of GFA and Supporting Documents

The GFA Application and Supporting Documents are posted on the OhioMHAS website at <http://mha.ohio.gov/>. Go to “Funding” and “Grants” to access the MOMS webpage.

Eligible Applicants

Applications will be accepted from providers certified by OhioMHAS to provide addiction services or providers dually certified by OhioMHAS to provide addiction and mental health services.

Special Requirements

The implementing provider must be able to demonstrate a minimum of two years of experience in treating opioid dependent pregnant women, including the use of FDA-approved medications for pregnant opioid dependent women and other addiction services. The provider must commit to ongoing communication and collaboration with

the local Alcohol, Drug Addiction and Mental Health Services Board, law enforcement, the local public children services agency and the justice systems.

The implementing provider must provide effective controls and procedures to guard against tampering and diversion of controlled substances.

The implementing provider is required to participate in a “learning collaborative” that will be developed during the first year of the project and will include other addiction treatment and physical healthcare providers. The purpose of the collaborative will be to disseminate best practices for treating pregnant women who are opioid dependent and their children. A final and proven tool will be produced as a result of this pilot, and it can take to scale if this pilot is successful.

The implementing provider is required to establish a business plan that reasonably guarantees sustainability and self-sufficiency as quickly as possible and that strictly limits or eliminates reliance on the State, State funding and State staff. In addition, the agency must provide a staffing plan for the project medical director, treatment professionals, paraprofessionals and administrative staff.

Additional Requirements

Implementing providers are required to submit admission and discharge records for all clients served by the MOMS Project via the Ohio Behavioral Health Module (OHBH). Both primary and secondary diagnoses will be reported for all clients whenever appropriate (see MACSIS Behavioral Health Data Form, Field 25).

General Instructions for Completing Application

The requested information must be submitted in the format provided. Applications should be completed using Microsoft Word version 2003 or later and utilize a font size no smaller than 12-point type font, single-spaced. Applications should not exceed 35 pages, not including attachments or appendices. Applications must be submitted electronically to: OhioMHASBidOpportunity@mha.ohio.gov. Applications submitted via hard copy or facsimile will not be accepted. Interested parties are responsible to check the OhioMHAS website for any corrections, addenda to the application or posting of additional information: <http://mha.ohio.gov/>, go to “Funding” and “Grants” to access the MOMS webpage.

Review and Receipt Schedule

Applications must be received at OhioMHAS by **2:00 P.M., Friday, December 6, 2013**. Any application received after 2:00 P.M. on December 6, 2013 will be considered late and will not be reviewed.

Key Dates and Events

Date	Process
November 8, 2013	SFY 2014 “MOMS” Guidance for Applicants Available on OhioMHAS Website
November 22, 2013 3:00 to 4:30 P.M. (Updated Time)	MOMS Webinar for interested applicants – information about joining the webinar will be available on the OhioMHAS website
November 8-29, 2013	Question and Answer Period: Submission of questions and posting of questions and responses to OhioMHAS website. OhioMHAS will not respond to questions submitted after 5:00 P.M. on November 29, 2013.
December 6, 2013 2:00 P.M.	Grant Applications Due to OhioMHAS by 2:00 P.M.
December 10, 2013 5:00 P.M.	Board Review/Comment Forms due to OhioMHAS by 5:00 P.M.
December 17, 2013	Review and Feedback by Review Teams (comprised of internal and external members)
December 27, 2013	Notice of Award Mailed to Implementing Provider(s)
March 1, 2014	Commencement deadline for MOMS Service Implementation
June 30, 2016	End of grant period

Restrictions

Grant funds may not be used for: the purchase of vehicles, cash payments to recipients of services, capital improvement, construction, professional or credentialing fees, licenses, fines, penalties or to supplant existing funds for staff or programs. Applicants receiving awards will be required to execute OhioMHAS’ standard Agreement and Assurances, as well as any additional special assurances relating to these funds.

ADAMHS/ADAS Board Comments

Applicants must also send **one paper copy** of the completed grant application to the appropriate ADAMHS/ADAS Board. The Board will be asked to submit a Board Review/Comment Form with original signatures to OhioMHAS no later than December 10, 2013. Submission of the ADAMHS/ADAS Board Review/Comments Form to OhioMHAS ensures that the Board received a copy of the grant application. Comments from the ADAMHS/ADAS Board are not required, but OhioMHAS values Board input on grant application submissions and requires that Boards have the opportunity to provide comments.

