STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES **P1.10**
CONTRACT MODIFICATION FORM **ATTCH A**

Provider Agency Name **Acenda, Inc.** Modification # **4**
Fiscal-Year-End **December 31** Contract Term **7/1/22** thru **6/30/23**
Contract # **23HWDP** Cognizant Contract: Yes ☐ No ☐
Division(s) affected by the Modification **Division of Family and Community Partnerships**
• Date of most recently approved Contract Modification **7/1/22**
• Requested effective date for this Contract Modification **7/1/22**
Check applicable area(s) to be modified:

1. ☒ Changes to the Reimbursable Ceiling: from $ **See Attachment A** to **See Attachment A** .
2. ☐ Increase in Total Cost: from _____ to _____.
3. ☐ Change in the Contract Term: currently *from* _____ to _____ *to the revised term* _____ to _____.
4. ☐ Change exceeding the Flexible Limits.
5. ☐ Transfer of budgeted cost across DCF Contract or Clusters.
6. ☐ Transfer of Federal and/or other revenue across DCF Contracts or Clusters.
7. ☐ Change to the method of allocating G&A, the indirect cost rate and/or its application.
8. ☐ Addition or deletion of an entire Budget category (A through M individually).
9. ☐ Addition of Line Items within Budget Category (B) Consultants and Professional Services.
10. ☐ Equipment not in approved budget above $5, 000 per item.
11. ☐ Change in payment methodology.
12. ☐ Change in the payment rate (s).
13. ☐ Change in target population.
14. ☐ Change in contracted performance standards.
15. ☐ Change in contracted level of service.
16. ☐ Change in contracted staff/client ratios.
17. ☐ Change of Subcontractors providing direct services or change to subcontracted direct services.
18. ☒ Other:

See Attachment A

This form, its attachments and/or revised section(s) of the programmatic Annex and/or the revised itemized Annex B budget or Rate Information Summary, constitute this entire Contract Modification. The persons whose signatures appear below agree to this Contract Modification.

BY: _____ (Signature)
Anthony DiFabio, Psy. D (type name)
Title **President & CEO**
Provider Agency: **Acenda, Inc.**
Date: 2/24/2023

BY: _____ (Signature)
Juanita Byrd (type name)
Title **Business Manager/SBO**
Departmental Component: **DCF**
Date: 03/09/2023

DATE EFFECTIVE **7/1/22**
(To be completed by the Department)

CONTRACT MODIFICATION P1.10 ATTACHMENT A

Agency Name: **Acenda, Inc.**

Contract Number: **23HWDP**
(See also Reason for Modification below for all new contract numbers created due to contract conversion for SAGE in this modification.)

Program Name: **Right Size HV Funding added to:**

- **23HWDP Nurse Family Partnership (NFP) (Comp #1)**
- **23ZTHP Parents as Teachers (PAT) (Comp #1)**
- **23ZPHP Healthy Families (HF-TIP) (Comp #1)**

See Reason for Modification below for all other programs also affected by the contract conversion for SAGE in this modification.

Funding Amount: **$296,956 RS funding added for NFP Cumberland, Gloucester, Salem**
$87,000 RS funding added for NFP Atlantic & Cape May
$144,180 RS funding added for PAT Gloucester
$9,120 RS funding added for PAT Salem
$334,090 RS funding added for HF-TIP Cumberland, Gloucester, Salem
$871,346 Total RS funding

Effective Date: **7/1/22**

APU: **1630-100 (Right Size HV Funding)**

Reason for Modification:

1. **This modification is to document the transfer of funds from an existing contract (23HWDP) to a new contract in preparation for SAGE. In this contract conversion for SAGE, 23HWDP Comp #1 (NFP) will remain in 23HWDP, while the following components will convert into new single component contracts effective 4/15/23:**

