

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

Section/Branch: Women, Infant, and Community Wellness Section

RFA Questions and Answers

RFA # A425, RFA Title: Supporting Women's Health Services
Addendum Number: 1

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Questions Received Until (date): October 9, 2026
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DPH Internal Use Only	
Contracts Team Leader Approval:	Signed by: <i>Rebecca Miller</i> Signature Date 10/16/26 9:59 AM EDT
Questions regarding T&C? Yes / No : No If Yes, Contracts Manager Approval:	DocuSigned by: <i>Jensen Precioso</i> Signature Date 10/15/26 12:30 PM EDT

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

GENERAL QUESTIONS

- Question: Will slides from RFA A425 Pre-Application webinar be shared?**
Answer: No, slides will not be shared, however the information is directly from the RFA.
- Question: Are applicants required to choose a strategy from each Aim?**
Answer: Applicants can select one Aim and choose one strategy under the Aim selected. Or both Aims and one or more strategies, which they are eligible to apply.
- Question: Can applicants select Aim B and only choose one strategy. Is that correct or do applicants have to do all four?**
Answer: Applicants that select Aim B are permitted to choose only one strategy but have the option to choose more than one.
- Question: About how many agencies are expected to be funded through this RFA?**
Answer: The final number of awarded agencies depends on the award amounts requested and awards approved by the evaluation committee. If all awarded applicants select the maximum award amount of \$150,000 and they are approved, then a maximum of 23 agencies may be funded.
- Question: Is \$3.5 million available for funding for each Grantee Award Period (GAP), or is this the total for the project period?**
Answer: \$3.5 million is available annually for each GAP.
- Question: For letters of commitment, if we have Memorandum of Understanding (MOU), can this be sent in lieu of the letter of commitment? Also, if the agency provides services needed internally is a letter of commitment required?**
Answer: Yes, applicants can use an existing MOU as long as within the last 12 months. No, if the applicant provides the service, a letter of commitment or MOU is not necessary.

- 7. Question: The RFA states that applicants "shall include letters of commitment from partner organizations that are integral to the implementation and success of the proposed project," while also noting applicants are "strongly encouraged" to include letters from community partners more broadly, and the Application Checklist marks this item "(if applicable)."**

Answer: Letters of commitment should demonstrate collaboration and support that are specific to the proposed Aim and Strategy. There is no required number of letters or required partner organizations. However, the letter(s) should clearly illustrate the partner's commitment to supporting the proposed program and contributing to its success. Letters should describe the nature of the collaboration and, when applicable, the specific role or contributions the partner will provide to support implementation of the proposed strategy. For example, if a key external partner is mentioned in the application program plan, then a letter of commitment from the partner will help demonstrate the partnership and the partner's commitment to supporting successful implementation of the proposed Aim and Strategy.

- 8. Question: The Supporting Women's Health Services RFA A425 and the Family Planning Services RFA A428 are both released. Are applicants permitted to apply for and (if awarded) hold both grants at the same time?**

Answer: Yes, it is allowable to apply for and, if awarded, hold both Supporting Women's Health Services and Family Planning Services funding for the same county service area. The key consideration is that you must be able to clearly distinguish the services provided and the patients served under each funding source. The programs cannot duplicate or supplant one another, so there would need to be clear documentation and separation of the services, activities, and patients supported by each grant. If costs are shared across programs, then those costs must be prorated in the application and final, awarded budget.

- 9. Question: The application form says "Do not delete the question headers. Please provide your response to each question under the heading." Does this mean that we are only required to keep the bolded part in each question or do we need to keep each whole question in our application form?**

Answer: Please include each question in its entirety, including the header and question description. For sections that contain sub-questions, please provide a response directly below each sub-question. This will help reviewers navigate the application and ensure responses can be clearly identified and accurately scored.

Program AIM A. INCREASE ACCESS TO CONTRACEPTIVES

- 10. Question: A new site opened August 2026, that does not offer Nexplanon or Copper Intrauterine Devices (IUDs). Would the new site be eligible to apply for RFA A425?**

Answer: If the new site is not currently offering LARC services, then yes, the applicant could apply for RFA A425.

- 11. Question: As an existing SWHS site, how does Aim A apply to this site?**

Answer: Applicants should clearly describe the need for continued services and explain if those services were previously supported through an SWHS award. The application should demonstrate how the requested funding would support the continuation of these services and provide sufficient context for reviewers to understand the need for funding under Aim A.

- 12. Question: For the Patient Experience Survey, it was stated that we must implement a patient experience survey that is analyzed by the state. Is there an option to use an alternate survey?**

Answer: Applicants funded under this RFA will be required to implement the Patient Experience Survey that is provided by the State.

