

REQUEST FOR PROPOSAL

RFP NUMBER: CSP900316
INDEX NUMBER: DMH035
UNSPSC CATEGORY: 90101802

The state of Ohio, through the Department of Administrative Services, Office of Procurement Services, on behalf of the Ohio Department of Mental Health and Addiction Services, is requesting Proposals for:

TITLE: FOOD SERVICE MANAGEMENT AND PATIENT FOOD SERVICE FOR OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES (OhioMHAS) HOSPITALS AND OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES (DODD) CAMBRIDGE FACILITY

OBJECTIVE: To obtain a full service food management provider for Ohio MHAS sites and DODD Cambridge facility.

RFP ISSUED: December 3, 2014
INQUIRY PERIOD BEGINS: December 3, 2014
PRE-PROPOSAL **MANDATORY** SITE VISIT: December 12, 2014 at 1:00 PM
Twin Valley Behavioral Healthcare
2200 West Broad Street
Columbus, OH 43223
PRE-PROPOSAL **MANDATORY** CONFERENCE December 12, 2014 at 1:00 PM
OPTIONAL SITE VISITS: December 15-19, 2014
INQUIRY PERIOD ENDS: January 2, 2015 at 8:00 AM
PROPOSAL DUE DATE: January 14, 2015 by 1:00 PM

Proposals received after the due date and time will not be evaluated.

Submit Sealed Proposals to:

Department of Administrative Services
Office of Procurement Services
Attn: Bid Desk
4200 Surface Road
Columbus, OH 43228-1395

Note: Please review the [Proposal Instructions](#) on our Web site.

The Offeror must submit this cover page (signed) with its Technical Proposal.

Offeror Name and Address: _____ _____ _____ _____ E-Mail Address: _____ Phone Number: () _____ - _____, Ext. _____	Name/Title: _____ _____ Signature: _____ By submitting a response to this RFP, and signing above, Offeror acknowledges, understands and agrees to comply with the RFP requirements and confirms all the instructions and links have been read and understood.
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TABLE OF CONTENTS

	<u>Section Number</u>
Cover Page (to be signed by Offeror) and Schedule of Events	Cover (Page 1)
Glossary of Terms	Page 2
Executive Summary	1.0
Evaluation of Proposals	2.0
Cost Summary	3.0
Award of the Contract	4.0
Links to Instructions, Forms, Terms and Conditions, Special Provisions and Additional Resources	5.0
Guide for Proposal Submission	6.0

RFP GLOSSARY OF TERMS

AA:	Affirmative Action
Contractor:	Vendor after Award
CSP:	Competitive Sealed Proposal
DAS:	Department of Administrative Services
EOD:	Equal Opportunity Division
FEI:	Federal Employer Identification
Mandatory:	Must, Will, Shall
OAC:	Ohio Administrative Code
OAKS:	Ohio Administrative Knowledge System (Ohio's Accounting System)
OBG:	Ohio Business Gateway
Offeror:	Vendor Submitting Proposal
OPS:	Office of Procurement Services
ORC:	Ohio Revised Code
RFP:	Request for Proposal
SOS:	Secretary of State
UNSPSC:	The United Nations Standard Products and Services Code

1.0 EXECUTIVE SUMMARY

1.1 INTRODUCTION This is a Request for Competitive Sealed Proposals (RFP) under Section 125.071 of the Ohio Revised Code (ORC) and Section 123:5-1-08 of the Ohio Administrative Code (OAC). The Department of Administrative Services (DAS), Office of Procurement Services, on behalf of the Ohio Department of Mental Health and Addiction Services and the Ohio Department of Developmental Disabilities – Cambridge facility (together the Agencies), is soliciting competitive sealed proposals (Proposals) for Food Service Management and Patient Food Service for Ohio Department of Mental Health and Addiction Services Hospitals and Ohio Department of Developmental Disabilities Cambridge Facility. If a suitable offer is made in response to this RFP, the state of Ohio (State), through DAS, may enter into a contract (the Contract) to have the selected Offeror (the Contractor) perform all or part of the Project (the Work). This RFP provides details on what is required to submit a Proposal for the Work, how the State will evaluate the Proposals, and what will be required of the Contractor in performing the Work.

This RFP gives the dates on page 1 for the various events in the submission process. While these dates are subject to change, prospective Offerors must be prepared to meet them as they currently stand.

1.2 CONTRACT PERIOD Once awarded, the term of the Contract will be from July 1, 2015 through June 30, 2018. The State may solely renew all or part of this Contract at the discretion of DAS for a period of one month and subject to the satisfactory performance of the Contractor and the needs of the Agency. Any other renewals will be by mutual agreement between the Contractor and DAS for any number of times and for any period of time. The cumulative time of all mutual renewals may not exceed two (2) years and are subject to and contingent upon the discretionary decision of the Ohio General Assembly to appropriate funds for this Contract in each new biennium.

1.3 BACKGROUND

This RFP was developed to identify and select a qualified Contractor able to provide the OhioMHAS and one (1) DODD facility with food service management and patient food services for all six (6) of the OhioMHAS facilities and the one (1) DODD facility. Collectively, the seven (7) facilities have an average daily resident population (ADRP) of approximately 1021 patients/clients.

OhioMHAS operates six (6) Regional Psychiatric Hospitals (RPHs). The RPHs are administratively organized through the Office of Hospital Services. These facilities provide comprehensive services to patients in an inpatient environment.

The DODD is the primary state agency for Ohioans with developmental disabilities and is responsible for the oversight, policy-setting, and technical assistance to the ten (10) state-operated developmental centers. Cambridge Developmental Center (CaDC) is the only DODD facility that will be served as a result of this RFP. Cambridge Developmental is a residential facility that provides long-term rehabilitation and programmatic services to individuals with developmental disabilities.

There is currently one (1) contractor that provides the food service and patient food service operations at the seven (7) facilities.

The State is committed to making more State contracts and opportunities available to minority business enterprises (MBE) certified by the Ohio Department of Administrative Services pursuant to Section 123.151 of the Ohio Revised Code and Rule 123:2-15-01 of the Ohio Administrative Code. This RFP contains a sheltered solicitation requirement which requires Offeror to seek and set aside a portion of the Work to be exclusively performed by Ohio certified MBE businesses. For more information regarding Ohio MBE certification requirements, including a list of Ohio certified MBE businesses, please visit the DAS Equal Opportunity Division web site at:

<http://das.ohio.gov/Divisions/EqualOpportunity/MBEEDGECertification/tabid/134/default.aspx>

Sheltered Solicitation. In seeking solicitations from Ohio certified MBE subcontractors, the Offeror must:

- ♦ Utilize a competitive process to which only Ohio certified MBEs may respond;
- ♦ Have established criteria by which prospective Ohio MBEs will be evaluated including business ability and specific experience related to the Work requirements; and
- ♦ Require the Ohio certified MBE maintain a valid certification throughout the term of the Contract, including any renewals.

MBE Subcontractor Plan.

Pre-award identification of Ohio certified MBE subcontractor and Contractor selected percentage: Offeror's Proposal must include an Ohio certified MBE subcontractor plan (Plan). The Plan must (a) state the specific percentage of the cost of the Work that it will set aside for Ohio certified MBE subcontractors only; (b) include a description of a competitive process used for the selection of Ohio certified MBE subcontractors to which only Ohio certified MBEs responded; and (c) identification of proposed portions of the Work to be performed by Ohio certified MBE subcontractors.

To search for Ohio MBE Certified Providers, utilize the following search routine published on the [DAS Equal Opportunity Division website](#):

1. Select "Locate MBE Certified Providers" as the EOD Search Area selection;
2. Select "MBE Certified Providers" link;
3. On the subsequent screen select "All Procurement Types" as a search criterion;
4. Select "Search"; and
5. A list of Ohio MBE Certified Service Providers will be displayed.

In seeking solicitations from Ohio certified MBE subcontractors, the Offeror must:

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Require the Ohio certified MBE maintain a valid certification throughout the term of the Contract, including any renewals.

After award of the RFP, the Contractor must submit a quarterly report(s) and/or form, if offering a portion as a set aside, to the agency representative or designee, and a copy to the DAS Procurement Analyst, documenting the work performed by and payments made to the MBE subcontractor(s).

1.4 SCOPE OF WORK

The Contractor must provide overall contract management for the tasks in the Contract, including the day-to-day management of its staff and coordinate with state staff as pertaining to their assignment to the Contract. The Contractor must provide administrative support for its staff and activities. Throughout the Contract, the Contractor must employ ongoing contract management techniques to ensure a comprehensive Work Plan is developed, executed, monitored, reported on, and maintained. The Contractor will be responsible for performing all of the Work necessary to fulfill the requirements of this Contract. All operating expenses associated with the management and maintenance, including without limitation, the Contractor's service fees, on-site salaries, wages, payroll taxes, benefits, materials, equipment, tools, parts, supplies, subcontractors, preventative and remedial maintenance contracts, and insurance must be included in the Contractor's Cost Proposal. The Contractor must provide and perform food service management and patient food service as identified in accordance with appropriate government regulations, industry standards, and those designated in this RFP. The selected Contractor must have qualified personnel that are able to perform the Work required and specified in this RFP. The selected Contractor will be responsible for operating the dietary department for each of the seven (7) facilities. The State will provide staff, as it deems appropriate, to perform Contract monitoring, participate in quality control and configuration management tasks, and will participate in reviews.

- A. General Requirements. Standards, Laws, and Regulations. The Contractor agrees to meet or exceed all food service laws and ordinances as adopted by federal, state, and local authorities. These laws and ordinances include, but are not limited to:
1. U.S. Department of Health and Human Services and its Medicaid Standards, Title XIX, Intermediate Care Facilities for the Mentally Retarded and Developmentally Disabled.
 2. Ohio Administrative Code, Sections 3717-1-01 through 3717-1-20, as it applies to food service operations.
 3. Ohio Department of Health and local laws, rules and regulations, including Hazard Analysis Critical Care Point (HACCP) regulations, as they apply to food service operations.
 4. The Contractor agrees to meet or exceed all applicable standards as set forth by the Hospital Accreditation Standards Manual as published by the Joint Commission (JC) and standards set forth under Centers for Medicare/Medicaid (CMS).
 5. The Contractor agrees to adhere to all policies and procedures of the facility (ies) and any governing body under which the facility (ies) may operate now or in the future.
- B. Facility Location Information. The seven (7) facilities and sites are listed in detail in on the site visit schedule.
- C. Offeror Experience, Qualifications, and Capabilities.
1. The Offeror shall have a minimum of three (3) years of experience providing similar services for a health care facility with at least 100 beds, and be currently providing total dietary services in a health care environment of at least 100 beds; i.e. Intermediate Care Facility/Mental Retardation (ICF/MR), long-term care facility, or hospital. In order to receive award consideration, the Offeror must demonstrate successful multi-unit experience involving facilities of similar size and scope.
 2. The Offeror shall have dietary experience in the last five (5) years in an intermediate Care Facility (ICF) and must have successfully complied with ICF standards during that tenure.

3. The Offeror shall have successfully provided dietary services for at least three (3) consecutive years with the same health care facility. While under contract with the Offeror, facilities must not have had any major repeat deficiencies in any area of food service based upon standards set forth by the Joint Commission (JC) and Centers for Medicare and Medicaid Services (CMS) programs, state of local health department, and/or other recognized governing or accrediting body.
4. The Offeror shall submit a listing of dietary-related deficiencies in the past two (2) years, per facility served, based upon standards set forth under the federal Medicaid program, state or local health department, and/or other recognized governing body; i.e., JC and/or HCFA. Listing must include the name and telephone number of a contact person at each facility who can verify the Contractor's compliance with each standard.
5. The Offeror shall have documented experience with various meal delivery systems (i.e. cafeteria, insulated trays, and rethermalization systems).
6. The Offeror shall provide current data describing its organization, (audited) financial statement or annual report, number of employees, home office location, and any other general company profile information.
7. The Offeror shall submit a copy of the company's current Quality Control Program manual on CD in PDF format, which is currently being used in a health care environment of at least one hundred (100) beds (e.g. ICF/MR, long term care facility, or hospital).
8. The Offeror shall provide a complete list of its hospital food service clients where it is providing patient food service to include: company profile, current organization, and other relevant information.
9. The Offeror shall submit documentation to support the criteria specified above in Paragraphs 1-8; including the Joint Commission (JC) and/or HCFA (Health Care for All) compliance.
10. The Offeror shall provide its proposed Table of Organization governing on-site operations at each of the seven (7) facilities. Such table shall reflect direct corporate supervision of the account as well as all staff and line positions responsible for functional service delivery on-site.
11. The Contractor shall ensure no major disruption of food delivery. In the event of an emergency, (e.g. strike, fire, utility outage) whereby meals cannot be prepared and/or delivered to the facility, the Contractor shall have in place a contingency plan that ensures the provision of meals which meet the basic nutritional requirements. It is expected that the Contractor maintain at least four (4) days or 96 hours supply of meals on-site at the facility, and at least five (5) days' supply of meals in the local area.

D. Staffing requirements and personnel Issues.

1. The Contractor will maintain an adequate staff of employees, to include adequate relief staff, on duty at all times to ensure the efficient operation of the dietary department's food service operations. Such staff shall include a minimum of one (1) Regional Manager for contract oversight and one (1) full time on-site Food Service Manager/Director at each of the seven (7) facility locations, plus appropriate food service personnel to meet the needs of the patients and conditions of the facility's management. All hiring of dietary food service personnel will be the responsibility of the Contractor. If the Contractor has to replace these key staff during the life of the contract, said qualifications and approval must be obtained from the agency prior to the new staff starting.
2. Food Service Manager/Director.
 - a) The Food Service Manager shall have the following qualifications and experience, and shall provide the following services:
 1. The Food Service Manager must be a Certified Dietary Manager (CDM), or a graduate of a four-year accredited college with a degree in dietetics, foods and nutrition management, be a registered dietetic technician, or have three (3) years of food service management experience.
 2. The Food Service Manager must have a minimum of two (2) years' experience in a food service management position at a hospital or similar health care facility (e.g., ICF/MR or long term care facility) with a minimum of a 100 beds.
 3. The Food Service Manager must have successfully completed and be certified under the HACCP program.
 4. The Food Service Manager must have a minimum of 600 hours training in the operation of food system equipment; or six (6) months experience as well as three (3) courses in bookkeeping/budgeting; or three (3) months experience; or equivalent.
 5. The Food Service Manager must be on-site full time (40) hours per week and will maintain a work schedule which assures that the Food Service Manager is present during critical meal periods and is available for scheduled meetings, in service training, etc. The OhioMHAS reserves the right to design/designate an appropriate timekeeping system for documenting compliance with this provision.
 6. The Food Service Manager, or his/her designated food service supervisor, must be available to the facility during non-scheduled working hours, via cell phone or other means of communication, to respond to all issues which require the Contractor's supervisory or managerial oversight.
 7. The Food Service Manager, in consultation with the facility dietitian, must manage and provide oversight to the entire contractual operation of the facility food service department.
 8. The Food Service Manager will be knowledgeable of, and able to implement, the approved OhioMHAS dietary formulary and must provide his/her staff with ongoing training and spot evaluations of food service staff to assure consistent and accurate implementation.

