



REQUEST FOR PROPOSALS

FOR

Universal Home Visitation

Publication Date May 10, 2024

Response Deadline: June 19, 2024, by 12:00 P.M.

Funding of \$63,826,787 available

in state funds

Christine Norbut Beyer, MSW

Commissioner

The Department of Children and Families (DCF) is the agency dedicated to ensuring all New Jersey residents are safe, healthy, and connected. To that end, DCF announces to potential respondents its intention to award a new contract.

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Section I - General Information

A. Summary Program Description:

The New Jersey Department of Children and Families' (DCF), Division of Family and Community Partnerships (FCP), announces its intent to award contracts for Universal Home Visitation. N.J.S.A. 36:2H-158 to 162., signed by Governor Murphy in July 2021, establishes a statewide, universal newborn home visitation (UHV) program. New Jersey is the second state in the nation to legislate such a program, and DCF is charged with its implementation. Pursuant to NJ law, UHV services are to be provided at no cost to the family, on a voluntary basis. The services are for families of all backgrounds and incomes, and will be available to birth, adoptive, and resource families with a newborn, and for parents experiencing a stillbirth or neonatal loss.

The statute requires that home visits be conducted by a Registered Nurse (RN) or Advanced Practice Nurse (APN) licensed in New Jersey and using an evidence-based model endorsed by the U.S. Department of Health and Human Services¹. DCF selected the Family Connects International (FCI) model for use in the UHV program. This evidence-based, manualized intervention aims to support families' efforts to enhance maternal and child health and well-being and reduce health complications for mothers and newborns. The model consists of three core components: (1) integrated RN home visits, (2) community alignment, and (3) monitoring and evaluation. Home visits include a detailed assessment of mother and newborn physical health, infant attachment, intimate partner violence, substance use disorders, perinatal mood disorders and connection to health and community services. RNs provide supportive guidance on topics relevant to newborn and maternal needs, such as breastfeeding and safe sleep practices. After the visit, the awarded respondent is responsible for follow-up contact to assure successful linkages with community resources. For additional information on the FCI model, see: <https://familyconnects.org>. The UHV program has been branded in New Jersey as Family Connects NJ (FCNJ).

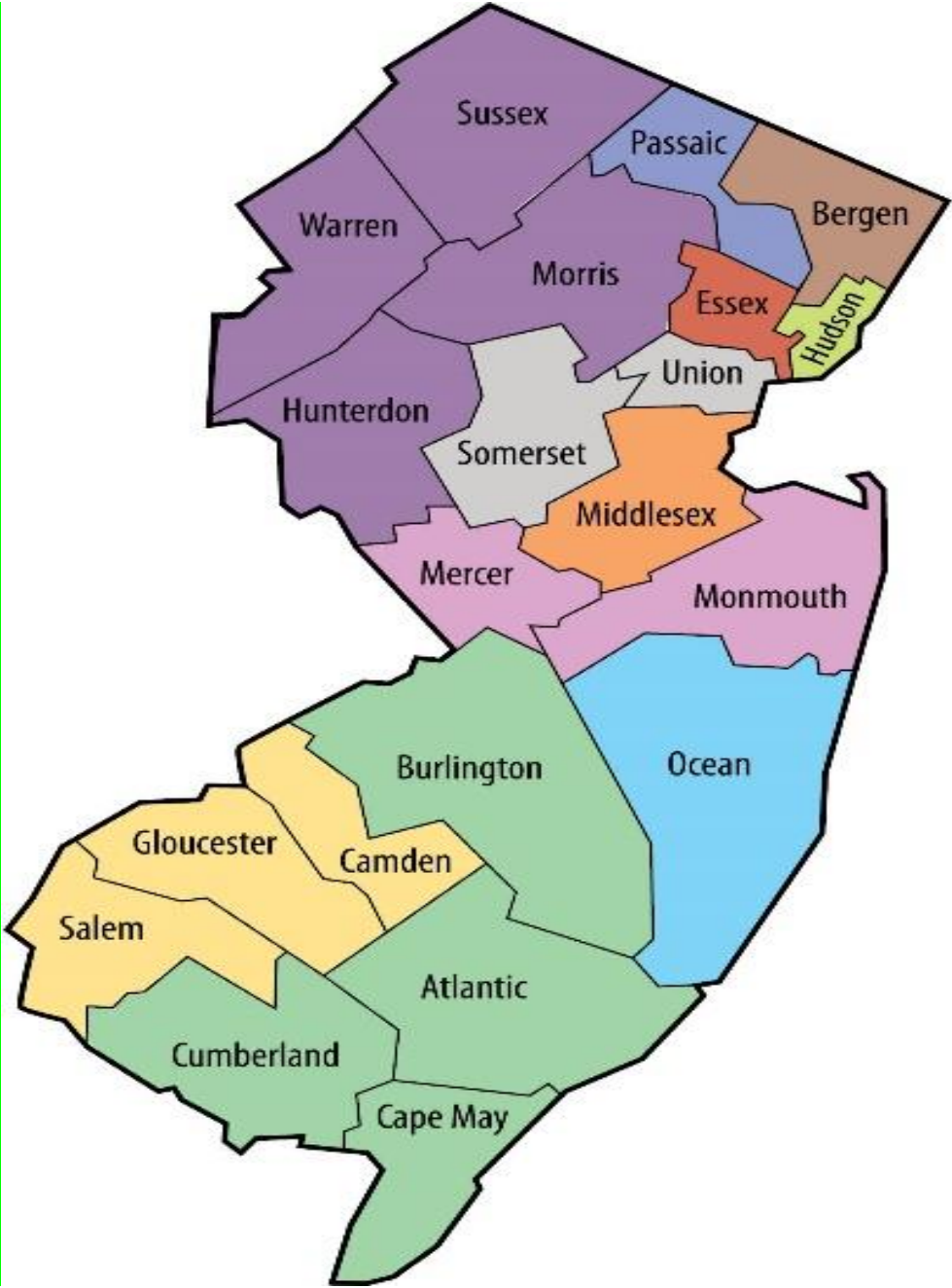
Universal Home Visiting Catchment Areas

For purposes of service delivery, DCF has divided the State into eleven (11) catchment areas. DCF will be procuring one or more nurse providers for these catchment areas via a series of Requests for Proposals (RFPs).

When an awarded respondent joins the UHV program, they shall commit to serve births in one or more of these catchment areas. Commitment to serve a geographic area will be important for monitoring and implementing certain elements of the evidence-based model.

¹ In the remainder of the RFP, references to RNs should be considered inclusive of APNs, should a respondent elect to hire an APN instead of an RN into this role.

A visual representation of the eleven catchment areas is shown below.



In the first RFP issued in 2023, DCF identified nurse providers in five (5) of the eleven (11) catchment areas:

Five (5) catchment areas awarded in 2023 RFP	11 Counties
1	Camden, Gloucester, Salem
2	Burlington, Atlantic, Cape May, Cumberland
7	Essex
10	Middlesex
11	Monmouth, Mercer

In this second RFP, additional nurse providers will be selected to expand program availability to the remaining six (6) catchment areas:

Six (6) catchment areas included in this 2024 RFP	10 Counties
3	Union, Somerset
4	Hunterdon, Warren, Sussex, Morris
5	Passaic
6	Hudson
8	Bergen
9	Ocean

Respondents may apply for up to six (6) catchment areas during this procurement. **One response per catchment area is required.** Each catchment area will be awarded to one respondent. There is no limit to the number of catchment areas that may be awarded to one respondent.

The six (6) catchment areas included in this RFP, their birth rates, and initial county in which to start service are described in the table below.

Area	Counties	Total Birth Population ²	Initial County in Which to Start Service
3	Union, Somerset	9,720	Somerset
4	Hunterdon, Warren, Sussex, Morris	7,642	Sussex
5	Passaic	6,375	Passaic
6	Hudson	9,959	Hudson
8	Bergen	8,964	Bergen
9	Ocean	9,011	Ocean

² By mother's place of residence. New Jersey State Health Assessment Data (SHAD), 2019.

Births are assigned to catchment areas as follows:

- Birth parent or stillbirth– family is assigned to the catchment area covering the county in which the birthing individual resides.
- Resource parent or Adoptive parent – family is assigned to the catchment area in which the resource parent or adoptive parent resides.

The current rollout plan is provided on the Family Connects NJ website at www.familyconnectsnj.org.

UHV nurse providers shall be responsible for:

- a) Maintaining a team of RNs; supervisory and support staff at ratios that are adherent to the Family Connects International model.
- b) Providing UHV services in accordance with the requirements of the FCI evidence-based model under the direction of DCF, including direct provision of the integrated nurse visit component of the model, and participation, cooperation and coordination with activities being provided by other organizations to fulfill the other two components of the FCI model.
- c) Satisfactorily completing required training delivered by Family Connects International (FCI) and obtaining authorization from the Department of Children and Families.

This contract will fund certain start-up costs and ongoing operating costs. More detail is provided in Section B. *Funding Information*.

Program Progress to Date

Nurse home visits have begun in the first five counties awarded through the 2023 RFP. Nurse visits began in January 2024.

Significant outreach has been conducted in the first five counties as a joint effort between DCF, the awarded respondents' nurse supervisors, nurse home visitors, and program administrators, and community alignment staff. This FCI model is expected to continue with nursing providers identified through this RFP for the next catchment areas.

DCF engaged professional assistance in the development of a website, outreach materials, a social media toolkit, and a paid advertising campaign for the UHV program. These materials encourage families to go to the website, where they can complete an interest form for the UHV program and receive a call back from the assigned nursing provider. DCF expects to add self-scheduling capability on the website in the future. DCF has taken the lead with outreach to other state departments, professional organizations, and state level maternal child health partners.

The website also includes a section for nurses describing the employee value proposition for nurses to work in the UHV program. The website includes links

to local nurse provider job listings to drive interested nurses to apply. The awarded respondents will be added to that listing.

B. Funding Information:

All funding is subject to appropriation. The continuation of funding is contingent upon the availability of funds and resources in future fiscal years.

This is a competitive process. Respondents are on notice that no annual increases will be considered as part of this contract to salaries, fringe, or benefits in future negotiations or contracts, unless approved by the State legislature for all contracting entities. Funds awarded under this program may not be used to supplant or duplicate existing funding.

Matching funds are not required.

Responses that demonstrate the leveraging of other financial resources are encouraged.

This RFP will award contracts to cover six (6) catchment areas. As noted above, respondents may submit responses for and may be awarded more than one catchment area. **One response per catchment area is required.**

The RFP identifies a county within the catchment area where the awarded respondent must start its services. Within catchment areas three (3) and four (4), the awarded respondents may be eligible to expand into neighboring counties during the contract period as explained below. This would result in the potential for additional funding subject to DCF review and approval and contingent upon the availability of funds and resources in future fiscal years.

The UHV program must be voluntary and free for families who participate.

The funds available are to be budgeted to cover the expenses incurred during the contract term. DCF will not reimburse expenses incurred prior to the effective date of the contract except for approved start-up costs.

DCF is providing this funding to support operational costs once the awarded respondent begins seeing families, and certain aspects of program startup costs. The operational costs are based on data provided by FCI, which resulted in an estimated cost of \$581 per family receiving an integrated home visit.

Supplemental operating costs for initial ramp up period will be provided during the first 18 months of service delivery in any newly awarded catchment area, with these funds reducing over time.

Service delivery for this round of awards will begin in January 2025.

The anticipated operations and start-up costs are outlined below by catchment area for each fiscal year of the contract.

If a respondent would like to access these contract funds, a justification and detailed summary of the anticipated costs required for program operations for the catchment area must be entered for the first twelve (12) months of the five-year contract term (Fiscal Year 2025) into the Proposed Budget Form found at: <https://www.nj.gov/dcf/providers/contracting/forms/>.

