

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Division of Aging Services

Request for Proposals

**Medicare Improvements for Patients and Providers Act
(MIPPA): 2016 Medicare Special Benefits
Outreach and Enrollment Assistance**

**Nancy E. Day
Director**

July 22, 2016

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**State of New Jersey
Department of Human Services
Division of Aging Services
Request for Proposals
Medicare Improvements for Patients and Providers Act (MIPPA):
2016 Medicare Special Benefits Outreach and Enrollment Assistance**

I. INTRODUCTION

The Department of Human Services (DHS), Division of Aging Services (DoAS) is publishing this request for proposals (RFP) to increase the number of low-income Medicare beneficiaries in New Jersey who know about and apply for the Medicare Part D Low Income Subsidy (LIS), and/or a Medicare Savings Program (MSP), and to increase beneficiaries' awareness and use of free and reduced-cost preventive benefits covered by Medicare Part B.

It is anticipated that up to eleven (11) awards of \$40,000 each will be available for Area Agencies on Aging/Aging and Disability Resource Connections (AAA/ADRCs) and State Health Insurance Assistance Program (SHIP) lead agencies. Agencies may apply for only one grant, and no more than one grant will be awarded to any one county. The grant project period is October 1, 2016, through September 29, 2017.

The following summarized the RFP schedule:

July 22, 2016	Notice of Funding Availability
August 12, 2016	Submission of Letter of Interest (3:00 p.m. deadline)
August 19, 2016	Technical Assistance Telephone Call (10 a.m.)
September 16, 2016	Deadline for receipt of proposals (3:00 p.m. deadline)
September 23, 2016	Preliminary grant award announcement
September 27, 2016	Appeal deadline
September 29, 2016	Final grant award announcement
October 1, 2016	Anticipated grant start date

II. BACKGROUND

Millions of low-income older Americans struggle to pay their prescription, health care, food, and energy costs. The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 has been instrumental in helping these disadvantaged seniors to regain their economic footing and live healthy, independent lives.

Under MIPPA, New Jersey received grant funding in 2009, 2010, 2013 and 2014 from the U.S. Administration on Aging (AoA) and the U.S. Centers for Medicare and Medicaid Services (CMS) to help Medicare beneficiaries apply for the Medicare Part D Extra Help/Low-Income Subsidy (LIS) and the Medicare Savings Programs (MSPs). Since 2010 funding also includes support for efforts to educate beneficiaries of new, free and reduced-cost preventive benefits covered by Medicare Part B.

An estimated 14.6% (or over 239,000) of seniors in New Jersey live on less than \$16,755 per year (150% of the 2012 federal poverty level). Over 32,500 Medicare beneficiaries in New Jersey are eligible for, but not receiving the Medicare prescription drug Low-Income Subsidy (LIS/Extra Help). These numbers may keep growing as more people age into Medicare. Nearly half a million adults will turn 65 in New Jersey over the next five years, and over 95,000 of these Baby Boomers may be eligible to receive benefits.

MIPPA grantees have worked to identify low-income older adults throughout New Jersey who may be missing out on these programs, and assist them with applying for the programs. More than 18,500 applications were generated through previous MIPPA grants. The primary application utilized was the Universal Application of the State Prescription Assistance Program (SPAP), known as the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program. This one application enrolls and/or screens individuals for ten (10) state and federal assistance programs, including MSP and LIS.

For someone with very low income, the savings offered by public benefits can mean not having to make tough choices between paying for food or medicine, health care or utilities. The Social Security Administration (SSA) estimates the value of the LIS at \$4,000 per year. MSPs save enrolled individuals, at a minimum, over \$1,200 per year.

III. PURPOSE OF REQUEST

The purpose of these grants is to increase the number of low-income Medicare beneficiaries who know about and apply for the Medicare Part D Low Income Subsidy (LIS) and/or a Medicare Savings Program (MSP), and to increase the awareness and use of free and reduced-cost preventive benefits covered by Medicare Part B. Statewide, we intend to generate 3,500 new applications for LIS and/or MSP in FY 17.

