

**COUNTY OF MONMOUTH**  
**DEPARTMENT OF HUMAN SERVICES**  
**Division On Aging, Disabilities and Veterans Services**


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**MEMORANDUM**

**TO:** Applicants for Older Americans Act (Title III), State Weekend Home Delivered Meals (SWHDM), Social Services Block Grant (SSBG), and Safe Housing and Transportation (SHTP) Funding

**FROM:**  Michael T. Ruane, Executive Director  
Division Office on Aging, Disabilities & Veterans Services

**RE:** Monmouth County Office on Aging 2013 - 2015 RFP Packet

**DATE:** July 9, 2012

A Request for Proposal packet is attached. Thank you for your interest in the development of programs to serve elderly and disabled persons in Monmouth County.

The timeframe for Title III, SWHDM, SSBG and SHTP funding is for a one-year period commencing January 1, 2013, with two (2) one year renewable options. The renewable options will be

- at the discretion of the County
- subject to the availability of funds
- based on the continuing satisfactory performance by the provider of service.

The deadline for receipt of the proposal at the Office on Aging is August 7, 2012, by 12:00 noon.

MM:jb

Attachment

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## **PROJECT OVERVIEW**

The Older Americans Act (OAA) was originally signed into law by President Lyndon B. Johnson on July 14, 1965 to meet the diverse needs of the growing numbers of older persons in the United States. The OAA set out specific objectives for maintaining the dignity and welfare of older individuals. It is considered to be the major vehicle for the organization and delivery of social and nutrition services to older individuals and their caregivers, and authorizes a wide array of service programs

The Monmouth County Office on Aging was designated by the State as the Area Agency on Aging (AAA) for Monmouth County in 1976. The Office serves the growing population of adults age 60 and over and their caregivers. It develops programs and partnerships to deliver essential services to these populations and is the leader relative to all aging issues in the County. As mandated under the Older Americans Act, the Monmouth County Office on Aging prepares, develops and carries out an Area Plan Contract which is approved by the State Division on Aging and Community Services. The goal of this plan is to develop a comprehensive and coordinated system for supportive services, nutrition services and caregiver services for our County residents. These systems are designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

In order to fulfill its requirements under the Older Americans Act, the Monmouth County Office on Aging grants out federal and state funding to a large number of agencies to ensure that a wide range of services are available for county seniors. Specific areas to be contracted for in this Request for Proposal include access services (assisted transportation), in-home services (certified home health aides, housekeeping, in-home visiting nurse services for medication management), community services (legal assistance, physical health, education for chronic disease self-management), nutrition services (congregate meals, home delivered meals, nutrition education and nutrition counseling) and caregiver services (provision of certified home health aide service for care recipients to provide respite to their caregivers and childcare respite for grandparents raising grandchildren).

## MONMOUTH COUNTY

Notice is hereby given that the Monmouth County Division on Aging, Disabilities and Veterans Services is accepting sealed proposals for the period commencing January 1, 2013, with two (2) one year renewable options at the discretion of the county subject to the availability of funds and to the continuing satisfactory performance by the provider of service for Older Americans Act, State Weekend Home Delivered Meals and Safe Housing and Transportation programs serving Monmouth County residents 60 years of age and older as well as Social Service Block Grant programs serving elderly and disabled Monmouth County Residents.

For the 2013-2015 Area Plan, the following services have been established as priorities:

- a.) Access Services: Assisted Transportation.
- b.) Caregiver Services: Grandparents Respite Care (Child Care), and Certified Home Health Aide.
- c.) Community Services: Legal Assistance, Physical Health, and Education (Take Control of Your Health, Chronic Disease Self Management Program).
- d.) Home Support Services: Certified Home Health Aide, Housekeeping, Residential Maintenance, and Visiting Nurse Services (In-Home Medication Management).
- e.) Nutrition Services: Congregate Meals, Home Delivered Meals, Nutrition Counseling, Nutrition Education, and State Weekend Home Delivered Meals.

Proposals will be evaluated and contracts will be let under the competitive contracting provisions of the Local Public Contracts Law and related regulations. Proposal packets will be available on and after July 9, 2012, at the Monmouth County Division on Aging, Disabilities and Veterans Services, 21 Main & Court Center, P.O. Box 1255, Freehold NJ, 07728-1255, during regular business hours of 8:30 a.m. to 4:30 p.m., Monday through Friday, excluding holidays. Potential applicants may request a Proposal packet in writing, in person, by calling the Division on Aging, Disabilities and Veterans Services at 1-877-222-3737 or 732 431-7450, or by going to the Division on Aging, Disabilities and Veterans Services' website <http://www.visitmonmouth.com/aging/> under the tab 2013-2015 RFP.

Sealed Proposals are due back to the Monmouth County Division on Aging, Disabilities and Veterans Services, 21 Main & Court Center, P.O. Box 1255, Freehold, NJ 07728-1255, no later than 12:00 noon, August 7, 2012, at which time proposals will be opened and contents publicly announced.

No proposals shall be received in person or by mail after the hour designated.

The resulting contracts for Older Americans Act, State Weekend Home Delivered Meals, Safe Housing and Transportation, and Social Service Block Grant funding will be for a one-year period commencing January 1, 2013, with two (2) one-year renewable options at the discretion of the county subject to the availability of funds and to the continuing satisfactory performance by the provider of service.

The selected provider(s) must comply with requirements of *N.J.S.A. 10:5-31, et seq.* (*N.J.A.C. 17:27*) (Equal Employment Opportunity) and, if applicable, the New Jersey Business Registration requirements. The selected provider(s) will be required to execute a contract with the County of Monmouth, substantially in the form posted at the <http://www.visitmonmouth.com/aging/> website under the tab 2013-2015 RFP.

## APPLICATION AND REVIEW PROCESS

Proposal packets for the funding period commencing January 1, 2013, will be available on and after July 9, 2012, at the Monmouth County Division on Aging, Disabilities and Veterans Services, 21 Main & Court Center, P.O. Box 1255, Freehold, NJ 07728-1255. The resulting contracts for Older Americans Act (Title III), State Weekend Home Delivered Meals (SWHDM), Safe Housing and Transportation (SHTP), and Social Service Block Grant (SSBG) funding will be for a one-year period commencing January 1, 2013, with two (2) one-year renewable options at the discretion of the County, subject to the availability of funds and to the continuing satisfactory performance by the provider of service.

The Monmouth County 2012 Area Plan Contract is available on the Monmouth County Division on Aging, Disabilities and Veterans Services' Web site <http://www.visitmonmouth.com/aging> under the tab 2012 Area Plan Contract, bottom of page.

**Sealed** proposals must be received by the Monmouth County Division on Aging, Disabilities and Veterans Services, 21 Main & Court Center, P.O. Box 1255, Freehold, NJ 07728-1255 by 12:00 noon on August 7, 2012, at which time the proposals will be opened and contents publicly announced.

A proposal review panel will be chosen. The role of the proposal review panel is to provide recommendations for funding to the Monmouth County Division on Aging, Disabilities and Veterans Services' Executive Director.

Before reviewing any proposal, each person evaluating a proposal shall evaluate his/her affiliations and financial interest and those of their families that relate to their duties as an evaluator of the proposal to ensure that they do not have a conflict of interest. A statement certifying that they do not have a conflict of interest shall be filed with the Monmouth County qualified purchasing agent, counsel or administrator as appropriate at the time the evaluation process begins.

The names of individuals who serve as panel members shall not be publicly disclosed until after the evaluation report is presented to the Monmouth County Division on Aging, Disabilities and Veterans Services' Executive Director.

The review panel will evaluate proposals based on the Evaluation form at the back of this R.F.P. packet.

The review panel will then provide its recommendations to the Monmouth County Division on Aging, Disabilities & Veterans' Interment Affairs Executive Director.

A notice of acceptance or denial for funding will be mailed out by October 1, 2012.

**FUNDING**  
**2012 Area Plan Contract Service/Estimated Allocation - Seniors**

Service Taxonomy	III E (1)	III B (1)	III C-1 Congregate (1)	III C-2 HDM (1)	SWHDM - State (4)	III D Evidence-Based Health Promotion (1)	SSBG - Social Services Block Grant (2)	SHTP - Safe Housing & Transportation Prog (3)	Medicaid Match	State Match - only with allocations 2, 3, 4, 10 & 24	COLA-Cost of Living Allowance	NSIP-Nutrition Supp. Insurance Prog.	Total
Assisted Transportation	08	\$10,500						11	35				\$10,500
Residential Maintenance								\$15,000					\$15,000
Housekeeping		\$17,916					\$51,888			\$9,883			\$79,687
Certified Home Health Aide/Housekeeping		\$68,479				\$455,665			\$27,741	\$37,774			\$589,659
Legal Assistance		\$39,480								\$4,500			\$43,980
Physical Health		\$7,304											\$7,304
Education - Take Control of Your Health					\$36,369					\$504			\$36,873
Congregate Nutrition			\$469,777									\$33,790	\$503,567
Home Delivered Nutrition				\$267,223	\$61,245		\$120,951				\$40,197	\$231,507	\$721,123
Certified Home Health Aide - Caregiver	\$35,009									\$36,270			\$71,279
Respite Care - Grandparents	\$35,000												\$35,000

- 1) Title III, B, C, CIII and D funds require a 25% match by the applicant. (formula: funds x .25)
- 2) SSBG funds require a 25% match by the applicant. SSBG funds will support Housekeeping/ Homemaker (Home Based Support Care), Certified Home Health Aide Respite and Nutrition services. (formula: SSBG funds x .25)
- 3) SHTP funds require a 10% match by the applicant. SHTP funds will support Residential Maintenance. (formula: SHTP funds x .10).
- 4) SWHDM funds require a 20% match by the applicant. SWHDM funds support the weekend home delivered meals portion of Nutrition Services. (formula: SWHDM funds x .20)

## **PRIORITY SERVICES LIST**

The following is a list of the priority services established by the Monmouth County Office on Aging:

### **ACCESS SERVICES**

Assisted Transportation

### **HOME SUPPORT SERVICES**

Residential Maintenance  
Housekeeping  
Certified Home Health Aide

### **COMMUNITY SUPPORT SERVICES**

Legal Assistance  
Physical Health  
Education (Take Control of Your Health, Chronic Disease Self Management Program)

### **NUTRITION SUPPORT SERVICES**

Congregate Meals  
Home Delivered Meals  
State Weekend Home Delivered Meals  
Nutrition Education  
Nutrition Counseling

### **CAREGIVER SERVICES**

Grandparents Respite Care (Child Care)  
Certified Home Health Aide

The following areas in Monmouth County have been designated as priorities based on the senior population, minority population, low income population, and frail elderly:

Long Branch, Asbury Park, Howell, Red Bank, Keansburg/Bayshore Area, Middletown, Freehold Borough and Neptune.

**SERVICE:** ASSISTED TRANSPORTATION

**CODE:** 107

**CATEGORY:** Access

**DEFINITION:** To provide an individualized linkage for functionally impaired or isolated older persons to enable them to utilize community facilities and services, such as banks, stores, medical resources, and other necessary destinations which they are unable to access due to transportation and/or health barriers.

**UNIT:** One (1) one-way trip (location to location)

**COMPONENTS:** Service activities shall include:

- Determining that services are needed due to the fact that there is no family member, other responsible informal caregiver, or other formal transportation program available or capable of providing such services.
- Transporting the client for food, clothes and other essentials or running essential errands, such as picking up prescription medicines or going to the bank.
- Accompanying the client to a service/facility that includes providing all necessary assistance that the client needs in order to utilize the service/facility: such as climbing stairs, entering doorways, crossing streets, and carrying packages.
- Ongoing monitoring by the provider to detect changes in client's condition, and providing referral to establish a necessary linkage with the appropriate agency.
- Maintaining records, preparing reports, and other administrative efforts necessary to provide Escort services.

**NOTE:** In the event that clients normally using Assisted Transportation services are occasionally unable to accompany the service provider on a **regularly scheduled and essential errand**, due to illness or other circumstances, the service provider may perform the errand without the client and may count this as a "**one way trip**" of Assisted Transportation services.

**STANDARDS:** Assisted Transportation service shall meet or exceed the following standards:

1. Services shall be structured to serve the frail, at risk, and/or homebound elderly person who, without this help, would remain isolated from services.
2. Only essential errands shall be provided to enable the program to serve the greatest number of older persons in need.
3. Services shall be provided in a manner to ensure that primary decision-making ability remains with the older individual being served.
4. The Assisted Transportation provider shall be trained and sensitized to the situations and needs of the older population, including the special skills needed to aid in the service.
5. A mechanism shall be in place to enable providers to work cooperatively with other involved agencies as to client status and problems.
6. Proper supervision shall be available to workers to help resolve problems, conflicts, and to provide additional technical assistance as needed.
7. Programs shall maintain adequate insurance coverage to protect workers from the risk inherent in the transportation of clients.
8. Persons performing Assisted Transportation service shall possess a valid driver's license and a safe driving record.
9. Services can be provided using mass transit, the provider's own vehicle, client's own vehicle, or any other vehicle for which permission has been granted to be used for Assisted Transportation.
10. Compensation should be paid to the provider who utilizes his/her own vehicle or a mass transit system for the provision of Assisted Transportation.
11. Assisted Transportation services should be provided in a location that is easily accessible to the older person.
12. In areas where a significant number of clients do not speak English as their principal language, Assisted Transportation services should be provided in the language spoken by those clients.

13. As with all Older Americans Act programs, customers of this service shall be informed that donations are accepted under this program and such donations will serve to expand the programs to others in need.

