TRILLIUM HEALTH RESOURCES
NC ROOTS HUB LEAD — REGION 5

REQUEST FOR APPLICATION

RFA No. THR-ROOTS5-2026-004

I Gave Birth Program Implementation
NC ROOTS REGION 5

Initiative 2: I Gave Birth Program Implementation
In Support of the NC Rural Health Transformation Program (NCRHTP)

Issue Date:	July 30, 2026
Application Submission Deadline:	August 31, 2026, at 4:00 PM (EDT)
Issuing Organization:	Trillium Health Resources
Program:	NC ROOTS Hub — Region 5
Written Questions Deadline:	August 6, 2026, at 5:00 PM (EDT)

Applications must be submitted electronically per instructions in Section 4.1 of this Request for Application ("RFA")

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Federal Funding Acknowledgment (Stevens Amendment)

This funding opportunity is supported by the Centers for Medicare & Medicaid Services (CMS) through the North Carolina Department of Health and Human Services under the North Carolina Rural Health Transformation Program. Any Subrecipient receiving an award under this Request for Applications will be required to comply with the Stevens Amendment (Public Law 101-166, as applicable) and all applicable federal requirements concerning acknowledgment of federal financial assistance. Public statements, press releases, publications, websites, presentations, and other materials describing activities funded under the resulting Subaward must include the required acknowledgment of federal funding in accordance with the Subaward Agreement.

PART I — GENERAL INFORMATION

1.1 Purpose and Overview

Trillium Health Resources (hereinafter "Trillium" or "the Organization") has been designated by the North Carolina Department of Health and Human Services ("NCDHHS") as the NC ROOTS Hub Lead for Region 5 under the North Carolina Rural Health Transformation Program ("NCRHTP"). The NCRHTP is funded through the Centers for Medicare & Medicaid Services ("CMS") Rural Health Transformation Program ("RHTP"), authorized by Section 71401 of Public Law 119-21, to strengthen rural health infrastructure and improve health outcomes in North Carolina's rural communities.

Pursuant to **Contract No. 00050561 between NCDHHS and Trillium, together with the associated CMS Notice of Award, the CMS Notice of Funding Opportunity (CMS-RHT-26-001), the CMS Program Terms and Conditions, the CMS Standard Grant and Cooperative Agreement Terms and Conditions, and all applicable federal award requirements (collectively, the "Prime Award")**, Trillium serves as the Region 5 Hub Lead and pass-through entity for federal financial assistance awarded under the NCRHTP. In that capacity, Trillium is responsible for administering approved NCRHTP initiatives, issuing subawards to eligible organizations, monitoring subrecipient performance, and ensuring compliance with all applicable federal and state statutes, regulations, and award requirements governing the use of federal financial assistance.

The I Gave Birth program improves maternal outcomes during the postpartum period by training healthcare providers (obstetric providers, nurses, Emergency Department teams, EMS personnel) to recognize and respond to warning signs, and by educating postpartum women about these warning signs. Consistent with the requirements of Initiative 2, Perinatal Health, Trillium is soliciting applications from organizations with demonstrated expertise in postpartum support, maternal health programming, and community health worker/peer support models to implement the I Gave Birth program for NC ROOTS Region 5. The selected respondent will partner with NCDHHS for technical assistance, identify participating birthing facilities, conduct training for facility and community-based staff, and collect program data in support of NCRHTP reporting requirements.

1.2 Background: NC ROOTS and the Rural Health Transformation Program

NC ROOTS — North Carolina Rural Organizations Orchestrating Transformation for Sustainability — is the statewide implementation framework for the NCRHTP, administered by NCDHHS. Through the NCRHTP, NCDHHS designated regional NC ROOTS Hub Leads to coordinate implementation of approved rural health initiatives, convene regional stakeholders, administer federal pass-through funding, and oversee program performance within each Medicaid managed care region over a five-year period beginning in 2026.

Trillium serves as the NC ROOTS Hub Lead for Region 5. As Hub Lead, Trillium is responsible for administering federal financial assistance received through NCDHHS, issuing and monitoring subawards, ensuring compliance with applicable federal and state requirements, and implementing approved initiatives that strengthen rural health care infrastructure and improve health outcomes throughout the region.

