

STATE OF NEW JERSEY
NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF AGING SERVICES

Request for Proposals

Falls Prevention Programs

October 21, 2015

Nancy E. Day, Director
Division of Aging Services

Table of Contents

I. INTRODUCTION.....	3
II. BACKGROUND.....	3
III. PURPOSE OF REQUEST	5
IV. APPLICANT QUALIFICATIONS	5
V. CLUSTERING, INCENTIVES, AND FISCAL CONSEQUENCES RELATED TO PERFORMANCE.....	6
VI. CONTRACT OVERVIEW/EXPECTATIONS	6
VII. GENERAL CONTRACTING INFORMATION	6
VIII. TECHNICAL ASSISTANCE TELEPHONE CALL.....	7
IX. SUBMISSION INSTRUCTIONS.....	7
X. REVIEW OF PROPOSALS AND NOTIFICATION OF AWARD.....	8
XI. APPEAL OF AWARD DECISIONS	8
XII. REQUIREMENTS FOR PROPOSAL SUBMISSION	8
XIII. INSTRUCTIONS FOR COMPLETION OF APPLICATION ON SAGE.....	11
Attachment A – Addendum to Request for Proposal for Social Service and Training Contracts	14
Attachment B – Scope of Service	16
Attachment C – SAGE Registration	18
Attachment D – Grant Application and Scoring Components	20
Attachment E – Agency Partner Agreement.....	23
Attachment F – Annex B Schedule 4: Related Organization.....	25
Attachment G – Cover Sheet	26

**State of New Jersey
Department of Human Services
Division of Aging Services
Request for Proposals**

Falls Prevention Programs

I. INTRODUCTION

This Request for Proposals (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Aging Services (DoAS) to solicit proposals to support and deliver two evidence-based falls prevention programs: *A Matter of Balance: Managing Concerns About Falls (MOB)* and *The Otago Exercise Program (Otago)*. The purpose of the grant program is to build and strengthen the infrastructure for statewide delivery of both programs. Grant program funds may not be used for any other chronic disease or self-management program.

DoAS will provide total funding of \$180,000 subject to State and federal appropriations. Within this initiative, it is anticipated that up to ten (10) grant awards will be available for MOB and five (5) awards for Otago. Each award will be \$12,000. No single agency will be awarded funding for both programs. The grant project period will be eight (8) months, from December 1, 2015 through July 31, 2016.

The following summarizes the RFP schedule:

October 14, 2015	Notice of Funding Availability
November 4, 2015	Submission of Letter of Interest (3:00 p.m. deadline)
November 5, 2015	Technical Assistance Telephone Call/Applications Opened in SAGE
November 17, 2015	Deadline for receipt of proposals (3:00 p.m. deadline)
November 19, 2015	Preliminary grant award announcement
November 23, 2015	Appeal deadline
November 30, 2015	Final grant award announcement
December 1, 2015	Anticipated grant start date

II. BACKGROUND

Falls among New Jersey's seniors and adults with disabilities result in physical, psychological and financial hardships for individuals and place a significant burden on caregivers, social services and healthcare agencies. According to the Center for Health Statistics (CHS) within the NJ Department of Health, 208,016 people were seen in NJ emergency rooms (ERs) in 2013 due to falls. Of these, 73,723 (35.4%) were age 60 and older, including 35,527 (17.1%) who were age 80 and older. On an average day in NJ, 201 older adults are treated in NJ ERs due to falls. While most individuals were treated and released, 24,641 were admitted to the hospital in 2013, including 18,956 (77%) age 60 and older. Total NJ hospital charges associated with older adults who fell in 2013 was a staggering \$1,715,731,800.

Most fractures among older adults are caused by falls. In 2012, nearly 6,500 individuals age 65 and older in NJ had a hip fracture at an estimated annual medical cost of over \$544 million.

Those aged 75 and older who fall are four to five times more likely than those aged 65 to 74 to be admitted to a long-term care facility for a year or more. Many people who fall, even if they are not injured, develop a fear of falling. This fear may cause them to limit activities, which leads to reduced mobility and loss of physical fitness which increases their risk of falling.

