REQUEST FOR APPLICATIONS FOR NURSE FAMILY PARTNERSHIP PROGRAM
RFA # 11-14

REQUEST FOR APPLICATIONS FOR NURSE FAMILY PARTNERSHIP

RFA # 11-14

Date of Issuance
March 9, 2015

ISSUING OFFICE:
Commonwealth of Pennsylvania
Department of Human Services
Office of Administration
Division of Procurement
Room 402 Health and Welfare Building
Commonwealth Avenue and Forster Street
Harrisburg, PA  17120
Website:
http://www.emarketplace.state.pa.us/Search.aspx
Enter Solicitation # 11-14
(enter numbers and dash only)

RFA PROJECT OFFICER:
Theresa Campisi
Department of Human Services
Office of Child Development and Early Learning
Bureau of Early Learning Services
Address: 333 Market Street, 6th Floor
Harrisburg, PA  17126-0333
E-mail: tcampisi@pa.gov
Telephone: (717) 705-2910
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CALENDAR OF EVENTS

The Commonwealth will make every effort to adhere to the following schedule:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Responsibility</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deadline to submit Questions via email to RFA Project Officer</td>
<td>Potential Applicants</td>
<td>March 13, 2015 2:00 p.m.</td>
</tr>
<tr>
<td>Answers to Potential Applicants’ questions posted to the DGS website (<a href="http://www.dgsweb.state.pa.us/RTA/Search.aspx">http://www.dgsweb.state.pa.us/RTA/Search.aspx</a>) no later than this date</td>
<td>Issuing Office</td>
<td>March 25, 2014</td>
</tr>
<tr>
<td>Please monitor website for all communications regarding the RFA</td>
<td>Potential Applicants</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Applications must be received by the Issuing Office at:</td>
<td>Applicants</td>
<td>April 17, 2015 2:00 p.m.</td>
</tr>
<tr>
<td>Department of Human Services</td>
<td></td>
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<td>Division of Procurement</td>
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<tr>
<td>Room 402 Health and Welfare Building</td>
<td></td>
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<tr>
<td>625 Forster Street</td>
<td></td>
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<tr>
<td>Harrisburg, Pennsylvania 17120</td>
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PART I

GENERAL INFORMATION

I-1. Statement of Purpose and General Award Information.

The Department of Human Services (DHS), Office of Child Development and Early Learning (OCDEL) is offering funds through this Request for Applications (RFA), subject to the availability of funds, for the implementation or expansion of the Nurse-Family Partnership (NFP) program, developed by Dr. David Olds, for the period July 1, 2015 to June 30, 2016. The Department, in its sole discretion, may renew funding beyond this grant period for four (4) additional one-year periods.

NFP is a home visiting program for first-time, low-income mothers and has been designated a model research-based prevention program by the Center for the Study and Prevention of Violence at the University of Colorado in Boulder in its publication entitled Blueprints for Violence Prevention. Over 25 years of research has demonstrated proven results for children and their families, including increased healthy pregnancy outcomes, increased healthy child development and increased economic self-sufficiency.

I-2. Issuing Office.

This RFA is issued for the Commonwealth by the Department of Human Services Bureau of Financial Operations (BFO) on behalf of the Office of Child Development and Early Learning (OCDEL), Bureau of Early Learning Services. The RFA Project Officer is the sole point of contact in the Commonwealth for this RFA. The RFA Project Officer is listed on the cover page of this RFA.


This RFA contains instructions governing the requested applications, including the requirements for the information and material to be included; a description of the service to be provided; requirements which applicants must meet to be eligible for consideration; general evaluation criteria; and other requirements specific to this RFA.

I-4. RFA Focus Statement.

This initiative is intended to focus on first-time, low-income mothers who are predisposed to infant health and developmental problems and in need of additional supports during pregnancy and through their child’s infant and toddler years.
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The purpose of the grant is to help women improve their prenatal health and the outcomes of pregnancy; improve the care provided to infants and toddlers in an effort to improve the children’s health and development; and improve women’s own personal development, giving particular attention to the planning of future pregnancies, women’s educational achievement, and parents’ participation in the work force.

I-5. Type of Grant.

If DHS enters into an agreement(s) as a result of this RFA, it will be executed as a grant agreement containing all of the Riders attached to this RFA as well as the grant agreement and grant signature page attached to this RFA. DHS, in its sole discretion, may enter into grant agreements or undertake negotiations with applicants whose applications, in the judgment of DHS, show them to be qualified, responsible and capable of performing the project.

