Board of County Commissioners

Health/Human Services/Education Committee

RESOLUTION ACCEPTING AND EXECUTING THE NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF DISABILITY SERVICES FOR PERSONAL ASSISTANCE SERVICES PROGRAM (PASP) GRANT

WHEREAS, an application was made to the Department of Human Services on behalf of the Salem County Board of Chosen Commissioners for a grant under the Division of Disability Services; and

WHEREAS, under this program, the Salem County Office on Aging & Disabilities will continue to provide services to the Salem County participants of the Personal Assistance Services Program; and

WHEREAS, the County of Salem was approved by the Department Human Services Division of Disability Services for the period of January 1, 2021 through December 31, 2021 for funding in the amount of \$18,468.00 (Eighteen Thousand Four Hundred Sixty-Eight Dollars and Zero Cents) for the administrative allocation.

NOW, THEREFORE, BE IT RESOLVED by the Salem County Board of County Commissioners that the Salem County Office on Aging & Disabilities is hereby authorized to accept and execute the grant on behalf of the County of Salem.

GORDON J. OSTRUM, JR., County/Commissioner Chair, Health/Human Services/Education Committee

I hereby certify the foregoing to be a true resolution adopted by the Salem County Board of

County Commissioners on March 17, 2021.

STACY L. PENNINGTON Clerk of the Board

RECORD OF VOTE

		RECORD	OF VOTE			
COMMISSIONER	RESOLUTION MOVED	RESOLUTION SECOND	AYE	NAY	ABSTAIN	ABSENT
G. Ostrum, Jr.	V		,			
E. Ramsay						
L. Ware		✓	1			
R.S. Griscom			1			
B. Laury			11			



State of New Jersey

DEPARTMENT OF HUMAN SERVICES DIVISION OF DISABILITY SERVICES

PO Box 705 TRENTON, NJ 08625-0705

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor SARAH ADELMAN ACTING Commissioner

> PERIL. NEARON Executive Director

February 17, 2021

Rebecca Ferguson, Director Salem County Department of Health and Human Services 110 Fifth Street Salem, NJ 08079

Contract Term:

1/1/21 - 12/31/21

Contract Number:

21AMSS

Contract Allocation:

\$18,468

Dear Ms. Ferguson:

Enclosed is a copy of your agency's fully executed contract with the NJ Division of Disability Services. Copies of the following documents are included for your files:

- Standard Language Document signed and dated
- Business Associate Agreement signed and dated
- Annex A
- Annex B

To remain in full contractual compliance throughout the contract term, please ensure that you abide by the policies and procedures outlined in the Department of Human Services Contract & Information Manual, as well as the Cost Reimbursement Manual. Electronic copies of both documents can be accessed at the link below:

https://www.state.nj.us/humanservices/olra/ocpm/resources/manuals/

In addition, please adhere to the following report submission schedule:

Required Report	Frequency	Due Date	Where to submit		
Report of Expenditures (ROE)	Quarterly	Within 30 days of the reporting period end date	Michael.korman@dhs.nj.gov		
Final Report of Expenditures	Annually	Within 120 days of the reporting period end date	Michael.korman@dhs.nj.gov		
Audit	Annually	Within 120 days of the reporting period end date	Michael.korman@dhs.nj.gov Thomas.wojtowicz@dhs.nj.gov		

Program Activity (Usage) Report	Quarterly	Within 15 days of the reporting period end date	assigned regional program assistant
Caseload Report	Monthly	Within 15 days of the reporting period end date	assigned regional program assistant

Please be aware that failing to adhere to the above reporting schedule may result in the suspension of your contract payments.

Any questions regarding this communication, or any other contracting matters, should be sent to your Contract Administrator, Michael Korman, at Michael.korman@dhs.nj.gov or 609-631-2494.

Thank you for your work on behalf of the many individuals with disabilities who benefit from this program.

Sincerely,

Peri L. Nearon, MPA

Executive Director

Cc: S. Combs

M. Korman

D. Maurone

J. Moskowitz

T. Wojtowicz



Date Adopted

Committee

November 4, 2020

Health/ Human Services/ Education

RESOLUTION APPROVING THE SUBMISSION OF AN APPLICATION TO NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF AGING SERVICES FOR PERSONAL ASSISTANCE SERVICES PROGRAM (PASP GRANT)

WHEREAS, the Board of Chosen Freeholders approves the submission of an application by the Office on Aging and Disabilities to the New Jersey Department of Human Services; and

WHEREAS, the application shall be for Personal Assistance Services Program Grant (PASP), for the period of January 1, 2021 to December 31, 2021 in the amount of \$18,468.00 (Eighteen Thousand Four Hundred Sixty-Eight Dollars and Zero Cents) for the administrative allocation.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Chosen Freeholders of the County of Salem approves the submission of such an application; and

BE IT FURTHER RESOLVED that the Salem County Office on Aging and Disabilities is hereby authorized to apply for the grant on behalf of the County of Salem.

GORDON J. OSTRUM, JR., Freeholder

Chair, Health/ Human Services/ Education Committee

I hereby certify the foregoing to be a true resolution adopted by the Board of Chosen Freeholders of the County of Salem on November 4, 2020

STACY L. PENNINGTON

Clerk of the Board

FREEHOLDER	RESOLUTION MOVED	RESOLUTION SECOND	AYE	NAY ,	ABSTAIN	ABSENT
G. Ostrum, Jr.			/			
C. Hassler			1		1	
L. Ware						
R.S. Griscom			V			
B. Laury						



State of New Jersey

DEPARTMENT OF HUMAN SERVICES PO Box 705 TRENTON, NJ 08625-0705

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

DIVISION OF DISABILITY SERVICES

CAROLE JOHNSON Commissioner

PERI L. NEARON Executive Director

October 23, 2020

Rebecca Ferguson, Director Salem County Department of Health and Human Services Salem, NJ 08079

Dear Ms. Ferguson:

Please accept this correspondence as an invitation to renew your agency's contract for the administration of the Personal Assistance Services Program (PASP) in Salem

Your CY2021 administrative allocation is as follows:

Contract Term:

1/1/21 - 12/31/21

Contract Number:

21AMSS

Administrative Allocation

\$18,468

Funding for direct services to Salem County participants is based on annual spending trends and disbursed through CAU, the fiscal intermediary for this program. Providers do not contract for or control these dollars, but are informed of the total award, monthly spending and balances through reports provided by CAU.

The Required Documents checklist, attached, details all of the necessary documents to successfully execute your contract. Please complete the checklist, sign and return it

Electronic copies of all contracting documents can be found at the Department's website at: https://www.state.nj.us/humanservices/olra/ocpm/resources/manuals/

Once the contract has been approved and fully executed by DDS, payments will be made according to the Schedule of Estimated Claims.

Please submit the completed contract package by 11/30/2020 to Michael Korman at: Michael.korman@dhs.nj.gov. Questions can be directed to Mr. Korman electronically or by phone at 609-631-2494.

Thank you for joining us in our efforts to serve individuals with disabilities in Salem County. I look forward to working with you and your staff in the coming year.

Sincerely,

Pur L. Nearon

Peri L. Nearon, MPA Executive Director

Cc: S. Combs

M. Korman

D. Maurone

J. Moskowitz

T. Wojtowicz