

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

**RFA Questions and Answers**

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RFA #345, RFA Title: Perinatal/Neonatal Outreach Coordinator  
Addendum Number: 1

If applicable, Bidder's Conference(s) Date(s): August 28, 2017  
Questions Received Until (date): September 1, 2017  
Summary of Questions and Answers Release Date: September 8, 2017

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1. Question: Who are the reviewers of the application?

**Answer: Various colleagues who work across the Women's Health Branch as well as other public health colleagues, who work outside of the Women's Health Branch and are knowledgeable and experienced in maternal and child health issues.**

2. Question: Will these slides be available after today?

**Answer: Yes, we can make these slides available on the Women's Health Branch website (<http://www.whb.ncpublichealth.com>) after today. It will just be the slides, not a recording of the webinar.**

3. Question: What is the definition of the immediate postpartum period for long acting reversible contraception (LARC)? Still inpatient or following discharge?

**Answer: For immediate postpartum insertion of LARC, the focus is immediately after delivery before the woman leaves the hospital. We are not including what would happen at the postpartum visit.**

4. Question: Is it appropriate for a local health department that receives ICO4MCH (Improving Community Outcomes for Maternal and Child Health) funding to apply?

**Answer: If the agency can meet the deliverables of the contract or the application, then it is open to all entities.**

5. Question: What is the definition of unintended pregnancies? Where did the definition arise from?

**Answer: An unintended pregnancy is a pregnancy where the woman did not plan it. A time when they were not actively trying to get pregnant. The Guttmacher Institute has current definitions and measures for unintended pregnancy at <https://www.guttmacher.org/journals/psrh/2003/03/measurement-and-meaning-unintended-pregnancy> (Retrieved 9/6/2107)**

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6. Question: Can birthing facilities, assisting with LARC, be in partnership with health departments?

**Answer: If the public or non-profit/private institution can meet the deliverables of the contract in regards to immediate postpartum insertion of highly effective methods of contraceptives, a partnership with the health department is allowable.**

7. Question: Referring to the footnote on page six of the application, the definition of unintended pregnancies is clearly itemized. Where did this definition arise from?

**Answer: The Guttmacher Institute has current definitions and measures for unintended pregnancy at**

**<https://www.guttmacher.org/journals/psrh/2003/03/measurement-and-meaning-unintended-pregnancy> (Retrieved 9/6/2107)**

8. Question: Is the first year of the grant only for four months, so prorated?

**Answer: Yes, the first year of the grant is for four months. We will review budgets based on what is proposed and the deliverables to be accomplished within the estimated 4-month grant period. One-time purchases for items, such as, furniture, equipment, will be considered.**

9. Question: Is there flexibility to work beyond your perinatal care region?

**Answer: If the application makes the case for it, or shows how that can be accomplished within the time period, then it can be considered.**

10. Question: Can you start accumulating costs as soon as the grant is funded?

**Answer: No, the contract must be fully executed before costs can be incurred. Additionally, costs incurred prior to the executed start date cannot be reimbursed.**

11. Question: Are there particular perinatal care regions that you are prioritizing?

**Answer: No.**

12. Question: Does LARC include IUDs (intrauterine devices) and Nexplanon?

**Answer: Yes, those are two of the highly effective, long acting contraceptive methods.**

13. Question: It has been our practice to submit grant applications through the Vidant Health Foundation for projects completed by Vidant Medical Center. We currently

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have a 3-party contract (Vidant Health Foundation, Vidant Medical Center, and NC DHHS/OEMS) for our regional healthcare preparedness work. *Would it be acceptable for us to submit this application via the Vidant Health Foundation who would serve as the fiduciary agent?*

**Answer: Yes, it is acceptable for Vidant Health Foundation to submit the application and serve as the fiduciary agent.**

14. Question: Is it acceptable for the full-time Perinatal/Neonatal Outreach Coordinator role to be split between two professionals who have expertise with maternal and neonatal populations with allocation of their time not to exceed 1.0 FTE?

**Answer: Yes, this is acceptable.**

15: Question: For those familiar with the LOCATe tool and who have utilized it in the past, what type of training would be needed? After reviewing the CDC website resources for the tool, there was no direct link to the updated version and no mention of training required to implement it.

**Answer: The Women's Health Branch will be responsible for coordinating training for selected projects. The CDC does not offer a formal training but provides a broad range of technical assistance to implement the tool. The most updated version is of the LOCATe tool is Appendix D in the RFA.**

16. Question: For the purpose of completing the timeline contained within the RFA, what is the turnaround time for a completed LOCATe tool once submitted to the CDC?

**Answer: All information will be submitted to the Women's Health Branch. Information will not be submitted to CDC. The CDC can provide technical assistance in analyzing or interpreting the information collected from the tool, but the CDC does not need to receive the completed tools.**

17. Question: During the Webinar we asked for a clarification on the source of the numbers of 2015 unintended pregnancies. It is our understanding that this question would be clarified in the September 8th addendum to the RFA.