I-6. Term of Grant.

The term of any awarded grant agreement will commence on July 1, 2015 and will end no later than June 30, 2016. The Commonwealth, at its sole discretion, may renew each grant agreement for four additional one-year periods. The selected grantees shall not start the performance of any work prior to the effective date of the grant agreement.


The Commonwealth is not liable for any costs incurred by the applicant in preparation and submission of its application, in participating in the RFA process or for any service or work performed or expenses incurred prior to the effective date and issuance of a fully executed grant agreement by DHS.

I-8. Pre-application Conference.

A pre-application conference will not be held by DHS.


If an applicant has any questions regarding this RFA, the applicant must submit the questions via email or fax (with the subject line “RFA #11-14 Question”) to the RFA Project Officer named in Part I, Section I-2 of the RFA. The applicant shall not attempt to contact the RFA Project Officer by any other means. Questions must be submitted via email or fax no later than March 13, 2015 to ensure adequate time for analysis before DHS provides an answer. No questions will be accepted either verbally or in writing after this date. Answers will not be official until they have been verified, in writing, by the Issuing Office. The Issuing Office shall post all written answers to the questions submitted on the Department of General Services’
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(DGS) website at http://www.emarketplace.state.pa.us/Search.aspx, Solicitation #11-14, as an attachment to the RFA.

I-10. Addenda to the RFA.

If DHS deems it necessary to revise any part of this RFA before the application response date, the Issuing Office will post an addendum to the RFA on the DGS website. All questions and answers generated are considered an addendum to, and part of, this RFA, and will also be posted on the DGS website. Each applicant shall be responsible for monitoring the DGS website for new or revised RFA information. DHS shall not be bound by any verbal information nor shall it be bound by any written information that is not either contained within the RFA or formally issued as an addendum by the Issuing Office.

I-11. Vendor Registration.

In order to do business with the Commonwealth of Pennsylvania, applicants are required to enroll in the Commonwealth’s SAP accounting system. Applicants may enroll, if not already enrolled, at www.vendorregistration.state.pa.us/ or by calling toll-free at 1-877-435-7363 or locally at 717-346-2676. This process may be completed during the application process and will expedite the grant execution process, should the applicant be chosen to receive a grant.

I-12. Response Date and Grounds for Disqualification.

To be considered for selection, hard copies of applications, with original signatures, are due and must be received and date-stamped by the Issuing Office by the date specified in the Calendar of Events. DHS will not accept applications via email or facsimile transmission.

Applications received and date-stamped any time after the due date and time specified, including those that are late due to the delivery service used, will automatically be disqualified and will not be opened for review. Applicants who send proposals by mail or other delivery service should allow sufficient delivery time to ensure timely receipt of their proposals. If, due to inclement weather, natural disaster, or any other cause, the Commonwealth office location to which applications are to be returned is closed on the application response date, the deadline for submission will be automatically extended until the next Commonwealth business day on which the office is open, unless the Issuing Office otherwise notifies applicants. The hour for submission of applications shall remain the same.

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To be considered for selection, applicants must submit a complete response to this RFA, using the checklist included as Attachment 8 to ensure that all required items requested within this RFA are completed and submitted as part of the application package. Applicants must submit one original and six (6) binder-clipped copies of the Technical portion in a sealed envelope labeled “Technical”. Applicants must also submit one original and two (2) binder-clipped copies of the Cost portion in a sealed envelope labeled “Cost”. A complete and exact copy of the entire application (Technical and Cost portions) must be submitted on a USB Flash drive. The Flash drive should clearly identify the Applicant and include the name and version number of the virus scanning software that was used to scan the Flash drive before it was submitted. An official authorized to bind the applicant to the grant provisions must sign the application and grant signature page.

The applicant shall make no other distribution of its application to any other applicant or Commonwealth official or Commonwealth consultant. If DHS selects the applicant’s proposal for award, the contents of the selected applicant’s proposal will become obligations of the grant, except to the extent the contents are changed through negotiations.

Each applicant submitting a proposal specifically waives any right to withdraw or modify it, except that the applicant may withdraw its proposal by written notice received at the Issuing Office’s address for proposal delivery prior to the exact hour and date specified for proposal receipt. An applicant or its authorized representative may withdraw its proposal in person prior to the exact hour and date set for proposal receipt, provided the withdrawing person provides appropriate identification and signs a receipt for the proposal. An applicant may modify its submitted proposal prior to the exact hour and date set for proposal receipt only by submitting a new sealed proposal or sealed modification, which complies with the RFA requirements.