While the State does not collect ER and hospital admission statistics for individuals with disabilities who fall, it is known that people with gait and balance problems, or who use walking aids, are at greater risk. People with cognitive or vision impairments, depression, or who have had a stroke, experience dizziness or vertigo, take multiple medications or have urinary incontinence – just to name a few conditions – are at risk for falling. An analysis of 2012 Behavioral Risk Factor Surveillance System data found that falls and the injuries they cause are more than twice as high among adults with arthritis as those without the condition. A Johns Hopkins study of adults ages 40 to 69 with mild hearing loss found these individuals to be three times more likely to have fallen than the general population.

In 2009, DoAS used a small amount of unexpended grant funds to introduce *A Matter of Balance: Managing Concerns About Falls (MOB)*, an eight-session program designed to reduce falls and the fear of falling, in New Jersey. MOB is based upon research conducted by the Roybal Center for Enhancement of Late-Life Function at Boston University. The program is administered nationally by MaineHealth, a non-profit network of healthcare providers and organizations. MOB classes are limited to groups of 10-12 participants. Sessions are held in community sites such as senior centers, senior housing, libraries, etc. The class utilizes a variety of activities to address physical, social, and cognitive factors affecting fear of falling and to learn fall prevention strategies. The activities include group discussion, problem-solving, skill building, assertiveness training, videotapes, sharing practical solutions and exercise training. During the class, participants learn to: 1) view falls and fear of falling as controllable; 2) set realistic goals for increasing activity; 3) change their environment to reduce fall risk factors; and 4) promote exercise to increase strength and balance.

Availability of *The Otago Exercise Program (Otago)* is currently very limited in New Jersey, with only one AAA/ADRC, Passaic County, using its Title IIID funds for this evidence-based falls prevention intervention. The program, developed in Australia and administered nationally by the Carolina Geriatric Education Center at the University of North Carolina, is an in-home exercise and walking program that has proven effective in reducing falls and related injury risk for participants by 35%. It is intended for individuals who do not want or cannot attend a group exercise program or facility.

Otago is overseen by a licensed physical therapist who can be aided by a physical therapist assistant or nurse. The assigned professional visits each participant four times in the home over the first two months and again for a booster session at six months. There are also once-a-month phone contacts when no visits are planned. The exercises include strengthening exercises for lower leg muscles using ankle weights, balance and stability exercises, and active range of motion. Participants are expected to exercise 30 minutes three times a week and walk outside the home twice a week.

For more details on MOB, visit <http://www.mainehealth.org/mob>, and for Otago, visit <https://www.med.unc.edu/aging/cgcec/exercise-program>.

III. PURPOSE OF REQUEST

The purpose of these grants is to strengthen the infrastructure for statewide delivery of two evidence-based falls prevention programs: *A Matter of Balance: Managing Concerns About Falls (MOB)* and *The Otago Exercise Program (Otago)*. During this grant period, DHS will be working with service delivery systems to develop referral processes. Funded agencies must agree to enroll participants from outside referral sources, including Medicaid Managed Care Organizations (MCOs). Applicants must include in their application a commitment to accomplish the required activities and reach the number of individuals identified in the Scope of Service. Applicants must also include a plan for how activities will continue without future grant funding once the initial grant period ends. While a cash match is not required, the sustainability plan should reflect the resources the applicant is committing to this project.

All applicants must be currently trained and authorized to provide MOB and/or Otago and/or commit to have agency and/or partner staff members or volunteers (as appropriate) to complete the required training and provide program activities in their county or other coverage area.

IV. APPLICANT QUALIFICATIONS

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

1. Be an agency currently providing MOB or Otago or an agency desiring to be trained to provide MOB or Otago.
2. Be a fiscally viable for-profit, non-profit, or governmental entity with demonstrable experience in successfully providing evidence-based disease prevention and health promotion programs.
3. Be experienced in delivering exercise/education to older adults in a community setting if applying for MOB. Applicants applying for the Otago grant funding must employ physical therapists and physical therapist assistants and/or nurses able to provide services in the home.
4. Be duly registered to conduct business in the State of New Jersey.
5. 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.
6. Not appear on the State of New Jersey Consolidated Debarment Report 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.

