

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

Request for Proposals

**State Health Insurance
Assistance Program (SHIP)
Essex or Mercer County**

May 18, 2016

**Nancy E. Day, Director
Division of Aging Services**

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

**State Health Insurance Assistance Program
(SHIP) Essex or Mercer Counties**

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 coordinate the State Health Insurance Assistance Program (SHIP) in Essex or Mercer Counties. The purpose of the SHIP program is to provide information and assistance about Medicare and other related health insurance programs to aged or disabled residents through counselors who are trained and certified by DoAS.

Within this initiative, it is anticipated that one (1) grant will be awarded to coordinate the program in Essex County and one (1) grant awarded to coordinate the program in Mercer County. Each award will be \$25,000. No single agency will be awarded funding for both programs. The grant project period will be nine (9) months, from July 1, 2016 through March 31, 2017.

The following summarizes the RFP schedule:

May 18, 2016	Notice of Funding Availability
May 25, 2016	Submission of Letter of Interest (3:00 p.m. deadline)
May 26, 2016	Technical Assistance Telephone Call/Applications Opened in SAGE
June 13, 2016	Deadline for receipt of proposals (3:00 p.m. deadline)
June 22, 2016	Preliminary grant award announcement
June 24, 2016	Appeal deadline (3:00 p.m.)
June 29, 2016	Final grant award announcement
July 1, 2016	Anticipated grant start date

II. BACKGROUND

State Health Insurance Assistance Program (SHIP) is a federally-funded, state-administered program that offers free, one-on-one education and assistance to Medicare beneficiaries of all ages in navigating the complexities of Medicare and other related health insurance options such as Medicare supplement policies, managed care options, prescription drug plans, and low-income assistance programs that help with health and drug costs. Assistance is provided by individuals who complete a training and certification process offered by the NJ Division of Aging Services (DoAS). Counseling is provided via telephone and face-to-face interactive sessions, and information is provided via public education presentations, and media activities.

SHIP was created under Section 4360 of the Omnibus Budget Reconciliation Act of 1990 (OBRA), (Public Law 101-508) (42 USC 1995b-4) which authorizes annual federal grants to states to administer the program under CFDA 93.324. In 2014 the program authority transferred

from the Centers for Medicare and Medicaid Services (CMS) to the Administration for Community Living (ACL), Office of Healthcare Information and Counseling (OHIC) within the U.S. Department of Health and Human Services. Annual federal grants are given to each of the 50 states, Puerto Rico, Guam and the Virgin Islands.

In New Jersey, SHIP started as a demonstration in 1988. The federal SHIP grant for New Jersey is currently awarded to DHS/DoAS for administration of the program. All 21 counties in New Jersey receive funds from the federal SHIP grant through contracts with NJDHS.

SHIP counselors who provide services are either trained volunteer or professional-level staff members employed by a local governmental or non-profit agency. There are 425 individuals in New Jersey who are certified by DoAS as SHIP counselors. In Essex County, the roster currently includes eighteen (18) counselors: nine (9) volunteers and nine (9) professionals working in various agencies within the county. In Mercer County, the roster currently includes nineteen (19) counselors: thirteen (13) volunteers and six (6) professionals working in various agencies within the county.

III. PURPOSE OF REQUEST

The purpose of these grants is to fund a local agency who will serve as the point of contact for Medicare beneficiaries within Essex and Mercer counties who have questions about Medicare. The agencies funded under this grant will be required to designate a qualified person as the county SHIP Coordinator who will be responsible for managing the SHIP counselors within the county, receiving and assigning referrals, promoting the SHIP program within the county, completing reporting to DoAS, and administering the SHIP program according to the **Scope of Services** outlined in **Attachment B**.