13. Question: To clarify, for Aim A do we have to choose Strategy a or both Strategy a and b to be eligible for this funding?

Answer: If applying for Aim A, then the applicant must implement Strategy A or B, or both to be eligible for funding.

14. Question: Clarify the contraceptive counseling training requirement for existing staff who have already completed training in the previous grant cycle? Do existing staff need to complete repeat training moving forward annually (or what interval)?

Answer: The annual training requirement for existing staff will be different than what it is for new staff and will be updated annually. Staff will not be required to complete the same training every year, but documentation of prior training will be required.

15. Question: Do we download the patient experience survey from your Women, Infant, and Community Wellness website?

Answer: The State Program Consultant will provide a link to the survey.

16. Question: The RFA specifies that 100% of individuals receiving contraceptive services under this strategy must be underserved, uninsured, or medically indigent. Please clarify what documentation or determination process applicant to use to establish medical indigency for an insured patient, and whether this 100% standard is assessed per individual encounter, or in aggregate across the reporting period?

Answer: Applicants may include insured individuals who meet the definition of medically indigent or underinsured. The determination of eligibility should be based on the applicant agency's established protocols, policies, and procedures for assessing income and eligibility, consistent with the requirements applicable to the Local Health Department or Community Health Center. Typically, patients are assessed annually, however this should follow agency policy as well.

Program AIM B. IMPROVE MATERNAL AND INFANT HEALTH – Local Health Departments (LHDs) Only

17. Question: What is the credentialing required for the staff member for the Behavioral Health/Maternal Mental Health strategy?

Answer:

The Behavioral Health/Maternal Mental Health Provider is the staff member responsible for providing behavioral health services within maternal health programs for pregnant and postpartum individuals. The Provider must hold an active North Carolina professional license or associate license, as applicable, that authorizes them to provide behavioral health services within their scope of practice. The Provider is responsible for providing the services outlined in the RFA, as appropriate.

18. Question: Can a BSW obtain Certification from Postpartum Support International for Perinatal Mental Health and serve in the role of Behavioral Health/Maternal Mental Health Provider?

Answer:

No. A Bachelor of Social Work (BSW) degree and perinatal mental health certification alone do not qualify an individual to serve as the Behavioral Health/Maternal Mental Health Provider. The Provider must hold an applicable North Carolina professional license or associate license that authorizes them to provide behavioral health services within their scope of practice.

19. Question: Can the behavioral health provider be a higher-level provider (a contracted psychiatrist, for example)? Can you clarify what treatment entails? Do we need to directly provide the treatment, including medication prescriptions (As necessary).

Answer:

Yes. Applicants may hire or contract with a higher-level Behavioral Health Provider, such as a psychiatrist. A Provider authorized to prescribe medication may do so within the scope of their license.

As outlined in Aim B, Section 2.iv.4 of the RFA, Providers must offer behavioral health assessment, brief intervention, counseling, referral, follow-up services, and care coordination, as appropriate. Applicants must also use WICWS-approved behavioral health screening tools and protocols, establish referral pathways, document services, and participate in required training and technical assistance. The program plan should describe how these requirements will be implemented based on participant needs and the Provider's qualifications and scope of practice.

20. Question: Is there an expectation around FTE time for the licensed behavioral health provider under this funding? We currently have a full-time LCSW and we were interested in hiring another part-time provider for maternal health under this funding.

Answer: The justification should reflect the volume of clients that the new Provider will support.

21. Question: Could community health worker also serve as a perinatal patient navigator?

Answer: Yes, the Perinatal Patient Navigator and Community Health Worker roles may be filled by the same individual; separate individuals are not required. However, the Agency Ability section and Budget should clearly outline the FTE allocation, responsibilities, and how the individual will fulfill the requirements of each strategy.

22. Question: Can the Perinatal Navigation Program occur in the home, clinic, community, by phone, and virtually, or are there limitations on the service setting?

Answer: Yes, all of the above. The agency must demonstrate that these services are not duplicative of what the agency may already be providing for Care Management for High-Risk Pregnancies (CMHRP) or Care Management for At-Risk Children (CMARC).

23. Question: What would it look like for Bachelor of Social Work (BSW) to participate? Community Health Worker (CHW)? Assist Licensed Clinical Social Worker (LCSW)? What about Licensed Clinical Addiction Specialist (LCAS)?

Answer

Staff may support maternal health programs according to their qualifications, credentials, and scope of practice.