**SERVICE:** RESIDENTIAL MAINTENANCE

**CODE:** 211

**CATEGORY:** Home Support

**DEFINITION:** A service provided by a volunteer or paid staff person for intermittent household and/or yard care to eligible older persons whose health and safety are threatened because they cannot perform these services by themselves and/or are at risk of institutional placement.

**UNIT:** Each hour

**COMPONENTS:** Service activities shall include:

- Determining that services are needed due to the fact that there is no family member or other responsible informal caregiver available or capable of providing such services.
- Labor-intensive unskilled tasks, such as moving furniture; yard and walk care; removing snow and raking leaves; seasonal upkeep activities, such as cleaning attics, basements, and garages which can be provided by non-professional staff.
- Tasks, such as replacing door locks, caulking windows, changing screens and storm windows, minor repairs to appliances, and other minor home repairs which are necessary.
- The provision of weatherization improvements, housing improvements which may deter crime, installation of handrails or ramps to meet the special needs of individual elderly people due to physical disabilities; improvements and repairs to roofs, siding, doors and windows, foundation, floors, interior plumbing, electrical, and painting done to prevent deterioration and in conjunction with repairs.
- Maintain records, prepare reports, and conduct other administrative efforts necessary to provide Residential Maintenance services.

**STANDARDS:** Residential Maintenance services shall meet or exceed the following standards:

1. Residential Maintenance is provided to maintain the person's health and safety in the home, not for purely aesthetic improvements to the home or yard, unless the activities are necessary to keep the client in his/her place of residence.
2. Residential Maintenance shall be provided in a manner to ensure that primary supervision and responsibility for the activities remain with the individual being served.
3. Residential Maintenance services shall be provided only to a home or apartment occupied by an elderly person. The project will make repairs to tenant's personal property, but will not make repairs that are the responsibility of the landlord.
4. Residential Maintenance providers shall be trained and sensitized to the situations and needs of the older population they will be serving.
5. A mechanism shall be in place to enable providers to work cooperatively with other involved agencies as to client status and problems.
6. Appropriate supervision shall be available to Residential Maintenance providers to help resolve problems or conflicts that may result from their contact with the older person, and to provide additional technical assistance, as needed.
7. Each program shall establish and utilize criteria for prioritizing requests for residential maintenance based on client need and appropriateness of services requested.
8. Each program shall develop procedures for screening potential providers to ensure that they are capable of providing adequate services, and to protect the safety of the older person.
9. Participants shall be provided with information on how other housing-related services which may be necessary can be obtained.
10. A work order shall be signed by the client confirming the work to be done and the approximate time of day the service worker will arrive at the client's residence.
11. Each program shall maintain a record of repairs performed including dates, tasks performed, materials used, and cost.
12. Each program shall utilize a job completion procedure which includes verification that work is complete and accurate; and acknowledgment by

elderly resident that work is acceptable.

13. To ensure that this service is available to all clients in the planning and service area (PSA), the AAA shall seek subgrantees and focal points that can serve the targeted population in the PSA to the maximum extent possible.
14. In areas where a significant number of clients do not speak English as their principal language, Residential Maintenance should be provided in the language spoken by those clients.
15. As with all Older Americans Act programs, customers of this service shall be informed that donations are accepted under this program and such donations will serve to expand the programs to others in need.

**SERVICE:** HOUSEKEEPING

**CODE:** 212

**CATEGORY:** Home Support

**DEFINITION:** A service provided by a volunteer or paid staff person for routine basic upkeep and management of homes, for the purpose of enabling older persons to maintain themselves in their place of residence by removing housekeeping barriers.

**UNIT:** Each hour

**COMPONENTS:** Service activities shall include:

- Determining that services are needed due to the fact that there is no family member or other responsible informal caregiver available or capable of providing such services.
- Light or heavy housecleaning services, such as laundry, dusting, mending, cleaning, meal preparation, washing floors, etc., that can be provided by non-professional staff.
- Performance of routine errands, such as grocery shopping or purchasing prescribed medications.
- Ongoing monitoring by housekeeping staff to detect changes in client's condition, and provide referral, if necessary, to establish a linkage with the appropriate agency.

- Maintaining records, preparing reports, and other administrative efforts necessary to provide Housekeeping services.

**STANDARDS:**

Housekeeping services shall meet or exceed the following standards:

1. Housekeeping services shall be provided in a manner to ensure that primary management responsibility for the home remains with the individual being served.
2. Housekeeping providers shall be trained and sensitized to the situations and needs of the older population they will be serving.
3. A mechanism shall be in place to enable Housekeeping providers to work cooperatively with other involved agencies as to client status and problems.
4. Appropriate supervision shall be available for workers to help resolve problems or conflicts which may result from their relationship with the client, and to provide additional technical assistance, as needed.
5. To ensure that this service is available to all clients in the planning and service area (PSA), the AAA shall seek subgrantees and focal points that can serve the targeted population in the PSA to the maximum extent possible.
6. In areas where a significant number of clients do not speak English as their principal language, Housekeeping assistance should be provided in the language spoken by those clients.
7. As with all Older Americans Act programs, customers of this service shall be informed that donations are accepted under this program and such donations will serve to expand the programs to others in need

**SERVICE:**

**CERTIFIED HOME HEALTH AIDE**

**CODE:**

213

**CATEGORY:**

Home Support

**DEFINITION:**

General support by certified and professionally supervised home health aides to maintain, strengthen, and safeguard the functioning of older individuals and families in their own homes during periods of illness or severe instability.

**UNIT:** Each hour

**COMPONENTS:** Service activities shall include:

- Performance of daily personal care activities, such as feeding, bathing, grooming, personal hygiene, dressing, exercising, assisting with bed mobility and ambulation, and assisting with self-administered medication.
- Performance of **light** household tasks related to health maintenance services, such as cleaning bathroom after assisting client with bath, cleaning kitchen after assisting client with meals, changing bed linen after assisting client with bath and/or bed mobility, laundering of towels, bed linen, etc.
- Prepare and serve meals including special diets.
- Performance of **light** housekeeping tasks, such as sweeping, dusting, ironing, and mending of clothes, etc.
- Instructions to individual or family members in home management, the care of dependent members of the household, and in self-care.
- Provision of necessary emotional and social support.
- Maintaining records, preparing reports, and other administrative efforts necessary to provide Certified Home Health Aide services.

**STANDARDS:** Certified Home Health Aide services shall meet or exceed the following standards:

1. Certified Home Health Aide services funded by the AAA are available only to residents 60 years of age or older or persons who are chronically physically disabled who would not otherwise qualify for services under any other program.
2. Priority for service shall go to those individuals meeting the above conditions, who are otherwise eligible for a nursing facility if they do not receive such service. In particular, priority shall be given to referrals from hospitals, doctors, Geriatric Assessment, and Care Management Sites, and to those individuals most socially and economically disadvantaged.
3. The agency shall meet and comply with all required rules, regulations, and standards set by the cognizant accrediting agency.

4. All staff providing the service shall be fully trained and professionally qualified and receive certification from the State Board of Nursing.
5. The agency shall maintain, follow, and continually update a training and supervision program to make sure staff are fully trained and familiar with agency procedures.
6. All requests for service shall be processed within a reasonable time of receipt, including identification of possible eligibility for service funded from another source other than the AAA.
7. Care assessments shall be started within three (3) working days after receipt of application.
8. A plan of care shall be developed for each new participant within five (5) working days after enrollment.
9. All plans of care and other participant records shall be kept in a secure location to protect confidentiality.
10. Caseloads shall be continually reviewed to ensure priority participants are being served.
11. Participant needs shall be reassessed every six (6) months or more frequently, with revisions made in the plan of care as necessary; any observed changes must be immediately noted in the participant plan of care.
12. Participants shall be provided with information on how other needed services (e.g., Medicare, Medicaid, SSI, transit, housing, prosthetic or rehabilitative devices, etc.) may be obtained, and must be provided assistance in gaining access to those services.
13. Participants, family members, and/or caregivers shall be informed of agency procedures for protecting confidentiality, for reviewing progress against the plan of care, and other matters germane to the participant's decision to accept services.
14. Participants, family members, and/or caregivers shall be given the opportunity to learn how to perform the tasks performed by the Certified Home Health aide, in order to give the participant and the informal support network a chance to function independent of agency service.

15. All participant records of care, service costs, sources of funds, and agency procedures shall be reviewed regularly.
16. To ensure that this service is available to all clients in the planning and service area (PSA), the AAA shall seek subgrantees and focal points that can serve the targeted population in the PSA to the maximum extent possible.
17. In areas where a significant number of clients do not speak English as their principal language, Certified Home Health Aide assistance should be provided in the language spoken by those clients.
18. As with all Older Americans Act programs, customers of this service shall be informed that donations are accepted under this program and such donations will serve to expand the programs to others in need.

<b>SERVICE:</b>	<b>LEGAL ASSISTANCE</b>
<b>CODE:</b>	325
<b>CATEGORY:</b>	Community Support
<b>DEFINITION:</b>	Legal advice, assistance, and/or representation provided by or under the supervision of a lawyer, in order to protect and secure the rights of older persons.
<b>UNIT:</b>	Each hour
<b>COMPONENTS:</b>	<p>Service activities shall include:</p> <ul style="list-style-type: none"> <li>• Legal Assistance provided by an attorney (or personnel supervised by an attorney) in areas, such as public entitlements, planning/protecting autonomy, health care/long-term care, family/domestic, housing/utilities, individual rights, and consumer issues.</li> <li>• An intake process to determine the nature of the client’s legal difficulties and questions, what assistance is needed, and whether the program is able to assist the client with the course of action that he/she wishes to take. An appropriate referral shall be made if the program cannot help the client.</li> <li>• Assistance to resolve the client’s problem that includes legal counsel and information, legal research, preparation of legal documents and</li> </ul>

correspondence, negotiations involving public benefits, and representing clients in administrative hearings and in court.

- Providing Community Legal Education that benefits a large number of clients cost effectively. Individuals may learn about their legal rights and responsibilities in order to avoid legal problems. Individuals may be taught to represent themselves before appropriate administrative agencies and courts. Community legal education may be used to increase client's ability to take a more active independent role in decision-making processes that affect them. In addition, it can increase general awareness of problems facing older people.
- Providing information about other programs and services for which clients may be eligible and referring clients to proper services as necessary.
- Maintaining records, preparing reports, and other administrative efforts necessary to provide Legal Assistance services.

**STANDARDS:** Legal Assistance services shall or exceed the following standards:

1. Legal Assistance funded by the AAA is available to residents 60 years of age and older who have a legal problem that falls within the priorities established for the program.
2. All efforts of the legal assistance provider shall be designed to achieve and/or maintain the client's dignity and maximum level of functioning.
3. The Legal Assistance provider shall have the capacity to deliver legal services to institutionalized, isolated, and homebound individuals; and have offices and/or outreach sites which are convenient and accessible to older persons in the community.
4. In areas where a significant number of clients do not speak English as their principal language, legal assistance shall be provided in the language spoken by those clients.
5. All staff providing the assistance shall be fully trained and professionally qualified. Staff who are not attorneys qualified to practice before the bar shall be supervised by such an attorney.
6. The Legal Assistance provider shall have staff with expertise in specific areas of law affecting older persons in economic or social need, such as public benefits, tenant issues, abuse/neglect and Medicaid/Medicare.

7. It is not necessary that the supervising attorney always be present in the office, but he/she shall be accessible for telephone consultation as necessary and should have regularly scheduled meetings with those non-lawyers providing the legal assistance. The attorney shall also be available to represent clients in court or further proceedings if and when necessary.
8. A mechanism shall be in place to enable legal assistance providers to work cooperatively with other involved agencies as to client status and problems.
9. Each Legal Assistance provider shall make efforts to involve the private bar in legal services, including groups within the private bar that furnish legal services to older persons on a pro bono and reduced fee basis.
10. Each Legal Assistance provider shall have a copy of Policy Memorandum .91-11, III-6, dated August 30, 1991, "Standards for the Provision of Legal Assistance to Older People in New Jersey."
11. Legal Services should be provided in a location that is easily accessible to the older person.
12. As with all Older Americans Act programs, customers of this service shall be informed that donations are accepted under this program and such donations will serve to expand the programs to others in need.

**SERVICE:**                   **PHYSICAL HEALTH**

**CODE:**                       326

**CATEGORY:**               Community Support

**DEFINITION:**           Screening, assessment, and treatment activities that assist older persons to improve or maintain physical health by helping them to identify and understand their health needs and secure necessary medical, disease prevention or health maintenance services.

**UNIT:**                       Each contact

**COMPONENTS:**       Service activities should include:

- A complete health assessment to determine overall health, or a partial assessment/screening for individual health problems, such as hypertension, diabetes, or vision and hearing deficits.

- Offering basic health advice and information in response to screening/assessment results and making referrals for medical intervention as indicated.
- Providing treatment or therapy as indicated by health assessment or from referral by appropriate professionals. This may include vaccinations.
- Durable medical equipment and medical supplies as ordered by a physician that are not reimbursable under other insurance, Medicare or Medicaid. This may include Emergency Response Systems (ERS).
- Supplemental services provided on a limited basis (no more than 20% of the total funds allocated for Physical Health unless a waiver is submitted to the State with justification) that may include, but are not limited to, home modifications, assistive technologies, emergency response systems and incontinence supplies.
- Health professionals, (registered nurse, physician, paraprofessionals\* and/or volunteers) serving as a resource person to consumers and other health professionals in regard to information on health issues and other services for which the participant may be eligible and referring the participant to proper services as necessary.

\*Note: Paraprofessionals are defined as “A trained worker who is not a member of a given profession but who assists a professional or one with assured competencies in a field.”

