# *Feedback Requested:* New Process for Assessment and Approval of Doula Trainings for NJ FamilyCare Community Doula Enrollment

**Background**

In 2021, New Jersey (NJ) became the third state in the nation to offer statewide Medicaid coverage of doula services. In NJ, Medicaid covers around 30,000 births annually in the state. The NJ FamilyCare (NJ Medicaid) benefit was implemented by NJ Department of Human Services (NJDHS) in close collaboration with a doula stakeholder group, including NJ community-based doulas and doula organizations, non-profits in the maternal health space, NJ FamilyCare managed care organizations and state officials. Those stakeholder discussions established NJ's commitment that community doulas are best equipped to meet the needs of NJ FamilyCare members. We define community doulas as doulas who have received core doula training—plus training in delivering culturally competent care and accessing NJ's community-based resources. NJ FamilyCare will only accept doulas from doula trainings approved by NJDHS and NJDOH.

Since 2019, NJ Department of Health (NJDOH) has made substantial investments in NJ's community doula workforce—funding the cost of training for over 300 residents to become trained as community doulas and establishing the NJ Doula Learning Collaborative (a first of its kind collective to train and support the statewide community doula workforce). To support NJ FamilyCare enrollment, NJDOH also funded the HIPAA (health privacy) and NJ Supplemental Community Competency Training so that trainings are offered at no cost to NJ’s doulas.

In 2023, New Jersey was the first state in the nation to establish a NJ Maternal and Infant Health Innovation Authority (NJMIHIA). NJMIHIA is responsible for overseeing the design and implementation of programs and services to improve the State’s maternal and infant health outcomes, which includes strengthening the perinatal workforce. MIHIA is also serving as the coordinating body for the state’s doula initiatives and policy.

Collectively, NJDHS, NJDOH, and NJMIHIA have prioritized the goal of increasing the number of NJ FamilyCare doulas and improving NJ FamilyCare members’ access to doula care. An important strategy to achieving that goal is developing a process that allows NJ FamilyCare to accept doulas from more doula training programs. We have therefore developed this new process for the assessment and approval of Doula Trainings for NJ FamilyCare Community Doula Enrollment.

**Stakeholder Engagement Timeline**

We are sharing the drafted materials that will be publicly released when the new process for Assessment and Approval of Doula Trainings for NJ FamilyCare Community Doula Enrollment is announced—it’s a single document describing the new processfor Trainings to be Approved, and describes the minimum standards for Approved Trainings. It includes:

* A general description of the overall Assessment process
* A specific description of what documents must be shared (the “Assessment Packet”)
* A four-part Rubric (three parts are filled out by the Doula Organization, the last part will be filled out by the State documenting the Assessment)
* FAQs
* Yearly Attestation Form for Approved Doula Trainings

We request feedback from Doula Training Organizations and any other interested entities – including but not limited to NJ FamilyCare doulas, other doulas, and other doula organizations. Public engagement is a critical part of the State's decision-making process, and has been especially important in designing, implementing, and improving the NJ FamilyCare doula benefit. Feedback may include specific suggested changes or improvements.

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| --- | --- |
| **Feedback** | **Date** |
| State shares draft Assessment and Approval process for feedback | July 2025 |
| Deadline for interested parties to share feedback to [doula@njmihia.gov](mailto:doula@njmihia.gov) | 7/31/2025 |
| State to share official Assessment and Approval process and invite Doula Organizations to submit Assessment Packets | August 2025 |

**How to provide feedback**

We welcome feedback broadly. Line numbers have been added to this draft if you want to make specific comments.

We have identified areas using the comment feature in the document where NJMIHIA, NJDHS, and NJDOH are particularly interested in receiving public feedback.

To provide comment, please use [this link to a Microsoft Form](https://forms.office.com/g/YWWNbqZeb1), or email your feedback to [doula@njmihia.gov](mailto:doula@njmihia.gov) with the following:

* Subject: “[Your name]: NJ FamilyCare Draft Assessment: Feedback”
* Organization Name (if applicable)
* Individual Name, Title (if applicable)
* Written feedback. If you are commenting on specific areas, please provide the corresponding line number in the document.

# Process for Assessment and Approval of Doula Trainings for NJ FamilyCare Community Doula Enrollment

***Clarification:*** *If you are a doula who does not plan to serve NJ FamilyCare (Medicaid) clients, this process will not affect you. If you are a doula who does currently, or plans to, serve NJ FamilyCare clients, this process does affect you because it relates to the specific doula training requirements for NJ FamilyCare doulas.*

This document describes the process by which Doula Training Organizations can request for their Training to be assessed. If approved, their Training will be included on the official *Approved Trainings* list. Only doulas who have completed an Approved Training are eligible to be enrolled as a NJ FamilyCare community doula to serve NJ FamilyCare (NJ Medicaid) members and submit for Medicaid reimbursement. For NJ FamilyCare, the Department of Human Services (NJDHS), the Department of Health (NJDOH), and the New Jersey Maternal and Infant Health Innovation Authority (NJMIHIA) will oversee the process for approving Trainings.

This proposed process aims to provide a transparent, consistent, and efficient method to evaluate doula trainings so that they are assessed using similar benchmarks, reducing bias and inconsistencies in decision-making, and supporting inclusion of a wide range of doula trainings. At the same time, the process aims to increase the number of approved trainings and thus increase the doula workforce available to provide services to NJ FamilyCare members in the state.