I-14. Restriction of Agreement.

From the issue date of this RFA until DHS selects an application for award, the RFA Project Officer is the sole point of contact concerning this RFA. Any violation of this condition may be cause for DHS to reject the offending applicant’s application. If DHS later discovers that the applicant has engaged in any violations of this condition, DHS may reject the offending applicant’s application or rescind its award. Applicants must agree not to distribute any part of their applications beyond the Issuing Office. An applicant who shares information contained in its application with other Commonwealth personnel, Commonwealth consultants, and/or competing applicant personnel may be disqualified.


Applicants should prepare applications simply and economically, providing a straightforward, concise description of the applicant’s ability to meet the requirements of the RFA.
I-16. Use of Electronic Versions of this RFA.

This RFA is being made available by electronic means. If an applicant electronically accepts the RFA, the applicant acknowledges and accepts full responsibility to insure that no changes are made to the RFA. In the event of a conflict between a version of the RFA in the applicant’s possession and the Issuing Office’s version of the RFA, the Issuing Office’s version shall govern.

I-17. Alternate Applications.

DHS has identified the basic approach to meeting its requirements, allowing applicants to be creative and propose their best solution to meeting these requirements. Therefore, DHS will not accept alternate applications.


DHS is not requesting and does not require confidential proprietary information or trade secrets to be included as part of the application. Applicants should not label application submissions as confidential or proprietary. Any applicant who determines that it must divulge such information as part of its application must submit a signed written statement to that effect and must additionally provide a redacted version of its application, which removes only the confidential proprietary information and trade secrets, for required public disclosure purposes.

After a grant is executed, however, applications are considered public record under the Commonwealth Right-to-Know Law, and, therefore, are subject to disclosure. All material submitted with the application becomes the property of the Commonwealth of Pennsylvania and may be returned only at DHS’s option. DHS, in its sole discretion, may include any person other than competing applicants on the evaluation committee. The Commonwealth may use any or all ideas presented in any application regardless of whether the application becomes part of a grant.


Applicants may be required to make an oral or written clarification of their applications to DHS to ensure thorough mutual understanding and applicant responsiveness to the solicitation requirements. The RFA Project Officer will initiate requests for clarification.

DHS may request additional information, which, in the DHS’s opinion, is necessary to assure that the applicant’s competence, number of qualified employees, business organization, and financial resources are adequate to perform according to the RFA.

DHS may make investigations as deemed necessary to determine the ability of the applicant to perform the Project, and the applicant shall furnish to DHS all requested information and data.
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DHS may reject any application if the evidence submitted by, or investigation of, such applicant fails to satisfy DHS that such applicant is properly qualified to carry out the obligations of the RFA and to complete the Project as specified.


DHS may, in its sole and complete discretion, reject any application received as a result of this RFA.


DHS will notify the selected applicants in writing of its selection after DHS has determined, taking into consideration all of the evaluation factors, the applications most advantageous to DHS.

I-22. Debriefing Conferences.

Applicants whose applications are not selected will be notified of the name of the selected applicants and given the opportunity to be debriefed. The RFA Project Officer will schedule the time and location of the debriefing. The debriefing will not compare the applicant with other applicants, other than the position of the applicant’s application in relation to all other applications.

I-23. Prime Grantee Responsibilities.

The grant will require the selected applicant to assume responsibility for all services offered in its application whether it produces them itself or by subcontract. DHS will consider the selected applicant to be the sole point of contact with regard to Program matters.


Applicants shall not issue news releases, Internet postings, advertisements or any other public communications pertaining to this project until after a grant is executed. News releases and other public communications must be forwarded to the RFA Project Officer for review.

I-25. Applicant’s Representations and Authorizations.

By submitting its application, each applicant understands, represents, and acknowledges that:

a. All of the applicant’s information and representations in the application are material and important, and DHS may rely upon the contents of the application in making awards.
b. The applicant has arrived at the price(s) and amounts in its application independently and without consultation, communication, or agreement with any other applicant or potential offer.

c. The applicant has not disclosed the price(s), the amount of the proposal, nor the approximate price(s) or amount(s) of its proposal to any other firm or person who is an applicant or potential applicant for this RFA, and the applicant shall not disclose any of these items on or before the submission deadline.

d. The applicant has not attempted, nor will it attempt, to induce any firm or person to refrain from submitting an application, or to submit an application higher than this application, or to submit any intentionally high or noncompetitive application or other form of complementary application.