- BSW: May support maternal health program activities appropriate to their education and assigned responsibilities but may not serve as the Behavioral Health/Maternal Mental Health Provider based on a BSW degree alone.
- CHW: May support maternal health programs through outreach, education, participant engagement, referrals, care coordination, resource navigation, and connections to community-based services. CHW integration is not restricted to the strategies listed in the RFA. The application should describe how the CHW will support or enhance the proposed maternal health program.
- LCSW: May provide behavioral health and maternal mental health services within the scope of their license.
- LCAS: May provide substance use-related services within the scope of their credential and applicable practice requirements. Eligibility to serve as the Behavioral Health/Maternal Mental Health Provider must be consistent with the applicable licensure requirements and the services authorized under the individual's credential.

24. Question: What are educational requirements for the Perinatal Patient Navigator?

Answer: The DPH WICW Section will provide training.

25. Question: If agency is not able to obtain reimbursement for Postpartum/Newborn Home Visit (PPNBHV) due to LHD is not a medical home. Is that considered underinsured.

Answer: The agency should be able to receive reimbursement if the client is a Medicaid beneficiary even if the agency is not a Medical Home. The client's status of underinsured is not dependent on the LHD's designation as a Medical Home. If the client is not a Medicaid beneficiary, then the client would be considered uninsured.

26. Question: How much should the maternal and health landscape shift with CMHRP and CMARC going away be mentioned?

Answer: Applicants may acknowledge changes in the maternal and child health landscape, including the transition of CMHRP and CMARC, when describing the need for continued collaboration and coordination among partners. However, the application should remain focused on the requirements and goals of RFA A425. This context may help explain existing partnerships and anticipated partner roles but should not suggest that A425 funding is intended to address or replace these programs. Funding resulting from this RFA may not supplant existing program funding.

27. Question: A requirement is to implement a Perinatal Navigation Program, would this be our plan or is there an established model?

Answer: There will be guidance and training provided by DPH WICWS for the Perinatal Navigation strategy. The LHD would still develop its own implementation plan based on the requirements outlined in the RFA, including things like eligibility, referral pathways, navigation activities, documentation, and community partnerships. DPH WICWS will provide technical assistance and required training to support implementation.

28. Question: Is the Perinatal Navigator suitable for a Social Worker?

Answer:

Yes. An individual with a Bachelor of Social Work (BSW) or a Licensed Clinical Social Worker (LCSW) may be assigned to serve as the Perinatal Navigator. The RFA does not specify a particular degree, discipline, or licensure requirement for this role. However, assigned responsibilities must be appropriate to the individual's qualifications and scope of practice.

Perinatal Navigation services are non-clinical and include activities such as assisting with appointment scheduling and follow-up, coordinating referrals, connecting participants to health care providers and community resources, and helping participants address barriers to care. The LHD must hire or assign at least one staff member to serve as the Perinatal Navigator and develop an implementation plan outlining participant eligibility, referral pathways, navigation activities, documentation procedures, and community partnerships.

29. Question: Are there CPT or diagnosis codes that would be appropriate to use to document patient encounters for the Perinatal Navigator activities?

Answer: The RFA does not establish a specific CPT or ICD-10 code for Perinatal Patient Navigation, since these are described as non-clinical navigation activities.

PROGRAM PLAN

30. Question: For the barriers section for program plan, is it referring to each strategy or in general the program aim?

Answer: The barriers identified should be specific to the strategy selected. Please describe the anticipated barriers to implementing the selected strategy and how the agency plans to address them.

DATA COLLECTION, EVALUATION and REPORTING

No questions submitted on this topic.

AGENCY ABILITY

No questions submitted on this topic.

BUDGET

31. Question: Can an applicant apply for \$150,000/year if you do just one Aim.

Answer: It is possible for an applicant to select one Aim and apply for \$150,000 per year. The award amount requested should clearly tie to the agency's program plan and the number of individuals to be served. Final awards and award amounts will be determined by the evaluation committee.

32. Question: Should the budget be for multiple years or just Year 1?

Answer: Only one budget for Year 1 is required in the application.

33. Question: Would a mobile unit, particularly a smaller unit, be an allowable cost under Aim A?

Answer: Yes, mobile unit costs are allowable under this funding. These costs should be relevant to and appropriately allocated among the services and programs provided with the mobile unit. E.g., if the agency will also use the mobile unit to provide other services for 40% of the time, then the cost of the mobile unit in this program's budget should be prorated at 60%. If awarded, the purchase of a mobile unit purchase is subject to Division approval and will require the agency to demonstrate that proper procurement processes will be followed in its acquisition.