V. 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.

VI. CONTRACT OVERVIEW/EXPECTATIONS

All proposals for this funding must be submitted through the State's System for Administering Grants Electronically (SAGE) online system. Paper submissions will not be considered. All applications must be submitted by 3:00 pm on November 17, 2015. Applicants may begin completing their applications online on November 5, 2015.

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 C) 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 detailed in Section XIII of the RFP, "Instruction for Completion of Falls Prevention Grants on SAGE".

VII. GENERAL CONTRACTING INFORMATION

Bidders must currently meet or be able to meet the terms and conditions of the DHS contract policies and procedures as set forth in the 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/ocpm/home/resources/manuals/index.html>).

Bidders are required to comply with the Affirmative Action Requirements of Public Law 1975, c. 124 (N.J.A.C. 17:27) and the requirements of the Americans with Disabilities Act of 1991 (P.L. 101-336).

Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

All bidders 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 in accordance with the State Open Public Records Act process at the conclusion of the RFP process.

The contract awarded as a result of this RFP may be renewable for one (1) year at DMHAS' sole discretion and with the agreement of the awardee. 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. Actual funding levels will depend on the availability of funds and satisfactory performance.

In accordance with DHS Policy P1.12, available on the web at www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html, contracts awarded pursuant to this RFP will be separately clustered until the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

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 of the applicant to successfully accomplish the program goals and objectives, inability of the applicant to provide adequate services, indication of misrepresentation of information and/or non-compliance with any existing Department contract and procedures or State and/or Federal laws and regulations.

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.

DHS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP.

VIII. TECHNICAL ASSISTANCE

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 on November 5, 2015. Email maryann.marian@dhs.state.nj.us before noon on November 4, 2015 to register for the session. All registered attendees will be provided with the link and access codes required for participation.

IX. SUBMISSION INSTRUCTIONS

Applicants must submit a letter of interest by 3:00 pm on November 4, 2015. The letter of interest must include the following: name of the agency, address of the agency (including municipality and zip code), agency's telephone number, agency's tax ID number, name of the person who will be entering the grant application on-line, email address and phone number of the person completing the grant application, and a statement indicating whether the agency is

registered on SAGE. Letters must be emailed to dennis.mcgowan@dhs.state.nj.us and copied to maryann.marian@dhs.state.nj.us. Letters of Interest may also be faxed to 609-588-7630.

Proposals must be submitted through SAGE by 3:00 p.m. on November 17, 2015. Late submissions and paper submissions will not be accepted.

X. 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 (see Attachment D).

DoAS will notify all applicants of preliminary award decisions no later than November 19, 2015.

XI. 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 November 23, 2015. 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, render final funding decisions and issue Intent to Fund letters by November 30, 2015. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

XII. REQUIREMENTS FOR PROPOSAL SUBMISSION

Proposals must be submitted through SAGE before 3 p.m. on November 17, 2015.

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 in the list below 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 as detailed in the RFP.
- c. Cost of Project - \$12,000
- 7. Methods and Evaluation of Project
- 8. Schedule A – Full Time Personnel Costs - N/A
- 9. Schedule A – Part Time Personnel Costs - N/A
- 10. Schedule A – Part Time Personnel Costs/No Fringe - N/A
- 11. Schedule B – Consultant Services Cost - N/A
- 12. Schedule C – Other Cost Categories – All program costs will be listed in this schedule under Program Expenses and Other Costs.
- 13. Funds and Program Income from Other Sources related to this Application – N/A
- 14. Cost Summary – SAGE will populate this summary based on information entered on Schedule C
- 15. Schedule D – Officer and Directors List
- 16. Schedule G - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions
- 17. Schedule H – Certification Regarding Lobbying
- 18. Schedule I – Certification Sheet
- 19. Schedule J – Agency Minority Profile
- 20. Schedule K – Certification Regarding Environmental Tobacco Smoke
- 21. Schedule L – Statement of Assurance
- 22. Schedule M – Certificate Regarding Disclosure of Investment Activities in Iran
- 23. Required Attachments – Detailed below
- 24. Miscellaneous Attachments – Detailed 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 (Form AA302) (refer to www.state.nj.us/treasury/purchase/forms.shtml)
- 6. DHS Standardized Board Resolution Form (refer to www.state.nj.us/humanservices/ocpm/policies/P1ContractNegRevisions/P1_06.pdf)
- 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 BAA)
- 8. Copy of most recent Interest Bearing Bank Account Statement - N/A
- 9. Proof of Indirect Rate – N/A
- 10. Program Income Statement (if applicable)
- 11. Audit Engagement Letter – N/A
- 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 – N/A
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) summary narrative to address the applicant’s plan for sustainability beyond the grant period. Include details on how the agency will create the infrastructure for program coordination to include coach and participant recruitment, marketing and maintaining a plan to offer at least two classes per year at the completion of the grant.
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 G from RFP Package).
5. Annex B, Schedule 4 – Print, complete, and upload if applicable (Attachment F from RFP Package).
6. Agency’s MOB/Otago Leader Capacity – Applicants must demonstrate availability establish/maintain sufficient number of trained leaders to complete the scope of service for the grant they are requesting.
7. For MOB, describe strategy to identify, recruit and support volunteer coaches.