IV. APPLICANT QUALIFICATIONS

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

1. Must be a fiscally viable non-profit or governmental entity.
2. Must have demonstrable experience in successfully providing services to residents age 65+ and/or disabled adults age 18-64 in either Essex or Mercer Counties. Additional agency experience in managing volunteers is preferred but not required.
3. Must assign a qualified agency staff member or volunteer to serve as SHIP Coordinator for the county who will work at least 15 hours per week on SHIP activities outlined in Scope of Service. SHIP Coordinator must have graduated with at least a Bachelor's degree in social work or related field; or have at least five (5) years' experience in volunteer management, social service programs, human resources or related fields; or is certified as a NJ SHIP Counselor with at least one (1) year active counseling experience.

4. Both agency and person assigned as SHIP Coordinator must be free of any conflict of interests under the SHIP program guidelines found in **Attachment C**.
5. 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.
7. Not appear on the State of New Jersey Consolidated Debarment Report 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.

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 June 13, 2016. Applicants may begin completing their applications online on May 18, 2016 after Letter of Intent has been submitted and approved by DoAS.

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. Instructions on how to register for SAGE are outlined in **Attachment E**.

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 E) 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 SHIP Grant 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 DoAS's 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 May 23, 2016. Email mary.mcgeary@dhs.state.nj.us before 3:00 P.M. on May 25, 2016 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 May 25, 2016. The letter of interest must include the following: name of the agency, address of the agency (including physical address, 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 mary.mcgeary@dhs.state.nj.us and copied to dennis.mcgowan@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 June 13, 2016. 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 F**).

DoAS will notify all applicants of preliminary award decisions no later than June 22, 2016.

XI. APPEAL OF AWARD DECISIONS

Appeals of 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 June 24, 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

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 June 29, 2016. 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 June 13, 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 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
7. Methods and Evaluation of Project
8. Schedule A – Full Time Personnel Costs
9. Schedule A – Part Time Personnel Costs
10. Schedule A – Part Time Personnel Costs/No Fringe
11. Schedule B – Consultant Services Cost
12. Schedule C – Other Cost Categories
13. Funds and Program Income from Other Sources related to this Application
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. 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
10. Program Income Statement- N/A
11. Audit Engagement Letter
12. Staff Resumes
13. Salary Ranges
14. Salary Policy
15. Travel Policy
16. Telephone Policy
17. Maintenance Agreements
18. Lease or Mortgage Document – (if funds to be used for lease or mortgage payments)
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 and must be uploaded as Miscellaneous Attachments:

1. Agency Overview
2. List of staff assigned to grant scope of work
3. Two Letters of Support from partner agencies
4. Annex B Schedule 4 Contract Information Form for Related Organizations (if applicable)

XIII. INSTRUCTIONS FOR COMPLETION OF APPLICATION 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 SHIP Mercer or SHIP Essex application on SAGE.
2. Login to SAGE at <https://njsage.intelligrants.com> 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 SHIP Mercer 2016 or SHIP Essex 2016; then
 - Click on "CREATE NEW SHIP Mercer" or "CREATE NEW SHIP Essex"
4. When asked "Are you sure you want to create a SHIP 2016 application?" click "I Agree."
5. On the right side of screen go to box titled FORMS. Click on file marked "Grant Application Forms."
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.

IMPORTANT NOTE:

- Person listed on **STANDARD LANGUAGE DOCUMENT FORM** must be **SAME** person SAVING that page.
- This person must also be listed on **BOARD RESOLUTION** as "Authorized Person for Contract documents"
- Same person listed on *Standard Language Document* must save and certify **Schedules G thru M**

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: SHIP Essex 2016 or SHIP Mercer 2016
- Select Payment Plan as “**Cost-Reimbursement**”
- Certificate of Need is “**not required**”
- Name of NJDHS Program Manager: **Mary McGeary**
- Type of Request: select **New**
- Budget Period and Project Period are the same:
7/01/2016 to 3/31/2017.
- Funds requested: Enter **\$25,000**
- 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 and municipality where the SHIP Coordinator will be located. Click “Save” when completed and then click “Next”.

10. **Statement of Local Government Public Health Partnership**: open form and check “N/A”.