A justification and summary of the anticipated start-up costs required to begin program operations must be entered into the final column of this same Proposed Budget Form. **Note that available startup costs are limited to the amounts specified in catchment area specific tables below.** This completed form must be submitted as a document included in PDF 2: Section III - *Documents Required to be Submitted with This Response, subsection B. Documents to be Submitted in Support of This Response.* The reimbursement of all start-up costs is subject to contract negotiations and DCF approval. Start-up cost funds will be released upon the execution of a finalized contract.

Note: If awarded a contract, the awardee then will be required to submit their budget information again using the more detailed Annex B Budget Form found at: <https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls>. The awardee shall prepare and submit an annual budget each fiscal year for each catchment area awarded. Each budget will require a Reports of Expenditures and be subject to the DCF contract close out process.

Each Catchment Area Profile includes specific funding allotted for the catchment area for Fiscal Year 2025 and estimated costs for future years. These funds are expected to cover the costs outlined in the table below.

Category	Description	When Paid
Start-Up Costs	<p>One-time costs intended to support start-up in a new catchment area. Funds are expected to be used primarily during the startup period of 7/1/24-12/31/24.</p> <p>Funds are expected to support the following during this period:</p> <ul style="list-style-type: none"> • Recruit hire and onboard all staff in time for January 2025 services start. • Note that all staff will be required to participate in FCI Training. The length of training varies by position but is between 1-3 days long. More detail on training is provided below in Section C. Activities, Number 13.. Fees for training will be paid by DCF, but provider should account for staff time needed for participation prior to launch of services. 	At contract execution

Category	Description	When Paid
	<ul style="list-style-type: none"> • At least one person from each the provider must participate in FCI required Academy. FCI fees will be paid by DCF, but provider should account for staff time needed for participation. The Academy normally takes place as four 1-2 hour sessions with some homework between sessions. These sessions help a new provider learn the FCI model and prepare for launch. • Purchase initial medical supplies, laptop, and cell phones for program staff. • Coordinate with UHV partners (includes nurse providers in other catchment areas, community alignment staff stationed at Connecting NJ, DCF, and the birthing hospitals) in establishing referral processes and conducting outreach within catchment area. <p>Amount fixed. See Catchment Area tables.</p>	
Operations Costs	<p>Support for program operations based on estimated families to be served. These funds incorporate expected costs for personnel, space, transportation, translation, insurance, and supplies. Note that these funds will become available starting January 2025, when services to families are scheduled to begin.</p> <p>Amount variable, based on estimated families to be served.</p>	<p>Quarterly</p> <p>Ongoing</p>
Supplemental Operating Costs for Initial Ramp-Up Period	<p>Limited term funding providing additional support during ramp up period to ensure adequate coverage for coordination, collaboration, and outreach activities while an awarded respondent's caseload is building. Note that these funds will become available starting January 2025, when services to families are scheduled to begin.</p> <p>The amount of these funds reduces over time.</p>	<p>Quarterly</p> <p>Limited Term</p>
Supplemental Translation Support	<p>Supplemental funding in counties with exceptionally high populations of low English proficiency, based on US Census data. (Average translation needs are accounted for in Operations Costs). Funds can be used to support translation services, or increased salaries to recruit bilingual staff.</p> <p>Amount variable.</p>	<p>Quarterly</p> <p>Ongoing</p>
Salesforce Licenses	<p>Supplemental funding to offset the cost of Salesforce licenses for nurses, nurse supervisors, and program support specialists. Staff will be required to use FCI's Salesforce database. Annual allotment will be provided at contract execution, but</p>	<p>At contract execution and annually</p>

Category	Description	When Paid
	use of these funds is not limited to the startup period. Amount variable. DCF is providing funding for the minimum headcount required for the provider (see staffing charts under “minimum staffing.”).	Ongoing

Estimates for periods beyond State Fiscal Year 2025 are based on currently available data regarding birth and expected percentage of eligible families to be seen. These may require adjustment over time if there are significant changes in these factors.

Funding for this program will be allocated to Catchment Areas as follows:

Catchment Area 3 Funding: Somerset and Union Counties

Service must begin in **Somerset County**. The timing of expansion to Union County requires DCF approval.

The following funding is allotted for **Somerset County** for the costs of start-up, ramp up, and six months of operations for SFY25.

Category	Amount
Start-Up Costs	\$57,111
Operations Costs	\$148,736
Supplemental Operating Costs for Initial Ramp Up Period	\$132,864
Supplemental Translation Support	\$0
Salesforce Licenses	\$2,100
TOTAL	\$340,811

The following funding is anticipated for **Somerset County** for Subsequent fiscal years, based on anticipated families to be served.

Category	FY 2026	FY2027	FY2028	FY2029
Operations Costs	\$890,673	\$1,187,564	\$1,223,586	\$1,260,189
Supplemental Operating Costs for Initial Ramp Up Period	\$171,226	\$0	\$0	\$0
Supplemental Translation Support	\$0	\$0	\$0	\$0
Salesforce Licenses	\$6,480	\$6,480	\$7,200	\$7,200
TOTAL	\$1,068,379	\$1,194,044	\$1,230,786	\$1,267,389

Expansion to Additional County(ies)

Typically, awarded respondents can expect to expand into a new geographic area of its awarded catchment area after two years of serving families. Expansion is estimated to begin in January 2027; however, the exact timing will be dependent upon performance. Once the awarded respondent is approved for expansion, the table below outlines anticipated key metrics for the rest of this catchment area, based on the assumption that services in the new county will start in January 2027.

Metric	Union County
Total Birth Population	6,623
Number of Birthing Centers	2
Expected Families Served, State Fiscal Year 1 of expansion into county	546
Expected funding, State Fiscal Year 1 of expansion into county	\$656,927
Expected Families Served, State Fiscal Year 2 of expansion into county	3,278
Expected funding, State Fiscal Year 2 of expansion into county	\$2,323,503
Expected Families Served, State Fiscal Year 3 of expansion into county	4,371
Expected funding, State Fiscal Year 3 of expansion into county	\$2,586,173

Catchment Area 4 Funding: Hunterdon, Morris, Sussex, and Warren Counties

Service must begin in **Sussex County**. The timing of expansion to Hunterdon, Morris, and Warren Counties requires DCF approval.

The following funding is allotted for **Sussex County** for the costs of start-up, ramp up, and six months of operations for SFY25.

Category	Amount
Start-Up Costs	\$52,158
Operations Costs	\$56,357
Supplemental Operating Costs for Initial Ramp Up Period	\$50,343
Supplemental Translation Support	\$0
Salesforce Licenses	\$1,680
TOTAL	\$160,538

The following funding is anticipated for **Sussex County** for subsequent fiscal years, based on anticipated families to be served.

Category	FY 2026	FY2027	FY2028	FY2029
Operations Costs	\$339,304	\$452,599	\$456,962	\$480,487
Supplemental Operating Costs for Initial Ramp Up Period	\$68,088	\$0	\$0	\$0
Supplemental Translation Support	\$0	\$0	\$0	\$0
Salesforce Licenses	\$4,320	\$4,320	\$4,320	\$4,320

Category	FY 2026	FY2027	FY2028	FY2029
TOTAL	\$411,712	\$456,919	\$470,282	\$484,807

Expansion to Additional County(ies)

Typically, awarded respondents can expect to expand into a new geographic area of its awarded catchment area after two years of serving families. Expansion is estimated to begin in January 2027; however, the exact timing will be dependent upon performance. Once the awarded respondent is approved for expansion, the table below outlines anticipated key metrics for the rest of this catchment area, based on the assumption that services in the new county will start in January 2027.

Metric	Hunterdon	Morris	Warren
Total Birth Population	1,001	4,520	941
Number of Birthing Centers	1	3	0
Expected Families Served, State Fiscal Year 1 of expansion into county	83	373	78
Expected funding, State Fiscal Year 1 of expansion into county	\$108,104	\$438,450	\$102,604
Expected Families Served, State Fiscal Year 2 of expansion into county	495	2,237	466
Expected funding, State Fiscal Year 2 of expansion into county	\$345,039	\$1,569,414	\$325,326
Expected Families Served, State Fiscal Year 3 of expansion into county	661	2,983	621
Expected funding, State Fiscal Year 3 of expansion into county	\$387,641	\$1,743,203	\$364,401

Catchment Area 5 Funding: Passaic County

The following funding is allotted for this catchment area for the costs of start-up, ramp up, and six months of operations for SFY25.

Category	Amount
Start-Up Costs	\$67,017
Operations Costs	\$305,606
Supplemental Operating Costs for Initial Ramp Up Period	\$272,994
Supplemental Translation Support	\$19,162
Salesforce Licenses	\$2,940
TOTAL	\$667,719

The following funding is anticipated for this catchment area for subsequent fiscal years, based on anticipated families to be served.

Category	FY 2026	FY2027	FY2028	FY2029
Operations Costs	\$68,088	\$2,444,848	\$2,518,635	\$2,593,003
Supplemental Operating Costs for Initial Ramp Up Period	\$1,833,636	\$0	\$0	\$0
Supplemental Translation Support	\$38,324	\$38,324	\$38,324	\$38,324
Salesforce Licenses	\$12,240	\$12,240	\$12,960	\$12,960
TOTAL	\$2,245,763	\$2,495,412	\$2,569,919	\$2,644,287

Catchment Area 6 Funding: Hudson County

The following funding is allotted for this catchment area for the costs of start-up, ramp up, and six months of operations for SFY25.

Category	Amount
Start-Up Costs	\$81,876
Operations Costs	\$477,582
Supplemental Operating Costs for Initial Ramp Up Period	\$426,618
Supplemental Translation Support	\$33,853
Salesforce Licenses	\$4,200
TOTAL	\$1,024,129

The following funding is anticipated for this catchment area for subsequent fiscal years, based on anticipated families to be served.

Category	FY 2026	FY2027	FY2028	FY2029
Operations Costs	\$2,864,330	\$3,818,913	\$3,934,532	\$4,050,732
Supplemental Operating Costs for Initial Ramp Up Period	\$566,314	\$0	\$0	\$0
Supplemental Translation Support	\$67,706	\$67,706	\$67,706	\$67,706
Salesforce Licenses	\$18,720	\$18,720	\$19,440	\$19,440
TOTAL	\$3,517,070	\$3,905,339	\$4,021,678	\$4,137,878

Catchment Area 8 Funding: Bergen County

The following funding is allotted for this catchment area for the costs of start-up, ramp up, and six months of operations for SFY25.

Category	Amount
Start-Up Costs	\$76,923
Operations Costs	\$429,940
Supplemental Operating Costs for Initial Ramp Up Period	\$384,060
Supplemental Translation Support	\$8,572
Salesforce Licenses	\$3,780

Category	Amount
TOTAL	\$903,275

The following funding is anticipated for this catchment area for subsequent fiscal years, based on anticipated families to be served.

Category	FY 2026	FY2027	FY2028	FY2029
Operations Costs	\$2,577,897	\$3,437,196	\$3,541,776	\$3,645,775
Supplemental Operating Costs for Initial Ramp Up Period	\$512,417	\$0	\$0	\$0
Supplemental Translation Support	\$17,144	\$17,144	\$17,144	\$17,144
Salesforce Licenses	\$17,280	\$17,280	\$18,000	\$18,000
TOTAL	\$3,124,738	\$3,471,620	\$3,576,920	\$3,680,919

Catchment Area 9 Funding: Ocean County

The following funding is allotted for this catchment area for the costs of start-up, ramp up, and six months of operations for SFY25.

Category	Amount
Start-Up Costs	\$76,923
Operations Costs	\$431,683
Supplemental Operating Costs for Initial Ramp Up Period	\$385,617
Supplemental Translation Support	\$0
Salesforce Licenses	\$3,780
TOTAL	\$898,003

The following funding is anticipated for this catchment area for subsequent fiscal years, based on anticipated families to be served.