Quality care is tied to patient trust. Community doulas providing care for NJ FamilyCare clients will be working with a wide diversity of birthing people and families, who themselves will have a range of healthcare needs and preferences. Because training and experience backgrounds can differ significantly across the doula workforce, this process helps NJ FamilyCare clients know what our shared standards are for NJ FamilyCare community doulas with regards to their doula education, practice experience, and certification.

The proposed process for assessing trainings and the criteria to approve trainings (see *Rubric*) were determined through a creation and prioritization process that included input from state agencies, doulas, and members of the public.

The State will conduct regular Assessment Cycles to update the *Approved Trainings* list based on Assessments we receive on a regular basis.

**Timeline for the current Assessment Cycle**

|  |  |
| --- | --- |
| **Assessment and Approval of Doula Trainings - Milestone** | **Date** |
| State deadline for Doula Training Organizations to email Assessment Packet as a PDF to [doula@njmihia.gov](mailto:doula@njmihia.gov) to be included in first cycle | 9/5/2025 |
| NJDHS/NJDOH will review the Assessment Packets and State will inform Doula Organizations of the result of their Assessment | September 2025 |
| State publishes new *Approved Trainings* PDF on [website](https://www.nj.gov/humanservices/dmahs/info/doula.html) | October 2025 |
| Requirement for Doula Training Organizations with Approved Trainings to provide a completed *Attestation Form* | 2026, 2027 |
| Doula Training Organizations with Approved Trainings in first cycle to provide an updated Assessment packet | 2028 |

For any questions or support with completing this Assessment Packet, Doula Training Organizations should contact [doula@njmihia.gov](mailto:doula@njmihia.gov). Support is available in English and Spanish.

MIHIA will collect complete Assessment Packets from Doula Training Organizations and provide to NJDOH and NJDHS to conduct the assessment. Doula Training Organizations that have submitted a complete Assessment Packet in the first cycle should expect to receive a determination no later than October 2025.

MIHIA will continue to provide technical assistance to Doula Training Organizations and accept Assessment Packets for future Assessment Cycles.

# Assessment Packet for Assessment and Approval of Doula Trainings for NJ FamilyCare Community Doula Enrollment

The Maternal and Infant Health Innovation Authority (NJMIHIA), the NJ Department of Human Services (NJDHS) and NJ Department of Health (NJDOH) invite all Doula Training Organizations interested in having their training listed as an Approved Training for NJ FamilyCare doula enrollment to share information through this formal Assessment and Approval process.

**Important!** Only Doula Training Organizations should complete the Assessment packet. Individual doulas should not complete a packet on behalf of their Organization they trained with.

In this document, “training” refers to comprehensive doula education overseen by the doula organization which includes both classroom and practical elements (see *Rubric* for definitions).

This Assessment Packet should include complete versions of the following:

* *Acknowledgement by Doula Training Organization Submitting an Assessment Packet for their Training*
* *Rubric for Assessment of Doula Trainings for NJ FamilyCare Community Doula Enrollment*
* Associated documentation provided in an Appendix:
  + **Syllabus** – high-level description of the classroom component of your training that includes an outline of the course expectations, list of covered topics, and description of any independent learning assignments
  + **Single-page documentation** – blank template of documentation that your organization uses to demonstrate completion of all elements—classroom and practical of the training (see *Rubric* for definitions).

The complete digital Assessment package should be in the form of a single PDF and emailed to [doula@njmihia.gov](mailto:doula@njmihia.gov)

**Are you a Doula Training Organization looking for technical assistance with completion of this Assessment Packet or questions?** Email MIHIA at [doula@njmihia.gov](mailto:doula@njmihia.gov) . Support is available in English and Spanish. MIHIA works with NJDOH to coordinate all doula training initiatives and provide this technical assistance.

# Acknowledgement by Doula Training Organization Submitting an Assessment Packet for their Training

|  |  |
| --- | --- |
| **Name of Doula Training Organization** |  |
| **Address**  (Street address, City, State) |  |
| **Name of Doula Training for Assessment** |  |
| **Point of Contact for Doula Training**  (Name, Title, Phone, Email) |  |

If our training (named above) is approved and listed in the *Approved Trainings for Enrollment as a NJ FamilyCare Community Doula* PDFdocument,

1. We agree to maintain and update the “Point of Contact for Doula Training” to support in the enrollment of our doula trainees as NJ FamilyCare community doulas.
   * This Point of Contact will be able to validate documentation NJ FamilyCare receives from doula applicants from your organization.
   * Changes to the contact will be emailed to [doula@njmihia.gov](mailto:doula@njmihia.gov) with the Subject line: “[Organization]: Changes to NJ FamilyCare Approved Trainings Point of Contact”.
2. We agree to share any updates to our single-page documentation for the approved training, in advance of when the documentation is used for doula trainees.
   * Changes to the documentation will be emailed to [doula@njmihia.gov](mailto:doula@njmihia.gov) with the Subject line: “[Organization]: Changes to NJ FamilyCare Approved Training documentation”.
3. We agree to be responsive of NJMIHIA/NJDHS/NJDOH inquiries.
4. We acknowledge that our approved training will not automatically transfer to the next *Approved Trainings* PDF document.
   * To remain on the *Approved Trainings* PDF, we acknowledge that the need for re-submission of a complete Assessment Packet every three years, and an annual Attestation Form for the intervening years.
   * We will inform [doula@njmihia.gov](mailto:doula@njmihia.gov) whenever there are significant changes to Training requirements.

**This Acknowledgement is completed and signed by a Doula Program Administrator (a staff member responsible for the training associated with this Assessment Packet).**

Signature

Date

Name

Title

Phone

Email

# Rubric for Assessment of Doula Trainings for NJ FamilyCare Community Doula Enrollment

**Use:** This *Rubric* is intended to assess a Doula Training Organization’s training. This *Rubric* will first be completed by Doula Training Organizations to share information about their training and submitted as part of the Assessment Packet. Individual doulas should not complete a packet on behalf of the Organization they trained with but may encourage their Doula Training Organization to apply directly.