11. Needs and Objectives Form:

a. **Assessment of Need:** Briefly explain need for the Medicare education and assistance services in your county. No more than 2 paragraphs needed.

b. **Objectives of the Project:** Measureable objectives must include the following seven items (copy and paste into section on SAGE):

- 1) To designate a qualified paid or volunteer SHIP Coordinator within 30 days of project start who will work at least 15 hours per week managing the day-to-day operation of the SHIP Program.
- 2) To serve as the point of contact in the county for residents who have questions about Medicare by providing an agency phone number where residents or family members can call to request services. Phone line will operate five days a weeks during normal business hours, with messages retrieved at least once a day.
- 3) To establish a referral system to assign Medicare inquiries to certified SHIP counselors within 48 hours of initial client contact. Target number of SHIP client contacts for the project period will be 1000 contacts.
- 4) To monitor counselor activity through program reporting and methods outlined in the SHIP Scope of Services and Evaluation Methods.

- 5) To publicize and host at least one Medicare Education and Enrollment Event to be held between **October 1 and December 7, 2016** to assist beneficiaries during the Medicare Annual Election Period.
- 6) To arrange location within the county for SHIP Update Training to be conducted by DoAS in October 2016 with space to accommodate all county certified SHIP counselors.
- 7) To conduct community outreach to promote SHIP services to Medicare beneficiaries of all ages throughout the county through agency partnerships and other available channels.
- 8) Any other objectives you wish to include.

12. Methods: Discuss how your agency will assign a SHIP Coordinator and carry out the Scope of Services found in **Attachment B**.

13. Evaluation: Copy and paste from "*SHIP Evaluation Methods*" **Attachment C**.

14. Schedules A – C (Budget): Complete only the schedules that apply.

If SHIP grant will only fund part of a line item (such as part of a person's salary), then the column "Funds from Other Sources" will automatically be filled in and must be explained on form "Funds from Other Sources".

Allowable use of SHIP funds include:

- Personnel and fringe
- Office Expense
- Program Expense: such as mailings, advertising, phone service
- Staff Training & Education
 - SHIP funds may be used to provide food, beverage or refreshments at trainings or SHIP events at reasonable amounts.
- Travel (Mileage, tolls and parking for SHIP Coordinator and counselors)
- Facility Costs
- Purchase of computer or office equipment will NOT be allowed.

15. Cost Summary Page: Re-save this page so lines are pre-fill with amounts completed on Schedules A through C. Make sure total grant amount requested equals \$25,000.

16. Schedule D Officers and Directors: complete as directed

17. Schedules G through M: must be certified and saved by same person listed on the Standard Language Document.

18. Required Attachments Section: All items are required unless noted:

- **Organization chart:** Required
- **NJ Charities Registration:**
 - needed for non-profits,
 - not needed for County offices or Educational Institutions
- **Proof of Non Profit Status (501c3) and Certificate of Incorporation:**
 - needed for non-profits,
 - not County offices or Educational institutions
- **Certificate of Employee Information Report (AA302):** Required for NON-PUBLIC ENTITIES ONLY. Can be found at http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf
- **Standardized Board Resolution:** form can be found at http://www.state.nj.us/humanservices/ocpm/policies/P1ContractNegRevisions/P1_06.pdf

IMPORTANT NOTE: Person listed on *Standard Language Document for Social Service Contracts* must also be listed on Board Resolution as one of the “authorized persons for contracts documents”

If scheduled board meeting is after grant due date, resolution can be submitted post grant submission, but must be submitted before grant can be approved. Attach note that Resolution is pending and date board meeting is scheduled.

- **Business Associates Agreement:** 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 Associates Agreement.
- **Copy of your interest bearing account:** Not required
- **Proof of indirect cost rate:** required only if you are charging an indirect cost rate to the grant.
- **Program income statement:** Not required
- **Audit engagement letter:** Required
- **Staff resumes :** Attach in Misc. Attachment Section instead of here

- The following attachments would be needed **only** if you are charging these items to the grant :
 - Salary ranges
 - Salary policy
 - Travel policy
 - Telephone policy
 - Maintenance agreements
 - Lease or Mortgage
 - Estimate for equipment (NOT ALLOWED)
 - Consultant agreements.