IV. REQUIRED SERVICE COMPONENTS (SCOPE OF SERVICE)

1. Applicants and their partners (see number 13 below if applicable) will participate in training on how to help clients 1) complete the SPAP applications, through which individuals can be enrolled in LIS and screened for MSP; 2) apply directly for LIS using on-line applications available on the SSA or National Council on Aging (NCOA) websites; and 3) complete the MSP-Only application sent directly to individuals based on possible eligibility for the program on the SPAP application, in response to periodic SSA data-feeds received by the SPAP, or upon request.
2. Applicants will use county and zip code specific data provided by CMS to target outreach efforts to beneficiaries who are likely eligible, but not enrolled in LIS.
3. Applicants will conduct a minimum of 18 community presentations/enrollment events (including 4 in rural areas of their counties) and five (5) in-service trainings for staff members at community-based health and/or social service agencies serving the target population.

4. MSP, LIS, and preventive benefits information will be part of each presentation and event.
5. Applicants will provide technical assistance to a minimum of two (2) staff members from two (2) separate partner agencies on how to help Medicare beneficiaries complete the SPAP/MSP/LIS applications.
6. Applicants will develop and distribute brochures, fact sheets, flyers, and/or other materials, and utilize press releases, media events, direct mail, paid print and/or broadcast advertising and other methods to promote benefits to targeted populations.
7. In addition to developing their own materials, applicants will also distribute grant-related materials produced by DoAS.
8. Applicants will work one-on-one with beneficiaries to complete applications for MSP and/or LIS. Each grantee will meet or surpass a goal of generating 350 applications from individuals likely to qualify for assistance.
9. Applicants will conduct follow-up activities (telephone calls, emails, mail and/or home or office visits) on each SPAP/LIS/MSP application distributed to individuals at one-on-one counseling sessions, presentations and/or enrollment events within one month to offer guidance with completing and submitting the applications.
10. Applicants will serve on a statewide project consortium and agree to meet monthly via conference call, and/or quarterly at in-person meetings in the Trenton area.
11. Applicants will report monthly on all programmatic grant activity using SHIP's National Performance Report (NPR) system and/or using the NPR forms available in the DoAS-approved client tracking system software (currently Harmony's Social Assistance Management System, or SAMS).
12. Applicants will submit financial reports quarterly via the SAGE system.
13. Applicants will be responsible for the outlined scope of work, including reporting requirements, but may conduct the activities themselves or contract with a community-based organization or other non-profit social service agency for some or all project activities.
14. Applicants must dedicate a minimum of 25 percent of their grant allocation for promotional (i.e. non-administrative) purposes.

V. APPLICANT QUALIFICATIONS

To be eligible for consideration for this RFP, the bidder must satisfy the following requirements:

1. The applicant must be one of New Jersey's 21 Area Agencies on Aging/Aging and Disability Resource Connections (AAA/ADRCs) and/or the lead coordinating State Health Insurance Assistance Programs (SHIPs) in one of the 21 counties in the State. Any other agency interested in working on this grant program must partner with a lead AAA/ADRC or SHIP on their application.

2. The applicant must be a fiscally viable for-profit organization, non-profit organization, or governmental entity based upon an assessment of the bidder's audited financial statements. If an applicant is determined, in DoAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DoAS will deem the proposal ineligible for grant award.
3. The applicant must not appear on the State of New Jersey Consolidated Debarment Report available on the Internet at <http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml> or be suspended or debarred by any other State or Federal entity from receiving funds.
4. Applicants must have demonstrable experience in successfully operating grant programs.
5. The applicant must be duly registered to conduct business in the State of New Jersey.
6. Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State and provide documentation of their current non-profit status under Federal IRS (C) (3) regulations, as applicable.