**Answer: See answer in Question #7 above.**

18. Question: One of the factors which made the previous Outreach Program less successful than it could have been was the lack of "authority" given/perceived with the Perinatal-Neonatal Outreach Coordinators to effect desired changes. Historically, it was difficult for a nurse coordinator to mandate medical management changes (in non-home or same health-care system or referral pattern-based institutions), especially in those

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instances when unit practices were driven by unit physicians' clinical preferences. *What were the thoughts of the working group regarding an apparent nurse-driven/referral pattern-based outreach program versus a combined neonatologist/perinatologist/nursing team with sufficient institutional authority to generate effective change?*

**Answer: The intent of the RFA is for the Nurse Coordinator to work across the Perinatal Care Region with various leaders and stakeholders within institutions to ensure that all pregnant women and high-risk infants have access to the appropriate level of care as well as to work with leaders and stakeholders to increase efforts to improve birth outcomes by reducing unintended pregnancies. The initial work of Nurse Coordinator will be to determine level of maternal and neonatal care across the region along with access to immediate postpartum insertion of highly effective contraceptive methods.**

19. Question: We would like to clarify that the goal is for the single Coordinator to work with 100% of the Hospitals (Birthing Centers and Nurseries) in a given Perinatal Region over the course of the 3 years (page 8). This is the goal, correct? Thus, MOAs must be signed by all appropriate Hospitals in a Perinatal Region, correct? Are the Memoranda binding in terms of accepted usual care approaches as well as data sharing?

**Answer: As part of the application, letters of intent (LOIs) from institutions stating their willingness to work as a partner will be accepted. If project is funded, memorandums of agreement (MOAs) will be required from partnering institutions.**

20. Question: If the goal is to work with all Hospitals (Birthing Centers and Nurseries) in a given Perinatal Region, where there may be multiple institutions writing a RFA within a Region, *what were the thoughts on the response of the various hospitals being approached to sign multiple MOAs?* And the assumption is that where there might be multiple Tertiary Centers, each with referral patterns outside of that tertiary center's health system, that the Tertiary Centers would sign MOA's signed from one another (like Duke/UNC/Wake in Region IV)?

**Answer: Since this is a competitive application process, it is anticipated that hospitals may be asked by multiple institutions to sign multiple MOAs.**

21. Question: Crossing Perinatal Regions- the lines were once very clear and based on referral patterns that pre-date current Health System affiliations, but now Health Systems own and/or affiliate with hospitals outside the traditional lines- *why was this mechanism for developing the RFAs for outreach education chosen? What are the expectations from the Program with respect to effect change in the nurseries when the parent health care organizations do not participate in the Program and have chosen difference approaches to medical care?*

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**Answer: The primary focus of this RFA is determining maternal and neonatal levels of care and increasing the availability of highly effective, long-acting contraceptive methods, not on outreach education. This RFA does not expect Coordinators to effect change in approaches to medical care. It is anticipated that the Coordinators would work with stakeholders within systems to promote collaborative systems that promote proactive integration of risk-appropriate antepartum, intrapartum, and postpartum care.**

22. Question: If there is a Perinatal Region with competing RFA applications, is there a possibility both could be picked? And if so, would the institutions work together or would there be a possibility that one could work in a different Region (e.g. Duke, UNC or Wake, could be picked and although all are in Region IV, one could select to work in Region V)?

**Answer: We will only fund one application per Perinatal Care Region. Applicants will be expected to cover their respective region as a requirement for funding. If applicable, applicants can work with institutions outside of their respective Perinatal Care Region in addition to their primary region.**

23. Question: Within the limit of the Award, can the funds be used to support other medical and administrative personnel, in addition to the full-time Coordinator?

**Answer: If justification is clearly articulated in the budget narrative how the additional medical or administrative personnel will support the Project at the FTE proposed, consideration can be given.**

24. Question: Does the Coordinator have to be a new hire or can the individual be identified from existing personnel (thinking of the time frame for posting and hiring)?

**Answer: The RFA does not require that the Coordinator be a new hire if the Contractor meets the deliverables of the application.**

25. Question: Are there medical and personal liability coverages for this Project or is the expectation that the hosting institution will provide these HR elements?

**Answer: No. Medical and liability insurance is the material obligation of the contractor. Funds cannot be used to support or reimburse these costs.**

26. Question: Stokes County is listed under Perinatal Region IV and Region II on page 72 of 88 of the RFA. Should this only be listed under Perinatal Region II, which is its location on the Map on page 4 of 88?

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**Answer: That is an error in the RFA. Stokes County should only be listed in Perinatal Region II.**

27. Question: Who will train the coordinator?

**Answer: The Women's Health Branch will partner with funded Projects to provide training for the Coordinators.**

28. Question: Can funds be used to purchase a vehicle?

**Answer: No**

29. Question: What if we reach out to birthing hospitals for support and they decline or do not respond? Will that affect our application?

**Answer: Yes, it is expected that the Coordinator will work with all of the birthing facilities and nurseries in their specific region. The initial Letters of Intent (LOI) are stating the institutions willingness to work as a partner with the applying institution on accomplishes the goals of the project.**

30. Question: Will we do the hiring or would your office be part of that process?

**Answer: Funded institutions will be responsible for hiring staff for the Project. The Women's Health Branch would like to reserve the right to review resumes of final candidates.**

31. Question: What percentage of time do you expect the person to work in region—out of office?

**Answer: This will be determined by the site.**