1.3 NC ROOTS Region 5 — Geographic Scope

NC ROOTS Region 5 corresponds to North Carolina Medicaid Managed Care Region 5 and encompasses fifteen (15) counties spanning from the Sandhills and Piedmont in the north and west to the Cape Fear coastal plain in the east and south. The Region 5 counties are:

County	Sub-Region / Geographic Character
Bladen	Cape Fear / Coastal Plain
Brunswick	Cape Fear Coast / Southeast
Columbus	Coastal Plain / Southeast
Cumberland	Sandhills / Central (Fayetteville)
Harnett	Sandhills / Central Piedmont
Hoke	Sandhills
Lee	Sandhills / Central Piedmont
Montgomery	Piedmont / Uwharrie
Moore	Piedmont / Uwharrie
New Hanover	Cape Fear / Coastal Plain
Pender	Cape Fear / Coastal Plain
Richmond	South Piedmont / Sandhills
Robeson	Coastal Plain / Southeast
Sampson	Coastal Plain
Scotland	South Piedmont / Sandhills

This diverse 15-county footprint spans significant geographic, demographic, and economic variation — from the urban Wilmington and Fayetteville metro areas, to deeply rural Sandhills communities, to coastal plain counties with high poverty and limited health infrastructure.

Key health and demographic characteristics across Region 5 include:

- Significant rural health care deserts, including maternal and child health, particularly in Bladen, Columbus, Hoke, Montgomery, Richmond, and Scotland counties
- High rates of behavioral health need, including serious mental illness, substance use disorders, and opioid overdose mortality
- Elevated rates of chronic disease including diabetes, hypertension, heart disease, and COPD — among the highest in the state
- Provider shortages in primary care, specialty care, dentistry, and behavioral health
- Large American Indian population, particularly in Robeson County (home to the Lumbee Tribe), with distinct cultural health needs and historical access barriers

- Military-connected population in Cumberland County (Fort Liberty) with unique behavioral health and transition-related needs
- Health disparities affecting Black, Hispanic/Latino, American Indian, and low-income populations across the region
- High rates of poverty and economic disadvantage, particularly in Bladen, Columbus, Robeson, Scotland, and Richmond counties
- Limited broadband access in rural communities inhibiting telehealth utilization
- Aging population with growing long-term care and dementia-related needs
- Workforce shortages in health care and human services sectors across the region

Trillium reserves the right to make multiple awards, a single award, or no award under this RFA and to determine the number and scope of awards based on the quality of applications received, available funding, geographic and programmatic needs, and the best interests of the NCRHTP and NC ROOTS Region 5.

1.4 Trillium's NC ROOTS Role and Organizational Context

As the NC ROOTS Hub Lead for Region 5, Trillium is responsible for administering the NCRHTP within its designated region. These responsibilities include: (1) conducting a regional needs assessment; (2) establishing and coordinating a regional network of rural health care providers, community organizations, and other stakeholders; (3) developing and implementing approved Regional Action Plans; (4) administering federal pass-through funding; (5) monitoring Subrecipient performance; and (6) implementing evidence-based initiatives designed to improve rural health care access, quality, sustainability, and health outcomes throughout Region 5.

This RFA supports Initiative 2, Perinatal Health, an approved initiative under the NCRHTP. The I Gave Birth program is patient-facing: it directly supports birthing individuals during the postpartum period through structured outreach, education, and navigation of providers, with particular attention to reducing preventable postpartum complications and improving continuity between hospital discharge and community-based follow-up care.

1.5 RFA Schedule

Milestone / Event	Date
RFA Issued	July 30, 2026
Written Questions Deadline	August 6, 2026, 5:00 PM EDT
Trillium Written Responses to Questions Posted	August 18, 2026
Application Submission Deadline	August 31, 2026, 4:00 PM EDT
Intent to Award Notification	September/October 2026

Trillium reserves the right to modify this schedule at its discretion. Amendments will be distributed to all registered respondents via addenda.

PART II — SCOPE OF WORK

2.1 Overview

Trillium will select a respondent to **implement the I Gave Birth postpartum support program across participating birthing facilities, hospitals, and community partners in NC ROOTS Region 5**, in partnership with NCDHHS. Respondents must demonstrate experience collaborating with birthing facilities and healthcare providers and outline how the program will be expanded beyond what exists today. The selected respondent shall:

1. Identify participating birthing facilities and community-based partners across the region.
2. Develop and deliver training to facility and community staff responsible for program delivery.
3. Coordinate with NCDHHS for ongoing technical assistance throughout program implementation.
4. Collect, validate, and report program data.
5. Incorporate community and stakeholder input (including tribal representation, pregnant and/or postpartum people) to ensure the program is culturally responsive and accessible across the region's diverse geography.
6. Produce professional-quality deliverables suitable for NCRHTP reporting and Hub Action Plan integration.

