

**North Carolina Department of Health and Human Services
Division of Public Health**

Section/Branch: Women's, Infant and Community Wellness Section/Maternal Health Branch

RFA Questions and Answers

RFA # A406, RFA Title: Care Management for High-Risk Pregnancies for Individuals Ineligible for Medicaid

Addendum Number: 1

If applicable, Bidder's Conference(s) Date(s): N/A

Questions Received Until (date): 11/1/22

Summary of Questions and Answers Release Date: 11/11/22

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

1. Question: What year is the Agency's Financial reporting year?

Answer: The Payment period each year is July 1st to June 30th. The service period is June 1st to May 31st.

2. Question: Is the Agency's financial reporting year our local agency's fiscal year?

Answer: Yes.

3. Question: Do we need to provide references for data used in the RFA?

Answer: Yes.

4. Question: Regarding the two letters of support from partners that provide maternity care for the uninsured and ineligible for Medicaid women- the first year of funding, we had a support letter from CCNC. What would you have us do this cycle?

Answer: Please provide letters of support from OB providers from whom you may get referrals for eligible patients.

5. Question: Previous RFAs have asked for cover letters to include additional information, like agency mission, history of and commitment to certain services that would be funded by the grant, etc. Would you all like us to include this information in the cover letter for this grant as well? Or would it be sufficient to just include the requirements listed on page 18 of the RFA?

Answer: Only the requirements listed in the RFA are necessary.

6. Question: We had asked for and received permission for the CMHRP CM serving under this grant (2017-present) to see patients that fit the purpose of the grant but who lived in

another county. Earlier this year, that county stopped delivering babies and some of their Medicaid ineligible patients began coming to us for services. Do I count these clients in the total number served?

Answer: Yes

7. Question: We would not be using this funding to create a new position. It would help pay for salary of existing staff who would see the uninsured who do not qualify in addition to the Medicaid population. Is that allowed?

Answer: Yes. The grant funds may be utilized for any FTE or portion of an FTE that serves the eligible population.

8. Question: Do you know of any templates to use for Letters of Commitment we need to get from providers for the RFA?

Answer: There is no specific letter template required.

9. Question: Please provide clarification on the two questions below:
In section B.e.: "Provide numbers served by prenatal care services in FY21".

Answer: This includes the number of pregnant individuals served in the agency's prenatal clinic.

"Describe the relation of LHD performance to the specified program benchmarks for each measure."- Section C. d.

Answer: Please include the agency's overall current performance measurements contained in the CareImpact Performance Measures Dashboard, i.e., Active Care Management, Outreach and Engagement and Utilization.

10. Question: Please explain how to best filter for the CMHRP Performance measures for June 2022. There are several CMs listed under our agency who are not CMHRP CMs of our agency. Should we filter for all the PHP's including Medicaid Direct?

Answer: Each county should go to CMHRP Performance Measures Dashboard → CMHRP Trends and look at the corresponding percentage for June 2022 each measure. Each county should filter for all Payors. Also filter for all Primary CMs and all Pregnancy CMs. This may capture other CMs, but counties are credited with the measurement for the county regardless of CM.