



Request for Applications

RFA # 349



Pregnancy Care Management for Women Ineligible for Medicaid for Local Health Departments

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section/Women's Health Branch

ISSUE DATE: October 27, 2017

DEADLINE DATE: November 28, 2017 at 5:00 pm

INQUIRIES and DELIVERY INFORMATION:

Direct all inquiries concerning this RFA to:

Tonya J. Dennis, 252-355-1025 x 20, tonya.dennis@dhhs.nc.gov

Applications will be received until 5:00pm on November 28, 2017

Electronic copies of the application are available by request.

Send all applications directly to the funding agency address as indicated below:

Mailing Address:

Division of Public Health
Women's Health Branch
1929 Mail Service Center
Raleigh, NC 27699-1929

Street/ Hand Delivery

Address:

Division of Public Health
Women's Health Branch 5601
Six Forks Rd., 2nd Floor
Raleigh, NC 27609-3811
Attention: Tonya Dennis

IMPORTANT NOTE: Indicate agency/organization name and RFA number on the front of each application envelope or package, along with the RFA deadline date.

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I. INTRODUCTION

This RFA will provide funding to eligible local health departments for the provision of Pregnancy Care Management (OBCM) services to uninsured pregnant women, ineligible for Medicaid who are determined to have a priority Maternal Infant Impact Score (MIIS) associated with low birth weight.

Pregnancy Care Management services are provided by nurses and staff with social work degrees, and are based on patient need and risk status. The type and frequency of patient contacts are determined by the patient's individual needs and plan of care, in order to effectively meet desired outcomes. Contacts may occur in multiple settings including the health care provider office, community, or patient's home, Pregnancy Medical Homes (PMH), as well as by phone. All documentation for OBCM services is completed online in the Community Care of North Carolina (CCNC) Case Management Information System (CMIS).

Prenatal care providers may refer patients for these OBCM services by completing the Pregnancy Home Risk Screening form at the initial prenatal visit, in order to identify risk factors. Additionally, referrals can be made by partner entities that provide services to uninsured pregnant women. If the pregnancy risk screening form is not utilized when making the referral, the Pregnancy Care Manager is responsible for assessing the patient for the presence of priority risk factors using program patient prioritization tools. The Pregnancy Home Screening form can be accessed in the OBCM Program Manual located at:

<http://whb.ncpublichealth.com/provPart/pubmanbro.htm>

Some priority risk factors include but are not limited to:

- Hypertension
- A history of spontaneous preterm labor
- A history of low birth weight
- Unsafe living environment (homelessness, inadequate housing, violence or abuse)
- Substance use
- Tobacco use
- Antenatal hospital utilization

Effective and ongoing communication and collaboration between the Pregnancy Care Manager and the patient's prenatal care provider is a key component of the program model. The overall model seeks to improve birth outcomes by reducing the rate of preterm birth, which is measured by rates of low birth weight and very low birth weight, in addition to other indicators.

ELIGIBILITY

Local Health Departments that provide clinical prenatal care (Maternal Health services), and Pregnancy Care Management services for Medicaid patients in counties with **100 or more** Emergency Medicaid deliveries in FY15 are eligible to apply for this funding. Local health departments that provide clinical prenatal care (Maternal Health services) and Pregnancy Care Management services for Medicaid patients in counties with **less than 100** Emergency Medicaid deliveries in FY15 are eligible to apply for this funding **IF** they currently receive funding from

the Division of Public Health (DPH) to provide Pregnancy Care Management for women ineligible for Medicaid. (See eligibility table below.)

Counties with local health departments eligible for RFA #349

Pregnancy Care Management for Women Ineligible for Medicaid

County	FY2015 Emergency Medicaid Delivery Claims	County	FY2015 Emergency Medicaid Delivery Claims
ALAMANCE	171	MECKLENBURG	1360
CABARRUS	194	MONTGOMERY	47
CATAWBA	125	NEW HANOVER	127
CHATHAM	102	ROBESON	143
DAVIDSON	100	ROWAN	104
DUPLIN	192	SAMPSON	156
DURHAM	540	UNION	215
GUILFORD	400	WAKE	991
HENDERSON	86	WAYNE	160
JOHNSTON	222		

FUNDING

The total funding available is \$473,687. The maximum funding allocation per applicant county with **100 or more** Emergency Medicaid deliveries (2015 data) is \$50,000.