**Key definitions:** Organizations – even among Doula Training Organizations – often use doula training-related terminology differently. To make sure that this process is transparent, consistent, and efficient for Doula Training Organizations, we provide a few key definitions below:

* + **“Training”** – In this document, “training” is used to refer to a comprehensive doula education overseen by the doula organization that includes both classroom and practical elements.

Ü *In order to be approved for the purposes of NJ FamilyCare enrollment, a Training must include both classroom and practical training requirements. Detailed requirements are described in this rubric.*

* **“Birth experience”** – In this document, “birth experience” is used to refer to a practical requirement of the training meeting this definition: The doula trainee must provide in-person birth support in a birthing facility. The doula trainee must actively participate, applying emotional support techniques, and (when there is client consent) hands-on physical support techniques learned in a classroom setting. A mentor does not need to be present, but it is recommended as best practice. When a mentor is present, a mentor may provide guidance as appropriate, but the doula trainee remains an active participant.

Ü *In order to be approved for the purposes of NJ FamilyCare enrollment, a Training must require at least 3 birth experiences.*

* + **“Single-page documentation”** – In this document, we use the phrase “single-page documentation” to refer to a document given by the Doula Training Organization to a doula trainee to demonstrate their completion of classroom and practical elements of doula training. We ask for a single-page document (instead of a set of documents) to streamline later enrollment of doulas who have received an approved training. In some cases, this document is used for a “certified doula” with the Doula Training Organization. We used this phrase to avoid confusion with different uses of “certification”.

It is recommended that this documentation include:

* 1. Logo of the Doula Training Organization
  2. Descriptions of the training elements that the named trainee has completed
  3. Completion date
  4. Expiration date
  5. Accountable staff member at Doula Training Organization to verify documentation

Ü *In order to be approved for the purposes of NJ FamilyCare enrollment, a Training must be able to give trainees single-page documentation of both classroom and practical training requirements.*

# Training Competency Domains and Sub Domains

## Instructions for Training Organization

This *Rubric* is organized into 4 Parts:

1. Part 1: Doula Training – Overall features
2. Part 2: Doula Training – Training Competency Domains and Sub-Domains.
   * Part 2 is further divided 6 Domains: Pregnancy, Labor and Delivery, Postpartum, Mental Health, Communication, and Business
3. Part 3: Doula Training – Practical Experience
4. Part 4: Assessment of Doula Training

Parts 1-3 have two sub-sections: *For Training Organizations* and *For Assessment: Expectations*.

* *For Assessment: Expectations* describe the standards by which Trainings will be assessed for approval. There is nothing required for the Doula Training Organization to fill out in this sub-section as this is provided for your information.
* **Training Organizations must fill out each table under *For Training Organizations*.** Tables included in this *Rubric* should be completed in their entirety. No entry can be left blank. Doula Training Organizations must provide answers associated with the minimum requirements for a doula trainee to earn the single-page documentation associated with completing both classroom and practical elements of the Training being assessed.

Part 4 will be completed by the Assessor to document the assessment of the Training (named above) based on the *Expectations* described. The Doula Training Organization should not fill out this Part.

* The Assessor is the NJ Department of Human Services (NJ DHS) and NJ Department of Health (NJ DOH). The Maternal and Infant Health Innovation Authority (NJMIHIA) is supporting the completion and compilation of Assessment Packets from Doula Training Organizations, and preparing for assessment by NJDHS and NJDOH at regular intervals.
* The results of that review will be documented in Part 4 and shared with the Point of Contact listed in the Assessment Packet for the Doula Training Organization. Doula Training Organizations that have submitted a complete Assessment Packet should expect to receive a determination within 3 months if a completed Packet was submitted.

# Part 1. Doula Training - Documentation and General Features

## 1. Documentation

### For Assessment: Expectations for Documentation

*For your information only*

| **Training – Documentation** | **Expectation** |
| --- | --- |
| For the Training, our Doula Training Organization provides a single-page documentation to trainees who have completed both classroom and practical elements. | Organizations must offer a single-page documentation to demonstrate completion of classroom and practical elements of the Training.  The blank template for this documentation must be provided as part of the Assessment Packet. |
| Is single-page documentation the same as your Organization’s doula certification process? | Assessor will not require doula certification, but this answer is needed to provide context for the single-page documentation associated with the Training. |
| Does the single-page documentation have an expiration date? | Organizations must disclose whether documentation is intended to be valid for a limited time period. |

### By Training Organization: Documentation

*Organization must complete in its entirety*

| **Training – Documentation** | **Answer** | **Notes** |
| --- | --- | --- |
| *Reminder* to Doula Organizations: Your answers in this table must reflect the minimum requirements for a trainee to earn the single-page documentation associated with the completion of both classroom and practical elements of this training. | | |
| For the Training, our Doula Training Organization provides a single-page documentation1 to trainees who have completed both classroom and practical elements.  *Choose one.* | q Yes  q No (if selected, STOP) | Disclose all minimum requirements to earn the single-page documentation here or as an attachment in the Appendix. |
| Is single-page documentation the same as your Organization’s doula certification process?  *Choose one.* | q No  q Yes  q Organization does not certify doulas | If you answered “yes”, share the name of doula certification (e.g., Certified Doula): |
| Does the single-page documentation have an expiration date?  *Choose one.* | q Yes  q No | If you answered “yes”, share how often documentation is intended to be renewed: |