Original Contract-Component-Program Name	New Contract Number–Component	Amount Reallocated to New Contract from Orig Contract
23HWDP – 2 – Glassboro FSC	23ZMHP – 1	$60,000
23HWDP – 3 – Winslow FSC	23ZNHP – 1	$60,000
23HWDP – 4 – Riverview FSC	23ZOHP – 1	$60,000
23HWDP – 5 – HF/TIP	23ZPHP – 1	$257,801
23HWDP – 12 – Oceanside FSC 1 & 2	23ZQHP – 1	$124,997
23HWDP – 14 – Ocean County FSC	23ZRHP – 1	$81,000
23HWDP – 15 – Pennsville FSC	23ZSHP – 1	$75,000
23HWDP – 18 - PAT	23ZTHP – 1	$80,883
23HWDP – 26 – Lower Cape May Regional HS SBYSP	23ZYHP – 1	$77,112
23HWDP – 27 – Cape May Co Technical HS SBYSP	23ZZHP – 1	$66,386
23HWDP – 28 – Shore FSC	23AAHP – 1	$60,001

The new single component contracts will be for the period of 4/15/23 to 6/30/23. See all Schedules of Estimated Claims for the ceilings and more details. The components for CCYC and COVID ARP-Home Visiting will not be affected in this conversion and will remain in contract 23HWDP for now.

2. **Adding one-time Right Size HV Funding in the amount of $383,956 to contract 23HWDP for NFP Component #1 for funding period 7/1/22-6/30/23. Effective 7/1/22. The NFP funding is broken down as follows:**
    - **$296,956 RS funding added for NFP Cumberland, Gloucester, Salem**
    - **$87,000 RS funding added for NFP Atlantic & Cape May**

   Adding one-time Right Size HV Funding in the amount of $153,300 to contract 23ZTHP for PAT Component #1. The funding is effective 4/15/23 but is for funding period 7/1/22-6/30/23. The PAT funding is broken down as follows:
    - **$144,180 RS funding added for PAT Gloucester**
    - **$9,120 RS funding added for PAT Salem**

   Adding one-time Right Size HV Funding in the amount of $334,090 to contract 23ZPHP for HF-TIP Cumberland, Gloucester, Salem Component #1. The funding is effective 4/15/23 but is for funding period 7/1/22-6/30/23.

   The one-time Right Size HV Funding is APU: 1630-100, STWIDE UNI NEWB HM NRS VIS PR. The funding must be in separate columns on the Annex B, separated by counties. There is no match required. See SECs for new ceilings.

   As stated during the session, in July 2021, Governor Philip D. Murphy signed into law the creation of a statewide universal home visiting program for newborns in New Jersey and followed with a FY23 budget that supported its implementation. This budget included a dedicated set aside amount for the modernization of the existing evidence-based home visitation network. Three priority uses and an additional recommendation were identified for these funds:

   Priority 1 – Increase home visiting program staff salaries
   Priority 2 – Align with updated EBHV model fidelity standards
   Priority 3 – Implement best practices and lessons learned
   Recommendation – To the extent possible, supervisors nearing full time equivalency shall be fully dedicated to the EBHV model.

   <u>Additional Guidance</u>: Once the agency has demonstrated sufficiently meeting the above permissible uses, agencies can request to utilize the funds for other purposes as follows:

    A. **No more than 10% of the Universal Home Visiting fund award may be used for General & Administrative (G&A) purposes**

    B. **No more than 10% of the Universal Home Visiting fund award may be used for other budget expenses. Please note that expenses directly related to staffing changes a result of the Universal Home Visiting funds are exempt from this 10% limit. This might include mileage reimbursement, training, curricula access fees, technology access and equipment, office supplies, etc.**