Currently funded applicant counties with **less than 100** Emergency Medicaid deliveries (2015 data) will be eligible for a maximum funding allocation of \$350 per Emergency Medicaid delivery (e.g., 60 Emergency Medicaid deliveries x \$350 = \$21,000).

Funding is available for three years, contingent upon agreement addendum compliance, program performance, and the availability of funding. The project period for agreement addendum awarded through this competitive application will begin (Year 1) June 1, 2018 and end May 31, 2019; (Year 2) begin June 1, 2019 and end May 31, 2020; and (Year 3) begin June 1, 2020 and end May 31, 2021.

II. BACKGROUND

The mission of the Women's and Children's Health Section (WCH), within the North Carolina Division of Public Health (DPH), is to assure, promote and protect the health and development of families with emphasis on women, infants, children, and youth. WCH programs place a major emphasis on the provision of preventive health services beginning in the pre-pregnancy period and extending throughout childhood. The Women's Health Branch develops and promotes programs and services that protect the health and wellbeing of infants and of women during their child-bearing years. The goal is to improve the overall health of women, reduce infant sickness and death, and strengthen families and communities. The specific goal of this funding is to improve birth outcomes for uninsured pregnant women who are ineligible for Medicaid. DPH works collaboratively with CCNC, and the Pregnancy Medical Homes (PMH) to implement the OBCM program with the common goal of improving birth outcomes across the state. CCNC is the headquarters and the "Network" is the local affiliates of CCNC. The PMH includes the majority of maternity care providers across North Carolina.

III. SCOPE OF SERVICE

Local Health Departments (LHDs) shall:

1. Adhere to the Pregnancy Care Management Program Manual, which is posted online at <http://whb.ncpublichealth.com/provPart/pubmanbro.htm>, under Manuals.)
2. Staffing
 - a. Employ Pregnancy Care Managers with at least one of the following qualifications:
 - i. Registered Nurses;
 - ii. Social Workers with a Bachelor's degree in Social Work (BSW, BA in Social Work (SW), or BS in SW) or Master's degree in Social Work (MSW, MA in SW, or MS in SW) from a Council on Social Work Education accredited social work degree program;
[Note: non-degreed social workers cannot be hired after September 11, 2011 to provide pregnancy Care Management services, even if they qualify as a Social Worker under the Office of State Personnel guidelines.]
 - iii. Pregnancy Care Managers hired prior to September 1, 2011 without a bachelor's or master's degree in social work may retain their existing position only. This grandfathered status does not transfer to any other position.
 - b. Supervisors who carry a caseload must also meet the pregnancy care management competencies and staffing qualifications.
 - c. The team of Pregnancy Care Managers shall include both registered nurses and social workers to best meet the needs of the target population with medical and psychosocial risk factors. If the LHD only has a single Pregnancy Care Manager, the LHD must ensure access to individual (s) to provide needed resources, consultation, and guidance from the non-represented professional discipline (nursing or social work).
 - d. A LHD with a team of Pregnancy Care Managers composed of more than one person, but representing only one professional discipline (nursing or social work), must seek

- to hire individuals of the other discipline when making hiring decisions.
- e. Employ Pregnancy Care Managers who operate with a high level of professionalism and possess an appropriate mix of skills needed to work effectively with a pregnant population at high risk for poor birth outcome. This skill mix should reflect the capacity to address the needs of patients with both medically and socially complex conditions. Staffing decisions should reflect an effort to achieve a balance of nursing and social work skills among program staff, with a focus on ability to address medically and psychosocially complex patient risk factors.
 - f. Pregnancy Care Managers must demonstrate:
 - i. Proficiency with the technologies required to perform care management functions – particularly as it pertains to utilization of the Care Management Information System and Informatics Center (e.g. Provider Portal, LHD Standard Reports, etc.);
 - ii. Motivational interviewing skills and knowledge of adult teaching and learning principles;
 - iii. Ability to effectively communicate with families and providers; and
 - iv. Critical thinking skills, clinical judgment, and problem-solving abilities.
 - g. Provide qualified supervision and support for Pregnancy Care Managers to ensure that all activities are designed to meet performance measures, with supervision to include:
 - i. Provision of program updates to care managers;
 - ii. Daily availability for case consultation and caseload oversight;
 - iii. Regular meetings with direct service care management staff;
 - iv. Utilization of monthly and on-demand CMIS reports to actively assess individual care manager performance; and
 - v. Compliance with all supervisory expectations delineated in the OBCM Program Manual