Questions and Technical Assistance

Questions related to the application process and fiscal requirements should be directed to: OhioMHASBidOpportunity@mha.ohio.gov and include “MOMS” in the subject line. OhioMHAS will post questions and responses on a weekly basis to the GFA location at <http://mha.ohio.gov/>. Go to “Funding” and “Grants” to access the MOMS webpage.

Grant Application Review

All grant applications will be reviewed by OhioMHAS staff for compliance with format and guideline requirements and evaluated by review teams comprised of internal and external members, based on the strengths of applicant's experience and proposed project design and plan. The evaluation tool that will be used to review applications is posted for reference. The Budget Table and Budget Narrative must be accurate and correspond with each other. The Budget Narrative must adequately justify and explain each line item. All required forms must be signed and dated, scanned and attached to the application as directed below.

OhioMHAS reserves the right to reject, in whole or in part, any and all applications where the Department, taking into consideration factors including but not limited to, cost and the results of the evaluation process, has determined that the award would not be in the best interest of the Department.

The Department reserves the right to make no award, make an award for a lesser amount, make an alternative award for the specified project or make an award for a shorter duration. The Department reserves the right to ask clarifying questions, issue conditional awards, negotiate an alternative project plan or scope and negotiate a best and final application with one or more applicant(s). The Department reserves the right to waive errors and omissions that do not materially affect the outcome of said application. Errors and omissions may result in lower evaluation scores or rejection of the application.

Applicant will be solely responsible for reporting, withholding, and paying all employment related taxes, payments, and withholdings for his/her self and any personnel, including but not limited to: Federal, State, and local income taxes, social security, unemployment or disability deductions, withholdings, and payments.

Reporting Requirements

As authorized in Ohio Revised Code Section 5119.61, OhioMHAS will collect information and statistics from grantees. This information and data is outlined in the Reporting Requirements, which will be distributed with the Notice of Award. These ORC Reporting Requirements are available at: <http://codes.ohio.gov/orc/5119.61>. Reporting requirements, such as expenditure reports and progress reports, will be reviewed by OhioMHAS staff. Failure to comply with reporting requirements shall result in further action by OhioMHAS, which may include withholding of funds.

Non-Compliance/Accountability

Ohio Administrative Code section 3793:6-1-01, authorizes OhioMHAS to withhold from a Board or an alcohol and drug addiction program all or part of the state and federal funds allocated or granted by the Department for a specific program for any of the following: (1) Failure of the program to comply with rules adopted by the Department, (2) Failure of the program to comply with provisions of state or federal law, including federal regulations.

The Department is required to identify the areas of the program's noncompliance and the action necessary to achieve compliance and shall offer technical assistance to the program and the Board to assist the program in achieving compliance. If compliance is not achieved after technical assistance has been provided, the Department is required to give the program written notice by certified mail, return receipt requested, if it intends to withhold funds. The program is entitled to a hearing if it requests it within thirty days of the time of the mailing of the notice. Please see OAC 3793:6-1-01 for additional information.

Section 1 – OhioMHAS Maternal Opiate Medical Supports Application Face Sheet

Fully and accurately complete a face sheet form for the grant application.

- Indicate the Face Sheet Type and Service Type(s): M.O.M.S.
- Insert the total amount of OhioMHAS funds requested for the pilot project.
- Identify Grant Project time period. The grant period begins on January 1, 2014. The end date can be no later than June 30, 2016.
- The pending grant number is MHA14155.
- Please provide the Project Title: Maternal Opiate Medical Supports
- Complete Implementing Provider information.
- The face sheet must be signed and dated by an authorized Board Member and the Executive Director of the Implementing Provider.

Note: A signed face sheet must accompany each budget revision and/or any revision to this application submitted to OhioMHAS.

**SFY 2014 OhioMHAS Maternal Opiate Medical Supports Application
FACE SHEET**

FACE SHEET TYPE (check one)	SERVICE TYPE (check one)
<input type="checkbox"/> Original <input type="checkbox"/> Revision* <input type="checkbox"/> Report**	<input type="checkbox"/> Treatment & Recovery <input type="checkbox"/> Prevention <input checked="" type="checkbox"/> M.O.M.S.

*Check Revision when submitting a Face Sheet to OhioMHAS for an application, program, or budget revision.

**Check Report when submitting annual reports.

Total OhioMHAS Funds Requested: \$ _____ Grant Period: _____ to _____

Pending Grant Number: MHA14155 Project Title: Maternal Opiate Medical Supports (M.O.M.S.)

