

LACKAWANNA COUNTY BOARD OF COMMISSIONERS
DEPARTMENT OF HUMAN SERVICES/AREA AGENCY ON AGING
REQUEST FOR QUALIFICATIONS
FOR A DIETICIAN

Issued: **May 11, 2015**

RFQ ID #: **131/15/1100/17**

1. INTRODUCTION:

NOTICE IS HEREBY GIVEN that pursuant to a fair and open process, sealed submittals will be received and reviewed by the County of Lackawanna ("COUNTY") Board of Commissioners ("Board of Commissioners") for the provision of services to eligible individuals served by the Area Agency on Aging. This RFQ will be used in applying for funds to provide services for Fiscal Year July 2015 to June 2016.

Submission Deadline:

Respondents must submit their written Submittals by 4:00 p.m. prevailing time: June 8, 2015

Contact Person:

Susan Miraglia

Email: miraglias@lackawannacounty.org

Submissions received will be reviewed and evaluated by the Department of Human Services / Area Agency on Aging (herein after referred to as the Department), based upon such criteria as the Department, in its sole discretion, deems appropriate. The Department reserves the right to request clarification or additional information from any respondent. The Department, in its sole discretion, may accept or reject any or all submittals.

The Department reserves the opportunity to modify this Request for Qualifications (herein after referred to as RFQ) at its own discretion and without prior notice, and to waive any immaterial defect or informality in any proposal as may be permitted by law.

2. PURPOSE:

The purpose of this Request for Qualifications is to solicit submissions from qualified practitioners to develop and administer the services of a **dietitian**.

The target populations are identified as: older adults (typically age 60 and over) who Area Agency on Aging (AAA) serve and require the expertise of a dietitian in the monitoring and evaluation of nutrition services; older adults in need of maintaining or improving health via opportunities for participation in meal services that are appropriate, effective and have standards for quality; and older adults in need of education and counseling regarding proper nutrition and guidance.

3. PROCEDURES FOR RESPONDING TO REQUEST FOR QUALIFICATIONS:

One (1) original and four (4) copies of the Submittal must be provided.

Submittals must be addressed to the Lackawanna County Chief of Staff, 200 Adams Ave 6th Fl., Scranton, Pennsylvania 18503. Submittals must be in a sealed envelope with the name of the submitting agency or individual and the RFQ number clearly marked on the outside of the envelope.

The County assumes no responsibility for delays in any form of carrier, mail or delivery service causing the submission to be received after the above-referenced due date and time. **Submission by fax, telephone, or email is not permitted.** The final selection will be made in the sole discretion of the Department.

4. PRE-SUBMITTAL MEETINGS:

There will be an opportunity for prospective Submitters to meet with the County staff for a Question and Answer session: **Only Submittals from the Submitters that attended the Pre-Submittal Meeting will be accepted.**

Date: N/A

Time: N/A

Location: N/A

5. QUESTIONS:

Questions can be submitted via email to miraglias@lackawannacounty.org

* Questions will be answered by the appropriate individual(s) and answered within 3 business days via email with a return reply acknowledging receipt of the email request.

* QUESTIONS AND ANSWERS WILL BE SHARED WITH ALL SUBMITTERS through posting on the Lackawanna County website, www.lackawannacounty.org

All questions pertaining to this RFQ must be submitted on or before: May 18, 2015

6. CRITERIA FOR EVALUATION OF QUALIFICATIONS:

The Department will independently evaluate each submittal and selection will be made upon the following criteria:

1. An individual with a bachelor’s degree in dietetics who has successfully completed the national examination of the Commission on Dietetic Registration (CDR) and maintains continuing education requirements as established by the CDR.

The Dietitian/Nutritionist shall be licensed in Pennsylvania pursuant to the State Board of Nursing regulations at 49 PA. Code, Chapter 21, Professional and Vocational Standards for Licensing Dietitian/Nutritionists.

2. Knowledge of the Older Americans Act, specifically regarding Dietary Guidelines for Americans, knowledge specific to 1/3 Dietary Reference Intake per meal and ensure meals are safe, sanitary handling of food, equipment and supplies used in the storage, preparation, service and delivery of meals to an older individual.
3. Awareness and familiarity with Pennsylvania Department of Aging Program Directives (APD # 15-03-01 and APD # 15-03-02) as the basis for the requirements of the needs of this position.
4. Available to attend potential trainings offered by the Lackawanna County Area Agency on Aging and/or the Pennsylvania Department of Aging on system related matters.

7. SUBMISSION REQUIREMENTS:

Each Submission must be in sufficient detail to permit evaluation, at a minimum, with respect to the following issues. Submissions must include the information that is specifically requested herein as well as such additional information as a respondent deems relevant to the process. Each submitter agrees that their Submittal constitutes a firm offer to the County that cannot be withdrawn for ninety (90) days from the Submission due date

To achieve a maximum degree of comparability, the Submissions shall be organized in the manner specified below and use corresponding lettering and/or numbering.