- Maintaining accurate client records describing the assessment, screening, or services provided, and the results or outcome of health services.
- Maintaining records, preparing reports, and other administrative efforts necessary to provide Physical Health services which provide for reasonable confidentiality.

**STANDARDS:** Physical Health services shall meet or exceed the following standards:

1. Physical Health services shall be conducted by a registered nurse or physician, or by paraprofessionals and/or volunteers under the supervision of a professional.
2. Providers of Physical Health services shall have adequate knowledge of or be provided with training in basic gerontology, aging and health, and common health problems of the elderly.

3. In areas where a significant number of older persons do not speak English as their principal language, physical health services shall be provided in the language spoken by those persons.
4. Physical Health services shall be provided in a location that is easily accessible to the older person.
5. A follow-up contact shall be made within a reasonable time period if an individual has been encouraged to seek additional medical intervention. The client's choice on whether or not to seek medical intervention should be recorded on his/her records.
6. If the results of tests conducted by the health professional are not readily available to the client, then the health provider shall contact the client when the results are known. The contact may be by phone or mail if all test results are normal, but should be by phone or in person if one or more test results are abnormal. The purpose of this contact is either to assure the client that the test did not indicate a health problem or to describe problem(s) that were detected, and provide reassurance and education about how to deal with these problems.
7. As with all Older Americans Act programs, customers of this service shall be informed that donations are accepted under this program and such donations will serve to expand the programs to others in need.

<b>SERVICE:</b>	<b>EDUCATION (Take Control of Your Health-Chronic Disease Self-Management Program)</b>
<b>CATEGORY:</b>	Community Support
<b>DEFINITION:</b>	Provision of the evidence-based “Take Control of Your Health” program, “Chronic Disease Self-Management”.
<b>UNIT:</b>	1 session per participant
<b>COMPONENTS:</b>	<p>Service activities shall include:</p> <ul style="list-style-type: none"> <li>• Provision of Chronic Disease Self-Management workshops which are held for 2-½ hours once a week for six weeks by two trained leaders.</li> <li>• Maintaining records, preparing reports, and other administrative efforts necessary to provide this program.</li> </ul>
<b>STANDARDS:</b>	Services shall meet or exceed the following standards:

1. Master trainers for this program must attend the “Chronic Disease Self-Management” training classes provided by the State Division on Aging.
2. Peer Leaders must attend a four-day training program taught by individuals who have led workshops and have been certified as master trainers.
3. Workshop leaders must agree to follow the script for teaching the workshop exactly as it is laid out in the manual they receive at the training.
4. Workshops should be provided in a location that is easily accessible to the older person. Examples include but are not limited to community settings such as senior centers, recreation centers, libraries and health centers.
5. In areas where a significant number of clients do not speak English as their principal language, the workshops should be provided in the language spoken by those clients.
6. As with all Older Americans Act programs, customers of this service shall be informed that donations are accepted under this program and such donations will serve to expand the programs to others in need.

<b>SERVICE:</b>	<b>CONGREGATE NUTRITION</b>
<b>CODE:</b>	435
<b>CATEGORY:</b>	Nutrition Support
<b>DEFINITION:</b>	The provision of nutritionally adequate meals which assure, at a minimum, one-third of the Recommended Dietary Allowance (RDA) to older persons at congregate meal sites.
<b>UNIT:</b>	Each meal
<b>COMPONENTS:</b>	Not applicable
<b>STANDARDS:</b>	Congregate Nutrition services must shall or exceed the following standards: <ol style="list-style-type: none"> <li>1. Persons eligible for congregate meals include those individuals:</li> </ol>

- Age 60 or over;
  - Spouses of participants, regardless of age;
  - Caregivers funded under Title III E, (supplemental services capped at 20%);
  - Individuals providing volunteer services during the meal hours,
  - Individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided
2. Each meal shall contain at least one-third of the current Recommended Dietary Allowance (RDA), as established by the Food and Nutrition Board, National Research Council, National Academy of Sciences.
  3. Menus for congregate meals shall be certified and documented as meeting RDA standards by a qualified nutritionist.
  4. Menus with documentation as to nutrient content shall be kept on file by the program for a minimum of three years.
  5. All menu substitutions shall be approved in advance by a qualified nutritionist employed by the AAA or nutrition program.
  6. Congregate Nutrition programs shall provide meals five or more days a week, at least one hot or other appropriate meal per day, and any additional meals that the program may elect to provide.
  7. Congregate Nutrition programs shall assist participants in taking advantage of benefits under other programs.
  8. Each provider, in cooperation with the AAA, shall be responsible for providing a variety of recreational, informational, and/or health-related programs and activities at each site monthly.
  9. Food stamps are to be accepted as donations/contributions for congregate meals. Participants should be informed about the Food Stamp Program.
  10. Each Congregate Nutrition program may develop a suggested contribution schedule. An older person who will not or cannot contribute to the cost of the service may not be denied a meal.
  11. All food service establishments must comply with all applicable licensing laws and ordinances relating to food service operations, including Chapter XII of the State Sanitary Code.

12. Congregate Nutrition programs shall ensure compliance with State **Minimum Standards for Provision of Nutrition Services for the Elderly, PM 2002-17, III-4, dated December 30, 2002.**
13. Congregate Nutrition programs should be provided in a location that is easily accessible to the older person.
14. In areas where a significant number of clients do not speak English as their principal language, Congregate Nutrition programs should be provided in the language spoken by those clients.
15. As with all Older Americans Act programs, customers of this service shall be informed that donations are accepted under this program and such donations will serve to expand the programs to others in need.

**SERVICE:** HOME DELIVERED NUTRITION

**CODE:** 436

**CATEGORY:** Nutrition Support

**DEFINITION:** The provision of nutritionally adequate meals which assure, at a minimum, one-third of the Recommended Dietary Allowance (RDA) to older persons in their places of residence.

**UNIT:** Each meal

**COMPONENTS:** Not applicable

**STANDARDS:** Home Delivered Nutrition services shall meet or exceed the following standards:

1. Persons eligible for home delivered meals are those individuals:
  - Age 60 or over;
  - Who are homebound;
  - Incapacitated due to accident, illness, or frailty;
  - Unable to prepare meals because of lack of facilities, inability to shop or cook for self, unable to prepare meals safely, or lack knowledge and skills to prepare meals;
  - Lacking support from family, friends, neighbors;
  - Who are spouses of homebound older individuals, if an assessment indicates that receipt of the meal is in the best interest of the client.
  - Caregivers funded under Title III E, (Supplemental services capped at 20%.)

- Disabled who reside at home with older eligible individuals
2. Client needs assessments shall be completed by qualified staff to determine participant eligibility and service needs prior to or within 10 days of initiating the service, and reassessments shall be completed within six-month intervals.
  3. Each meal must contain at least one-third of the current Recommended Dietary Allowance (RDA), as established by the Food and Nutrition Board, National Research Council, National Academy of Sciences.
  4. Menus for Home Delivered Nutrition programs must be certified and documented as meeting RDA standards by a qualified nutritionist.
  5. Home Delivered Nutrition programs will provide at least one hot or other appropriate home delivered meal daily five or more days per week.
  6. Other appropriate meals may include cold, frozen, dried, canned, or supplemental foods (with satisfactory storage life) meeting one-third RDA.
  7. Emergency preparedness procedures must be established to cover emergency situations such as vehicle breakdown, weather-related emergencies, etc...
  8. When feasible and appropriate, programs should make arrangements for the availability of meals to older persons during weather-related emergencies.
  9. Each Home Delivered Nutrition program must bring to the attention of appropriate officials, with the consent of the older person or his/her representative, conditions or circumstances that place the older person or household in imminent danger.
  10. Home Delivered Nutrition programs should assist participants in taking advantage of benefits under other programs.
  11. Home Delivered Nutrition programs must ensure compliance with State Minimum Standards for Provision of Nutrition Services for the Elderly.
  12. In areas where a significant number of clients do not speak English as their principal language, Home Delivered Nutrition should be provided in the language spoken by those clients.

13. As with all Older Americans Act programs, customers of this shall be informed that donations are accepted under this program and such donations will serve to expand the programs to others in need.

**SERVICE:** STATE WEEKEND HOME DELIVERED MEALS

**CODE:** 437

**CATEGORY:** Nutrition Support

**DEFINITION:** The provision of nutritionally adequate meals which assure, at a minimum, one-third of the Recommended Dietary Allowance (RDA) to older persons in their places of residence on weekends and/or holidays.

**UNIT:** Each meal

**COMPONENTS:** Not applicable

**STANDARDS:** State Weekend Home Delivered Meals services shall meet or exceed the following standards:

1. Persons eligible for weekend home delivered meals include those individuals:
  - Age 60 or over;
  - Who are homebound;
  - Incapacitated due to accident, illness, or frailty;
  - Unable to prepare meals because of lack of facilities, inability to shop or cook for self, unable to prepare meals safely, or lack knowledge and skills to prepare meals;
  - Lacking support from family, friends, neighbors;
  - Who are spouses of homebound older individuals, if an assessment indicates that receipt of the meal is in the best interest of the client.
  - Caregivers funded under Title III E, (Supplemental services capped at 20% ;
2. Client needs assessments shall be completed by qualified staff to determine participant eligibility and service needs and reassessments shall be completed within six-month intervals
3. Each meal must contain at least one-third of the current Recommended Dietary Allowance (RDA), as established by the Food and Nutrition Board, National Research Council, National Academy of Sciences.

4. Menus for State home delivered nutrition programs must be certified and documented as meeting RDA standards by a qualified nutritionist.
5. State Weekend home delivered nutrition programs will provide at least one hot or other appropriate home delivered meal on weekends and/or holidays.
6. Other appropriate meals may include cold, frozen, dried, canned, or supplemental foods (with satisfactory storage life) meeting one-third RDA.
7. Emergency preparedness procedures must be established to cover emergency situations, such as vehicle breakdown, weather-related emergencies, etc.
8. When feasible and appropriate, programs should make arrangements for the availability of meals to older persons during weather-related emergencies.
9. Each State Weekend Home Delivered Nutrition program must bring to the attention of appropriate officials, with the consent of the older person or his/her representative, conditions or circumstances which place the older person or household in imminent danger.
10. State Weekend home delivered nutrition programs should assist participants in taking advantage of benefits under other programs.
11. In areas where a significant number of clients do not speak English as their principal language, Home Delivered Meal Programs should be provided in the language spoken by those clients.
12. As with all Older Americans Act programs, customers of this service shall be informed that donations are accepted under this program and such donations will serve to expand the programs to others in need.

**SERVICE:** NUTRITION EDUCATION

**CODE:** 438

**CATEGORY:** Nutrition Support

**DEFINITION:** A program to promote better health through the provision of accurate and culturally sensitive nutrition and health related information for participants of the congregate nutrition program or other older adults in a group setting or homebound older adults.

**UNIT:** 1 Session Per Participant

**COMPONENTS:** Service activities should include:

- Qualified individual provides nutrition and health related education to a group of older adults as an educational and informative session which complements health promotion goals for older adults.
- Information provided should be checked for accuracy and reliability by the nutritionist (county nutritionist okay )who oversees the provision of Nutrition Education for older adults in each nutrition program.
- Lectures should be limited to a maximum of 20-30 minutes in length. Visual aids and supplemental handouts are encouraged. Questions and answers should be part of the Nutrition Education session.
- A variety of educational methods such as food demonstrations and participative activities may be employed for the presentation.

**STANDARDS:** Nutrition Education must meet or exceed the following standards:

1. Nutrition Education sessions provided to clients at congregate nutrition sites should be scheduled at least once each quarter. Documentation of topic, dates, and the number in attendance should be maintained.
2. Nutrition Education must be overseen by a qualified nutritionist, (RD preferred). Nutritionist should review all material distributed for Nutrition Education at group sessions and for homebound clients for accuracy and appropriateness.
3. Nutrition Education material should be made available to homebound nutrition clients at least quarterly. Each mailing is counted as one session.
4. Nutrition Education programs should be provided in a location that is easily accessible to the older person.
5. In areas where a significant number of clients do not speak English as their principal language, Nutrition Education should be provided in the language spoken by those clients.
6. As with all Older Americans Act programs, customers of this service shall be informed that donations are accepted under this program and such donations will serve to expand the programs to others in need.

<b>SERVICE:</b>	<b>NUTRITION COUNSELING</b>
<b>CODE:</b>	439
<b>CATEGORY:</b>	Nutrition Support
<b>DEFINITION:</b>	Provision of individualized advice and guidance to older adults (or caregivers of older adults), who are at nutritional risk, because of their health or nutritional history, dietary intake, medicines use, or chronic illnesses, about options and methods for improving their nutritional status.
<b>UNIT:</b>	1 Session Per Participant
<b>COMPONENTS:</b>	<p>Service activities should include:</p> <ul style="list-style-type: none"> <li>• Qualified nutritionist, (<b>Registered Dietitian preferred</b>) provides Nutrition Counseling, Nutrition Assessment, and Nutrition Screening to an older individual on a one-to-one basis. Information may be communicated to a caregiver who is present with the client.</li> <li>• Individual making home visits is made aware of the NJ EASE cross-referral process for older adults who are in need of other services and/or assistance.</li> <li>• Follow-up on the progress of the client will be ensured as part of Nutrition Counseling intervention.</li> <li>• Individuals receiving meals from Title III projects will be advised of shopping tips and foods to select consistent with the diet for other meals that are not provided by the project.</li> </ul>
<b>STANDARDS:</b>	<p>Nutrition Counseling shall meet or exceed the following standards:</p> <ol style="list-style-type: none"> <li>1. Nutrition Counseling must be provided by a qualified nutritionist, (Registered Dietitian preferred) in accordance with state law and policy.</li> <li>2. Nutrition Counseling intervention goals shall be designed to maintain the overall health of older adults and in high-risk elders to prevent continued nutritional decline. Examples of medical conditions which are related to increased nutritional risk include: Diabetes, Hypertension, Cardiovascular Disease, and Osteoporosis</li> <li>3. Consistent and uniform written records shall be developed and maintained for reference and documentation of service provision, including NAPIS Registered Service information.</li> </ol>

4. Nutrition Counseling requests may be accepted from a variety of sources including the Title III nutrition programs. Nutrition providers should maintain linkages with NJ EASE, ADRC and Information and Assistance programs in their area for Nutrition Counseling referrals.
5. In areas where a significant number of clients do not speak English as their principal language, Nutrition Counseling assistance should be provided in the language spoken by those clients.
6. Nutrition Counseling should be provided in a location that is easily accessible to the older person.
7. As with all Older Americans Act programs, customers of this service shall be informed that donations are accepted under this program and such donations will serve to expand the programs to others in need.

