

Strong Start for Mothers and Newborns: Funding Opportunity Update July 11, 2012

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Agenda

- Overview of the Strong Start Initiative
- Key Revisions to the Strong Start Funding Opportunity
 - Program Timeline
 - Optional Letters of Intent
 - Evaluation & Monitoring Data
 - Clarifications
- Q & A Session

One Initiative with Two Strategies

1. Reducing Early Elective Deliveries

A test of a nationwide public-private partnership and ***awareness campaign*** to spread the adoption of best practices intended to reduce the rate of early elective deliveries before 39 weeks

2. Delivering Enhanced Prenatal Care

A ***funding opportunity*** for providers, states and other applicants to test the effectiveness of enhanced prenatal care approaches intended to reduce pre-term births in women covered by Medicaid and/or CHIP

Funding Opportunity

Better Care

Improved Health

Reduced Costs

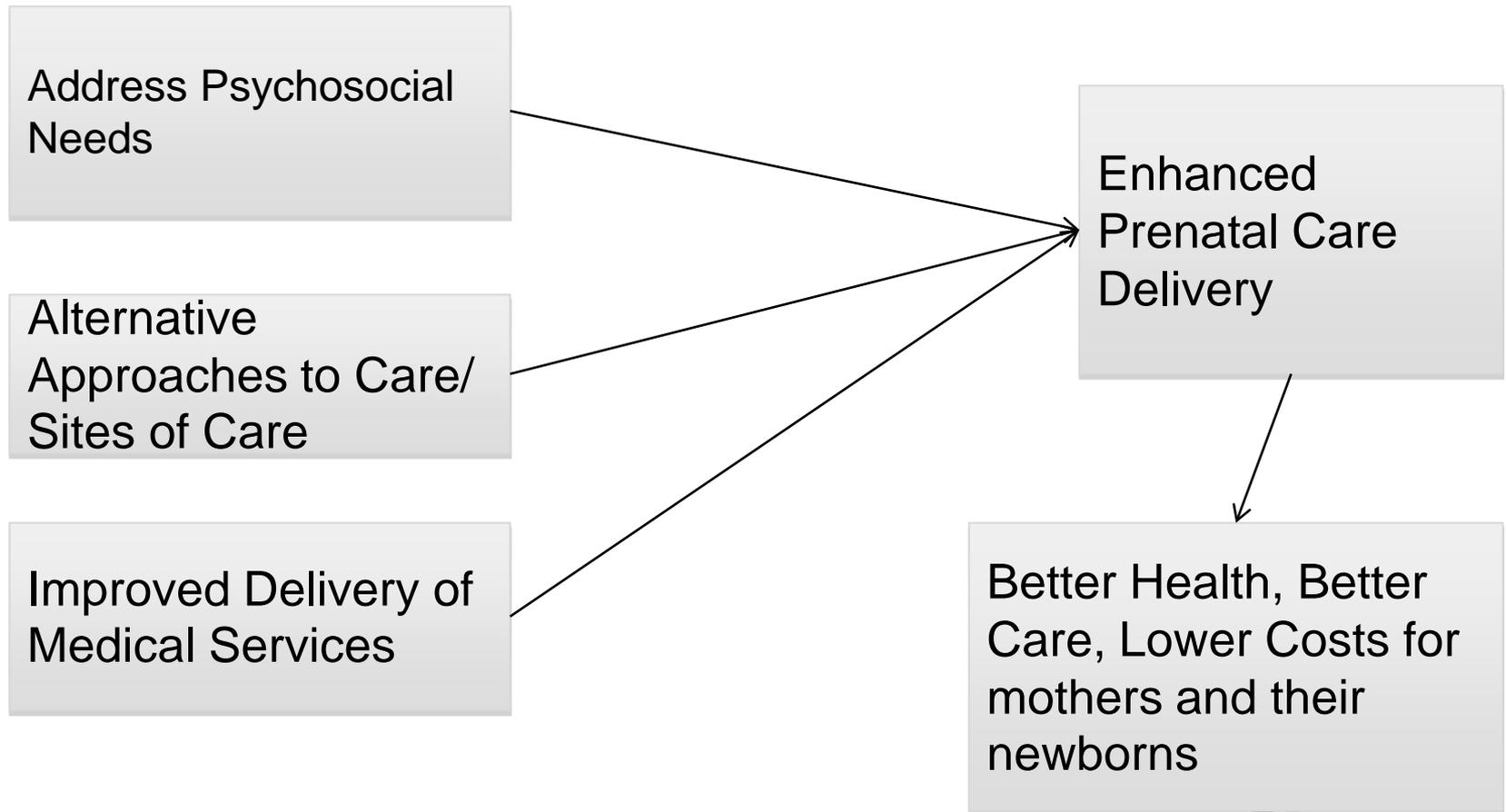
- Applicants may be:
 - **Providers** of obstetrical care services.
 - **States** applying in partnership with providers.
 - **Managed care organizations (MCOs)** applying in partnership with providers.
 - **Conveners** applying in partnership with providers.
- Applicants who do not directly provide prenatal care services (e.g., States, MCOs, and conveners) are expected to partner with providers of obstetrical care services.

Three Intervention Models

The goal is to determine if these interventions can increase gestational age of neonates sufficiently to decrease the anticipated total cost of medical care.