Title Page:

(1 page): Show name of individual or firm, address, name of contact, telephone number(s) and email address along with the current date. Also include the title and number of the RFQ.

Table of Contents:

All Submissions to the County must include the following:

SECTION 1 Individual or Agency Information (see Form A)

- Name, address, phone number and email address of the individual/agency;
- The corporate officer’s name, title and signature. This person must be able to execute agreements on behalf of the agency;
- The service(s) for which the submittal has been prepared.

- SECTION 2** Individual or Agency Description (see Form A)
- A brief description of your individual/agency's history, ownership and organizational structure;
 - Include as attachments an organizational chart, a copy of the most recent audit and a copy of any licenses that pertain to services provided.
- SECTION 3** Individual or Agency Services (see Form A)
- List all services provided by individual/agency and address at which they are provided.
- SECTION 4** Scope of Services/Statement of Qualifications (see Form B)
- Provide a description of the proposed service and the individual's/agency's qualifications and experience in providing this service;
 - Provide the names, experience, qualifications and applicable licenses held by the individual primarily responsible for servicing the Program and any other person(s), whether as employees or subcontractors, with specialized skills that would be assigned to service the Program.
- SECTION 5** County Contracts (see Form C)
- Provide a listing of all like or similar service contracts or Mutually Agreed Upon Written Agreement (MAWA) with other county programs to provide services. Include agency name, contact person, services, contract dates and amounts. If no other contracts, please state N/A.
- SECTION 6** Statement of Assurances (see Form D)
- A statement of assurance that the individual/agency is not currently in violation of any regulatory rules and regulations set forth by the Pennsylvania Department of Human Services (DHS) that may have any impact on the individual's/agency's operations;
 - A statement of assurance that the individual/agency has no conflict of interest in providing service on behalf of Lackawanna County;
 - A statement of assurance that the individual/agency is not involved in any current or pending litigation involving Lackawanna County or any of its Departments or Authorities;
 - A statement of the insurances currently held by your agency.

SECTION 7 Additional Information

- Include any additional information not specifically required but deemed important and relevant by the submitting agency.

SECTION 8 Subcontractors

- **RESPONDENTS SHOULD NOTE THAT ANY AND ALL WORK INTENDED TO BE SUBCONTRACTED AS PART OF THIS SUBMITTAL MUST BE ACCOMPANIED BY BACKGROUND MATERIALS AND REFERENCES FOR PROPOSED SUBCONTRACTOR(S) – NO EXCEPTIONS**

8. RESPONSIBILITIES:

The successful Submitter shall have primary responsibility for the following:

Dietitian

1. Monitor each *distinct type* of meal served at a minimum of once per six month cycle.
2. If a service area provides more than one type of meal-all types monitored.
3. Monitor meals at the site of meal service.
4. Verify meal compliance of menus submitted and approved.
5. Provide a written report to the AAA within forty-five (45) *calendar* days of the monitoring visit.

Monitoring by dietitian at food service site includes:

1. Portion monitoring to assure protein, carbohydrate, and vitamin compliance, etc. to meet APD guidelines and the AAA contract with the Food Service Vendor.
2. Observation of amount of food to each site is adequate.
3. Quality monitoring to assure acceptable to individuals and meets requirements set forth in AAA contract with the FSV.
4. Nutrition analysis-Meals shall mirror approved menu with substitutions providing a comparable nutrient profile.
5. Therapeutic diet monitoring as a result of a signed order for diet and therapeutic diet adherence.
6. Validating food temperatures.
7. Assuring drinking water is available.

Evaluation shall include:

1. Compliance to food service contract requirements.
2. Assessment of the quality of the nutrition program.
3. Professional recommendations to enhance or improve the nutrition program.

Nutrition Monitoring and Evaluation:

1. The dietitian-prepare/submit a written monitoring report stating any/all findings of the monitoring visit within forty-five calendar days to AAA.
2. If deficiencies found, the Food Service Provider will have thirty (30) calendar days to submit in writing to the AAA a response to the findings and provide corrective action.
3. AAA shall require FSP to develop corrective action plan including time frames. The AAA shall continue to monitor the provider's plan of correction until compliance reached.
4. Monitoring by dietitian shall document:
 - A. Menu observed as compared to approved menu.
 - B. Nutrient analysis of the menu served.
 - C. Food temperature documentation.
 - D. Include evaluation comments.
 - E. Signed by the monitoring dietitian (including date of visit.)
 - F. Be retained in file at the AAA for a period of three years. (electronic or hard copy.)
 - G. Be submitted electronically to PDA when completed after corrective actions in compliance

Nutrition Education:

Documentation of a nutrition education program shall:

1. Provide at a minimum a brief overview of a nutrition program including a minimum of one objective, target audience (senior community center individual, HDM individual, ADC individual or family support individual) with a copy of any hand-out materials.
2. Education to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health information (as it relates to nutrition.)
3. Documentation of nutrition education shall include a description of the program and signature. Information regarding training must be provided.
4. Copies of materials related to the education plan must be shared. Materials shall be retained on file at the AAA for a period of three years as electronic or hard copy.
5. Instruction to individual and/or caregivers in a group or individual setting.