VI. CLUSTERING, INCENTIVES, AND FISCAL CONSEQUENCES RELATED TO PERFORMANCE

Awards under this RFP will be clustered separately from other existing components for contract application and reporting. Funding will depend on the availability of funds. All application and expenditure data pertaining to these contract funds must be presented independently of any other DoAS or non-DoAS funded program of the applicant/contractee.

VII. CONTRACT OVERVIEW/EXPECTATIONS

All proposals for funding must be submitted through the State's System for Administering Grants Electronically (SAGE) online system. Paper submissions will not be considered. Applicants may begin completing their applications online August 19, 2016. All applications must be submitted by 3:00 pm September 16, 2016.

In order to submit a proposal online, all applicants not already registered on SAGE must first request access to the SAGE system. Agencies already registered to use SAGE do not need to register again. Because it will take up to 48 hours to be approved, we strongly encourage applicants who are not yet using SAGE to request access immediately. To gain access to the SAGE system, first complete the SAGE registration form (Attachment B) and submit to DHS as instructed on the form. Then go to www.sage.nj.gov. Click 'Request Access to SAGE', complete all requested information and click 'Save'. Be sure to write down the name, user name and password information you enter on SAGE. Password must be 7-20 characters, letters and numbers only; the

password is case sensitive. Please note that only the agency representative who registers on SAGE can access and complete the application.

The Department's SAGE coordinator will approve you as an applicant within several business days of request. Upon approval, you will receive a temporary password from the SAGE system which you will change when you log in.

Once you receive your temporary password, online prompts will guide you through the submission process. In addition, step-by-step instructions for submitting a proposal through SAGE are included on pages 9-10, "Instruction for Completion of MIPPA Grant Application on SAGE".

VIII. GENERAL CONTRACTING INFORMATION

The Department reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Department's best interests in this context include, but are not limited to, State loss of funding for the contract, insufficient infrastructure agency wide, inability of the applicant to provide adequate services, indication of misrepresentation of information and/or non-compliance with any existing Department contracts and procedures or State and/or Federal laws and regulations.

All applicants will be notified in writing of the State's intent to award a contract. All proposals are considered public information and as such will be made available upon request after the completion of the RFP process.

All applicants will be required to comply with the Affirmative Action requirements of N.J.S.A. 10:5-32 et seq.; N.J.A.C. 17:27; P.L. 2005, c.51 and 271 (N.J.S.A. 19:44A-20.13 et seq. and N.J.S.A. 40A-51); Executive Order 117 of 2008; and N.J.S.A. 52:34-13.2, Source Disclosure Certification (replaces Executive Order 129).

Applicants must currently meet or be able to meet the terms and conditions of the Department of Human Services (DHS) contracting policies and procedures as set forth in Standard Language Document (SLD), the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM). These documents are available on the DHS website at: <http://www.state.nj.us/humanservices/olra/ocpm/resources/manuals/index.html>.

Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of the project. The awardees will be required to negotiate contracts with DoAS upon award, and may also be subject to a pre-award audit survey.

Contract(s) awards, as a result of this RFP will be for twelve (12) months. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. These resources may not replace existing DoAS funding allocation.

IX. RFP APPLICATION

Download the RFP at www.state.nj.us/humanservices/providers/grants/rfp/rfprfi, **OR**
contact:

Dennis McGowan, Acting Manager
Community Resources, Education and Wellness Unit
Division of Aging Services
P.O. Box 807, Trenton, NJ 08625-0807
dennis.mcgowan@dhs.state.nj.us
(609) 588-6653

X. TECHNICAL ASSISTANCE TELEPHONE CALL

All applicants intending to submit a proposal in response to this RFP are invited to participate in a scheduled voluntary technical assistance conference call/Go-To-Training webinar at 10:00 a.m. on August 12, 2016. Email dennis.mcgowan@dhs.state.nj.us to register for the session. All registered attendees will be provided with the link and access codes required for participation.