For current Master Trainer/Leaders/Coaches, please identify;

- Name
- When trained and by whom
- Agency Affiliation
- Experience with MOB or Otago

For individuals to be trained, please identify;

- Name
- Agency Affiliation
- 2-3 Sentence Biography

XIII. INSTRUCTIONS FOR COMPLETION OF APPLICATION Falls Prevention Grants on the NJ System for Administering Grants Electronically (SAGE)

1. Upon approval of the Letter of Interest submitted by the applicant, applicant will be granted access to the Falls Prevention 2015 application on SAGE.

2. Login to SAGE at 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 Falls Prevention 2015; then
- Click on “CREATE NEW Falls Prevention 2015”

4. When asked “Are you sure you want to create a Falls Prevention 2015 application?” click “I Agree.”

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

The following forms will be 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: Falls Prevention 2015 _____ (add an agency identifier)
- Select Payment Plan as **“Cost-Reimbursement”**
- Certificate of Need is **“not required”**
- Name of NJDHS Program Manager: **Maryann Marian**
- Type of Request: select **New**
- Budget Period and Project Period are the same:
12/01/2015 to 7/31/2016.
- Funds requested: Enter **\$12,000**
- 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 the application at any time while the application is in this status.

9. Click on Project Location: only list the county(ies) and municipalities where the MOB workshops or Otago intervention will be offered by your organization. Click “Save” when completed and then 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 RPF.
- c. Cost of Project: Cost must match the budgeted amount of \$12,000.

Click “Save when page completed and then click “Next”.

11. Click on Methods and Evaluation of Project:

State what methods your agency will use to meet its Scope of Services and how your agency will monitor and evaluate progress and success. For MOB, clearly identify which Activity 2 (a, b, c or d) your agency intends to accomplish. Agency may add additional information as applicable.

Click “Save” when page completed and then click “Next”.

12. Click on Schedules A - M

Refer to Section XII in the RFP.

13. Required Attachments

Refer to Section XII in the RFP

14. Miscellaneous Attachments

Refer to Section XII in the 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 an 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 Falls Prevention 2015 applications must be submitted on SAGE before 3:00 p.m. on November 17, 2015.

For questions contact:

Maryann Marian
Division of Aging Services, NJ Department of Human Services
Phone: 609-588-2819
Email: maryann.marian@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

Scope of Service and Budget Summary Falls Prevention Program Grant Applications

Grant Period: December 1, 2015 – July 31, 2016

Applicants can cut and paste activities from the appropriate program into the “Cost Summary – Needs and Objectives” page in SAGE.

Applicants should refer to the scope of work requirements section below for the grant in which they are applying:

“A Matter of Balance: Managing Concerns About Falls” (MOB) must deliver the following*:

Activity 1: Coordinate a core group of at least 8 active Coaches** to facilitate MOB workshops.

Activity 2a: Agencies that have sufficient Master Trainers and Coaches will deliver eight 8-session community workshops at a minimum of three different community locations.

