Request for Applications

RFA # *A406*

Care Management for High-Risk Pregnancies for Individuals ineligible for Medicaid

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Women, Infant, and Community Wellness Section/Maternal Health Branch

ISSUE DATE: October 25, 2022

DEADLINE DATE: November 22, 2022

INQUIRIES and DELIVERY INFORMATION:
Direct all inquiries concerning this RFA to:
Tonya J. Dennis, 252-702-8688, Tonya.Dennis@dhhs.nc.gov

Applications will be received until *5:00pm* **on** *November 22, 2022*.

Electronic copies of the application are available at https://wicws.dph.ncdhhs.gov/

Send all applications directly as indicated below:

Email address:

tonya.dennis@dhhs.nc.gov

IMPORTANT NOTE: Indicate agency/organization name and RFA number in the email and subject line with the RFA deadline date.

RFA Table of Contents

I. INTRODUCTION

This RFA will provide funding to eligible local health departments (LHD) for the provision of Care Management for High-Risk Pregnancies (CMHRP) services to uninsured pregnant individuals, ineligible for Medicaid who are determined to have a priority Maternal Infant Impact Score (MIIS) ***or*** other associated condition associated with an adverse birth outcome. Prenatal care providers may refer patients for these CMHRP services by completing the CMHRP Pregnancy Risk Screening form at the initial prenatal visit to identify risk factors. Additionally, referrals can be made by partner entities that provide services to uninsured pregnant individuals. If the pregnancy risk screening form is not utilized when making the referral, the CMHRP care manager is responsible for assessing the patient for the presence of priority risk factors using program patient prioritization tools and professional judgment to determine whether the patient is eligible for services. The CMHRP Pregnancy Risk Screening form can be accessed in the CMHRP Program Toolkit located at: https://wicws.dph.ncdhhs.gov/provpart/pubmanbro.htm

Some 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
- Homelessness
- Food Insecurity

CMHRP services are provided by social workers and nurses and are based on patient need. The type and frequency of patient contacts are determined by the patient's individual needs and plan of care to effectively meet desired outcomes, but should generally occur once every 30 days, at a minimum. Contacts may occur in multiple settings, including the health care provider office, community, patient's home or by phone. All documentation for CMHRP services is completed online in the VirtualHealth (VH) documentation system.

Effective and ongoing communication and collaboration between the CMHRP care manager and the patient's prenatal care provider is a key component of the program model.

This collaboration seeks to improve birth outcomes by reducing the rate of preterm birth, as well as other adverse birth outcomes by providing care management services to individuals who have high risk conditions who are pregnant, uninsured, and ineligible for Medicaid.

ELIGIBILITY

Local health departments that **provide** clinical prenatal care (Maternal Health services), and CMHRP services for Medicaid patients in counties with **100 or more** Emergency Medicaid deliveries in 2020 are eligible to apply for this funding. Local health departments that **provide** clinical prenatal care (Maternal Health services) and CMHRP services for Medicaid patients in counties with **less than 100** Emergency Medicaid deliveries in 2020 are eligible to apply for this

funding **IF** they currently receive funding from the Division of Public Health (DPH) to provide CMHRP for individuals ineligible for Medicaid. (See eligibility table below.)

FUNDING
The total funding available is $474,315 per year. The maximum funding allocation per applicant county with **100 or more** Emergency Medicaid deliveries (2020 data) is $50,000 per year.

Currently funded applicant counties with **less than 100** Emergency Medicaid deliveries (2020 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) per year.

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

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 be (Year 1) June 1, 2023 to May 31, 2024; (Year 2) June 1, 2024 to May 31, 2025; and (Year 3) June 1, 2025 to May 31, 2026.