2.2 Program Requirements and Task Areas

The selected respondent shall execute the following tasks to support implementation of the I Gave Birth program:

- **Task 1 – Birthing Facility and Community Partner Engagement:** Secure participation from birthing facilities, first responders, and complementary community-based organizations across NC ROOTS Region 5 to support postpartum outreach and follow-up. Ensure representation across the four sub-regions (Sandhills, Piedmont, Cape Fear, and Coastal Plain) and establish formal partnerships with facilities, first responders, and community organizations capable of extending care beyond the clinical setting.
    - Coordinate facility and community partner engagement in partnership with NCDHHS Office of Rural Health and maternal health program staff.
    - Identify and designate Program Champions at each participating facility to serve as primary implementation leads.
    - Maintain regular communication with Trillium and NCDHHS regarding facility status and any declinations.
- **Task 2 – Program Training and Technical Assistance**: Develop and deliver comprehensive training to facility, first responders, and community partner staff on program purpose, patient identification, enrollment procedures, postpartum education, follow-up protocols, warning signs, and referral pathways. Provide ongoing technical assistance to participating sites throughout implementation.
    - Coordinate training curriculum development with NCDHHS for review and approval.
    - Document all training participation and maintain records for NCRHTP reporting.
    - Deliver individualized technical assistance to sites, particularly those with limited prior experience in structured postpartum programs.
- **Task 3 – Program Implementation**: Oversee implementation of the I Gave Birth program workflow across all participating facilities, first responders, and community partners. Establish mechanisms for regular coordination among implementation sites

and develop strategies to address geographic, transportation, and connectivity barriers to postpartum follow-up.

- Support birthing facilities and community organizations to coordinate patient identification, enrollment, and structured postpartum follow-up contacts at program-specified intervals.
- Establish a Regional Perinatal Working Group that convenes quarterly to review progress, resolve implementation barriers, and share promising practices.
- Ensure program delivery accommodates participant circumstances and language access needs.

- **Task 4 - Data Collection, Identifying Facilities, and Program Reporting**: Partner with NCDHHS for technical assistance, identify participating facilities, conduct training, and collect program data sufficient to support NCRHTP reporting. Collect, at minimum:
  - Number of birthing hospitals that implement the initiative within the region
  - Number of hospital staff trained on post-birth warning signs
  - Number of first responders trained on post-birth warning sign

  Ensure that all data handling complies with HIPAA, applicable North Carolina privacy law, and any Trillium- or NCDHHS-required data use agreements.
- **Task 5 - Stakeholder Engagement and Program Validation:** Facilitate regional stakeholder convenings to share program implementation experience and gather input from facilities, providers, tribes, and community-based organizations serving pregnant and postpartum populations. Ensure targeted outreach to communities and organizations serving populations experiencing disparate maternal health outcomes.
  - Conduct at least two regional stakeholder convenings across the contract period.
  - Include targeted outreach to Tribal, Black, and Hispanic/Latino communities.
  - Document stakeholder input and incorporate findings into program refinements.
- **Task 6 - Report Development and Dissemination**: Produce a written I Gave Birth Program Implementation Metrics Report that includes:
  - Executive summary suitable for inclusion in NCDHHS reporting.
  - Regional overview of program reach and participation by county and facility.
  - Enrollment, engagement, and follow-up completion data with analysis of disparities or gaps by sub-region.
  - Documented referral pathways.
  - Lessons learned and recommended program refinements for subsequent program years.

  Submit a draft report to Trillium for review and present findings to Trillium and regional facility partners within 14 days of final report acceptance.
- **Task 7 - Project Schedule**: Submit a detailed project schedule within 10 calendar days of contract execution, identifying all major tasks, milestones, and deliverables.

2.3 Application Questions

1. **Expertise and Approach:** What direct experience do you have with the I Gave Birth program or equivalent post-partum support frameworks? Describe your proposed approach to the task areas above including participant engagement, training, implementation, data collection, stakeholder engagement, and report development.