e. The applicant makes its application in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive application.

f. To the best knowledge of the person signing the application, the applicant, its affiliates, subsidiaries, officers, directors, and employees are not currently under investigation by any governmental agency and have not in the last four years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding or proposing on any public contract, except as the applicant has disclosed in its proposal.

g. To the best of the knowledge of the person signing the application and except as the applicant has otherwise disclosed, the applicant has no outstanding, delinquent obligations to the Commonwealth including, but not limited to, any state tax liability not being contested on appeal or other obligation of the applicant that is owed to the Commonwealth.

h. The applicant is not currently under suspension or debarment by the Commonwealth, any other state or the federal government, and if the applicant cannot so certify, then it shall submit along with its application a written explanation of why it cannot make such certification.

i. The applicant has not made, under separate contract with the DHS, any recommendations to DHS concerning the need for the services described in its application or the specifications for the services described in the application.

j. Each applicant, by submitting its application, authorizes Commonwealth agencies to release to the Commonwealth information concerning the applicant's Pennsylvania taxes, unemployment compensation and workers' compensation liabilities.

k. Until the selected applicant receives a fully executed and approved written agreement from DHS, there is no legal and valid agreement, in law or in equity, and the applicant shall not begin to perform.
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PART II

APPLICATION REQUIREMENTS

II-1. General Eligibility Criteria.

Applicants must submit their applications by the due date and time specified, in the format outlined in Part I, Section I-13, and Attachment 8 and signed properly. All cost information and dollar amounts relating to this application must be kept separate from, and not included in, the Technical Submittal.

II-2. Eligible Applicants.

Applicants may be, but are not limited to, the following types of agencies:
- County/municipal health departments;
- Public health programs;
- Community-based organizations; and
- Community, family or women’s health departments of local hospitals.

Applicants may apply for one grant as either:

1) A new Nurse-Family Partnership program, a newly-created site that provides home visits by nurses to low-income, first-time mothers and utilizes the program training requirements, program protocols, program management information systems, and program evaluation requirements established by the national NFP organization.

2) A Nurse-Family Partnership program expansion, an existing NFP site that is currently funded by the DHS/OCDEL Nurse-Family Partnership Program and seeks to obtain additional funding to serve additional counties, not already receiving NFP services.

Under this RFA, DHS/OCDEL seeks to assist in publicly funding all existing NFP programs and serve additional counties that meet certain high-risk factors, including, but not limited to the following:
- No current NFP program in operation;
- High number of first-time mothers;
- High number of persons living below poverty level;
- High percentage of single-mother-headed households living below poverty level; and
- High percentage of births to mothers with less than a high school diploma.

These counties may also receive resources; however, OCDEL’s highest priority is to continue services in counties currently being served.
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The following counties currently receiving NFP services will be targeted for implementation under this RFA:

- Adams
- Allegheny
- Berks
- Blair
- Cambria
- Carbon
- Chester
- Clearfield
- Clinton
- Columbia
- Cumberland
- Dauphin
- Delaware
- Elk
- Erie
- Fayette
- Franklin
- Greene
- Huntingdon
- Jefferson
- Lackawanna
- Lancaster
- Lawrence
- Lebanon
- Lehigh
- Luzerne
- Lycoming
- Monroe
- Montgomery
- Montour
- Philadelphia
- Pike
- Schuylkill
- Sullivan
- Susquehanna
- Wayne
- Wyoming
- York

The following new counties will be targeted for implementation under this RFA:

- Crawford
- McKeans
- Mercer
- Mifflin
- Perry
- Potter
- Venango

Applicants applying as an existing NFP program must apply to serve the current caseload capacity within counties they currently serve and may apply to serve a maximum total of 25 families in each of the new target counties.

Applicants applying as a new NFP program must apply for a full staff complement, which includes a team of at least four nurses and a half-time supervisor, to serve a total of 100 families within all counties for which they are applying.

Eligible applicants must agree to implement the program according to national program guidelines, with fidelity to the research-based model.

Eligible applicants must agree to cooperate and participate fully with the NFP program training/technical assistance and evaluation effort currently being conducted by the University of Colorado and its subcontractors.

Eligible applicants must be in a position to enroll and bill Medical Assistance for reimbursable NFP services as soon as possible upon receiving grant funding, and participate in appropriate trainings. Medical Assistance billing should begin in the proposed service area as soon as services begin and the appropriate billing trainings have occurred.
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Eligible applicants that receive funding from this initiative must complete and submit quarterly progress reports to DHS/OCDEL and cooperate with and participate in periodic management reviews, monitoring and evaluation activities.