9. The Food Service Manager must assist the OhioMHAS dietitians in the development of special individual services as needed, i.e., special meals/snacks, unique supplement needs, restrictive diets and culturally sensitive diets, etc.
 10. The Food Service Manager shall develop patient/client food service data and all corresponding monitoring systems and must assist the agencies' dietitians with analysis and oversight of individual food service data and all corresponding monitoring systems.
 11. The Food Service Manager must be responsible for implementing the Quality Control Program (QCP) to maintain a consistent level of high quality within the food service department.
 12. The Food Service Manager is required to meet at least monthly with the facility's Operations Director for the purpose of evaluating the standards that have to be maintained, the performance of the Contractor, and to provide a forum for discussion/resolution of problems that may develop regarding the service provided under the Contract.
 13. The Food Service Manager must submit a monthly report to the Operations Director or dietitian, as designated by the Chief Executive Officer, detailing the Contractor's compliance with the provisions of the Contract. Such report must be submitted no later than ten (10) calendar days after the end of the month. The Food Service Manager will be responsible for the overall function of the dietary department's performance. Additionally, the Food Service Manager will be responsible for: development of policies and procedures, orientation, training and supervision of Contractor's food service personnel, including compliance with applicable competency programs pursuant to JC and Medicaid standards.
- b. The facility will retain the right to approve or disapprove the selection and retention of the Food Service Manager assigned to the facility. The Food Service Manager cannot be reassigned without thirty (30) days advance notice, unless otherwise agreed upon by DAS, OhioMHAS and DODD.
- c. Awarded Contractor will provide, as and when required, a Registered Dietitian (RD) to supplement Behavioral Healthcare staff Dietitians on a temporary, part or full time basis. The RPH will provide as much lead time as possible to the Contractor when a RD is needed. RD may be needed to cover a vacation, extended illness or position vacancy.
1. RD is to interview referred patients, ages 18 years through geriatric, charting residents' likes/dislikes, special diets, allergies, food/drug interactions, etc.
 2. RD will be responsible to chart all Clinical dietetics in patient medical records, including admission information and routine updates as required, reporting pertinent information through administrative and clinical channels.
 3. RD will review and approve quarterly menus assuring overall quality of food, cost factors, seasonal availability and adaptability of foods to large scale preparation and service and is responsible for all diets prepared, meeting all standards in nutrition.
 4. The RD will perform other dietary related duties including, but not limited to, consultation with medical staff pertaining to special diets, drug interactions, food allergies, etc. provide in-service for hospital and dietary staff, student nurses and therapeutic programming to patients. RD will be required to be familiar with all Hospital & Dietary Department policies and all clinical dietary standards required for accreditation and certification and maintain appropriate records. Will participate in routine evaluation or "test" trays, patient and staff satisfaction surveys, review and development of policies and procedures and attend meetings as required.
3. Contract Support Staff and Services. The Contractor must provide the following support staff and services:
- a. Regional Manager: A representative of the Contractor shall conduct a site visit to each facility at least once per month to provide assistance and supervision to the Food Service Manager and to assure full compliance with the terms of the Contract.
 - 1) During the monthly visitation, the Regional Manager shall meet with the Operations Director to mutually evaluate the performance of the Food Service Manager, ancillary personnel, and the delivery of services under the Contract.
 - 2) The Contractor's Regional Manager shall furnish a written report of on-site inspection of dietary operations to the Operations Director within fourteen (14) days of the visit.
 - a. Consultants and Support: The Contractor must make available to the facilities consultants who have expertise in the areas of dietetics and dietary management. Such consultants may include, but not be limited to, training specialists; dietitians; inventory/procurement specialists; human resource professionals; and/or certified dietary managers.
 - b. At its discretion, the Contractor may employ one (1) or more food service supervisors. Such supervisor(s) must have the following experience and must comply with the Contract's performance requirements.
 - 1) Food service supervisor(s) must have at least one (1) year of experience in a food service-related supervisory position at a hospital or similar health care facility (e.g., ICF/MR or long-term care facility).

- 2) The food service supervisor(s) must report directly to the Food Service Manager.
- 3) The food service supervisor(s) will audit and evaluate on a daily basis production quality, production needs, labeling, storage, delivery, and set-up meal practices as well as any other pertinent food service protocols. Food service supervisor(s) will also monitor the meal service provided by facility staff and provide feedback and recommendations to the dietary operations manager/dietitians via the Food Service Manager.
- 4) The Contractor shall provide all uniforms (Contractor's standard uniform) required for food service employees. Contractor's uniforms must conform to the facility's dress codes for food service workers.
- 5) Except, as otherwise specified in this RFP, the facility shall have no direct control over the employees of the Contractor. Any provisions for such control shall be exercised only through the Contractor or the person assigned as the Contractor's Food Service Manager. The Contractor shall comply with reasonable requests of the facility to remove and replace employees objectionable to the facility. The Contractor must assure that background checks are in conformance with the criteria set forth - in Attachment Six and are performed on all employees prior to placement at any facility. If a background check determines that an employee of Contractor has been convicted of or pleaded guilty to felony or first degree misdemeanor, Contractor will provide a copy of the background check to the Police Chief at each OhioMHAS site and to the HR department for the DODD site, who will perform an individualized assessment to determine whether the employee may be placed at the facility. Considerations will include but not be limited to whether the conviction bears a direct and substantial relationship to the position being filled, the nature and gravity of the offense, the length of time since the conviction, and the job duties of the position in question.

For all other employees of Contractor who have not been convicted of or pleaded guilty to a felony or a first degree misdemeanor, Contractor must provide verification of completion of required employee background checks upon request. - Contractor must provide verification of completion of required employee background checks upon request. Failure to comply may result in termination of any Contract award. Contractor is responsible for monitoring and removing employees that do not remain in conformance or that incur a criminal conviction or pending charges that could constitute a first degree misdemeanor or a felony.

- 6) All Contractor employees shall be properly trained, competent, and courteous personnel who meet all established health standards established by State law. Prior to employment, Contractor employees must pass an appropriate physical examination, including a tuberculosis test, as required by Ohio Food Service Laws and Regulations. The tuberculosis test must be completed on an annual basis. Documentation of such examinations must be provided to the facility's designee; and all expenses related to the pre-employment health examinations and annual tuberculosis tests must be borne by the Contractor.
- 7) The Contractor must maintain appropriate personnel policies that are compatible with those of the State.
- 8) The Contractor must develop and implement an orientation and training program and manual which is acceptable to the State, and which incorporates components from both the Contractor's and State's missions and service delivery systems.
 - a. The Contractor shall ensure that all new employees participate in the Contractor's food service orientation program, are provided ongoing in-service training, and receive copies of all appropriate training materials. Documentation of such orientation and training must be submitted to the Operations Director for review on a monthly basis.
 - b. All food service employees shall be fully trained and evaluated by the Food Service Manager prior to being placed into any food service area.
 - c. In addition, the OhioMHAS may periodically provide training to the Contractor's managers and staff in areas relevant to the agencies' missions, policies/procedures, programs, and food services. Notice of such training sessions shall be provided to the Food Service Manager in a timely manner.
 - d. The Contractor is responsible for providing all contractor staff with mandated HACCP training and assuring ongoing compliance with HACCP requirements. Training criteria must include, as a minimum, how to protect persons' safety by eliminating the potential for food-borne illness because of improper food storage, preparation, temperature maintenance, and serving procedures.

- e. Training: The Contractor will provide training, as necessary, to the Contractors Food Service staff assigned to each facility. Such training shall be scheduled during off peak hours. The Contractor will provide all documentation and/or progress reports as may be required by the center's training officer. Such training shall include, but not be limited to:
 - 1) Food handling and infection control;
 - 2) Portion control;
 - 3) Purpose of modified diets;
 - 4) Preparation methods of modified diets;
 - 5) Sanitation procedures;
 - 6) Food and supply storage;
 - 7) Policies and procedures;
 - 8) Methods of preparation;
 - 9) Reading and using recipes;
 - 10) Sanitation of refrigerators and storage areas;
 - 11) Basic nutrition principles;
 - 12) Reading and using production sheets;
 - 13) Kitchen sanitation procedures.
 - 9) The Contractor shall enforce the mandate of a drug-free environment; i.e., Contractor employees will not purchase, transfer, use, possess, or be under the influence of illegal drugs or alcohol, or abuse prescription drugs in any way while working on State property. Prescription and over-the-counter medications must be secured in a locked environment. Failure to comply may result in termination of any Contract award.
 - 10) The Contractor shall enforce appropriate policies and reporting mechanisms to maintain an environment free from discrimination and harassment. Such behavior is a serious offense and will not be condoned or tolerated.
 - 11) The Contractor's employees shall observe the rules and regulations of the agencies when engaged in work under the Contract.
 - 12) The Contractor shall keep its management staff abreast of current trends in management, food quality, formed puree food processing, and sanitation by means of participation in continuing education programs.
 - 13) Health Examination and Sanitation.
 - a. The Contractor shall arrange for all food service employees to submit to periodic health examinations as required by law and the appropriate regulatory agencies, and will submit satisfactory evidence of compliance with all health regulations upon request.
 - b. It will be the Contractor's responsibility to obtain all necessary permits and/or licenses required to operate the food service department.
- E. Policies and Procedures. Within 30 days of award of the Contract, the Contractor shall develop and provide a policy and procedure manual (one for each facility/location) governing general dietary operation at the facilities.
1. OhioMHAS approval. Such manual must be approved by the Operations Director, and must contain, at a minimum, consistently applied principles and procedures relating to personnel matters (i.e., selection, training, performance evaluation, and progressive corrective action), inventory control, etc., which are compatible with the agencies' policies and procedures.
 2. Policy and Procedural inconsistencies. In the event of inconsistencies between the Contractor's policy and procedure manual and those policies and procedures established by the facilities, the facilities' policies shall take precedence.
- F. Cleaning and Sanitation. The Contractor shall be responsible for the daily, weekly, monthly, quarterly, and semi—annual cleaning of the kitchen, food preparation (tray line) area, tray cleaning room, and all kitchen storage areas in compliance with applicable state and local codes. Frequency shall be as often as necessary to maintain these areas in a sanitary condition. OhioMHAS shall maintain the right to perform random and unannounced inspections.
1. Standard procedures shall include, but not be limited to the following:
 - a) Wet clean floors. Wet clean floors with germicidal solution to kill both gram-positive and gram negative pathogen.
 - b) Spot Clean Floors. Check floors in kitchen and tray line, removing spots and spillage.
 - c) Spot Clean and Disinfect. Spot clean and disinfect doors, door sills, door hinges, and door knobs with germicidal solution. Remove finger marks and smudges.
 - d) Wastebaskets. Wet wipe using a germicidal solution. Reline wastepaper baskets as needed.

- e) Kitchen. Wet wipe counters, stove and oven, clean sinks, spot clean exterior cabinets, cupboards, ice makers, refrigerators, and any other equipment. Clean interiors of refrigeration units, cabinets, cupboards, and icemakers weekly, or more often as necessary.
 - f) Dry storage areas. Spot clean as necessary and wet mop at least once per month, or as necessary.
 - g) Wall cleaning. Spot clean walls and ceiling throughout kitchen as needed using a tested and industry approved cleaning solution providing a high detergency rate, controlled low alkalinity, and non-abrasive properties. Rinse with germicide.
 - h) Windows. Clean windows as needed, if applicable.
 - i) The Contractor will be responsible to remove all refuse from the food service area to the facility's dumpster(s).
 - j) It shall be the Contractor's responsibility to adhere to recycling processes per the facility's policy.
2. The Contractor shall be responsible for implementing routine inspections of food service related supplies and equipment to assure optimal cleanliness and suitability for continued use. The Contractor shall notify the Operations Director of any facility-owned equipment that is in need of repair or replacement. The Contractor shall ensure that the employees of the Contractor exercise due care in the use of all equipment.
 3. The Contractor shall routinely provide, to each facility, by unit, the following documentation for each meal, snack, customized meal program, etc.:
 - a) Conduct daily inspections of all dishware, glassware, and flatware, including adaptive devices; remove from service those items deemed unacceptable in condition and secure immediate replacement of such items.
 - b) Conduct bi-weekly inspections of all food transportation equipment to assure cleanliness and adherence to sanitation requirements.
 - c) Conduct bi-weekly inspections of point-of-service food service equipment, i.e., steam tables, utility tables, prep tables, and storage units/cabinets for cleanliness; such inspections to include interior and exterior surfaces, wheels, etc. Timely work requests must be issued by the Contractor through the corresponding facility's work order process for ongoing maintenance and repair of facility owned equipment.
 4. The Contractor shall establish policies and procedures which define sanitation procedures and which comply with all applicable federal, state, and local regulations. The Contractor shall provide ongoing sanitation related training to its staff and maintain documentation of the same.
- G. Production, Delivery, and Clean-up.
1. The Contractor is responsible for identifying and maintaining an accurate inventory and production level of food, beverages, snacks, supplements, etc., (main kitchen) as well as in each individual unit in order to meet the nutritional and dietary needs of the patients/clients.
 2. The Contractor shall routinely provide to each unit the following documentation for each meal, snack, customized meal program, etc.
 - a) Copy of daily menu identifying all items to be served as well as all menu/portion size extensions.
 - b) Listing of all alternatives sent, including portion size.
 - c) Listing of all quantities of food items delivered.
 - d) Instructions for holding and displaying cold foods/trays.
 3. All food, beverages, snacks, supplements, etc., must be appropriately labeled and dated, including expiration dates where appropriate. The Contractor shall conduct daily checks of refrigerators and cabinets, both in the main kitchen and in unit kitchens, and remove unused foods in open containers and outdated foods. Daily temperature check of kitchen appliances (i.e., refrigerator, freezer and sanitizer) will also be performed and documented.
 4. All meal items to be distributed from the main kitchen must be sorted according to delivery site and must be packed in the applicable meal delivery system. The Contractor will deliver the meal items to each unit kitchen, along with the aforementioned documentation, assure all food items are present, set-up steam tables/trays in preparation for serving, take temperatures and document holding temperatures, to ensure that the food is served at the correct temperatures.
 5. Upon completion of the meal, the Contractor is responsible for collection, clean-up (including breakdown of steam tables, wipe down of counters, etc.), and return of ancillary mealtime equipment to the main kitchen, including but not limited to, steam table pans, trays, and transport carts. At no time will the Contractor leave such items in the unit after completion of the meal.
 6. The Contractor will supply all dishwashing and sanitation supplies used in the main kitchen. The Contractor will be responsible for procurement of cleaning supplies to meet the cleaning and sanitation requirements of the Contract. The Contractor shall keep all Material Safety Data Sheets (MSDS) current and on file.

