

## Questions related to Maternal Opiate Medical Supports (MOMS) – Request for Applicants

Number: MHA-19-MEDDIR-MOMS-40

Q: Please provide clarity regarding the project requiring the awardee to provide residential treatment for pregnant women or is the purpose of the project to develop a program of services that ensures linking pregnant women to all the supports identified?

A: The integrated maternal care home is not a residential facility but is a combination of wrap around services. Members of the MOMS Maternal Care Home include but are not limited to:

- The client and the client's family/support system
- Facility care coordinator(s)
- Co-location of Obstetrics/Gynecology services
- Behavioral Health
- Medication Assisted Treatment (MAT)
- Pediatrics co-located or referral
- Primary Care
- Case management
- Recovery Support
- Legal
- Employment/Vocational Rehabilitation services
- Smoking Cessation Program
- Children's Services
- Safe Housing
- And all other services listed in the Maternal Opiate Medical Supports RFA

While some of these services will be located at the MOMS program site, some of them will be referrals.

Additional information on the Maternal Care Home can be found at <http://momsohio.org/>

Q: What is meant by increase the census of pregnant women served by 55?

A: Each MOMS Awardee is expected to increase their census of pregnant women served by 55 pregnant women with opioid use disorder during the award year. This means that the facility will enroll 55 new women in their MOMS program providing wrap around services and care coordination.

Q: Does timely access to care, mean a referral?

A: Integration of care is one of the goals of the MOMS program. This means that each MOMS site co-locates as many wrap around services as possible to provide timely one stop care for pregnant women with opioid use disorder. Developing a community provider network of care allows each MOMS site to engage community partners to deliver care in a timely manner. Some services may be through referral.

Q: What specifically is the toolkit, from looking at the MOMS website what would an organization utilize?

A: The toolkit is designed to be a resource guiding awardees to develop an integrated maternal care home. The elements of the toolkit are contained in a document that is intended to serve as a readiness tool and plan for sites to establish a MOMS Maternal Care Home. In addition, the toolkit provides organizations with guidance regarding medical, psychological and social needs of this population.

Q: How frequent are the training components, a few times a month, is it phone conferences or in person meetings?

A: There are various components to the MOMS training program which include but are not limited to the following:

- The MOMS program Trainer hosts monthly webinars with expert presenters on various topics.
- Trainings include both administrative trainings and provider trainings for patient care.
- Technical assistance phone calls are made on a monthly basis by the MOMS trainer
- Site visits are made to each MOMS program site throughout the grant year.
- Each MOMS site is part of a learning community for the purpose of disseminating best practices for treating pregnant women with opioid use disorder. The learning community provides an opportunity where learning occurs through collaboration and mentoring. The learning community is also used for group skill building as well as individual trainings tailored to the individual OTP participants.

Q: How does data need to be collected? Will there be a database to upload information?

A: Upon award, each MOMS program site is given a data collection tool which is completed monthly. In addition, a survey is utilized to gather participant satisfaction.

Q: In regard to OB/GYN services could a formal arrangement be made with an outside organization to provide it off site?

A: Each MOMS awardee is expected to co-locate OB/GYN services within their facility through formal or informal contracts. Co-location is defined as having an OB/GYN certified medical provider on location at the OTP for eight (8) hours per week. These hours can be divided across the week days or one day may be set aside for provision of OB/GYN care. The medical provider that delivers the OB/GYN care must be an Ohio licensed OB/GYN physician, or a nurse midwife or nurse practitioner who is certified in OB/GYN care and has an association to an OB/GYN physician. Women participating in MOMS shall not be mandated to use this OB/GYN service as their primary OB/GYN service but should be offered additional monitoring. Applicants without colocation will be rated lower in the grant scoring process.