Category	FY 2026	FY2027	FY2028	FY2029
Operations Costs	\$2,591,260	\$3,455,207	\$3,559,787	\$3,664,948
Supplemental Operating Costs for Initial Ramp Up Period	\$514,689	\$0	\$0	\$0
Supplemental Translation Support	\$0	\$0	\$0	\$0
Salesforce Licenses	\$17,280	\$17,280	\$18,000	\$18,000
TOTAL	\$3,123,229	\$3,472,487	\$3,577,787	\$3,682,948

C. Pre-Response Submission Information:

Respondents may not contact DCF in person or by telephone concerning this RFP. Questions may be sent in advance of the response deadline via email to DCF.ASKRFP@dcf.nj.gov.

Technical inquiries about forms, documents, and format may be requested at any time prior to the response deadline, but **questions about the content of the response must be requested by 12 P.M. on May 25, 2024**. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP and each question should reference the page number and section number to which it relates. All inquiries submitted should reference the program name appearing on the first page of this RFP. Written inquiries will be answered and posted on the DCF website as a written addendum to this RFP at: <https://nj.gov/dcf/providers/notices/requests/>

D. Response Submission Instructions:

All responses must be delivered ONLINE by 12:00 P.M. on June 19, 2024. Responses received after this deadline will not be considered.

To submit online, respondent must first complete an **Authorized Organization Representative (AOR) form found at [AOR.pdf \(nj.gov\)](#)**. The completed AOR form must be signed and dated by the Chief Executive Officer or designated alternate and sent to DCF.ASKRFP@dcf.nj.gov. Only one (1) AOR form is required, even if the respondent intends to file multiple responses. The respondent is required to enter each location to be served on the AOR form.

Upon receipt of the completed AOR, DCF will grant the respondent permission to proceed and provide instructions for the submission of the response(s)electronically.

Completed AOR forms should be received in the DCF.ASKRFP mailbox not less than five (5) business days prior to the date the response is due. DCF recommends emailing your AOR forms as soon as you know you will be filing a response to allow time to report to DCF any technical difficulties you may encounter and to timely resolve them.

E. Required PDF Content of the Response:

Submit in response to this RFP separate PDF documents labeled as follows:

PDF 1: *Section II - Required Performance and Staffing Deliverables* ending with a Signed Statement of Acceptance

PDF 2: *Section III - Documents Requested to be Submitted with This Response, Subsection A. Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with the Response*

PDF 3: *Section III – Documents Requested to Submitted with This Response, Subsection B. Additional Documents Requested to be Submitted in Support of This Response*

PDF 4: *Section IV - Respondent’s Narrative Responses, subsections A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports*

F. Respondent Eligibility Requirements:

Respondents that have State or Federal grants or contracts must be compliant with all their terms and conditions and in good standing as grantees and contractors.

Respondents must not be suspended, terminated, or barred for deficiencies in the performance of any grant or contract award, and if applicable, all past issues must be resolved as demonstrated by written documentation.

DCF may disqualify and decline to forward for the review of the Evaluation Committee a response from those under a corrective action plan in process with DCF or any other New Jersey State agency or authority.

Respondents must be fiscally viable and be able to comply with the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (CPIM) found at: [DCF | Contracting Policy Manuals \(nj.gov\)](https://www.nj.gov/dcf/cpim/).

Where required, all respondents must hold current State licenses.

Respondents must have a governing body that provides oversight as is legally required in accordance with how the entity was formed, such as a board of directors for corporations, or the managing partners of a Limited Liability Corporation (LLC)/Partnership, or the members of the responsible governing body of a county or municipality.

Respondents must have the capability to uphold all administrative and operating standards as outlined in this RFP.

Respondents awarded a contract should be prepared to execute any planned sub-contracts, memorandum of agreements with vendors, consultants, or agencies, after the review and approval of DCF, within sixty (60) days of contract execution.

Section II - Required Performance and Staffing Deliverables

NOTE: After reviewing the required deliverables listed below, respondents must sign the statement at the bottom of this Section II to signify acceptance of all of them.

(SUBMIT A COMPLETE COPY OF THE CONTENT OF SECTION II, ENDING WITH YOUR SIGNED STATEMENT OF ACCEPTANCE, AS A SINGLE PDF DOCUMENT. THIS WILL BE THE FIRST PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: PDF 1: SECTION II - REQUIRED PERFORMANCE AND STAFFING DELIVERABLES.)

A. Subject Matter - The below describes the needs the awarded respondent must address in this program, the goals it must meet, and its prevention focus.

- 1) **The need for this program as indicated by data regarding the health and human services issues and parent and community perceptions is:** The Nurture NJ Strategic Plan (2021)³ established a clear statement of need for action in maternal and child health, pointing out that

The United States has the worst maternal mortality rate among all comparable economically developed member countries of the Organization for Economic Cooperation and Development (OECD). Thirty-six countries comprise the OECD, and the US ranks the highest in maternal mortality. Within this global context, New Jersey’s maternal health outcomes and disparities are among the worst in the US. The state has the fourth highest maternal mortality rate out of the fifty states; only Indiana, Georgia and Louisiana have higher rates. When looking at the demographic breakdown of the rates in New Jersey, Black women in New Jersey experience seven times the rate of death from pregnancy-associated causes compared to their white counterparts.

For infant mortality, the US again ranks poorly internationally—33rd out of 36 OECD countries. While New Jersey as a whole has the 5th best overall infant mortality rate among the 50 states, its challenge with respect to infant mortality is the unacceptable disparity: Black women in New Jersey experience a 3.5 times higher rate of infant death compared to white women (2017 data, courtesy of New Jersey State Health Assessment Data (NJ SHAD)) and Hispanic women in New Jersey experience twice the rate of infant mortality compared to white women (NJ SHAD 2016-2018, 3-year rates). While nationally, Native American women experience high rates of infant mortality, the population numbers

³ [20210120-Nurture-NJ-Strategic-Plan.pdf](#)

in New Jersey are too small to tabulate a rate. Over a five-year period from 2014-2018, there were 335 live births to Native American women in the state and one infant death.

The legislature of the State of New Jersey, in enacting P.L. 2021, c. 187, noted that:

- a. The weeks following birth are a critical period for the person who has given birth and the infant, setting the stage for long-term health and well-being;*
- b. During this period, the person who has given birth is adapting to multiple physical, social, and psychological changes, while simultaneously recovering from childbirth, adjusting to changing hormones, and learning to feed and care for a newborn;*
- c. Like prenatal care, the postpartum health care visit that typically occurs six weeks after childbirth is considered important to a new parent's health; however, for people who have given birth, the six-week postpartum visit punctuates a period devoid of formal or informal support for a parent who has recently given birth;*
- d. Additionally, according to the American College of Obstetricians and Gynecologists, as many as 40 percent of people who have given birth do not attend a postpartum visit in the United States;*
- e. During the time immediately following delivery, health care providers are uniquely qualified to enable a person who has given birth to access the clinical and social resources the person needs to successfully navigate the transition from pregnancy to parenthood;*
- f. Research also indicates that postpartum education and care lead to lower rates of morbidity and mortality in persons who have given birth, as many of the risk factors for post-delivery complications, such as hemorrhaging or a pulmonary embolism, may not be identifiable before a person who has given birth is discharged following the birth.*

2) **The goals to be met by this program are:**

- a) Establish the provider network for the first phase of New Jersey's Statewide UHV program implementation in 6 catchment areas, including:
 - i. Fund the start-up costs, i.e., selected recruitment, equipment, and training costs of the UHV providers in the identified geographic regions:
 - ii. Ensure provider network participation in collaborative meetings prior to launch of the UHV program; and
 - iii. Fund a portion of initial operating costs of the UHV providers in the identified geographic regions.

b) Provide ongoing support to providers to facilitate quality service delivery and adherence to model fidelity including:

- i. Fund specified ongoing provider operating costs necessary for delivery of service:
- ii. Fund provider outreach⁴ to medical providers and expecting/birthing families within the geographic area to encourage utilization of UHV services; and
- iii. Support provider coordination and collaboration with other program components including community alignment, data and evaluation to ensure quality services and model fidelity.

3) **The prevention focus of this program is:**

UHV home visits by a RN will include an evidence-based evaluation of the physical, emotional, and social factors affecting parents and their newborn, including physical and mental health wellness checks and referrals, where appropriate, to additional community resources. Data demonstrates wide-ranging benefits to families when they receive nursing and social support within the weeks following the birth or arrival of a child. Research indicates that postpartum education and care lead to lower rates of maternal morbidity and mortality.

UHV visits should lead to: reduced rates of clinical maternal anxiety, safer and more child-friendly home environments, utilization of higher quality childcare, better community connections, safer and more responsible parenting behaviors, higher levels of father involvement, and significantly reduced rate of infant emergency medical care.

The Family Connects International model has demonstrated impact in multiple critically important health outcomes for newborns and their families, including:

An ongoing randomized controlled trial of Family Connects, which began in 2009, has shown⁵:

- Emergency room visits and hospital overnight stays were reduced by 50% in the first year of life; these results were sustained but did not increase through the second year of life.
- Mothers were 28% less likely to report possible postpartum clinical anxiety.

⁴ Outreach is a shared function between DCF, nursing providers, and community alignment providers.

⁵ [The Evidence - Family Connects International](#)

- Mothers reported significantly more positive parenting behaviors, like hugging, comforting and reading to their infants; no significant differences were found in negative parenting behaviors.
- Mothers expressed increased responsivity to, and acceptance of, their infants.
- Home environments were improved — homes were safer and had more learning materials to support infant development.
- Community connections increased by 15%.
- When using out of home childcare, families used higher quality care.

A second randomized controlled trial took place in 2014.⁶ Results from this trial have shown:

- Families had 44% lower rates of Child Protective Services investigations for suspected child abuse or neglect through child age 2: 39% lower investigation rates through child age 5.
- Community connections increased by 13%.
- Mothers were 30% less likely to experience possible postpartum depression or anxiety.
- Families were more likely to use out-of-home childcare.
- As the number of birth risks increased, infants experienced fewer emergency department visits but more hospital overnights.
- Mothers were more likely to complete their 6-week postpartum health check, but also had more emergency department visits.

B. Target Population - The below describes the characteristics and demographics the awarded respondent must ensure the program serves.

- 1) **Age:**
Newborns and their families; parents experiencing stillbirth; Adults.
- 2) **Grade:**
N/A
- 3) **Gender:**
All
- 4) **Marital Status:**
N/A
- 5) **Parenting Status:**
Biological, adoptive, and resource parents, and parents experiencing a stillbirth.

⁶ [The Evidence - Family Connects International](#)

- 6) **Will the program initiative serve children as well as their parent or caregiver?**
Yes.
- 7) **DCF CP&P Status:**
N/A
- 8) **Descriptors of the youth to be served:**
N/A
- 9) **Descriptors of the Family Members/Care Givers/Custodians required to be served by this program initiative:**
N/A
- 10) **Other populations/descriptors targeted and served by this program initiative:**
N/A
- 11) **Does the program have income eligibility requirements?**
No. This service will be available to all families with newborns residing in the applicable catchment areas, regardless of family income or immigration status.

C. Activities - The below describes the activities this program initiative requires of awarded respondents, inclusive of how the target population will be identified and served, the direct services and service modalities that will be provided to the target population, and the professional development and training that will be required of, and provided to, the staff delivering those services.