2. **Organizational Background and Regional Fit**: Describe your experience working within NC ROOTS Region 5 or in comparable rural or underserved regions. Describe the culturally responsive and community-informed approaches you use when engaging hospitals, local stakeholders, and other partners. If you do not have direct experience in Region 5, describe your strategy for building relationships, understanding the regional health care landscape and establishing credibility and trust with community partners.
3. **Project Timeline and Rapid Delivery:** Describe your approach to mobilizing the project team immediately upon Subaward Agreement execution along with your 30-, 60-, and 90-day plan. Propose specific deadlines for each deliverable. Identify critical path dependencies.
4. **Tribal Engagement:** Describe your proposed approach and/or experience engaging with North Carolina state tribes to understand and meet their health care needs. If you have limited prior experience with tribal engagement, describe how you would establish meaningful partnerships and ensure tribal voices are centered in this work.
5. **Long-Term Sustainability:** Describe how you will use NC ROOTS program funding to build sustainable I Gave Birth programming. Include how you will coordinate with partners and demonstrate the long-term value of I Gave Birth interventions in Region 5. If leveraging Medicaid, describe your strategy for sustainable reimbursement and program continuation after NC ROOTS funding ends.
6. **Contractors and Lower-Tier Subrecipients (if applicable):** Describe any plans to engage contractors or lower-tier subrecipients in support of NC ROOTS activities for I Gave Birth. For each, identify: (1) the specific services they will provide, (2) the anticipated budget allocation, and (3) how their work supports program objectives and outcomes.

2.4 Deliverable Summary Table

#	Deliverable
1	Project Work Plan, Facility & Community Partner Engagement Strategy, and Implementation Schedule
2	I Gave Birth Training Curriculum and Materials (NCDHHS-reviewed and approved)
3	Program Champion Identification Complete and Regional Orientation Session Held
4	Monthly Enrollment and Engagement Data Summary
5	I Gave Birth Program Implementation Metrics Report
6	Final Enrollment and Engagement Training Completion Log
7	Final Stakeholder Briefing Presentation

PART III — RESPONDENT ELIGIBILITY AND QUALIFICATIONS

3.1 Minimum Qualifications

Applications will be considered only from respondents who meet all of the following minimum qualifications at time of submission:

1. Respondent must have a Unique Entity Identifier (“UEI”) issued by SAM.gov.

2. Respondent is a legally organized entity, including, but not limited to, a corporation, limited liability company, nonprofit organization, college or university, governmental entity, or sole proprietorships, authorized to conduct business in North Carolina.
3. Respondent must have sufficient financial resources, working capital, and fiscal capacity to perform the activities contemplated under the resulting Subaward Agreement. Because funding is provided on a reimbursement basis, the selected respondent must incur and pay all allowable program costs using its own funds before seeking reimbursement from Trillium.
4. Respondent can credibly certify the capacity to complete all required deliverables.
5. Respondent and all proposed lower-tier subrecipients are not currently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from contracting with any government entity, and are not listed on the Federal Exclusion List (SAM.gov), NC Suspension of Funding List, NC Debarred Vendors List, or Iran Divestment Act List.
6. Respondent demonstrates experience conducting meaningful community engagement with underrepresented, rural, or low-income populations.

3.2 Preferred Qualifications

Trillium will view favorably applications from respondents who demonstrate:

- Direct experience in rural North Carolina and Region 5 counties, including extensive experience serving underserved populations and addressing barriers to access.
- Been in continuous operation for at least two (2) years immediately preceding the application submission deadline, with demonstrated organizational, financial, and administrative capacity to perform the proposed scope of work.
- Familiarity with national or state I Gave Birth program models, postpartum care models (e.g., Alliance for Innovation on Maternal Health bundles, ECHO, AROC), NC DHHS data systems, NC Medicaid data, and NCRHTP program requirements.
- Team members with established community relationships.
- Experience working with LME/MCOs, FQHCs, local health departments, tribes, Tailored Plan providers, and County Governments in North Carolina.
- Status as a NC Historically Underutilized Business (HUB) or Minority/Women-Owned Business Enterprise (MWBE).
- Experience supporting rural health transformation, rural hospital sustainability, or federally designated health care shortage area planning.

3.3 Contractors and Lower-Tier Subrecipients

Respondent may propose the use of contractors or lower-tier subrecipients to perform specific portions of the Scope of Work. All proposed contractors and lower-tier subrecipients must be identified in the RFA and must include a description of the entity, its qualifications, its proposed role, and the specific activities it will perform under the subaward.

The successful respondent shall remain solely responsible for the performance of all work, achievement of all deliverables, compliance with the terms and conditions of the Subaward Agreement, and compliance by its contractors and lower-tier subrecipients with all applicable federal, state, and program requirements. The use of contractors or lower-tier subrecipients shall not relieve the successful respondent of any obligation or liability under the Subaward Agreement.

Any contract or lower-tier subaward is subject to Trillium's prior written approval. No contractor or lower-tier subrecipient may begin work or incur costs chargeable to the subaward until approved in writing by Trillium.