Counties with local health departments eligible for RFA #A406

Care Management for High-Risk Pregnancies

County	2020 Emergency Medicaid Delivery	County	2020 Emergency Medicaid Delivery
ALAMANCE	122	JOHNSTON	185
BUNCOMBE	171	MECKLENBURG	1,334
CABARRUS	144	MONTGOMERY	34
CATAWBA	88	NEW HANOVER	152
DAVIDSON	71	RANDOLPH	117
DUPLIN	142	ROBESON	126
DURHAM	424	ROWAN	101
FORSYTH	370	SAMPSON	131
GASTON	111	UNION	163
GUILFORD	301	WAKE	866
HENDERSON	83	WAYNE	147

II. BACKGROUND

The mission of the Women, Infant, and Community Wellness Section (WICWS), within the North Carolina Division of Public Health (DPH), is to develop and promote programs and services that protect the health and wellbeing of infants and of women during their childbearing years. The goal is to improve the overall health of women, reduce infant sickness and death, and strengthen families and communities. WICWS programs place a major emphasis on the provision of preventive health services beginning in the pre-pregnancy period and extending into adulthood. The specific goal of this funding is to improve birth outcomes for uninsured pregnant individuals who are ineligible for Medicaid.

III. SCOPE OF SERVICES

Local health departments (LHDs) shall adhere to the CMHRP Program Toolkit, which is posted online at: https://wicws.dph.ncdhhs.gov/provpart/pubmanbro.htm

1. Staffing

A. Employ CMHRP care managers with at least one of the following qualifications:
- Registered Nurses;
- Social Workers with a Bachelor of Social Work (BSW, BA in Social Work (SW), or BS in SW) or Master of 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 to provide CMHRP services, even if they qualify as a Social Worker under the Office of State Personnel guidelines.]
- CMHRP 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 CMHRP care manager competencies and staffing qualifications.

C. The team of CMHRP care managers shall include both registered nurses and social workers to best meet the needs of the priority population with medical and psychosocial risk factors. If the LHD only has a single CMHRP 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 CMHRP 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 disciplines when making hiring decisions.

E. Employ CMHRP 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. CMHRP care managers must demonstrate:
    - Proficiency with the technologies required to perform care management functions – particularly as it pertains to utilization of VirtualHealth, CareImpact care management reports, etc.;
    - Motivational interviewing skills;
    - Knowledge of adult teaching and learning principles;
    - Ability to effectively communicate with families and providers; and
    - Critical thinking skills, professional judgment, and problem-solving abilities.
G. Provide qualified supervision and support for CMHRP care managers to ensure that all activities are designed to meet performance measures, with supervision to include:
    - Provision of program updates to care managers;
    - Daily availability for case consultation and caseload oversight;
    - Regular meetings with direct service care management staff;
    - Utilization of monthly, weekly and on-demand CareImpact reports to actively assess individual care manager performance;
    - Compliance with all supervisory expectations delineated in the CMHRP Program Toolkit; and
    - Develop and maintain a care management service contingency plan to ensure on-going, non-interrupted service delivery at times of staff absences or vacancies.

2. Population Identification and Engagement

A. Review and enter the Pregnancy Risk Screening Forms received for each uninsured individual who is ineligible for Medicaid within 24 hours of receiving the forms and enter data from each form into VirtualHealth. Utilize risk screening data and provider referrals to develop strategies to meet the needs of those patients at highest risk for adverse pregnancy outcomes.
B. Accept care management referrals for any uninsured individual who is ineligible for Medicaid from prenatal care providers, community referral sources (such as Department of Social Services or WIC programs), and from patient self-referral. Provide appropriate assessment and follow-up to those patients based on the level of need.
C. Collaborate with out-of-county maternity care providers and CMHRP teams to facilitate cross-county partnerships to ensure coordination of care and appropriate assessment and services for all patients in the priority population.
D. Make timely attempts, following standards outlined in the CMHRP Standardized Plan, to contact the patient to engage the patient in care management services.

3. 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 uninsured patients who have a Maternal Infant Impact Score (MIIS) over 200 and all uninsured patients directly referred for care management to determine level of care management support needed. Utilize assessment findings to determine level of need for care management services. Document assessment

findings in VH.

B. Assessment documentation must be current throughout the period of time the care manager is working with the patient and should be continually updated as new information is obtained.
C. Document Episode status and Engagement status as outlined according to the program toolkit, based on level of patient need.

4. Interventions

A. Provide CMHRP Care Management services in accordance with the program toolkit, 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 and throughout the service period.
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 CMHRP guidance documents (e.g., CMHRP Standardized Plan, CMHRP Pathways, CMHRP Step-by-Step Documentation Guide, VH 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 WIC, lactation, birth preparation classes, parenting and other supportive services as available in the community.
H. Document all CMHRP care management activity in VH.