- 1) **The level of service increments for this program initiative:**
Level of service will be tracked by enrolled families, number of home visits, and referrals to service/resources. On average, most families receive one visit of about two hours. Depending on family needs, some families may receive additional, focused visits with a much shorter duration.
- 2) **The frequency of these increments to be tracked:**
All family contacts, home visits and service referrals must be tracked on a rolling basis and documented immediately following contact with the family.
- 3) **Estimated Unduplicated Clients:**
N/A

- 4) **Estimated Unduplicated Families:**
Universal Home Visiting is a new service, and the percentage of families with a newborn who enroll is expected to grow over time. At scale, the expected number of unduplicated families to be served annually is 36,170 families (70% of families in the catchment areas included in this RFP). Additional details by catchment area can be found in Resources-Minimum Staffing Requirements.
- 5) **Is there a required referral process?**
Yes.
- 6) **The referral process for enabling the target population to obtain the services of this program initiative:**
Families may be referred to the program through multiple processes, including:
- a) Via self-referral. Families may contact a UHV provider or their local Connecting NJ hub at time of newborn's birth or placement with the family, or at the time of their stillbirth or neonatal loss. Families can also sign up through the Family Connects NJ website.
 - b) Via social service staff. Families who welcome a newborn to their home, including those who welcome a child through foster care or adoptive placement can be connected to the UHV provider through their caseworker, court staff, or other social service personnel (inclusive of Connecting NJ). Social service staff can also assist bereaved families in signing up for the program.
 - c) Via UHV program support specialist (PSS) as defined in the staffing chart. Families may schedule services via a UHV PSS visiting or calling the parent/caregiver in the hospital, explaining the program and who may schedule a visit two weeks after the newborn's birth, a stillbirth, or a neonatal loss. The PSS will also coordinate outreach and scheduling of referrals for Family Connects NJ via the Family Connects NJ website. Note: to recruit families at a hospital, a Memorandum of Understanding with the hospital may be required.
 - d) Via obstetrician, pediatrician, or medical provider referral. Families may learn about the program through their pre-natal provider and schedule services with the UHV provider based on their expected due date.

7) **The rejection and termination parameters required for this program initiative:**

While this program is voluntary, repeated missed or cancelled visits could allow for termination or suspension of the service.

8) **The direct services and activities required for this program initiative:**

The FCI model consists of three core components. Awarded respondents will be responsible for performing work in each component as follows:

- a) **Home visits conducted by an RN.** A home visit ideally occurs two weeks after the newborn's birth. Except in rare circumstances, the home visit must occur before 12 weeks after the newborn's birth. During the home visit, the RN provides physical assessments of caregiver and baby, discusses different aspects of psychosocial functioning, responds to concerns or questions, offers developmentally and culturally appropriate guidance and provides connections tailored to the family's needed and desired services. Most families receive one visit but may receive up to three visits depending on need. In some instances, a family may require a pre-visit prior to their integrated home visit.

Awarded respondents selected through this RFP will have primary responsibilities for this component including: retaining a staffing complement (described under Resources) sufficient to ensure fidelity with the Family Connects International model; ensuring staff are appropriately trained in the FCI model; participating in DCF and FCI planning efforts; participating in efforts to engage referral sources (e.g., health care providers, social service agencies, etc.) in developing referral pathways into the program; and delivering nurse visits in accordance with the FCI model.

- b) **Community alignment, or the alignment of services and resources in the community to address family needs.** The Community Alignment component focuses on the ongoing development of those resources to be responsive to the specific needs of the families being served and integrating UHV into the larger early childhood network of services in New Jersey. Ultimately, the community alignment component is focused on aligning people, processes, and supporting technologies to drive better outcomes for our youngest children and families. NJ DCF has funded the Statewide Connecting NJ network to carry out primary responsibility for this work. Community Alignment Specialists (CAS) will be stationed at each county-based Connecting NJ hub within the Connecting NJ network. Community Alignment Specialists play

a key role in raising community awareness about FCNJ with birthing individuals/families and community stakeholders. CAS will conduct ongoing outreach activities through participation and/or coordinating community events and community education sessions. Awarded respondents' nursing staff may also lend their expertise during events and/or education session by presenting on various prenatal or parenting topics. These events and/or education sessions will also be used as a tool to engage birthing individuals in FCNJ, or as an additional FCNJ service available during their pregnancy.

Awarded respondents selected through this RFP shall have responsibilities for this component, including RNs will connect families to needed resources in the community; awarded respondents will also participate in planning and organizing meetings, as well as weekly case conference meetings with the county-specific Connecting NJ hub and FCI to coordinate community alignment work. Awarded respondents will also designate key nursing staff/administration to participate on the FCNJ Community Advisory Board (CAB) which is designed to 1) Strengthen the network of family support agencies and services, 2) Share information about and promote Family Connects, 3) Find solutions to address community-identified needs via community & FC program level data, and 4) Listen to feed back or updates from the community stakeholders.

- c) **Monitoring and evaluation as a tool for program evaluation and quality improvement.** Routine collection of clinical and program data is the basis for continuous quality improvement that will allow awarded respondents to monitor and adjust their operations accordingly and will allow DCF to identify how the overall network is performing, monitor model fidelity, determine where assistance may be needed, and identify innovations that may be helpful to share across the network. This data also provides insight on community resource needs, supporting informed decision-making and advocacy related to future services.

Awarded respondents selected through this RFP shall have responsibilities for this component including: timely and accurate data entry as described in section D.13 of this RFP; and participation in monitoring and continuous quality improvement activities, including, participating in a joint community advisory board to assist in coordinating services across the early childhood system of care, participating in quarterly continuous quality improvement (CQI) committee with the local Connecting NJ hub to improve referral processes with community resources and align

resources with family needs, participating in relevant local and/or regional committees and task forces to communicate and collaborate regarding community, early childhood, and perinatal needs, and attending all other required meetings deemed necessary by DCF.

Consistent with FCI's approach, awarded respondents shall work collaboratively with DCF, FCI, Connecting NJ providers and local stakeholders through four phases of implementation:

- i. Orientation:** During this phase awarded respondents will participate in the FCI Academy; prepare planning deliverables required by FCI prior to start of services; and hire and train necessary staff. Training will be provided by FCI in conjunction with DCF. Awarded respondents will also collaborate with DCF and other component providers to establish the foundation for the program.
- ii. Installation:** Completion of the Planning Phase launch list determines when community partners are ready to begin installation, which includes final onboarding training and the start of conducting home visits. This initial launch of the program includes careful monitoring, and enhanced support as awarded respondents are beginning to report and review key performance metrics to work toward fidelity.
- iii. Implementation:** This phase includes regular monthly monitoring of performance data, continuous quality improvement (CQI) and fidelity monitoring. Monthly check-in calls with FCI and DCF focus on program improvement with a goal of achieving model fidelity.
- iv. Fidelity:** Once an awarded respondent has provided services in line with fidelity requirements and quality standards for approximately six months, expansion into a new geographic area of an awarded catchment area may be considered. This typically occurs after two years of serving families.

FCI consultative staff and DCF will provide awarded respondents with phase-specific resources to work through milestones and deliverables and meet fidelity requirements, after which an awarded respondent may be considered for an expanded geographic footprint.

Achieving fidelity is critical, as New Jersey's statewide certification in the FCI model will be dependent upon achieving and maintaining model

fidelity statewide. FCI and DCF may conduct site visits as part of fidelity monitoring and technical assistance.

9) **The service modalities required for this program initiative are:**

a) Evidence Based Practice (EBP) modalities:

Awarded respondents are required to use the FCI model. Additional information regarding the FCI model can be found at: <https://familyconnects.org>.

Note that FCI's model is typically implemented at a local community level. New Jersey is only the second state in the nation to undertake implementation at a statewide level. FCI and DCF are working together to adapt their approach to the New Jersey context

b) DCF Program Service Names: Universal Home Visitation-Family Connects NJ

c) Other/Non-evidence-based practice service modalities: N/A

10) **The type of treatment sessions required for this program initiative are:**

Home visits must be face-to-face and take place in the family home. In very limited situations, such as a public health emergency, virtual visits may be permitted. DCF approval is required.

11) **The frequency of the treatment sessions required for this program initiative are:**

1-3 home visits within the first 2-12 weeks of a baby's birth. N.J.S.A. 26:2H-158 et seq. proscribes that the first visit be within two weeks of baby's birth. The FCI model prohibits visits beyond 12 weeks of a baby's birth.

12) **Awarded respondents are required to communicate with Parent/Family/Youth Advisory Councils, or to incorporate the participation of the communities the awarded respondents serve in some other manner:**

A FCNJ designated staff person (key nursing/administrative) is required to participate in the quarterly FCNJ Community Advisory Board (CAB). The FCNJ CAB will be lead or co-led by the CAS for the county in which FCNJ services are provided. The CAB is a stakeholder group that consists of local community-based service providers and families with relevant lived experience. The CAB provides opportunities to strengthen the network of family support agencies; to share information about and promote Family Connects; to find solutions to address community-identified needs via community & FCNJ program

level data; and to listen to feedback or updates from families and community stakeholders.

- 13) **The professional development through staff training, supervision, technical assistance meetings, continuing education, professional board participation, and site visits, required for this program initiative are:**

All staff of awarded respondents must participate in all FCI related training, upon hire, to ensure fidelity to the model, as well as any other training deemed necessary by DCF.

This training may include, but is not limited to the following:

All staff of awarded respondents must complete a set of General Core Competency Training modules on topics including trauma-informed care, historical trauma, improving outcomes using data, cultural humility, partnering with families, and promoting safe and healthy homes.

Asynchronous Resources are created and owned by FCI and reside in their Teams Channel. Access to the channel will be provided once new community partners onboard. This is part of the model developer's required training.

All staff must complete onboarding training modules for specific positions as follows:

Program Administrator: Live Academy Training to cover model fundamentals. Review of Asynchronous Resources on topics such as model elements, program components, community alignment, implementation, and dissemination of the model.

Program support specialist: Live non-clinical database training on topics such as scheduling, PVCs, reports and more. Review of Asynchronous Resources on topics such as model elements, PSS role, family recruiting and scheduling, and Post Visit Connection (PVC) calls.

Medical director: Review of Asynchronous Resources on topics such as provider engagement, introduction to the model, FCI research articles, and clinical guidelines.

Nurse supervisor and nurse lead: Live Academy Training to cover model fundamentals. Live 3-Day Clinical Training (including Clinical Database Training) which includes topics such as Family Support Matrix (FSM), nurse assessments, breastfeeding, etc. 1:1 Coaching Session with FCI Nurse Trainers on mock visit, matrix ratings, and

toolkit. Review of Asynchronous Resources on topics such as model elements, clinical orientation toolkit, competencies, QA Fidelity, etc.

RN Home Visitor: Live 3-Day Clinical Training (including clinical database training) on topics such as the Family Support Matrix (FSM), nurse assessments, breastfeeding, etc. Review of Asynchronous Resources on topics such as model elements, clinical orientation toolkit, competencies, etc.

- 14) **The court testimony activities, which may address an individual's compliance with treatment plan(s); attendance at program(s), participation in counseling sessions, required for this program initiative are: [N/A]**
- 15) **The student educational program planning required to serve youth in this program: [N/A]**

D. Resources - The below describes the resources required of awarded respondents to ensure the service delivery area, management, and assessment of this program.

- 1) **The program initiative's service site is required to be located in:** Although the population served is required to be in a specific catchment area as described below, the awarded respondent's service site, i.e., primary office, headquarters, etc., can be in any location.
- 2) **The geographic area the program initiative is required to serve is:** The State is divided into 11 catchment areas, each comprising a similar volume of expected births. This RFP is to identify providers in the following six (6) catchment areas for program implementation:
 - a) Catchment area 3 – Union, Somerset Counties
 - b) Catchment area 4 – Hunterdon, Warren, Sussex, Morris Counties
 - c) Catchment area 5 – Passaic County
 - d) Catchment area 6 – Hudson County
 - e) Catchment Area 8 – Bergen County
 - f) Catchment Area 9 – Ocean County

Additional information on the catchment areas, and expectation for scaling up in each area, can be found in Funding Information and Resources-Minimum Staffing Requirements.

Respondents should specify in their response which catchment area they propose to serve. Respondents may submit responses for more than one catchment area, but these must be separate submissions.

Awarded respondents will be expected to work with DCF and FCI to identify an implementation plan within the catchment area. Additional regions or communities within a given region will be introduced after a thorough expansion assessment and additional operation and fiscal planning.