Purchase or print the participant handbooks to distribute to each participant. Each workshop will include a minimum of 10 participants; **or**

Activity 2b: Agencies that have Master Trainers but not sufficient Coaches will deliver a Coach training and seven 8-session community workshops at a minimum of three different community locations. Purchase or print the participant handbooks to distribute to each participant. Each workshop will include a minimum of 10 participants; **or**

Activity 2c: Agencies that have sufficient Coaches but need Master Trainers will send a minimum of two (2) staff members and/or volunteers to a Master Trainer training and then deliver seven 8-session community workshops at a minimum of three different community locations. Purchase or print the participant handbooks to distribute to each participant. Each workshop will include a minimum of 10 participants; **or**

Activity 2d: Agencies that have neither sufficient Master Trainers or Coaches will send minimum of two (2) staff members and/or volunteers to a Master Trainer training, conduct at least one Coach training and deliver six 8-session community workshops.

Activity 3: Develop, print, and distribute culturally appropriate marketing materials to specifically target older adults and/or their caregivers, and individuals with disabilities within the counties identified for service.

Activity 4: Conduct community outreach to specifically target older adults and/or their caregivers, and individuals with disabilities within the targeted counties.

Activity 5: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS/DoAS and grant narrative and fiscal reporting requirements.

Activity 6: Accept referrals for workshop participants from AAA's, Medicaid managed care organizations and local agencies, and implement strategies for program sustainability post-grant funding.

Activity 7: Participate in the NJ Falls Prevention Workgroup.

The Otago Exercise Program (Otago) must deliver the following*:

Activity 1: Deliver Otago to 24 individuals, including a minimum of seven home visits and monthly phone calls.

Activity 2: Commit two to three PTs and PT assistants and/or nurses to complete the on-line training offered by the Carolina Geriatric Education Center.

Activity 3: Attend a full-day implementation/fidelity training hosted by DHS/DoAS.

Activity 4: Distribute culturally appropriate marketing materials, and conduct community outreach to specifically target older adults and/or their caregivers, and individuals with disabilities within the targeted counties.

Activity 5: Complete all administrative/marketing/data collection requirements related to Otago and meet all DHS/DoAS and grant narrative and fiscal reporting requirements.

Activity 6: Accept referrals for participants from AAA's, Medicaid managed care organizations and local agencies, and implement strategies for program sustainability post-grant funding.

Activity 7: Participate in the NJ Falls Prevention Workgroup.

* Funding for MOB is \$1,500 per completed workshop, Master Trainer training and/or Coach training. Funding for Otago is \$500 per participant/completer.

** Active coaches - Coaches who successfully completed the 2-day MOB Coach training course and have facilitated at least one workshop annually since being trained or attended a Coach in-service within the past year.

In addition to the above, agencies awarded funding agree to the following:

1. Maintain program fidelity by complying with the established guidelines.
2. Comply with all other guidelines established by the Department of Human Services and detailed in this RFP.
3. Incorporate any agency requirements related to the provision of MOB or Otago.
4. Utilize all the MOB or Otago data collection and evaluation forms, distributed to participants at the conclusion of the program.
5. Incorporate feedback from program participants into agency evaluation or quality assurance protocols.
6. Participate in fidelity calls, observation of leader training, site visits or training provided by DoAS.
7. Report participant concerns to the State Coordinator at DoAS.
5. Incorporate any agency requirements for evaluation that may relate to the provision of MOB or Otago.

New Jersey Department of Human Services (DHS)

Applicant Instructions - For Adding a new Agency/Organizations into SAGE

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 at 609-588-6789, or Warren Clanton at 609-588-6802 or via email warren.clanton@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.

Please note - To be approved by DHS, your organization must have a 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 D

Falls Program Grant Application - Components and Scoring

A Matter of Balance: Managing Concerns about Falls (MOB)

Proposal Screening – No Score

Completeness of Application includes verification of:

- Current MaineHealth license (if applicable).
- Geographic area identified (multiple municipalities, county, regional).
- All other required forms listed in RFP.