XI. SUBMISSION INSTRUCTIONS

Applicants must submit a letter of interest by 3:00 pm on August 12, 2016. The letter of interest must include the name of the agency, the address of the agency (including municipality and zip code), the agency's telephone number, the agency's tax ID number, the name and email address of the person who will be entering the grant application on-line, and a statement indicating whether the agency is registered on the State's System for Administering Grants Electronically (SAGE). The letter must be emailed to dennis.mcgowan@dhs.state.nj.us and/or faxed to 609-588-7630.

Proposals must be submitted through SAGE by 3:00 pm on September 16, 2016. Late submissions and paper submissions will not be accepted.

XII. REVIEW OF PROPOSALS AND NOTIFICATION OF AWARD

A panel comprised primarily of DoAS staff will review and score all proposals. Proposals will be rated on factors such as the scope, clarity, and quality of the proposal as well as the appropriateness and reasonableness of the budget (see Attachment E).

The DoAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The DoAS will notify all applicants of preliminary award decisions no later than September 23, 2016.

XIII. APPEAL OF AWARD DECISIONS

Appeals of any award determinations may be made only by the respondents to this request for proposals. All appeals must be made in writing and must be received by the DoAS at the address below no later than 3:00 pm on September 27, 2016. The written request must set forth the basis for the appeal.

Appeals must be addressed to:

Nancy E. Day, Director
Division of Aging Services
P.O. Box 807
Trenton, NJ 08625-0807
Fax: 609-588-7683

Please note that all costs incurred in connection with any appeals of DoAS decisions are considered unallowable costs for purposes of DoAS contract funding. The DoAS will review appeals and render final funding decisions by September 29, 2016. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

XIV. REQUIREMENTS FOR PROPOSAL SUBMISSION

Proposals must be submitted through SAGE by 3:00 p.m. on September 16, 2016.

Grant Application Forms:

The information/sections listed below will appear in SAGE under Forms as Grant Application Forms. Open each section and fill in the required information. If not required, then N/A appears and no action is needed.

1. Standard Language Document for Social Service and Training Contracts
2. DHS Organization Information Review Page
3. Application Summary
4. Project Location
5. Statement of Local Government Public Health Partnership
6. Needs and Objectives
 - a. Assessment of Need(s) – List the need(s) which illustrate the reason for the project.
 - b. Objective(s) – Objective(s) must include the scope of service in Section IV.
 - c. Cost of Project - \$40,000
7. Methods and Evaluation of Project
8. Schedule A – Full Time Personnel Costs
9. Schedule A – Part Time Personnel Costs
10. Schedule B – Consultant Services Cost
11. Schedule C – Other Cost Categories

12. Funds and Program Income from Other Sources related to this Application (if applicable)
13. Cost Summary – SAGE will populate this summary based on information entered on Schedule C
14. Schedule D – Officer and Directors List
15. Schedule G – Certification Regarding Debarment and Suspension
16. Schedule H – Certification Regarding Lobbying
17. Schedule I – Certification Sheet
18. Schedule J – Agency Minority Profile
19. Schedule K – Certification Regarding Environmental Tobacco Smoke
20. Schedule L – Statement of Assurance
21. Schedule M – Certificate Regarding Disclosure of Investment Activities in Iran
22. Required Attachments – Detailed below
23. Miscellaneous Attachments – Detail below

Required Attachments:

The information/sections listed below will appear in SAGE under Forms as Grant Application Forms. Open each section and fill in the required information. If not required, then N/A appears and no action is needed.