NOTE: If you are NOT requesting funds for any of the above items, attach a word document for each item stating "Does not apply- not using funds for this purpose"

- **Insurance policy:** Declaration page of the current umbrella insurance policy is required.
- **Cost Allocation Plan:** Not required
- **Computer security policy:** Not required
- **Annual Audit:** Required
- **Tax Clearance Certificate:** Not required

19. Miscellaneous Attachments: Please attach the following four (4) documents:
(Click "Save" after each upload.)

Attachment #1

Agency Overview: Describe the history and services currently provided by your organization and the populations served. Demonstrate your organization's capacity for reaching the populations under this Grant (Medicare beneficiaries age 65 and older and/or disabled adults age 18-64 who reside in either Essex or Mercer Counties). Highlight capacity for serving hard to reach populations such non-English speaking, minorities, or those with very low income.

Attachment #2

List of staff:

- List names and titles of staff or volunteer who will be assigned as SHIP Coordinator. Indicate if person has ability to fluently speak in language other than English. Include resume if available. Refer to qualifications outlined in Section IV, (3) above.
- If your organization has staff who are currently SHIP certified, also include them on this list.

- List name and title of any other organization professional or clerical staff or volunteers who will assist in conducting activities under this grant. Do not include resumes.

Attachment #3

Letters of Support: Submit letters from two (2) partner agencies on their agency letterhead indicating their support of your organization, your capacity to carry out the items in the Scope of Service, and your success in offering services to county residents who are age 65 and older and/or disabled.

Attachment #4

Annex B Schedule 4 Contract Information Form *if applicable*. See **Attachment G** below.

20. How to Submit Application to NJ DHS.

- 1) After completing all forms, return to main menu and click on your application in process in **MY ACTIVE DOCUMENTS**.
- 2) In box **STATUS MANAGEMENT**, click "**Change Status**" and application will be updated from "application in process" to "**Application Submitted**".
- 3) If any forms are incomplete, you will see an error message with details on missing information.
- 4) The SAGE system will not email you a confirmation of submission. To verify submission, click the Application Menu. The status should be "**Sent to DHS**".

IMPORTANT REMINDER:

All SHIP applications must be submitted to DHS on SAGE by 3:00 PM, Monday, June 13, 2016.

For Questions contact:

Mary McGeary, NJ SHIP Director, at 609-588-2672 or by email:
mary.mcgeary@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

SHIP SCOPE OF SERVICE

Grant Period: July 1, 2016 – March 31, 2017

The purpose of New Jersey State Health Insurance Assistance Program (SHIP) is to provide free, unbiased information and counseling on Medicare, Medicare supplements, long-term care insurance, Medicare Advantage plans and Prescription Drug Plans; assistance with health insurance forms, claims, and appeals; informed referrals for low income assistance programs; and consumer education presentations on Medicare related subjects. Counselors trained by New Jersey Division of Aging Services (DoAS) provide services to Medicare beneficiaries of all ages or their representatives .

The target area will be Essex or Mercer County.

1. The grantee will designate a paid or volunteer SHIP Coordinator to work at least 15 hours per week who will be responsible for the local management and day-to-day operation of the SHIP program. The grantee will:
 - A. Ensure that SHIP Coordinators have the capability to send and receive electronic mail through a computer and have daily Internet access.
 - B. Provide office services, such as telephone, supplies and copying services.
 - C. Permit Coordinator to attend SHIP Coordinator Meetings sponsored by DHS and local SHIP Update Meetings.
 - D. Ensure that the following wording is used on printed materials and in articles referring to the SHIP Program:

“The State Health Insurance Assistance Program (SHIP) is a statewide program administered by the New Jersey Department of Human Services with financial assistance through a grant from the U.S. Administration for Community Living (ACL).”
 - E. Offer SHIP services to residents of the county who are age 65 or older, as well as to residents under age 65 who are eligible for Medicare due to disability and to their caregivers.
 - F. Serve as the point of contact in the county for residents who have questions about Medicare by providing an agency phone number where residents or family members can call to request services. Phone line will operate five days a weeks during normal business hours, with messages retrieved at least once a day.