II-3. Technical Guidelines

Applicants must complete the Technical Portion of the application, which consists of the following (refer to Part I, Section I-13 and Attachment 8 for the RFA Submission Checklist):

- Attachment 1 – Applicant Information Form;
- Attachment 2 – Grant Signature Page;
- Rider 2 – Work Statement (refer to Part IV for a list of the Work Statement questions); and
- Rider L – Lobbying Certification Form.

Do not include cost information or dollar amounts in any part of the Technical portion of the application.


Applicants must complete the Cost Portion of the application, which consists of the following (refer to Part I, Section I-13 and Attachment 8 for the RFA Submission Checklist):

- Attachment 3 – Financial Assessment (refer to Part IV for a list of Financial Assessment questions); and
- Rider 3 – Budget and Narrative.
- Rider 4 – Match Verification Letter(s); and
- Rider 5 – Federal Funding Assurance.

When planning the annual budget, applicants must determine the total cost for implementing the program in the proposed service area(s) for the one-year grant period. Full time nurses serve approximately 25 families at a cost of no more than $3,000 to $4,350 per family per year. Your total budget is based on the total number of families you plan to serve for the proposed service area. If the cost per family in your proposed service area is higher than $4,350 per family per year, you must provide detailed justification. A sample NFP site budget is included as Attachment 6 of this RFA to assist in determining costs for certain required aspects of the program.

Applicants will be required to determine the total amount of funding they can draw down from the Medical Assistance program (MA). Certain NFP services, which are referenced in Attachment 7 of this RFA, may be reimbursed by MA. NFP services may only be reimbursed under the eligible child’s MA number, beginning the first of the month after the 60th post-partum day, and at a rate of $77 per visit of minutes or greater. NFP services may not be reimbursed under the mother’s MA number. Applicants should determine the number of MA-
eligible children that will be served, how many compensable visits will occur during the year, and the total amount that could be generated when multiplied by the MA rate for NFP.

All applicants are required to provide a minimum 10 percent match to the total amount of OCDEL grant funds awarded. Match must be from a state or local source. Federal funds may not be used as match for this grant, including MA or Healthy Beginnings Plus funds. Federal grants received specifically to implement the NFP program may be used as match, and is the only exception to the non-federal match rule. Match may be either cash and/or in-kind resources.

To determine the total amount of funding from the various sources – OCDEL grant, match and MA – applicants must first determine their total need to serve the number of families identified in their service area, then subtract the projected amount of MA revenue. The balance will be split between the OCDEL grant and the required match (90%-10%).

**Example Budget Request:**

<table>
<thead>
<tr>
<th>Amount</th>
<th>Description</th>
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<tbody>
<tr>
<td>$450,000</td>
<td>Determine the total need to operate program for one year</td>
</tr>
<tr>
<td>$ 50,000</td>
<td>MA that can be generated and subtract from total need</td>
</tr>
<tr>
<td>$400,000</td>
<td>The balance will be split between the DHS/OCDEL grant request (90%) and the minimum match requirement (10%)</td>
</tr>
<tr>
<td>$360,000</td>
<td>Grant request from DHS/OCDEL (90%)</td>
</tr>
<tr>
<td>$ 40,000</td>
<td>Minimum match requirement (10%)</td>
</tr>
</tbody>
</table>

Calculate the cost per family based on the grant request and the projected MA amount divided by the service capacity:

\[
\frac{410,000}{100 \text{ families}} = \$4,100 \text{ per family}, \text{ which meets the maximum of } \$4,350 \text{ per family.}
\]

Applicants must complete the Budget Form and Narrative, included as Rider 3 in this RFA, indicating the total award amount being requested and the 10 percent match (cash and in-kind) that will be utilized for the period of July 1, 2015 to June 30, 2016. Additionally, applicants must also indicate the amount of projected MA funding for the grant year and the amount of other funds, above and beyond the 10 percent match, that will be utilized to implement the program, if applicable. Other funds are not designated as grant funds, required 10 percent match funds or MA funds and may be from a federal, state or local source. A detailed narrative must accompany the budget form, which identifies grant and match expenses included under each budget line item and provides justification if the cost per family exceeds the maximum amount. Match Verification Letters, included as Rider 4 of this RFA, must be completed for the entire amount of cash and in-kind match required and signed by the contributor of the matching funds. Additionally, applicants must complete the Federal Funding Assurance, included as Rider 5 of this RFA, to indicate the amount of federal funds the entire applicant
agency receives and ensuring that no federal funds received by the agency, unless otherwise permitted, will be utilized as match for this grant.