H. Menus and Special Dietary Requirements.

1. Menus

- a) All menus will fulfill the caloric and other general and specific nutritional requirements for each facility. The regular menu will be consistent with the USDA My Plate Food Guidance System and associated Dietary Guidelines for Americans as well as the Dietary Reference Intakes (DRI). The regular menu will provide a minimum of 2300-2400 kcals (kilocalories) per day and will consist of at least 6-7 oz (cooked weight) of meat or alternate from the meat and beans group, 3 cups of vegetables, 2 cups of fruit, 8 oz. or equivalent from the grain group (with 4 oz. being from the whole grain group), and 3 cups of milk or equivalent from the milk group (See Attachment Fourteen for the Contract's Dietary Matrix.)
- b) The menu will be provided to the facilities' dietitian by the Contractor at least one (1) month before service. The Contractor will further consult with the clinical staff to formulate a diet manual, using the Contractor's basic diet manual as a reference. A non-selection menu for all patients will be developed on a cycle with seasonal variations. A facility dietitian must approve all substitutions. Menus will be based on a four (4) week cycle, each not to exceed 26 weeks. All menus and extensions must be approved by the facility dietitian prior to inventory procurement and implementation.
- c) The Contractor is responsible for developing a minimum four (4) week cycle menu on semi-annual basis (i.e., Spring/Summer and Fall/Winter) unless otherwise mutually agreed between the Contractor and the State through DAS. The Contractor will provide a nutrient analysis of all menu extensions to ensure they meet the facilities' requirements.
 - 1) A facility-approved Dietary Formulary must be the basis for all menu definitions and extensions. This formulary is based on the "Heart Smart" philosophy adopted by the American Heart Association and the American Diabetes Association. Adaptations to the menus, as determined by the changing needs of the patients/clients, must be accommodated by the Contractor. The Contractor shall make every effort to provide the special nutritional needs of the individuals through the interpretation of the agencies' dietitians and as ordered by the Physician.
 - 2) Spring/Summer menus must be implemented on April 1 of each contract year while Fall/Winter menus must be implemented on October 1 of each contract year. Prior to implementation, all menus must be fully developed, including all supplemental spread sheets; approved by the agencies' dietitians; and distributed to designated points of service.
 - 3) All production and delivery staff provided under the terms of the Contract must be thoroughly trained regarding the Dietary Formulary, menu production, and the agencies' nutrition and meal time expectations.
- d) All diet orders, nutritional supplements, meal supplements, and specialty needs of patients/clients, as identified by the facilities, will be accommodated and provided by the Contractor as a part of the Contract. Substitutions and changes in the foregoing must be authorized by the respective dietitian. The Contractor shall retain appropriate documentation for approved changes and will implement a system for communicating such changes to the units in advance of the affected meal or snack service.
- e) The Contractor shall be responsible for maintaining unit food inventories, including but not limited to such items as juices, snacks, packaged cereals, etc. Food stock and par levels must be jointly determined by the Contractor and the respective dietitian in order to adequately meet patients/clients nutritional needs.
- f) The Contractor shall provide, utilize, and maintain a computerized menu processing system designed to produce menu-related documentation, including but not limited to menu spreadsheets, diet cards, labels (e.g., bag lunches, snacks, supplements, etc.) recipes, production sheets, inventory and ordering, nutrient analysis, individual likes and dislikes, unit dietary needs, etc. The Contractor must assure that all required distributions of resultant documentation occur correctly and in accordance with prescribe timeliness. The Contractor must also provide an adequate level of clerical support to assure accurate and timely generation of required documents.
- g) The Contractor shall operate and manage dietary services on the facilities' premises, including but not limited to the purchasing, preparation, and clean-up of food and food-related products. Food preparation includes regular and therapeutic diets via an approved four (4) week cycle menu and food for special events. Copies of the facilities' current cycle menus assessment are available.
- h) The Contractor shall work with clinical staff of each facility to develop diet menus specific to patient's needs.
- i) The Contractor shall provide total food services for the benefit of patients at the rate of three (3) meals per day, snacks as required by the facilities (see section P), seven (7) days per week including all holidays.
- j) The Contractor shall provide snacks and extra nourishment at other than meal times as determined by the dietary needs of the patients. (See Attachments Fourteen and Fifteen)
- k) The Contractor shall be able to prepare food, if requested by a facility, in such a manner as to be suitable for service in bulk or individual portioning at the point of service and accommodating adaptive equipment and/or disposable dishware (for isolation purposes).
- l) The Contractor shall provide meals by tray system, unless another system is demonstrated to be more cost effective without loss of quality. Written approval must be given by the facility to utilize another meal delivery system

2. Meal times

- a) Normal mealtime periods for patients/clients shall be at the discretion of the facility. Approximate times are:
 - 1) Breakfast: 7:00 a.m. to 9:00 a.m.
 - 2) Lunch: 11:30 a.m. to 2:00 p.m.
 - 3) Dinner: 5:00 p.m. to 7:00 p.m.
- b) Snack times and weekend mealtime schedules may vary and will be communicated to the Contractor by each facility's dietitian.
- c) Approximately 8-10% of each of the RPH's and 20% of the CaDC's total annual meals may be cancelled 24 hours in advance (without penalty to the State) with the dietary Contractor to allow patients/clients to participate in off-ground activities and/or for habilitation purposes.
- d) The Contractor will be required, as needed, to furnish off-site meals to patients/clients at the awarded price. These meals may be sack lunches or the same menu that is being served at the facility.

3. Special Dietary Requirements

- a) The Contractor is responsible to keep a sufficient level of "floor stock" on living units (see Attachment 12). This stock will be ordered and inventoried by the Contractor. The facility will designate the quantities and types of "floor stock" after award.
- b) The Contractor shall furnish the facility with:
 - 1) Diabetic snacks
 - 2) Special order beverages (i.e., soda/pop, shakes, supplements, Gatorade)
 - 3) Special order food items (i.e., gluten free items, soy milk, or other items) to provide a special therapeutic diet as needed and requested by the dietitian. This may include high calorie supplements and snacks.
 - 4) Special order supplements (i.e., Compleat®, Citrotein®, Isocal HN®, Pulmocare®, Sandoz® Instant Breakfast, Ensure®, Boost®).
 - 5) The facility will designate the quantities and types of "special patient/client therapeutic needs" after award.

4. Special Events. The Contractor shall provide meals and/or ready-to-cook ingredients for picnics and special events. Special events are estimated to be one (1) per month, per living area. The Contractor shall also provide meals for a variety of special events, activities, and programs throughout the year at varying frequencies for patients/clients and other participants sanctioned by the facility. The facility reserves the right to increase or decrease the frequency and participation in such activities and events.

I. Miscellaneous.

- 1. The Contractor shall be responsible for all business related and/or personal long distance telephone calls made on-site by any of its personnel. The Contractor shall be responsible for the procurement of all office supplies; to include, but not necessarily limited to: facsimile services; computers; copy machines; and other office equipment necessary to do business. Such equipment shall be maintained at the Contractor's expense.
- 2. Delivery of the trays to the units will be the responsibility of the Contractor. The unit staff from the facility will supervise patient meal service.

J. Procurement, Inventory and Receiving.

- 1. The Contractor shall be responsible for all procurement of food and dietary supplies, including but not limited to ordering, delivery, payment, inventory control, distribution, and use at the request of the facility; products to be supplied by the Contractor include, but are not limited to: food; beverages; meal supplements; nutritional supplements; tube feeding products; plastic wrap; foil; disposable lunch boxes; and other meal related paper and plastic goods. The Contractor will ensure the supplier understands the Contractor is responsible for the purchase and payment of the products.
- 2. All purchases of food and food supplies are to be received, inventoried and stored by the Contractor on-site.
- 3. The Contractor shall provide staff to deliver food and food products from the main kitchen to the individual meal sites. Such deliveries will be made as needed, seven (7) days per week under the terms of the Contract for all meals and snacks, as required.
- 4. Throughout the duration of the Contract, title to such food and food related supplies shall remain with the Contractor.

5. Inventory and Receiving.
 - a) All purchases of food and food-related supplies must be received, inventoried, and stored by the Contractor, in accordance with generally accepted procedures for inventory maintenance and control. All supplier invoices must indicate the Contractor's name and not the State of Ohio, the OhioMHAS and/or DODD, or the facility.
 - b) The Contractor shall ensure timely usage of food stuffs, by rotation of food items.

K. Equipment and Equipment Surrender.

1. The Contractor and the facility shall jointly conduct an inventory of all facility purchased equipment once each year. The facility shall have the right, however, to request a joint inventory at any time, outside of the annual inventory. The Contractor shall not remove any equipment from the facility without prior written permission.
2. The Contractor will be responsible for all the maintenance and repair of all food delivery equipment under the terms on this Contract. Normal wear and replacements of trays, plates, cups and utensils are excluded from this agreement.
3. At the termination of the Contract, the Contractor will surrender all equipment of the facilities in the same condition it was provided at the inception of the Contract, less reasonable wear and tear. The final decision as to replacement or repair of any items shall remain with the facilities.

L. Quality Control.

1. The Contractor shall be responsible for developing acceptable plans for correction and implementing the same for all citations/deficiencies identified in the aforementioned internal inspections or those issued by any other duly-authorized internal or external surveyor. Corrective action plans shall be in writing, signed by the Food Service Manager, and submitted to the facility's Operations Director or designee within five (5) days of receipt of a citation/notice of deficiency.
2. The Contractor shall report on food acceptance studies, plate waste, and customer satisfaction survey quarterly. The Contractor will complete at least three (3) food acceptance evaluations at each facility per week and report findings to the facility's Operations Director or designee. Patient units selected for evaluation shall be rotated and if necessary, upon request, special food acceptance studies will be performed by the Contractor when complaints are received. During the first year of the Contract, the Food Acceptance and Customer Satisfaction results should average 70% or better. Year Two (2) averages should be 75% or better and year three (3) should average 80% or better.
3. Other quality control systems shall be the responsibility of the Contractor. The Contractor shall establish policies and procedures, which define sanitation-related training to its staff and maintain documentation of the same.
4. The Food Service Manager shall submit a monthly quality control report to the facility's Operations Director or designee detailing the Contractor's compliance with the provisions of the Contract.
5. The Contractor shall furnish a written quality control manual for a health care facility, designed to maintain a consistent level of high quality service. The quality control manual must reflect a formalized, internal inspection format, providing daily, weekly, and monthly inspections.

M. Cost Control, Payment, and Record Keeping.

1. Billing and Payment.
 - a. The Contractor must submit a monthly consolidated invoice to MHAS Central Office and itemized invoices to each MHAS facility for reconciliation of charges. The Contractor will invoice the Department of Developmental Disabilities (DODD) directly for all charges related to their facility. DODD will be responsible for payment of their itemized invoices. Each invoice must reflect the Contractor's name; address; mailing address (if different); date; Contract number; and must include the cost of each service, in detail, categorized and documented as follows:
 - 1) Meals: cost per meal and number of meals served per living area;
 - 2) Snacks: cost per snack and number of snacks served per living area;
 - 3) Supplements: actual contractor's cost, plus mark-up and quantity of stock provided per living area;
 - 4) Floor stocks: actual contractor's cost, plus mark-up and quantity of stock provided per living area;
 - 5) Special events: actual contractor's cost, plus mark-up, and summary of items served per event.
 - 6) Equipment to be amortized over three (3) years, equipment name, location, monthly payment (per meals upgrade).

Contractor is required to provide a copy of the invoice(s) to demonstrate the actual cost of the snacks, supplements and floor stocks purchased that are subject to the cost plus mark-up as proposed. The invoice from the Contractor's supplier must be attached to the invoice to the facility for audit purposes. Costs for

- supplements and food purchased by the Contractor and subject to the mark-up must display a cost savings as a result of volume buying power. The State reserves the right to audit the payment of all food, food service products, and food service equipment purchased by the Contractor for the purpose of the service of these facilities. Contractor is required to provide a copy of the invoice(s) to demonstrate the actual cost of equipment, approved mark-up %, and finance charge, if applicable.
- b. Invoices will be reviewed and proper invoices will be paid within thirty (30) days of receipt.

2. Usage Reports. Every twelve (12) months, the Contractor must submit a report (hard copy or electronic) to each facility indicating sales generated by the Contract. The report shall list usage by facility, by line item, showing the quantities/dollars generated by the Contract. A copy of all reports shall also be forwarded to the Ohio Department of Administrative Services, Attn: Jennifer Dammeyer, 4200 Surface Road, Columbus, OH 43228-1395.
3. The Contractor must maintain accounting books and records in connection with its operations under the Contract for a period of not less than seven (7) years. Such accounting books and records must be maintained in accordance with generally accepted accounting principles and with all statutory provisions as set forth by federal and state law, and must be acceptable to the State.
4. Copies of all cost control records and reports must be furnished to the facilities in compliance with mutually agreed upon reporting schedules or as requested.