**SERVICE:** GRANDPARENT RESPITE CARE (CHILD CARE)

**CATEGORY:** Respite Care

**DEFINITION:** Provision of Respite Care in the form of child care services to grandparent(s), step grandparent(s) or relative(s) of a child(ren) by blood or marriage, who are raising one or more children.

**UNIT:** Each hour

**COMPONENTS:** Service activities shall include:

- Determining the number of hours of child care needed in order to provide the grandparent/relative with effective respite care.
- Implementing respite care plans that may include services such as supervised activities for children including tutoring, sports, day care or summer camps. The duration of respite care services may vary, either being short term or long term.
- Providing information about other programs and services for which the clients might be eligible and referring clients to proper services as necessary.
- An evaluation to be completed by the grandparent/relative after service has begun in order to monitor service.
- Maintaining records, preparing reports, and other administrative efforts necessary to provide Grandparent Child Care Respite services.

**STANDARDS:** Grandparent Child Care Respite services shall meet or exceed the following standards:

1. Grandparent Child Care Respite funded by the AAA is available only to residents 55 years of age or older who would not otherwise qualify for this service under any other program.
2. The Grandparent Child Care Respite program shall, by policy, determine the maximum amount of respite care to be provided to each grandparent/relative needing child care respite for a set time period to ensure that the greatest number in need are served.
3. Child Care Respite provided in a centralized facility shall comply with all applicable building regulations and fire, health, and safety codes and compliance shall be documented through inspections by appropriate local health, fire, and building officials.
4. The Respite provider shall ensure that all agencies being funded to provide child care respite services are appropriately licensed by the State.
5. The Respite provider shall employ a trained paid or volunteer staff who shall be qualified to counsel the grandparent/relative on child care options available to them.
6. A staff person shall be designated to be available in case of emergencies or problem situations.
7. In areas where a significant number of clients do not speak English as their principal language, Grandparent Child Care Respite assistance should be provided in the language spoken by those clients.
8. As with all Older Americans Act programs, customers of this service shall be informed that donations are accepted under this program and such donations will serve to expand the programs to others in need.

**SERVICE:** CERTIFIED HOME HEALTH AIDE - GP NFCSP RESPITE CARE

**CODE:** 815

**CATEGORY:** Respite Care

**DEFINITION:** Short term or intermittent care, provided to care recipients and their caregivers/grandparents either in their homes or in other appropriate facilities, because of the absence or the need for relief of those persons normally providing care.

**UNIT:** Each hour

**COMPONENTS:** Service activities shall include:

- Determining the physical and emotional status of the client and the type of supervision needed for respite care.
- Developing and maintaining individualized plans of respite care.
- Implementing respite care plans that may include services such as personal care, food preparation, helping with daily activities, companionship or supervised activities for children: tutoring, swimming lessons, sports, summer camps. The duration of respite care services may vary, either being short term, e.g. 2-3 hours or long term, e.g. a weekend.
- Providing information about other programs and services for which the clients might be eligible and referring clients to proper services as necessary.
- An evaluation to be completed by the client and/or caregiver after respite care has been provided in order to monitor service.
- Maintaining records, preparing reports, and other administrative efforts necessary to provide Respite Care services.

**STANDARDS:** Respite Care services shall meet or exceed the following standards:

1. Respite Care funded by the AAA is available only to residents 55 years of age or older who would not otherwise qualify for this service under any other program. Priority for respite care shall go to those individuals who are eligible for admission to a nursing facility if they do not receive respite care. In particular, priority shall be given to referrals from hospitals, doctors, Geriatric Assessment and Care Management Sites, and to those individuals most socially and economically disadvantaged.
2. All efforts of the Respite Care program shall be designed for maintaining the client's dignity and health.

3. The Respite Care program shall, by policy, determine the maximum amount of care to be provided to each elderly person for a set time period to ensure that the greatest number in need are served.
4. Respite care provided in a centralized facility shall comply with all applicable building regulations and fire, health, and safety codes and compliance shall be documented through inspections by appropriate local health, fire, and building officials.
5. The respite provider shall employ a trained paid or volunteer staff who shall be competent, qualified, and sufficient in number to implement the Respite Care Program.
6. Respite care workers shall receive training that includes: instruction on providing appropriate care; communication and interpersonal skills; emergency procedures; and the physical and emotional needs of sick and frail elderly persons.
7. The program shall develop procedures for screening prospective clients and respite care workers to attempt to match persons who are compatible. The screening process shall include contacting at least two character references for the potential respite care worker to protect the safety of the older person.
8. A staff person shall be designated to be available to respite workers in case of emergencies or problem situations.
9. To ensure that this service is available to all clients in the planning and service area (PSA), the AAA shall seek subgrantees and focal points that can serve the targeted population in the PSA to the maximum extent possible.
10. In areas where a significant number of clients do not speak English as their principal language, Respite Care assistance should be provided in the language spoken by those clients.
11. As with all Older Americans Act programs, customers of this service shall be informed that donations are accepted under this program and such donations will serve to expand the programs to others in need.

## REQUEST FOR PROPOSAL INSTRUCTIONS

Please provide **one original and four copies of each proposal**. Only one copy of attachments is required for each agency regardless of how many RFPs are being submitted. Separate applications must be submitted for programs applying for more than one funding stream.

To help the Office on Aging distinguish sealed proposals from regular mail coming into our office, it is requested that the outside envelope(s) or box containing sealed proposals indicate that the package is an RFP Response. Please write **RFP Response** in bold writing.

The Request for Proposal is made up of three parts: a brief Overall Summary, the Scope of Services (maximum of ten [10] typed pages) and the Budget. Proposals should include Scope of Services and Budget for calendar year 2013 only. Grant award agreements are renewable on an annual basis for calendar years 2014 and 2015 and will be based on availability of funds and satisfactory performance by provider.

**A. Brief Overall Summary of the program.**

**B. The Scope of Services must include the following:**

1. A brief background of the Agency
2. A description of the experience the Agency has in providing the services it is proposing in the RFP
3. The geographic area to be served by the project
4. Justification of Need: Provide statistical, demographic or social indicator information, as well as any other pertinent service utilization data, to demonstrate the ongoing or enhanced need(s) for this program. Document source(s) of information.
5. Anticipated results of the program (broad objectives)
6. Specific measurable objectives (See attached page on "Specific Measurable Objectives".)
7. Describe methods to be utilized to measure or evaluate the quality/effectiveness of your program's service(s) and overall client satisfaction with the services.
8. Assurances that the provider will attempt to satisfy the needs of low-income minority seniors in accordance with their need for these services
9. Agency's plan to allow for client donations to the program, which must meet State requirements. (See attached page on client contributions.)

10. Agency's referral system to and from other agencies

11. Job descriptions for all personnel budgeted in the contract proposal

PLEASE ADDRESS EVERY ITEM IN THE SCOPE OF SERVICES. FAILURE TO DO SO MAY JEOPARDIZE YOUR CHANCES FOR FUNDING.

**C. Budget**

Agencies submitting a unit cost contract must submit backup showing how the unit cost was calculated.

Please note:

Title III, B, CI, CIII and D funds require a 25% match by the applicant. (formula: funds x .25)

SSBG funds require a 25% match by the applicant. SSBG funds will support Housekeeping/ Homemaker (Home Based Support Care), Certified Home Health Aide Respite and Nutrition services. (formula: SSBG funds x .25)

SHTP funds require a 10% match by the applicant. SHTP funds will support Residential Maintenance. (formula: SHTP funds x .10).

SWHDM funds require a 20% match by the applicant. SWHDM funds support the weekend home delivered meals portion of Nutrition Services. (formula: SWHDM funds x .20)

**MONMOUTH COUNTY OFFICE ON AGING  
REQUEST FOR PROPOSAL COVER PAGE**

**A completed 'Request for Information' and 'Review Criteria' for the proposed project must be attached to this cover sheet.**

DATE: \_\_\_\_\_

NAME AND ADDRESS OF AGENCY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_:  
FAX: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Type of Organization    \_\_\_\_\_ Public Agency    \_\_\_\_\_ Private Non-Profit    \_\_\_\_\_ For Profit

NAME OF PROPOSED PROJECT:

PROJECT DIRECTOR:

Total Grant Request: \$ \_\_\_\_\_

Proposed Services:	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____

If the project is located at a different address than above, provide the address:

\_\_\_\_\_

Project is:    \_\_\_\_\_ NEW    \_\_\_\_\_ RENEWAL

Days and hours of operation of proposed project:

\_\_\_\_\_

Project will start:

\_\_\_\_\_

AGENCY PERSONNEL:

Agency Director    \_\_\_\_\_  
Project Director    \_\_\_\_\_  
Fiscal Contact    \_\_\_\_\_  
Contact Person    \_\_\_\_\_

## REQUEST FOR INFORMATION

**You must return this page with your Request for Proposal and verify with a check mark that each item is attached to the submission package.\***

**A. FAILURE TO SUBMIT ANY OF THESE ITEMS WITH THE PROPOSAL IS MANDATORY CAUSE FOR REJECTION.**

- Statement of Ownership (Governmental agencies are exempt.)
- Non-Collusion Affidavit
- Acknowledgement of receipt of addendum or revision, if any

**B. ITEMS ALSO REQUIRED AT TIME OF PROPOSAL:**

- Statement of Adequacy of Accounting System (form attached)
- Federal Internal Revenue Service I.D. Number (If Agency does not have one, please send letter from appropriate source stating that it does not have to have one.)
- Certified Copy of Articles of Incorporation (if applicable)
- Organization Chart
- Board of Directors List (if applicable)
- Suggested donation schedule (if program has such a schedule)
- State of New Jersey CRI.300R/Annual Report for Charitable Organizations (if applicable)
- Most recent Audit/Financial statement
- Vendor Certification Form
- Equal Employment Opportunity Questionnaire (optional item)

**C. ITEMS REQUIRED AFTER PROPOSAL BUT PRIOR TO CONTRACT EXECUTION:**

- NJ State Business Registration Certificate issued by the NJ Department of Treasury, Division of Revenue (Governmental agencies and non-profits are exempt.)
- Certificate of Insurance as required by County

## REVIEW CRITERIA

**You must return this page with your Request for Proposal\* and verify with a check mark that each item is included with the submission package.**

- Proposal Cover Page
- Brief Overall Summary of the Program
  - Brief background of Agency
  - Agency's current experience in providing proposed services
  - Geographic Area to be served
  - Justification of Need
  - Broad objectives in performing stated service(s)
  - Specific Measurable objectives
    - name of service
    - # of units specified for each service
    - # of unduplicated clients specified for each service
    - cost specified for each service
    - target group(s)\*\* specified for each service
    - # of units and clients for each target group(s)\*\* specified
- \*\* Target group specifications apply to all RFPs.*

  - Specifics on how project will attempt to meet the needs of low-income minority seniors
  - Agency's method of evaluation of services and method of receiving client feedback
  - Agency's plan to allow for client donations
  - Agency's referral system to and from other agencies
  - Job descriptions for all budgeted personnel
- Budget breakdown for this project

*\* Please submit RFP items in the order listed on this page.*

## **INSURANCE REQUIREMENTS**

### **Worker's Compensation and Employer Liability**

Covering all the contractors engaged in the performance of the contract and in accordance with the requirements of the laws of the State of New Jersey and the State of domicile, including employers liability with limits of \$500,000 each accident, and \$500,000 each employee and \$500,000 aggregate for disease.

### **Commercial General Liability**

Commercial general liability insurance or its equivalent for bodily injury, personal injury and property damage including loss of use, with minimum limits of:

- \$ 1,000,000 each occurrence;
- \$ 1,000,000 personal and advertising injury;
- \$ 2,000,000 general aggregate; and
- \$ 2,000,000 products/completed operations aggregate.

This insurance shall include coverage for the following:

- i. Liability arising from premises and operations; and
- ii. Liability arising from the actions of independent contractors.

### **Business Automobile Liability**

Business auto liability insurance or its equivalent with a minimum limit of \$1,000,000 per accident and including coverage for the ownership, operation, maintenance, or use of any vehicle.

### **Professional Liability/Errors & Omissions Insurance**

Insurance to pay for liability arising out of the professional services of the contractor with limits of at least \$1,000,000 per claim and aggregate.

**\*\* N O T E \*\* THE COUNTY MAY WAIVE OR AMEND THE ABOVE INSURANCE REQUIREMENTS, IN ITS DISCRETION, IF APPROPRIATE.**

**SECTION TO BE COMPLETED FOR NEW PROPOSALS ONLY**

- A. Is this program to be ongoing or a one-time project?