1. Organizational Chart
2. NJ Charities Registration (if applicable)
3. Proof of Non Profit Status (if applicable)
4. Certificate of Incorporation
5. Certificate of Employee Information Report (AA302) (see www.state.nj.us/treasury/purchase/forms.shtml)
6. DHS Standardized Board Resolution Form (see <http://www.state.nj.us/humanservices/olra/ocpm/resources/manuals/index.html>)
7. Business Associate Agreement (BAA) - Located in SAGE under “Grant Manual and Policies”; must be printed, signed, scanned, and uploaded. This is required even if the agency is a covered entity and has previously signed a Business Associate Agreement.
8. Copy of August 2016 Interest Bearing Bank Account Statement
9. Proof of Indirect Rate – N/A
10. Program Income Statement (if applicable)
11. Audit Engagement Letter
12. Staff Resumes – N/A
13. Salary Ranges – N/A
14. Salary Policy – N/A
15. Travel Policy – N/A
16. Telephone Policy – N/A
17. Maintenance Agreements – N/A
18. Lease or Mortgage Document – N/A
19. Insurance Policy - Current Liability Insurance Declaration page
20. Cost Allocation Plan – N/A

21. Estimate for Equipment – N/A
22. Computer Security Policy – N/A
23. Consultant Agreements (if applicable)
24. Statement of Gross Revenue (if applicable)
OR
25. Annual Audit Report
26. Tax Clearance Certificate – N/A

Miscellaneous Attachments:

The following items are required, unless otherwise noted, and must be uploaded as Miscellaneous Attachments.

1. Plan for Sustainability – Upload one page (12 point font, double-spaced, 1 inch margins) to address the applicant’s plan for sustainability beyond the grant period.
2. A copy of the applicant’s Code of Ethics and/or Conflict of Interest Policy.
3. Contributions/ Compliance forms required by N.J.S.A. 19:44A-20.13 et seq. and N.J.S.A. 40A:11-51 (formerly Executive Order 134) and Executive Order 117 (Signed and dated) only for For-Profit organizations (see www.state.nj.us/treasury/purchase/forms.shtml).
4. Cover Sheet – Print, complete, and upload (Attachment C from RFP Package).
5. Annex B Schedule 4 – Print, complete, and upload if applicable. (Attachment D from RFP Package).

XV. INSTRUCTIONS FOR COMPLETION OF APPLICATION: Medicare Improvements for Patients and Providers Act (MIPPA): 2016 Special Benefits Outreach and Enrollment Assistance on the NJ System for Administering Grants Electronically (SAGE)

1. Upon approval of Letter of Interest submitted by applicant, organization will be granted access to the MIPPA 2016 application on SAGE.

2. Log-into www.sage.nj.gov with user name and password you specified at the time of SAGE registration.

3. Once logged-in, on left side of screen see box “MY DOCUMENTS”

- Click on drop-down menu to show “All My Documents” and click “GO”
- Click on MIPPA Outreach and Enrollment 2016; then
- Click on “CREATE NEW MIPPA Outreach and Enrollment 2016”

4. When asked “Are you sure you want to create a MIPPA 2016 application”, click “I Agree.”

5. On right side of screen go to box titled FORMS. Click on file marked “Grant Application Forms”

Will see the following forms listed:

- Standard Language Document for Social Service and Training Contracts
- DHS Organization Information Review Sheet
- Application Summary
- Project Location
- Needs and Objectives of Project
- Methods and Evaluation of Project
- Schedules A – M
- Required Attachments
- Miscellaneous Attachments

6. Click on Standard Language Document for Social Service and Training Contracts. This page will have a link to the contract agreement for the Department of Human Services containing the terms and conditions of the grant. Once you have read the agreement, you must check the certification box, insert the certifying official's name and title and save the page. **NOTE:** The certifying official on this document must be the same individual named on the DHS Standardized Board Resolution Form.

7. Click on DHS Organization Information Review Sheet. Questions are self-explanatory. Click "save" when completed.

8. Click on Application Summary: Most questions are self-explanatory. Here are tips for some of the questions:

- Project title: MIPPA 2016 _____ (add an agency identifier)
- Select Payment Plan as "**Advanced Payment**"
- Certificate of Need is "**not required**"
- Name of NJDHS Program Manager: **Dennis McGowan**
- Type of Request: select **New**
- Budget Period and Project Period are the same:
10/1/2016 to 9/29/2017.
- Funds requested: Enter **\$40,000**
- Funds from Other Sources: **none required.**

IMPORTANT: Click "Save" after completing each form, then click "Next". Your application will now show under your documents as "Application in Process". You can log off SAGE and return to edit application at any time while application is in this status.