1 Template for single-page documentation should be included with the Assessment Packet. It is recommended that this documentation include the logo of training organization; Descriptions of the training elements that the named trainee has completed; Completion date; Expiration date; Accountable staff member at training organization to verify the documentation

## 2. General Features

### For Assessment: Expectations for General features

*For your information only*

| **Training – general description** | **Expectation** |
| --- | --- |
| What are the minimum hours of total classroom learning required for the training? | Organizations must disclose the Training’s total classroom learning hour requirements. |
| How is classroom learning delivered? | Organizations may use in-person, hybrid, and/or online only formats to provide the Training’s classroom learning requirements. |
| How do classroom instructors interact with trainees? | The Training must cover at least some sub-domains of the classroom learning in a live/real-time format to support peer-to-peer engagement and active discussion. |
| Are there any minimum requirements for someone to be a classroom instructor for your training? | Organizations must disclose the Training’s Instructor qualifications. |
| Does your training offer the trainee 1-on-1 interaction with a doula mentor at any point of training completion? | Organizations must disclose any mentoring experiences associated with the Training. |
| Does the Training require supplemental courses that are taught independently from the classroom learning described above and in Part 2? | Organizations must disclose any additional courses requirements for the Training. |

### By Training Organization: General features

*Organization must complete in its entirety*

| **Training – general description** | **Answer** | **Notes** |
| --- | --- | --- |
| What are the minimum hours of total classroom learning required for the Training? 2  *Choose one.* | Share the exact number of minimum hours here: \_\_\_ hrs | Organization must share a Syllabus3. |
| How must the classroom learning for the Training be delivered? 2  *Check one.* | q In-person only  q Online only  q Hybrid (mix of in-person and online) |  |
| How must classroom instructors interact with trainees for the Training? 2  *Choose one.* | q Live (real-time) only  q Hybrid (mix of live and pre-recorded)  q Pre-recorded (self-directed) only (if selected, STOP) |  |
| Are there any minimum requirements for someone to be a classroom instructor for the Training?  *Choose one.* | q There are no specific requirements  q Yes, there are requirements | If you answered “yes”, describe what the minimum requirements (e.g., years of experience, doula, and/or licensed provider) are here: |
| Does the Training offer the trainee 1-on-1 interaction with a doula mentor at any point of training completion?  *Choose one.* | q None  q Yes, optional based on trainee request  q Yes, it’s required | If you answered “yes”, describe what the minimum requirements to be a “doula mentor” here: |
| Does the Training require supplemental courses that are taught independently from the classroom learning described above and in Part 2?  *Choose one.* | q None  q Yes | If you answered “yes”, describe what courses are required and share any minimum instruction hours for these courses (if none, write “0”)  q Childbirth education: Minimum hours \_\_  q Lactation education: Minimum hours \_\_  q Other \_\_\_\_\_\_\_\_\_\_: Minimum hours \_\_ |

2 In Part 1, Doula Organizations should answer these questions for the entire training. In Part 2, Doula Organizations will be asked to answer these questions in terms of how they apply to coverage of the specific sub-domain.

3 The Syllabus is a high-level description of the classroom component of your training that includes an outline of the course expectations, a list of covered topics, and descriptions of any independent learning assignments

# Part 2. Doula Training - Competency Domains and Sub-Domains

## 1. Domain: Pregnancy

### For Assessment: Expectations for Pregnancy Competency

*For your information only*

| **Pregnancy Competency** | **Expectation** |
| --- | --- |
| Sub-Domains | The Training must cover all 5 Sub-Domains in the Pregnancy Domain. |
| Classroom Hours | Organizations must disclose the Training’s approximate classroom learning hours for each Pregnancy Sub-Domain. Assessors will not expect that Sub-Domain-specific hours add up to total-Training-total hours due to curriculum overlap. |
| Classroom delivery, format, and instruction | Organizations must disclose how classroom coverage of Pregnancy Sub-Domains is delivered. Assessors will require live instruction in at least one Sub-Domain in Part 2 but will not specifically expect live instruction in a Pregnancy Sub-Domain. |
| Independent Learning | Organizations must disclose the Training’s minimum requirements beyond the Training’s classroom learning hours. This includes readings, written assignments, tests, or additional classes. |

## By Training Organization: Description of Pregnancy Competency

*Organization must complete in its entirety*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Reminder* to Doula Organizations: Your answers in this table must reflect the minimum requirements for a trainee to earn the single-page documentation associated with completion of both classroom and practical elements of this training. | | | | |
| **Sub-Domain** | **Classroom**  **- Hours**  Minimum required hours of coverage of sub-domain  *Choose one.* | **Classroom**  **- Format**  How do instructors interact with trainees during coverage of this sub-domain?  *Choose all that apply.* | **Classroom**  **- Instructor**  Are there minimum requirements for who provides instruction of this sub-domain?  *Choose all that apply.* | **Independent Learning**  Are there any other requirements to cover this sub-domain aside from classroom learning?  *Choose one.*  We do not need to know the anticipated hours to complete independent learning hours. |
| Prenatal role of the doula | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| Stages of pregnancy | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| Reproductive health education, including anatomy and physiology | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| Healthy behaviors during pregnancy | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| Role of a doula in special cases – eg, multiples, high-risk pregnancies | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| **Notes:** | | | | |