Subject to the availability of funds, DHS/OCDEL will provide the selected grantee(s) with the total amount of funding requested, taking into account any MA funding that can be drawn down. Available funds will first be awarded to top-scoring applicants proposing to serve currently-served counties. Additional available funds will then be awarded to applicants proposing to serve new counties. DHS/OCDEL reserves the right to negotiate with applicants in regards to the final grant allocation.

II-5. Submission Guidelines.

Each application shall consist of two separately sealed envelopes, one containing the Technical portion (with no cost or dollar amounts included) and one containing the Cost portion and labeled using the sample labels provided in the RFA Submission Checklist.

- Submit one original and six copies (binder-clipped) of the Technical portion in a sealed envelope labeled “Technical.”
- Submit one original and two copies (binder-clipped) of the Cost portion in a sealed envelope labeled “Cost.”

The two separately sealed envelopes may be mailed in one larger package to the address indicated on the sample label.

Applications must be received and date-stamped by the Issuing Office listed on the label no later than 2:00 p.m. on April 17, 2015.
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PART III

CRITERIA FOR SELECTION

III-1. Mandatory Responsiveness Requirements.

To be eligible for selection, an application must be:
   a. received by the due date and time;
   b. properly completed and signed by the applicant.


DHS may, in its sole discretion, waive other nonconformities in an applicant's application.


All responsive applications received will be reviewed and evaluated by a committee of qualified personnel. This committee will recommend for selection the application(s) that it determines is the most advantageous to the Commonwealth after taking into consideration cost and all evaluation factors. An award will only be made to an applicant(s) determined to be responsible in accordance with Commonwealth Management Directive 215.9, Contractor Responsibility Program.


The following criteria will be used in evaluating each application:

a. Technical: Ninety percent (90%) of the total score will be based on Rider 2, Work Statement, submitted as part of the technical portion of the application, as follows:
   - Lead Organization’s Relevant Experience and Level of Commitment 15%
   - Population Needs 15%
   - Referral Relationships 15%
   - Community Linkages 10%
   - Service Coordination 10%
   - Staff 10%
   - Operating Environment 10%
   - Data Collection 5%

Do not include cost information or dollar amounts in any part of the Technical portion of the application.
b. **Cost:** Ten percent (10%) of the total score will be based on the total cost of the project as provided in Rider, Budget and Narrative; however, DHS may renegotiate any budget prior to approval.

Subject to the availability of funds, DHS/OCDEL will provide the selected grantee(s) with the total amount of funding requested. Available funds will first be awarded to top-scoring applicants proposing to serve currently-served counties. Additional available funds will then be awarded to applicants proposing to serve new counties. DHS/OCDEL may negotiate with applicants in regards to the final grant allocation.
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PART IV

WORK STATEMENT AND FINANCIAL ASSESSMENT QUESTIONS

IV-1. Work Statement Questions.

Please provide specific answers to the following questions using the form included as Rider 2. Please be sure to answer all parts of every question. Do not provide any cost information or dollar amounts within the Work Statement. For existing sites applying for expansion, please answer the questions in terms of the new geographic area you are proposing to target when appropriate.

General Requirements
1. The Grantee shall participate in the Efforts to Outcomes (ETO) of the NFP by submitting required data to the University of Colorado and its authorized agents, in the format specified by the national NFP program.
2. The Grantee shall participate in professional trainings as required by the national NFP program.
3. The Grantee shall enroll and participate in the Medical Assistance program and appropriate trainings as soon as possible upon receiving grant funding in order for certain NFP services to be reimbursed. Medical Assistance billing should begin in the proposed service area as soon as services begin and the appropriate billing trainings have occurred.
4. The Grantee shall complete and submit to the Department, a quarterly expenditures report using a standard format provided by the Department (Approved Budget and Quarterly Expenditures Report) as specified in the Payment Provisions, Rider 1.
5. The Grantee shall complete and submit to the Department, a quarterly program report using a standard format provided by the Department (Quarterly Grant Program Management Report) as specified in the Payment Provisions, Rider 1.
6. Upon request by the Department or their agents, the Grantee shall cooperate and participate in periodic management reviews, monitoring and evaluation activities.