Explain:

- B. List strategies which will be undertaken to identify alternative funding options to insure long-term continuity:

## TARGET POPULATIONS

In order to assure preference to individuals with the greatest social and economic needs, the State Division has identified four general target population groups based on target populations outlined in the Older Americans Act. Below is a list of these four groups followed by a brief definition for each. Please note that these groups are not listed in priority order.

Minority	Persons aged 60+ of African American, Hispanic, Native Hawaiian/Pacific Islander, Asian, American Indian or Alaskan Native, or two or more races
Impoverished	Persons aged 60+ with incomes at or below 100 percent of the poverty level as defined in the Federal Register by the Secretary of the Department of Health and Human Services (attached)
Frail	Persons aged 60+ having a physical or mental disability, including Alzheimer's disease or a neurological or organic brain disorder of the Alzheimer's type, that restricts the ability of an individual to perform normal daily tasks or which threatens the capacity of an individual to live independently
Vulnerable	Persons aged 60+ exposed to unfavorable environmental conditions, as well as persons aged 60+ with a lack of social resources which may include the following:  Income levels between 100-200 percent of the poverty level  Language Barriers  Isolation  No informal support system  Not within service system

# U.S. Department of Health and Human Services 2012 Poverty Guidelines

The following figures are the 2012 HHS poverty guidelines published in the *Federal Register* on January 26, 2012. The following guideline figures represent annual income.

<b>2012 HHS Poverty Guidelines</b>			
<b>Persons in Family</b>	<b>48 Contiguous States and the District of Columbia</b>	<b>Alaska</b>	<b>Hawaii</b>
1	\$11,170	\$13,970	\$12,860
2	\$15,130	\$18,920	\$17,410
3	\$19,090	\$23,870	\$21,960
4	\$23,050	\$28,820	\$26,510
5	\$27,010	\$33,770	\$31,060
6	\$30,970	\$38,720	\$35,610
7	\$34,930	\$43,670	\$40,160
8	\$38,890	\$48,620	\$44,710
For families/households with more than 8 persons, add for each additional person:	\$3,960	\$4,950	\$4,550

**SOURCE:** *Federal Register*, Vol. 77, No. 17, January 26, 2012, pp. 4034-4035

## SPECIFIC MEASURABLE OBJECTIVES

Specific Measurable Objectives must contain the following information:

1. Name of service
2. Number of units to be provided
3. Number of unduplicated clients to be served
4. Cost of service
5. Target group/groups for the service
  - a. Number of clients to be served in each target group
  - b. Number of units of service to be provided to the clients in each target group

*Target group specifications apply to all RFPs. See attached sheets for target population definitions and for the latest Federal Poverty Guidelines.*

### EXAMPLE:

1. To provide 1,000 units of Information and Assistance to 500 unduplicated clients in the year 2013 at a cost of \$10,000.

Of these 500 unduplicated clients it is projected that:

- 100 clients served will be minorities and these 100 minority clients will receive a total of 300 units of service.
- 150 clients served will be frail and these 150 frail clients will receive a total of 400 units of service.

*A minimum of one target group must be specified for each service to be provided.*

Please note: Target group unit and client breakdowns do not have to add up to total proposed units and clients for a service. All clients served may not fall under the four target groups. Also, many people fall into more than one target group, i.e., a person can be a minority, impoverished and frail/disabled.

## PROGRAM BUDGET INSTRUCTIONS

*Note that a separate budget must be submitted for each service funded.  
In addition, all sections of the budget must be completed.  
The Excel Template can be obtained at [www.visitmonmouth.com/aging](http://www.visitmonmouth.com/aging) under the  
RFP 2013-2015 tab.*

### **COVER SHEET (Page B 1 of 6):**

1. **Title of Project:**

Insert in section 1.

2. **Type of Application:**

Place an “X” in front of New.

3. **Project Director (Name, Title, Department Address...):**

Insert in section 3

4. **Applicant Agency (Name and Address):**

Insert name and address of the agency applying for the grant in section 4.

5. **Name, Title, Address of Official authorized to sign for applicant agency:**

Insert in section 5.

6. **Dates/From/Thru/Amount:**

- **Project Period:** Insert the start date, the end date, and the amount (“Total Project Cost” from line A on bottom of page B1) for the Project Period.
- **Budget Year:** All grants run calendar year (January – December), and the amount should equal the “Total Project Costs” from line A on the bottom of page B 1.

7. **Type of Organization:**

Place an “X” in front of either Public Agency, Private Non-Profit Agency, or For Profit Agency.

8. **Payee (Specify to whom checks should be sent: Name, Title, Address):**

Insert in section 8.

9. **(For State Agency Use):** Leave blank.

## **PROGRAM BUDGET INSTRUCTIONS (Continued)**

**Budget Calculations** - The bottom section of the budget cover page summarizes the input from pages B2 through B6. If using the Office on Aging's Excel template, this summary section will be automatically calculated.

### **A. Total Project Costs:**

Summary of all expenses from the "Total Project Costs" field on the bottom of page B 4. Fill in dollar (\$) field only; percent (%) field to be left blank.

### **B. Estimated Project Income:**

Summary of income from the "Total Estimated Project Income" field on the bottom of page B 5. Fill in dollar (\$) field only; percent (%) field to be left blank.

### **C. Project Net Costs (Line A Less Line B):**

Line A. ("Total Project Costs") minus Line B ("Estimated Project Income"). Fill in dollar (\$) field only; percent (%) field to be left blank.

### **D. Local Non-Federal Participation:**

- Dollar (\$) Field: Summary of resources from the "Total Local Non-Federal Participation" field on the bottom of page B 6.
- Percent (%) Field: "Local Non-Federal Participation" dollars percent of the "Project Net Costs" dollars. (Line D-\$ divided by Line C-\$.)

### **E. Funds Requested (Line C Less Line D):**

- Dollar (\$) Field: "Project Net Costs" (Line C-\$s) minus "Local Non-Federal Participation" (Line D-\$s).
- Percent (%) Field: "Funds Requested" dollars percent of the "Project Net Costs" dollars. (Line E-\$s divided by Line C-\$s.)

### **Note for "Unit Cost" Contracts only:**

The number of units and unit cost rate should be entered in the budget under category #2 Consultant and Contract Services. If using a unit cost budget, it is very important that a realistic figure be used for the Budgeted Units of Service, since it can significantly affect the computation of the unit cost. The Budgeted Units of Service should be based, when possible, on historical data from the most current 12-month period. ALL UNIT COST BUDGETS MUST HAVE BACKUP.

## PROGRAM BUDGET INSTRUCTIONS (Continued)

### **EXPENSES (Pages B 2 – B 4):**

#### 1. **Personnel:**

There are three sections that fall under Personnel as follows:

- a. **Salaries and Wages** – The salaries and wages of all full-time or part-time employees must be entered in this section.
- b. **Fringe Benefits** – Include all supplementary compensation and benefits, including FICA, state unemployment, health insurance, disability and life insurance, pension or retirement benefits, and worker's compensation.
- c. **In-Kind Costs** – Volunteer services which are properly documented.

#### 2. **Consultants and Contract Services:**

These costs represent service agreements or fees for services rendered by members of a particular profession who are not employees of the provider agency. These costs include medical, educational, psychiatric/psychological fees. Other typical costs included in this category are for legal and accounting services, employment fees, data processing services, payroll preparation, and management services. Charges for brokerage and investment services, commissions, and collection fees are not allowed.

#### 3. **Travel (staff only):**

- a. Include reimbursement rate per mile as well as total cost. Travel costs are allowable for expenses for transportation, lodging, sustenance, and related items incurred by employees who are in travel status on official business incident to the Older Americans Act program.
- b. Include allowable training and educational expenses and the costs of any in-house or outside meetings and conferences that are for the dissemination of technical information relative to the Agency's program activities.

## PROGRAM BUDGET INSTRUCTIONS (Continued)

### 4. **Food (allowable for Nutrition Program only):**

Food costs include all raw food costs and consumable products which directly relate to the delivery of meals to an eligible participant under Older Americans Act and related funding. Food costs also include food prepared and delivered under a separate meal provider contract. The meal must meet all eligibility criteria. The meal must meet one-third of the RDA, be served to an “eligible individual” (any person age 60 and over) and their spouse, and be served by an agency which is under the jurisdiction, control, management, and authority of the Area Agency on Aging or the NJ State Division of Aging and Community Services.

### 5. **Building Space:**

These costs represent allowable expenses associated with the usage and maintenance of buildings utilized by the agency for the funded program. Facility costs must be allocated on a logical and equitable basis (usually square footage).

- a. Rental of Space – Include the total allowable rental cost.
- b. Utilities – Include the costs of electricity, gas, oil, water and sewerage.
- c. Maintenance.
- d. Repairs – Itemize normal upkeep costs which neither add to the permanent value of the property nor appreciably prolong its useful life.
- e. Insurance – Include the cost of insurance applicable to buildings and equipment (premises insurance).
- f. In-Kind.

### 6. **Printing & Office Supplies:**

The cost of supplies and material necessary to carry out the Older Americans Act programs are allowable. Purchases made specifically for the Older Americans Act program should be charged thereto at their actual prices after deducting all cash discounts, trade discounts, rebates, and allowances received by the grantee. Costs for printing and reproduction services necessary for Older Americans Act program administration, including but not limited to forms, reports, manuals, and informational literature, are allowable.

### 7. **Equipment:**

The cost of equipment. When equipment acquired with Older Americans Act funds are sold, or are no longer available for purposes authorized by the Older Americans Act, the equity in the asset will be refunded to the Contract. In case any assets are traded on new items, only the net cost of the newly acquired assets is an allowable expense. The acquisition of equipment is allowable only upon specific prior approval of the Office on Aging.

## PROGRAM BUDGET INSTRUCTIONS (Continued)

### 8. Other Costs:

- a. Advertising: Advertising media includes newspapers, magazines, radio and television programs, direct mail, trade papers, and the like. The advertising costs allowable are those which are solely for:
  - Recruitment of personnel required for the Older Americans Act program, or
  - Solicitation of bids and/or proposals for the procurement of goods and services required for Older Americans Act programs, or
  - Other purposes specifically provided for the Older Americans Act program agreement.
- b. Advisory Councils: Costs incurred by Advisory Councils/Committees established pursuant to Older Americans Act requirements to carry out Older Americans Act programs are allowable. Travel of the Advisory Council is to be included in the “Travel” section of the approved budget.
- c. Communications: Communication costs incurred for telephone calls or service, telegraph, wide area telephone service (WATS), centrex, telpak (tielines), postage, messenger service and similar expenses are allowable.
- d. Exhibits: Cost of exhibits relating specifically to the Older Americans Act programs are allowable.
- e. Maintenance and repair: Costs incurred for necessary maintenance, repair or upkeep of equipment which neither add to the permanent value of the property nor appreciably prolong its intended life, but keep the equipment in an efficient operating condition, are allowable.
- f. Memberships: The cost of membership in civic, business, technical and professional organizations is allowable provided the benefit from the membership is related to the Older Americans Act program, the cost of the membership is related to the value of the services or benefits received by the Older Americans Act program, and the expenditure is not for membership in an organization which devotes a substantial part of its activities to influencing legislation.
- g. Publications: The cost of books and subscriptions to civic, business, professional, and technical periodicals is allowable when related to the Older Americans Act program.

**PROGRAM BUDGET INSTRUCTIONS (Continued)**

**SUPPORTING BUDGET SCHEDULE (Page B 5 – B 6)**

**Indirect Costs:**

Note: “Indirect Costs” apply to County Agencies only; they are not applicable to Grantees.

**ESTIMATED PROJECT INCOME:**

Includes:

A. **Participant Contributions:**

The Older Americans Act provides that all services coming under the Older Americans Act and related funds have provisions allowing participants to contribute. All income that is realized from participant contributions is to be included in this category.

B. **Other Income:**

This category is to be used when reporting program income other than participant contributions. The source of such income is to be identified within the service provider’s grant/contract, inter-agency agreement, or letter of agreement.

1. Budgeting for all meal programs must include projected NSIP (formerly known as U.S.D.A.) reimbursement.
2. Proceeds from the sale of real or tangible personal property
3. Proceeds from the sale of equipment purchased with Older Americans Act funds.
4. Rental fees.
5. Patents or copyright royalties
6. Interest Income

**LOCAL NON-FEDERAL PARTICIPATION:**

Total Local Non-Federal participation includes:

A. **Cash Resources:**

Includes Grantee cash, Municipal Match, COLA, and State Match.

B. **In-Kind Resources:**

Volunteer services which are properly documented; building space that is provided that is not a direct expense of any other federal program.

