Maternal Telehealth Access Project
Request For Application Frequently Asked Questions (FAQ)

Questions?
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Budget FYI Webinar August 31 Registration Link:
- https://uncsph.zoom.us/webinar/register/WN_l2bVuRuZREel9K_eXENqVQ

IMPORTANT
Please review the questions from HRSA eligibility questions on the online application (a series of nine yes-no questions). In the webinar we incorrectly stated that to be eligible you must answer “no” to these questions. In fact, your agency must be able to answer “yes” to questions a to d and “no” to questions e to i in order to be eligible to receive the funds.

Links and access for the RFA
- August 20 Webinar MTAP Slides
- Maternal Telehealth Webinar - August 20, 2020 Recording
- Request for Application: https://maternalhealthlearning.org/telehealth/request-for-applications/
  - Word Version is available for download that you can complete before doing the online application. https://maternalhealthlearning.org/telehealth/
- Forms for Completion:
  - Budget Form HRSA
    - Budget Form Instructions
  - Letter of Intent
    - Note: If you have trouble downloading the LOI, right click on the document, save it to your computer and then open it directly from your computer. If you still have trouble, email us for a copy.
    - Letter of Intent Instructions
  - HRSA Attachment 3B
    - HRSA Attachment 3B Instructions

Questions and Answers
1. Will the webinar about the budget and forms on 8/31 be recorded?
   a. Yes, it will be recorded and put on the website ~48 hours after the webinar https://maternalhealthlearning.org/telehealth/

2. Will the slides from the budget and forms webinar be available?
   a. Yes, they will be available on the website ~48 hours after the webinar https://maternalhealthlearning.org/telehealth/
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Funding, awards, etc.
3. How many awards will be made?
   a. There is not a specific number of awards that we will be funding.

4. What is total funding available?
   a. The Maternal Telehealth Access Project has $900,000 available to fund organizations.
      i. A portion of these funds are tagged for technology, supplies, materials, etc.
         while the other portion are available for services, infrastructure, etc.
   b. ROSE has $200,000 available for funding. They are providing grants between $1,000 - $5,000.
   c. NBEC has $190,000 available for funding. They are providing grants between $5,000 - $25,000.

5. Is funding available for multiple years?
   a. No, the funding is only available from October 1, 2020 – April 30, 2021
   b. All work must be completed by April 30, 2021

6. Can you have more than one subcontract with UNC?
   a. Yes, you can have more than one sub-contract with UNC

Application Questions
7. Should the application be submitted via email or through the online form?
   a. It should be submitted online through the online portal unless you have access issues.
      If you need to email the completed application, please email Folami_cook@med.unc.edu in advance so we can be ensured to know your application is on its way.

8. Does the online application have a save function so that you can work, save and go back?
   a. Yes, you need to open the online application in the same browser, and it will link you back to where you left off.
   b. We strongly encourage applicants to fill out the word version of the application and then copy/paste the information into the online portal application.

9. Is there a page limit for the application?
   a. Yes, but only for the Scope of Work (up to 2-pages single spaced, 12-point font).
   b. There are word counts on the online application to follow.

10. We can cut and paste into the text boxes?
    a. Yes, you can complete the word version of the application and then go online and copy/paste your responses into the text boxes.

11. Are letters of support required of potential partners for a collaborative effort within communities?
    a. No, they are not.
12. Can the Scope of Work be done in the form of a table?
   a. Yes, you are welcomed to set up the Scope of Work in a way that works for you and
      your organization, however, the page limit is 1 – 2 pages. You must answer all of the
      questions for the proposed 1 – 3 activities. A table may be a nice way to summarize the
      “big picture” and then provide the details below for each activity.

13. When is the Letter of Intent due?
   a. All components of your application, including the Letter of Intent, are due September
      14 at 5pm ET

14. Who can sign as the Authorized Official on the Letter of Intent?
   a. From HRSA: The Authorizing Official, named by the applicant organization, is authorized
      to act for the applicant and to assume the obligations imposed by the Federal laws,
      regulations, requirements, and conditions that apply to grant applications or grant
      awards. The signature of the authorizing official:
      i. protects the legal rights and interests of the applicant organization
      ii. commits the application organization to fulfill obligations of HRSA grant
   b. The signature of the authorized representative forms a legal contract between the
      applicant organization and the grantor agency, HRSA. By signing documents on behalf of
      the organization, the authorizing official binds the applicant organization to perform
      within the terms of the grant agreement, common assurances and certifications,
      administrative requirements, and programmatic requirements

15. Is there a preferred geographic focus?
   a. No, we hope that we will be able to fund a large geographic area of the United States
      and territories

16. Are there priorities for maternity-care shortage areas identified by HRSA?
   a. There are not any maternity-care shortage areas identified by HRSA. HRSA is interested
      in ensuring the funding goes to maternal health telehealth projects that initiate or
      expand services or supports.