The successful respondent shall ensure that all approved contractors and lower-tier subrecipients comply with all applicable provisions of the Prime Award, the resulting Subaward Agreement, the Notice of Funding Opportunity (CMS-RHT-26-001), the CMS Program Terms and Conditions, the CMS Standard Grant and Cooperative Agreement Terms and Conditions, 2 C.F.R. Part 200, and all other applicable federal and state statutes, regulations, policies, and written guidance. The successful respondent shall incorporate all applicable flow-down requirements into each contract or lower-tier subaward.

Contractors and lower-tier subrecipients performing work under the subaward shall be subject to the same audit, records retention, monitoring, inspection, access to records, confidentiality, privacy, security, and compliance requirements applicable to the successful respondent to the extent such requirements apply to the activities being performed.

Trillium reserves the right to approve, reject, or require the replacement of any proposed or approved contractor or lower-tier subrecipient that does not meet applicable eligibility, responsibility, or compliance requirements or whose continued participation is determined by Trillium to be inconsistent with the objectives or requirements of the NCRHTP.

Trillium, as the pass-through entity, shall determine whether any proposed third party is properly classified as a contractor or a lower-tier subrecipient in accordance with 2 C.F.R. Part 200 and other applicable federal requirements. The respondent's characterization of a proposed entity in its RFA is advisory only and shall not be binding on Trillium. The successful respondent shall comply with all requirements applicable to the classification determined by Trillium and shall incorporate all required federal, state, and programmatic flow-down provisions into every approved subcontract or lower-tier subaward.

PART IV — APPLICATION REQUIREMENTS AND FORMAT

4.1 Submission Instructions

Applications must be submitted electronically to Region5NCRootsHub@TrilliumNC.org no later than August 31, 2026, at 4:00 PM Eastern Daylight Time. The email subject line must read: "Application — RFA THR-ROOTS5-2026-004 [Respondent Organization Name]". Late applications will not be accepted. Applications submitted by mail, fax, or hand delivery will not be accepted. Submission constitutes acceptance of all RFA terms and conditions.

File naming conventions for each submitted document:

(a) "Application_[OrgName]_ROOTS5Initiative2IGaveBirth.pdf"

(b) “Budget_and_ImplementationPlan_[OrgName]_ROOTS5Initiative2IGaveBirth”

4.2 Application — Format and Required Sections

The application shall not exceed eighteen (18) pages, excluding resumes and appendices. Each section shall begin on a new page with a clear section heading. Resumes for key personnel may be included as appendices and do not count toward the page limit.

Section A — Cover Page (1 page maximum)

- RFA number and title
- Respondent’s UEI

- Respondent's full legal name, address, website, and type of organization (for-profit, nonprofit, academic institution, etc.)
- Federal Employer Identification Number (FEIN)
- Name, title, direct phone, and email of authorized signatory
- Name, title, direct phone, and email of primary project contact
- Signature of authorized representative and date
- HUB / MWBE certification status, if applicable

Section B — Executive Summary (2 pages maximum)

- Respondent's understanding of the project purpose, Region 5 context, and key challenges
- Brief overview of proposed approach and unique qualifications
- Total proposed budget

Section C — Organizational Qualifications and Relevant Experience (4 pages maximum)

- Organizational background, mission, and structure
- Three (3) comparable project summaries with client references (see Section 4.3)
- Relevant certifications, licenses, and professional affiliations
- Description of proposed subcontractors and their qualifications
- Any conflicts of interest and proposed mitigation measures
- Confirm your organization's ability to meet all qualifications outlined in this RFA. If you cannot meet all qualifications, clearly articulate why and propose an alternative approach. Please note that certain requirements are non-negotiable and will be grounds for disqualification

Section D — Approach, Methodology, and Response to Questions (8 pages maximum)

- Detailed response to each Application Question in Section 2.3
- Patient identification, enrollment, and follow-up contact protocol, including approach to achieving target enrollment and follow-up completion rates
- Community engagement plan: specific county-level strategy, outreach channels, language access plan, and engagement with priority populations
- Identify the Region 5 counties you propose to serve and note if you are also submitting a proposal for Region 2
- Risk identification and mitigation strategy for meeting key milestones

Section E — Staffing Plan (2 pages maximum, plus resumes in appendix)

- Organizational chart showing project team structure
- Name, role, title, and estimated percent of time committed per team member
- Identification of Project Manager and/or designated day-to-day contact
- Resumes or CVs for all key personnel (appendix, not counted toward page limit)

Section F — Budget and Implementation Plan (submitted as separate Excel)

The Budget and Implementation Plan shall be submitted as a separate, clearly labeled Excel document containing four integrated components:

