Information for CDC-RFA-DP19-1908

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Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees (https://www.grants.gov/web/grants/view-opportunity.html?oppId=311065), also known as CDC-RFA-DP19-1908, is a cooperative agreement supported by the Centers for Disease Control and Prevention.

Description

This funding will support agencies and organizations that coordinate and manage Maternal Mortality Review Committees to identify and characterize maternal deaths for identifying prevention opportunities. Recipients will identify pregnancy-associated deaths within one year of death; abstract and enter clinical and non-clinical data into a standard data system [Maternal Mortality Review Information Application (MMRIA) (http://mmria.org/)], conduct multidisciplinary reviews, and enter committee decisions in MMRIA within 2 years of death. Quality assurance processes, in partnership with CDC, will be used for improving data quality, completeness, and timeliness. Recipients and CDC will analyze data and share findings with stakeholders to inform policy and prevention strategies to reduce maternal deaths.

Informational Call on DP19-1908

A 30-minute informational call will be held on March 15, 2019 at 2pm EST.

Phone: 1-888-566-5911

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Program contact information

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Questions and Answers

This webpage will list and addresses questions that are received related to the CDC-RFA-DP19-1908 notice of funding opportunity. Responses to all submitted questions will be posted as soon as possible.

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Q: Are the funding levels listed in the NOFO inclusive of indirect costs or are indirect costs in addition?

A: The intended funding amounts included in the NOFO are inclusive of indirect costs.

Q: Is this opportunity only available for states with existing MMRCs?

A: To be responsive to this NOFO, an applicant must provide evidence of the following in their application:

- The state or territory from which the applicant is applying has granted the MMRC operating within the jurisdiction the authority to access clinical and non-clinical records, and confidentiality protection of data collected, proceedings, and activities
- The applicant is able to access maternal death certificates and matching birth and fetal death certificates as applicable from their jurisdiction's vital records system
- The applicant is able to share collected data with CDC through CDC's MMRIA system

These are key components of MMRCs that are integral to establishing or strengthening successful implementation of MMRC processes. By requiring applicants to show these critical factors are in place, recipients can collect the data needed to inform recommendations and achieve the goals of the Preventing Maternal Deaths Act of 2018. Awards under this NOFO, coupled with the continued availability of CDC technical assistance to non-funded MMRCs, will ensure this new investment of federal dollars will better understand maternal deaths and implement data driven recommendation to prevent them.

Q: What if our MMRC is currently using the Maternal Mortality Review Data System (MMRDS), but we plan to transition to MMRIA? Do you have to be using MMRIA at the time of the application?

A: To be responsive, applicants do not need to have already been using MMRIA, only to provide evidence that they have the ability to share data through this system. Evidence would be documentation of past experience of sharing similar data with CDC, or a letter from the applicant's legal authority documenting the ability of the applicant to share MMRIA data with CDC. Evidence of experience with MMRDS and/or MMRIA is a consideration in scoring Phase II review of applications.

Q: Can we be considered if our MMRC already has a funding from another source (for example, funding from state revenue)?

A: An existing Maternal Mortality Review Committee (MMRC), which already has funding from another source, can be considered for funding through this funding opportunity. There is a range of capacity and resources between existing MMRCs; but all MMRCs have an opportunity to enhance and expand their programs. In the situation where an MMRC has funding from another source, they should consider and describe how additional funding could be used to enhance and/or improve their MMRC processes, activities, and outputs.

Q: Can representatives from multiple states submit one application together. For example, two neighboring states, an ACOG District, or a Health and Human Services Region?

A: This funding opportunity has open eligibility. To be considered responsive, applications must provide documentation on the required Authorities and Protections, Vital Records Access, and Ability to Share Data with CDC. Some considerations for an application across multiple states:

- The funding awarded to a recipient will be based on the aggregate total of estimated pregnancy-associated deaths, as defined in this Notice of Funding Opportunity.
- Only one award will be made within a state or territory.
- Required MOUs, MOAs, DUAs, and Letters will be necessary from the each of states for the fiduciary agent would need to be included in the application.

Q: Is an applicant considered responsive if state legislation that provides "authority to access clinical and non-clinical records, and confidentiality protection of data collected, proceedings, and activities" is in process at the time of application"?

A: To be responsive, an applicant must document the authority to access records and confidentiality protections for the MMRC as part of their application. This may come from a law specific to establishing a maternal mortality review process, but it also may come from broader existing public health authority. In the absence of a law specific to establishing a maternal mortality review process that includes required authority and protection, we suggest that applicants discuss with the appropriate legal counsel whether other existing laws may provide the required authority and protection and provide appropriate documentation

Q: How do I navigate the CDC Wonder page, to find my state's 3-year average count of "pregnancy-associated" deaths described under section iv. Funding Strategy?

A: Instructions for using CDC Wonder to identify your state's 3-year average count of deaths is available by clicking this link. In addition, a table of which states fit into each average count range is available by clicking this link.

Q: Are institutions outside the U.S. eligible to apply?

A: No, this is domestic United States funding.

Q: Can the funds from the MMRC application to prevent maternal deaths be used to support MMRIA?