17. Can we use a video made about our residency?
   a. Please make a 2-4-minute video that highlights your organization, what makes your
      organization stand out and how your organization works with women before, during or
      up to one year postpartum.

18. For patient numbers, race/ethnicity breakdown, etc. for the application do you want only
   maternal health patients, or all patients we serve? Do you want demographics on all served or
   maternal clients served?
   a. The application will ask you to identify the population(s) your organization serves.
      Additional information of your overall population can be added to the narrative
      sections, if you wish.
19. For hospitals - do you want ethnicity and insurance to be based on entire hospital or maternity/baby population?
   a. The application will ask you to identify the population(s) your organization serves overall. Additional information about your maternal health population can be added to the narrative sections, if you wish.

Eligibility Questions related to types of organizations

20. Eligible Organizations include but are not limited to:
   • Non-profit health systems eligible (Indian Health Services, hospitals, clinics, etc.)
   • For-profit organizations (hospitals, academic institutions, etc.)
   • FQHC
   • Health Department
   • LLCs
   • Tribes (federally recognized)
   • United States and US Territories

21. Is this opportunity only open to organizations (nonprofits, etc.) or can small BIPOC owned companies with aligned initiatives apply as well?
   a. Yes, any agency, organization, non-profit, etc. can apply.

22. Understanding there are the two opportunities for CBOs... is there priority given to organizations that are run or led by Black folk or people of color? Because the goal is to increase services to marginalized folks.
   a. Priority will be given to organizations that provide supports or services for BIPOC, vulnerable or marginalized communities as identified in the Overview of the RFA.

23. We have a large population of undocumented clients. Are there any restrictions related to status?
   a. There is no restriction on the patients that the organization serves, as long as the supports or services you provide align with the RFA guidelines.

24. We are a federal Indian health service hospital who have high risk patients in rural areas, are we able to apply for grant?
   a. Yes, you can apply.

25. Would providing telehealth equipment to schools so pregnant and recently delivered students can participate in group and individuals can get education and outreach without COVID-19 risks of in person meetings?
   a. Yes, the services or supports should address maternal telehealth before, during or up to one year postpartum.

26. We are a healthy start program embedded in a bigger medical school. We would focus on our population that our program serves vs the entire serviced population through the med school which is much larger. Is this ok?
   a. Yes. Funding must be used to enhance access to maternal telehealth before, during or up to one year postpartum.
27. Will Community-based orgs with no experience/history with federal grants be considered? Or, should we be looking for a partner with this exp?
   a. Experience with federal grants is not as important as the capacity of the organization to meet the HRSA and UNC contracting requirements. Please review the requirements before deciding.
   b. ROSE and NBEC have smaller funding opportunities that may align with your organization’s goals as well.

28. Does it make sense for someone new in the field to even apply? I’m brand new in this industry.
   a. Similar to the question above, being new is not as important as the capacity to do the work, complete the proposed work and serve the population in need. We encourage you to review the criteria online and see if your organization is a match.
   b. ROSE and NBEC have smaller funding opportunities that may align with your organization’s goals as well.

29. Can an existing academic community partnership working on health equity and eliminating perinatal racial health disparities apply together for funds?
   a. Organizations are able to collaborate and create partnerships as they wish.

30. Are we discouraged to apply for all three funding opportunities; should we just chose 1?
   a. We encourage you to read each of the funding eligibility opportunities and apply to the funding that best supports your organization and the proposed activities.

Types of Projects/Activities

31. Do providers have to be directly involved? Or can this be used for MCH home visits (RN-patient) tele-visits?
   a. No, you do not have to have providers directly involved.
   b. Yes, you can use this funding for home tele-visits. All funding must be associated with maternal health telehealth before, during or up to one-year postpartum.

32. Funding for training - is it restricted to the training that you are providing links to?
   a. No, any training that supports services or activities related to maternal telehealth before, during or up to one year after pregnancy is eligible for funding.
   b. You will need to identify the training in the budget and budget justification.