## 2. Domain: Labor and Delivery

### For Assessment: Expectations for L&D Competency

*For your information only*

| **L&D Competency** | **Expectation** |
| --- | --- |
| Sub-Domains | The Training covers all 5 Sub-Domains in the L&D Domain. |
| Classroom Hours | Organizations must disclose the Training’s approximate classroom learning hours for each L&D Sub-Domain. Assessors will not expect that Sub-Domain-specific hours add up to total-Training-total hours due to curriculum overlap. |
| Classroom delivery, format, and instruction | Organizations must disclose how classroom coverage of L&D Sub-Domains is delivered. Assessors will require live instruction in at least one Sub-Domain in Part 2 but will not specifically expect live instruction in a L&D Sub-Domain. |
| Independent Learning | Organizations must disclose the Training’s minimum requirements beyond the Training’s classroom learning hours. This includes readings, written assignments, tests, or additional classes. |

### By Training Organization: Description of L&D Competency

*Organization must complete in its entirety*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Reminder* to Doula Organizations: Your answers in this table must reflect the minimum requirements for a trainee to earn the single-page documentation associated with completion of both classroom and practical elements of this training. | | | | | |
| **Sub-Domain** | **Classroom**  **- Hours**  Minimum required hours of coverage of sub-domain  *Choose one.* | **Classroom**  **- Delivery**  How is coverage of this sub-domain delivered?  *Choose all that apply.* | **Classroom**  **- Format**  How do instructors interact with trainees during coverage of this sub-domain?  *Choose all that apply.* | **Classroom**  **- Instructor**  Are there minimum requirements for who provides instruction of this sub-domain?  *Choose all that apply.* | **Independent Learning**  Are there any other requirements to cover this sub-domain aside from classroom learning?  *Choose one.*  We do not need to know the anticipated hours to complete independent learning hours. |
| Role of the doula during labor and delivery | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q In-person only  q Online only  q Hybrid (mix of in-person and online) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| Signs and stages of labor | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q In-person only  q Online only  q Hybrid (mix of in-person and online) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| Birth types (vaginal, cesarean, Vaginal Birth after Cesarean / Trial of Labor After Cesarean) | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q In-person only  q Online only  q Hybrid (mix of in-person and online) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Comfort measures (non-medical pain management techniques—eg, physical, emotional) | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q In-person only  q Online only  q Hybrid (mix of in-person and online) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| Role of the doula during emergency L&D situations | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q In-person only  q Online only  q Hybrid (mix of in-person and online) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| **Notes:** | | | | | |

## 3. Domain: Postpartum Care

### For Assessment: Expectations for Postpartum Competency

*For your information only*

| **Postpartum Competency** | **Expectation** |
| --- | --- |
| Sub-Domains | The Training covers all 4 Sub-Domains in the Postpartum Domain. |
| Classroom Hours | Organizations must disclose the Training’s approximate classroom learning hours for each Postpartum Sub-Domain. Assessors will not expect that Sub-Domain-specific hours add up to total-Training-total hours due to curriculum overlap. |
| Classroom delivery, format, and instruction | Organizations must disclose how classroom coverage of Postpartum Sub-Domains is delivered. Assessors will require live instruction in at least one Sub-Domain in Part 2 but will not specifically expect live instruction in a Postpartum Sub-Domain. |
| Independent Learning | Organizations must disclose the Training’s minimum requirements beyond the Training’s classroom learning hours. This includes readings, written assignments, tests, or additional classes. |

### By Training Organization: Description of Postpartum Competency

*Organization must complete in its entirety*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Reminder* to Doula Organizations: Your answers in this table must reflect the minimum requirements for a trainee to earn the single-page documentation associated with completion of both classroom and practical elements of this training. | | | | |
| **Sub-Domain** | **Classroom**  **- Hours**  Minimum required hours of coverage of sub-domain  *Choose one.* | **Classroom**  **- Format**  How do instructors interact with trainees during coverage of this sub-domain?  *Choose all that apply.* | **Classroom**  **- Instructor**  Are there minimum requirements for who provides instruction of this sub-domain?  *Choose all that apply.* | **Independent Learning**  Are there any other requirements to cover this sub-domain aside from classroom learning?  *Choose one.*  We do not need to know the anticipated hours to complete independent learning hours. |
| Postpartum role of the doula | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| Postpartum recovery | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| Newborn care | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| Breastfeeding, lactation, and infant feeding | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| **Notes:** | | | | |

## 4. Domain: Mental Health

### For Assessment: Expectations for Mental Health Competency

*For your information only*

| **Mental Health Competency** | **Expectation** |
| --- | --- |
| Sub-Domains | The Training covers all 3 Sub-Domains in the Mental Health Domain. |
| Classroom Hours | Organizations must disclose the Training’s approximate classroom learning hours for each Mental Health Sub-Domain. Assessors will not expect that Sub-Domain-specific hours add up to total-Training-total hours due to curriculum overlap. |
| Classroom delivery, format, and instruction | Organizations must disclose how classroom coverage of Mental Health Sub-Domains is delivered. Assessors will require live instruction in at least one Sub-Domain in Part 2 but will not specifically expect live instruction in a Mental Health Sub-Domain. |
| Independent Learning | Organizations must disclose the Training’s minimum requirements beyond the Training’s classroom learning hours. This includes readings, written assignments, tests, or additional classes. |

### By Training Organization: Description of Mental Health Competency

*Organization must complete in its entirety*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Reminder* to Doula Organizations: Your answers in this table must reflect the minimum requirements for a trainee to earn the single-page documentation associated with completion of both classroom and practical elements of this training. | | | | |
| **Sub-Domain** | **Classroom**  **- Hours**  Minimum required hours of coverage of sub-domain  *Choose one.* | **Classroom**  **- Format**  How do instructors interact with trainees during coverage of this sub-domain?  *Choose all that apply.* | **Classroom**  **- Instructor**  Are there minimum requirements for who provides instruction of this sub-domain?  *Choose all that apply.* | **Independent Learning**  Are there any other requirements to cover this sub-domain aside from classroom learning?  *Choose one.*  We do not need to know the anticipated hours to complete independent learning hours. |
| Mental health during pregnancy | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| Mental health in the postpartum period | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| Trauma-informed care | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| **Notes:** | | | | |