5. Integration with Health Care Provider

A. Assign a specific care manager to work with each maternity care provider that serves residents of the county and provides care to uninsured individuals ineligible for Medicaid.
B. Establish a cooperative working relationship and mutually agreeable methods of patient-specific and other ongoing communication with the maternity care provider.
C. Establish effective communication strategies with maternity care providers and other key contacts within the practice for each practice serving low income, uninsured pregnant and postpartum residents of the county. These strategies should be formally detailed in a local CMHRP policy.
D. Ensure the assigned CMHRP care manager participates in relevant maternity 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 maternity care provider 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 VH.
I. Assist patients in arranging to receive 17P injections in accordance with current best practices and provider recommendations.
J. Arrange transition from the maternity provider 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 VH.

6. Training

A. CMHRP care managers and their supervisors shall attend training offered by the Division of Public /WICWS including webinars and new hire orientation.
B. CMHRP care managers and their supervisors shall attend continuing education sessions coordinated by the Division of Public Health/WICWS
C. CMHRP care managers and their supervisors shall pursue ongoing continuing education opportunities to stay current in evidence-based care management of pregnant and postpartum individuals at risk for adverse birth outcomes.
D. CMHRP care managers and their supervisors shall develop and utilize motivational interviewing techniques on an ongoing basis.
E. Participate annually in at least one training focused on health equity, health disparities, or social determinants of health to support individual competencies and organizational capacity to promote health equity.

The model seeks to improve birth outcomes by providing care management services to individuals who are pregnant and uninsured.

The LHD shall adhere to the performance measure for CMHRP services in accordance with the current *Care Management for High-Risk Pregnancies Toolkit* and its requirements.

1. **Measure #1: Evidence of providing CMHRP services to the required number of patients on the annual caseload.**

   Measure Indicators: Reports at mid-year (first six months) and year-end (total twelve months) measuring the number of priority pregnant and postpartum individuals who were ineligible for Medicaid and who received CMHRP services. Pregnant and postpartum individuals who were only covered by Medicaid during the Presumptive Eligibility period and received CMHRP services may be included in the caseload.

2. **Measure #2: Evidence of providing the required number of face-to-face interventions.**

   Measure Indicators: Reports at mid-year (first six months) and year-end (total twelve months) using data measuring the number of pregnant and postpartum individuals who are ineligible for Medicaid who received the required number of face-to-face interventions. Pregnant and postpartum individuals who completed their Medicaid presumptive eligibility period may be included in the annual caseload.

Data should include:

a. Out of the total patients served how many had a care plan signed within 15 days of engagement in care management?

a. Out of the total number of patients served how many received a minimum of one Patient-Centered Interaction (PCI) every 30 days?

The LHD will create mid-year and year-end reports using the reporting template supplied by the Maternal Health Branch (MHB). These reports will be sent via email to the CMHRP Program Manager no later than January 30 and June 30 each year.

The Maternal Health Branch will also monitor the LHD's performance through an annual monitoring visit with the Local Health Department to assess compliance with Agreement Addendum provisions. Each annual monitoring visit will include a record review of three records using the CMHRP Documentation Review Tool. The annual monitoring visits will alternate between an on-site visit and a phone conference each year.

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated and award made to that agency or organization 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 12/5/2022.

2. Decline to Offer

Any agency or organization 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 agency or organization 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 10/25/2022: 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 https://wicws.dph.ncdhhs.gov/index.htm and may be sent via email to interested agencies and organizations beginning 10/25/2022.

3. Bidder's Conference / Teleconference / Question & Answer Period

Written questions concerning the specifications in this Request for Applications will be received until 11/1/2022. All questions should be directed to: Tonya.Dennis@dhhs.nc.gov. As an addendum to this RFA, a summary of all questions and answers will be emailed, by 11/8/2022 to all agencies and organizations sent a copy of this Request for Applications, or will be placed on Women, Infant, and Community Wellness Section website.

4. Notice of Intent

No Notice of Intent is required.

5. Applications
Applicants shall email a PDF version of the full application to tonya.dennis@dhhs.nc.gov. Faxed applications will not be accepted.

6. Original Application
PDF version emailed by deadline will be considered the original application.

7. Copies of Application
N/A

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.3 Applicant's Response* for specifics.