N. Responsibilities of the OhioMHAS and DODD Facilities

1. Professional Services. The facility will provide a registered dietitian to serve as liaison with the Contractor on clinical issues and may serve as the Operations Director's designee to be responsible for the oversight of the entire food service operations, including, but not limited to:
 - a) Monitoring the daily operations of the food service department and the direct implementation of all provisions of this food service contract, to include monitoring of the Contractor's Food Service Manager.
 - b) Reviewing menus and special diets and consulting with the Food Service Manager regarding production planning, ordering, purchasing, etc.
 - c) Reviewing the Contractor's cycle menus provided by the Contractor, reviewing any substitutions made to those cycle menus, and assisting the Contractor in planning special diets.
 - d) Evaluating the quality of dietary service, i.e. checking for adherence to meal plans, inspecting dietary areas for compliance with local and state sanitation standards ensuring that the appropriate amount of food/snacks are being served, and interviewing patients/clients to determine their acceptance of menu items.
 - e) Documenting quantitative and qualitative reviews or inspections to monitor quality control of the food service operation.
 - f) Serving as facility liaison between the Operations Director and the Contractor's Food Service Manager and other representatives.
 - g) Determining patient/client nutritional need and consulting with the Contractor's Food Service Manager for appropriate implementation and follow through on collected data as specified in the facilities policies and procedures.
2. Relevant Training. The facilities shall periodically provide training, at the facilities' expense (not to include wages for the Contractor's staff), to the Contractor's manager and staff in areas relevant to the facilities' mission(s), policies, procedures, programs, and/or food service delivery. Notice of such training shall be provided to the Food Service Manager in a timely manner. The expense of the Contractor's staff wages will be borne by the Contractor not the OhioMHAS or DODD.
3. Equipment and Utilities. The facilities shall provide all presently on-site fixed equipment (i.e./walk-in freezer/cooler/restrooms etc.), electricity, water, steam heat, and lighting of the food service department upon food service contract award. The facilities shall not be obligated to purchase any additional equipment prior to the effective date of the Contract. No equipment may be moved into or out of the facilities without a risk assessment and the written approval of the facility's Operations Director.
4. Maintenance. Contractor will maintain all state owned equipment (i.e./ovens, steam kettles, tilt skillet, mixer etc.) in good working order. Contractor will be responsible for repairing and or replacing state owned equipment damaged due to Contractor's negligence.

O. Transitional Plans. The Offeror must describe its approach, methods, and specific steps required to pre-stage operations for the actual assumption of work associated with this RFP. The State is seeking a response that provides assurance of service continuity during the transition of food service operations from the current to the new Contractor. In addition, the Offeror must describe in detail the interaction necessary with the current Contractor to provide assurance of service continuity during the transition of food service management and operations functions from the current Contractor to the new Contractor. Further, the Offeror shall describe its approach, methods, and specific steps for transitioning the Work responsibilities to another Contractor upon completion of the Contract which is the subject of this RFP, should the Offeror not be awarded the subsequent Contract for OhioMHAS and/or DODD Cambridge facility food service operations. Should the current Contractor fail to win a future contract award, said current Contractor will be required to fulfill its obligations while assisting the subsequent Contractor during the "transition out" period. The transition out period will occur 90 days prior to the expiration of the Contract.

P. Facility-Specific Requirements.

1. Appalachian Behavioral Healthcare – Athens Campus (ABH - Athens), 100 Hospital Drive, Athens, OH 45701 – Appalachian RPH. The daily patient census averages 77 patients at this facility. The patients are housed on four (4) units in one (1) building. A new meal delivery system is not required at this facility, but trays may need to be replaced over the life of this Contract. The trays are to be purchased by the Contractor when approved by the RPH's Operation Director and billed to the RPH on the monthly invoice once received and verified by the Operation Director. Additionally, the following equipment will need replaced during the Contract period: Spray Master SMT-600W Wall Mount Pressure Washer Cleaning System.

The equipment is to be quoted as a part of this RFP; purchased by the Contractor when approved by the RPH's Operation Director and amortized over the life of the current Contract, excluding the renewal years, if any.

- a) All food is to be prepared in the central kitchen in the building on a daily basis. Food is to be served to each of the four (4) units utilizing Aladdin heat on demand tray system and its components. The Contractor is to provide biodegradable flatware, napkins, plates, bowls and cups when disposable items need to be used. The trays and inserts are all reusable; flatware and cups are disposable.
 - b) Delivery of the trays/carts to each of the patient care units is by the Contractor. Distribution of the trays on the units to the patients is by facility staff.
 - c) The Contractor will provide meals on individual trays. All production (unless noted otherwise), tray line and cleaning/sanitation must occur in the dietary area and is the responsibility of the Contractor.
 - d) Central storage and delivery for all bulk items and supplies is located in the dietary areas. Key storage areas are:
 - 1) Freeze
 - 2) Cooler(s)
 - 3) Storeroom/dry storage
 - e) Office space for the dietary operations is contained within the dietary area.
 - e) The Contractor shall pick up and return dirty trays and carts to the dietary areas for washing and reprocessing.
 - f) The Contractor shall have the capabilities of providing meals and/or ready to cook ingredients for regularly scheduled and special events.
2. Cambridge Developmental (CaDC), 66737 Toland Drive, Cambridge, OH 43725 – DODD. The daily client census averages 74 clients at this facility. The clients are housed in Steele, Lankenau, Moore, Brown, and Rudolph Cottages. A new meal delivery system is not required at this facility.
 - a) All food is prepared in a central kitchen in the Dietary building on a daily basis.
 - b) The Contractor will deliver food to the individual living units via a truck provided by the Contractor. The Contractor shall have the ability to provide meals via family style to the kitchen areas on Steele, Lankenau, Moore, Brown and Rudolph Cottages, and shall provide a server to serve the meals to best meet the rehabilitative needs of the individuals residing at CaDC, a variety of meal types are required; i.e. must meet dietary needs of patients; easy to swallow, puree, low sodium, etc. Aside from bulk family style presentation specified, CaDC requires bulk uncooked food and the ability to access the Contractor's petty cash or other accounts in order for the individuals to participate in rehabilitative shopping necessary for the preparation of entire meals as designated by individual cottage schedule. The Contractor is to provide flatware, napkins, plates, bowls and cups when disposable items need to be used.
 - c) The Contractor shall prepare food in such a manner as to be suitable for individual portioning at the point of service.
 - d) Upon completion of the meal, the Contractor must be responsible for collection, clean-up (including breakdown of steam tables, wipe down of counters, etc.), and return of ancillary mealtime equipment, including, but not limited to: steam table pans, trays, and Cambros to the main kitchen. At no time will the Contractor leave such items in the cottage after completion of the meal.

- e) The Contractor shall pick up and return dirty trays and carts for washing in the appropriate unit.
 - f) Central storage for all bulk deliveries of food and supplies is located in the Dietary Building. Key storage areas are:
 - 1) Freezer
 - 2) Cooler
 - 3) Storeroom/dry storage
 - g) Office space is available for food service operations and is located in the Dietary Building.
 - h) The Contractor shall have the capabilities of providing meals and/or ready to cook ingredients for regularly scheduled and special events.
 - i) The Contractor will be required, as needed, to furnish off-site meals to the CaDC Workshop in Cambridge. These client meals will be at the awarded Contract price. These meals will consist of a sack lunch five (5) times per week. Sack lunches will be transported to the CaDC Workshop by residents.
3. Heartland Behavioral Healthcare, Massillon Campus (HBH), 3000 Erie Street South, Massillon, OH 44646-7993 – Heartland RPH. The daily patient census averages 141 patients at this facility. The patients are housed in one building: Rehabilitation. The Rehabilitation Building currently has six (6) living units: two (2) units: Wards D1 and D2 have a capacity of twenty-four (24) patients each; Ward C1 has a capacity of twenty-two (22) patients; Ward C2 has a capacity of twenty-six (26) patients; and Wards B1 and B2 have a capacity of twenty-eight (28) patients each. A new meal delivery system is not required at this facility.
- a) All food is to be prepared in a central kitchen in the dietary building, put on food carts, an Aladdin Thermo Tray System hot tray line system, and delivered to each living area ready to serve. The Contractor is to provide flatware, napkins, plates, bowls and cups when disposable items need to be used.
 - b) Storage for all bulk deliveries of food and supplies is located in food service area. Key storage areas are:
 - 1) Freezer
 - 2) Cooler
 - 3) Storeroom/dry storage
 - c) Office space is available for food service operations and is located in the food service area.
4. Northcoast Behavioral Healthcare, (NBH), 1756 Sagamore Road, Northfield, OH 44067 – Northcoast RPH. The patients are housed in two (2) buildings. Building 22, with six (6) patient care units, has a current census of 150 with a capacity for 160. The second building is the McKee Building, which has three (3) floors and three (3) units with a current census of 100. The daily patient census averages 225 patients at this facility. Northcoast is currently undergoing a new construction and remodeling project that will require a new meal prep and delivery system. It will also require the movement of Dietary operations from the current location in a separate building to the new construction site which is located within the McKee building. The transition is tentatively scheduled to occur on September 1st, 2015. This date may move depending on several factors but the contractor will be updated of schedule as details emerge. Upon the completion of the new construction project on September 1st, 2015, a remodeling project will commence requiring approximately one year for completion.
- a) All food is to be prepared in the central kitchen. Meals are to be served on each of the nine (9) patient care units utilizing compartmentalized/insulated trays and delivery carts. The Contractor is to provide flatware, napkins, plates, bowls and cups when disposable items need to be used. There are six (6) units in Building 22 and three (3) units in the McKee building. This will continue until September, 2015 (approximately) when a new hot tray system comes online in the -new building. At that time, eight (8) units will be in the - new building and two (2) other units will be located in Building 22. Both Building 22 and the -new building are located on the same campus. Trays and carts will be delivered to the Building 22 units using the new hot tray system. Delivery of trays to the 22 building will continue until renovations are completed. Upon completion of renovations, the units in the 22 building will be relocated to the newly remodeled portion of the McKee building. The total number of units in the -new building will then be ten (10) units with a total census of 258.
 - b) Trays should be delivered to the units in a manner consistent with the Contractors plating diagrams. Adjustments to the trays for “disturbances” caused by transportation to the pantries should be made by Contractor staff in the pantry area.
 - c) Delivery of the carts to each of the patient care units is by the Contractor who is also responsible for providing the vehicle(s). The vehicle(s) will be safe and well maintained.
 - d) All food is to be prepared in a free standing 16,000 square foot Dietary Building located on the grounds until approximately September, 2015 when the kitchen is relocated into the McKee building. Trays and carts are delivered by truck provided by the Contractor from the Dietary Building to a central pantry located in each patient care building. Trays are delivered in the carts from pantries to the patient care units by Contractor staff. (In some instances, due to the population size of the unit, carts will need to be shared between units.) Distribution of the trays on the units to the patients is by facility staff. This will continue until the hot tray system comes online and rethermalization is no longer required. The trays will then be delivered directly to each unit.

- e) Central storage and delivery for all bulk items and supplies is located in the Dietary area. Key storage areas are:
 - 1) Freezer(s)
 - 2) Cooler(s)
 - 3) Storeroom/dry storage
 - f) Office space (including Dietitians), locker rooms, break, and training areas for the dietary operations are contained within the Dietary Building.
 - g) The Contractor will provide meals on individual trays. All production, tray line, and cleaning/sanitation must occur in the Dietary area. Cleaning and sanitizing of the pantries is the responsibility of the Contractor. Carts will be transported to the pantry units for rethermalization and beverage service and then delivered to the individual patient care units within these buildings.
 - h) The Contractor will pick up and return dirty trays and carts to the Dietary area for washing and re-processing by the Contractor.
 - i) The new Dietary facility, which will be located in the Mckee building, will have all of the equipment necessary to prepare and store food for delivery to the units. Any additional equipment deemed necessary by Contractor will be supplied by Contractor at their expense.
 - j) It will be the responsibility of the Contractor to provide all of the necessary cups, bowls, trays, and small wares required for startup of the new Dietary facility. The amounts and makeup of items purchased will be mutually agreed upon prior to purchase. These items will be billed back to Northcoast in equal monthly installments to coincide with remaining number of months left on original contract. After this initial purchase, Northcoast will be responsible for their replenishment as stated in the body of this contract.
5. Northwest Ohio Psychiatric Hospital (NOPH), 930 South Detroit Avenue, Toledo, OH 43614 – Northwest Ohio RPH. The daily patient census averages 108 patients at this facility. Currently, the patients are housed in one building. The Annex has four (4) patient care units (two with capacity of 20 and two with capacity of 24 patients each and the Main Building has one (1) unit on the second floor with a capacity of 26. There is an elevator available to access the second floor of the main part of the building. A new meal delivery system is not required at this facility. NOPH may renovate the kitchen area during this contract period. All equipment and environmental maintenance will remain the responsibility of the Contractor.
- a) Meals are to be served on each of the five (5) patient care units utilizing the compartmentalized/insulated trays and delivery cart system. The Contractor is to provide flatware, napkins, plates, bowls and cups when disposable items need to be used.
 - b) NOPH has a complete Dietary Area located on the first floor and is equipped to provide full dietary service to the patients.
 - c) Central storage and delivery for all bulk items and supplies is located in the Dietary Area. Key storage areas are:
 - 1) Freezer(s)
 - 2) Cooler(s)
 - 3) Secure storeroom
 - d) Office space (including Dietitian's), locker rooms, break, and training areas for the Dietary operations are contained within the Dietary Area.
 - e) The Contractor will provide meals on individual trays. Unless noted otherwise, all food production, tray line, and cleaning/sanitization operations must occur in the Dietary Area. All such operations are the responsibility of the Contractor.
6. Summit Behavioral Healthcare (SBH), 1101 Summit Road, Cincinnati, OH 45237 – Summit RPH. The daily patient census averages 259 patients at this facility. The patients are housed in one (1) building connected to five (5) PODS; each POD containing two (2) patient residential units. There is one (1) additional Community Reintegration unit, for a total of eleven (11) residential patient units. The patient PODS are connected to the main facility building. A new kitchen and cafeteria is located within the main facility building on a lower level. All patient units are located on the same (ground) level. Each patient unit has a maximum capacity of 28 patients. A new meal delivery system is not required at this facility. Each meal shall be prepared in a series of three (3) seating's to accommodate all patients in a cafeteria style service (nine [9] seating's a day).
- a) Meals will be provided via "hot-tray" cafeteria serving line located within the kitchen area. Patients will eat in common dining room located adjacent to the kitchen area. Meals will be provided in the cafeteria three (3) times a day at times determined by the facility.
 - b) Patients that are unable to eat in the cafeteria dining room, will eat on their respective units. Meals will be provided to necessary patient units via a "thermal cart" delivery system. Meals must be provided to necessary patient units at their listed meal times. Each unit will be assigned a meal time. The Contractor will be responsible for delivery and pick up of trays to necessary units.
 - c) The Contractor will be required to provide all necessary dishes, trays, plastic flatware and paper products necessary for serving meals. (All items must be approved by the facility). Contractor will also be responsible for providing all cooking equipment necessary for kitchen operation that is not provided by the facility, this includes pots, pans, and cooking utensils. The Contractor is to provide flatware, napkins, plates, bowls and cups when disposable items need to be used.