3. Population Identification and Engagement

- a. Review and enter all pregnancy risk screenings for uninsured women ineligible for Medicaid, received from prenatal care providers covered by the Pregnancy Care Managers into CMIS within seven calendar days of receipt.
- b. Utilize risk screening data and provider referrals to develop strategies to meet the needs of those patients at highest risk for poor pregnancy outcomes.
- c. Accept pregnancy care management referrals from non-PMH prenatal care providers, community referral sources (e.g. Department of Social Services or WIC programs), and patient self-referral, and provide a thorough assessment based on the program manual assessment guidelines and follow up to those patients based on the level of need.
- d. Collaborate with out-of-county PMHs and OBCM teams to facilitate cross-county partnerships to ensure coordination of care and appropriate Pregnancy Care Management assessment and services for all patients in the priority population.

- e. Make timely attempts, following standards outlined in the OBCM Standardized Plan, to contact the patient to engage the patient in care management services.
4. Assessment and Risk Stratification
- a. Conduct a prompt, thorough assessment by review of claims history and medical record, patient interview, case review with prenatal care provider, and other methods, on all patients with one or more priority risk factors on pregnancy risk screenings and all patients directly referred for pregnancy care management.
 - b. Utilize assessment findings to determine level of need for Pregnancy Care Management services. Document assessment findings in CMIS.
 - c. Assessment documentation must be current throughout the period the Pregnancy Care Manager is working with the patient and should be continually updated as new information is obtained.
 - d. Assign case status as outlined according to program manual, based on level of patient need.
5. Interventions
- a. Provide Pregnancy Care Management services in accordance with the program manual, including condition-specific pathways, utilizing those interventions that are most effective in engaging patients and meeting their needs, including telephone outreach, practice encounters, home visits, and/or other interventions needed to achieve care plan goals.
 - b. Utilize Motivational Interviewing skills when attempting to engage patient.
 - c. Provide care management services based upon level of patient need as determined through ongoing assessment.
 - d. Develop patient-centered care plans, including appropriate goals, interventions and tasks based on OBCM guidance documents (e.g. OBCM Standardized Plan, OBCM Pathways, CMIS Step -by- Step for OBCM, CMIS Resources, etc.).
 - e. Identify community resources available to meet the specific needs of the population.
 - f. Refer identified population to available medical and behavioral health care resources for uninsured individuals.
 - g. Refer identified population to community resources including: lactation, parenting, and other supportive services and classes as available in the community.
 - h. Document all Pregnancy Care Management activity in CMIS.
6. Integration with Health Care Provider
- a. Assign a specific Pregnancy Care Manager to cover each PMH within the county or serving uninsured pregnant women, in the target population, who are ineligible for Medicaid and residents of the county.
 - b. Establish a cooperative working relationship and mutually-agreeable methods of patient-specific and other ongoing communication with the PMH.
 - c. Establish effective communication strategies with PMH providers and other key contacts within the practice for each PMH within the county or serving residents of the county which are formally detailed in a local OBCM policy.
 - d. Assure the assigned Pregnancy Care Manager participates in relevant prenatal care provider meetings addressing care of patients in the priority population.