10. Application Deadline
All applications must be received by 5:00 pm on 11/22/22. Faxed applications ***will not*** be accepted in lieu of the original PDF.

11. Receipt of Applications
Applications from each responding agency and organization will be logged with the date received.

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 applications were 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 authority must have its accounts audited as soon as possible after the close of each fiscal year.

15. Application Process Summary Dates

10/25/2022: Request for Applications released to eligible applicants.
11/1/2022: End of Q&A period. All questions due in writing by 5:00pm.
11/08/2022: Answers to Questions released to all applicants, as an addendum to the RFA.
11/22/2022: Applications due by 5:00pm.
12/5/2022: Successful applicants will be notified.
06/01/2023: Contract begins.

VI. PROJECT BUDGET

Budget and Justification
Applicants must submit a budget, which requires a line-item budget for each year (June 1, 2023 – May 31, 2024; June 1, 2024 – May 31, 2025; and June 1, 2025 – May 31, 2026) 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 $0.625 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 North Carolina Department of Health and Human Services Travel Policy. Effective July 1, 2021, the Department of Health and Human Services (DHHS) shall utilize GSA State/City Standard Travel Per Diems as the maximum allowable statutory rate for meals and lodging (subsistence). The following schedule (effective July 1, 2021) shall be used for reporting allowable subsistence expenses incurred while traveling on official state business:

Current Rates for Travel and Lodging

Meals	**In State**	**Out of State**
Breakfast	$13.00	$13.00
Lunch	$14.00	$14.00
Dinner	$23.00	$23.00
Total Meals Per Diem Per Day	*$50.00*	*$50.00*
Lodging *(Maximum rate per person, excludes taxes and fees)*	$96.00	$96.00
Total Travel Allowance Per Day	**$146.00**	**$146.00**
Mileage	$0.625 per mile	

Other Restrictions (if applicable)

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, and administrative salaries. Regulations restricting the allocation of indirect cost vary based on the funding source. This RFA is funded by 100% State funds. No indirect costs are allowed on the state funding portion of sub-awards.

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/Regional Services:**
   Weight = 5, Total maximum points = 20
   Score distribution: 5 = poor; 10 = average; 15 = good; 20 = excellent.

2. **Capacity Statement/Sustainability:**
   Weight = 5, Total maximum points = 20
   Score distribution is: 5 = poor; 10 = average; 15 = good; 20 = excellent.

3. **Strategic Plan:**
   Weight = 10, Total maximum points = 40
   Score distribution is: 10 = poor; 20 = average; 30 = good; 40 = excellent.

4. **Letters of Commitment and Support:**
   Weight = 5, Total maximum points = 10
   Score distribution: 5 = poor; 10 = average; 15 = good; 20 = excellent.

5. **Budget**
   Weight = 5, Total maximum points = 10
   Score distribution: 5 = poor; 10 = average; 15 = good; 20 = excellent.

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 assemble each application in PDF format in the following order:

1. __ **Cover Letter**

2. __ **Application Face Sheet**

3. __ **Applicant's Response/Form**

4. __ **Project Budget**
   Include a budget in the format provided.
   Indirect costs are not allowed.

5. __ **Letters of Commitment or Statements of Support** (if applicable)

6. __ **IRS Letter documenting agency tax identification number**

1. **Cover Letter**
   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 UEI number
   - the closing date for applications

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with *Care Management for High-Risk Pregnancies*, 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 # *A406* 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.

<table>
<tr><td colspan="2">1. Legal Name of Agency:
2. Name of individual with Signature Authority:</td></tr>
<tr><td colspan="2">3. Mailing Address (include zip code+4):
4. Address to which checks will be mailed:</td></tr>
<tr><td colspan="2">5. Street Address:</td></tr>
<tr><td>6. Contract Administrator:
Name:
Title:</td><td>Telephone Number:
Fax Number:
Email Address</td></tr>
<tr><td colspan="2">7. Agency Status (check all that apply):
☐ Public ☐ Private Non-Profit ☐ Local Health Department</td></tr>
<tr><td>8. Agency Federal Tax ID Number:</td><td>9. Agency UEI Number:</td></tr>
<tr><td colspan="2">10. Agency's URL (website):</td></tr>
<tr><td colspan="2">11. Agency's Financial Reporting Year:</td></tr>
<tr><td colspan="2">12. Current Service Delivery Areas (county(ies) and communities):</td></tr>
<tr><td colspan="2">13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):</td></tr>
<tr><td colspan="2">14. Amount of Funding Requested</td></tr>
<tr><td colspan="2">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 ☐ No ☐</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td>16. Signature of Authorized Representative:</td><td>17. Date</td></tr>
</table>