9. Click on Project Location: only list the county and municipalities where the MIPPA 2016 outreach and enrollment activities will be offered by your organization. Click "Save" when completed and click "Next".

10. Click on Needs and Objectives:

a. Assessment of Need: Up to 2 additional pages (double-spaced, 12 point font, 1 inch margins) may be included as an attachment under "Miscellaneous Attachments" (excess pages will not be considered).

b. Objectives of the Project: Objectives must match the scope of service included in this RFP.

c. Cost of Project: Cost must match the budgeted amount of \$40,000
Click "Save when page completed and then click "Next".

11. Click on Methods and Evaluation of Project

Up to 2 additional pages (double-spaced, 12 point font, 1 inch margins) may be included as an attachment under "Miscellaneous Attachments" (excess pages will not be considered). If you are a current MIPPA grantee, explain why you need additional funding and how your proposed project differed from your current grant.

Click "Save" when page completed and then click "Next".

12. Click on Schedules A - M

See page 7 in this RFP

13. Required Attachments

See page 8 in this RFP

14. Miscellaneous Attachments

See page 8 in this RFP

IMPORTANT NOTE:

The person listed on the Standard Language Document for Social Service and Training Contracts form must be the same person saving the page in SAGE. This person must also be listed on the DHS Standardized Board Resolution as "Authorized Person for Contract documents".

The same person must also certify Schedules G, H, I, K, L & M, and must sign the Business Associates Agreement (BAA).

How to Submit Application to DHS

After completing and saving all forms, return to main menu and click on your application in process in MY ACTIVE DOCUMENTS.

In box STATUS MANAGEMENT, be sure that the next possible status indicates "application submitted". If so, click "Change Status" and the application will be updated from "application in process" to "Application Submitted".

If any forms are incomplete, you will see an error message with details on missing information.

You can view and print a pdf copy of your application by clicking on the link at the bottom of the forms section that says “view full grant application pdf.”

The SAGE system will not email you a confirmation of submission. To verify submission, click the Application Menu. The status will be “Sent to DHS”.

IMPORTANT REMINDER:

All MIPPA Outreach and Enrollment 2016 applications must be submitted on SAGE before 3:00 PM, September 16, 2016.

For questions contact:

Dennis McGowan
Division of Aging Services, NJ Department of Human Services
Phone: 609-588-6653
Email: dennis.mcgowan@dhs.state.nj.us

ATTACHMENT A

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility which assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof which offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

NOTE: A separate signature is not required for this form. By submitting an application, the applicant is agreeing to the above.

ATTACHMENT B

New Jersey Department of Human Services (DHS)
Instructions for Adding a new Agency/Organizations into SAGE
APPLICANT

First time applicants, whose organization has never registered in SAGE, need to complete this form and submit it to DHS. DHS staff will verify certain information to ensure you satisfy DHS requirements. When DHS requirements are met, your organization will be validated in SAGE.

NOTE: This does not give you access to an application. Contact the granting agency to be made eligible for the program.

Instructions:

- 1 **Complete** FORM For Adding Agency Organizations Into SAGE
- 2 **Identify** your **Authorized Official**. If you have none, have the Authorized Official register as a new user before this form is submitted. The new Authorized Official will be validated and assigned to the organization when the organization is validated.
- 3 **Sign a hard copy** of the FORM For Adding Agency Organizations Into SAGE **and submit** it via a FAX or email attachment to Bruce Sutton
 - a. FAX 609-588-3326
 - b. Email: bruce.sutton@dhs.state.nj.us
4. For questions or technical assistance related to SAGE contact Bruce Sutton at the SAGE Helpdesk 609-588-6789, or Stacey Shelle at 609-588-7260 or via email stacey.shelle@dhs.state.nj.us

FORM For Adding Agency Organizations Into SAGE

Name (Exact Legal Name)*	
Federal Tax I.D. Number*	
NJ Vendor ID Number (Treasury ID Number)*	
DUNS Number*	
Address*	
City*	
State*	
Zip code*	
County*	
Phone Number*	
FAX Number	
Email*	
Website	
Authorized Official* (see note 1)	

* required information.

