

**NEW JERSEY DEPARTMENT OF HUMAN SERVICES**

**Division of Aging Services**

**Request for Proposals**

**Medicare Improvements for Patients and Providers Act  
(MIPPA): 2020 Medicare Special Benefits  
Outreach and Enrollment Assistance**

**Louise Rush  
Division Director**

**September 16, 2020**

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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):  
2020 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 Medicare Part D, 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 ten (10) 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 (1) grant, and no more than one (1) grant will be awarded to any one (1) county. The grant project period is November 1, 2020 through August 31, 2021.

The following summarizes the RFP schedule:

September 16, 2020	Notice of Funding Availability
September 23, 2020	Submission of Letter of Interest (3:00 p.m. deadline)
September 25, 2020	Technical Assistance Telephone Call (10:00 a.m.)
October 19, 2020	Deadline for receipt of proposals (3:00 p.m. deadline)
October 23, 2020	Preliminary grant award announcement
October 27, 2020	Appeal deadline (3:00 p.m. deadline)
October 29, 2020	Final grant award announcement
November 1, 2020	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, 2014, 2017, 2018 and 2020 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 Medicare Part D, the 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.

In 2019, an estimated 292,000 seniors in New Jersey (21.1 % of all state seniors) had incomes of less than 150% of the Federal Poverty Level (\$18,735 for individuals; \$25,365 for couples). Over 37,000 Medicare beneficiaries in New Jersey are eligible for, but not receiving, the Medicare prescription drug Low-Income Subsidy (LIS/Extra Help) and/or help from a Medicare Savings Program. These numbers may keep growing as more people age into Medicare. There will be 200,000 more individuals age 65 and older living in New Jersey in 2025 than there are today.

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 28,000 applications were generated through previous MIPPA grants. The primary application utilized was the NJSave online or paper 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 \$1,700 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 3,000 new applications for LIS and/or MSP in FFY 21.

### **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 data provided by DoAS to contact and attempt to enroll potentially-eligible individuals as identified by the Social Security Administration.
3. Applicants will conduct a minimum of 20 in-person and/or virtual community presentations/enrollment events (including four (4) in rural areas of their counties) and three (3) 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 (1) 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 Tracking and Reporting System (STARS) and/or using the STARS 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 applicant 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 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 applicant's audited financial statements. If an applicant is determined, in DoAS' sole

discretion, to be insolvent or to present insolvency within the 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/debsearch.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/contractor.

## **VII. CONTRACT OVERVIEW/EXPECTATIONS**

All proposals for funding must be submitted through the SAGE online system. Paper submissions will not be considered. Applicants may begin completing their applications online September 25, 2020. All applications must be submitted by 3:00 pm October 19, 2020.

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, applicants who are not yet using SAGE are strongly encouraged 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](http://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 at [www.state.nj.us/humanservices/olra/ocpm/resources/manuals/index.html](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 10 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](http://www.state.nj.us/humanservices/providers/grants/rfp/rfprfi), **OR** contact:

Andrew Biederman, Administrative Analyst I  
Community Resources, Education and Wellness Unit  
Division of Aging Services  
P.O. Box 807, Trenton, NJ 08625-0807  
[andrew.biederman@dhs.nj.gov](mailto:andrew.biederman@dhs.nj.gov)  
(609) 438-4797

## **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 September 25, 2020. Email [andrew.biederman@dhs.state.nj.us](mailto:andrew.biederman@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 September 23, 2020. 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 online, 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 [andrew.biederman@dhs.state.nj.us](mailto:andrew.biederman@dhs.state.nj.us).

Proposals must be submitted through SAGE by 3:00 pm on October 19, 2020. 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 October 23, 2020.

### **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 October 27, 2020. The written request must set forth the basis for the appeal. Appeals must be emailed to [doas@dhs.nj.gov](mailto:doas@dhs.nj.gov) for consideration by Louise Rush, Division Director.

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 October 29, 2020. 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 October 19, 2020.