A: Yes, it would be permissible to include costs related to MMRIA in the budget. CDC is also working to offer MMRIA via a central platform hosted at CDC.

Q: What project performance measures are recipients of funding required to collect?

A: Please see the Evaluation and Performance Measurement section. It outlines the Tier 1 measures for years 1-2 and 3-5 that grantees will be required to report on. Awardees will be required to submit a detailed Evaluation and Performance Measurement plan, with input from CDC, within the first 6 months award.

Q: Is there flexibility in the timelines for identifying pregnancy-associated deaths within a year of death and completing the reviews of all potentially pregnancy-related deaths within 2 years of the death?

A: This funding is intended to l encourage improvements, enhancements, and innovations among MMRC processes (identification, abstraction, review, analyses) and outputs (dissemination, actions). Improving the timeliness of data abstracted and reviewed will support the timely implementation of data driven recommendations. CDC will be providing technical assistance to recipients to support progress toward more timely identification and review of deaths. Applicants can describe strategies to meet these aims in their applications and will be scored on the specified criteria.

Q: Does MMRIA allow for new data fields to be added (i.e., new variables)?

A: The content of MMRIA was developed in partnership with MMRCs and the system reflects their expertise and input. The content is ever-evolving alongside MMRCs, and jurisdictions may submit new data fields to the CDC team for potential addition to MMRIA. However, MMRIA does not have the capacity to include state-specific customized items at this time.

Q: Are states required to enter data that are PII (personally identifiable information), such as decedent's name, date of birth, residence into MMRIA? Or, can states satisfy grantee requirements by submitting/uploading de-identified data only? If we cannot share data with CDC via MMRIA, are we ineligible for this funding opportunity? Can we be considered if legal constraints only allow us to share de-identified data with CDC?

A: To be responsive to this NOFO, an applicant must provide evidence of the ability to share collected data with CDC through CDC's MMRIA system. There are 3 core purposes for recipients sharing their data with CDC: 1) The timely identification of data quality problems 2) The timely identification of recipient technical assistance needs, and 3) Analyses of data across recipients by the CDC to characterize maternal deaths and identify opportunities for prevention. To fully meet these aims, this does not require direct identifiers such as decedent's name or social security number, but does include variables that are *potentially identifiable* such as dates (e.g. date of birth, date of hospital admission, date of delivery), or location (decedent's residential address). A full list of these potentially identifiable data are available upon request. We suggest that applicants discuss with the appropriate legal counsel to provide the appropriate documentation for ability to share data with CDC.

Q: What security protections does MMRIA have in place to ensure data confidentiality?

A: MMRIA is hosted on a CDC Cloud Services solution. As a cloud service, it is subject to full security assessment, authorization, and continuous monitoring under the Federal Risk and Authorization Management Program (FedRAMP). MMRIA will be secured for confidentiality and integrity at a moderate level based on the requirements of the Federal Information Security Management Act (FISMA). Data will be encrypted in transit and at rest following the National Institute of Standards and Technology's Federal Information Processing Standard (FIPS 140-2) for Security Requirements for Cryptographic Modules. FIPS 140-2 specifies the security requirements that will be satisfied by a cryptographic module 2 are accepted by the Federal agencies for the protection of sensitive information. Per FedRAMP requirements, MMRIA employs more than 300 security controls. More information on the required FedRAMP security controls for systems deemed moderate can be found at https://www.fedramp.gov/understanding-baselines-and-impact-levels/ (https://www.fedramp.gov/understanding-baselines-and-impact-levels/).

Additionally, MMRIA data will only be accessible for analysis through a data export initiated by the jurisdiction. No identifying or potentially identifiable information will be presented or reported. A limited number of CDC staff, contractors, and other representatives of CDC will have access to the data for analysis. MMRIA will be covered under all applicable federal protections governing the confidentiality of potentially identifiable and sensitive data.

Q: Is there an overall page limit that includes attachments? We see a 20-page limit for the narrative, but no other limits listed.

A: The 20 page limit applies to the Project Narrative (Section C.10, pages 30-32) + Workplan (Section C.11, page 32). Attachments do not count against the page limit, and there is not a limit to the number of attachments or pages of an attachment. There is however, a file size limit of 4 megabytes.

Q: How should we handle getting the required letter of support if the state does not have an active ACOG state chapter? Are there alternative letters of support that could meet this requirement?

A: The letter of support can be from any state obstetrical and gynecological society; which includes but is not limited to ACOG sections. If an applicant does not have a state partner as specified in the NOFO, the applicant could substitute a letter for another comparable partner in their state. Alternatively, the applicant could create a document describing 1) The absence of this state partner, and 2) How the applicant will achieve the requested contribution, which that partner would have been provided e.g. how the obstetrical community is/will be engaged in the MMRC processes and dissemination of MMRC findings.

The PDF uploaded should retain the name specified in the NOFO for that partner document. For the above example, the PDF uploaded to grants.gov should still be named "SOG_MOU".

Q: How does the CDC envision that a state would track implementation of recommendations (an evaluation measure for the grant)? What definitions will CDC use for "implementation"? Will there be opportunities to measure progress, even if full implementation is not yet complete?