- d) The Contractor may be required by the facility to provide special “therapeutic” items based on patient nutritional needs. Examples may include: diabetic snacks, special order beverages, special order food items to accommodate “specialty diets”.
 - e) The Contractor will be required to provide for a variety of special events, activities, and holidays throughout the year. Events can either be unit specific or campus wide.
 - f) Central storage and delivery for all bulk items and supplies is located within the kitchen area. Storage areas include:
 - 1) Freezer(s)
 - 2) Cooler(s)
 - 3) Storeroom/dry storage
 - g) Office space, locker room, and rest room for the Dietary Operations are located within the kitchen area.
 - h) The Contractor will be required to clean dining room area. This includes at each meal period while patients are eating, contractor staff will ensure that the dining room is cleaned, empty trash receptacles, mopping up spills, and sweeping floors as needed. Contractor will also be responsible for cleaning the dining area after daily visitation period.
 - i) The Contractor may cook food in bulk; however individual trays will be prepared on a daily basis.
7. Twin Valley Behavioral Healthcare, Columbus Campus (TVBH-Columbus), 2200 West Broad Street, Columbus, OH 43223 – Twin Valley RPH. The daily patient census averages 211 patients at this facility. Patients are located in two buildings: Kosar Building with seven (7) living units with a total of 176 beds, and the Timothy B. Moritz Forensic Unit (TBMFU) building with four (4) living units with a total of 52 beds. A new meal delivery system is not required at this facility. The selected vendor shall be responsible for the upkeep and repairs of the existing “Aladdin” rethermalization system by a service agreement with the manufacturer.
- a) All food is prepared in a central kitchen in the Kosar Building. Meals will be provided to the Kosar Building patients by an insulated tray system. Meals will be served to the TBMFU living units utilizing a rethermalized tray system that is delivered by truck provided by the Contractor.
 - b) Central storage for all bulk deliveries of food and supplies is located in the Kosar Building kitchen. Key storage areas are:
 - 1) Freezer
 - 2) Cooler
 - 3) Dry Storage
 - c) Office space is available for food service operations and is located in the Kosar Building kitchen.
 - d) The Contractor shall provide an individual tray food system through the delivery of trays to Kosar and TBMFU. By means of this system, the Contractor will assure facilities of meeting the diet requirements of patients. The Contractor will deliver trays to individual living units in Kosar and TBMFU via delivery trucks provided by the Contractor.
 - e) The Contractor shall have the ability to provide meals by tray system, unless another system is demonstrated to be more cost effective without loss of quality for TBMFU. The Contractor is to provide flatware, napkins, plates, bowls and cups when disposable items need to be used.
 - f) The Contractor shall have the capabilities of providing meals and/or ready to cook ingredients for picnics and special events.
 - g) The Contractor shall also provide for a variety of special events, activities, and programs throughout the year at varying frequencies for patients and other participants as sanctioned by the facility. Such events, activities and programs include but shall not be limited to:
 - 1) Regularly scheduled facility events/activities
 - 2) Other events and activities sanctioned by the facility. The facility reserves the right to add to, or delete from, any of the activities or events referenced herein, and reserves the right to increase or decrease the frequency and participation in such activities and events.

- 1.5 CONFIDENTIAL, PROPRIETARY OR TRADE SECRET INFORMATION DAS procures goods and services through a RFP in a transparent manner and in accordance with the laws of the state of Ohio. All proposals provided to DAS in response to this RFP become records of DAS and as such, will be open to inspection by the public after award unless exempt from disclosure under the Ohio Revised Code or another provision of law. Refer to section 5.1.6 in the Instructions.
- 1.6 REGISTRY OF OFFERORS DAS will prepare a registry of Proposals containing the name and address of each Offeror. The registry will be on the Office of Procurement Services Web site and available for public inspection after the Proposals are received.
- 1.7 PROPOSAL SUBMITTAL Offeror must submit both a "Technical Proposal" and a "Cost Proposal" as a part of its Proposal package. These are two separate components which shall be submitted in separate sealed envelopes/packages, clearly identified on the exterior as either "Technical Proposal" or "Cost Proposal" with CSP900316 and due date on each. Offeror must submit this signed cover page with its technical Proposal. Offeror shall mark the correct CSP number on all envelopes/packages. Refer to section 5.1.6 in the Instructions for further detail.
- 1.8 NUMBER OF PROPOSALS TO SUBMIT Offeror must submit one (1) original, completed and signed in blue ink, and six (6) copies for a total of seven (7) Proposal packages.

2.0 EVALUATION OF PROPOSALS

- 2.1 MANDATORY REQUIREMENTS The following table contains items that are Mandatory Requirements for this RFP. Offeror's shall submit documentation on company letterhead confirming that they have met the mandatory proposal requirements and attended both mandatory meetings on December 12, 2014.

TABLE 1 - MANDATORY PROPOSAL REQUIREMENTS

Mandatory Requirements
Offerors are required to attend the mandatory Site Visit to Twin Valley Behavioral Healthcare and the Mandatory Pre-Proposal meeting on December 12, 2014 at 1:00 PM. Attendance will be taken. Failure to attend the mandatory bid conference and the site visit will deem the Offeror not responsive and no further consideration for award will be made.

If the State receives no Proposals meeting all of the mandatory requirements, the State may elect to cancel this RFP.

- 2.2 PROPOSAL EVALUATION CRITERIA If the Offeror provides sufficient information to DAS in its Proposal, demonstrating it meets the Mandatory Requirements, the Offeror's Proposal will be included in the next step of the evaluation process which involves the scoring of the Proposal Technical Requirements (Table 3), followed by the scoring of the Cost Proposals. In the Proposal evaluation step, DAS rates the Proposals based on the following listed criteria and the weight assigned to each criterion. The possible points allowed in this RFP are distributed as indicated in the Table 2 - Scoring Breakdown.

2.3 TABLE 2 - SCORING BREAKDOWN

Criteria	Maximum Allowable Points
Proposal Technical Requirements	500 Points
Proposal Cost	200 Points
Scoring for MBE Set-Aside	50 Points
Total	750 Points

- 2.4 **SCORE RATINGS** The scale below (0-5) will be used to rate each proposal on the criteria listed in the Technical Proposal Evaluation table.

DOES NOT MEET 0 POINTS	WEAK 1 POINT	WEAK TO MEETS 2 POINTS	MEETS 3 POINTS	MEETS TO STRONG 4 POINTS	STRONG 5 POINTS
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DAS will score the Proposals by multiplying the score received in each category by its assigned weight and adding all categories together for the Offeror's Total Technical Score in Table 3. Representative numerical values are defined as follows:

DOES NOT MEET (0 pts.): Response does not comply substantially with requirements or is not provided.

WEAK (1 pt.): Response was poor related to meeting the objectives.

WEAK TO MEETS (2 pts.): Response indicates the objectives will not be completely met or at a level that will be below average.

MEETS (3 pts.): Response generally meets the objectives (or expectations).

MEETS TO STRONG (4 pts.): Response indicates the objectives will be exceeded.

STRONG (5 pts.): Response significantly exceeds objectives (or expectations) in ways that provide tangible benefits or meets objectives (or expectations) and contains at least one enhancing feature that provides significant benefits.

2.5 TABLE 3 - TECHNICAL PROPOSAL EVALUATION

Criterion	Weight	Rating (0=Does not Meet to 5=Strong)	Extended Score
Offeror Profile			
1. Must have a minimum of three (3) years' experience for a population of at least 100 beds, and currently providing total dietary services in a health care environment of at least 100 beds; Intermediate Care Facility/Developmental Disabilities, long-term care facility, or hospital.	10		
2. Must demonstrate successful multi-unit experience involving facilities similar to those required in the RFP.	10		
3. Must have prior dietary experience in the last five (5) years or current experience in an Intermediate Care Facility (ICF) and must have successfully complied with ICF standards during the tenure.	15		
Offeror References			
Must include a minimum of three (3) references for organizations and/or clients for whom the Offeror has successfully provided services on projects that were similar in their nature, size, and scope to the Work. These references must relate to work that was completed within the past five (5) years. References indicate compliance and satisfaction level. Offeror must report any deficiencies in any area of food service based upon standards set forth by the JC (Joint Commission) and CMS (Centers for Medicare/Medicaid) programs, state and local health department, and/or other recognized governing body.	10		
Scope of Work			
1. Proposed plan for procurement of food, development of menus, special dietary requirements, food preparation, quality control, maintenance, training for all seven (7) facilities	10		
2. Proposed Plan for production, receiving, delivery and clean-up	5		
3. Proposed Table of Organization governing on-site operations at each of the seven (7) facilities.	5		
4. Quality Control Program Manual provided on CD	5		
5. Report requirements, cost control, recordkeeping, and compliance	5		
6. Proposed Transitional Plan	5		
Personnel Profile			
1. Food Service Manager/Director for each of the seven (7) facilities with qualifications and experience, certification with HACCP	10		
2. Registered Dietitian(s) qualifications and experience	5		
3. Support Staff, including Regional Manager qualifications, experience, and compliance with health regulations	5		

Total Technical Score: _____

- 2.6 Pre-award identification of Ohio certified MBE subcontractor and Contractor selected percentage. In the Evaluation Scoring Formula of the RFP, the Offeror who identifies one or more qualified Ohio certified MBE subcontractor and has the highest percentage of its cost proposal set aside exclusively for identified Ohio certified MBE subcontractors' Work will receive the maximum number of points set forth in the RFP. The remaining Offerors will receive a percentage of the maximum points allowed. Offerors who do not identify a percentage to be set aside for Ohio certified MBE subcontractors or do not identify one or more Ohio certified MBE subcontractor will receive zero points.

MBE Set-Aside points = (Offeror's percentage/highest Offeror's percentage) x Maximum Allowable MBE Set-Aside Points as indicated in the "Scoring Breakdown" table. The value is provided in the Scoring Breakdown table. "MBE Set-Aside" = Total MBE Set-Aside Percentage as identified in the MBE Set-Aside Summary section of Offeror's Proposal. In this method, the highest percentage of MBE Set-Aside proposed will receive the maximum allowable points.

MBE Set-Aside Score: _____

- 2.7 PRESENTATIONS AND INTERVIEWS DAS may require top Offerors to be interviewed. Such interviews will provide an Offeror with an opportunity to present its Proposal and to ensure a mutual understanding of the Proposal's content. This will also allow DAS and the Agency an opportunity to test or probe the professionalism, qualifications, skills, and work knowledge of the proposed candidates. The interviews will be scheduled at the convenience and discretion of DAS and the Agency. DAS or the Agency may record any presentations and interviews. The one (1) to three (3) highest scoring Offerors; but no more than the top three (3) may be required to participate. Interviews will be scheduled to be held in Columbus, Ohio at the vendor's expense, if applicable.

In this RFP, DAS asks for responses and submissions from Offerors, most of which represent components of the above criteria. While each criterion represents only a part of the total basis for a decision to award the Contract to an Offeror, a failure by an Offeror to make a required submission or meet a mandatory requirement will normally result in a rejection of that Offeror's Proposal. The value assigned above to each criterion is only a value used to determine which Proposal is the most advantageous to the State in relation to the other Proposals that DAS received.

Once the technical merits of a Proposal are evaluated, the costs of that Proposal will be considered. It is within DAS' discretion to wait to factor in a Proposal's cost until after the conclusion of any interviews, presentations, demonstrations or discussions. Also, before evaluating the technical merits of the Proposals, DAS may do an initial review of costs to determine if any Proposals should be rejected because of excessive cost. DAS may reconsider the excessiveness of any Proposal's cost at any time in the evaluation process.

2.8 **COST PROPOSAL POINTS** DAS will use the information the Offeror submits on the Cost Summary Form to calculate Cost Proposal Points. DAS will calculate the Offeror's Cost Proposal points after the Offeror's total technical points are determined, using the following method:

Cost points = (lowest Offeror's cost/Offeror's cost) x Maximum Allowable Cost Points as indicated in the "Scoring Breakdown" table. "Cost" =Total annual meal cost identified in the Cost Summary section of Offeror's Proposal. In this method, the lowest cost proposed will receive the maximum allowable points.

The number of points assigned to the cost evaluation will be prorated, with the lowest accepted Cost Proposal given the maximum number of points possible for this criterion. Other acceptable Cost Proposals will be scored as the ratio of the lowest Cost Proposal to the Proposal being scored, multiplied by the maximum number of points possible for this criterion.

An example for calculating cost points, where Maximum Allowable Cost Points Value = 60 points, is the scenario where Offeror X has proposed a cost of \$100.00. Offeror Y has proposed a cost of \$110.00 and Offeror Z has proposed a cost of \$120.00. Offeror X, having the lowest cost, would get the maximum 60 cost points. Offeror Y's cost points would be calculated as \$100.00 (Offeror X's cost) divided by \$110.00 (Offeror Y's cost) equals 0.909 times 60 maximum points, or a total of 54.5 points. Offeror Z's cost points would be calculated as \$100.00 (Offeror X's cost) divided by \$120.00 (Offeror Z's cost) equals 0.833 times 60 maximum points, or a total of 50 points.