2. The Coordinator will recruit and screen counselors and ensure that all counselors who provide one-to-one counseling receive appropriate training and certification as required by the SHIP program, and are kept updated on all counseling materials. The Coordinator will:
 - A. Prior to SHIP Initial Training, provide formal orientation and screening to new recruits; ensure completion of application form and SHIP counselor Memorandum of Understanding; ensure that no one be allowed to participate in SHIP training who intends to use this information for personal or financial gain.
 - B. Arrange for all new counselors to attend the SHIP Certification Training provided by the DoAS.
 - C. Ensure that counselors have satisfactorily completed the Certification Evaluation within four weeks of completing the SHIP Certification Training.
 - D. Arrange for newly certified counselors to mentor with experienced counselor for minimum of six counseling sessions prior to counseling clients unassisted.
 - E. Provide appropriate meeting space and arrange for all certified counselors to attend update meetings provided by DoAS.
 - F. Provide copies of updated informational materials received from DoAS to all counselors.

3. The Coordinator will ensure that counseling services are provided to an average of at least five (5) clients per month per available trained counselor and ensure they have the tools necessary to provide services. The Coordinator will:
 - A. Maintain communication with DoAS SHIP Administrative staff concerning the Program's operation, including changes of contact information for counselors (mailing address, email, and telephone numbers) and termination or resignation of any counselors
 - B. Receive requests for services and assign clients to counselors according to an agreed upon schedule.
 - C. If possible, provide appropriate private office space for each counselor to conduct counseling sessions. Counseling will be provided either by phone or in- person at designated counseling sites.
 - D. If possible, reimburse volunteer SHIP counselors for mileage and provide or reimburse counselors for office supplies used for SHIP work.
 - E. Ensure that each counselor attend SHIP Update Training and issue "warning letter of termination" to counselor who fails to attend two consecutive trainings.

- F. Ensure that SHIP clients are in no way charged for receiving SHIP counseling services, and counselors do not accept gifts of any kind.
-
- 4. The Coordinator will ensure that the services of SHIP are publicized to Medicare beneficiaries of all ages throughout the county through all available channels. The coordinator will:
 - A. Host at least one Medicare Outreach and Enrollment Event between October 1 and December 7th.
 - B. Distribute to clients informational materials supplied by the DoAS, Centers for Medicare & Medicaid Services and other types of material produced by the project locally.
 - C. Conduct community outreach with the aging and health care community, including speaking at public gatherings to promote SHIP.

ATTACHMENT C

GRANTEE EVALUATION METHODS FOR SHIP SCOPE OF SERVICE

(Copy and paste into SAGE Form "Methods of Evaluation")

The SHIP Coordinator will:

1. Ensure that each counselor completes the SHIP program **Client Contact Form** and **Public and Media Activity Form** for each contact/event and enter data at the end of each month into the program website <http://shipnpr.acl.gov> or in *SHIP Reporter* on Harmony's SAMS system.
2. Terminate certification of counselors who consistently fail to submit Client Contact and Public and Media Activity Data.
3. Ensure that **Client Satisfaction Surveys** are conducted to a sampling of clients by mail or by phone to provide quality assurance of counseling.
4. Monitor counselors by monthly reviewing Client Contact Forms and Client Satisfaction Surveys and provide assistance and support where needed. At least once during grant period, evaluate each counselor by visiting counseling sites to observe counseling sessions, determine compliance with provisions of Memo of Understanding, and terminate certification of any counselor from SHIP who has failed to meet the agreed commitments of the program.
5. Contact counselors on a regular basis to review problems encountered by counselors and address other issues of concern.
6. Maintain separate financial records for the SHIP. Submit financial reports using the **Report of Grant Expenditures** forms on SAGE. Submit reports within 30 days of the end of each quarter.
7. Prepare **Progress Narrative** quarterly summarizing program activity. Submit report to state program staff within 30 days of the end of each quarter via DHS SAGE.
8. Thirty days prior to end of grant period, analyze provision of SHIP services throughout the county to determine geographic areas and populations that are underserved. Develop a plan to address these needs through efforts such as adding counseling sites, recruiting bilingual counselors, or partnering with faith-based or ethnic organizations.
9. Submit additional reports as requested by NJ DoAS, U.S. Administration for Community Living (ACL), or CMS, including **Mid-term Progress Report**, and **End of Year Progress Report**.