## RFP BUDGET

**County of Monmouth  
Department of Human Services  
Division on Aging, Disabilities & Veterans Services**

<b>1. Title of Project:</b>				
<b>2. Type of Application:</b> (Check one) <input type="checkbox"/> New <input type="checkbox"/> Renewal				
<b>3. Project Director (Name, Title, Department &amp; Address, Street, City, State, Zip Code):</b>	<b>6. Dates</b>	<b>From</b>	<b>Thru</b>	<b>Amount</b>
	Project Period			
	Budget Year			
	<b>7. Type of Organization:</b> (Check one) <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Non-Profit Agency <input type="checkbox"/> For Profit Agency			
<b>4. Applicant Agency (Name and Address):</b>	<b>8. Payee (Specify to whom checks should be sent: Name , Title, Address):</b>			
<b>5. Name, Title, Address of Official authorized to sign for applicant agency:</b>	<b>9. (For State Agency Use):</b>			
	<b>%</b>	<b>\$</b>		
<b>A. Total Project Costs</b>	XXXXXX			
<b>B. Estimated Project Income</b>	XXXXXX			
<b>C. Project Net Costs (Line A Less Line B)</b>	XXXXXX			
<b>D. Local Non-Federal Participation</b>				
<b>E. Funds Requested (Line C Less Line D)</b>				



**RFP BUDGET**  
**ESTIMATED COST FOR PROJECT (Continued)**

CATEGORIES	CASH	IN-KIND	TOTAL
<b>4. Food (allowable for Nutrition Program only)</b>			
<b>Total Food</b>			
<b>5. Building Space</b>			
<b>Total Building Space</b>			
<b>6. Printing &amp; Office Supplies</b>			
<b>Total Printing &amp; Office Supplies</b>			
<b>7. Equipment</b>			
<b>Total Equipment</b>			







**RFP BUDGET UNIT COST BACKUP**

**County of Monmouth  
Department of Human Services  
Division on Aging, Disabilities & Veterans Services**

<b>1. Title of Project:</b>				
<b>2. Type of Application:</b> (Check one) <input type="checkbox"/> New <input type="checkbox"/> Renewal				
<b>3. Project Director (Name, Title, Department &amp; Address, Street, City, State, Zip Code):</b>	<b>6. Dates</b>	<b>From</b>	<b>Thru</b>	<b>Amount</b>
	Project Period			
	Budget Year			
	<b>7. Type of Organization:</b> (Check one) <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Non-Profit Agency <input type="checkbox"/> For Profit Agency			
<b>4. Applicant Agency (Name and Address):</b>	<b>8. Payee (Specify to whom checks should be sent: Name , Title, Address):</b>			
<b>5. Name, Title, Address of Official authorized to sign for applicant agency:</b>	<b>9. (For State Agency Use):</b>			
	<b>%</b>	<b>\$</b>		
<b>A. Total Project Costs</b>	XXXXXX			
<b>B. Estimated Project Income</b>	XXXXXX			
<b>C. Project Net Costs (Line A Less Line B)</b>	XXXXXX			
<b>D. Local Non-Federal Participation</b>				
<b>E. Funds Requested (Line C Less Line D)</b>				



**RFP BUDGET UNIT COST BACKUP**  
**ESTIMATED COST FOR PROJECT (Continued)**

CATEGORIES	CASH	IN-KIND	TOTAL
<b>4. Food (allowable for Nutrition Program only)</b>			
<b>Total Food</b>			
<b>5. Building Space</b>			
<b>Total Building Space</b>			
<b>6. Printing &amp; Office Supplies</b>			
<b>Total Printing &amp; Office Supplies</b>			
<b>7. Equipment</b>			
<b>Total Equipment</b>			





**SUPPORTING BUDGET SCHEDULE  
LOCAL NON-FEDERAL PARTICIPATION**

<b>SOURCE</b>	<b>AMOUNT</b>
<b>Cash Resources</b>	
<b>Cash Resources Sub-Total</b>	

<b>In-Kind Resources</b>	
<b>In-Kind Resources Sub-Total</b>	

<b>TOTAL LOCAL NON-FEDERAL PARTICIPATION</b>	
--	--

## **REPORTING REQUIREMENTS**

Contract service providers are required to use the reporting software system, Social Assistance Management Systems (SAMS), mandated by New Jersey State Division of Aging and Community Services for data reporting and client tracking. This data must be entered monthly.

Provider must be in compliance with NAPIS programmatic reporting requirements as applicable to its program services. *Complete requirements can be obtained at [www.visitmonmouth.com/aging](http://www.visitmonmouth.com/aging) under the RFP 2013-2015 tab.*

Program and financial reports must be submitted within eight (8) days after the close of each quarter. A Personnel Summary Report must also be submitted if your budget has a personnel line item. The submission required for payment is the QPRA-1, QPRA-2 and a signed county voucher.

Grantees must prepare an annual "Grant Closeout" which is to be submitted to the Office on Aging by January 8 for the previous fiscal year.

## CLIENT CONTRIBUTIONS

### Title III/SWHDM/SSBG/SHTP Contract Requirements

Each Agency must:

- Provide each older person with a free and voluntary opportunity to contribute to the cost of the services.
- Protect the privacy of each older person with respect to his or her contribution.
- Establish appropriate procedures to safeguard and account for all contributions.
- Where services are provided at a specific site, or where services are provided in large groups, unencoded envelopes shall be given to all recipients. The contributions shall be deposited by participants in a locked, slotted metal box. The contributions shall not be given to provider staff members, project employees, volunteers or Area Agency employees.
- Use all contributions to expand the services provided by the grant agreement.
- Agencies may develop a suggested contribution schedule for services provided by this agreement. Prior written approval of the County must be obtained before the Agency may utilize said schedule. In developing a contribution schedule the Agency must consider the income ranges of older persons in the community and the Agency's other sources of income.
- An agency may not deny any older person a service provided by this program because the older person will not or cannot contribute to the cost of the service.
- Contributions made by older persons are considered program income. Contributions cannot be used to supplant existing funds and contributions received are to be shown as part of the budget for programs receiving funds under the Older Americans Act and related funding.

**STATEMENT OF OWNERSHIP**

(N.J.S.A. 52:25-24.2)

The VENDOR is (check one):

- Individual       Partnership       P.A.       P.C.       L.L.C.       L.L.P.  
 Corporation       Joint Venture       Other (specify): \_\_\_\_\_

I certify that:

- No individual person or entity owns a 10% or greater interest in the Vendor.

**OR**

- The names and addresses of all persons and entities who own a 10% or greater interest in the Vendor or any listed entities are as follows:

NAMES:	ADDRESSES:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

- Check here if additional sheets are attached.
- Check here to certify that no person or entity, except for those already listed above or on any attached sheets, owns a 10% or greater interest in the vendor or any listed entities.

NAME OF VENDOR: \_\_\_\_\_

SIGNED BY: **X** \_\_\_\_\_

PRINT NAME & TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTE:** If any entity owns a 10% or greater interest in the Vendor, list all owners of 10% or greater interest for each such entity. Repeat the process of disclosure as necessary for each tier or level of ownership until the name and address of each individual person who owns a 10% or greater interest in each listed entity has been disclosed.

**NON-COLLUSION AFFIDAVIT**  
(N.J.S.A. 52:34-15)

STATE OF \_\_\_\_\_ )

ss:

COUNTY OF \_\_\_\_\_ )

Re:

I, \_\_\_\_\_ (name)  
of full age, being duly sworn according to law, on my oath depose and say:

I am the \_\_\_\_\_ (title)

of \_\_\_\_\_ (name of vendor),  
the vendor for the above named project, and that I executed the said bid with full authority so to do; that the vendor has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in the bid and in this affidavit are true and correct, and made with full knowledge that the County of Monmouth relies upon the truth of the statements contained in the bid and in the statements contained in this affidavit in awarding a contract for the project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by my firm for the purpose of securing business.

**Signed: X** \_\_\_\_\_

Subscribed and sworn to  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**Notary Public of**

**My commission expires** \_\_\_\_\_, 20\_\_.

**COUNTY OF MONMOUTH**

**ADDENDUM NO.** \_\_\_\_\_

**ACKNOWLEDGMENT**

PROJECT ENTITLED: \_\_\_\_\_

\_\_\_\_\_

acknowledgment is hereby made of the receipt of Addendum No. \_\_\_\_\_  
containing information for the above referenced project.

VENDOR: \_\_\_\_\_

BY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTE:**

**WHEN AN ADDENDUM IS ISSUED, THIS ACKNOWLEDGMENT MUST BE ATTACHED TO THE FRONT OF THE PROPOSAL AT THE TIME OF RECEIPT. FAILURE TO DO SO WILL RESULT IN IMMEDIATE REJECTION.**

## NEW JERSEY BUSINESS REGISTRATION REQUIREMENTS – NON-CONSTRUCTION

All New Jersey and out of state business organizations must obtain a Business Registration Certificate (BRC) from the Department of Treasury, Division of Revenue, prior to conducting business in the State of New Jersey. Proof of valid business registration with the Division of Revenue, Department of Treasury, State of New Jersey, must be submitted for the vendor. No contract will be awarded without proof of business registration with the Division of Revenue. The contract will contain provisions in compliance with N.J.S.A. 52:32-44, as amended, outlined below.

The contractor shall provide written notice to its subcontractors and suppliers of the responsibility to submit proof of business registration to the contractor.

Before final payment of the contract is made by the contracting agency, the contractor shall submit an accurate list and proof of business registration of each subcontractor or supplier used in the fulfillment of the contract, or shall attest that no subcontractors were used.

For the term of the contract, the contractor and each of its affiliates and each subcontractor and each of its affiliates (N.J.S.A. 52:32-44 (g) (3) ) shall collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the “Sales and Use Tax Act” (N.J.S.A. 54:32 B-1, et seq.) on all sales of tangible personal property delivered into this state.


A business organization that fails to provide a copy of a registration as required pursuant to section 1 of P.L. 2001, c.134 (N.J.S.A. 52:32-44 et seq.) or subsection e. or f. of section 92 of P.L. 1977, c.110 (N.J.S.A. 5:12-92), or that provides false business registration information under the requirements of either of those sections, shall be liable for a penalty of \$25.00 for each day of violation, not to exceed \$50,000.00 for each business registration copy not properly provided under a contract with a contracting agency.

Sample Business Registration Certificates are attached. Certain other forms, such as a Certificate of Authority to collect Sales and Use Taxes or a Certificate of Employee Information Report Approval, are **not** proof of business registration.

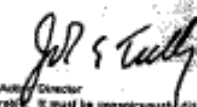
Any questions in this regard can be directed to the Division of Revenue at (609) 292-1730. Form NJ-REG can be filed online at:

<http://www.state.nj.us/treasury/revenue/gettingregistered.htm#busentity>

**THESE ARE SAMPLES OF BUSINESS REGISTRATION CERTIFICATES.**

	<b>STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE</b>
Taxpayer Name:	
Trade Name:	
Address:	
Certificate Number:	
Date of Issuance:	
For Office Use Only:	

OR

<b>STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE</b>		<small>DEPARTMENT OF TREASURY DIVISION OF REVENUE P.O. BOX 282 TRENTON, N.J. 08646-0282</small>
TAXPAYER NAME:	TRADE NAME:	
TAXPAYER IDENTIFICATION#:	SEQUENCE NUMBER:	
ADDRESS:	ISSUANCE DATE:	
EFFECTIVE DATE:		
FORM-BRC(08-01)	<small>Acting Director</small>	<small>This Certificate is NOT assignable or transferable. It must be immediately displayed at above address.</small>

**STATEMENT OF ADEQUACY OF ACCOUNTING SYSTEM**

I, \_\_\_\_\_, will oversee the establishing and maintaining of the financial records for the \_\_\_\_\_ program for FY-2013.

The accounting system that will be established and maintained for the purpose of this grant will be adequate to:

- 1) provide for accurate identification of the receipts and expenditures of grant funds by approved budget cost categories,
- 2) provide for documentation supporting each book entry,
- 3) provide accurate and current financial reporting information on the properly executed documents on the dates due,
- 4) be integrated with a strong system of internal control,
- 5) and will conform to any and all requirements or guidelines that the Area Agency on Aging may issue.

\_\_\_\_\_  
Chief Financial Officer (Government) or  
Public Accountant (Private)

\_\_\_\_\_  
Title Date

\_\_\_\_\_  
Name of Grantee

**VENDOR CERTIFICATION FORM**

The undersigned is a (check one) sole proprietorship (  ), partnership (  ),  
corporation (  ) or joint venture (  ) under the laws of the State of

\_\_\_\_\_ having principal offices at

\_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**  
*N.J.S.A. 10:5-31 et seq. (P.L. 1975, c. 127)*  
*N.J.A.C. 17:27*

**GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS**

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

- Letter of Federal Affirmative Action Plan Approval
- Certificate of Employee Information Report
- Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at [www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance))

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

**EQUAL EMPLOYMENT OPPORTUNITY**  
**QUESTIONNAIRE ON**  
**PROCUREMENT AND SERVICE CONTRACT**

**(THIS FORM IS NOT NECESSARY FOR A CONSTRUCTION CONTRACT)**

**YES OR NO**

1. Our Company has a current federal affirmative action plan approval. \_\_\_\_\_  
If yes, please submit a copy of said approval.
2. Our Company has a New Jersey State Certificate of Employee Information Report. If yes, please include copy. \_\_\_\_\_
3. We do not have a current Federal Plan Approval or State Certificate. \_\_\_\_\_  
If we are awarded a contract, please send us Form AA-302  
(Employee Information Report) for completion.

**PLEASE NOTE:**

One of the above **MUST** be submitted **IF YOU ARE THE SUCCESSFUL BIDDER AND RECEIVE THE AWARD. THIS IS REGARDLESS OF THE NUMBER OF EMPLOYEES YOU HAVE.**

**NAME:** \_\_\_\_\_

**SIGNATURE: X** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**THIS FORM SHOULD BE COMPLETED, SIGNED AND RETURNED WITH YOUR BID.**

## **MANDATORY PROVISIONS FOR LEGAL SERVICE PROVIDERS**

### **SERVICE PRIORITIES:**

The three core legal service areas listed below represent specific priorities derived from the State Division on Aging needs-based plan. Funding recommendations for the provision of legal services for the elderly will be based on these core service areas. The three core legal services for the elderly are:

#### **1. Legal Assistance**

Legal advice, assistance, and/or representation provided by or under the supervision of a lawyer, in order to protect and secure the rights of older persons.