Work Statement Questionnaire

1. Lead Organization’s Relevant Experience and Level of Commitment during time period
   January 1, 2014 – December 31, 2014 (20% of total score)
   a. Commitment of lead organization (14% of section score)
      ▪ Describe how the lead organization has demonstrated commitment to implementing Nurse-Family Partnership in your community.
      ▪ Where did the initial interest in the program come from? What other organizations have you met with to discuss the program? Briefly describe how support spread within the organization.
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- As you move towards implementing the program, how do you see the commitment level of your organization continuing to develop and grow?
- Describe how the commitment to Nurse-Family Partnership exists at higher administrative levels in your organization. Can support from top leadership be strengthened? If so, how?

b. History and experience (26% of section score)
- Describe the history and experience the lead organization has in providing maternal and child health care;
- Describe the community(ies) that you serve, including the geographic area and salient risk factors of the population. Use of data is optional in this description.
- Specifically, please provide examples of situations where the organization identified unmet needs in the community and then implemented a program to address those needs; and
- Include how the program(s) were successful, and how the organization was successful in keeping the program(s) funded and running.

c. Implementation of nurse home visiting (42% of section score)
- Experience in planning and implementing nurse home visiting services selected for each community of need/
- Has the applicant organization been certified as an NFP replication by the NFP National Service Office? If so, please indicate when the application was approved.
- Is the lead organization enrolled as a Medical Assistance provider and what is your Medical Assistance provider number? If not, does the lead organization have the capability of enrolling as a Medical Assistance provider?
- Describe training and professional development activities planned;
- Describe staff recruitment, hiring, and retention for all positions, including contracted staff. Briefly discuss any difficulty with staff recruitment, hiring or retention. Applicants should also include the following information:
  - Training efforts to ensure well-trained, competent staff;
  - Steps taken to ensure high-quality supervision, including reflective supervision when required by the NSO;
- Steps taken to ensure referral and services networks to support the Nurse-Family Partnership program and the children served;
- Update on participant recruitment and retention efforts. Briefly discuss any difficulty recruiting, enrolling or retaining home visiting participants. Include attrition rate per program.
- Status of current and projected MIECHV caseload within each at-risk community. Please complete the below chart:

<table>
<thead>
<tr>
<th>Proposed county(ies) to be served</th>
<th>Name of local implementing agency</th>
<th>Current capacity</th>
<th>Proposed capacity</th>
<th>Number of children served during</th>
</tr>
</thead>
</table>

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### d. Broad-based community support for the Nurse-Family Partnership program (16% of section score)

- Given that community support for the implementing organization’s efforts is important to the success of Nurse-Family Partnership, describe how your organization has received such support in the past.
- How was that support translated into actual action or change (i.e., more than just vocal support and letters of endorsement)?
- Describe the major organizations and individuals in the community who are supporting your efforts to implement Nurse-Family Partnership. How are they supporting your efforts? Please include written comments or letters of commitment to actions that will support NFP implementation and sustainability.

### e. Concerns (0% of section score)

- Describe any concerns that exist in the lead organization about implementing Nurse-Family Partnership (e.g., political issues, organizational policies, physical space, nursing shortage, etc).

### 2. Population Needs (15% of total score)

a. Describe this population in terms of the socio-demographic and health characteristics that justify the need for the program. (28% of section score)

b. Provide statistical data from the geographic area you plan to target showing: (28% of section score)

- number of annual live births;
- number of annual first-time mothers;
- number of annual Medicaid births;
- number of pregnant women eligible for Medical Assistance; and
- number of potential Medical Assistance clients that may be involved with the Healthy Beginnings Plus program, if available.
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3. Referral Relationships (18% of total score)
   a. Describe relationships the applicant agency has with schools, prenatal clinics, or other referral sources in the proposed target area(s) for the low-income, expectant first-time mothers who will be served by the program (e.g., how long a relationship has been in place, how formal it is, past results of the relationship, etc.). (44% of section score)
   b. Indicate service capacity for the NFP Program for the proposed target area(s). (14% of section score)
   c. Describe how you expect to recruit participants and list anticipated referral sources. Indicate the number of monthly referrals expected from each source explaining why you have these expectations. (28% of section score)
   d. Describe how referrals that don’t meet program requirements or that cannot be accommodated will be handled. (14% of section score)

4. Community Linkages (17% of total score)
   a. Describe linkages that exist between the lead implementing organization and other social service organizations that provide workforce preparation, education, substance abuse treatment, mental health care, general health care, child care and other necessary services that families might require. (40% of section score)
   b. Describe the experience the lead organization has working in partnership with these other providers (e.g., how long a linkage has existed, how formal it is, the results it has produced, etc.). (40% of section score)
   c. Describe the programs transition plan upon completion of the Nurse-Family Partnership program. (20% of section score)