3. **Also with this modification and moving forward, you will be required to report your MIECHV funding in separate columns on your Annex B, separated by counties. As such, you will now have the following columns for NFP, PAT, HF-TIP:**
    - **NFP $574,294 (23HWDP)**
    - **NFP Right Size Cumberland/Gloucester/Salem $296,956 (23HWDP)**
    - **NFP Right Size Atlantic/Cape May $87,000 (23HWDP)**
    - **NFP MIECHV Cumberland/Gloucester/Salem $240,000 (23HWDP)**
    - **NFP MIECHV Atlantic/Cape May $480,000 (23HWDP)**
    - **PAT Right Size Gloucester $144,180 (23ZTHP)**
    - **PAT Right Size Salem $9,120 (23ZTHP)**
    - **PAT MIECHV Gloucester $125,297 (23HWDP)**
    - **PAT MIECHV Gloucester $36,703 (23ZTHP)**
    - **PAT MIECHV Salem $150,820 (23HWDP)**
    - **PAT MIECHV Salem $44,180 (23ZTHP)**
    - **HF $682,796 (23HWDP)**
    - **HF $227,595 (23ZPHP)**
    - **HF Right Size Cumberland/Gloucester/Salem $334,090 (23ZPHP)**
    - **HF MIECHV Cumberland/Gloucester/Salem $103,112 (23HWDP)**
    - **HF MIECHV Cumberland/Gloucester/Salem $30,206 (23ZPHP)**

    I have included the ceilings of each column in the bullets above for your convenience, but you can also refer to all of the SECs for the ceilings. In naming the columns please follow the example for NFP:
    - **NFP 23HWDP**
    - **NFP Right Size Cumberland/Gloucester/Salem 23HWDP**
    - **NFP Right Size Atlantic/Cape May 23HWDP**
    - **NFP MIECHV Cumberland/Gloucester/Salem 23HWDP**
    - **NFP MIECHV Atlantic/Cape May 23HWDP**

    Please note that all columns will now include the program name and contract number in the name of each column. Additionally, MIECHV and Right Size columns will also include the word "MIECHV" or "Right Size" and the county or counties in the name of each column.

    Please also remember to add the word "MIECHV" for Central Intake's column to the current name of the column, as that entire $120,000 amount is also MIECHV funding.

    Please keep in mind that all of the other programs (except CCYC and COVID ARP-Home Visiting) will also have two columns on the Annex B due to the 23HWDP contract conversion for SAGE, one for the 23HWDP contract and one for their new contract numbers. As such, we are aware that the columns will not fit on one Annex B and will require a second Annex B. Please place the SB and FSC columns on the second separate Annex B.

4. **This modification also adjusts the level of service and/or expected staffing patterns as applicable within the HF-TIP, PAT, and NFP programs as follows:**
    - **HF-TIP Cumberland**
      LOS = 130 caseweight, 5 full time home visitors, and 1 full time equivalent supervisors
    - **HF-TIP Gloucester**
      LOS = 104 caseweight, 4 full time home visitors, and .80 full time equivalent supervisor
    - **HF-TIP Salem**
      LOS = 104 caseweight, 4 full time home visitors, and .80 full time equivalent supervisor

- **PAT Gloucester**
  LOS = 54 families, 3 full time home visitors, and .60 full time equivalent supervisor
- **PAT Salem**
  LOS = 36 families, 2 full time home visitors, and .40 full time equivalent supervisor
- **NFP Cumberland**
  LOS = 100 families (unchanged), 4 full time home visitors, .50 full time e quivalent supervisor, and .50 full time equivalent data support
- **NFP Gloucester**
  LOS = 50 families (unchanged), 2 full time home visitors, .25 full time equivalent supervisor, and .25 full time equivalent data support
- **NFP Salem**
  LOS = 25 families (unchanged), 1 full time home visitor, .13 full time equivalent supervisor, and .13 full time equivalent data support
- **NFP Atlantic**
  LOS = 75 families, 3 full time home visitors, .38 full time equivalent supervisor, and .38 full time equivalent data support
- **NFP Cape May**
  LOS = 25 families, 1 full time home visitor, .12 full time equivalent supervisor, and .12 full time equivalent data support

Please provide new Annex A Section 2.4s and Section 2.5s for these programs.

5. **Additionally, this modification is to reallocate funding to add the annual NSO Professional Fees to the NFP programs.**

   This modification is also to reallocate funding to add Unit 2 training costs for any Nurse Home Visitors hired in the fiscal year in the NFP program.

6. **Lastly, the agency is required to submit expenditure reports to their assigned Contract Administrator and Family and Community Partnership Program Lead on a quarterly basis.**

The total reimbursable ceiling for contract 23HWDP will change in this contract's modification from $5,652,825 to $5,033,601.