#### **2. Outreach**

A service, initiated by the legal service provider, which is designed to locate and identify specific older persons in need of legal service(s), and is conducted to encourage and assist older persons to utilize a particular benefit and/or program available to them.

#### **3. Education**

Formally structured classes, lectures, or seminars which provide older persons with opportunities to acquire knowledge and skills regarding legal services and/or issues.

### **TARGET POPULATIONS FOR PRIORITY SERVICES:**

- Minority
- Impoverished
- Frail
- Vulnerable

### **SUB-TARGET POPULATIONS FROM THE FOUR BROAD TARGET GROUPS:**

- Nursing home residents
- Boarding home residents
- Elders with chronic health problems
- Institutionalized mentally ill or developmentally disabled elders
- De-institutionalized mentally ill or developmentally disabled elders
- Elders with language barriers
- Elders proposed under guardianship
- Elder abuse, neglect, or exploitation victims.

## MANDATORY PROVISIONS FOR LEGAL SERVICE PROVIDERS (Cont'd.)

THE FOLLOWING TABLE LISTS THOSE PRIMARY LEGAL SERVICE PRIORITIES FOR THE ABOVE PREVIOUSLY LISTED TARGET POPULATIONS.

1. Public Entitlements
2. Health Care/Long Term Care
3. Housing/Utilities
4. Planning/Protecting Autonomy
5. Family/Domestic
6. Individual Rights
7. Consumer Issues

Within these broad categories, those issue areas highlighted in bold font must be provided directly by the Title IIIB legal assistance provider, unless the provider can demonstrate to the Office on Aging that another provider is delivering the service in accordance with Sections VIII and IX of the Legal Standards. (Call the Monmouth County Office on Aging if you need a copy of the Legal Standards).

### Public Entitlements

- **Social Security (Title II)**
- **SSI (Title XVI)**
- **Food Stamps**
- **Railroad Retirement**
- Workers Compensation (Attorney)
- Veterans Benefits
- Unemployment Compensation

### Health Care/Long-term Care

- **Medicaid, including Medicaid Discrimination**
- **Medicare**
- **Nursing Home/Boarding Home Care and Residents Rights**
- Insurance, including Medigap
- Residential Health Care Facilities

### Housing/Utilities

- **Evictions**
- **Rent Disputes**
- **Tenant Issues**
- **Utility Shutoffs**
- Energy Issues
- Home Repair Fraud
- Home Equity Conversion

### Planning/Protecting Autonomy

- **Representation of Persons Proposed for or Under Guardianship/Conservatorship**
- Advanced Directives (Living Wills and Health Care Powers of Durable Powers of Attorney)
- Simple Wills

### Family/Domestic

- **Abuse/Neglect**
- Divorce
- Grandparent Visitation

### Individual Rights

- Age Discrimination
- Disability Rights

### Consumer Issues

- Defending Collection Activities
- Contracts/Warranties
- Unfair Sales Practices
- Home Solicitation
- Bankruptcy

## **MANDATORY PROVISIONS FOR NUTRITION SERVICE PROVIDERS**

*Taken from the New Jersey Nutrition Standards for Nutrition Program for Older Americans, effective January 3, 2012, per New Jersey State Department of Health and Senior Services, Division of Aging and Community Services. Complete standards can be obtained at [www.visitmonmouth.com/aging](http://www.visitmonmouth.com/aging) under the RFP 2013-2015 tab.*

### **Mission Statement**

To provide nutritious meals and services, which are designed to promote independence, dignity, socialization, health and well being of the participants.

### **Definition of Nutrition Program for the Elderly**

A program to distribute awarded federal grant funds to establish a network of community-based providers and sites to provide congregate and home delivered meals for persons 60 years of age or older, nutrition education, counseling, socialization opportunities and outreach services.

### **Purpose of Document**

The New Jersey Department of Health and Senior Services, Division of Aging and Community Services Standards for the Nutrition Program for Older Americans are established to define statewide standards of administration, responsibility and practice in programs funded under the Older Americans Act of 1965 as amended (OAA) and under Area Plan Contract (APC) grants to the Area Agencies on Aging (AAAs) and community service providers.

### **Policies/Procedures**

Written procedures are necessary for efficient program operation, maintaining continuity and avoiding misinterpretations. At a minimum, procedures covering the following topics must be developed and reviewed annually by the Nutrition Program in cooperation with the Area Agency on Aging.

- Personnel Policies including job descriptions (for staff and/or volunteers)
- Program Policy and Procedure Manuals
- Home Delivered Meal Program Standards
- Congregate Meal Program Standards
- Nutrition Education Standards
- Nutrition Counseling Procedures
- Food Service Standards
- Data Collection Standards including National Aging Program Information System (NAPIS) data and the use of the state designated electronic database Social Assistance Management System (SAMS).
- Interagency coordination

## **Nutrition Program Staffing**

An adequate number of staff must be employed to provide administration and implementation of the program as required under the current amended Older Americans Act. An organizational chart showing paid and volunteer positions must be developed and/or included in grant agreements. A job description outlining responsibilities, minimum educational and experience requirements must be on file for each position. Staff development and training records must be maintained. Nutrition programs are equal opportunity providers and employers.

### **Required Positions**

#### **Project Director - Congregate/Home Delivered Nutrition Services**

The project director should be a full-time employee who must be empowered with the necessary authority to conduct day-to-day management and administrative functions of the program. The director must uphold quality food service standards including adherence to Title III of OAA and NJAC 8:24-1, "Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines" requirements. This includes supervision of all staff and volunteers within the project.

#### **The project director's qualifications should include:**

- Graduation from a four-year course at an accredited College or University.
- Three years of responsible professional experience in either a paid or volunteer capacity in social work, working with the elderly, public health, gerontology, psychology, community organization work, nursing home administration, nutrition, dietetics or food service management.  
*Note:* Possession of a master's degree in any of the above fields may be substituted for one year of work experience.
- Broad knowledge of issues pertaining to older people, of community and State agencies and resources available to older people and of the methods of utilizing community resources for older people; current principles and techniques of program planning, budgetary control and personnel management.

### **Required Activities**

- Administration, supervision, plan, conduct and evaluate staff/volunteer orientation and in-service training
- Maintaining statistical information, submitting required reports, preparing and monitoring Title III contracts
- Assures National Aging Program Information System (NAPIS) data is input into the state designated electronic database Social Assistance Management System (SAMS).
- Implementing, maintaining and monitoring of all purchased services and space; this may include negotiations with caterer/vendors and physical plant owners
- Fiscal management/fundraising and accountability
- Needs assessment/program development
- Public relations/marketing/outreach
- Participation in professional, interagency activities and associations on the community, county and state levels
- Assures Title III nutritional requirements are met and that nutrition education and counseling is done

## **Nutrition Program Staffing (continued)**

### **Nutritionist**

Each Area Agency/Nutrition Provider must employ or retain the services of a qualified nutritionist for congregate and home delivered meal programs, whose academic preparation and experience will provide the expertise necessary to address the required activities listed below.

The nutritionist qualifications should include:

- Three years of recent, relevant experience working with the elderly in a food and nutrition related capacity.

*Note:* Possession of a master's degree in foods, nutrition or institutional management may be substituted for one year of work experience

The nutritionist should also possess one of the following professional credentials:

- Registered Dietitian and a current member of the Academy of Nutrition and Dietetics (formally the American Dietetic Association)
- Graduate of an accredited college with a bachelor's degree in food and nutrition.
- Person who has successfully completed a NJ civil service exam for the job title of Project Nutritionist, Health; Nutrition Consultant I or II (Public Health Nutritionist I or II).

### **Required Activities**

- Monitor the food preparation facility and the food service operation at the nutrition sites on a regular basis.
- Evaluation and monitoring of food safety in preparation, packaging, and delivery of congregate and home delivered meals. This shall include compliance with local, state and federal regulations, food safety, and evaluation of the nutritional adequacy of the meal served.
- Periodic home delivered route monitoring for acceptability of temperature, quality and food safety of home delivered meals as received in the participant's home.
- Make recommendations in the development of budget proposals as appropriate.
- Plan/review and certify culturally diverse menus (using computerized nutrient analysis) to insure that each menu meets the minimum nutritional standards, i.e. 1/3 Dietary Reference Intake (DRI) using males 51-71+ as reference and the current US Dietary Guidelines. Refer to table 1
- Develop/identify nutrition education materials and presentations relative to the needs of the elderly (homebound and congregate).
- Conduct, and/or coordinate nutrition education programs for participants at each site and distribute literature to homebound, at least quarterly.
- Plan, conduct/coordinate and evaluate in-service training for nutrition staff and volunteers at least annually.
- Assist in reviewing new facilities or planning the renovations of current facilities used for meal service or meal preparation to determine impact on food service.
- Provide individualized Medical Nutrition Therapy (homebound and congregate) a doctor's prescription is required. (Registered Dietitian only).
- Provide Nutritional Counseling (Individualized advice to those who require guidance regarding their diet).

### **Required Activities (continued)**

- Provide in-home nutritional counseling for frail elderly requiring counseling services on a priority basis to enhance nutritional well being. Evaluation and nutrition counseling by a registered dietitian will enable the participant or caregiver to plan for other meals not provided by the program. For example, nutrition counseling is frequently necessary for recipients who present health problems such as hypertension, osteoporosis, diabetes, congestive heart failure, dental problems, or have inadequate cooking facilities and special diets. The assessment process should help identify the frail elderly participant requiring this level of nutrition counseling.
- Coordinate annual Nutrition Screening survey of clients.
- Follow the data collection requirements of the federal and state governments related to participants (NAPIS and USDA).
- Provide technical assistance to Area Agencies on Aging and nutrition service providers on food service practices, equipment facilities, programming, training and policy/procedures for food service.

### **Time Required**

The director of the employing agency will determine how best to utilize the time and expertise of the nutritionist. Each nutritionist employed as a part-time consultant must sign a written agreement, which clearly specifies the number of hours to be worked and defines his/her specific responsibilities. The contracted time must be adequate to allow for the completion of the required activities. This information should be specified in the contract between the Area Agency on Aging and nutrition service providers.

### **Congregate Programs**

The time required for a nutritionist will depend on the number of sites, number of congregate and home delivered meals served in the program, type of meal service, number of participants, logistics of the project, and the nutrition services to be provided.

### **Home Delivered Programs**

It is the responsibility of the Area Agency on Aging to ensure that home delivered nutrition programs have regular consultation by a qualified nutritionist to ensure standards are met. The nutritionist may be an employee of the Area Agency on Aging or the nutrition service provider. Programs serving only meals to the homebound must have available regular consultation by a qualified nutritionist. As with the congregate program, the time required for the nutritionist will be dependent upon a number of factors including: the number of home delivered meals served, the type of meal preparation, the number of routes, and the number of frail elderly requiring nutrition counseling.

### **Site Manager – Congregate Programs**

Each site should have a paid, responsible manager to assure program stability. Good management is necessary for a smooth running site that meets the needs of the participants. The site manager's job duties, areas of responsibility, line of authority and communication must be clearly defined in a job description.

The site manager must be provided/be made aware of the job description and specific knowledge and abilities required to perform essential functions. Volunteers may be assigned duties to assist the site manager in accomplishing the required duties.

## **Nutrition Program Staffing (continued)**

### **Meal Production Staff**

If the nutrition service provider has a central or on-site kitchen, a lead staff person must be designated. The additional number of kitchen employees needed will be determined by the number of meals, type of menu, available equipment, etc.

### **Staff Development & Training**

All staff, paid and volunteer, must receive orientation prior to beginning work for the program. In addition, training to enhance job performance must be provided on a regular basis.

#### **Required Staff Training Documentation**

- The date and outline of the actual training
- The person conducting the training
- Summary attendance records for each employee.

## Record Keeping

To establish and maintain a system for the collection of data that will accurately reflect the performance of the program and be used for administrative control. This data must be available for Area Agency and State review.

The following records must be initiated and maintained for a period of three (3) years from the date of expiration of the grant year or contract, unless indicated otherwise.

### A. Congregate Nutrition Programs

#### 1. Intake

By the end of the third visit, basic information for each participant should be obtained. **(It must be obtained by the end of the fifth visit.)** This includes name, address, phone numbers, contact person, emergency instructions, services needed, proof of age, i.e. date of birth, demographics and income data etc. This information is confidential and access will be limited to those approved by the project director. The use of, a State Unit on Aging, approved common assessment tool is required.

#### 2. Attendance or Daily Sign-In Sheets

Any form that will document the number of meals served to: participants, including staff over 60; guests, including staff under 60; volunteers; the homebound and handicapped if appropriate (See PM 83-7 III-6). Participants must sign a daily attendance sheet to verify registration. This information must be accurate and maintained at the project office. A reservation system is recommended.

