

North Carolina Department of Health and Human Services

Division of Public Health

Section/Branch: Women's and Children's Health Section/Women's Health Branch

RFA Questions and Answers

RFA # A373, RFA Title: Maternal Outreach Coordinator Program

Addendum Number: #1

If applicable, Bidder's Conference(s) Date(s): February 14, 2020

Questions Received Until (date): February 20, 2020

Summary of Questions and Answers Release Date: February 27, 2020

Questions and Answers *(list all questions and answers in numerical order)*

1. Question: You mentioned that there will be OB and Family Physician Champions within DHHS. My question is would this be in addition to champions we would assign within our region? This is on Page 5 of the RFA.

Answer: Under the overall Maternal Health Innovation Program, we are in the process of establishing a Statewide Provider Support Network (SPSN). We are awarding funds to two organizations who will be responsible for identifying OB and Family Practice Champions in all 6 Perinatal Care Regions and setting up the Statewide Provider Support Network in collaboration with the Maternal Outreach Coordinator Program. An OB and Family Practice Champion will collaborate with Maternal Outreach Coordinators hired by applicant agencies that are funded under this RFA. In addition, in the other two Perinatal Care Regions (PCRs 1 and 3), we have Perinatal-Neonatal Outreach Coordinators who function similarly to the Maternal Outreach Coordinators. We expect that the Provider Support Network would be inclusive of the two Perinatal-Neonatal Outreach Coordinators in PCRs 1 and 3. Although they are funded under different funding sources, we expect them (the Maternal Outreach and Perinatal-Neonatal Outreach Coordinators) to still function as part of the Statewide Provider Support Network. This does not negate the fact that within your agency or institution, that you may have strong working relationships with providers that you still may want to work with to help you implement the work. You will have leadership through the Provider Support Network in each region to also work with.

2. Question: On Page 11 Item #3-the RFA talks about including the DPH logo. Does that mean if you are using training materials for example an electronic fetal monitoring class or an advanced labor and life support obstetrics class and you are using materials that are certified by a professional organization, do you have to include the DPH logo on those materials as well?

Answer: Page 11 Item #3 refers to the creation of new materials. Applicant agencies that plan to create new educational materials must submit them to the DPH Maternal Health Innovation Project Director for review and approval by the Department of Health and Human Services Office of Communications prior to printing, posting and distribution.

Proposed new documents must include the DPH logo and required funding attribution wording as outlined on page 11 of the RFA.

3. Question: In your budget, can you include fees and/or books for courses to help you increase the effort of work that you are doing under the Maternal Outreach Coordinator Program?

Answer: Costs associated with training fees and related materials that link back to the work of the Maternal Outreach Coordinator Program can be included in the project budget.

4. Question: Regarding travel, because of the area of the state we are in is large, is there any precedent for purchasing a vehicle or do you do it all under reimbursement of mileage?

Answer: Mileage costs associated with travel under the Maternal Outreach Coordinator Program can be included in the project budget at or below the approved state rate of \$.575 cents per mile. Funds cannot be used to purchase a vehicle.

5. Question: When you talk about a full time FTE (Full Time Equivalent), that is for the Maternal Outreach Coordinator. Can you also include supplemental staff to offset course size or simulation training?

Answer: Yes, funds can be used to cover additional staff as long as it is within the allowed budget.

6. Question: Can you include a per diem payment for a consultant to come and participate in an educational session as long as you include this in your budget? The consultant would be certified to provide instruction on a specific topic or subject matter. A stipend would be provided to the consultant to enhance your class size.

Answer: For the purposes of this RFA, consultant fees should be called speaker fees. Please use speaker fee language in the budget.

7. Question: This RFA is for Maternal Outreach Coordination efforts. For the LOCATe tool, would we be using the maternal and neonatal parts of the tool?

Answer: Yes, that is correct. The CDC LOCATe tool is set up to assess maternal and neonatal levels of care. You cannot complete one part of the tool without doing the other. Completion of the LOCATe tool is only required for sites who have not completed it in the last two years. If you are in a region that is currently funded and hospitals have completed the LOCATe tool, you do not have to repeat it at this time.

8. Question: If hospitals in our region completed the LOCATe tool in the Fall of 2018, do they have to repeat it in the Fall 2020 and include this in our plan?

Answer: Yes, that is correct.

9. Question: On Page 30, what is considered reproductive age?

Answer: Reproductive age is 14 to 44 years.

10. Question: When you look at pregnancy intendedness, you go to the PRAMS (Pregnancy Risk Assessment Monitoring System). Is this the question referred to on the antenatal questionnaire?

Answer: Pregnancy intendedness data can be pulled from PRAMS. County level data may be difficult to obtain unless you submit a special request to the State Center for Health Statistics. PRAMS data is available by Perinatal Care Region and statewide PRAMS data is also available.

11. Question: Also, previous preterm birth (on Page 30)-does that mean that the mom had a previous preterm birth? Is this looking specifically at the mom?

Answer: Applicant agencies should provide information about the preterm birth rates for your region.

12. Question: On Page 8 of the RFA, it talks about what you are going to do each year-the scope of work. Page 33 outlines a work plan. The scope of work and the work plan do not match. Please clarify.

Answer: The work plan listed on Pages 33-36 is a sample template that applicant agencies can modify and use and include in the applicant's response. The workplan and scope of work should match in your application.

13. Question: With the letters of commitment, even if your facility is housed in the Perinatal Care Region that you are working within, do you still need letters of commitment from every birthing facility?

Answer: Yes, that is correct. Letters of commitment are needed to show that each birthing facility is willing to work with you on this effort.

14. Question: For the Maternal Outreach Coordinator position, does the agency have to contribute agency funds to support the position?

Answer: In the proposed budget, each applicant agency is required to include funds under this RFA to support a Maternal Outreach Coordinator position. The applicant agency can allocate a percentage of salary for an existing position or use grant funds to hire a staff person for the MOC position. There is no matching requirement for this grant.

15. Question: Is the letter for the 501c3-does it have to be within a certain time frame, or does it have to be a fresh, new letter?

Answer: A determination letter from the Internal Revenue Service (IRS) indicating that your organization has been deemed as a non-profit organization and a statement indicating that your organization is still an active non-profit organization are required.

16. Question-Can the statement indicating that your organization is still an active non-profit organization that was written two months be used and included in the RFA?

Answer: Yes, a statement that was recently used can be included as an attachment in the application.

17. Question: Regarding the letters of commitment from birthing facilities, do the letters have to have original signatures or can you get an e-signed letter? We have a little difficulty getting letters with original signatures submitted on time.

Answer: Yes, we would accept an electronically signed letter.

18. Question: I found what I think is a discrepancy in the Scope of Services section, Page 9. In Number 6 a. it mentions 50% of birthing facilities and number 7 mentions reporting to 65% of facilities. Then on Page 10 Number 6 it mentions the remaining 35% of facilities. Can you clarify.

Answer: On Page 9, in the Scope of Work Year 2, the percentage referenced under Item #6 is incorrect and should read: Support administration of the CDC LOCATE tool within at least **65%** of the birthing facilities in the PCR. Evaluate the implementation of data collection process for maternal levels of care. On Page 10, in the Scope of Work Year 3 Item #6 is correct as written.

19. Question: In Section 1, Page 30, Item 1-, the data is hard to locate for the current period. The most current data available by Perinatal Care Regions is 2006-2008. Should we use this data or is there another source that is more current that you can direct us to? Or should we just report on the state of NC using the more current data?

Answer: Answer: On Page 30 Section 1-Determination of Need Item 1.1, 2006-2008 PRAMS data by Perinatal Care Region is the most recent data available and can be used to reflect health status of women of reproductive age and pregnancy intendedness information. Updated preterm birth and pregnancy rate data is available by contacting the State Center for Health Statistics and/or their website. Also, state data must be provided for comparison to support the need for the Maternal Outreach Coordinator Program in the proposed Perinatal Care Region (PCR) to be served.

20. Question: Please clarify Page 9 Objective 3 of contractor's responsibilities: Implement the action plan with OB and Family Practice Champions and other key regional stakeholders. Please clarify, which action plan?

Answer: Each funded applicant agency is expected to develop and implement an action plan based on the feedback received during data informed discussions at regional meetings and from the findings of the gap analysis of maternal health services conducted by Maternal Outreach Coordinator (MOC) in collaboration with the OB and Family Practice Champions and other key stakeholders in the Perinatal Care Region. The action plan is to be carried out in Year 3 of the Maternal Outreach Coordinator Program.