Cost Score: _____

2.9 **FINAL STAGES OF EVALUATION** The Offeror with the highest point total from all phases of the evaluation (Technical Points + Cost Points) will be recommended for the next phase of the evaluation.

Technical Score: _____ + MBE Set-Aside Score + Cost Score: _____ = Total Score: _____

If DAS finds that one or more Proposals should be given further consideration, DAS may select one or more of the highest-ranking Proposals to move to the next phase. DAS may alternatively choose to bypass any or all subsequent phases and make an award based solely on the Proposal evaluation phase.

2.10 **REJECTION OF PROPOSALS** DAS may reject any Proposal that is not in the required format, does not address all the requirements of this RFP, or that DAS believes is excessive in price or otherwise not in the interest of the State to consider or to accept. In addition, DAS may cancel this RFP, reject all the Proposals, and seek to do the Work through a new RFP or by other means.

3.0 COST SUMMARY

- 3.1 SUBMISSION The Cost Summary shall be submitted with the Proposal (under separate cover labeled as the Cost Proposal). All prices, costs, and conditions outlined in the Proposal shall remain fixed and valid for acceptance for 120 days, starting on the due date for Proposals. No price change shall be effective without prior written consent from DAS, Office of Procurement Services.

The Offeror's total cost for the entire Work must be represented as the as firm, fixed price per contract year for all 3 initial years of the contract. All costs for furnishing the services must be included in the Cost Proposal.

- 3.2 THE OFFEROR'S FEE STRUCTURE The Contractor will be paid as proposed on the Cost Summary after the Agency approves the receipt of product(s)/services and continued completion of all deliverables. All costs must be in U.S. Dollars.

- 3.2 REIMBURSABLE EXPENSES None; there will be no additional reimbursement for travel or other related expenses. The State will not be responsible for any costs not identified.

3.4 BILL TO ADDRESS

The invoices for each Ohio MHAS location should be billed to:
OhioMHAS
30 East Broad Street, Floor 11
Columbus, OH 43215-3430

DODD invoices should be billed to:
DODD Cambridge Developmental (CaDC)
66737 Toland Drive
Cambridge, OH 43725

HEALTH INSURANCE PORTABILITY & ACCESSIBILITY ACT (HIPAA) REQUIREMENTS. As a condition of receiving a contract from the State, the Contractor, and any subcontractor(s), will be required to comply with 42 C.F.R. Part 2, 42 U.S.C. Sections 1320d through 1320d-8, and to implement regulations at 45 C.F.R. Section 164.502 (e) and 164.504 (e) [relating to privacy] and 164.308 and 164.314 [relating to security] regarding disclosure and safeguarding of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended by the American Recovery and Reinvestment Act of 2009. Contractor and any subcontractor(s) will be required to enter into the attached Business Associate Agreement (Attachment seven).

Pre-award identification of Ohio certified MBE subcontractor and Contractor selected percentage. Offeror shall indicate on all invoices submitted to the Agency the dollar amount attributed to the Work provided by the selected Ohio certified MBE subcontractors along with documentation of the Ohio certified MBE subcontractor's activities. Offeror shall report all Ohio certified MBE subcontractor payments under this Contract monthly to the Agency. Compliance with Offeror's proposed cost set-aside percentage is a term of this contract and failure to attain the proposed percentage by the expiration of the contract may result in the Offeror being found in breach of contract.

Title: Food Service Management and Patient Food Service for Ohio Department of Mental Health and Addition Services (OhioMHAS) Hospitals and Ohio Department of Development Disabilities (DODD) Cambridge Facility.

CSP900316
UNSPSC CATEGORY CODE: 90101802

OFFEROR: _____

COST SUMMARY FORM

APPALACHIAN BEHAVIORAL HEALTHCARE – ATHENS CAMPUS

DESCRIPTION	ESTIMATED NO. OF MEALS ANNUALLY	FIXED COST PER MEAL	TOTAL COST ANNUALLY (No. Meals X Cost/Meal)
BREAKFAST	29,200	\$ Per Meal	\$
LUNCH	29,200	\$ Per Meal	\$
DINNER	29,200	\$ Per Meal	\$
SNACK	58,400	\$ Per Snack	\$
Total Cost Annually For Meals			\$
*NUTRIENT SUPPLEMENT		_____% Mark-up	
*FLOOR STOCKS		_____% Mark-up	
*SPECIAL EVENTS		_____% Mark-up	
*Cost of the daily meals amount that reflects MBE Set-Aside work		\$	
*EQUIPMENT PERCENTAGE MARK-UP FROM CONTRACTOR'S COST		_____% Mark-up	
*EQUIPMENT AMORTIZATION PER MEAL, IF APPLICABLE		\$	
*EQUIPMENT FINANCE CHARGE, IF APPLICABLE		_____%	

Supplements: actual contractor's cost, plus proposed % mark-up.
 Floor stocks: actual contractor's cost, plus proposed % mark-up.
 Special events: actual contractor's cost, plus proposed % mark-up.

Percentage of the cost to be completed by MBE Set-Aside per sum of daily meals and snacks _____%

Percentage of total equipment cost to be completed by MBE Set-Aside Equipment charge _____%

Equipment cost, if any to be itemized and attached to the Proposal for each facility.
 Cost of equipment shall be amortized/reflected over the initial three (3) year term. Costs must include equipment, FOB: delivered costs, installation, and set-up and any per annum interest charges.

Equipment:	Itemized Cost:
1. Spray Master SMT-600W Wall Mount Pressure Washer Cleaning System	\$

All Offerors who seek to be considered for a contract award must submit the above information in the format specified. The Original Cost Summary must be included in a separate, sealed envelope/package labeled on the exterior as "Cost Proposal" with the RFP Number and due date.

*Not included in the cost evaluation scoring.

COST SUMMARY FORM

CAMBRIDGE DEVELOPMENTAL CENTER

DESCRIPTION	ESTIMATED NO. OF MEALS ANNUALLY	FIXED COST PER MEAL	TOTAL COST ANNUALLY (No. Meals X Cost/Meal)
BREAKFAST	27,010	\$ Per Meal	\$
LUNCH	27,010	\$ Per Meal	\$
DINNER	27,010	\$ Per Meal	\$
SNACK	27,010	\$ Per Meal	\$
Total Cost Annually For Meals			\$
*NUTRIENT SUPPLEMENT		_____% Mark-up	
*FLOOR STOCKS		_____% Mark-up	
*SPECIAL EVENTS		_____% Mark-up	
*Cost of the daily meals amount that reflects MBE Set-Aside work		\$	

Supplements: actual contractor's cost, plus proposed % mark-up.
 Floor stocks: actual contractor's cost, plus proposed % mark-up.
 Special events: actual contractor's cost, plus proposed % mark-up.

Percentage of the cost to be completed by MBE Set-Aside per sum of daily meals and snacks _____ %

All Offerors who seek to be considered for a contract award must submit the above information in the format specified. The Original Cost Summary must be included in a separate, sealed envelope/package labeled on the exterior as "Cost Proposal" with the RFP Number and due date.

*Not included in the cost evaluation scoring.

COST SUMMARY FORM

HEARTLAND BEHAVIORAL HEALTHCARE – MASSILLON CAMPUS

DESCRIPTION	ESTIMATED NO. OF MEALS ANNUALLY	FIXED COST PER MEAL	TOTAL COST ANNUALLY (No. Meals X Cost/Meal)
BREAKFAST	47,450	\$ Per Meal	\$
LUNCH	47,450	\$ Per Meal	\$
DINNER	47,450	\$ Per Meal	\$
SNACK	94,900	\$ Per Snack	\$
Total Cost Annually For Meals			\$
*NUTRIENT SUPPLEMENT		_____% Mark-up	
*FLOOR STOCKS		_____% Mark-up	
*SPECIAL EVENTS		_____% Mark-up	
*Cost of the daily meals amount that reflects MBE Set-Aside work		\$	

Supplements: actual contractor's cost, plus proposed % mark-up.
 Floor stocks: actual contractor's cost, plus proposed % mark-up.
 Special events: actual contractor's cost, plus proposed % mark-up.

Percentage of the cost to be completed by MBE Set-Aside per sum of daily meals and snacks _____ %

All Offerors who seek to be considered for a contract award must submit the above information in the format specified. The Original Cost Summary must be included in a separate, sealed envelope/package labeled on the exterior as "Cost Proposal" with the RFP Number and due date.

*Not included in the cost evaluation scoring.

COST SUMMARY FORM

NORTHCOAST BEHAVIORAL HEALTHCARE – NORTHFIELD CAMPUS

DESCRIPTION	ESTIMATED NO. OF MEALS ANNUALLY	FIXED COST PER MEAL	TOTAL COST ANNUALLY (No. Meals X Cost/Meal)
BREAKFAST	94,900	\$ Per Meal	\$
LUNCH	94,900	\$ Per Meal	\$
DINNER	94,900	\$ Per Meal	\$
SNACK	189,800	\$ Per Snack	\$
Total Cost Annually For Meals			\$
*NUTRIENT SUPPLEMENT		_____% Mark-up	
*FLOOR STOCKS		_____% Mark-up	
*SPECIAL EVENTS		_____% Mark-up	
*Cost of the daily meals amount that reflects MBE Set-Aside work		\$	
*EQUIPMENT PERCENTAGE MARK-UP FROM CONTRACTOR'S COST		_____% Mark-up	
*EQUIPMENT AMORTIZATION PER MEAL, IF APPLICABLE		\$	
*EQUIPMENT FINANCE CHARGE, IF APPLICABLE		_____%	

Supplements: actual contractor's cost, plus proposed % mark-up.
 Floor stocks: actual contractor's cost, plus proposed % mark-up.
 Special events: actual contractor's cost, plus proposed % mark-up.

Percentage of the cost to be completed by MBE Set-Aside per sum of daily meals and snacks _____%

Percentage of total equipment cost to be completed by MBE Set-Aside Equipment charge _____%

Equipment cost, if any to be itemized and attached to the Proposal for each facility.
 Cost of equipment shall be amortized/reflected over the initial three (3) year term. Costs must include equipment, FOB: delivered costs, installation, and set-up and any per annum interest charges.

All Offerors who seek to be considered for a contract award must submit the above information in the format specified. The Original Cost Summary must be included in a separate, sealed envelope/package labeled on the exterior as "Cost Proposal" with the RFP Number and due date.

*Not included in the cost evaluation scoring.

NORTHCOAST BEHAVIORAL HEALTHCARE – NORTHFIELD CAMPUS (cont.)

Equipment: Aladdin Temp-Rite	Itemized Cost:
1. Five Hundred and Fifty (550) Heat on Demand Tray, Ivory Part No. 97629	\$
2 Five Hundred and Fifty (550) Heat on Demand Tray Dome, Evening Blue Part No.98320	\$
3. Five Hundred and Fifty (550) 9" high Heat Plastic Plate, Bone Part No. 12140	\$
4. Five Hundred and Fifty (550) Allure 8 oz. Mug Evening Blue Part No. 98527	\$
5. Five Hundred and Fifty (550) Allure 8 oz. Round Soup Bowl, Evening Blue Part No. 31857	\$
6. Five Hundred and Fifty (550) Allure 5 oz. Round Soup Bowl, Evening Blue Part No. 31862	\$
7. Five Hundred and Fifty (550) Dimensions 6.5" Plate, Clear Part No. 11853	\$
8. Five Hundred and Fifty (550) Dimensions 8 oz. Bowl, Clear Part No. 98779	\$
9. Five Hundred and Fifty (550)Dimensions 6 oz. Tumbler Part No. 98780	\$
10. Five Hundred and Fifty (550) Dimensions Ergo 8 oz. tumbler Part No. 98781	\$

All Offerors who seek to be considered for a contract award must submit the above information in the format specified. The Original Cost Summary must be included in a separate, sealed envelope/package labeled on the exterior as "Cost Proposal" with the RFP Number and due date.

COST SUMMARY FORM

NORTHWEST OHIO PSYCHIATRIC HOSPITAL – TOLEDO CAMPUS

DESCRIPTION	ESTIMATED NO. OF MEALS ANNUALLY	FIXED COST PER MEAL	TOTAL COST ANNUALLY (No. Meals X Cost/Meal)
BREAKFAST	36,500	\$ Per Meal	\$
LUNCH	36,500	\$ Per Meal	\$
DINNER	36,500	\$ Per Meal	\$
SNACK	73,000	\$ Per Snack	\$
Total Cost Annually For Meals			\$
*NUTRIENT SUPPLEMENT		_____% Mark-up	
*FLOOR STOCKS		_____% Mark-up	
*SPECIAL EVENTS		_____% Mark-up	
*Cost of the daily meals amount that reflects MBE Set-Aside work		\$	

Supplements: actual contractor's cost, plus proposed % mark-up.
 Floor stocks: actual contractor's cost, plus proposed % mark-up.
 Special events: actual contractor's cost, plus proposed % mark-up.

Percentage of the cost to be completed by MBE Set-Aside per sum of daily meals and snacks _____ %

All Offerors who seek to be considered for a contract award must submit the above information in the format specified. The Original Cost Summary must be included in a separate, sealed envelope/package labeled on the exterior as "Cost Proposal" with the RFP Number and due date.

*Not included in the cost evaluation scoring.

COST SUMMARY FORM

SUMMIT BEHAVIORAL HEALTHCARE

DESCRIPTION	ESTIMATED NO. OF MEALS ANNUALLY	FIXED COST PER MEAL	TOTAL COST ANNUALLY (No. Meals X Cost/Meal)
BREAKFAST	75,190	\$ Per Meal	\$
LUNCH	75,190	\$ Per Meal	\$
DINNER	75,190	\$ Per Meal	\$
SNACK	150,380	\$ Per Snack	\$
Total Cost Annually For Meals			\$
*NUTRIENT SUPPLEMENT		_____% Mark-up	
*FLOOR STOCKS		_____% Mark-up	
*SPECIAL EVENTS		_____% Mark-up	
*Cost of the daily meals amount that reflects MBE Set-Aside work		\$	

Supplements: actual contractor's cost, plus proposed % mark-up.
 Floor stocks: actual contractor's cost, plus proposed % mark-up.
 Special events: actual contractor's cost, plus proposed % mark-up.