#### 3. Daily Food and Supply Records

Detailed records must be maintained for each day of operation showing:

- Quantities – ordered, shipped, received, prepared, served or delivered on site
- Temperatures – shipped, received and served
- Quality of products, comment section
- Supplies – ordered, shipped and received
- Time – shipped, arrived, serviced
- Menus – served (Any deviation from approved menu must be recorded and reported to the project office)
- Signature (or initial) of receiving person
- Location – site identification
- Date

## **Records (continued)**

4. Equipment Temperature Logs (i.e.)
  - Refrigerator, freezer and chill table logs
  - Thermometer calibration accuracy logs
  - Rethermalization oven reheat temperature log
5. Fire drill records
6. Personnel records shall be maintained for a minimum of three years. This includes time sheets, attendance records, training documentation, performance evaluations etc. for paid and volunteer staff.
7. Related Health Department inspection reports and placards (see section on Health Inspections and Technical Assistance of CEHS).
8. State Unit on Aging and Agency Program and Fiscal Reports
9. Contribution Records (as per PM 84 - 4, III-2)
10. Nutrition screening, education and counseling records *shall* be maintained for a minimum of three years.
9. Menus with corresponding nutritional analysis

## **B. Home Delivered Nutrition Services -Records**

1. Needs Assessments
  - Client intake shall be completed by designated staff to determine participant eligibility and service needs prior to or within 10 days of initiating the service. Use of the common assessment tool adopted by the State Unit on Aging is recommended.
  - Reassessments must be completed within six-month intervals.
2. Nutrition screening, education and counseling records
3. Contributions Records (PM 84-4, III- 2)
4. Related Health Department inspection reports and placards
5. List of personnel including volunteers
6. Menus with corresponding nutrition analyses
7. Waiting lists shall be maintained to assist in determining the extent of program need in the service area and to identify service gaps.
8. Waiting list procedures shall be clear and include specific guidelines for prioritizing clients who are most in need. These procedures should be periodically reviewed by the nutrition service provider and the Area Agency on Aging.

9. Temperature Logs

- Delivery Truck Hot/ Cold vehicle temperature logs
- Last house delivery temperature logs
- Thermometer calibration accuracy logs
- Rethermalization oven reheat temperature logs

## **Food Service – Congregate and Home Delivered Standards**

### **Goal**

To provide meals that comply with the current Dietary Guidelines for Americans published by the Secretary of Health and Human Services and the Secretary of Agriculture which provide to each participating older individual, a minimum of 1/3 the DRI as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. Two meals served to the same individual must equal 2/3's the DRI; three meals must equal 100% of the DRI. (Table 1- Appendix)

Food handling must comply with NJAC 8:24-1, "Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines"

### **Meal and Service Standards**

#### **A. Meal Planning**

1. The menu must be analyzed using a State Unit on Aging - approved computerized nutrition analysis program. All menus must be reviewed, approved and certified by a qualified nutritionist. The Nutritionist's Quarterly Activities and Menu Certification Report must be prepared by the nutritionist and supplied to the Area Agency on Aging.
2. Cyclical menu planning is recommended. Menus with documentation as to nutrient content, based on the required use of standardized recipes, must be kept on file by the service provider for a minimum of three years.

#### **B. The Food Service System: Congregate and Home Delivered Nutrition Services**

##### **1.General Requirements**

- a. Food procurement from approved sources.
  - Foods must be purchased from licensed vendors
  - Donated food supplies must meet all applicable regulations as stated in NJAC 8:24-1, "Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines" and where appropriate, the "Food Bank Good Samaritan Act." NJ S. A. 24:4A-1-4A-5 (L. 1982 c. 178).
- b. The amount of time between food preparation and serving must meet the guidelines established in JAC 8:24-1, "Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines"
- c. Adequate dry, frozen, refrigerated storage areas.
- d. Approved washing/sanitizing practices in accordance with NJAC 8:24-1, "Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines"
- e. Foods maintained at safe temperatures during preparation, holding and distribution:
  - Meal delivery routes should be planned and reviewed regularly with the delivery personnel to assure the expeditious use of manpower, vehicles and time. No delivery run should exceed two hours. The use of special heated/refrigerated vehicles and equipment may extend the delivery time as long as food quality and temperatures are maintained.

## **Food Service-Congregate and Home Delivered Standards (continued)**

### **2. Central Kitchen and/or On Site Preparation**

- a. Written Procedures - To assure adequate staffing, purchasing, meal preparation and distribution, the following should be included but not limited to:
  - Staffing
  - Purchasing
  - Receiving
  - Storage/Inventory
  - Food Preparation
  - Distribution, Packaging, Transporting and Delivery
  - Maintenance
  - Cost Control
  - Safe and sanitary handling of food in compliance with NJAC 8:24-1, “Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines”
  - Quality assurance mechanisms
- b. Equipment – The type and scope of the meal program will dictate the appropriate equipment for the operation. Many resources are available on interrelating kinds and sizes of equipment.

### **3. Home Delivered Meals**

Home Delivered Meals routes must be monitored at least semi-annually for the palatability and temperature of the foods on arrival at the participant’s destination. Documentation must be kept on file for three years. (See record retention.)

Written procedures for all aspects of the home delivered program must be developed and available for State review. These procedures will document resource acquisition and use as well as establishing how tasks are to be completed.

## **Emergencies**

In order to protect the health and well being of participants, volunteers, and staff, the establishment of emergency preparedness and training for emergency situations is essential. Staff and volunteers must be trained in emergency procedures. Review and update emergency procedures with staff and/or volunteers at least annually and maintain appropriate documentation.

### **Congregate Program Implementation**

The nutrition service provider is responsible for developing written procedures and designating a specific individual for initiating and implementing procedures for the following situations:

- Fire at site
- Medical emergency
- Emergency meal provisions for disaster or system failure. (Contact Emergency Management to coordinate planning).
- Weather related situations
- Transportation breakdown
- Food service emergencies (i.e. late food deliveries, inadequate quantities, food arriving out of temperature, poor food quality, personnel shortage)
- Food borne illness

All site managers or designated individuals must be trained to follow established emergency procedures.

- Training should include staff, volunteers and participants as appropriate.
- Prominently post emergency procedures and phone numbers at site.
- Review and update emergency procedures with staff, volunteers and participants at least annually and maintain appropriate documentation.
- Training in CPR, first aid, the Heimlich Maneuver or other medical emergency techniques is recommended for staff and/or volunteers

### **Home Delivered Program Implementation**

1. The home delivered nutrition service provider is responsible for developing written procedures and designating a specific individual for initiating and implementing procedures for the following situations:

- Fire at meal distribution site
- Medical emergency
- Emergency meal provisions for disaster (Contact Emergency Management to coordinate planning)
- Weather related situations
- Meal delivery vehicle breakdown
- Food service emergencies (i.e., late food deliveries, inadequate quantities, food arriving out of temperature, poor food quality, personnel shortage)
- Food borne illness
- Driver/volunteer in-home emergency

## **Inspections and Technical Assistance of Consumer and Environmental Health Services (CEHS)**

All food service establishments must comply with all applicable licensing laws and ordinances relating to food service operations. (NJAC 8:24-1, “Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines”) Area Agencies on Aging receive additional inspection services for congregate and home delivered nutrition services through an intra-agency agreement between the NJ Division of Aging & Community Services and the Division of Epidemiology, Environmental and Occupational Health.

### **A. Evaluation/Inspections**

State (CEHS) and/or local health department personnel will conduct routine unannounced operational inspections as often as deemed necessary and conduct follow-up inspections and/or initiate legal action when conditions warrant.

- a. An evaluation of the overall operation will be issued at the conclusion of the inspection. A copy of the inspection report must be signed by a project representative and left by the health department representative. A certificate will be signed and left with the operator.
- b. This certificate must be posted in a conspicuous place near the public entrance.
- c. The original inspection report must be kept on file at the facility for a minimum of two years. A copy of the inspection report may be made and kept on file at the Area Agency if desired.

### **B. New or Renovated Facilities Inspection**

#### **1. Plan Review and Approval**

NJAC 8:24-1, “Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines” requires all retail food establishments or facilities which are to be extensively renovated to submit plans and specifications for the design, layout and equipping of the food service to the local health department as well as obtain all necessary permits from the appropriate construction officials.

#### **2. Pre-Operation Inspections for New/ Closed and/or Relocated Facilities**

- a. Pre-operational inspections should be requested of state health officials when a project plans to move into an existing food establishment without making renovations. The State Nutrition Consultant, Division of Aging & Community Services is the contact person for requesting state inspections. CEHS will be notified to conduct the inspections.
- b. Evaluation of the facility will focus on availability of equipment, equipment for washing and sanitizing, equipment to maintain food temperatures, hand washing facilities, and other sanitation controls. (*form in appendix*)

### **C. Training and Technical Assistance**

#### **Sanitation Training**

- a. Food handler’s training for staff is required every two years. The Nutrition Program Director should determine which staff should participate in the training. (Contact local health departments for availability of training programs). This is recommended for all Risk Type 2 Food Establishments
- b. It is recommended that volunteer staff be knowledgeable in food safety policies and procedures.

- c. The State requires that at least one person in charge of a Risk Type 3 Food Establishment be a certified food protection manager who has shown proficiency of required information through obtaining a food safety certificate and passing a food safety certification examination administered by an accredited certifying program recognized by the Conference for Food Protection( ServSafe).

**D. Food Borne Illness** ( reported incident involving two or more people who experience the same illness after eating the same food on the same day.)

1. Reporting

Nutrition projects, which suspect that a food borne illness may have resulted from food served at the facility or to home delivered meal clients, must report the incident to State and local Health Departments as well as the State Unit on Aging. See NJAC 8:24-1, “Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines”

2. Necessary information to be reported:

- Menu served
- Suspected food
- Number of people involved
- Names and addresses of people
- Symptoms
- Time and meal service
- Medical treatment
- Other pertinent information (i.e. temperature records from the caterer and in-house temperature records)

3. Investigation

- a. The State and local Health Departments will coordinate the investigation and report their findings to the Division of Aging and Community Services, Area Agency on Aging, the service provider and the vendor (if appropriate).

## **Target Groups**

Every effort should be made to increase the participation of low income, isolated, frail and minority elders in congregate and home delivered nutrition programs. Limited resources necessitate giving primary consideration to those non-institutionalized individuals with the greatest need.

### **Implementation**

- The nutrition provider, in cooperation with the Area Agency on Aging, should analyze service utilization data to determine current participation of target groups.
- Nutrition providers should identify target groups and address the needs of the most vulnerable and frail elderly participants in the service area.
- Nutrition providers with the Area Agency on Aging will identify agencies to work with to help locate frail and under-served elderly.
- Nutrition providers should partner with agencies to serve the most vulnerable, frail participants and target groups.
- Nutrition providers shall define and develop appropriate programs tailored to the needs of target groups and vulnerable, frail participants. Efforts should include:
  1. Placing more services in neighborhoods with high concentrations of low income and/or minority older persons or persons in greater social or economic need.
  2. Programs shall be culturally relevant, provided in the language spoken by the majority of clients attending the program.
  3. When possible, ethnic menus should be designed to meet the needs of the various cultures of the program participants.
  4. Develop creative outreach activities to locate target population.

## **Coordinated Program and Activities**

Because of its importance in maintaining or improving the health status of the elderly, nutrition screening and education are priorities.(See required activities of the nutritionist) Other activities that stimulate the mind, body and spirit to help contribute to overall wellness are encouraged.

### **Services include:**

- Nutrition providers, in cooperation with Area Agencies on Aging, will participate in partnerships both public and private to enhance coordination of services for older adults and cover any costs
- The nutrition provider, in cooperation with the Area Agency on Aging and other entities, will develop and provide a variety of recreational, informational and/or health related programs and activities. A monthly calendar outlining the activities scheduled at each location shall be made available.
- Annual participant satisfaction surveys are recommended.
- Information and Assistance and Outreach are essential services that should be made available through nutrition programs in conjunction with the Area Agency on Aging.

### **Nutrition Education**

#### **1. Programs for Congregate Nutrition Education**

- a. An educational program shall be provided quarterly by a nutritionist. (can be an outside nutritionist) Written information should be provided with nutrition education programs. The nutritionist should be available to answer questions.
- b. Documentation of nutrition education by topic, dates, and attendance must be maintained. (See records.)
- c. Individual nutrition counseling should be available and is the responsibility of the nutritionist.

#### **2. Programs for Home Delivered Nutrition Education**

- a. Nutrition and consumer education materials should be sent out quarterly to all participants.
- b. The nutritionist must approve all materials provided.

- c. The State requires that at least one person in charge of a Risk Type 3 Food Establishment be a certified food protection manager who has shown proficiency of required information through obtaining a food safety certificate and passing a food safety certification examination administered by an accredited certifying program recognized by the Conference for Food Protection( ServSafe).

**D. Food Borne Illness** ( reported incident involving two or more people who experience the same illness after eating the same food on the same day.)

1. Reporting

Nutrition projects, which suspect that a food borne illness may have resulted from food served at the facility or to home delivered meal clients, must report the incident to State and local Health Departments as well as the State Unit on Aging. See NJAC 8:24-1, “Chapter 24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines”

2. Necessary information to be reported:

- Menu served
- Suspected food
- Number of people involved
- Names and addresses of people
- Symptoms
- Time and meal service
- Medical treatment
- Other pertinent information (i.e. temperature records from the caterer and in-house temperature records)

3. Investigation

- a. The State and local Health Departments will coordinate the investigation and report their findings to the Division of Aging and Community Services, Area Agency on Aging, the service provider and the vendor (if appropriate).

**MONMOUTH COUNTY OFFICE ON AGING  
2013 - 2015 APC  
RFP EVALUATION FORM**

Agency: \_\_\_\_\_

Total Points: \_\_\_\_\_  
(Minimum= 20; Maximum = 100)

Proposed Program/Services: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

	Poor (2)	Fair (4)	Good (6)	Very Good (8)	Excellent (10)	Weight = (x)	Total
Clear Statement of Goals, Outcomes and Evaluation Methods						X1	
Level of service units and projected number of clients to be served						X1	
Geographic Area Served						X1	
Experience, knowledge and expertise in providing proposed services						X2	
Qualifications and Experience of Budgeted Staff						X2	
Complete Budget presentation showing clear relationship and price reasonableness between service and cost to deliver service						X3	
<b>TOTAL</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	

COMMENTS: