

Key	
 Complete	
 In Progress	
 Not Started	

	Category	Task	Agency	SB 332 Sections/Progress	Addl Work Needed	Links
1	Increase data availability for local decision making	Make Medicaid claims summary level data available to local IM collaboratives and ODH child and family health svcs grantees annually.	ODM	5164.471	ODM should inform eligible entities of what data is available and how to request it.	
2	Increase data availability for local decision making	Make preliminary birth and death data and IPHIS data available to local IM collaboratives and ODH child and family health svcs grantees	ODH	3705.4	Currently death data is not readily available through the secured side of the data warehouse and must be requested each time from ODH.	
3	Increase data availability for local decision making	Standardize data use agreements to include use and access requirements similar to those used by Ohio Cancer Incidence Surveillance System	ODH			
4	Increase data availability for local decision making	Provide geocoded data, where available, to local entities	ODH	3705.4		
5	Increase data availability for local decision making	Provide data analysis tool kit with data dictionaries and sample analyses	ODH		Sample analyses are needed to help local entities standardize results. For example, multiple variables could be used to calculate preterm birth.	
6	Increase data availability for local decision making	Provide ongoing vital stats training at birthing hospital and to funeral directors at least annually on correct coding and time limits to increase accuracy and consistency of data.	ODH	3705.41	Training was provided to birthing hospital staff in August 2017 and to funeral workers in October 2017	
7	New reporting to track progress and identify areas for focus	Publish a statewide infant mortality scorecard on a quarterly basis. The scorecard should include: population health measures including: infant mortality rate, sleep-related death rate, preterm birth rate (37 and 32 weeks), and low birth weight rate; outcome measures including the most up-to-date data on preconception health, reproductive health, prenatal care, labor and delivery, smoking, safe sleep, and breastfeeding; information by race and ethnicity; a comparison to the national health goals set through the federal Healthy People initiative along with Ohio's ranking in comparison to the rest of the nation; and information on the data sources and methodology used for the report.	ODH	3701.953	Releases of new reports should be publicized (to local partners at a minimum). Data currently posted is through September 2017.	Report
8	New reporting to track progress and identify areas for focus	Behavioral health, domestic violence, food security, and housing status are important measures to track to improve infant vitality. ODH should consider how to measure and track this information for the scorecard.	ODH			
9	New reporting to track progress and identify areas for focus	Publish a Medicaid infant mortality scorecard on a quarterly basis. The scorecard should include data specific to Medicaid enrollees including: Population health measures including: infant mortality rate, preterm birth rate, and low birth weight rate; Outcome and utilization measures using claims and vital statistics data for both fee for service and managed care enrollees; Information by race and ethnicity; Report data by census tract for high risk neighborhoods where Medicaid targeted initiatives are being implemented; and Include information on the data sources and methodology used for the report.	ODM			
10	New reporting to track progress and identify areas for focus	Local infant mortality commissions should build their own scorecards with data by region, city, and/or census tracts to provide a meaningful measurement for community organizations working infant mortality issues in these areas.	Local IM Comm	5162.135	Need to identify definitions and methodology so that stakeholders can properly interpret results. Releases of new reports should be publicized (to local partners at a minimum). Data currently posted is through September 2017.	Report
11	New reporting to track progress and identify areas for focus	ODH should calculate and publish up-to-date infant mortality rates and preterm birth rates for the state on a quarterly basis using a rolling average. All data should include information by race and ethnicity and the report should include information on the data sources and methodology used for the report.	ODH	3701.951	Data currently posted is from Q3 2017. Recognizing that preliminary data may change, many members expressed an interest in having more real-time infant mortality data to inform their work.	Report

Key	
 Complete	
 In Progress	
 Not Started	

	Category	Task	Agency	SB 332 Sections/Progress	Addl Work Needed	Links
12	New reporting to track progress and identify areas for focus	ODM should add to the information currently included in its annual statutory Medicaid Report on Pregnant Women and Children. This report should also include: Information by race and ethnicity; A measure of continuous Medicaid enrollment and consistent health plan enrollment during the perinatal episode by county; Track the number of days between Medicaid application and date of enrollment and date of application to date of plan enrollment for pregnant women by county; A measure of tobacco use among Medicaid women of child bearing age as well as utilization of cessation services and/or medication; Perinatal performance data by plan, including similar measures for populations in the fee for service delivery system; SIM Perinatal episode performance data; A report on the amount spent and the uses of the \$13.4 million per year allocated in FY 2016 and FY 2017 for initiatives in high risk neighborhoods; and Results of client responses to the Healthcheck and Pregnancy Related Services questions asked as part of the eligibility process.	ODM	5162.13; 5162.13; 5162.135	All required information has been added to this annual report. Perinatal episodes data is missing acceptable and commendable quality threshold information.	Report
13	New reporting to track progress and identify areas for focus	ODM should evaluate the effectiveness of the targeted initiatives funded in FY 2016-2017 through the managed care plans in hot spot areas and submit a copy of the evaluation to the General Assembly and JMOC.	ODM	Section 3 of SB 332		Report
14	New reporting to track progress and identify areas for focus	ODM shall conduct periodic reviews to determine the barriers that Medicaid recipients face in gaining full access to interventions intended to reduce tobacco use, prevent prematurity, and promote optimal birth spacing. After publication, ODM shall report findings at the next Commission on Infant Mortality.	ODM	5162.136	First report has been published. ODM director is reporting at May OCIM meeting.	Report
15	Additional Data Collection	ODH should annually collect and report PRAMS-like data	ODH	3701.952	OSU GRC is working on this initiative. First data is expected to be released in Summer 2018.	
16	Additional Data Collection	ODH should annually oversample Cuyahoga, Franklin, and Hamilton and biennially oversample OEI counties to allow for statistically valid local analyses	ODH			
17	Additional Data Collection	Primary language should be tracked in the Ohio Benefits system.	ODJFS			
18	Additional Data Collection	Race and ethnicity data collected in Ohio Benefits should be shared with health plans who should include this data with data shared with providers	ODM	5167.45	Voluntary self-reported demographic data including race and ethnicity in the eligibility system is shared with MCPs. ODM is working with MCPs to standardize the collection of race, ethnicity, and language data to track disparity reduction efforts. ODM has hired a full time Health Equity Manager to work across agencies to reduce health disparities.	
19	Additional Data Collection	ODH should review and improve education materials on shaken baby syndrome	ODH	3701.63		Web page
20	Proven Interventions - Safe Sleep	Ban the sale of crib bumpers	GA	3713-02-3713.99	Department of Commerce has issued a product advisory and is working to enforce compliance with the law.	
21	Proven Interventions - Safe Sleep	Provide annual training for safe sleep educators with containing education credits at no cost to participant	ODH	3701.66	Toolkits and curricula have been updated, webinar is being developed, Next annual training is scheduled for June 30	
22	Proven Interventions - Safe Sleep	Entities distributing cribs should ensure safe sleeping education is provided along with crib set up instructions	local entities	3701.67	ODH has developed a webpage of resources and information for its partners including a safe sleep video available in five languages at www.safesleep.ohio.gov .	Web page
23	Proven Interventions - Safe Sleep	Assess who has received cribs, whether the crib is being used - consider adding as a contract deliverable to grantees	ODH	3701.67; 3701.671	Facilities have been reporting safe sleep screening data through IPHIS since January 2017. ODH has been reviewing data quarterly and has worked with facilities improve their screening processes and data collection.	
24	Proven Interventions - Smoking	Increase tobacco taxes and use revenues for IM reduction activities	GA			
25	Proven Interventions - Smoking	Restrict tobacco and nicotine sales to adults over age 21	GA			

Key	
 	Complete
 	In Progress
 	Not Started

	Category	Task	Agency	SB 332 Sections/Progress	Addl Work Needed	Links
26	Proven Interventions - Smoking	ODH should update the state's tobacco use and cessation plan to reflect the current health care environment. The plans should include strategies that reflect the increased use of electronic health records and increased health care coverage and payment for cessation services. The plan should set reasonable yet aggressive timelines for change. The plan should also contain strategies specific to Medicaid consumers.	ODH	3701.84	Previous strategic plan released in February 2017. An update is planned for FY 2019.	
27	Proven Interventions - Smoking	ODM should provide federal Medicaid reimbursement through an interagency agreement with ODH for the Tobacco Quit Line to reduce barriers for Medicaid recipients seeking assistance with smoking cessation.	ODM	Section 6 of SB 332	ODH has published a chart to help providers understand how bill Medicaid for cessation services. Data shows Quit Line utilization in Ohio is much lower than other states. Currently, OTC NRT is covered for Medicaid recipient with a prescription only.	Chart
28	Proven Interventions - Smoking	ODH should build capacity in high risk neighborhoods with community organizations to help them succeed in securing grants for Moms Quit for Two and other smoking cessation programs.	ODH		All Ohio Equity Institute communities have a Baby and Me Tobacco Free Program; ODH is funding Community Cessation Initiatives. ODH states that they are unable to provide training in successful grant writing for competitively bid grants.	
29	Proven Interventions - Safe Spacing	ODM should allow inpatient hospitals to bill for long acting reversible contraception (LARC) devices separately from the Medicaid inpatient payment (DRG) for devices placed post-delivery.	ODM	5164.721	ODM updated its hospital billing manual in August 2017 to help facilities understand how to bill for the device. Claims data does not show an uptick in utilization.	Billing Manual (see pg 35)
30	Proven Interventions - Safe Spacing	Using CHIPRA or unspent ODH GRF funds, ODM and ODH should provide one time grants for technical assistance and upfront stock to high volume practices including federally qualified health centers (FQHCs) that serve women living in high risk neighborhoods and who seek to become a LARC First practice.	ODM	Section 8 of SB 332	OPQC partnered with Cicatelli Associates, the Ohio Association of Community Health Centers, ODM, and OSU GRC to improve patient care and outcomes by training teams on evidence-based clinical practices, long acting reversible contraceptives (LARC) stocking and financing, workflow, and contraceptive counseling. The project involved nine clinical sites of five FQHC networks. ODH has also contracted with Cicatelli through June 2018 to provide similar training to Title X clinics.	Guide
31	Proven Interventions - Safe Spacing	The General Assembly should permit pharmacists to administer Depo-Provera (HB 421).	GA	4729.45	Pharmacists rules have been changed; however, the Medical Board is still working on rules for physicians to follow when prescribing a drug that may be administered by a pharmacist.	
32	Proven Interventions - Safe Spacing	The Office of Health Transformation (OHT) should add preconception care and family planning to its PCMH requirements.	OHT		Quality measures tracked include: timeliness of prenatal care, birth over 2500g; postpartum care; adolescent wellness.	
33	Proven Interventions - Safe Spacing	ODH shall work with medical and nursing boards and health professional schools to improve patient counseling on efficacy-based contraception including LARCs.	ODH	3701.90; 3701.928	Work is in progress. ODH has contracted with OSU GRC to develop curricula on LARC, pre- and inter-pregnancy planning.	
34	Proven Interventions - Safe Spacing	All birthing hospitals and free standing birthing centers shall modify their operational procedures to ensure that a woman giving birth in the facility has the option of receiving a LARC at delivery or prior to discharge. Facilities with a faith-based objection are exempt from the requirement if they notify the Ohio Department of Health in writing.		3702.34; 3727.20	Fourteen hospitals have have submitted an objection and are exempt from the requirement. ODH surveyors will follow up on any complaints received.	
35	Proven Interventions - Preventing Prematurity	ODM should require its Medicaid managed care plans to use a single uniform form for providers seeking progesterone administration for their patients.	ODM	5167.171	Prior authorization for Makena was lifted in 2016	
36	Proven Interventions - Preventing Prematurity	Using CHIPRA or unspent ODH GRF funds, ODM and ODH should provide funding to stock progesterone in high volume practices serving women living in high risk neighborhoods	ODM			
37	Proven Interventions - Preventing Prematurity	The General Assembly should permit pharmacists to administer progesterone (HB 421).	GA	4729.45	Pharmacists rules have been changed; however, the Medical Board is still working on rules for physicians to follow when prescribing a drug that may be administered by a pharmacist.	

Key	
 	Complete
 	In Progress
 	Not Started

	Category	Task	Agency	SB 332 Sections/Progress	Addl Work Needed	Links
38	Systems Changes	To expedite access to care for pregnant women, ODM should expand the qualified entities that can perform presumptive eligibility for Medicaid.	ODM	5163.01; 5163.101		
39	Systems Changes	ODH and ODM should promote the increased use of Text4baby among Ohio's pregnant women to increase awareness of safe sleep, smoking cessation, and safe spacing by adding this as a requirement to contracts with WIC clinics, home visiting programs, and Medicaid managed care plans.	ODM/ ODH	3701.132 (WIC); 3701.61 (HV); 5167.172 (MCP)	Enrollment into programs that use mobile messaging to promote infant vitality has been incorporated into the requirements of these three programs.	
40	Systems Changes	While ODM has focused performance improvement on the Healthcare Effectiveness Data and Information Set (HEDIS). measures for adolescent wellness and postpartum visits, improvements in these measures do not necessarily equate to better outcomes because these measures do not account for care received by women not enrolled in managed care, women who have had breaks in Medicaid coverage, and the inconsistent implementation of best practices at the provider level. ODM should work with plans, practices, and provider associations to ensure that family planning options, strategies for risk reduction, and health promotion activities are consistently included in visits for all Medicaid recipients.	ODM	 	ODM implemented guidance on enhanced maternal care services for the Medicaid plans in June 2016. Additionally, Medicaid recipients are now enrolled in a managed care plan on the date of enrollment, which increases the number of women affected by the guidelines.	Guidelines
41	Systems Changes	OHT should set aspirational goals for continuous quality improvement within the perinatal episode through the State Innovation Model (SIM). The goal of the SIM project is to reduce excess variation in price and quality in care. In the first round, the quality measures that providers must meet have been set very low. Over time, as the program matures, it is expected that variation between providers will be reduced and overall quality will increase. Specifying longer term quality goals will help providers focus their efforts.	OHT	191.09		
42	Systems Changes - Cultural Competency	The Ohio General Assembly should improve cultural competency of health care providers by requiring continuing education credit on this issue.	GA	4743.08		
43	Systems Changes - Cultural Competency	OHT should engage health care provider associations to increase provider awareness of the importance of cultural competency throughout their practices as a way to improve positive health outcomes and reduce health disparities.	OHT	191.10		
44	Systems Changes - Cultural Competency	Ohio's medical schools and residency programs should establish appropriate cultural competency training across the curriculum for its medical students and residents.		 		
45	SDOH - Screening	Local infant mortality commissions should promote and track the use of the ProMedica Pregnancy Lifestyle Assessment, or other similar risk assessment, among practices treating pregnant women in high risk neighborhoods, to assess social risk factors. ²⁸		 	State has implemented a uniform web-based pregnancy risk assessment form (PRAF 2.0). Data from the Pregnancy Risk Assessment Form (PRAF) form is now being shared with other entities for follow up including home visiting.	Form
46	SDOH - Screening	The State should consider building additional capacity – such as through certified community pathway HUBs – to achieve a wider use of this tool and to connect patients to the services needed to address social risk factors.	OCMH; ODH	Section 4 of SB 332	OCMH worked with Kirwin Institute to identify 29 communities that could benefit from HUB services.	
47	SDOH - Meeting Needs of Pregnant Women	ODM should require the use of certified community health worker services for women enrolled in Medicaid who are pregnant or at risk for pregnancy.	ODM	5167.173	Enhanced prenatal services including community health worker, centering pregnancy, and/or maternity medical homes are required through the enhanced maternal care service guidelines.	

Key	
 	Complete
 	In Progress
 	Not Started

	Category	Task	Agency	SB 332 Sections/Progress	Addl Work Needed	Links
48	SDOH - Meeting Needs of Pregnant Women	ODM should amend its provider agreement to require Medicaid managed care plans to contract with Pathways Community HUBs who fully or substantially meet the certification standards developed by the Rockville Institute as well as home visiting programs for clinical outcomes.	ODM	5167.173	Managed care premiums have been adjusted to account for the change.	
49	SDOH - Meeting Needs of Pregnant Women	In areas where HUBs are not available, ODH should use Maternal Child Block Grant funds to work with the Commission on Minority Health and communities to develop new HUBs and help them become certified. As part of the grant requirement, each HUB must participate in quarterly meetings with all of the HUBs for the purpose of sharing best practices and lessons learned led by the state's technical assistance consultant. Each HUB must submit performance data quarterly to the technical assistance consultant and the technical assistance coordinator must analyze the data and use the results as the basis for discussion at quarterly meetings.	ODH	Section 4 of SB 332	ODH has been working with the Community Pathway Hub Institute to develop technical assistance and assess readiness of these communities.	
50	SDOH - Meeting Needs of Pregnant Women	The Ohio General Assembly should include geography and other social determinants of health risk factors, including women with a positive screen for depression, in the prioritization of home visiting services.	GA	3701.61	ODH is working to implement this change through the administrative rule process.	
51	SDOH - Home Visiting	ODH should transition home visiting programs to payment for outcomes rather than processes.	ODH	Section 7 of SB 332	FY 2018 contracts include performance incentives. ODH will work with the Ohio Home Visiting Consortium to further advance this work.	
52	SDOH - Home Visiting	ODH should create a central intake and referral for all home visiting programs by county and/or region to allow for better triage of families in need of home visiting services.	ODH	3701.611		
53	SDOH - Home Visiting	ODH should allocate funding for a central intake and referral system for home visiting through a competitive grant process. This process should be open to public and non-profit entities, including community organizations, to promote better local collaboration.	ODH	3701.613		

Key	
 	Complete
 	In Progress
 	Not Started

	Category	Task	Agency	SB 332 Sections/Progress	Addl Work Needed	Links
54	SDOH - Home Visiting	ODH should allocate funding for innovative pilot projects that build on the learning of traditional home visiting programs but can be targeted to some of the most challenging families to serve. New interventions are needed for families unable to be successful in traditional programs.	ODH	3701.612; 3701.613; Section 7 of SB 332	SB 332 created the Ohio Home Visiting Consortium as the forum to accomplish these goals. Additionally, the consortium hosted its first summit in April 2018 to share the latest research on evidence-based innovative HV and CHW models; discuss strategies to ensure that HV and CHW programs use evidence-based or innovative, or promising models; discuss strategies to reduce tobacco use by families participating in programs; and present successes and challenges encountered by local implementing programs. ODH has released an RFP for an innovative HV curriculum that will combine HV and home health care services in an interdisciplinary model to reduce infant mortality.	
55	SDOH - Home Visiting	ODH should engage ODM and other stakeholders in order to leverage Medicaid resources to ensure interventions reach more of those families most in need.	ODH	3701.612		
56	SDOH - Stable Housing	The Ohio Housing Finance Authority (OHFA) should include pregnancy as a priority in its housing tax credit and emergency shelter programs.	OHFA	175.14/175.15	OHFA revised its scoring criteria for housing tax credits for projects that partner with an infant mortality specialist to serve the community and increased the allowable developer fee for those that pursue these points by \$50,000. The Commission on Infant Mortality was charged with providing information to inform OHFA's annual plan.	
57	SDOH - Stable Housing	Local homeless shelter grantees should track and report the number of pregnant women and ages of children seeking assistance.	Local	 		
58	SDOH - Stable Housing	Local homeless shelter grantees should place pregnant women in family shelters rather than single adult shelters.	Local	 		
59	SDOH - Stable Housing	OHFA should investigate rebalancing investment in state-funded programs that support middle and low-income home buyers in hot spot neighborhoods.	OHFA	 		
60	SDOH - Stable Housing	No later than July 5, 2017, the Commission on Infant Mortality should work with the Ohio Housing and Homelessness Commission to develop and rental housing assistance program to expand housing options for extremely low income households with pregnant women and new mothers and submit an implementation plan for rental assistance to the General Assembly and the Governor no later than December 31, 2017.	OCIM	Section 9 of SB 332		
61	SDOH - Addl Work Needed	The Ohio General Assembly should contract with an outside entity to lead a stakeholder group to review state policies and programs that affect infants and women of childbearing age, identify opportunities within these programs to improve the social determinants of health, review emerging and best practices in other states, and develop a set of recommendations to be delivered to the General Assembly and the Commission on Infant Mortality. The workgroup should focus its initial review on the areas of education, income, and transportation (in addition to the housing work already begun). The stakeholder group should include state agency leaders, legislators, and other interested parties with expertise in these areas.	GA	Section 5 of SB 332		Report
62	SDOH - Addl Work Needed	The Commission on Infant Mortality should continue to meet during this process.	IM Comm	 		

Key	
<div></div>	Complete
<div></div>	In Progress
<div></div>	Not Started

	Category	Task	Agency	SB 332 Sections/Progress	Addl Work Needed	Links
63	Other SB 332 Provisions	Safe Haven program improvements	ODH	2151.3516-2151.3535		
64	Other SB 332 Provisions	Publish stillbirth data and develop educational materials		3701.97		Fact Sheet