IMPLEMENTING PROVIDER INFORMATION	
Implementing Provider Name	
Executive Director	
Mailing Address	
City, State Zip Code	
Telephone Number	
Fax Number	
Executive Director's Email Address	
Fiscal Officer's Name	
Fiscal Officer's Phone Number	
Fiscal Officer's Email	
Federal Tax ID Number	
ADAMHS/ADAS Board Name	

Authorized Applicant Board Member

Date

Applicant Executive Director

Date

Section 2 – Project Abstract

The Project Abstract is a summary of the pilot project. Information in this section should provide clear and concise information about the project, including: Where the project will be located; the number of individuals expected to be served; which FDA-approved MAT medications will be utilized; the range of treatment and ancillary services to be offered, a brief description of the vocational and job placement services to be offered; the critical success factors the project will achieve; a list of the staff positions needed to operate the pilot project; a brief description of the schedule for establishing and opening the pilot project; the names of intermediaries/ collaborative entities; how long state support will be needed, description of other available or anticipated project funding, and total pilot project cost. Use no more than one and one-half typed pages. The Project Abstract must be inserted as Section 2 of the OhioMHAS grant application.

Section 3 – Project Plan

3A. Applicant

Describe the philosophy, mission and history of the implementing provider and how this supports the M.O.M.S. goals. Describe the provider's experience in implementing and operating an Addictions Treatment Program. Demonstrate that the provider has a minimum of two years of experience in treating pregnant mothers who are opioid dependent, including the use of FDA-approved medications for opioid dependence and other addiction services. Identify whether or not the implementing provider is an Opiate Treatment Program (OTP). If the provider is not an OhioMHAS licensed methadone program, please describe how the implementing provider will obtain medical services, including dispensing or administration of FDA-approved medications opioid dependence. Describe the provider's capability to fulfill the services/activities required by the M.O.M.S. project.

3B. Geographic Location and Accessibility

Identify both a primary proposed location and an alternative proposed location for the pilot project. For both the primary and alternative locations, describe why these communities were selected and include a detailed description of their accessibility to the targeted client population. Describe whether the provider will have co-located services.

3C. Collaboration

Describe how the implementing provider will establish on-going communication with the local Alcohol, Drug Addiction and Mental Health Services Board, the local child public services agency (including any Memoranda Of Understandings for referral protocols), local healthcare providers (including obstetricians, family practice physicians and pediatricians), law enforcement, county department of job and family services and the legal system. Also discuss the approaches for linkage with local mutual aid service committees and access to peer-based recovery support, where available.

3D. Staffing Description

Document how the project staffing pattern reflects ethnic, racial and cultural relevance to the target population. Identify the clinical staff to client ratio. Describe what strategies will be employed to ensure that the pilot project maintains qualified physician(s).

Insert the following documentation after the staffing description and label as **Attachments 1(a), (b) and (c)**:

- a. Table of organization for the implementing provider.
- b. Job descriptions (including qualifications) for members of the project staff. The provider must include job descriptions for those that will be directly involved in the project: Medical Director, healthcare professionals functioning under the Medical Director's direct supervision, clinical supervisor, project manager and other key staff.

- c. Copy(s) of any proposed contract(s), sub-contract(s) and/or other agreement(s) with contractor(s)/consultant(s), if applicable. The contract must identify the service(s) or deliverables, the party or entity with whom/which the provider will contract, and the hourly cost for services, or total cost for deliverables.

3E. Participant Recruitment

Applicants must provide a detailed participant recruitment strategy. Explain your strategy to provide services to a minimum of 75 pregnant women who are currently addicted to prescription opioids and/or heroin and will be followed successfully until the end of treatment. Describe whether you will be recruiting all pregnant women or whether you will have criteria for selection (e.g., only women in a first trimester of pregnancy). Provide a list of strategies, i.e., assertive outreach, you will use to recruit participants of different racial/ethnic backgrounds if possible. Identify the location(s) that will be used to recruit participants. Describe your plan to engage women as early as possible, but no later than the end of the second trimester. If you will be partnering with other organizations or providers in your recruitment efforts, describe how you will establish and maintain relationships with these organizations or providers. Discuss the barriers to participation in this study, and how you will address these barriers at your location(s). If applicable, identify informational materials that will be used for participant recruitment and describe their role in your recruitment strategy. If such materials will be used, explain how you will distribute them. Describe your plan for serving or referring women who are not able to be part of the program, and women who are engaged only in the third trimester.