33. I assume you mean postpartum period, up to one year postpartum.
   a. Yes.

34. Is parenting by a Parent Educator a reimbursable service?
   a. Services that support maternal health before, during or up to one year postpartum are allowable.
   b. Services by doulas, community health workers, lactation consultants, birth workers are allowable expenses.
35. We are midwives, providing telehealth, but still need to provide brief in-person, home visits. We can only bill for one of those visits, can we use these funds to help us offset the costs of double visits?
   a. No, these funds can only be used to support telehealth services and supports.

36. Is the grantee solely responsible for marketing that proposed program is available, or will UNC also help (i.e. via ACOG, ACNM, AAFP)?
   a. The MTAP team can provide marketing and communication support for the grantee. This could include strategic planning, idea development, etc. The grantee will be responsible for the costs and dissemination of the information.

37. We serve families prenatally until the child turns the age of three.
   a. Funding is allowed for maternal telehealth programming before, during or up to one year postpartum.

38. Can projects utilize both mHealth and Telehealth in tandem (text support, text delivery of support, ongoing check-ins etc.)?
   a. Yes

39. Would the grants support capacity building and harm reduction programming?
   a. Yes, as long as the capacity building or harm reduction programming aligns with the RFA guidelines and charges.

40. If we are a Healthy Start program funded through HRSA, are we eligible to apply for this as well?
   a. Yes, you can apply but the additional funding cannot supplant current funding for existing projects or services.

41. Will you fund organizations with a fiscal sponsor?
   a. Yes, we can fund an intermediary organization as the fiscal agent.

42. Is there a requirement for my company to be able to bill Medicaid directly?
   a. No, there is not a requirement for a company to be able to bill Medicaid directly.

43. Nonclinical support eligible?
   a. Yes, non-clinical support is an allowable expense.

44. Is this available for hospitals who are providing free services during the pandemic?
   a. The funds must be used to augment or initiate new telehealth services or supports during COVID-19. The funds cannot pay for services that are currently provided free of charge.

45. Did you mean by referring to having more than one contract that an organization can submit more than one application and possibly fund different maternal programs/services focused on telehealth use?
   a. Organizations can apply for these funds as well as the ROSE or NBEC awards, as long as the scopes of work for the proposals are different.

46. Can two projects be included under the larger HRSA grant?
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47. What about a for-profit clinic of a recognized Tribe? Will that make us less competitive?
   a. A for-profit clinic of a recognized Tribe can apply. Any for-profit may be less competitive if they have high indirect cost rates.

48. This funding is specifically for pregnant families? We serve pregnant and parenting families.
   a. The funds available are for maternal telehealth before, during or up to one year postpartum.

49. Can funds be used for skills building for program participants in efforts to expand access to care (i.e. doula certifications)?
   a. Yes

50. Can funding be used to train additional providers?
   a. Yes, training additional providers is an allowable expense and activity as long as the providers are working with the maternal health population before, during or up to one year postpartum.

51. Would delivering home visiting service virtually via telehealth be fundable under this RFA or are you looking only at actual traditional clinical services such as at an OBGYN office?
   a. Yes, home visiting services using telehealth for maternal health populations is a fundable activity.

52. My company already doing all of the above and developed a platform that does one on one and group support and classes nationally. Will that be a problem in asking for funds to increase access?
   a. The funds are available to augment, initiate or increase access for maternal health populations before, during or up to one year postpartum. The funds cannot be used to pay for existing services that are already being offered.

53. Can this be used to provide telehealth set up for outreach/referral success between home visiting programs and local OBGYN providers?
   a. Yes, this is a fundable project/activity. Outreach and education activities to increase access and accessibility are allowable.

54. Would funding support clinical personnel providing services over telehealth?
   a. Yes, clinical personnel providing services over telehealth that are not reimbursable by insurance or Medicaid are allowable costs.

55. What about supplies for activity bags to deliver and use during the virtual sessions?
   a. Yes, these are allowable expenses, however all materials and activity bags must be related to the activities proposed in the Scope of Work and relate to the maternal health population before, during or up to one year postpartum.

56. Does maternal health pre-during and post pregnancy extend to mental health as well?
   a. Yes, it does
57. Since we already caring for moms and babies will you be sending more people our way if we get this fund?
   a. Funds can be used to initiate, increase access or augment supports and services for maternal health during COVID-19 with telehealth.