Needs Assessment - 20 points

- Target population identified.
- Identification of sites where workshops will be offered.
- Current/past experience with MOB described.
- Current/past falls prevention activity within target communities described.
- Links to local community (community-based agencies, including Area Agency on Aging, local/county health department, faith-based organizations, healthcare organizations, providers of aging-related services, minority-based organizations); including a brief description of current or previous partnerships.

Objectives – 20 points

(Cut-and-paste Activities 1-7, including only the Activity 2 option (a, b, c or d) that applies to your proposal.)

Activity 1: Coordinate a core group of at least 8 active coaches to facilitate MOB workshops.

Activity 2a: Agencies that have sufficient Master Trainers and Coaches will deliver eight, 8-session community workshops at a minimum of three different community locations. Purchase or print the participant handbooks to distribute to each participant. Each workshop will include a minimum of 10 participants; *or*

Activity 2b: Agencies that have Master Trainers but not sufficient Coaches will deliver a Coach training and seven, 8-session community workshops at a minimum of three different community locations. Purchase or print the participant handbooks to distribute to each participant. Each workshop will include a minimum of 10 participants; *or*

Activity 2c: Agencies that have sufficient Coaches but need Master Trainers will send a minimum of two (2) staff members and/or volunteers to a Master Trainer training and then deliver seven, 8-session community workshops at a minimum of three different community locations. Purchase or print the participant handbooks to distribute to each participant. Each workshop will include a minimum of 10 participants; *or*

Activity 2d: Agencies that have neither sufficient Master Trainers or Coaches will send a minimum of two (2) staff members and/or volunteers to a Master Trainer training, conduct at least one Coach training and deliver six, 8-session community workshops.

Activity 3: Develop, print, and distribute culturally appropriate marketing materials to specifically target older adults and/or their caregivers, and individuals with disabilities within the counties identified for service.

Activity 4: Conduct community outreach to specifically target older adults and/or their caregivers, and individuals with disabilities within the targeted counties.

Activity 5: Complete all administrative/marketing/data collection requirements related to the workshops and meet all DHS/DoAS and grant narrative and fiscal reporting requirements.

Activity 6: Accept referrals for workshop participants from AAA's, Medicaid managed care organizations and local agencies, and implement strategies for program sustainability post-grant funding.

Activity 7: Participate in the NJ Falls Prevention Workgroup.

Methods and Evaluation – 20 points (maximum 2 pages, double spaced, 12 point font)

- Clearly identified how the agency will achieve its Scope of Service.
- Outlined how the agency will monitor the progress of its project.

Plan for Sustainability/Integration – 20 points (maximum 1 page, double spaced, 12 point. font)

- Specific strategy(s) for creating an infrastructure for program coordination to include coach and participant recruitment, marketing and maintaining a plan to offer at least two classes per year after the completion of the grant.
- Strategies are reasonable/likely to lead to continued programming.

Master Trainers/Coaches – 20 points (maximum 2 pages, double spaced, 12 point font)

- Has sufficient leaders (Master trainers and/or Coaches) capacity OR identifies specific, qualified individuals to be trained as peer leaders.
- Information and experience of current leaders (or bio and commitment of new leaders) included.
- Described strategy to identify, recruit and support volunteer coaches.

The Otago Exercise Program (Otago)

Proposal Screening – No Score

Completeness of Application includes verification of:

- Geographic area identified (multiple municipalities, county, regional).
- All other required forms listed in RFP.

Needs Assessment - 20 points

- Target population identified.
- Identification of sites where workshops will be offered.
- Current/past experience with falls prevention described.
- Current/past older adult home visiting activity within target communities described.
- Links to local community (community-based agencies, including Area Agency on Aging, local/county health department, faith-based organizations, healthcare organizations, providers of aging-related services, minority-based organizations); including a brief description of current or previous partnerships.

Objectives – 20 points

Activity 1: Deliver Otago to 24 individuals, including a minimum of seven home visits and monthly phone calls.

Activity 2: Commit two to three PTs and PT assistants and/or nurses to complete the on-line training offered by the Carolina Geriatric Education Center.

Activity 3: Attend a full-day implementation/fidelity training hosted by DHS/DoAS.

Activity 4: Distribute culturally appropriate marketing materials, and conduct community outreach to specifically target older adults and/or their caregivers, and individuals with disabilities within the targeted counties.