- 3) **The program initiative's required service delivery setting is:**
Family Home.
- 4) **The hours, days of week, and months of year this program initiative is required to operate:**
Monday through Friday, 12 months per year. Awarded respondents are also expected to have weekend and evening hours to ensure accessibility to the service.
- 5) **Additional procedures for on call staff to meet the needs of those served twenty-four (24) hours a day, seven (7) days a week?**
No.
- 6) **Additional flexible hours, inclusive of non-traditional and weekend hours, to meet the needs of those served?**
Yes.
- 7) **The language services (if other than English) this program initiative is required to provide:**
Awarded respondents shall be able to undertake home visits with families in all languages. Awarded respondents should staff some RNs who are representative of the linguistic communities being served. RNs will be required to utilize translation services during visits when necessary. (Note: Average translation needs are accounted for in the funds awarded. Supplemental translation support is provided for counties that higher than average translation needs based on US Census data. See funding information by catchment for more details).
- 8) **The transportation this program initiative is required to provide:**
Nurses must travel to family homes for home visits. Awarded respondents must support reasonable nurse travel costs (including travel time and mileage reimbursement).
- 9) **The staffing requirements for this program initiative, including the number of any required FTEs, ratio of staff to clients, shift requirements, supervision requirements, education, content knowledge, staff credentials, and certifications:**

Given that UHV is a new service, awarded respondents who participate in the program will need to develop their caseload over time. Based on data from FCI, awarded respondents are expected to increase the

percentage of families seen by 11% per quarter during their first six quarters of serving families, after which the caseload is expected to stabilize with awarded respondents continuing to work towards reaching 70% of the birth population. Required minimum staffing and expectations of families served are based upon this guidance.

Each program requires a local medical director, a nurse supervisor, a team of RNs, a program support specialist, and a Community Alignment Specialist (funded and staffed through Connecting NJ for FCNJ). A nurse lead position may also be necessary depending on the number of RNs employed by the awarded respondent.

Preferably, all medical staff will have experience and/or expertise in the provision of medical and/or nursing services in maternal (OB-GYN, midwifery) care, neonatal and/or pediatric care, labor and delivery, adult mental health, or a closely related field. Additionally, unique knowledge and/or ties to the community being served should also be considered.

See the following Staffing Requirements table for additional details on each required position.

Positions	Responsibilities	Education/Credentials/Certificates
Local Medical Director (required)	<ul style="list-style-type: none"> • Provides clinical oversight for Catchment Area • Supports local clinical staff as patient care questions arise. • Builds relationships between the local UHV program and the clinical community at large. 	Graduation from an accredited college or university with a Doctorate in Medicine (M.D.) or Doctorate in Osteopathic Medicine (D.O.), Nurse Practitioner, Certified Nurse Midwife, or Physician Assistant may also be considered for this role.

Positions	Responsibilities	Education/Credentials/ Certificates
Nurse Supervisor (required)	<ul style="list-style-type: none"> • Nurse administrator who directs the clinical team in provision of home visits and supporting families via the FCI protocol. • Leads weekly case conferences, provides weekly supervisions, provides reflective supervision. • Performs QA assessments and quarterly fidelity visits with each Nurse on team. • Attends FCI Nurse supervisor webinars and is touch point to FCI • Maintains small caseload of home visits, as needed. 	Registered nurse or advance practice nurse with license to practice in the State of New Jersey. Preferred experience in community health, public health, child health nursing.
Nurse Lead (if necessary)	<ul style="list-style-type: none"> • In Catchment Areas with more than 8 nurses, supports nurse supervisor. • Tasks may include leading weekly case conferences, providing weekly supervision and reflective supervision, and performing QA assessments and quarterly fidelity visits with nurses on team. • Maintains own caseload, with size dependent on the number of nurses being supported. 	Registered nurse or advance practice nurse with license to practice in the State of New Jersey. Preferred experience in community health, public health, child health nursing.
Registered Nurses (required)	<ul style="list-style-type: none"> • Works in a team environment of clinical and non-clinical staff to provide the home visit and support families in the community using the FCI home visit protocol. • Participates in case conferences, quarterly reviews, and other activities to support delivery of services with quality and fidelity. 	Registered nurse or advance practice nurse with license to practice in the State of New Jersey. Preferred experience in community health, public health, child health nursing.
Program Support Specialist (PSS) (required)	<ul style="list-style-type: none"> • Outreaches and enrolls families, including assistance in scheduling of nurse visits, as needed. • Maintains materials for necessary for the nursing team to conduct 	Bachelor's degree is preferred, but not required.

Positions	Responsibilities	Education/Credentials/ Certificates
	visits, such as educational materials for families. • In collaboration with Connecting NJ, executes post visit call process with clients served.	

Minimum Staffing Requirements

The FCI model requires the following staffing ratios:

- a) One (1) nurse supervisor is required for eight (8) full time equivalent (FTE) or fewer nurses. A nurse supervisor may also act as a nurse home visitor.
- b) If a team has more than eight (8) FTE nurses, a Nurse Lead or additional supervisor must be added. A Nurse Lead may also act as a nurse home visitor.
- c) A Program Support Specialist can support up to 8 FTE nurses. If a team has more than eight (8) nurses, additional Program Support must be added, consistent with this 1:8 ratio.
- d) Each awarded respondent must have at least a .1FTE Medical Director available for nurse consults and participation in model required statewide meetings.
- e) All staff working on UHV must be formally trained by FCI in the FCI NJ model. Nurses must complete all training prior to making home visits with families.

These staffing ratios are used to estimate the minimum staffing levels required for each catchment area and county.

UHV is a new service, and the number of families who enroll will grow over time. The program will be considered at full scale when 70% of the birthing population participates. Awarded respondents must anticipate this growth and be prepared to add staffing to meet increasing demand. The onboarding of new staff must be coordinated with the availability of required FCI training. Currently FCI offers training for new nurses twice monthly.

Minimum required staffing has been provided for each catchment area below. Part-time staff may be used, provided the total FTE minimum requirement is met when all staff are combined and all staff working on the program have completed all FCI and DCF required training and background checks. The level of staffing for each period of service is increased corresponding with expectations around increased families served.

Awarded respondents may exceed the minimum staffing level but may not drop below it without consultation with DCF.

In addition, awarded respondents shall have sufficient administrative oversight to support the program team, executive management, financial management, and IT services.

Minimum Staffing Expectations by Catchment Area

Catchment Area 3 Staffing: Somerset County

Service must begin in **Somerset** County. The timing of expansion to Union County requires DCF approval.

Families Served

The table below outlines expected families to be served in **Somerset** County over the contract period.

Catchment Area:	3	<i>Estimated Timeframe</i>
County:	Somerset	
Total Birth Population:	3,097	
Number of Birthing Centers in County	1	
Estimated families served, Year 1	256	1/2025-6/2025
Estimated families served, Year 2	1,533	7/2025-6/2026
Estimated families served, Year 3	2,044	7/2026-6/2027
Estimated families served, Year 4	2,106	7/2027-6/2028
Estimated families served, Year 5	2,169	7/2028-6/2029

Minimum Staffing

Based on the expected families to be served in **Somerset County**, awarded respondents should expect the following **minimum** staffing pattern during **the first two years** of the contract term, starting when services are anticipated to begin in January 2025. Numbers are provided in FTEs. Note: A Nurse Supervisor or Nurse Lead can function part time as a home visitor, if needed. Prior to services beginning, awarded respondents shall be engaged in planning, preparation, and training activities.

Title	SFY 2025, in FTE		SFY 2026, In FTE			
	Q3	Q4	Q1	Q2	Q3	Q4
Nurse Supervisor	.12	.24	.35	.47	.59	.71

Nurse Lead						
Nurse Home Visitor	.95	1.89	2.84	3.79	4.73	5.68
Program Support Specialist	.12	.24	.35	.47	.59	.71
Medical Director	.1	.1	.1	.1	.1	.1

Based on the expected families to be served in **Somerset County**, awarded respondents should expect the following **minimum** staffing pattern during the **last three years** of the contract term.

Title	SFY 2027, in FTE	SFY 2028 in FTE	SFY2029, in FTE
Nurse Supervisor	.71	.75	.75
Nurse Lead	0	0	0
Nurse Home Visitor	5.68	6.02	6.02
Program Support Specialist	.71	.75	.75
Medical Director	.1	.1	.1

Catchment Area 4 Staffing: Sussex County

Service must begin in **Sussex** County. The timing of expansion to Hunterdon, Warren, and Morris Counties requires DCF approval.

Families Served

The table below outlines expected families to be served in **Sussex** County over the contract period.

Catchment Area:	4	<i>Estimated Timeframe</i>
County:	Sussex	
Total Birth Population:	1,180	
Number of Birthing Centers in County	1	
Estimated families served, Year 1	97	<i>1/2025-6/2025</i>
Estimated families served, Year 2	584	<i>7/2025-6/2026</i>
Estimated families served, Year 3	779	<i>7/2026-6/2027</i>
Estimated families served, Year 4	802	<i>7/2027-6/2028</i>
Estimated families served, Year 5	827	<i>7/2028-6/2029</i>

Minimum Staffing

Based on the expected families to be served in **Sussex County**, awarded respondents should expect the following **minimum** staffing pattern during **the first two years** of the contract term, starting when services are anticipated to begin in January 2025. Numbers are provided in FTEs. Note: A Nurse Supervisor or Nurse Lead can function part time as a home visitor, if needed. Prior to services beginning, awarded respondents shall be engaged in planning, preparation, and training activities.

Title	SFY 2025, in FTE		SFY 2026, In FTE			
	Q3	Q4	Q1	Q2	Q3	Q4
Nurse Supervisor	.05	.09	.14	.18	.23	.27
Nurse Lead	0	0	0	0	0	0
Nurse Home Visitor	.36	.72	1.08	1.44	1.80	2.16
Program Support Specialist	.05	.09	.14	.18	.23	.27
Medical Director	.1	.1	.1	.1	.1	.1

Based on the expected families to be served in **Sussex County**, awarded respondents should expect the following **minimum** staffing pattern during **the last three years** of the contract term.

Title	SFY 2027, in FTE	SFY 2028 in FTE	SFY2029, in FTE
Nurse Supervisor	.27	.29	.29
Nurse Lead	0	0	0
Nurse Home Visitor	2.16	2.29	2.29
Program Support Specialist	.27	.29	.29
Medical Director	.1	.1	.1

Catchment Area 5 Staffing: Passaic County

Families Served

The table below outlines expected families to be served in **Passaic County** over the contract period.

Catchment Area:	5	<i>Estimated Timeframe</i>
County:	Passaic	
Total Birth Population:	6,375	
Number of Birthing Centers in County	2	
Estimated families served, Year 1	526	1/2025-6/2025

Estimated families served, Year 2	3,156	7/2025-6/2026
Estimated families served, Year 3	4,208	7/2026-6/2027
Estimated families served, Year 4	4,335	7/2027-6/2028
Estimated families served, Year 5	4,463	7/2028-6/2029

Minimum Staffing

Based on the expected families to be served in **Passaic County**, awarded respondents should expect the following **minimum** staffing pattern during **the first two years** of the contract term, starting when services are anticipated to begin in January 2025. Numbers are provided in FTEs. Note: A Nurse Supervisor or Nurse Lead can function part time as a home visitor, if needed. Prior to services beginning, awarded respondents shall be engaged in planning, preparation, and training activities.

Title	SFY 2025, in FTE		SFY 2026, In FTE			
	Q3	Q4	Q1	Q2	Q3	Q4
Nurse Supervisor	.24	.49	.73	.97	1	1
Nurse Lead	0	0	0	0	.22	.46
Nurse Home Visitor	1.95	3.90	5.84	7.79	9.74	11.69
Program Support Specialist	.24	.49	.73	.97	1.22	1.46
Medical Director	.1	.1	.1	.1	.1	.1

Based on the expected families to be served in **Passaic County**, awarded respondents should expect the following **minimum** staffing pattern during **the last three years** of the contract term.