- ***Tab 1 – Budget Form***: Itemized monthly budget by cost category (e.g., Salary, Fringe, Travel), including any contractors or lower-tier subrecipients and administrative costs
- ***Tab 2 – Salary Form***: Breakdown of each individual assigned to the proposed work, including role, hourly rate or annual salary, fringe benefits, and time allocation. All salaries must comply with the NC ROOTS salary cap
- ***Tab 3 – Performance Schedule****:* Key Performance Indicators (KPIs) aligned to budget and program deliverables, with payment schedule contingent on achievement of KPIs
- ***Tab 4 – Implementation Schedule****:* Project timeline with key milestones, deliverables, and target completion dates, with payment schedule contingent on achievement of milestones. Failure to meet timelines requires notification and a mitigation plan within 72 hours

Note: Budget will be reviewed separately to prevent cost from influencing technical scoring. All pricing proposals are subject to applicable state and federal reporting and compliance requirements, including public records disclosure and budget documentation requirements.

4.3 References

Respondent must provide three (3) verifiable references for comparable projects completed within the past five (5) years. For each reference provide: client organization name; project title and brief description; and project dates; name, title, phone, and email of the reference contact; and the respondent's specific role. Trillium reserves the right to contact references without advance notice. False or misleading references will result in disqualification. If you have previously performed work for Trillium, please include the same information for Trillium as a potential reference.

4.4 Questions and Communications

All questions must be submitted in writing to Region5NCRootsHub@trilliumnc.org with subject line: "Question — RFA THR-ROOTS5-2026-004 — [Respondent Name]". Questions must be received by August 6, 2026, at 5:00 PM EDT. All responses will be issued via addendum to registered respondents by August 18, 2026.

To ensure a fair, transparent, and equitable application and evaluation process, respondent shall not contact Trillium Board members, officers, employees, consultants, evaluation committee members, hospitals, community partners, or other individuals involved in the administration or evaluation of this RFA, except through the official question-and-answer process described in this RFA or as otherwise expressly authorized by Trillium.

Any attempt by a respondent to influence the application or evaluation process or to obtain information outside the authorized communication process may result in the rejection of the application or disqualification from further consideration, as determined by Trillium.

PART V — EVALUATION AND SELECTION CRITERIA

5.1 Evaluation Process

Applications will be evaluated in two phases. Phase 1 is a Pass/Fail responsiveness review for completeness and minimum eligibility. Phase 2 is a scored evaluation of qualifying applications by a review panel composed of Trillium staff, and, at Trillium's discretion, external subject-matter experts and community representatives. Trillium reserves the right to request oral presentations and/or request additional information from respondents.

5.2 Evaluation Criteria and Weights

Evaluation Criterion	Weight	Description
Local Needs Focus and County Selection	**25%**	Demonstrated focus on high-need rural counties; Evidence of serving pregnant/postpartum populations; Clarity on which specific facilities will be prioritized and rationale for selection based on key health and demographic characteristics of the area
Approach, Methodology, and Response to Questions	**25%**	Clear approach for identifying participating facilities, establishing partnerships, designating Program Champions, and coordinating engagement with NCDHHS; Specific methodology for developing training curriculum, delivering training to facility staff, first responders, and community partners; ongoing Technical Assistance; Demonstrated workflow design including coordination of patient ID/enrollment/follow-up and establishment of Regional Perinatal Working Group; Specific methodology for data collection, HIPAA compliance, and data use agreements; I Gave Birth Implementation Metrics Report (including executive summary, regional overview, enrollment/engagement data, disparities analysis, lessons learned); Demonstrated facilitation plan for 2+ regional convenings and documentation of stakeholder input
Organizational Qualifications and Experience	**20%**	Demonstrated experience with direct I Gave Birth implementation OR postpartum support frameworks; familiarity with evidence-based postpartum care model (i.e., AIMH, ECHO, AROC); experience with obstetric provider training; maternal/perinatal health programming; Documented relationships with hospitals/birthing facilities in NC; track record with community organizations (i.e., LME/MCOs, FQHCs, health departments, tribal organizations, Tailored Plans, county governments); NC rural health and Region 5 experience and context; Proven track record serving high-need rural and pregnant/postpartum populations
Hospital/Facility & Community Partner Engagement	**15%**	Reach, inclusivity, and cultural competency in the proposed engagement approach across Region 5 counties; Strategy for building relationships with birthing facilities (hospitals, birthing centers) and identifying Program Champions; Strategy for meaningfully engaging vulnerable/marginalized communities (i.e., tribal/Black/Hispanic communities), including linguistic access, cultural competency, accessibility, health literacy, and coordination with tribal leadership and health systems
Project Schedule	**10%**	Credibility and specificity of timeline; Demonstrated ability to deliver work on time, identification of critical path items and dependency mapping; Ability to mobilize the team / work immediately upon contract execution
Staffing Plan and Key Personnel	**5%**	Qualifications and experience of proposed team; Staffing plan demonstrates alignment between proposed approach, scope of work, and allocated resources (i.e., FTE, roles, expertise)