## 5. Domain: Communication

### For Assessment: Expectations for Communication Competency

*For your information only*

| **Communication Competency** | **Expectation** |
| --- | --- |
| Sub-Domains | The Training covers all 3 Sub-Domains in Communication Domain. |
| Classroom Hours | Organizations must disclose the Training’s approximate classroom learning hours for each Communication Sub-Domain. Assessors will not expect that Sub-Domain-specific hours add up to total-Training-total hours due to curriculum overlap. |
| Classroom delivery, format, and instruction | Organizations must disclose how classroom coverage of Communication Sub-Domains is delivered. Assessors will require live instruction in at least one Sub-Domain in Part 2 but will not specifically expect live instruction in a Communication Sub-Domain. |
| Independent Learning | Organizations must disclose the Training’s minimum requirements beyond the Training’s classroom learning hours. This includes readings, written assignments, tests, or additional classes. |

### By Training Organization: Description of Communication Competency

*Organization must complete in its entirety*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Reminder* to Doula Organizations: Your answers in this table must reflect the minimum requirements for a trainee to earn the single-page documentation associated with completion of both classroom and practical elements of this training. | | | | |
| **Sub-Domain/ Description** | **Classroom**  **- Hours**  Minimum required hours of coverage of sub-domain  *Choose one.* | **Classroom**  **- Format**  How do instructors interact with trainees during coverage of this sub-domain?  *Choose all that apply.* | **Classroom**  **- Instructor**  Are there minimum requirements for who provides instruction of this sub-domain?  *Choose all that apply.* | **Independent Learning**  Are there any other requirements to cover this sub-domain aside from classroom learning?  *Choose one.*  We do not need to know the anticipated hours to complete independent learning hours. |
| Building and maintaining trust with clients | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| Working with healthcare professionals | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| How to work with different client populations and other healthcare professionals | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| **Notes:** | | | | |

## 6. Domain: Business Practice

### For Assessment: Expectations for Business Competency

*For your information only*

| **Business Competency** | **Expectation** |
| --- | --- |
| Sub-Domains | The Training covers all 2 Sub-Domains in Business Competency Domain. |
| Classroom Hours | Organizations must disclose the Training’s approximate classroom learning hours for each Business Competency Sub-Domain. Assessors will not expect that Sub-Domain-specific hours add up to total-Training-total hours due to curriculum overlap. |
| Classroom delivery, format, and instruction | Organizations must disclose how classroom coverage of Business Competency Sub-Domains are delivered. Assessors will require live instruction in at least one Sub-Domain in Part 2 but will not specifically expect live instruction in a Business Competency Sub-Domain. |
| Independent Learning | Organizations must disclose the Training’s minimum requirements beyond the Training’s classroom learning hours. This includes readings, written assignments, tests, or additional classes. |

### By Training Organization: Description of Business Competency

*Organization must complete in its entirety*

| **Sub-Domain/ Description** | **Classroom**  **- Hours**  Minimum required hours of coverage of sub-domain  *Choose one.* | **Classroom**  **- Format**  How do instructors interact with trainees during coverage of this sub-domain?  *Choose all that apply.* | **Classroom**  **- Instructor**  Are there minimum requirements for who provides instruction of this sub-domain?  *Choose all that apply.* | **Independent Learning**  Are there any other requirements to cover this sub-domain aside from classroom learning?  *Choose one.*  We do not need to know the anticipated hours to complete independent learning hours. |
| --- | --- | --- | --- | --- |
| Finding clients: marketing, recruiting | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| Establishing clients: client-doula agreements, recordkeeping, privacy, liability | q Less than 1 hour  q 1-2 hours  q 3-10 hours  q More than 10 hours  q Not included (if selected, STOP) | q Live instruction  q Pre-recorded instruction | q Doula  q Licensed medical provider  q Other required instructor type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q No specific required instructor-type | q No  q Yes (If selected, please describe requirements in Notes. Additional classes should be described in Part I) |
| **Notes:** | | | | |

# Part 3. Doula Training - Practical Experience

### For Assessment: Expectations for Experience Competency

*For your information only*

| **Experience Competency** | **Expectation** |
| --- | --- |
| Quantity and Type | The Training must require a minimum of 3 birth experiences and the Organization must disclose its definition of birth experience and any associated requirements.  Organizations must disclose any specific requirements separate from birth experiences—such as visit observations or birth observations—associated with the Training. |
| Presence of doula mentor | Organizations must disclose whether a doula mentor must participate in practical experience elements. A mentor does not need to be present, but it is recommended as best practice. When a mentor is present, a mentor may provide guidance as appropriate, but the doula trainee remains an active participant. |

### By Training Organization: Description of Experience Competency

*Organization must complete in its entirety*

| **Sub-Domain/ Description** | **Quantity and Type**  Minimum required of each sub-domain.  *Choose all that apply.* | **Is a doula mentor required to be present?**  *Choose one.* | **Notes** |
| --- | --- | --- | --- |
| Birth Experience4 | q None (if selected, STOP)  q Vaginal QTY: \_\_\_  q C-section QTY: \_\_\_  q No specific type required QTY: \_\_\_ | q No  q Yes | Organization must share its definition for birth experience for their Training. |
| Visit Experience | q Prenatal doula visit QTY: \_\_\_  q Postpartum doula visit QTY: \_\_\_  q Prenatal clinical visit QTY: \_\_\_  q Postpartum clinical visit QTY: \_\_\_  q Pediatric clinical visit QTY: \_\_\_ | q No  q Yes | If needed, provide more details on minimum requirements. |

4 “Birth experience” must meet the following definition: The doula trainee must provide in-person birth support in a birthing facility. The doula trainee must actively participate, applying emotional support techniques, and (when there is client consent) hands-on physical support techniques learned in a classroom setting. A mentor need not be present, but is recommended as best practice. When a mentor is present, a mentor may provide guidance as appropriate, but the doula trainee remains an active participant.