Title	SFY 2027, in FTE	SFY 2028 in FTE	SFY2029, in FTE
Nurse Supervisor	1	1	1
Nurse Lead	.46	.55	.55
Nurse Home Visitor	11.69	12.4	12.4
Program Support Specialist	1.46	1.55	1.55
Medical Director	.1	.1	.1

Catchment Area 6 Staffing: Hudson County

Families Served

The table below outlines expected families to be served in **Hudson County** over the contract period.

Catchment Area:	6	<i>Estimated Timeframe</i>
County:	Hudson	
Total Birth Population:	9,959	
Number of Birthing Centers in County	5	
Estimated families served, Year 1	822	1/2025-6/2025
Estimated families served, Year 2	4,930	7/2025-6/2026
Estimated families served, Year 3	6,573	7/2026-6/2027
Estimated families served, Year 4	6,772	7/2027-6/2028
Estimated families served, Year 5	6,972	7/2028-6/2029

Minimum Staffing

Based on the expected families to be served in **Hudson County**, awarded respondents should expect the following **minimum** staffing pattern during **the first two years** of the contract term, starting when services are anticipated to begin in January 2025. Numbers are provided in FTEs. Note: A Nurse Supervisor or Nurse Lead can function part time as a home visitor, if needed. Prior to services beginning, awarded respondents shall be engaged in planning, preparation, and training activities.

Title	SFY 2025, in FTE		SFY 2026, In FTE			
	Q3	Q4	Q1	Q2	Q3	Q4
Nurse Supervisor	.38	.76	1	1	1	2
Nurse Lead	0	0	.14	.52	.9	.28
Nurse Home Visitor	3.04	6.09	9.13	12.17	15.22	18.26
Program Support Specialist	.38	.76	1.14	1.522	1.90	2.28
Medical Director	.1	.1	.1	.1	.1	.1

Based on the expected families to be served in **Hudson County**, awarded respondents should expect the following **minimum** staffing pattern during **the last three years** of the contract term.

Title	SFY 2027, in FTE	SFY 2028 in FTE	SFY2029, in FTE
Nurse Supervisor	2	2	2
Nurse Lead	.28	.42	.42
Nurse Home Visitor	18.26	19.36	19.36

Title	SFY 2027, in FTE	SFY 2028 in FTE	SFY2029, in FTE
Program Support Specialist	2.28	2.42	2.42
Medical Director	.1	.1	.1

Catchment Area 8 Staffing: Bergen County

Families Served

The table below outlines expected families to be served in **Bergen County** over the contract period.

Catchment Area:	8	<i>Estimated Timeframe</i>
County:	Bergen	
Total Birth Population:	8,964	
Number of Birthing Centers in County	5	
Estimated families served, Year 1	740	1/2025-6/2025
Estimated families served, Year 2	4,437	7/2025-6/2026
Estimated families served, Year 3	5,916	7/2026-6/2027
Estimated families served, Year 4	6,096	7/2027-6/2028
Estimated families served, Year 5	6,275	7/2028-6/2029

Minimum Staffing

Based on the expected families to be served in **Bergen County**, awarded respondents should expect the following **minimum** staffing pattern during **the first two years** of the contract term, starting when services are anticipated to begin in January 2025. Numbers are provided in FTEs. Note: A Nurse Supervisor or Nurse Lead can function part time as a home visitor, if needed. Prior to services beginning, awarded respondents shall be engaged in planning, preparation, and training activities.

Title	SFY 2025, in FTE		SFY 2026, In FTE			
	Q3	Q4	Q1	Q2	Q3	Q4
Nurse Supervisor	.34	.68	1	1	1	2
Nurse Lead	0	0	.03	.37	.71	.05
Nurse Home Visitor	2.74	5.48	8.22	10.96	13.70	16.43
Program Support Specialist	.34	.68	1.03	1.37	1.71	2.05
Medical Director	.1	.1	.1	.1	.1	.1

Based on the expected families to be served in **Bergen County**, awarded respondents should expect the following **minimum** staffing pattern during **the last three years** of the contract term.

Title	SFY 2027, in FTE	SFY 2028 in FTE	SFY2029, in FTE
Nurse Supervisor	2	2	2
Nurse Lead	.05	.18	.18
Nurse Home Visitor	16.43	17.43	17.43
Program Support Specialist	2.05	2.18	2.18
Medical Director	.1	.1	.1

Catchment Area 9 Staffing: Ocean County

Families Served

The table below outlines expected families to be served in **Ocean County** over the contract period.

Catchment Area:	9	<i>Estimated Timeframe</i>
County:	Ocean	
Total Birth Population:	9,011	
Number of Birthing Centers in County	3	
Estimated families served, Year 1	743	1/2025-6/2025
Estimated families served, Year 2	4,460	7/2025-6/2026
Estimated families served, Year 3	5,947	7/2026-6/2027
Estimated families served, Year 4	6,127	7/2027-6/2028
Estimated families served, Year 5	6,308	7/2028-6/2029

Minimum Staffing

Based on the expected families to be served in **Ocean County**, awarded respondents should expect the following **minimum** staffing pattern during **the first two years** of the contract term, starting when services are anticipated to begin in January 2025. Numbers are provided in FTEs. Note: A Nurse Supervisor or Nurse Lead can function part time as a home visitor, if needed. Prior to services beginning, awarded respondents shall be engaged in planning, preparation, and training activities.

Title	SFY 2025, in FTE		SFY 2026, In FTE			
	Q3	Q4	Q1	Q2	Q3	Q4

Nurse Supervisor	.34	.69	1	1	1	2
Nurse Lead	0	0	.03	.38	.72	.07
Nurse Home Visitor	2.75	5.51	8.26	11.01	13.77	16.52
Program Support Specialist	.34	.69	1.03	1.38	1,72	2.07
Medical Director	.1	.1	.1	.1	.1	.1

Based on the expected families to be served in **Ocean County**, awarded respondents should expect the following **minimum** staffing pattern during **the last three years** of the contract term.

Title	SFY 2027, in FTE	SFY 2028 in FTE	SFY2029, in FTE
Nurse Supervisor	2	2	2
Nurse Lead	.07	.19	.19
Nurse Home Visitor	16.52	17.52	17.52
Program Support Specialist	2.07	2.19	2.19
Medical Director	.1	.1	.1

- 10) **The legislation and regulations relevant to this specific program, including any licensing regulations:**
- a) UHV legislation- N.J.S.A. 26:2H-158 et seq.
 - b) Board of Nursing legislation- N.J.S.A. 45:11-23 through -52, N.J.S.A. 45:11A-9
 - c) Board of Nursing regulations- N.J.A.C. Title 13, Chapter 37
 - d) New Jersey Prescription Monitoring Program- N.J.S.A. 45:1- 45 et. seq.
 - e) Electronic Visit Verification- federal 21st Century CURES Act- P.L. 114-255
- 11) **The availability for electronic, telephone, or in-person conferencing this program initiative requires:**
This program requires nurses and/or nurse supervisors or leads to have in-person visits with families.
- All program staff (nurses, nurse supervisors, nurse leads, program director/administrator, and program support) must be able to connect electronically and telephonically during business hours. All program staff require cell phones and laptop computers.
- 12) **The required partnerships/collaborations with stakeholders that will contribute to the success of this initiative:**
Success of this initiative will be dependent upon a robust referral process to connect expecting/birthing families and families welcoming

a newborn with the UHV program provider. While DCF is working on State level communication and public education efforts, successful respondents shall have or build relationships with birthing hospitals, obstetricians, pediatricians, other medical providers, and community partners in their assigned catchment area to build awareness of the program and facilitate referral for program services.

In addition, awarded respondents will be required to collaborate with the Connecting NJ hub serving the county who will be leading Community Alignment portion of the program, including facilitating/and or joining a community advisory board for the program, in which home visit providers will participate. In recognition of these requirements, DCF is providing ongoing funding for staffing to support these outreach and collaboration activities.

- 13) **The data collection systems this program initiative requires:**
Awarded respondents will be expected to collect and report on individual-level patient and program data, including, but not limited to contacts with families, assessment outcomes, referrals made, and other performance metrics.

Awarded respondents will be required to use the following data collection systems: FCI Salesforce database, and the CNJ Links (Connecting NJ data system). Awarded respondents may also have their own Health Information Management System. See Section (E)(4) for additional detail on data requirements. DCF will pay for licenses necessary for program staff to access the FCI Salesforce database and CNJ Links database. Business and data sharing agreements with the model developer are required to access these database systems.

- 14) **The assessment and evaluation tools this program initiative requires:**

In accordance with the FCI model, the home visit includes a detailed assessment of mother and newborn physical health, infant attachment, intimate partner violence, substance use disorders, perinatal mood disorders and connection to health and community services. Elements of the home visit include:

- a) Maternal physical assessment, if applicable (general appearance, vital stats, nutrition/elimination, breasts/nipples, abdomen/incision, uterus, lochia, perineum, legs);
- b) Newborn physical assessment (general appearance, vital stats, today's weight/weight gained since birth, urinary function/output, bowel function/output, fontanelles, skin, mouth, eyes, breasts, heart/lungs, abdomen/cord, genitalia, reflexes, development extremities, wake/sleep);

- c) Systematic assessment of family strengths, risks and needs (maternal health, infant health, health care plans, childcare plans, parent-child relationship, history with parenting difficulties, parent well-being, parent emotional support, management of infant crying);
- d) Screening for intimate partner violence, perinatal mood disorders and substance use using validated screening tool (Conflict Tactics Scale, Edinburgh Postnatal Depression Scale and Cut, Annoyed, Guilty and Eye); and
- e) Standardized anticipatory and supportive guidance (maternal health, infant health, health care plans, childcare plans, parent-child relationship, history with parenting difficulties, parent well-being, parent emotional support, management of infant crying, household safety and material supports, family and community safety).

E. Outcomes - The below describes the evaluations, outcomes, information technology, data collection, and reporting required of respondents for this program.

- 1) **The evaluations required for this program initiative:**
The UHV program will be formally evaluated through Johns Hopkins University. DCF and Johns Hopkins University will work together, and in collaboration with FCI, design an evaluation plan for the UHV program. Awarded respondents are required to participate in all evaluation activities.
- 2) **The outcomes required of this program initiative:**
DCF and John Hopkins University will work together, and in collaboration with FCI, to identify short-term, mid-term and long-term outcomes for the UHV program. Awarded respondents are required to strive to meet these outcomes.
- 3) **Required use of databases:**
FCI Salesforce database and CNJ LINKS (formerly SPECT).

The NJ 211 directory, nj211.org, is a comprehensive compilation of local, statewide, and national health and human service resources that are available in New Jersey. Agency professionals assist in ensuring the database is accurate and up to date. Awarded respondent shall maintain accurate and updated listings for all programs in the NJ 211 online directory. Awarded respondent shall create a NJ211 provider login. Awarded respondent shall review and update their DCF-funded program listings in the NJ 211 directory semi-annually, at a minimum,

and whenever there is a significant change in program offerings, availability or contact information.

4) **Reporting requirements:**

Ongoing data collection and monitoring are critical components of the FCI model. Each awarded respondent must document contact with the families, track performance metrics, and share regular data and reports with DCF and the FCI team.

At a minimum, awarded respondents will be required to provide documentation and/or reporting, and monitoring, of the following key performance indicators, among others: eligible birth population, scheduled home visits, declined scheduled visits, supportive calls and home visits completed, follow-up home visits and substantive phone calls, caregiver ethnicity/race/age/educational level/marital status, caregiver/infant primary insurance, average age of infant at home visit, zip codes served, family support matrix rating by factor, highest family support rating by domain, and across all factors, total referrals, total cases with more than one referral, new/existing referrals, referrals related/unrelated to need, post-visit connection calls completed, total risk referrals assessed, number of risk related connections, number of risk related services received, visit satisfaction, home visit fidelity, matrix reliability, and staff FTE.