3F. Clinical Services

From the prevention, treatment, and recovery services outlined in the Expectations section above, describe the services that will be available through your pilot project, and the levels of care to be provided, including services focusing on the family as the unit of service, and services to enhance engagement and retention. Describe how these services are appropriate for mothers and infants. Include a description of health promotion services that will be offered, e.g., prenatal education related to child birth and child care, nutrition counseling, tobacco cessation services. Discuss utilization of a protocol to identify and treat cases of NAS (e.g., standardized pregnancy risk assessment). If utilizing evidence-based practices, please identify the practice(s) and the targeted client group(s). Identify which recovery supports will be offered. Identify which FDA-approved medications will be offered. Describe how MAT will complement the delivery of other treatment services. Describe whether or not clients will be finished with MAT before they are successfully discharged from treatment. Describe how clients will transition into aftercare and receive ongoing services, such as post-treatment recovery check-ups regardless of discharge status, stage-appropriate recovery education, assertive linkage to recovery community resources and early re-intervention into treatment, if and when needed.

3G. Vocational, Job Placement and Ancillary Services Provisions

Describe the vocational and job placement services to be offered to the M.O.M.S. project participants. Identify which provider staff will provide these services. If the provider plans to partner with local vocational and job placement service providers, identify these entities and their locations. Identify the ancillary services (i.e., primary care, housing, education, etc.) to be made available to participants. Describe how the provider will monitor referrals to ancillary service providers to ensure that clients are able to access and receive these services.

3H. Project Plan for Success

Identify the critical success factors for a project of this size, scope and complexity. Describe any barriers to previous implementation efforts. Describe how the provider has used lessons learned to improve service delivery. Applicants must demonstrate that a comprehensive, coordinated, integrated service system is in place to meet the complex needs of the family members. In doing so, applicants must have Memoranda of Understanding (MOUs) with key agencies and organizations, such as Medicaid Managed Care Organizations, local public housing authorities (for permanent housing for families), mental health services if the provider is not dually certified by OhioMHAS, primary health, child and family services, family court, criminal justice, employment and education programs. Applicants should also discuss their approaches for linkage with local mutual aid service committees and access to peer-based recovery support, where available.

3I. Participant Retention

Provide a detailed participant retention strategy. Discuss specific techniques your organization/your partner organizations will use to make sure that participants follow through with prevention, treatment and recovery services that include activities like appointments for pre- and postpartum health care services, medication compliance, and participation in other recommended services. Discuss how family/kinship and spiritual support will be utilized to maintain engagement over time. Develop standardized criteria that will help monitor retention and indicate how you know when a client is at risk for disengaging from the project. Describe your plan for reengaging dropouts during the project period.

3J. Monitoring and Continuous Quality Improvement: Explain how you will monitor project operations and outcomes in order to provide immediate knowledge about problems and issues related to both project operations and progress toward project objectives. Describe how these data will be used to assure the quality of standard care, implement rapid-cycle quality improvements, and meet project goals. Applicants must describe how they will use these data to quickly solve problems, implement operational improvements, and meet project goals.

3K. Data collection and reporting

The applicant will be required to provide data needed for an independent evaluation of the project by a vendor selected by Ohio Department of Medicaid's (ODM) Technical Assistance and Policy Program (MEDTAPP), in addition to data for monitoring their own operations. The applicant should state their commitment and demonstrate their ability to collect gestational age and birth weight for infants and other medical and programmatic data during the intervention period.

The application must demonstrate a commitment to cooperate and collaborate with OhioMHAS and ODM and the M.O.M.S.' program evaluation.

Evaluation measures may include but are not limited to:

- Screening and Care Coordination:
 - o Prenatal care screening & accurate gestational age
 - o Behavior health risk assessment
 - o BMI assessment and plan of care for patient with BMI >30
- Prenatal Visits:
 - o Frequency of ongoing prenatal care
 - o Timeliness of prenatal care
- Postpartum Care:
 - o Postpartum follow-up and care coordination
- Costs of maternal and infant care and support services:
 - o Total Medicaid and non-Medicaid cost of care for the mother in the prenatal and postpartum period
 - o Total Medicaid and non-Medicaid cost of NICU
 - o Total Medicaid and non-Medicaid cost of hospital and emergency department admissions
 - o Total Medicaid and non-Medicaid cost of care for the infant in the first year of life
 - o Total Medicaid and Non-Medicaid cost of addiction recovery services
 - o Total Medicaid and Non-Medicaid cost of ancillary, social support and employment services
- Labor and Delivery
 - o Birth outcomes (DRG 789-795)
 - o Complications of pregnancy, childbirth and the puerperium (ICD 9: 630-679.14)
 - o Gestational age
 - o Birth weight
 - o Percent of live births weighing less than 2,500 grams
 - o Infant diagnosis of low birth weight (ICD 9: 764.xx, 765.0x, 765.1x)
 - o Infant diagnosis of seizures and convulsions (ICD 9: 630-679.14)
 - o Infant diagnosis of low respiratory conditions (ICD 9: 769, 770.xx)
 - o Infant diagnosis of low feeding difficulties (ICD 9: 779.3)
 - o Infant diagnosis of NAS (ICD 9: 779.5)
 - o Infants testing positive for drugs (ICD 9: 760.72, 760.73, 760.75)

