North Carolina Department of Health and Human Services
Division of Public Health
Section/Branch: CDI Section/ NC Cancer Prevention and Control Branch

RFA Questions and Answers

RFA # A420, RFA Title: North Carolina Partnership to Increase Colorectal Cancer Screenings (NC PICCS)
Addendum Number: 1

If applicable, Bidder's Conference(s) Date(s): 04/02/2025
Questions Received Until (date): 04/08/2025
Summary of Questions and Answers Release Date: 04/11/2025

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

1. **Question:** Can we apply for one strategy (Strategy A or Strategy B) or can we apply for both strategies?

Answer: Reference Funding Section, Page 6 of RFA A420- Applicants may request up to $86,832 for Strategy A per year, including indirect cost and $15,408 for Strategy B per year, including indirect cost. Applicants can apply for Strategy A and/or Strategy B. If Applicants apply for both Strategy A and Strategy B, the maximum annual funding is $102,240.

2. **Question**: Can you confirm that we are able to submit requests for Strategies A & B for this year and for year 2?

Answer: Yes, applicants are allowed to apply for both Strategy A and Strategy B for year 1 and for year 2. See answer to Question 1. above.

3. **Question**: What if there are other community resources in the area, but none of them are offered by our organization? Does that consider the CDC to be the "payor of last resort" for the patient since we wouldn't have funding for them, or is there a duty to refer them to a hospital's charity care program or another community program etc.?

Answer: CDC is the payor of last resort for follow-up colonoscopies. If there is no other funding for the patient's follow-up colonoscopy through your organization, then the CDC would be the payor of last resort. So, there is no delay in care, the NC PICCS program does not require a patient referral to a hospital charity care program or other community program. The FQHC or health system makes the referral to a gastroenterologist for the follow-up colonoscopy.

4. **Question**: Our biggest issue regarding increasing screenings is getting patients to attend appointments. Are there any options for funding to be used for outreach expenses or Social Determinants of Health (SDoH) like transportation?

Answer: Through the quality improvement process, the NC PICCS program supports staff time to implement evidence-based interventions (EBIs), policy modifications, and workflow enhancements. Staff time hours are allowed to be used for the colorectal cancer screening program such as patient navigation, improving electronic health records for screening rate measurements, EBI implementation, data collection and reporting, meetings with the NC PICCS team, training clinic staff, and patient outreach. Funding is not used for transportation reimbursement, but instead the health system can be reimbursed for staff time to coordinate patient transportation services at $50/hour staff time.

5. **Question**: So, we don't need to worry if we determine that the staff doing the work to coordinate an Uber (for example) is less than $50.hr?

Answer: Correct, funds may not be used to pay salary or fringe for full-time equivalent (FTE) positions. Funds are reimbursed at a rate of $50/hour staff time.

6. **Question**: What is the turnaround time for reimbursement? Is it monthly or quarterly?

Answer: Project expenses will be reimbursed on a monthly basis for approved expenses incurred during the prior month.

7. **Question**: The RFA states that eligible applicants must have “two or more primary care clinics”. Could you please clarify whether a mobile clinic would count as a second location under this requirement?

Answer: A clinic is defined as a location where primary care services are delivered. Clinics may also be referred to as “sites” or “practices”.

8. **Question**: For Strategy A – if we wanted to look into using mPATH to increase our Colonoscopy screening rates, would that be considered an EBI since we currently do not do this and have not tried this prior to increase our rates?

Answer: Yes, mPATH is considered part of the EBIs recommended in *The Community Guide* because this application identifies patients due for colorectal cancer screenings, educates patients about screening options, and provides virtual patient navigation services so they can “self-order” a screening. This RFA reimburses health system for staff time as part of the NC PICCS program.

9. **Question**: Can you explain what these unallowable costs mean: "Funds may not supplant other available sources of payment for colonoscopy. The NC PICCS program is the payer of last resort"?

Answer: CDC funds are used to pay for a follow-up colonoscopy after a positive colorectal cancer stool test. If the organization does not have any additional funding sources to pay for patient’s follow-up colonoscopy, then the CDC is the payer of last resort.

10. **Question**: Are supplies an allowable cost?

Answer: No.

11. **Question**: Was the Bidders Conference on 4/2/25 recorded? If so, will it be posted?

Answer: No. The Bidders Conference was not recorded.

12. **Question**: Does referral for a colonoscopy constitute a "subcontractor" that needs to be identified as such in the grant, or can this be an informal referral arrangement, given the small number of colonoscopies included in the project and the number of potential providers of the service in the area?

Answer: Yes, the gastroenterologist (GI) office for a follow-up colonoscopy is considered a "subgrantee." Agreements for follow-up colonoscopy services are between the health system and GI office. The health system makes referrals to GI offices. DPH reimburses the health system, and then the health system reimburses the GI office for the patient's follow-up colonoscopy.

13. **Question**: Where can we find more information about the American Cancer Society's (ACS) Quality Improvement Boot Camp? Or, is that a program developed by ACS specific to this project?

Answer: The American Cancer Society's Quality Improvement Bootcamp and Learning Collaborative is led by ACS staff who train health systems and clinics across seven southeastern states to improve data and staff capacity through the quality improvement process. The ACS Learning Collaborative and NC PICCS program work in collaboration.

14. **Question**: If an applicant intends to apply for both Strategy A and Strategy B, are they to include both Strategies in a single application or do you require separate applications for each Strategy?

Answer: Strategy A and Strategy B should be included together in one application if the applicant is applying for both strategies.