Percentage of the cost to be completed by MBE Set-Aside per sum of daily meals and snacks _____ %

All Offerors who seek to be considered for a contract award must submit the above information in the format specified. The Original Cost Summary must be included in a separate, sealed envelope/package labeled on the exterior as "Cost Proposal" with the RFP Number and due date.

*Not included in the cost evaluation scoring.

COST SUMMARY FORM

TWIN VALLEY BEHAVIORAL HEALTHCARE – COLUMBUS CAMPUS

DESCRIPTION	ESTIMATED NO. OF MEALS ANNUALLY	FIXED COST PER MEAL	TOTAL COST ANNUALLY (No. Meals X Cost/Meal)
BREAKFAST	62,200	\$ Per Meal	\$
LUNCH	62,200	\$ Per Meal	\$
DINNER	62,200	\$ Per Meal	\$
SNACK	124,400	\$ Per Snack	\$
Total Cost Annually For Meals			\$
*NUTRIENT SUPPLEMENT		_____% Mark-up	
*FLOOR STOCKS		_____% Mark-up	
*SPECIAL EVENTS		_____% Mark-up	
*Cost of the daily meals amount that reflects MBE Set-Aside work		\$	

Supplements: actual contractor's cost, plus proposed % mark-up.
 Floor stocks: actual contractor's cost, plus proposed % mark-up.
 Special events: actual contractor's cost, plus proposed % mark-up.

All costs must be in U.S. Dollars.

The State will not be responsible for any costs not identified.

There will be no additional reimbursement for travel or other related expenses.

Percentage of the cost to be completed by MBE Set-Aside per sum of daily meals and snacks _____%

All Offerors who seek to be considered for a contract award must submit the above information in the format specified. The Original Cost Summary must be included in a separate, sealed envelope/package labeled on the exterior as "Cost Proposal" with the RFP Number and due date.

*Not included in the cost evaluation scoring.

4.0 AWARD OF THE CONTRACT

- 4.1 CONTRACT AWARD DAS intends to award the Contract based on the schedule in the RFP, if DAS decides the Work is in the best interests of the State and has not changed the award date.

DAS expects the Contractor to commence the Work upon receipt of a state issued purchase order. If DAS awards a Contract pursuant to this RFP and the Contractor is unable or unwilling to commence the Work, DAS reserves the right to cancel the Contract and return to the original RFP process and evaluate any remaining Offeror's Proposals reasonably susceptible of being selected for award of the Contract. The evaluation process will resume with the next highest ranking, viable Proposal.

- 4.2 CONTRACT If this RFP results in a Contract award, the Contract will consist of this RFP including the Terms and Conditions, all forms, written addenda to this RFP, the Contractor's accepted Proposal and written authorized addenda to the Contractor's Proposal. It will also include any materials incorporated by reference in the above documents and any purchase orders and amendments issued under the Contract. The general terms and conditions for the Contract are contained in the following link:

<https://procure.ohio.gov/Zip/5.3%20Terms%20and%20Conditions.pdf>

If there are conflicting provisions between the documents that make up the Contract, the order of precedence for the documents is as follows:

1. The one-page Contract Signature Page, Form 5.2.2
2. The RFP, as addended, including the Terms and Conditions;
3. The documents and materials incorporated by reference in the RFP;
4. The Executive Order. EO2011-12K incorporated by reference in the RFP;
5. The Contractor's Proposal, as amended, clarified, and accepted by the State; and
6. The documents and materials incorporated by reference in the Contractor's Proposal.

Notwithstanding the order listed above, amendments issued after the Contract is executed may expressly change the provisions of the Contract. If they do so expressly, then the most recent amendment will take precedence over anything else that is part of the Contract.

- 4.3 ECONOMIC PRICE ADJUSTMENT The contract prices(s) will remain firm for the first twelve (12) months duration of the contract. Thereafter, the Contractor may submit a request to increase their price(s) to be effective ninety (90) calendar days after acceptance by DAS. No price adjustment will be permitted prior to the effective date of the increase received by the Contractor from his suppliers, or on purchase orders that are already being processed, or on purchase orders that have been filled and are awaiting shipment. If the Contractor receives orders requiring quarterly delivery, the increase will apply to all deliveries made after the effective date of the price increase.

Price increases must be supported by a general price increase in the cost of the materials/services rendered due to documented increases in the cost of related materials/services. Detailed documentation, to include a comparison list of the Contract items and proposed price adjustments must be submitted to support the requested adjustment. Supportive documentation should include, but is not limited to: copies of the old and the current price lists or similar documents which indicate the original base cost of the product to the Contractor and the corresponding adjustment, and/or copies of correspondence sent by the Contractor's supplier on the supplier's letterhead, which contain the above price information and explains the source of the adjusted costs in such areas as raw materials, freight, fuel or labor, etc.

Should there be a decrease in the cost of the finished product due to a general decline in the market or some other factor, the Contractor is responsible to notify DAS immediately. The price decrease adjustment will be incorporated into the Contract and will be effective on all purchase orders issued after the effective date of the decrease. If the price decrease is a temporary decrease, such should be noted on the invoice. In the event that the temporary decrease is revoked, the Contract pricing will be returned to the pricing in effect prior to the temporary decrease. Failure to comply with this provision will be considered as a default and will be subject to the Suspension and Termination section contained herein.

5.0 LINKS To be applicable to all Proposals and subsequent award(s), including sections named below.

5.1 Instructions

- 5.1.1 Proposal Instructions
- 5.1.2 Evaluation of Proposals
- 5.1.3 Proposal Format & Documentation Required

5.2 Forms

- 5.2.1 Offeror Required Information
- 5.2.2 Contract Signature Page
- 5.2.3 Offeror Profile
- 5.2.4 Offeror Prior Projects
- 5.2.5 Offeror's Candidate References
- 5.2.6 Offeror's Candidate Education, Training, Experience
- 5.2.7 Offeror Performance Form
- 5.2.8 Contractor/Subcontractor Affirmation and Disclosure

5.3 Terms and Conditions

- 5.3.1 Performance and Payment
- 5.3.2 Work and Contract Administration
- 5.3.3 Ownership & Handling of Intellectual Property & Confidential Information
- 5.3.4 Representations, Warranties and Liabilities
- 5.3.5 Acceptance and Maintenance
- 5.3.6 Construction
- 5.3.7 Law & Courts

5.4 ADDITIONAL RESOURCES

EOD Reporting	http://eodreporting.oit.ohio.gov/searchEODReporting.aspx
Office of Budget and Management	http://obm.ohio.gov/LandingPages/Vendor/default.aspx
Office of Procurement Services	http://procure.ohio.gov/proc/index.asp
Ohio Shared Services	http://www.ohiosharedservices.ohio.gov/Home.aspx
Ohio Business Gateway	http://business.ohio.gov/
Ohio Secretary of State	http://www.sos.state.oh.us/SOS/Businesses.aspx

All links are subject to change in accordance with state of Ohio laws, Ohio Revised Code, Ohio Administrative Code, Executive Orders or any other updates issued by the state of Ohio, Department of Administrative Services, and the Office of Procurement Services. It is the Offeror's responsibility to read and be aware of any changes, corrections, updates or deletions to any information included in the link(s) above.

- 6.0 Guide for Proposal Submission This guide outlines steps for submission of a Proposal in response to the advertised Request for Proposal. This guide does not contain the complete instructions for preparing and submitting a Proposal and anything stated herein shall not be considered a term or condition of the Contract. The complete instructions can be found in section 5.1.1, Proposal Instructions.
- 6.1 _____ Read the entire document, including all Web site links. Note critical items such as: Mandatory Requirements; goods or services required, submittal date and time; number of copies to submit; contract requirements; reporting requirements; minimum qualifications; read and understand the terms and conditions.
- 6.2 _____ Take advantage of the “question and answer” period specified in the schedule of events. Questions must be submitted on-line in the Inquiry Process as explained in the Instructions. See section 5.1.1, Proposal Instructions.
- 6.3 _____ Follow the format required in the RFP Instructions when preparing the response in chronological order. Provide point-by-point responses to all sections in a clear and concise manner. See section 5.1.3, Proposal Format & Documentation Required.
- 6.4 _____ Use the forms provided; i.e. Signed RFP Cover Page, Offeror Required Information, Contract Signature Page, Offeror Profile and Prior Projects, Key Personnel forms, Disclosure Form, and Cost Summary Form, See section 5.2, Forms.
- 6.5 _____ Provide complete answers/descriptions. Do not assume the State or any evaluation committee member will know what the Offeror’s capabilities are or what items/services the Offeror can provide, even if previously contracted with the State. The Proposals are evaluated based solely on the information and materials provided in the Offeror’s response.
- 6.6 _____ Check the State’s Web site for RFP addenda. It is the responsibility of the Offeror to be aware of additional information posted on the Web.
- 6.7 _____ The following documents may be submitted with the Proposal or within five (5) business days of request from the Office of Procurement Services: Affirmative Action and proof of insurance. No award will be made without this documentation. Offeror’s Proposal may be eliminated from further consideration upon failure to submit within the specified time frame
- 6.8 _____ If not a current vendor of the state of Ohio, the Offeror will download both the W-9 and Vendor Information Form and submit to Ohio Shared Services (OSS) at vendor@ohio.gov. See section 5.4, Additional Resources.
- 6.9 _____ Review and read the RFP Document again to make sure that you have addressed all requirements. Read and understand Supplements, if applicable. Offeror’s original response and the requested copies must be identical and be complete. The copies are provided to the evaluation committee members and used to score the response.
- 6.10 _____ Offeror’s response must be submitted on time. Late Proposals are never accepted. Make sure the response is labeled on the exterior of the envelope/package with the RFP# and due date, and whether the packet is for the Technical Proposal or the Cost Proposal. Do not place the Cost Proposal in the Technical Proposal.

Mandatory Pre-Proposal Conference and Mandatory Site Visit at Twin Valley Behavioral Health on December 12, 2014.
Other site visits are optional but attendance is strongly encouraged

There will be site visits scheduled at each of the seven (7) facilities as listed in the following table. Attendance will be taken at each site visit. The state will not be responsible to an Offeror for their failure to obtain information discussed during the site visit due to their failure to attend and/or arriving after the site visit has convened.

DAY AND DATE	LOCATION	TIME
Friday December 12, 2014	Twin Valley Behavioral Healthcare (TVBH) 2200 West Broad Street, Columbus, OH 43223 Meet in the North Wing, Kosar Building	1:00 p.m.
Monday December 15, 2014	Northwest Ohio Psychiatric Hospital (NOPH) 930 South Detroit Avenue, Toledo, OH 43614 Meet in the reception area.	11:00 a.m.
Tuesday December 16, 2014	Cambridge Developmental Center (CaDC) 66737 Toland Drive Cambridge, OH 43725	11:00 a.m.
Tuesday December 16, 2014	Appalachian Behavioral Healthcare (ABH) 100 Hospital Drive, Athens, OH 45701 Meet in lobby of 100 Hospital Drive Main Building.	1:00 p.m.
Thursday December 18, 2014	Summit Behavioral Healthcare (SBH) 1101 Summit Road, Cincinnati, OH 45237 Meet in the Administration Building	11:00 a.m.
Friday December 19, 2014	Northcoast Behavioral Healthcare (NBH) 1756 Sagamore Road, Northfield, OH 44067 Meet in the reception area of the McKee building.	11:00 a.m.
Friday December 19, 2014	Heartland Behavioral Healthcare (HBH) 3000 Erie Street South, Massillon, OH 44646-7993 Meet at the front entrance.	1:00 p.m.

All prospective Offerors are required to attend the Pre-Proposal Conference (Mandatory) and are required to attend the Mandatory site visit to Twin Valley Behavioral Healthcare. All other optional site visits are highly recommended that the Offerors attend. Offerors should bring any personnel and/or subcontractors required for assessing the Work. The **mandatory** pre-proposal conference will be held at the Twin Valley Behavioral Healthcare, 2200 West Broad Street, Columbus, OH 43223 followed by the site visit of the facility. Representatives from DAS, ODMH and DODD will be available to answer questions and clarify the exact extent of the requirements of the RFP for the collective as well as facility specific requirements. Offerors are to sign the attendance log for each site. Due to security considerations, no Offeror arriving late will be admitted. Offerors must be in attendance for the entire site visit/conference. The State will not allow alternate dates and times for site visits.

The State reserves the right to take questions under advisement and respond through the inquiry process. All questions posed after the pre-proposal conference must be submitted through the State Procurement Web site's Q&A process. A response will be provided in the Question and Answer section of the procurement opportunity detail page on the State Procurement Web site. At no time prior to or after the site visit, will Offerors obtain answers from facility personnel. Any new information not previously published in this RFP that is provided at the site visits will be published by means of the Q&A site.

To facilitate access to the buildings, please RSVP and provide a list of names of all representatives, including subcontractors that will be attending the conference/site visits. We reserve the right to limit the number of attendees from each company due to space limitations. All representatives must be prepared to present photo identification at the security/entrance desk. A valid driver's license or State ID will suffice. The list of attendees should be sent by E-mail to Jennifer Dammeyer at Jennifer.dammeyer@das.ohio.gov no later than 8:00 a.m. **two business days prior** to each site visit. If no bidder confirms that their planned attendance at a site visit said site visit will be cancelled and not be rescheduled.