To be approved by DHS, your organization must have a (please verify below):
 ___ W-9 Vendor Identification Number in the State Treasury System

<p>The signature below certifies that the Authorized Official is duly authorized by the governing body of the applicant to submit any and all grants on behalf of this agency; and that, to the best of your knowledge, all information provided is true and accurate.</p> <p>SIGNATURE _____ DATE _____</p> <p>PRINT NAME: _____</p>

Note 1. Identify your validated Authorized Official, or if none, identify Authorized Official and have them register as a new user before submitting. A newly registered Authorized Official will be validated when the organization is validated.

ATTACHMENT C

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Division of Aging Services
Cover Sheet

Name of RFP: Medicare Improvements for Patients and Providers Act (MIPPA):

2006 Medicare Special Benefits Outreach and Enrollment Assistance

County of Grant Award: _____

Incorporated Name of Applicant:

Type: Public _____ Profit _____ Non-Profit _____ Hospital-Based _____

Federal ID Number:

Charities Reg. Number (if applicable):

Address of Applicant:

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Authorization: Chief Executive Officer (printed name):

Signature: _____ Date: _____

ATTACHMENT D

Annex B Schedule 4

The purpose of the Annex B: Contract Information Form is to provide general information about the provider agency, the contracts it has with the Department and other organizations and agencies, and the services it provides.

Report on schedule 4 any budgeted or actual purchases from related organizations. A related organization is one under which one party is able to control or influence substantially the actions of the other. Such relationships include but are not limited to those between (1) divisions of an organization; (2) organizations under common control through common officers, directors, or members, and (3) an organization and a director, trustee, officer, or key employee or his/her immediate family, either directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest.

Costs of services, facilities, and supplies furnished by organizations related to the provider agency must not exceed the competitive price of comparable services, facilities, or supplies purchased elsewhere.

Additional explanation and all forms related to the Annex B are located at <http://www.state.nj.us/humanservices/olra/ocpm/resources/manuals/index.html> under SECTION 5- Standard Contract Fiscal Annexes.

NOTE: Submit a completed Schedule 4 only if applicable.

ATTACHMENT E

APPLICATION EVALUATION CRITERIA

Needs and Objectives – 30 Points

- Needs – 15 Points – Packet indicates an applicant that has identified the barriers and challenges facing the target population and established the need for grant activities.
- Objectives – 15 Points – Packet indicates an applicant that has identified what they intend to accomplish if funded.

Targeting, Methods and Evaluation - 40 Points

- Targeting – 10 Points – Packet indicates an agency that has successfully worked with targeted population in the past and could effectively outreach, educate and enroll individuals in programs that are the subject of this grant (i.e., MSP, LIS and Medicare health promotion and disease prevention services).
- Methods – 20 Points – Packet indicates an applicant that, using the identified methods, is capable of accomplishing the objectives.
- Evaluation – 10 Points – Packet indicates an applicant that will monitor their success in meeting the objectives and adjust plans accordingly.

Budget - 10 Points

- Packet identifies an applicant that will use grant funding efficiently to effectively accomplish objectives.

Sustainability - 20 Points

- Sustainability – 20 Points – Packet indicates an applicant that is committed to continuing to help eligible individuals access MSP, LIS and Medicare health promotion and disease prevention services after the grant period ends.
- If you are a current MIPPA grantee, explain why you need additional funding and how your proposed project differed from your current grant.