5. Service Coordination (10% of total score)
   a. Describe the lead organization’s understanding of and coordination with other ongoing home visitation programs/activities and nursing programs. How clear are the boundaries and coordinating efforts among these other programs, and how will Nurse-Family Partnership fit in and complement the community’s efforts to meet the needs of the target population? (50% of section score)
   b. Please give a brief description of other home visitation programs in the area, the type of staff and guidelines used, and how these other programs are funded? (50% of section score)

6. Staff (5% of total score)
   a. Please address each bullet point: (100% of section score)
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- Does the lead organization have or can it hire the staff needed to operate the program (half-time clinical nurse supervisor and a team of nurses to staff the program) in the proposed target area(s)?
- What are/will be the qualifications and educational background of the nurse home visitors and the nurse supervisor?
- If the organization does not have enough staff currently to implement the program, what are its plans for recruiting the necessary staff?
- What is the length of time anticipated to complete the hiring process?
- Are/will staff (be) employed by the lead organization, or a subcontracting agency?
- If employed by a subcontracting agency, identify the name of the agency.
  - What is the history and experience of the subcontracting agency in providing maternal and child health care and nurse home visiting?
  - Is the subcontracting agency enrolled as a Medical Assistance provider and what is their Medical Assistance provider number?
  - If not, does the subcontracting agency have the capability of enrolling as a Medical Assistance provider?
  - What are the lead organization’s plans for monitoring the activities of the subcontracting agency?
- Are there strategies in place to recruit minority and/or bilingual nurse visitors?
- Does/will the lead organization have a half-time clerical person for the program to serve the clinical staff?

7. Operating Environment (5% of total score)
   a. What are the lead organization’s plans for promoting a stable operating environment for the program and preventing staff turnover? (25% of section score)
   b. Where will the nurse home visitors and nurse supervisor be housed? (25% of section score)
   c. Describe the plan that will allow nurses to maintain a flexible schedule. (25% of section score)
   d. Describe how your agency will offer nurse home visitors ongoing professional support. (25% of section score)

8. Data Collection (10% of total score)
   a. What is the lead organization’s capacity to collect data in a web-based Clinical Information System on participating families and their needs, services provided, progress, and outcomes? (30% of section score)
   b. Does the lead agency have experience using data for self-evaluation and organizational improvement? (30% of section score)
   c. What quality assurance activities are currently in place that could be built upon to monitor implementation of Nurse-Family Partnership? (30% of section score)
   d. Is there training available for staff in the use of data to improve their practice? (10% of section score)

Please provide specific answers to the following questions using the form included as Attachment 3, answering all parts of every question. Please refer to the cost guidelines included under Part III, Section III-4, in regards to the OCDEL grant award, required match and MA draw-down.

1. In the chart below, please estimate the funding source(s) to be used to support the NFP through the one-year grant period. Add descriptive detail as directed in the table below. If more than one source of funding is used, please provide the detail for each source.

   a. What is the name of each funding stream you wish to use?
   b. What is its source (e.g., federal, state, county, community foundation, Medical Assistance)?
   c. What amount are you expecting to receive from each funding source?
   d. What percentage of your total operating budget does it cover?
   e. What, if any, restrictions exist on each funding source (e.g., tied to a particular target population, can be used only during pregnancy, etc.)?
   f. What is the anticipated start date for each funding source?
   g. What is the anticipated end date for each funding source?
   h. What is your estimate of the certainty of allocating funds from each source to the NFP? Please rate each source on a scale of 1-5 where “1” is approved and in hand and “5” is an idea not yet pursued.

<table>
<thead>
<tr>
<th>a. Funding Source Name</th>
<th>b. Source of Funding</th>
<th>c. Amount</th>
<th>d. % of Total Budget</th>
<th>e. Nature of Any Restrictions</th>
<th>f. Anticipated Start Date</th>
<th>g. Anticipated End Date</th>
<th>h. Estimate of Certainty (Rate 1-5)</th>
</tr>
</thead>
</table>

2. Provide a brief description of how each secure funding source was obtained. If additional funds are needed, what leads you to believe that potential or prospective funding sources are realistic options? What commitments do you have from potential funders?

3. What is the strategy for obtaining long-term financial support for the program (e.g., beyond the stated grant period)? What evidence can you provide to indicate agency commitment to maintain and even expand the program beyond its initial inception and initial scale?