58. If we are a maternity care program within a larger organization, should we describe our maternal health program or the larger organization?
   a. We recommend describing the larger organization briefly, then focusing on your smaller maternal health programs to provide context for the application you are submitting.

Budget Questions

59. Are indirect charges allowed? Is there a cap? Or is federally negotiated rate allowed?
   a. Indirect charges are allowed. If you do not have a federal indirect cost agreement, you will be eligible for a 10% indirect cost de minimis rate. The de minimis rate can be charged at 10% of Modified Total Direct Costs (MTDC). MTDC is defined in 2 CFR 200.68 of the Uniform Guidance.

60. If tablets are purchased for clients to use will they be owned by grantee?
   a. Yes, the tablets (or computers, WIFI hot spots, etc.) will be owned by the grantee at the end of the funding.
   b. Purchases under $5,000 are identified as supplies in the budget

61. If technology is purchased for clients, would they be allowed to keep it and continue using it beyond April or would it be collected and returned?
   a. The technology purchased with the grant funds is the property of the grantee after the end of the funding.

62. If an organization has already purchased new equipment to improve client access to telehealth to meet the needs that resulted from COVID, is applying for reimbursement a possibility? Or does all equipment need to be purchased post 10/1 start date?
   a. No, only equipment purchased on or after October 1, 2020 (or the contract start date) is eligible to be reimbursed through invoicing.

63. For the materials and equipment, can it be utilized for medical/technological (phones/hotspots) equipment that patients can use at home in coordination with telehealth visits?
   a. Yes, these are allowable expenses.

64. Does funding cover the cost of personnel (staff, PI, temporary staff) to carry out eligible activities?
   a. Funding is time limited, approximately October 1, 2020 to April 30, 2021. Although personnel are an allowable expense, we encourage applicants to limit personnel costs in their applications to costs that would be sustainable after the funding ends.
   b. As long as the temporary staff will not be paid after April 30, 2021 with the grant funds or will not be laid-off or furloughed due to lack of funding, this would be allowable. The budget narrative should clearly explain how the position(s) would be sustained.

65. Will an initial advance of funds be provided?
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a. No, we are unable to do this. The grant funding is reimbursable only.

66. As this is a reimbursement grant, how often will payments be made?
   a. Invoices will be due monthly, using the appropriate template and mechanism for submission (these will be provided if your organization is funded).
   b. It will take about 45 days for the 1st reimbursement to be sent to your organization and approximately 30 days for the subsequent reimbursements.

67. Can the funds be used for virtual childbirth and parenting education?
   a. Yes.

68. Would receiving these funds to start up a program, preclude the organization from applying for additional HRSA funding from different RFA's in the future to support the ongoing project?
   a. No, it would not.

69. Any chance that this grant will be renewable at a later date?
   a. At this point, the funding is available until April 30, 2021

70. Are there any expenses that are expressly disallowed?
   a. Yes, please visit: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards OR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

71. Why is the funding period only 6-7 months?
   a. The CARES Act funding is time limited funding.

72. We are a new nonprofit, but have experience from being in the business for 10 plus years, do we have to share those business’ financial records?
   a. If records are required for an Audit, the auditors will ask to see whatever records you have available. As a new non-profit, they may only ask to see these, or they may ask to see your for-profit business records from earlier.

73. Could contractors be professionals in other countries?
   a. No, all contractors should be located in the United States or one of the territories.

74. Could telehealth we provided from mental health providers- in other countries?
   a. No, all telehealth for mental health for maternal health patients should be from providers in the United States or one of the territories.

Other
75. Does my company need a fully functioning website?
   a. No, you do not. If your organization has social media, we would love to review it as a way to get to know your organization better.

76. I work with a cooperative owned by immigrant doulas, could a cooperative be eligible for NBEC, and ROSE?
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a. ROSE and NBEC have smaller funding opportunities that may align with your organization’s goals as well.

77. For ROSE and NBEC: Can funds we used to purchase technology and or access needed trainings?
   a. Funds may be used to purchase technology and access training. The ROSE team plans to host a minimum of three training calls to support our cohort.

78. Is an organization with a budget of one million or more eligible for ROSE?
   a. No

79. Could a cooperative (business) apply to the ROSE & NBEC?
   a. Yes

80. NBEC and ROSE have different deadlines?
   a. The deadline for ROSE is September 8. For more information: http://www.breastfeedingrose.org/vipscohort/
   b. The deadline for NBEC is September 13. For more information: https://birthequity.org/telehealth-project-mtap/