F: Signature Statement of Acceptance:

By my signature below, I hereby certify that I have read, understand, accept, and will comply with all the terms and conditions of providing services described above as *Required Performance and Staffing Deliverables* and any referenced documents. I understand that the failure to abide by the terms of this statement is a basis for DCF's termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Catchment area to be served:

(Note: A separate response is required for each catchment area)

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

Section III - Documents Requested to be Submitted with This Response

In addition to the Signature Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requests respondents to submit the following documents with each response. Respondents must organize the documents submitted in the same order as presented below under one (1) of the two (2) corresponding title headings: A. *Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with This Response* and B. *Additional Documents Requested to be Submitted in Support of This Response*. **Each of these two (2) sections must be submitted as a separate PDF, which would be the second and third PDF submission in your response packet.**

A. Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with this Response:

(THIS WILL BE THE SECOND PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: *PDF 2: SECTION III - DOCUMENTS REQUESTED TO BE SUBMITTED WITH THIS RESPONSE, SUBSECTION A. ORGANIZATIONAL DOCUMENTS PREREQUISITE TO A DCF CONTRACT AWARD REQUESTED TO BE SUBMITTED WITH THIS RESPONSE.*)

- 1) A description of how your **Accounting** System has the capability to record financial transactions by funding source, to produce funding source documentation, authorization to support all expenditures, and timesheets which detail by funding source how the employee spent their time, invoices, etc.
- 2) **Affirmative Action Certificate:** Issued after the renewal form [AA302] is sent to Treasury with payment.

Note: The AA302 is only applicable to new startup agencies and may only be submitted during Year One (1). Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate.

Website: https://www.state.nj.us/treasury/contract_compliance/

- 3) **Agency By-Laws** -or- Management **Operating Agreement** if a Limited Liability Corporation (LLC) or Partnership
- 4) Statement of **Assurances** signed and dated.
Website: <https://www.nj.gov/dcf/providers/notices/requests/#2>
Form:
<https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc>
- 5) **Attestation Form pursuant to N.J.S.A. 30:1-1.2b** - Complete, sign and date as the provider.
Form:
[Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf](https://www.nj.gov/dcf/providers/notices/Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf) (nj.gov)
- 6) Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of either the **Board of Directors** of a corporation, or the **Managing Partners** of a Limited Liability Corporation (LLC)/Partnership, or the **members** of the responsible governing body of a county or municipality.
- 7) For Profit: **NJ Business Registration Certificate** with the Division of Revenue (see instructions for applicability to your organization).
Website: <https://www.nj.gov/treasury/revenue/busregcert.shtml>
- 8) **Business Associate Agreement/HIPAA** - Sign and date as the Business Associate.
Form: <https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx>
- 9) **Conflict of Interest Policy** (Respondent should submit its own policy, **not** a signed copy of the DCF model form found at the end of the following DCF policy.)
https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf
- 10) All **Corrective action plans or reviews** in process or completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years. If applicable, a copy of the corrective action plan should be provided and any other pertinent information that will explain or clarify the Respondent's current position under the correction action plan and remedial measures implemented.

If not applicable, the respondent is to **include a signed written statement** that it has never been under any Corrective Actions or reviews. Respondents are on notice that DCF may consider all materials in our

records concerning audits, reviews, or corrective active plans as part of the review process. DCF may disqualify and decline to forward for the review of the Evaluation Committee responses from those under a corrective action plan in process with DCF or any other New Jersey State agency or authority.

- 11) Certification Regarding **Debarment**
Form: <https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf>
- 12) Disclosure of **Investigations & Other Actions Involving Respondent**
Form:
<https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf>
- 13) **Disclosure of Investment Activities in Iran**
Form:
<https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf>
- 14) **Disclosure of Ownership (Ownership Disclosure Form) THIS FORM MUST BE SUBMITTED WITH THE RESPONSE. A RESPONSE SHALL BE DEEMED NON-RESPONSIVE UNLESS THIS FORM IS SUBMITTED WITH IT.**
Form:
<https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf>
The Ownership Disclosure form must be completed and returned by non-profit and for-profit corporations, partnerships, and limited liability companies. The failure of a **for-profit** corporation, partnership, or limited liability company to complete the form prior to submitting it with the response **shall result in rejection of the response.**
- 15) **Disclosure of Prohibited Activities in Russia and Belarus**
Form:
<https://www.state.nj.us/treasury/administration/pdf/DisclosureofProhibitedActivitiesinRussiaBelarus.pdf>
- 16) **Source Disclosure Form (Disclosure of Source Location of Services Performed Outside the United States)**
Form:
<http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf>
- 17) Document showing **Unique Entity ID (SAM) Number**
Website: <https://sam.gov/content/duns-uei>
- 18) Certificate **of Incorporation**
Website: <https://www.nj.gov/treasury/revenue>

- 19) **Notice of Standard Contract Requirements, Processes, and Policies**
Sign and date as the provider
Form: [Notice.of.Standard.Contract.Requirements.pdf \(nj.gov\)](#)
- 20) **Organizational Chart of respondent** - Ensure chart includes the agency name, current date, and the allocation of personnel among each of the agency's DCF programs with their position titles and names.
- 21) **Chapter 271/Vendor Certification and Political Contribution Disclosure Form:** [2006 Federal Accountability & Transparency Act (FFATA)]
Form: <https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf>
- 22) **Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards** - A brief description (no more than two (2) pages double spaced) of the ways in which respondent's operations (policies and/or practices) mirror these standards. The document should include the respondent's name & current date. The Standards are available at: "[Sexual Abuse Safe-Child Standards](#)" (state.nj.us)
- 23) **Standard Language Document (SLD) (or Individual Provider Agreement or Department Agreement with another State Entity as designated by DCF.)**
Sign and date as the provider
Form:
<https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc>
- 24) **System for Award Management (SAM)** Submit a printout showing active status and the expiration date. Available free of charge.
Website: <https://sam.gov/content/home>
Helpline: 1-866-606-8220
- 25) **Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3)**
Website: <https://www.nj.gov/treasury/taxation/exemptintro.shtml>
- 26) **Tax Forms: Submit a copy of the most recent full tax return**
Non-Profit: Form 990 Return of Organization Exempt from Income Tax
or- For Profit: Form 1120 US Corporation Income Tax Return -or- LLCs: Applicable Tax Form and may delete/redact any SSN or personal information
Note: Store subsequent tax returns on site for submission to DCF upon request.
- 27) **Trauma Informed and Cultural Inclusivity Practices** - Submit written policies describing the incorporation of these practices into your provision of services.

B. Additional Documents Requested to be Submitted in Support of This Response

(THIS WILL BE THE THIRD PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: PDF 3: SECTION III – DOCUMENTS REQUESTED TO BE SUBMITTED WITH THIS RESPONSE, SUBSECTION B. ADDITIONAL DOCUMENTS REQUESTED TO BE SUBMITTED IN SUPPORT OF THIS RESPONSE.)

- 1) A completed **Proposed Budget Form** documenting all costs associated with operating the program. If DCF is allowing funding requests for **start-up costs**, document these separately in the final column of the Proposed Budget Form. This form is found at:
<https://www.nj.gov/dcf/providers/contracting/forms/>
- 2) A completed **Budget Narrative** is required for the proposed program that:
a) clearly articulates budget items, including a description of miscellaneous expenses or “other” items; b) describes how funding will be used to meet the project goals, responsibilities, and requirements; and c) references the costs associated with the completion of the project as entered in the Proposed Budget Form found at:
<https://www.nj.gov/dcf/providers/contracting/forms/>. When DCF allows funding requests for start-up costs, include in the Budget Narrative a detailed summary of, and justification for, any one-time program implementation costs documented in the final column of the Proposed Budget Form.
- 3) **Letter(s) of Collaboration** specific to a service to demonstrate commitment to the program.
- 4) **Letter(s) of Support** from community organizations with which you already partner. Letters from any New Jersey State employees are prohibited.
- 5) **Proposed Respondent Organizational Chart** for the program services required by this RFP that includes the respondent’s name and the date created.
- 6) The most recent copy of your **employee handbook and or policies that support employee health, wellbeing, and safety** protocols.

Section IV - Respondent's Narrative Responses

Respondents who sign the above Statement of Acceptance to provide services in accordance with the *Required Performance and Staffing Deliverables* additionally must submit a narrative response to every question below. A response will be evaluated and scored as indicated on each of the following three Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports. Respondents must organize the Narrative Response sections submitted in the same order as presented below and under each of the three corresponding title headings.

There is a page limitation for the three (3) narrative sections of the response. The narrative response is limited to a total of no more than 30 pages. The narrative should be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. Narrative Sections of the responses should be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. The font shall be no smaller than twelve (12) points in Arial or Times New Roman.

(ALL THREE (3) OF THESE SECTIONS MUST BE SUBMITTED AS A SINGLE PDF DOCUMENT, WHICH WOULD BE THE FOURTH PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: PDF 4 – SECTION IV: RESPONDENT'S NARRATIVE RESPONSES, SUBSECTIONS A. COMMUNITY AND ORGANIZATIONAL FIT; B. ORGANIZATIONAL CAPACITY; AND C. ORGANIZATIONAL SUPPORTS.)

A. Community and Organizational Fit (30 Points)

Community and Organizational fit refer to respondent's alignment with the specified community and State priorities, family and community values, culture and history, and other interventions and initiatives.

- 1) Describe how this initiative is consistent with your organization's mission, vision, and priorities.
- 2) Describe how this initiative fits with existing initiatives/programming in your organization.
- 3) Describe your organization's experience, if any, with delivering evidence-based programs.
- 4) Describe how this initiative is consistent with your organization's experience working with the target (or similar) populations required to be served by this initiative.

- 5) Specify the catchment area for which your organization is applying and identify what you know about this catchment area and its population
- 6) Describe your organization's experience, if any, with early childhood home visiting programs, including experience with Connecting NJ (formerly Central Intake).
- 7) Describe your organization's experience, if any, with addressing health equity.

B. Organizational Capacity (35 Points)

Organizational Capacity refers to the respondent's ability to meet and sustain the specified minimum requirements financially and structurally.

- 1) Describe how the organization's leadership is knowledgeable about and in support of this initiative. Include how the requirements of this initiative will be met through your governance and management structure, including the roles of senior executives and governing body (Board of Directors, Managing Partners, or the members of the responsible governing body of a county or municipality). Do leaders have the diverse skills and perspectives representative of the community being served?
- 2) Does the organization currently employ or have access to staff that meet the staffing requirements for this initiative as described and certified to in the Resources/Staff Requirements section of the *Required Performance and Staffing Deliverables* of this RFP? If so, describe.
- 3) Does staff have a cultural and language match with the population they serve, as well as relationships in the community? If so, describe.
- 4) Is your staff comfortable collecting data and tracking metrics for the purpose of quality improvement and monitoring? If so, please provide an example.
- 5) Describe your organization's existing collaborations, partnerships and collaborative efforts with other communities and systems, including health systems that will contribute to this effort. How will you market the program to digitally marginalized communities?
- 6) This RFP outlines expected families served over time within the catchment area. The awarded respondent will work with FCI and DCF to develop a plan for recruitment of families within the catchment area, building incrementally to meet these targets. Given your knowledge of the catchment area, what initial recommendations do you have about the approach in this county?

C. Organizational Supports (35 Points)

Organizational Supports refers to the respondent's access to Expert Assistance, Staffing, Training, Coaching & Supervision.

- 1) The FCI model has defined requirements around training, coaching, and supervision. Describe your organization's experience with adapting training and supervision practices in order to achieve model fidelity with an evidence based model, or other externally imposed requirements.
- 2) If your organization has experience with evidence-based programs, how have you used data to ascertain fidelity to evidence-based practices? How does your organization use this data to improve outcomes? Please provide an example.
- 3) Given the current challenges in health care staffing, describe any existing or planned initiatives your organization has undertaken or will undertake to attract or retain nursing staff. Please address both recruitment and retention. Please detail the longevity of your staff and how you support retention.
- 4) Describe how your organization supports safety, wellness, and mental health of its staff, such as providing access to online mental health and wellness resources, establishing regular programming focused on common issues, or providing mental health counselors for employees in need of assistance. Please reference policies and or protocols that support the above.