#### **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; and
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](http://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 an Interest Bearing Bank Account Statement – N/A;
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 Annual Audit Report; and
25. 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 (1) page (12 point font, double-spaced, one (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](http://www.state.nj.us/treasury/purchase/forms.shtml));
4. Cover Sheet – Print, complete, and upload (Attachment C from RFP Package); and
5. Annex B Schedule 4 – Print, complete, and upload if applicable. (Attachment D from RFP Package).

## XV. INSTRUCTIONS FOR COMPLETION OF APPLICATION

1. Upon approval of Letter of Interest submitted by applicant, the organization will be granted access to the MIPPA 2020 application on SAGE.
2. Log-into SAGE at <https://njsage.intelligrants.com> with user name and password specified at the time of SAGE registration.
3. Once logged-in on HOME Page, see “View Available Opportunities” and click View Opportunities.
  - a. On the list look for **MIPPA Outreach and Enrollment 2020**
  - b. Click on Apply Now
4. **Agreement** form will appear. When asked “Are you sure you want to create a MIPPA 2020 application”, click “I Agree”.
5. On “**Applications/Grants**” tab you will find the forms necessary to complete the application by hovering over, or clicking on, the **FORMS MENU**. The following forms are listed:
  - a. Standard Language Document for Social Service and Training Contracts;
  - b. DHS Organization Information Review Sheet;

- c. Application Summary;
  - d. Project Location;
  - e. Needs and Objectives of Project;
  - f. Methods and Evaluation of Project;
  - g. Schedules A – M;
  - h. Required Attachments; and
  - i. 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 the agreement is read, the certification box must be checked, and the certifying official's name and title inserted and saved on 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. Check the "Certification Box" and Click "save" when completed. **NOTE:** The certifying official on this document must be the SAME individual named on the DHS Standardized Board Resolution Form.
8. Click on **Application Summary**: Most questions are self-explanatory. Tips for some of the questions include:
- a. Select Payment Plan as "**Cost Reimbursement**";
  - b. Certificate of Need is "**not required**";
  - c. Name of NJDHS Program Manager: **Andrew Biederman**;
  - d. Type of Request: select **New** ;
  - e. Budget Period and Project Period are the same: **11/1/2020 to 8/31/2021**;
  - f. Funds requested: Enter **\$40,000**; and
  - g. Funds from Other Sources: **none required**.

**IMPORTANT:** Click "Save" after completing each form, then click "Next". Your application will now show under your "My Tasks" 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 2020 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 two (2) additional pages (double-spaced, 12 point font, one (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 RPF;
- c. **Cost of Project:** Cost must match the budgeted amount of \$40,000; and
- d. Click “Save when page completed and then click “Next”.

11. Click on **Methods and Evaluation of Project:**

- a. Up to two (2) additional pages (double-spaced, 12 point font, one (1) inch margins) may be included as an attachment under “Miscellaneous Attachments” (excess pages will not be considered);
- b. If a current MIPPA grantee, explain why additional funding is needed and how the proposed project differs from the current grant; and
- c. 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).

**XVI. INSTRUCTIONS TO SUBMIT APPLICATION TO DHS**

- 1. After completing and saving all forms, return to main menu, hover over “Status Changes” and where it says “Application Submitted”, click “Apply Status”. Then click, “I Agree”.
- 2. If any forms are incomplete, an error message detailing the missing information will appear on the screen.
- 3. A pdf copy of the application can be viewed and printed by hovering over “Management Tools” and clicking on “Create Full Print Version”.
- 4. The SAGE system will not email 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 2020 applications must be submitted on SAGE before 3:00 PM, October 19, 2020.

For questions contact:

Andrew Biederman  
Division of Aging Services,  
NJ Department of Human Services  
Phone: 609-438-4797  
Email: [andrew.biederman@dhs.nj.gov](mailto:andrew.biederman@dhs.nj.gov)

# **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 an email attachment to Timothy Appert at [timothy.appert2@dhs.nj.gov](mailto:timothy.appert2@dhs.nj.gov).
4. For questions or technical assistance related to SAGE contact Tim Appert at the SAGE Helpdesk 609-438-4738, or Annette Prophete at 609-438-4752 or via email: [annette.prophete@dhs.nj.gov](mailto:annette.prophete@dhs.nj.gov).

**FORM For Adding Agency Organizations Into SAGE**

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

\* 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

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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):

2020 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.