5.3 Award Determination

Award(s) will be made to the responsive and responsible respondent whose application(s) are determined by Trillium to best advance the objectives of the NCRHTP and provide the greatest overall value to Trillium, the participating hospitals, and the communities of NC ROOTS Region 5. In making award decisions, Trillium will consider the evaluation criteria set forth in this RFA,

including technical merit, organizational experience and capacity, project approach and methodology, demonstrated ability to engage rural hospitals and community stakeholders, understanding of the unique needs of rural and underserved communities, proposed staffing, past performance, and the reasonableness of the proposed budget and costs. Trillium is not obligated to make an award based on the lowest proposed.

Trillium reserves the right to make one award, multiple awards, or no award, to negotiate the scope of work, budget, or other terms with one or more respondents prior to award, and to select different respondents for different hospitals or project components, as determined to be in the best interests of the NCRHTP and NC ROOTS Region 5.

PART VI — CONTRACT TERMS AND CONDITIONS

6.1 Contract Type and Anticipated Funding

Trillium anticipates issuing a Subaward Agreement to support I Gave Birth Program Implementation under Initiative 2 of the NCRHTP. Approximately $50,000 to $100,000 is anticipated to be available for this initiative during GAP Year 1, subject to the availability of federal funding and continued funding under the NCRHTP Prime Award.

Funding under any resulting Subaward Agreement is contingent upon the continued availability of federal funds, compliance with all applicable award requirements, and successful negotiation of the final Subaward Agreement. Nothing in this RFA obligates Trillium to award the full amount of available funding or guarantees any minimum funding amount to any respondent.

6.2 Subaward Agreement

Any award resulting from this RFA shall be made through Trillium's standard Subaward Agreement. Execution of the Subaward Agreement is a condition of award. If the selected respondent fails or refuses to execute the Subaward Agreement within the time prescribed by Trillium, Trillium may withdraw the award and select another respondent or take such other action as it determines to be in the best interests of the NCRHTP.

6.3 Standard Subaward Agreement Provisions

The Subaward Agreement will include, at a minimum, provisions addressing:

- Compliance with the Prime Award, including the CMS Notice of Funding Opportunity (CMS-RHT-26-001), the CMS Notice of Award, CMS Program Terms and Conditions, and applicable provisions of Contract No. 00050561 between NCDHHS and Trillium.
- Compliance with 2 C.F.R. Part 200 and all other applicable federal and state laws, regulations, and guidance.
- Scope of work, performance standards, deliverables, reporting requirements, and project milestones.
- Payment terms, allowable costs, invoice, and financial management requirements.
- Records retention, access to records, monitoring, audits, and Single Audit requirements, as applicable.
- Confidentiality, HIPAA compliance, privacy, cybersecurity, incident reporting, and data security requirements.
- Conflict of interest, fraud, waste and abuse prevention, mandatory disclosures, and compliance with federal and state certifications.

- Insurance requirements, indemnification, and compliance with all applicable licensing and regulatory requirements.
- Flow-down requirements applicable to contractors and lower-tier subrecipients.
- Suspension, termination, closeout, and remedies for noncompliance.
- Other provisions necessary to comply with applicable federal or state law or the requirements of the Prime Award.

Trillium reserves the right to modify the Subaward Agreement before execution as necessary to comply with changes in applicable law, the Prime Award, CMS or NCDHHS guidance, or program requirements.

6.4 Insurance Requirements

As a condition of award, the successful respondent shall procure and maintain, at its own expense, insurance coverage in the types and amounts required by Trillium. Prior to execution of the Subaward Agreement, the successful respondent shall provide certificates of insurance and any endorsements requested by Trillium demonstrating compliance with the insurance requirements.

The insurance requirements will be set forth in the Subaward Agreement and may include, as applicable, commercial general liability, professional liability (errors and omissions), workers' compensation, employer's liability, commercial automobile liability, cyber liability, and such other insurance as Trillium determines is appropriate based on the nature of the services and applicable federal and state requirements.

Trillium reserves the right to require higher limits of coverage or additional types of insurance based on the scope of the approved project, the activities to be performed, applicable law, or the requirements of the Prime Award.

