

Frequently Asked Questions

Infection Prevention and Control Assessment Training (IPC-AT):
Supporting Local Health Departments in Conducting TeleICARs at Long-term Care
Facilities with APIC Consulting Services

What local health departments (LHDs) are eligible to participate?

Eligible applicants for this funding opportunity are LHDs, which include public health departments providing services locally or regionally and tribal health departments.

What does it mean to apply for this project with another LHD?

NACCHO recognizes some LHDs have few long-term care facilities (LTCFs) in their jurisdiction. Co-applying for this project will allow LHDs with few LTCFs in their jurisdiction the opportunity to participate in more TeleICARs (i.e., up to four). LHDs interested in co-applying for this project should include in question 15 of the [request for technical assistance](#), an explanation of why they are co-applying. If co-applicants plan to conduct TeleICARs across both jurisdictions, the answers to questions 6-14 in the request for applications should reflect both jurisdictions.

LHDs with shared-services agreements are not considered co-applicants and do not need to answer question 15 in the request for technical assistance. If your LHD has a shared-services agreement, list in question 6 all the counties served by the LHD and note in question 9 that your LHD has a shared-services agreement.

Note the LHD at which the lead point-of-contact works (i.e., question 2 in the request for applications) will be considered the “lead applicant.” The lead applicant is responsible for managing communication with NACCHO and APIC Consulting Services throughout the project.

What facilities are considered “long-term care facilities” for this project?

Assisted living facilities, skilled nursing facilities, and nursing homes are considered “long-term care facilities” for this project.

How long is the estimated period of performance for the IPC-AT project?

The anticipated period of performance will be approximately three to four months and the project will need to be completed by July 31, 2022. A detailed timeline is available in the request for technical assistance instructions (available [here](#)).

The IPC-AT informational webinar mentioned another project: Building Local Operational Capacity for COVID-19, Healthcare-Associated Infections, and Antimicrobial Resistance (BLOC COVID-19+). Can LHDs receive technical assistance through IPC-AT and participate in the BLOC COVID-19+ project?

Yes. LHDs selected for BLOC COVID-19+ can also apply for IPC-AT 2022. LHDs will not be disqualified from receiving support for IPC-AT 2022 if already receiving technical assistance through BLOC COVID-19+. If the IPC-AT 2022 application process is highly competitive; priority will be given to LHDs not participating in BLOC COVID-19+.

Is there a limit on the number of people who work at my local health department that can participate in the technical assistance offered as part of the IPC-AT project?

No. Please include in your application information about the primary and secondary contacts that would participate in the technical assistance. These are the people who work at your local health department that are responsible for coordinating the technical assistance. If awarded technical assistance, APIC Consulting will work with your local health department to identify opportunities for other team members at the local health department to participate in the technical assistance. You do not need to include in your application information about the other team members you would like to participate in the technical assistance.
