



North Carolina Community Health Center Association

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PATCH-NC Frequently Asked Questions (FAQ)

What is PATCH-NC?

Perinatal Access to Care and Health in North Carolina (PATCH-NC) expands access to high-quality maternity care in rural North Carolina by strengthening community health centers, look-alikes, rural health centers, and local health departments to expand services to deliver coordinated prenatal and postpartum care close to home. North Carolina Community Health Centers, Health Center Look-Alikes, Rural Health Centers, and Health Departments serving populations in North Carolina counties identified as maternal health deserts or low-access locations (based on 2026 March of Dimes data) will be eligible to submit a competitive application for funding.

North Carolina Community Health Center Association leads this project in partnership with Nurture NC and with funding support from The Leon Levine Foundation.

What model of care does PATCH-NC support?

PATCH-NC supports a shared maternity care model where prenatal and postpartum services happen in the medical home in a community clinic with partners and specialists providing delivery and support for escalating maternity needs.

What are the expected outcomes?

- Increase provision of maternity care in maternity deserts and low-access counties in North Carolina
- Increased number of family physicians and their teams (FNPs, PAs, CNMs) providing prenatal care in rural communities
- Improved timeliness of prenatal and postpartum care
- Improved maternal and infant health outcomes and reduced preventable complications
- Strengthened rural maternity care workforce pipeline

Who is eligible to participate?

North Carolina community health centers, health center look-alikes, rural health centers, and health departments are qualified to apply. The grant specifically seeks to identify counties where no or extremely limited prenatal care services are available.

When will the funding awards be announced?

Late September / early October 2026

How many organizations will be funded?

10 total, although not all 10 sites may be identified in the first round of site selection. Additional sites may be added if additional funding is received.



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Is the award renewable (two or more cycles of funding)?

The funding will be distributed over the period of the grant years and will not be recurring following that. The idea is once awardees have been supported to build capacity, it is sustainable based on billing and reimbursement.

Will the funding be disbursed based on reimbursement?

Funding disbursement methods are under consideration currently and will be a blend of disbursement and reimbursement.

We already provide prenatal care but would like to expand our access. Can we apply?

Yes. While the grant was designed to increase access in counties where there is currently no access, consideration will be given to counties with very limited prenatal care access.

There is prenatal care being offered in our county, but only for people with insurance. Can we apply?

Yes. While the grant was designed to increase access in counties where there is currently no access, consideration will be given to counties with very limited prenatal care access.

Our county is not listed as a desert or low access county, but no one offers prenatal care. Can we apply?

Yes. While the data from the March of Dimes serves as the project's starting point, the project is in the process of verifying whether providers are currently providing prenatal care in the listed counties. If you are in a county not listed and believe there is no one offering prenatal care in your county, please contact your local health department to verify this prior to submitting an application.

Can we partner with another organization to apply?

Yes. Community collaboration is encouraged. One entity should apply as the lead, however.

Can a new program or organization apply if prenatal care services are not yet operational?

Yes. If the organization is committed to expanding its scope of practice to begin prenatal care in the first quarter of 2027, it would be an ideal applicant.



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Can funding support telehealth prenatal care services?

Yes. Funding in the "innovations" bucket can be used to support telehealth as a supplement to in-office care. The expectation is that there is a physical location in the county providing the care.

Will organizations receive direct financial support in each of the 5 categories listed on the application?

It is anticipated that selected sites will receive funding in most, if not all, of the categories listed in the application (below). Funding will relate to direct needs identified at each site.

Direct financial supports up to:

- \$27,500 to support staff/clinical time to launch model (time away from practice for CME, planning time, decreased productivity)
- \$25,000 Direct Patient Care incentives for achieving key milestones (purchased and distributed on site)
- ~\$15,500 EHR modifications, quality reporting, telehealth equipment upgrades
- ~\$10K telehealth/Remote Patient Monitoring/equipment upgrades in year 2
- ~\$110K to fund postpartum and hard-to-reach population innovations across grant (pending model approval)