Activity 5: Complete all administrative/marketing/data collection requirements related to Otago and meet all DHS/DoAS and grant narrative and fiscal reporting requirements.

Activity 6: Accept referrals for participants from AAA's, Medicaid managed care organizations and local agencies, and implement strategies for program sustainability post-grant funding.

Activity 7: Participate in the NJ Falls Prevention Workgroup.

Methods and Evaluation – 20 points (maximum 2 pages, double spaced, 12 point font)

- Clearly identified how the agency will achieve its Scope of Service.
- Outlined how the agency will monitor the progress of its project.

Plan for Sustainability/Integration – 20 points (maximum 1 page, double spaced, 12 point font)

- Sustainability plan reflects the resources the applicant is committing to this project (cash match is not required).
- Specific strategy(s) for maintaining Otago activities after expiration of grant.
- Strategies are reasonable/likely to lead to continued programming.

Physical therapists– 20 points (maximum 2 pages, double spaced, 12 point font)

- Identifies specific, qualified individuals (PTs, PT assistants and/or nurses) to be trained.
- Bio and commitment of new trainees included.

ATTACHMENT E

A Matter of Balance and/or The Otago Exercise Program Agency Partnership Agreement

As a partner in the delivery of New Jersey's Falls Prevention 2015 campaign (A Matter of Balance: Managing Concerns About Falls (MOB) and/or The Otago Exercise Program (Otago)), _____ (agency) understands that it will be funded by the New Jersey Department of Human Services (DHS) to deliver evidence-based programs.

All partners under this agreement must maintain a current copy of this agreement in their Master Trainer and Leader/Coach manuals.

DHS is responsible for ensuring that all partner agencies comply with MaineHealth requirements for MOB and the Carolina Geriatric Education Center requirements for Otago delivery and administration.

_____ (agency) agrees to implement MOB and/or Otago in accordance with DHS guidelines and to meet all responsibilities including:

- Notify the DHS of scheduled workshops and training programs using the Notification Forms for either MOB Coach Training or Community Workshops. Forms will be submitted at least 3 weeks in advance of the scheduled dates.
- Use the state designated program name and logos in all promotional materials. Additional marketing materials may be used.
- Participate in the statewide data collection process, as outlined in DHS' data collection protocol. Use only the data collection forms provided by DHS.
- Keep current with program updates through email notifications and newsletter, and participate in conference calls and annual update training sessions as scheduled by DHS.
- Provide up-to-date contact information for MOB/Otago staff within the agency to the DHS Office of Community Resources, Education and Wellness.
- Develop and maintain a sustainability plan. Determine how your organization will schedule and offer program activities on a regular basis (who will be involved, organizations you will partner with, who will schedule & register participants, how you will recruit participants, where classes will be held, how your expenses will be covered, etc.) The sustainability plan will be reviewed by DHS during the monitoring process.
- Maintain program fidelity as outlined in the DHS fidelity framework.
- Participate in monitoring visits by DHS as requested.
- MOB and Otago trained leaders/coaches will deliver the program as instructed in the training workshop.
- Charge only a minimal fee to participants and offer scholarships to individuals for whom the fee is a barrier.

_____ (agency) understands that failure to comply with the outlined responsibilities will result in termination of this agreement.

This partnership agreement is valid upon signature of the DHS and the partner agency representative for the term of the programmatic activities under the DHS grant.

Agency Name: _____

Address: _____

Agency Representative: _____

Title: _____

Phone: _____ E-mail: _____

Signature _____ Date: _____

DHS Representative: _____ Date: _____

Note:

**Mail a hard copy of this form, signed in ink, to:
Maryann Marian, Program Coordinator
NJ Department of Human Services
Community Resources, Education, and Wellness
PO Box 807, Trenton, NJ 08625.**

A counter signed copy of this agreement will be returned to you.

ATTACHMENT F

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/ocpm/home/resources/manuals/> under SECTION 5-Standard Contract Fiscal Annexes

NOTE: Submit a completed Schedule 4 only if applicable.

ATTACHMENT G

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

Name of RFP: **Falls Prevention Program**

County for 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: _____