- **Centering/Group Care** – Group prenatal care that incorporates peer-to-peer support in a facilitated setting for three components; health assessment, education and support.
- **Birth Centers** – Comprehensive prenatal care facilitated by midwives and teams of health professionals including peer counselors and doulas. Focus includes building relationships with patients.
- **Maternity Care Homes** – Enhanced prenatal care at traditional prenatal sites expanding access and continuity, care coordination, and content.

Improving Prenatal Outcomes



Timeline Revisions

CMS has extended the application and program timelines.

- The 2nd Amended FOA was released on July 3, 2012 and can be viewed on the [Innovation Center Website](#).
- The application deadline is August 9, 2012.
- The anticipated award date is October 5, 2012.
- The period of performance is four years. This includes three years of service delivery and four years for data reporting requirements on births of intervention infants.

Optional Letters of Intent

- Letters of Intent are no longer a requirement of application.
- Optional Letters of Intent may be submitted by August 8, 2012 at <http://innovations.cms.gov/initiatives/Strong-Start/index.html>.
- Submitting a Letter of Intent allows potential applicants to use the online partnering platform.

Applicants Testing Multiple Models

- Applicants may propose multiple provider sites within their Strong Start application. However, individual provider sites can only administer one of the three approaches.
- Applicants must clearly identify the provider sites and associated enhanced prenatal care packages provided under each approach throughout their application.
- Medicaid and/or CHIP beneficiaries should not be enrolled in two approaches to enhanced prenatal care.
- CMS expects that Strong Start services will be provided in addition to current standards of care.

Revised Approach to State Data Linkages

- CMS will work with States and awardees (outside of this solicitation) to obtain linked state vital statistics and Medicaid claims and encounter data.
- Applicants are not required to obtain letters of agreement from their States to provide the linked data.
- CMS will also work with States to collect data on the Medicaid Maternity Core Set of Quality measures.
- If applicants have an internal capacity or have established relationships with their states to link vital statistics and Medicaid utilization and encounter data, they should describe this in their application (not to be included in the application budget; CMS will pursue with awardees at a later time).

Data Collection for Evaluation

- The applicant should state their commitment and demonstrate their ability to collect gestational age and birthweight for intervention infants during the intervention period.
- The applicant must also state their commitment and demonstrate their ability to provide the same data on births from a baseline period that spans at least 2 years prior to the start of the intervention.

Baseline Data and Comparison Population

CMS will look favorably upon applicants who state their commitment and demonstrate an ability to

- Provide more than 2 years of historical baseline data upon award (2.5 bonus points).
- Provide gestational age and birthweight on a comparison population during the intervention period (2.5 bonus points).

Baseline Data for Special Cases

- Organizations that do not have two years of their own baseline data may propose an alternative data source to obtain the necessary baseline data:
 - **Start-ups.**
 - **Organizations with less than two years of service provision history.**
 - **Organizations that are already providing the proposed model, but to a population that is different from the population that will be served under Strong Start.**
- Applicant must be able to demonstrate that these alternative data represent a population that is similar from a socio-demographic perspective to the population they will be serving under Strong Start.

Other Data for Evaluation and Monitoring

In addition to gestational age and birthweight , the following variables may be reported:

- Information collected on the 2003 version of the U.S. Standard Certificate of Live Birth.
- Identification of cases involving elective inductions, elective cesareans, and cesareans scheduled before onset of labor.
- Variables which address maternal and infant outcomes.
 - Maternal Outcomes May Include; Psychosocial factors and health outcomes extending six weeks postpartum or longer (e.g., compliance with postnatal care instruction, breastfeeding practices, post-partum complications, incidence of post-partum depression, and other maternal health concerns).

Enrollment Verification

- Applicants must be prepared to provide beneficiary identification numbers to CMS and/or its contractor(s) for each woman receiving enhanced prenatal care.
- Applicants must also be prepared to provide beneficiary identification numbers for infants born to women participating in an enhanced prenatal care approach.

Budget Clarifications

- Program Start Up and capacity-related activities should be completed within **three months** of the award.
- Service delivery of enhanced prenatal care should be implemented as rapidly as possible.
- Funding for training programs for clinical staff may be requested but should be intensive, brief programs.
- All activities should be built into the applicant's work plan and timeline.

Budget Clarifications (cont'd)

- Applicants should propose an aggregate funding request for enhanced prenatal services.
- Applicants should specify the cost of each specific service included in the aggregate funding request.
- The total amount of this request should be described as a total payment per expected beneficiary served.
- The total amount should include total costs for the enhanced service delivery, administration, and data collection and submission.

How to Apply

- Application materials and the amended FOA are available for download at <http://www.grants.gov>.
- Strong Start applications must be submitted electronically through <http://www.grants.gov>.
- For assistance with [grants.gov](http://www.grants.gov), contact support@grants.gov or call 1-800-518-4726.
- The Funding Opportunity Announcement and other program information are available on the CMMI website at: <http://innovations.cms.gov/initiatives/Strong-Start/index.html>.

Summary

- The application due date is **August 9, 2012**.
- Letter of Intent no longer required for an application.
- Letters of Agreement with applicants' States no longer required.
- CMS will work independently (outside of this solicitation and on a parallel track) with states and awardees to collect vital statistics and Medicaid and/or CHIP claims and encounter data.
- Applicants should state their commitment and demonstrate their ability to collect gestational age and birthweight for intervention infants as well as the same data for a baseline period for a minimum of two years.

Questions

Additional information available on CMMI website:
<http://innovation.cms.gov/>

Email: StrongStart@cms.hhs.gov