ATTACHMENT D

State Health Insurance Assistance Program Non-Conflict of Interest

SHIP requires that Certified Counselors and Coordinators shall not promote private or personal interest in conjunction with the performance of duties covered in the SHIP Scope of Service. To comply with these requirements, the Counselors and Coordinators agree to the following:

- A. 1) **I am not** a licensed insurance producer (agent/broker). (This information will be verified by the NJ Department of Banking and Insurance.)
- 2) **I am not** a Financial Planner.
- 3) **I am not** an Elder Law Attorney or fee for service Geriatric Care Manager.
- 4) **I am not** an employee of any organization offering Medicare covered health care services such as a home health care agency,
- 5) **I am not** an employee of any organization offering any insurance product to people with Medicare. This includes Medicare Prescription Drug Plans, Medicare Advantage Plans, Medicare Supplement Plans, Long-Term Care Insurance, Health Insurance Marketplaces, etc.
- 6) **I am not an employee** of any organization that charges a fee for providing health insurance information, assistance, resolution with claims problems, or advocacy.

Important Note: If I become any of the above, or become employed by any of the above, I will relinquish my relationship with the SHIP.

- B. **I will in no way** attempt to conduct market research or solicit, persuade or coerce clients to purchase a specific type of medical insurance coverage, to convert an existing insurance policy to another carrier, to go to a specific provider of service for treatment, or to direct a client to a specific company, agent/broker, attorney, consulting firm or any profit-based billing service.
- C. **I will not** disclose or use confidential information obtained as a result of my association with, or access to, any client, for personal gain, or to give an advantage to an employer, or any other party.

- D. **I will not** accept compensation or gifts in any form for my SHIP counseling services from a Medicare beneficiary or their representatives served under this program.
- E. **I will not** use the SHIP training materials or resources, or knowledge obtained from the training, for personal monetary gain.

ATTACHMENT E

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 F

SHIP Grant Application Scoring Components

Meets all Applicant Criteria (no points assigned)

- Non-profit or government entity
- No conflict of interests
- Currently providing services in target county of Mercer or Essex

Completeness of Application – 10 Points

- All required forms were submitted and satisfactorily completed

Capacity- 30 Points

- Applicant demonstrated experience in providing services to county residents who are aged and/or disabled.
- Applicant has experience in volunteer management
- Applicant has established partnerships with other community organizations serving aged and/or disabled residents in the target county.

Readiness- 20 Points

- Applicant identified qualified staff member or volunteer who will serve as SHIP Coordinator
- Applicant has partnership with current SHIP program in the county

Use of Funds- 10 Points

- Applicant submitted budget showing appropriate use of grant funds

Methods- 30 Points

- Applicant clearly identified how the agency will achieve the Scope of Services

ATTACHMENT G

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 H

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

Name of RFP: **STATE HEALTH INSURANCE ASSISTANCE PROGRAM 2016**

Target County for Grant Award (Essex or Mercer): _____

Incorporated Name of Applicant:

Type: Public _____ Profit _____ Non-Profit _____ Educational _____ 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 7/1/16 to 3/31/17

Authorization: Chief Executive Officer (printed name):

Signature: _____ Date: _____