# Part 4. Assessment of Doula Training

## Instructions for Assessor

The Assessor will be the NJ Department of Human Services (NJ DHS) and NJ Department of Health (NJ DOH). The Assessor will document the assessment of the Training (named above) based on the *Rubric* using the following criteria.

* **Met:** A domain of competency is fully addressed by the Training.
* **Unmet**: Significant gaps in the domain prevent the Training from meeting the required standards.

This binary rating system ensures clarity and consistency in evaluating Trainings. Allowing any “Unmet” could compromise standards of care and ethical practice.

**DOULA ORGANIZATION SHOULD NOT COMPLETE PART 4**

**PART 4 IS COMPLETED BY THE ASSESSOR (NJDHS and NJDOH)**

|  |
| --- |
| **Name of Training for Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

### Assessment of Packet

| **Requirements** | **Rating**  (Dropdown) | **Notes** |
| --- | --- | --- |
| The Training’s Assessment Packet includes a signed *Acknowledgement* | Met |  |
| The Training’s Assessment Packet includes a complete *Rubric* | Met |  |
| The Training’s Assessment Packet includes a Syllabus | Met |  |
| The Training’s Assessment Packet includes a template for their Single-Page documentation | Met |  |

**DOULA ORGANIZATION SHOULD NOT COMPLETE PART 4**

**PART 4 IS COMPLETED BY THE ASSESSOR (NJDHS and NJDOH)**

|  |
| --- |
| **Name of Training for Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

### Assessment of Overall features (Part 1) and Experience Competency (Part 3)

| **Requirements** | **Rating**  (Dropdown) | **Notes** |
| --- | --- | --- |
| Organizations offer a single-page documentation to demonstrate completion of classroom and practical elements of the Training. | Met |  |
| Training provides some of classroom learning in a live/real-time format. | Met |  |
| Organization has disclosed all requested information on documentation, classroom learning, instructors, and other requirements. | Met |  |
| Training requires at least 3 birth experiences where the doula trainee provides in-person birth support in a birthing facility and actively participates, applying emotional support techniques, and (when there is client consent) hands-on physical support techniques learned in a classroom setting. | Met |  |

**DOULA ORGANIZATION SHOULD NOT COMPLETE PART 4**

**PART 4 IS COMPLETED BY THE ASSESSOR (NJDHS and NJDOH)**

|  |
| --- |
| **Name of Training for Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

### Training Competency Domains and Sub-Domains (Part 2)

|  |  |  |
| --- | --- | --- |
| **Sub-Domain** | **Competency Requirements Met?** | **Assessor Notes** |
| The Training covers all 5 Sub-Domains in Pregnancy Domain. | Met |  |
| The Training covers all 5 Sub-Domains in L&D Domain. | Met |  |
| The Training covers all 4 Sub-Domains in Postpartum Domain. | Met |  |
| The Training covers all 3 Sub-Domains in Mental Health Domain. | Met |  |
| The Training covers all 3 Sub-Domains in Communication Domain. | Met |  |
| The Training covers all 2 Sub-Domains in Business Domain. | Met |  |
| Organization has disclosed all requested information on classroom learning, instructors, and other requirements. | Met |  |

**DOULA ORGANIZATION SHOULD NOT COMPLETE PART 4**

**PART 4 IS COMPLETED BY THE ASSESSOR (NJDHS and NJDOH)**

|  |
| --- |
| **Name of Training for Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

### Final determination

Has the Training (named above) met the requirements to be listed on the *Approved Trainings for Enrollment as a NJ FamilyCare Community Doula* PDF document?

q Yes

q No

Date of Assessment (MM/YYYY) \_\_\_/\_\_\_\_\_\_

If “yes” is selected above, the expected publication date for the *Approved Trainings* PDF (MM/YYYY)? \_\_\_/\_\_\_\_\_\_

# FAQ for Assessment and Approval of Doula Trainings for NJ FamilyCare Community Doula Enrollment

1. **I am a doula in New Jersey. How does this impact me?**

If you are a doula who does not plan to serve NJ FamilyCare (Medicaid) clients, this process to approve your Doula Training will not affect you. If you are a doula who does currently, or plans to, serve NJ FamilyCare clients, this process does affect you because it relates to the specific doula training requirements for NJ FamilyCare doulas.

1. **Why is a new, formal process to add trainings to the *Approved Trainings* list needed?** While there have been times when we’ve updated the Approved Trainings list, we have consistently heard that the process needed to be more transparent, more consistent, and more inclusive. We designed this new process to address those concerns.
2. **NJ FamilyCare has said that doulas who have received community-based/cultural competency training are best equipped to meet the particular needs of diverse NJ FamilyCare members—but I don’t see those competencies in the *Rubric*?** To meet the goal of welcoming more doulas into our NJ FamilyCare community doula workforce, our new process of assessment will focus specifically on consistent standards for core doula competencies. At the same time, we do believe it is important that the workforce shares consistent training around delivering culturally competent care and supporting client access to NJ’s community-based resources. To meet that additional goal, we will be introducing a new, universal requirement of a required training for all NJ FamilyCare community doulas. This Training will be offered free of charge as a self-directed, online training that will include those elements, with a specific focus on sharing about NJ-based resources.