Nutrition Counseling:

1. Nutritional counseling shall be provided to individuals as appropriate and part of a medical provider's treatment plan. The service includes:
 - a. Assessing current nutrition status.
 - b. Developing a written plan for appropriate behavior modification.
 - c. Reviewing the written plan with the individual to ensure understanding.
 - d. Planning follow-up nutrition counseling and evaluating progress toward nutrition.

9. CONFIDENTIALITY:

All Submissions in response to this RFQ shall be held confidential until a contract is awarded. Following the contract award, Submissions are subject to release as public information unless the Submission or specific parts of the Submission can be shown to be exempt from the Pennsylvania Public Information Act. Respondents are advised to consult with their legal counsel regarding disclosure issues and take the appropriate precautions to safeguard trade secrets or any other proprietary information. The County assumes no obligation or responsibility for asserting legal arguments on behalf of potential Respondents. If a Respondent believes that a Submission or parts of a Submission are confidential, then the Respondent shall so specify. The Respondent shall stamp in bold red letters the term "CONFIDENTIAL" on that part of the Submission, which the Respondent believes to be confidential. Vague and general claims as to confidentiality shall not be accepted. All Submission and parts of Submissions that are not marked as confidential will be automatically considered public information after the contract is awarded.

10. CONFLICT OF INTEREST:

Any agency or person considering doing business with Lackawanna County Government must disclose the agency or person's affiliation or relationship that might cause a "Conflict of Interest" with County Government entity. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest may automatically result in the disqualification of the Submitter's submittal.

11. COMMUNICATION WITH ELECTED OR APPOINTED OFFICIALS

All communications during this process should be directed to the appropriate contact listed in this RFQ. Any firm that makes any effort to communicate with any other official of Lackawanna County, either directly or indirectly, during this process will be EXCLUDED from consideration.

12. FORMS ATTACHED

- Form A – Agency Information, Description and Services
- Form B – Scope of Services/Statement of Qualifications
- Form C – County Contracts
- Form D – Statement of Assurances

Qualification Base Selection Process

The statement of qualifications will be evaluated in accordance with the County's Qualifications Base Selection Process. Anyone submitting a statement of qualifications is advised to review that process, which is set forth on the County's website.

AGENCY SUMMARY**FORM A**

This form should be completed and submitted with the Request for Qualification by the submission date noted in the Annual Request for Qualification for Service Providers.

I. AGENCY INFORMATION			
Agency Name:			
Corporate Address:			
City:	State:	Zip Code:	
Phone:	Email:		
Services Provided:			
EIN Number:			
*Corporate Officer's Name:		Title:	
Corporate Officer's Signature:			

* Person authorized to execute agreements

II. AGENCY DESCRIPTION
In the space below, please provide a brief description of your agency's history, ownership and organizational structure. Include as attachments an organizational chart, copy of your most recent audit, applicable licenses and other supporting documents.

III. AGENCY SERVICES

Instructions: In the space below, please list all services and the address of service delivery provided by your agency.

This form should be completed and submitted with the Request for Qualification by the submission date noted in the Annual Request for Qualification for Service Providers.

Service Name	Address

SCOPE OF SERVICES/STATEMENT OF QUALIFICATIONS

FORM B

I. SERVICE DESCRIPTION

In the space below, please provide a brief description of the proposed service and your agency's qualifications and experience in providing this service.

II. EMPLOYEE DETAILS

In the space below, please provide the names, experience, qualifications, and applicable licenses held by the individual primarily responsible for servicing the Program and any other person(s), whether as employees or subcontractors, with specialized skills that would be assigned to service the Program.

STATEMENT OF ASSURANCES

FORM D

I ATTEST that [TYPE NAME OF AGENCY] is not currently in violation of any regulatory rules and regulations set forth by the Pennsylvania Department of Human Services (DHS) that may have any impact on our agency's operations.

I ATTEST that there are no conflicts of interest to which [TYPE NAME OF AGENCY] would be subject if it were to provide the requested service on behalf of Lackawanna County.

If unable to attest to the above statement, please explain below:

I ATTEST that [TYPE NAME OF AGENCY] is not involved in any current or pending litigation with Lackawanna County or any of its Departments or Authorities.

I ATTEST that [TYPE NAME OF AGENCY] currently carries the following types of insurance coverage:

- Workers' Compensation Insurance
- Commercial General Liability Insurance
- Professional Liability Insurance
- Automobile Insurance