3. Applicant's Response

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

a. Does your health department provide onsite prenatal care?

b. What is the number of Emergency Medicaid Deliveries for your county from 2020 shown in the Eligibility Table on page five of this RFA?

c. Does your health department current receive funding through Activity 107, Care Management for High-Risk Pregnancies (CMHRP), from the Division of Public Health to provide care management services to individuals who are pregnant, uninsured, and ineligible for Medicaid in your county? (Yes/No)

d. 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.) (20 points)

a. Describe your agency's current structure and level of onsite prenatal care and CMHRP service provision to individuals who are pregnant, uninsured and ineligible for Medicaid.

b. Do you currently provide CMHRP services to uninsured individuals who are ineligible for Medicaid? If yes, approximately how many of these patients were managed in FY21 (July 1, 2020 – June 30, 2021). How are these services funded?

c. If you do not currently provide CMHRP services to this population, why do you want to begin now?

d. What is/would be your main source of patient referrals for CMHRP?

e. Provide numbers served by prenatal care services in FY21.

C. Strategic Plan (No more than five pages) (40 points)

a. Describe the relationship between the local health department and other providers of prenatal care to uninsured individuals who are ineligible for Medicaid who reside in the county. Include details on the communication mechanisms, time allocated to providing CMHRP in the maternity care practice sites, and collaborative strategies used between the CMHRP and maternity care providers.

b. List other current or potential entities, other than prenatal care providers, that may refer uninsured individuals who are ineligible for Medicaid and may be eligible for CMHRP services.

c. Describe the proposed staffing structure for providing CMHRP to the priority

population. Include name, degree, and credentials of existing care manager(s) who is/are 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 CMHRP program, number of staff supervised, availability for case consultation, and any other relevant details.

d. List the most recent CareImpact CMHRP Performance Measures (June 2022) for Medicaid patients for: 1) Active Care Management, 2) Outreach and Engagement, and 3) Utilization (Penetration). Describe the relation of LHD performance to the specified program benchmarks 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 successfully delivery of Care Management for High-Risk Pregnancies services to the uninsured population ineligible for Medicaid.

4. Project Budget
(10 points)

The budget for the maximum potential award for the agency includes the components below. Include a complete budget narrative for each item, in addition to completing the budget table below. If the local health department chooses not to include any of the optional budget items in their funding application, it must ensure that the CMHRP 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 CMHRP care manager
- Fringe for CMHRP care manager

Optional Costs

- Partial Salary/Fringe for CMHRP Care Management Supervisor
- Staff Travel
  - o Travel cannot not exceed current State rates, as defined in the State Budget Manual: https://www.osbm.nc.gov/budget/budget-manual
- Staff Training
- Equipment/Supplies
- Educational Materials
- Telecommunications
- Interpreter Services – Only as required for providing direct CMHRP services

Non-Allowable Costs

Indirect charges, construction or renovation, incentives for program participants, costs for program participants.

Sample Project Budget Chart

Line Item		
CMHRP Care Manager Salary	$	
CMHRP Care Manager Fringe	$	
Staff Travel	$	
Staff Training	$	
Equipment	$	
Educational Materials	$	
Telecommunications	$	
Interpreter Services	$	
TOTAL	**$**	

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

5. Letters of Commitment
(10 points)

Please include two letters of commitment and support from partnering maternity care providers who provide prenatal care for uninsured individuals who are ineligible for Medicaid. Letters should describe their willingness to complete CMHRP Pregnancy Risk Screening forms for patients who are uninsured and ineligible for Medicaid as well as to work in partnership with the CMHRP care manager to provide collaborative patient-centered care to priority patients.

6. IRS Letter
Provide a copy of a letter from the IRS which documents your organization's tax identification number. The organization's name and address on the letter must match your current organization's name and address.