

**CSP900312 DMH035**

Questions and Answers submitted into Inquiry Process by 3/23/11  
Food Service Management and Patient Food Service for ODMH Hospitals and Cambridge DODD Facility  
Inquiry Q&A #1; Questions 1 through 14

Q1. Would the Department please clarify if the selected vendor will be responsible for maintenance and repair of food service equipment?

A1. **Selected vendor will be responsible for maintaining maintenance agreement for all Aladdin Re-thermalization systems at Twin Valley and Northcoast Behavioral Healthcare**

Q1a. Please confirm that the contracted vendor shall only be responsible for the maintenance and repair of the "Aladdin" re-thermalization system at the Twin Valley facility as indicated on Page 32 of the RFP. How much does the service agreement with the manufacturer cost annually?

A1a. **TVBH: The current vendor charges \$7,352.52 annually**

Q1b. If we are responsible for the maintenance and repair please indicate your annual maintenance and repair expense for the locations within the scope of the RFP.

A1b. **All locations are responsible for repairs based on normal wear and tear of equipment.**

Q2. Could the state please provide a copy of the menu, by facility, currently being used?

A2. [A Link to examples of actual menus is attached.](#)

Q2a. Could the state also please provide a copy of the current snack menu and floor stock list by location?

A2a. [A Link to examples of snacks is attached.](#)

Q3. What diet office software is the Department currently utilizing?

A3. **TVBH: Access program created by their IT Department; ABH: hand written; CaDC none;**

Q4. What is the current usage of special order supplements?

A4. **Less than 5% overall. For CaDC: Healthy shakes-11 people, therefore approximately  $11 * 3 * 365 = 12,045$  Resource- 3 people, therefore approximately  $3 * 2 * 365 = 2,190$  Ensure-2 people, therefore approximately  $2 * 2 * 365 = 1,460$**

Q5. Are there any facilities or units within facilities that require disposable service for all meals? If so, which ones?

A5. **No.**

Q6. Can the department provide the number of therapeutic and other special diets currently provided per facility?

A6. **TVBH As of 3/11, there are 194 patients in the Food Service system. Of those only 72 are Regular diets. That leaves 122 special diets including 14 high calorie/high protein (double entree), 3 vegetarian, 1 renal, plus the prudents, diabetics, weight reductions, and combinations of these. ABH averages about 25 patients on the Calorie diets, none on the 2g sodium, and 1 vegetarian; CaDC we utilize the following diets; 51 Regular Diet, 1 Double Portions, 4 Chopped, 10 Ground, 17 Pureed, 11- 1800 Calorie, 6- 1500 Calorie. HBH averages approximately 39% of our patients are on low calorie, low sodium, soft and other special diets.**

Q7. Page 19 Section D.2.a states that the food service manager must have successfully completed and been certified in HACCP. What certification program(s), e.g. ServSafe, does the Department consider acceptable?

A7. **HACCP**

Q8. Pg. 25 Section 2.C indicates that 8-10% of BHO's and 20% of the CaDC's total annual meals may be cancelled 24 hours in advance.

Q8a. Can you please provide how frequently this occurs?

A8a. **For the ODMH Hospitals meals may be canceled for a patient or two during the day or over a weekend if the patient in allowed off grounds privileges. Patient may allow go out to lunch as part of their treatment plan. This would only be 4 to 8 patients at a time and not that frequently. ABH allows patients to order out on Friday evenings. At this time 10 (+/-) patients may cancel their dinner trays. CaDC: Expect 20% cancellation rate at CaDC due to usage of home cooked meal programs that utilize food service vendor's petty cash account.**

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Q9. Is the Department currently billed on total census or by meals served?

A9. **Actual Meals Served.**

Q10. It was mentioned during the pre-bid conference that a state-wide menu is in place, but that the menu in each facility may vary.

Q10a. Does each facility have the authority to modify the proposed menu?

A10a. **Yes, the menu is reviewed with the facility's RD and then approved.**

Q10b. If so, does this have to fall within the cost parameters of the proposed menu?

A10b. **Yes.**

Q11. Would the Department please provide the total number of Kosher Diets served by the current contractor during the last twelve months?

A11. **TVBH, had 50 ct. KOSHER meals last year. Kosher meals frozen and paid at cost plus contracted markup. HBH-None**

Q11a. Was the meal price the same for the Kosher Diet meal?

A11a. **TVBH, Pre-made frozen meal...cost plus markup; ABH had 1 patient who was on a Kosher diet. The price was cost plus contracted mark up; . Zero for CaDC;**

Q12. Pg. 26 of the RFP states that the facilities have the final decision regarding replacement or repair of any items.

Q12a. Please confirm that the contractor is only responsible for replacing the specific equipment described in the Facility-Specific Requirements and on the Cost Summaries on pages 99 through 105.

A12a. **Yes, unless damage caused by improper use or intentional damage.**

Q13. Page 29 of the RFP states that the Cambridge Developmental facility will need access to the contractor's petty cash or other accounts in order for the individuals at that facility to participate in rehabilitative shopping.

Q13a. Please provide more details about the operation of this program. Does this mean that cash is disbursed to the residents to participate in rehabilitative shopping? Who supervises this process? How is this controlled? Why is access to our petty cash required? Is the vendor reimbursed for these expenditures? How is this accomplished?

A13a. **No. Registered Dietitian (RD). RD monitors cottage home cook meal planning and reviews actual food service contractor's invoices. CaDC is a training facility and uses shopping for home cooked meals as part of the rehabilitative program required by Medicaid. The current process was put in place to allow CaDC residents to shop in local grocery stores, in addition to using floor stock items from the vendor. Since the menu for home cooked meals varies by living area, this process reduces the need for the vendor to order and supply multiple special items for each meal and gives the residents more flexibility in the menu. Yes, at cost plus mark-up. Current food service provider gives us access to a local grocery store's house account via store credit card that is billed directly to the contractor. The contractor in return bills CaDC monthly at cost plus percent mark-up.**

Q13b. How often will such requests be made?

A13b. **Daily**

Q13c. How much petty cash will typically be required in the account to satisfy this requirement?

A13c. **Approximately \$7250.00 per month**

Q14. Page 42 states that no price adjustments will be permitted prior to the effective date of any renewal term but page 43 states that any price decreases should be immediately reported to DAS and incorporated into the contract.

Q14a. Please confirm that no price increases or decreases will be accepted during the initial term and that the prices for the first three years will be those set forth in the Cost Summary Form.

A14a. **Refer to the Economic Price Adjustment clause in the RFP on pages 42 and 43. There are per meal costs identified with each of the 3 contract years.**

Q14b. Furthermore, please confirm that price decreases are only required to be incorporated into the contract for supplements, floor stocks and special events and not to the fixed price items such as meals and snacks. Can you please confirm that this requirement refers only to the cost plus items?

A14b. **Yes, unless the Governor requires State agencies to go back to current contracted vendors to seek a price reduction.**