A: Implementation of data driven recommendations is an outcome measure for monitoring progress beginning in years 1 and 2 of this funding opportunity. Recognizing that implementation is often a multi-stage process, with a range of potential timelines for completion, CDC and awardees will monitor progress in achieving critical milestones toward fulling completing implementation of MMRC recommendations. Awardees will be required to submit a detailed Evaluation and Performance Measurement plan, with input from CDC, within the first 6 months award.

Q: The NOFO for this opportunity referenced data quality assurance checks, can you please explain that more or what the process entails.

A: Recipients of funding through this NOFO will work with CDC to implement processes for improving the quality of the MMRC's MMRIA data. The expectation is that recipients will conduct routine reviews of their MMRIA data based on their own experiences..

In addition, recipients will routinely share MMRIA data with CDC, through the MMRIA export function, to identify opportunities for improving data consistency, timeliness, and completeness. CDC will provide data quality feedback to each funded MMRC based on their data export.

Q: Will CDC have or require direct access to a recipient's MMRIA database for data access, or will we be required to send the data on request?

A: CDC does not require direct access to a MMRC's MMRIA system/database for use in data quality or analytic work. Central hosting of MMRIA data by CDC, once available, will provide recipients the option of CDC creating those exports from their database. CDC will not create a data export from a recipient's MMRIA data without first securing the approval of the recipient.

Despite the best efforts of CDC, some software support situations will require access to a recipient's MMRIA data. CDC has identified only a few individuals who may need to access MMRIA data for software support, and access is limited to those individuals. These individuals will not access a recipient's MMRIA data for software support situations without first securing the approval of the recipient.

Q: If and how should states reconcile CDC Wonder reports with state-level MMRC data?

A: Because approaches to identifying deaths are fundamentally different in each, we do not suggest reconciling the two. Rather, information from MMRC data can be included in the application as evidence of their MMRC processes and ability to use MMRC data.

Q: What are the restrictions that an applicant must consider in planning the programs and writing the budget?

A: A list of Funding Restrictions is provided on page 35 of the NOFO.

Q: How will CDC categorize a state that applies for their MMRC-based pregnancy-associated death counts funding level rather than their WONDER-based funding level?

A: The funding will be based on the CDC Wonder-based counts, as described in the answer posted on the DRH NOFO webpage, and not the applicant's MMRC-based counts of pregnancy-associated deaths.

Q: Is there any guidance or resources available where I could find what exactly all of the costs associated with the implementation of a MMRC are?

A: The best place to go to get information is reviewtoaction.org (http://reviewtoaction.org/). There are a number of resources available related to planning and what would be required for implementing an MMRC. There is also contact information for other Maternal Mortality Review Committees that you can access at Review to Action (http://reviewtoaction.org/content/mmr-map), if you want to reach out to other MMRCs.

Q: Within a region of states, is it possible for each state to apply independently, but for each state to include in their budget funding to specifically go towards a regional review and not just be their own state review?

A: A motivation for standardized data and this NOFO is to encourage greater networking between MMRCs. And so, it is acceptable for states within a region to include in their budget funding that would support their participation in regional collaboration. The budget should reflect the proposed work plan as described in the application, and include innovative approaches like supporting regional activities.

Q: Do you have examples of the data management plan that you want us to submit with this packet of materials?

A: Applicants are referred to the CDC webpage about Data Management Plans (https://www.cdc.gov/grants/additionalrequirements/ar-25.html) (DMPs). Recipients of funding through this NOFO will receive technical assistance from CDC related to further developing their DMP. The DMP may be a checklist, paragraph, or other format. Because there is no standard form to use when creating a DMP at this time, extramural applicants and recipients are referred to these external websites for examples of how to construct a DMP:

- University of California (https://dmp.cdlib.org/)
- USGS (https://www.usgs.gov/products/data-and-tools/data-management/data-management-plans)
- ICPSR (http://www.icpsr.umich.edu/icpsrweb/content/datamanagement/dmp/plan.html)

Q: On page 33-34 of the NOFO, there is section on Funds Tracking. How should that be addressed in the application submission?

A: That is a reference to how funds will be tracked for applicants chosen to receive funding. If your state is selected for funding we would set up a P Account in our Payment Management System.

Q: Do we need a Form 424 (SF-424) for this submission?

A: Yes. The SF-424 is a standard form package that is included with your grants.gov download. When you go in to apply you'll download the application and then there's an application kit. And that form is included in that kit.

Q: Would it be appropriate to include prevention activities driven by our MMRC data within our application? Or are the grant activities expected to focus solely on improving the MMRC process?

A: The full MMRC process relies on a number of steps – from gathering and abstracting the data to implementing data-driven recommendations. To get to implementation of recommendations that will be effective, the efforts must be built on strong data gathering and review processes, meaning that MMRCs must ensure processes are the best they can be, and that opportunities for enhancing and strengthening those processes have been maximized. As such, addressing and budgeting for these activities are paramount to success. Proposals to use funding to support the implementation of recommendations and related prevention activities driven by the MMRC data in addition to supporting the MMRC process would then be appropriate.

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