- e. Assess and follow-up on patient compliance with prenatal care plan and other needed clinical services.
 - f. Ensure changes in patient status and compliance with care are communicated to the PMH and other appropriate providers.
 - g. Provide education to the patient about the importance of a postpartum visit.
 - h. Assist with the scheduling of postpartum visits. Document completed postpartum visits in CMIS.
 - i. Support 17P treatment through regular outreach and education to patients on 17P treatment and assist patients in arranging to receive 17P injections in accordance with best practices. Follow CMIS documentation guidelines for 17P treatment.
 - j. Arrange transition from the PMH to a primary care medical home for patients who become eligible for Medicaid beyond the postpartum period. Provide information about and linkage to safety net providers for patients who will continue to be uninsured.
 - k. Maintain regular collaboration and communication with the prenatal care provider and other clinical providers. Document interaction with all care providers in CMIS.
7. Collaboration with local Community Care of North Carolina (CCNC) Network
- a. Collaborate as needed with CCNC's local network affiliate Pregnancy Medical Home Coordinator and/or other CCNC network representatives to facilitate ensuring that program goals are met for uninsured pregnant women who are ineligible for Medicaid.
 - b. Communicate with Network regarding challenges with cooperation and collaboration with PMH and non-PMH prenatal care providers.
 - c. Participate in Pregnancy Care Management and other relevant meetings at the CCNC Network.
8. Training
- a. Pregnancy Care Managers and their supervisors shall attend pregnancy care management training offered by the Division of Public Health and/or CCNC, including webinars and new hire orientation.
 - b. Pregnancy Care Managers and their supervisors shall attend continuing education sessions coordinated by the Division of Public Health and/or CCNC, including network meetings, regional trainings and statewide conferences.
 - c. Pregnancy Care Managers and their supervisors shall pursue ongoing continuing education opportunities to stay current in evidence-based care management of pregnant and postpartum women at risk for poor birth outcomes.
 - d. Pregnancy Care Managers and their supervisors shall develop and utilize Motivational Interviewing techniques on an ongoing basis.

The overall model seeks to improve birth outcomes by reducing the rate of preterm birth, which is ultimately measured by rates of low birth weight and very low birth weight, in addition to other more proximal process and outcome measures.

Local health departments will be evaluated on the following outcome measures for their identified target population:

1. The proportion of uninsured pregnant women who are ineligible for Medicaid with pregnancy risk screening form entered into CMIS;
2. The proportion of uninsured pregnant women who are ineligible for Medicaid meeting CCNC priority criteria based on risk screening data who are contacted by a Pregnancy Care Manager;
3. The proportion of uninsured pregnant women who are ineligible for Medicaid meeting CCNC priority criteria based on risk screening data who receive Pregnancy Care Management services; and
4. The postpartum visit rate for uninsured pregnant women who are ineligible for Medicaid who were receiving Pregnancy Care Management services at the time of their delivery.

Note: The number of Emergency Medicaid deliveries is used as a proxy for the number of uninsured pregnant women who are ineligible for Medicaid.

Local health departments will also be evaluated on the following process measures:

1. Completed initial contact of priority patients by a Pregnancy Care Manager within 14 days of referral through a completed Pregnancy Risk Screening form;
2. Completed pregnancy assessment of priority patients within 30 days of referral through a completed Pregnancy Risk Screening form;
3. Maintaining deferral rates within the target range of 0-5% for unable to contact and refused services for patients referred through a completed Pregnancy Risk Screening form; and
4. Engagement of priority patients in Pregnancy Care Management and number of face to face interventions provided.

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated and award made to that health department whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by December 11, 2017.

2. Decline to Offer

Any health department that receives a copy of the RFA but declines to make an offer is requested to send a written "Decline to Offer" to the funding agency. Failure to respond as requested may subject the health department to removal from consideration of future RFAs.

3. Cost of Application Preparation

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

4. Elaborate Applications

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

5. Oral Explanations

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

6. Reference to Other Data

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

7. Titles

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

8. Form of Application

Each application must be submitted on the form provided by the funding agency, and will be incorporated into the funding agency's Performance Agreement (contract).

9. Exceptions

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

10. Advertising

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

11. Right to Submitted Material

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

12. Competitive Offer

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

13. Agency and Organization's Representative

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

14. Subcontracting

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.

15. Proprietary Information

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

16. Participation Encouraged

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled, including utilization as subcontractor(s) to perform functions under this Request for Applications.

17. Agreement Addendum

The Division will issue an Agreement Addendum to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed Agreement Addendum.

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for funding for this project.

1. **Announcement of the Request for Applications (RFA)**

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on **October 27, 2017**:

<http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities> and may be sent to prospective agencies and organizations via direct mail, email, and/or the Program's website.

2. **Distribution of the RFA**

RFAs will be posted on the Program's website <http://whb.ncpublichealth.com> and may be sent via email to interested agencies and organizations beginning **October 27, 2017**.

3. **Question & Answer Period**

Written questions concerning the specifications in this Request for Applications will be received until 5 pm on **Friday, November 3, 2017**. All written questions should be emailed to tonya.dennis@dhhs.nc.gov. As an addendum to this RFA, a summary of all questions and answers will be posted at <http://whb.ncpublichealth.com> by November 10, 2017.

4. **Notice of Intent**

No notice of intent is required.

5. **Applications**

Applicants shall submit **an original and six (6) copies** of the application. All copies shall include the required attachments. Electronic submission will not be accepted in lieu of an original. Faxed applications will not be accepted.

6. **Original Application**

The original application must contain original documents, and all signatures in the original application must be original. Mechanical, copied, or stamped signatures are not acceptable. The original application should be clearly marked "original" on the application face sheet.

7. **Copies of Application**

Along with the original application, **submit six (6) photocopies** of the application in its entirety. Copies of the application should be clearly marked "copy" on the application face sheet. No electronic copies will be accepted.

8. **Format**

The application must be typed, single-side on 8.5" x 11" paper with margins of 1". Line spacing should be single-spaced. The font should be easy to read and no smaller than an 11-point font.

9. **Space Allowance**

Page limits are clearly marked in each section of the application. Refer to *VIII. Application* for specifics.

10. **Application Deadline**

All applications must be received by **5 pm on Friday, November 28, 2017**. Faxed or emailed applications ***will not*** be accepted in lieu of the original and required number of hard copies. Original signatures are required. Note: If the US Postal Service is used, allow sufficient time for delivery to the funding agency by 5:00 PM, close of business, on November 28, 2017.

11. **Receipt of Applications**

Applications from each responding agency and organization will be logged into the system and stamped with the date received on the cover sheet.

12. **Review of Applications**

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers.

Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

13. **Request for Additional Information**

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

14. **Audit**

G.S. 159-34 states that each unit of local government and public health authority must have its accounts audited as soon as possible after the close of each fiscal year.

15. **System for Award Management Database (SAM)**

All grantees receiving federal funds must be actively registered in the federal government's System for Award Management (SAM) database, or be willing to complete the registration process in conjunction with the award (see www.sam.gov). To maintain an active SAM record, the record must be updated no less than annually.

16. Application Process Summary Dates

- 10/27/2017: Request for Applications released to eligible applicants.
- 11/03/2017: End of Q&A period. All questions due in writing by 5pm.
- 11/10/2017: Answers to Questions posted, as an addendum to the RFA.
- 11/28/2017: Applications due by 5pm.
- 12/11/2017: Successful applicants will be notified.
- 06/01/2018: Proposed Agreement Addendum start date.

VI. PROJECT BUDGET

Budget and Justification

Applicants must submit a budget, which requires a line item budget for each year (June 1, 2018 – May 31, 2018; June 1, 2018 – May 31, 2019; and June 1, 2019 – May 31, 2020) of funding and a narrative justification.

Narrative Justification for Expenses

A narrative justification must be included for every expense listed in the budget. Each justification should show how the amount on the line item budget was calculated, and it should be clear how the expense relates to the project.

Travel Reimbursement Rates

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current state mileage reimbursement rate is \$0.535 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of Public Health will only reimburse for rates authorized in OSBM’s North Carolina Budget Manual or adopted by means of an OSBM Budget Memo. These documents are located here: <https://www.osbm.nc.gov/library>

Current Rates for Travel and Lodging

Meals	In State	Out of State
Breakfast	\$8.40	\$8.40
Lunch	\$11.00	\$11.00
Dinner	\$18.90	\$21.60
<i>Total Meals Per Diem Per Day</i>	<i>\$38.30</i>	<i>\$41.00</i>
Lodging (<i>Maximum rate per person, excludes taxes and fees</i>)	\$71.20	\$84.10
Total Travel Allowance Per Day	\$109.50	\$125.10
Mileage	\$0.535 cents per mile	

Indirect Cost

Indirect cost is the cost incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, administrative salaries, accounting, audits, payroll and personnel management.

MCHBG (Maternal Child Health Block Grant)

The MCHBG award limits administrative cost to 10 percent. Where the applicant has a FNICR, the indirect cost rate requested may not exceed the award’s limits, regardless of the applicant’s

recognized rate. Because MCHBG regulations do not restrict administrative cost, the total modified direct cost identified in the applicant's FNICR shall be applied. A copy of the FNICR must be included with the applicant's budget.

If the applicant has no FNICR, a 10% indirect cost rate may be used on the total, modified direct cost (known as the *de minimis* rate) as defined in 2 CFR 200.68, *Modified Total Direct Cost (MTDC)*, with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. Applicants must indicate in the budget narrative that they wish to use the *de minimis* rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter "No indirect cost requested" in the budget narrative.

VII. EVALUATION CRITERIA

SCORING OF APPLICATIONS

Applications shall be scored based on the responses to the four application content areas. Each content area shall be scored on a scale of 1 to 4 based on the scale below:

- | | | |
|---|------------------|--|
| 1 | POOR | Applicant only marginally addressed the application area. |
| 2 | AVERAGE | Applicant adequately addressed the application area. |
| 3 | GOOD | Applicant did a thorough job of addressing the application area. |
| 4 | EXCELLENT | Applicant provided a superior response to the application area. |

Each content area will be weighted and the score of 1 to 4 will be multiplied by the assigned weight of the content area. (If the content area has a weight = 10 and it is rated 4 (excellent) the total will be 40 points.) The highest total score is 100 points. The scoring procedure is described below:

1. Determination of Need and Local/County Services:

Weight = 5, Total maximum points = 20

Score distribution: 5 = poor; 10 = average; 15 = good; 20 = excellent

Includes evaluation of:

- Onsite prenatal care provided
- Number of Emergency Medicaid Deliveries
- Current funding through this funding stream
- Successful and effective utilization of funding (for current recipients), including description of current performance and numbers served.

2. Capacity Statement/Sustainability:

Weight = 10, Total maximum points = 40

Score distribution: 10 = poor; 20 = average; 30 = good; 40 = excellent

Includes evaluation of:

- Applicant's Responses 1-6

3. Budgetary Efficiency:

Weight = 5; Total maximum points = 20

Score distribution is: 5 = poor; 10 = average; 15 = good; 20 = excellent

Includes evaluation of:

- Budget efficiency
- Budget narrative thoroughness
- Budget completeness

4. Letters of Commitment and Support:

Weight = 5; Total maximum points = 20

Score distribution: 5 = poor; 10 = average; 15 = good; 20 = excellent

Includes evaluation of:

- Letters of Commitment from Pregnancy Medical Homes and/or other prenatal care providers
- Letter of Commitment from local CCNC network

Each of the content areas will be scored according to the numerical values stated above.

VIII. APPLICATION

Application Checklist

The following items must be included in the application. Please use a binder clip at the top left corner on each copy of the application and assemble the application in the following order:

1. **Cover Letter** (0 points)
2. **Application Face Sheet** (0 points)
3. **Applicant's Response/Form** (60 points)
4. **Project Budget** (20 points)
 - Include a budget in the format provided
 - Budget Narrative
5. **Letters of Commitment or Statements of Support** (20 points)

Cover Letter (0 points)

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant.

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's DUNS number
- the closing date for applications.

Application Face Sheet

This form provides basic information about the applicant and the proposed project with Division of Public Health, Women’s Health Branch, including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA # 349 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: Name: Title:	Telephone Number: Fax Number: Email Address
7. Agency Status (check all that apply): <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency DUNS Number:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested:	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #14) Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date

Applicant's Response

A. Determination of Need and Local/County Services: (No more than five pages for this section.) (20 points)

1. Does your health department provide onsite prenatal care?
2. What is the number of Emergency Medicaid Deliveries for your county from FY 2015 shown in the Eligibility Table on page 6 of this RFA?
3. Does your health department currently receive funding through Activity 107, Pregnancy Care Management, from the Division of Public Health to provide pregnancy care management services to uninsured women ineligible for Medicaid in your county? (Yes/No)
4. If your health department currently receives this funding, describe successful and effective utilization of funding, including description of current performance and numbers served.

B. Capacity Statement/Sustainability (No more than five pages for this section.) (40 points)

1. Describe your agency's current structure and level of onsite prenatal care and Pregnancy Care Management service provision to uninsured women who are ineligible for Medicaid. Include responses to the following questions:
 - a. Do you currently provide Pregnancy Care Management services to uninsured women who are ineligible for Medicaid? If yes, approximately how many of these patients were served in active case status in FY16? How are these services funded?
 - b. If you do not currently provide Pregnancy Care Management services to this population, why do you want to begin now?
 - c. What is/would be your main sources of patient referrals for OBCM?
 - d. Numbers served by prenatal care services in FY16.
2. Describe the relationship between the local health department and other providers of prenatal care to uninsured women who are ineligible for Medicaid who reside in the county. Include details on the communication mechanisms, time working in the PMH practice site, and collaborative strategies used between the OBCM and PMH providers.
3. List other current or potential entities, other than prenatal care providers, that may refer uninsured women who are ineligible for Medicaid who have priority risk factors to pregnancy care management services.
4. Describe the proposed staffing structure for providing Pregnancy Care Management to the priority population. Include name, degree, and credentials of existing Pregnancy Care Manager who is currently providing services to the uninsured population and/or details and structure of the new position that would be created and/or staffed through this funding, including the classification/discipline and the percent FTE that would be

designated for the position. Also, include details regarding supervisory oversight: Name of supervisor, the percent FTE dedicated to supervision for LHD OBCM program, number of staff supervised, availability for case consultation, and any other relevant details.

5. List the most recent OBCM data dashboard measures (4/1/2017-6/30/2017) for Medicaid patients for 1) Patient Contact, 2) Pregnancy Assessment, 3a) Deferrals for Unable to Contact, 3b) Deferrals for Refused Services. Describe the relation of the LHD performance to the state average and to the target range for each measure. Additionally, describe recent and/or current local quality improvement activities to improve care of priority patients and how these activities would influence the successful delivery of Pregnancy Care Management services to the uninsured population ineligible for Medicaid also.

C. Project Budget (20 points)

The budget for the maximum potential award for the agency includes the following components. Include a complete budget narrative for each item, in addition to completing the budget spreadsheet. If the local health department chooses not to include any of the optional budget items in their funding application, it must ensure that the Pregnancy Care Manager has the support of all needed resources to meet the deliverables of the Scope of Services, even if those resources are funded through other local sources.

Required Costs

- Salary for Pregnancy Care Manager
- Fringe for Pregnancy Care Manager

Optional Costs

- Partial Salary/Fringe for Pregnancy Care Management Supervisor
- Staff Travel
 - Travel cannot not exceed current State rates, as defined in the State Budget Manual: http://www.osbm.state.nc.us/files/pdf_files/BudgetManual.pdf
- Staff Training
- Equipment/Supplies
- Educational Materials
- Telecommunications
- Interpreter Services – Only as required for providing direct Pregnancy Care Management services

Non-Allowable Costs

Charges for construction or renovation, incentives for program participants, costs for program participants.

Sample Project Budget Chart

Pregnancy Care Manager Salary	\$
Pregnancy Care Manager Fringe	\$
Staff Travel	\$
Staff Training	\$
Equipment	\$
Educational Materials	\$
Telecommunications	\$
Interpreter Services	\$
TOTAL	\$

D. Budget Narrative

Justify each item listed in the budget spreadsheet. No more than two pages for this section.

E. Letters of Commitment and Support (20 points)

Please include letters of commitment and support from Pregnancy Medical Home providers or other providers of prenatal care for uninsured women who are ineligible for Medicaid. Letters should describe their willingness to complete Pregnancy Risk Screening forms for patients who are uninsured and ineligible for Medicaid as well as to work in partnership with the Pregnancy Care Manager to provide collaborative patient-centered care to priority patients.

It is required that applicants include a letter of commitment and support from the local Community Care of North Carolina Network, which describes their partnership and support in linking the LHD services funded through Agreement Addendum with the collaborative resources that are available for Pregnancy Care Management (such as technical assistance with Pregnancy Medical Home providers, local network meetings and trainings, and CMIS support).