6.5 Conflict of Interest

Respondent must disclose in their application any actual or potential conflicts of interest, including relationships between proposed team members and Region 5 county governments, health systems, provider organizations, or community entities that may be subject to assessment findings or subsequent network contracting. Trillium reserves the right to disqualify applications with unmitigable conflicts of interest.

PART VII — REQUIRED CERTIFICATIONS

7.1 Respondent Certifications

By submitting an application, the respondent certifies under penalty of disqualification and applicable law that:

- All information provided in the application is true, accurate, and complete to the best of the respondents’ knowledge.
- Respondent has not engaged in any collusion with any other respondent or any person in connection with this RFA.
- Respondent is not currently debarred, suspended, or excluded from contracting with any federal, state, or local government entity or health care program.
- Respondent is in compliance with all applicable federal, state, and local laws and regulations.

- Respondent has not offered or provided any gift, gratuity, or benefit to any Trillium employee or officer in connection with this RFA.
- Respondent possesses the capacity, staffing, and resources to deliver all required work products.
- Respondent will comply with all applicable federal and state privacy, security, and grant requirements, including HIPAA, 42 C.F.R. Part 2, and Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 C.F.R. Part 200, formerly OMB Circular A-122, as applicable), and will execute a data use agreement prior to accessing any protected health information.

7.2 Addenda Acknowledgment

Respondent must acknowledge in their application cover page the receipt of all addenda issued by Trillium. Failure to acknowledge all addenda may result in application disqualification.

7.3 Confidentiality of Applications

Trillium will maintain the confidentiality of applications during the evaluation period. Following contract award, Trillium may be subject to public records requests under applicable North Carolina law. Respondents claiming portions of their application as trade secrets or confidential commercial information must clearly identify such portions with a written justification at time of submission. Trillium makes no representation regarding the protection of information claimed as proprietary.

PART VIII — CONTACT INFORMATION AND GENERAL PROVISIONS

8.1 Contact Information

Issuing Organization:	Trillium Health Resources
Program:	NC ROOTS Hub — Region 5
Email:	Region5NCRootsHub@trilliumnc.org
Email Subject Line:	Application — RFA THR-ROOTS5-2026-004— [Respondent Name]

8.2 NCRHTP Program Authority

This RFA is issued pursuant to Trillium's designation by NCDHHS as the NC ROOTS Hub Lead for Region 5 under the NCRHTP and Trillium's authority under the Prime Award to issue subawards for approved program activities.

The I Gave Birth Program Implementation funded through this RFA are a required component of Initiative 2, Perinatal Health, and must be performed in accordance with the requirements of the Prime Award, the NCRHTP, and all applicable federal and state laws, regulations, and guidance. The successful respondent will be required to comply with all applicable program requirements and cooperate with Trillium and NCDHHS in the review and oversight of project activities. Trillium will submit draft and final deliverables, reports, and other required project documentation to NCDHHS and CMS, as required by the Prime Award and applicable program requirements.

8.3 Reservation of Rights

Trillium Health Resources reserves the right, in its sole discretion and to the extent permitted by applicable law to: (a) reject any or all applications, in whole or in part, for any reason; (b) waive minor informalities, irregularities, or technical deficiencies in any application that do not materially affect the competitive selection process; (c) request clarifications, additional information, or presentations from one or more respondents; (d) negotiate the scope of work, budget, deliverable, or other terms with one or more respondents prior to award; (e) make one award, multiple awards, partial awards, or no award; (f) cancel, amend, suspend, withdraw, or reissue this RFA, in whole or in part, at any time; (g) issue additional or subsequent RFAs or other solicitations for the same or similar program activities; (h) accept the application or combination of applications determined to best advance the objectives of the NCRHTP and the needs of NC ROOTS Region 5; and (i) take any other action Trillium determines to be in the best interests of the NCRHTP, consistent with the Prime Award and applicable federal and state law.

Issuance of this RFA does not obligate Trillium to make any award or to execute a Subaward Agreement. Any award is contingent upon the availability of funding under the Prime Award, successful negotiation of a Subaward Agreement, and the respondent's satisfaction of all applicable eligibility and award requirements. Trillium shall not be liable for any costs or expenses incurred by any respondent in preparing or submitting an application or otherwise participating in the application or selection process.

END OF REQUEST FOR APPLICATION

RFA No. THR-ROOTS5-2026-004 | NC ROOTS Region 5 I Gave Birth Implementation | Trillium Health Resources
Questions: Region5NCRootsHub@trilliumnc.org | Applications due August 31, 2026, at 4:00 PM EDT