Section V - Response Screening and Review Process

A. Response Screening for Eligibility, Conformity, and Completeness:

DCF will conduct a preliminary review of each response to determine whether it is eligible for evaluation or immediate rejection in accordance with the following criteria:

- 1) The response was received prior to the stated deadline.
- 2) The Statement of Acceptance is signed by the person with the necessary authority to execute the agreement.
- 3) The response is complete in its entirety, including all documents requested to be submitted in support of the response listed in Section III. A. and the organizational documents prerequisite to a contract award listed in Section III. B. If any of these documents are missing from the response, DCF may provide an email notice to the respondent after the response is submitted.

Respondents will have up to five (5) business days after notice from DCF to provide the missing documentation, except those documents, such as the Ownership Disclosure Form, required by the applicable law to be submitted with the response. If the documents are not then timely submitted in response to that notice, the response may be rejected as non-responsive.

- 4) The response conforms to the specifications set forth in the RFP.

Failure to meet the criteria outlined above, constitutes grounds for rejection of the response.

Responses meeting the initial screening requirements of the RFP will be distributed to the Evaluation Committee for its review and recommendations.

B. Response Review Process

DCF convenes an Evaluation Committee in accordance with existing policy to review all responses. All voting and advisory reviewers complete a conflict-of-interest form. Those individuals with conflicts or with the appearance of a conflict are disqualified from participation in the review process. The voting members of the Evaluation Committee will review responses, deliberate as a group, and recommend final funding decisions.

DCF reserves the right to reject any response when circumstances indicate that it is in its best interest to do so. DCF's best interests in this context include, but are not limited to, the State's loss of funding, inability of the respondent to provide adequate services, applicant's lack of good standing with a State Department, and an indication or allegation of misrepresentation of information or non-compliance with any State contracts, policies and procedures, or State or Federal laws and regulations.

A response to an RFP may result in a contract award if the Evaluation Committee concludes the respondent will comply with all requirements as demonstrated by submitting the specified documentation and signing the Statement of Acceptance. All respondents are required to provide all the requested documentation, to confirm their ability to meet or exceed all the compulsory requirements, to provide services consistent with the scope of services delineated, and to comply with the service implementation and payment processes described. In addition, a response to an RFP will be evaluated and scored by the Evaluation Committee based on the quality, completeness, and accuracy of each of the three Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports. A response earning the highest score may result in a contract award. The narrative must be organized appropriately and address the key concepts outlined in the RFP. The quality and completeness of the required documents may impact the score of the Narrative Sections to which they relate.

All respondents will be notified in writing of DCF's intent to award a contract.

C. Appeals

An appeal of a determination to reject a response as incomplete or unresponsive may be considered only to dispute whether the facts of a particular case are sufficient to meet the requirements for rejection and not to dispute the existence of any of the requirements.

An appeal of a determination not to award contract funding may be considered only if it is alleged that DCF has violated a statutory or regulatory provision in its review and evaluation process.

Pursuant to DCF policy P1.08, such appeals must be submitted in writing within ten (10) business days following the date on the Notice of Disqualification or Notice of Regret letter by emailing it to DCF.AHUAppeals@dcf.nj.gov and/or mailing it to:

Department of Children and Families
Office of Legal Affairs
Contract Appeals
50 East State Street 4th Floor
Trenton NJ 08625

Section VI - Post Award Requirements

A. General Conditions of Contract Execution:

Respondents who receive notice of DCF's intent to award a contract will be referred to the DCF Office of Contract Administration (OCA). As a condition of executing a contract, awarded respondents must resolve with OCA any issues raised in the award letter or otherwise found to be need of clarification. If DCF finds after sending a notice of intent to award that the awarded respondent is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the award may not proceed to contract execution. DCF determines the effective date of any contract, which is the date compensable services may begin.

An awarded respondent shall be required to comply with the terms and conditions of DCFs' contracting rules, regulations, and policies as set forth in the Standard Language Document, the Notice of Standard DCF Contract Requirements, the Contract Reimbursement Manual, and the Contract Policy and Information Manual. Awarded respondents may review these items via the

Internet at: www.nj.gov/dcf/providers/contracting/manuals
<https://www.state.nj.us/dcf/providers/contracting/forms/>.

Awarded respondents also shall comply with all applicable State and Federal laws and statutes, assurances, certifications, and regulations regarding funding.

B. Organizational Documents Prerequisite to Contract Execution to be Submitted After Notice of Award:

The OCA contract administrator assigned to initiate and administer an awarded respondent's contract will require the awarded respondent to submit the following documents prior to finalizing the contract for funding:

Post-Award Documents Prerequisite to the Execution of All Contracts

- 1) **Acknowledgement of Receipt** of NJ State Policy and Procedures:
Return the receipt to DCF Office of EEO/AA.
Form: <https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf>
Policy: <https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf>
- 2) **Annual Report to Secretary of State** proof of filing.
Website: <https://www.njportal.com/dor/annualreports>
- 3) **Employee Fidelity Bond Certificate** (commercial blanket bond - crime/theft/dishonest acts)

Bond must be at least 15% of the full dollar amount of all State of NJ contracts for the current year when the combined dollar amount exceeds \$50,000. The \$50,000 threshold includes fee-for-service reimbursements made via Medicaid. Not Applicable Note: Should state your agency will not exceed \$50,000 in combined State of NJ contracts for the current year.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator

Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

- 4) **Liability Insurance** (Declaration Page/Malpractice Insurance/Automobile Liability Insurance)
Important: Policy must show:
 - a. DCF as the certificate holder – NJDCF 50 E State Street, Floor 3, P.O. Box 717, Trenton, NJ 08625
 - b. Language Stating DCF is “an additional insured”
 - c. Commercial Liability Minimum Limits of \$1,000,000 an occurrence, \$3,000,000 aggregate

- d. Commercial Automobile Liability Insurance written to cover cars, vans or trucks, limits of liability for bodily injury and property damage should not be less than \$2,000,000/occurrence.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator

Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

- 5) Document showing **NJSTART** Vendor ID Number (NJ's eProcurement System) Website: <https://www.njstart.gov/> Helpline: 609-341-3500 or - njstart@treas.nj.gov
- 6) **Standardized Board Resolution Form**
Form: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf
- 7) **Program Organizational Chart**
Should include agency name & current date

Post-Award Documents Prerequisite to the Execution of This Specific Contract

- 8) **Annex A** - Sections 1.1, 1.3, & 2.4
Note: Contract Administrators will provide any Annex A forms customized for programs when they are not available on the DCF public website.
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 9) **Annex B Budget Form** - Include Signed Cover Sheet
Form: <https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls>
Note: The Annex B Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 10) **Certification Regarding Exemptions**
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 11) **Certification Regarding Reporting**
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 12) **Equipment Inventory** (of items purchased with DCF funds) Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf
- 13) **Schedule of Estimated Claims** (SEC)-signed
Form: Provided by contract administrator when applicable.

- 14) **Professional Licenses and/or Certificates** currently effective related to job responsibilities.
- 15) **Subcontracts/Consultant Agreements/ Memorandum of Understanding** related to this contract for DCF review and approval.

C. Reporting Requirements for Awarded Respondents

Awarded Respondents are required to produce the following reports in accordance with the criteria set forth below, in addition to the reporting requirements specified above in this RFP related to the delivery and success of the program services.

- 1) **Audit or Financial Statement** (Certified by accountant or accounting firm.)
A copy of the Audit must be submitted to DCF by all agencies expending over \$100,000 in combined federal/state awards/contracts if cognizant with any department of the State of NJ. As noted in the Audit DCF Policy CON -I-A-7-7.6.2007 Audit Requirements, section 3.13 of the Standard Language Document, DCF also may request at any time in its sole discretion an audit/financial statement from agencies expending under \$100,000 that are not cognizant with any department of the State of NJ. Note: Document should include copies of worksheets used to reconcile the department's Report of Expenditures (ROE) to the audited financial statements. (DCF Policy CON -I-A-7-7.6.2007 Audit Requirements)

Awarded respondents are to submit the most recent audit or financial statement with the initial contract and then each subsequent one within 9 months of the end of each fiscal year.

Policy:

https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf

- 2) **DCF Notification of Licensed Public Accountant Form (NLPA)-and-copy of Non-Expired Accountant's Certification**

Awarded respondents must ensure DCF form is used, and 2 signatures are provided. Not required for agencies expending under \$100,000 in combined federal/state awards or contracts. The \$100,000 threshold includes fee-for-service reimbursements made via Medicaid. Also, the NLPA is a State of NJ form and need only list federal/state funds received via contracts with the State of NJ.

Awarded respondents are to submit this form with each Audit, providing information related to the year subsequent to the audit.

Not Applicable Note: Must state your agency will not exceed \$100,000 in combined Federal/State awards or contracts.

Form: <https://www.nj.gov/dcf/providers/contracting/forms/NLPA.docx>

3) Photocopies of Licensed Public Accountant firm's **license to practice**, and most recent **external quality control review** to be submitted with the NPLA.

4) **Reports of Expenditures (ROE):**

A. Scheduled Payments Contract Component: To be submitted two times during the contract year: Interim (15 days from the end of the 6th month, and Final (120 days after the end of the fiscal year); or in accordance with any separate DCF directive to file additional ROEs for specific contracted programs. **Quarterly ROEs must be submitted for contracted program budgets funded with federal grants.** The format for the ROE must match that of the Annex B budget form. **Note:** Must be prepared in accordance with the governing cost principles set forth in the DCF Contract Reimbursement Manual (CRM Section 6)

5) **Level of Service (LOS) Reports**

Enter the cited DCF Standard Template Form for each month the number of youth, adults, and families served and ages of those receiving services, and the hours/days, county locations, etc. of those services, or record this data into another form, survey, or database that DCF agrees can serve to track LOS for the contracted program.

Website: <https://www.nj.gov/dcf/providers/contracting/forms/>

6) **Significant Events Reporting:**

Timely reports as events occur to include, but not be limited to, changes to: (1) Organizational Structure or Name [DCF.P1.09-2007]; (2) Executive and/or Program Leadership; (3) Names, titles, terms and addresses, of the Board of Directors; (4) Clinical Staff; (5) Subcontract/consultant agreements and the development or execution of new ones; (6) a FEIN; (7) Corporate Address; (8) Program Closures; (9) Program Site locations; (10) Site Accreditations (TJC,COA,CARF); (11) the contents of the submitted Standard Board Resolution Form; (12) Debarment and SAM status; and (13) the existence and status of Corrective Action Plans, Audits or Reviews by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities.

Note: Agencies are under a continuing obligation, through the completion of any contract with the State of NJ, to renew expired forms filed with the NJ Department of the Treasury (Treasury) and to notify Treasury in writing of any changes to the information initially entered on these forms regarding: Investment Activities in Iran as per N.J.S.A. 52:32-58.; Investment Activities in Russia or Belarus as per N.J.S.A. 52:32-60.1; Disclosures of Investigations of the Vendor; Ownership Disclosure if for profit; Service

Location Source Disclosure as per N.J.S.A. 52:34-13.2; Political Contribution Disclosure as per P.L. 2005, C.271; and Report of Charitable Organizations. Policy:

https://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf

Website:

<https://www.state.nj.us/treasury/purchase/forms.shtml>

D. Requirements for Awarded Respondents to Store Their Own Organizational Documents on Site to be Submitted to DCF Only Upon Request

- 1) Affirmative Action Policy/Plan
- 2) Copy of Most Recently Approved Board Minutes
- 3) Books, documents, papers, and records which are directly pertinent to this contract for the purposes of making audits, examinations, excerpts, and transcriptions, and to be produced for DCF upon request.
- 4) Personnel Manual & Employee Handbook (include staff job descriptions)
- 5) Awarded Respondent's Procurement Policy