We remain strong supporters of any doula trainings that include any community-based or cultural competency components and encourage individuals interested in becoming doulas to consider those trainings. We are not, however, able to waive the requirement of the required free, self-directed, online training for doulas educated with trainings that include any additional competency sub-domains that go beyond the minimum Rubric.

1. **I represent a doula organization whose training is on the current *Approved Trainings* list. Does my organization still need to go through this process to remain on the updated *Approved Trainings* list?** Yes, it will, to ensure that the standards are shared and consistently applied to approved trainings. During the design phase, we took into account New Jersey’s current state landscape of doula trainings.
2. **What happens if a Training is not approved?** This new process was designed to improve on the prior process for approval by clearly describing the required elements for a Training to be approved so that every doula organization can anticipate whether their Training meets those shared standards when submitting an Assessment Packet. If a Training is not approved, the reasons will be documented in Part 4 of the Rubric and returned to the organization. The doula organization is welcome to re-apply.
3. **I am currently a NJ FamilyCare community doula. What happens to the status of my enrollment upon release of the new *Approved Trainings* list?** All existing community doulas will remain enrolled until their next revalidation cycle for NJ FamilyCare enrollment (approximately every 5 years). We encourage you to reach out to your doula training organization to encourage them to apply through this new process so that your Training documentation will still be eligible at the next enrollment revalidation cycle. If you have any questions about the status of your NJ FamilyCare enrollment, please email [mahs.doulaguide@dhs.nj.gov](mailto:mahs.doulaguide@dhs.nj.gov).

**Contacts**

NJDHS refers to the Department of Human Services, who has primary responsibility over NJ FamilyCare (NJ’s Medicaid and CHIP healthcare coverage). To reach the DHS team that works on NJ FamilyCare community doula-specific issues, please email [mahs.doulaguide@dhs.nj.gov](mailto:mahs.doulaguide@dhs.nj.gov).

NJDOH refers to the Department of Health. To reach the DOH team that works on doula-related issues, please email [doula.fhs@doh.nj.gov](mailto:doula.fhs@doh.nj.gov) .

NJMIHIA refers to the NJ Maternal and Infant Health Authority. To reach the MIHIA team that works on doula-related issues, please email [doula@njmihia.gov](mailto:doula@njmihia.gov) .

**DOULA ORGANIZATION SHOULD NOT COMPLETE THIS FORM**

**ATTESTATION FORM IS PROVIDED FOR YOUR INFORMATION, IF APPROVED**

# Attestation Form by Doula Training Organization with a NJ FamilyCare Approved Training

**Use:** This Attestation Form is intended as an interim, annual check-in – between re-submissions of a complete Assessment Packet (every three years) – with Doula Training Organizations with an approved training listed on the *Approved Trainings for Enrollment as a NJ FamilyCare Community Doula* PDFdocument. Annual Attestation ensures that approved trainings still meet the described standards for NJ FamilyCare community doula workforce.

|  |  |
| --- | --- |
| **Name of Doula Training Organization** |  |
| **Address**  (Street address, City, State) |  |
| **Name of Approved Doula Training**  (name must match *Approved Trainings* PDF document) |  |
| **Point of Contact for Doula Training**  (Name, Title, Phone, Email) |  |

For the approved training (named above) on *Approved Trainings for Enrollment as a NJ FamilyCare Community Doula* PDFdocument:

1. We have attached to this Attestation Form the current version of the single-page documentation that our organization uses to demonstrate completion of all elements—classroom and practical—of the approved training.
   * If we plan to make update to our single-page documentation for the approved training, we agree to share them in advance of when the documentation is used for doula trainees by emailed to [doula@njmihia.gov](mailto:doula@njmihia.gov) .
2. We affirm that the listed Point of Contact is up-to-date.
   * This Point of Contact is able to validate documentation NJ FamilyCare receives from doula applicants from your organization.
   * Changes to the contact will be emailed to [doula@njmihia.gov](mailto:doula@njmihia.gov) with the Subject line: “[Organization]: Changes to the NJ FamilyCare Approved Trainings Point of Contact”.
3. We affirm that there have been no changes to our answers provided for the Rubric for Assessment submitted in 2025.
   * If there have been changes, we have an updated Rubric showing which answers have changed attached to this Attestation Form.

**DOULA ORGANIZATION SHOULD NOT COMPLETE THIS FORM**

**ATTESTATION FORM IS PROVIDED FOR YOUR INFORMATION, IF APPROVED**

**This Attestation Form is completed and signed by a Doula Program Administrator (a staff member responsible for this approved training).**

Signature

Date

Name

Title

Phone

Email

This Attestation Form should be emailed as a single PDF that includes:

* A completed *Attestation Form*
* The current **Single-page documentation** – blank template of documentation that your organization uses to demonstrate completion of all elements—classroom and practical—of the training.
  + It is recommended that this documentation includes:
    1. Logo of training organization
    2. Descriptions of the training elements that have been completed by the named trainee
    3. Completion date
    4. Expiration date
    5. Accountable staff member at training organization to verify documentation
* If needed (see Item 3. above), an updated *Rubric for Assessment*

The complete digital Attestation package should be emailed to [doula@njmihia.gov](mailto:doula@njmihia.gov) by April 30.