- Mothers diagnosed with opioid addiction at time of delivery (ICD 9: 304.00, 304.01, 304.02, 304.03, 304.70, 304.71, 304.72, 304.73, 305.50, 305.51, 305.52, 305.53)
- Mothers diagnosed with sedative-hypnotics addiction at time of delivery (ICD 9: 304.10, 304.11, 304.12, 304.13, 305.40, 305.41, 305.42, 305.43)
- Mothers diagnosed with cocaine addiction at time of delivery (ICD 9: 304.20, 304.21, 304.22, 304.23, 305.60, 305.61, 305.62, 305.63)
- Mothers diagnosed with cannabis addiction at time of delivery (ICD 9: 304.30, 304.31, 304.32, 304.33, 305.20, 305.21, 305.22, 305.23)
- Mothers diagnosed with amphetamine and other psychostimulant addiction at time of delivery (ICD 9: 304.40, 304.41, 304.42, 304.43, 305.70, 305.71, 305.72, 305.73)
- Mothers diagnosed with hallucinogen addiction at time of delivery (ICD 9: 304.50, 304.51, 304.52, 304.53, 305.30, 305.31, 305.32, 305.33)

Behavioral Health Measures

- Abstinence
- Employment/Education
- Criminal Justice Involvement
- Housing
- Retention in Treatment

Family Preservation Measures

- # of positive toxicology screens
- # of positive toxicology screens for opiates
- # of children removed within X # of months
- # of open cases
- Length of Stay
- # of Reunifications
- # of subsequent reports
- Risk Assessment scores
- Others?

NOTE: As much of this information as possible will be collected via claims data at the state level.

3L. Cooperation with Quality Improvement and Evidence Based Practices

The applications must demonstrate a commitment to cooperate and collaborate with OhioMHAS and ODM selected QI and subject matter experts. OhioMHAS and ODM will provide and engage additional technical and clinical expert resources regarding best practice and clinical guidelines for maternal and infant care for NAS throughout the project periods. The applicants will participate in a QI collaborative using an approach based on the Institute for Healthcare Improvement (IHI) Rapid Cycle Quality Improvement model to design, implement and test changes and to rapidly deploy clinical and evidence based care.

3M. Implementation Work Plan (Attachment 2)

Using the templates provided as Appendix B1 and Appendix B2, provide a timeline (project schedule and plan) for establishing the M.O.M.S. Pilot Project from initiation to opening of the center for patient treatment. The work plan should include a description of pilot project primary aim, measureable objectives, key drivers of achieving the aim, and key project interventions. The work plan should also include project milestones, tasks, timelines, and responsible parties. Applicants must include the implementation work plan as an attachment(s) to applications and label as **Attachment 2**.

3N. State Support and M.O.M.S. Project Sustainability

Describe the state support (i.e., financial, technical assistance, etc.) needed to implement the project. Identify how long state support will be needed. Identify the local and regional stakeholders that will be accessed for long term sustainability. Describe the steps the provider will take to engage Medicaid Managed Care Organizations (MCOs) and achieve buy-in from other stakeholders.

3O. Business Plan (Attachment 3)

Using the template provided as Appendix C1 and Appendix C2., provide a budget and budget narrative for implementation and operation of the pilot project throughout the grant period. Provide a business plan to sustain the project after state support has ended. The plan must include: cost projections to initially establish the project; cost projections to sustain the M.O.M.S. Project; projected requirements for ongoing State financial support; and revenue projections from all sources, such as Medicaid, private insurance and self-pay. Provide a detailed budget plan that includes costs, financial supports, etc. Explain how the use of funds will be monitored. Discuss how the contracts and/or agreements referenced in the project budget and budget narrative provided in this section as required by the GFA and identify the service(s) or deliverables, the party or entity with whom/which the applicant will contract, and the hourly cost for services, or total cost for deliverables. Applicants must include the Budget Table and Budget Narrative as an attachment(s) to applications and label as **Attachment 3**.

3P. Letters of Support (Attachment 4)

Provide letters of support from entities from which you receive referrals. Referral entities could include courts, EAP programs, child protective service agencies, etc. Please also provide letters of support from partner entities and/or those that will assist with client care. Provide letters of commitment written by the entities with which the applicant will be partnered that detail their role(s) in the project. Applicants should scan and attach letters of support to applications and label as **Attachment 4**.