ATTACHMENT ONE

OhioMHAS UNIT PROFILES BY BHO (provided only for the hospitals), -State Fiscal Year 2014 (Ending June 30, 2014)

Site	Unit	Auth Beds	Occupancy	Occupancy Rate	(ADRP) Average Daily Resident Population
Appalachian (ABH)	1 N	21	17	81%	
	1 S	21	18	86%	
	2 N	23	23	100%	
	2 S	23	24	104%	
		88	82	83%	77
Summit BH	A	28	25	89%	
	B	28	27	96%	
	C	28	28	100%	
	D	28	21	75%	
	E	28	26	93%	
	F	28	26	93%	
	G	28	26	93%	
	H	28	27	96%	
	I	28	26	93%	
	J	28	28	100%	
	K	11	11	100%	
	291	271	92%	259	
-	-	-	-	-	
-	-	-	-	-	
-	-	-	-	-	
-	-	-	-	-	
-	-	-	-	-	
Twin Valley (TVBH)	A	11	10	91%	
	B	15	15	100%	
	C	13	11	85%	
	D	13	12	92%	
	E	12	0	0%	
	F	12	0	0%	
	K2	26	25	96%	
	K3	26	26	100%	
	K4	20	20	100%	
	K6	26	24	92%	
	K7	26	25	96%	
K8	26	26	100%		
K9	26	27	104%		
	252	221	88%	211	
Heartland (HBH)	B1	28	28	100%	
	B2	28	21	75%	
	C1	22	22	100	
	C2	26	24	92%	
	D1	24	24	100%	
	D2	24	23	96%	
	152	143	94%	141	

ATTACHMENT ONE (CONT'D)

OhioMHAS UNIT PROFILES BY BHO, (provided only for the hospitals), State Fiscal Year 2014 (Ending June 30, 2014)

Site	Unit	Auth Beds	Occupancy	Occupancy Rate	(ADRP) Average Daily Resident Population
Northcoast BH	MCK 2	31	27	87%	
	MCK 3	37	36	97%	
	MCK 4	42	41	98%	
	22A	26	24	92%	
	22B	26	25	96%	
	22C	26	14	54%	
	22D	26	20	77%	
	22E	20	16	80%	
	22F	26	20	77%	
			223	86%	225
	260				
Northwest (NOPH)	A-100	20	19	79%	
	A-200	24	24	120%	
	A-300	20	19	79%	
	A-400	24	24	120%	
	500	26	26	100%	
		114	112	81%	108
Hospital Total		1081	1052	89%	1021

ATTACHMENT TWO
DIETARY USAGE REPORT BY FACILITY – click attached link

[Twin Valley Behavioral Healthcare](#)

[Northwest Ohio Psychiatric Hospital](#)

[Cambridge Developmental Center](#)

[Appalachian Behavioral Healthcare](#)

[Summit Behavioral Healthcare](#)

[Northcoast Behavioral Healthcare](#)

[Heartland Behavioral Healthcare](#)

ATTACHMENT THREE
DIETARY VITAL STATS FOR ALL HOSPITALS 2014

SITE DATA	ABH	DODD	HBH	NBH	NOPH	SBH	TVBH
	Athens Campus	Cambridge DODD	Massillon Campus	Northfield Campus	Toledo Campus	Cincinnati Campus	Columbus Campus
Estimated # of meals per year	87,600	112,785	142,350	284,700	109,500	225,480	186,600
Caloric requirements	2300-2400 Calories						
Estimated # of snacks served per year	29,200	37,595	47,450	94,900	36,500	75,190	62,200
# of inpatient units	4		6	9	5	11	11
ADRP	77	103	141	225	108	259	211
Bed Capacity	88	103	152	260	114	291	228
Method of meal delivery system	Ready Serve Cart/Tray System	Prepare, deliver, clean-up and assist with serving of meals to residents.	Ready Serve Cart/Tray System	Rethermalization (Aladdin Temp-Rite System)	Ready Serve Cart/Tray System	Cafeteria/thermo trays	Kosar – Ready Serve Cart/Tray System Moritz Re-Thermalization (Aladdin Temp-Rite System)
# of buildings served/site	1	Multiple	1	2	1	1	2
Kitchen	Central		Central	Separate Building	Central	Central	
Menus	4 week cycle						

ATTACHMENT FOUR
DIETARY MATRIX

Proposed Diet Guidelines						
Calories	No Restrictions	Low Sodium	Low Cholesterol	Vegetarian	Mechanical Soft	High Fiber
2300 - 2400	x	x	x	X	x	x
2000	x	x	x	x	x	x
1800	x	x	x	x	x	x
1500	x	x	x	x	x	x

1. All Calorie controlled diets will comply with ADA.
2. Restricted diets can be combined - A low sodium, high fiber 1800 calorie diets as an example.
3. Special diets can be established with higher caloric content on a case by case basis.
4. Kosher meals to be purchased by the Contractor from an outside provider.
5. All menus will fulfill the caloric and other general and specific nutritional requirements for each facility.
6. The regular menu will be consistent with the Food Guide Pyramid and associated Dietary Guidelines for Americans as well as the Dietary Reference Intakes (DRI).
7. The regular menu will provide a minimum of 2300-2400 Kcals per day and will consist of at least 6-7 oz (cooked weight) of meat or alternate from the meat and beans group, 3 cups of vegetables, 2 cups of fruit, 8 oz or equivalent from the grain group, and 3 cups of milk or equivalent from the milk group.

ATTACHMENT FIVE
RECOMMENDED FLOOR STOCK AND SNACK ITEMS

SNACK ITEMS: Snack includes 8 oz milk plus an appropriate food item. Items may include, but need not be limited to the listing below.

Low fat Blueberry Muffin	Nutrigrain Bars	Ice Cream
Low fat Cherry Muffins	Snackwells	Frozen Dessert Cup
Goldfish Crackers	Oreos	Swiss Crème
Vanilla Wafers	Chocolate Chip Cookies	Lite Yogurt
Sugar Cookies	Mini Rice Cakes	Fruited Yogurt
Gingersnaps	Pretzels	Ensure Pudding
Animal Cookies	Cheezits	Pudding
Lorna Doones	Cheetos	Plain Gelatin
Chocolate Graham Crackers	Popcorn	Applesauce
Graham Crackers	Caramel Popcorn	Cold Cereal
Teddy Grahams	Cheddar Popcorn	Hot Cereal
Chewy Granola Bars	Potato Chips	Tuna Salad/Saltines
Fig Bars	Taco Chips	Peanut Butter/Saltines
Oatmeal Raisin Cookies	Corn Chips	Peanut Butter/Toast Crackers

One (1) snack per day is the required frequency.

1. The Contractor will be responsible for the delivery of patient snacks and floor stock to the unit.
2. The Contractor will provide afternoon and evening snacks and extra nourishments at other than mealtimes as determined by the dietary needs of the patient.
3. The Contractor may be required by the facility to provide special "therapeutic" items based on patient nutritional needs.

Examples include:

- a. Diabetic snacks
- b. Special order beverages
- c. Special order food items to accommodate "specialty diets"

ATTACHMENT SIX

EMPLOYEE BACKGROUND CHECK

With regard to each employee who will be placed at any facility pursuant to the Contract, Contractor shall:

1. Require each employee who has lived outside of Ohio to sign a waiver authorizing all law enforcement agencies with jurisdiction in employee's area(s) of residence outside of Ohio during that time to release to Contractor all information concerning any pending criminal charges or convictions involving employee that would constitute a first degree misdemeanor or a felony under Ohio Revised Code or other applicable law. Request the above described information from each law enforcement agency with jurisdiction in employee's areas of residence outside of Ohio. The responses from the law enforcement agencies shall be retained in the employee's personnel file.
2. Require each employee to be fingerprinted via fingerprint card, electronic fingerprinting, or other method approved by the Bureau of Criminal Identification and Investigation (BCI&I). Fingerprint cards shall be forwarded to the Bureau of Criminal Identification and Investigation, P.O. Box 365, London, Ohio 43140. Fingerprints obtained by electronic fingerprinting shall be transmitted to BCI&I; via methods approved by BCI&I. The BCI&I response as to any first degree misdemeanor or felony convictions or pending criminal charges shall be retained in the employee's personnel file.
3. Failure of employee to provide the necessary waivers or the fingerprints shall disqualify the employee for placement in any facility pursuant to the Contract.
4. Evidence or notice of any pending criminal charges or convictions involving employee that would constitute a first degree misdemeanor or a felony under Ohio Revised Code or other applicable law disqualify the employee for placement in any facility pursuant to the Contract. If a background check determines that an employee of Contractor has been convicted of or pleaded guilty to felony or first degree misdemeanor, Contractor will provide a copy of the background check to the sites Chief of police for all OhioMHAS facilities and to the HR department for the DODD facility, who will perform an individualized assessment to determine whether the employee may be placed at the facility. Considerations will include but not be limited to whether the conviction bears a direct and substantial relationship to the position being filled, the nature and gravity of the offense, the length of time since the conviction, and the job duties of the position in question.

ATTACHMENT SEVEN
BUSINESS ASSOCIATE AGREEMENT WITH SECURITY PROVISIONS

WHEREAS, the Department of Mental Health and Addiction Services and the Department of Developmental Disabilities (together, "Agencies" will make available and/or transfer to Contractor confidential, personally identifiable health information in conjunction with Contract No. CSP900316, for Food Service Management and Patient Food Service, and

WHEREAS, such information may be used or disclosed only in accordance with the privacy and security regulations [45 CFR Parts 160 and 164] issued pursuant to the Health Insurance Portability and Accountability Act [42 USC §§ 1320 - 1320d-8], as it has been amended, and the terms of this Agreement, or more stringent provisions of the law of the State of Ohio;

NOW THEREFORE, the parties agree as follows:

1. Protected Health Information ("PHI") means individually identifiable information received from or on behalf of the Agencies and relating to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual, as more fully defined in 45 CFR § 160.103, and any amendments thereto.

Unsecured PHI is PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals according to the technologies or methodologies specified by the Director of the U.S. Department of Health and Human Services.

2. Contractor agrees that it shall not receive, create, maintain, transmit, use, or disclose PHI except as follows:
 - a. To provide Food Service Management and Patient Food Service and related functions;
 - b. If necessary for the proper management and administration of Contractor or to carry out legal responsibilities of Contractor. PHI may only be disclosed to another person/entity for such purposes if:
 - Disclosure is required by law; or
 - Where Contractor obtains reasonable assurances from the person to whom disclosure is made that the PHI released will be held confidentially, and only may be used or further disclosed as required by law or for the purposes of the disclosure; and
 - Person agrees to notify Contractor of any breaches of confidentiality;
3. Contractor agrees that it shall not use or disclose PHI in a manner that would violate Subpart E of 45 CFR Part 164 if done by Agency(s), except for the specific uses and disclosures enumerated in paragraph 2.b.
4. Contractor agrees that it will not request, use or release more than the minimum amount of PHI necessary to accomplish the purpose of the use, disclosure or request.
5. Contractor shall comply with Subpart C of 45 CFR Part 164, and will establish and maintain appropriate safeguards to prevent any unauthorized use or disclosure of PHI, and implement administrative, physical, and technical safeguards that reasonably protect the confidentiality, integrity, and availability of electronic PHI that it creates, receives, maintains, or transmits on behalf of Agencies.
6. Contractor agrees that it shall immediately report to the impacted Agency or Agencies, in writing and within 72 hours of discovery, any unauthorized uses/disclosures of unsecured PHI and any security incident resulting in the loss or disclosure of PHI of which it becomes aware. Reports of unauthorized access, use or disclosure of unsecured PHI shall include identification of affected individuals whose PHI has been or is reasonably believed to have been accessed, used, disclosed, or lost. Contractor shall take all reasonable steps to mitigate the potentially harmful effects of such breach.
7. Contractor shall ensure that all of its subcontractors and agents are bound by the same restrictions and obligations contained herein, including but not limited to the obligation to implement reasonable and appropriate safeguards to protect the information, whenever PHI is made accessible to such subcontractors or agents.
8. Contractor shall make all PHI and related information in a designated record set in its possession available as follows:
 - a. To the individual or his/her personal representative, and to Agency(s), to the extent necessary to fulfill any obligation to allow access for inspection and copying in accordance with the provisions of 45 CFR § 164.524;
 - b. To the individual or his/her personal representative, and to Agency(s), to the extent necessary to fulfill any obligation to account for disclosures of PHI in accordance with 45 CFR § 164.528;
 - c. To Agency(s), as necessary to fulfill Agency's obligation to amend PHI and related information in accordance with 45 CFR § 164.526, and shall, as directed by Agency, incorporate any amendments or related statements into the information held by Contractor and any subcontractors or agents.

9. Contractor agrees to make its internal practices, books and records relating to the use or disclosure of information received from or on behalf of Agencies available to the U. S. Secretary of Health and Human Services, or the Secretary's designee, for purposes of determining compliance with the privacy regulations, and any amendments thereto.
10. Upon termination of this Contract, Contractor agrees, at the option of each Agency, to return or destroy all PHI created or received from or on behalf of the Agency. Contractor agrees that it will not retain any copies of PHI except as required by law. If return or destruction of all PHI, and all copies of PHI, is not feasible, Contractor agrees to extend the protections of this Agreement to such information for as long as it is maintained and to limit further uses and disclosures to those which make return or destruction infeasible.
11. The PHI and any related information created or received from or on behalf of Agencies is, and shall remain, the property of the Agencies. Contractor agrees that it acquires no title in or rights to the information, including any de-identified information.
12. Any non-compliance by Contractor with the terms of this Agreement or the privacy regulations shall be a breach of this Agreement if Contractor knew of the breach and failed to take immediate and reasonable steps to cure the non-compliance. Contractor agrees that each Agency has the right to immediately terminate this Contract, if the Agency determines that Contractor has violated a material term of this Agreement.
13. Notwithstanding any rights or remedies under this Agreement or provided by law, Agencies retain all rights to seek injunctive relief to prevent or stop the unauthorized use or disclosure of PHI by Contractor, and of its subcontractor or agents, or any third party who has received PHI from Contractor.
14. The obligations to safeguard the confidentiality and security of PHI imposed herein shall survive the termination of this Agreement.
15. Any ambiguities in this Agreement shall be resolved in favor of an interpretation that promotes compliance with HIPAA and regulations promulgated there under. The parties agree that any modifications to those laws shall modify the obligations of the parties hereunder without the need for formal amendment of the Agreement. Any other amendments to this Agreement shall not be effective without the written agreement of all parties.

This Business Associate Agreement shall be effective as provided herein and shall govern the relationship between State Agency and Contractor for purposes of complying with HIPAA.

IN WITNESS WHEREOF, the Parties have signed this Agreement on the date indicated below.

(Contractor)

(Ohio Dept. of Mental Health and Addiction Services)

(Signature)

(Signature)

(Printed Name and Title)

(Printed Name and Title)

(Date)

(Date)

(Ohio Dept. of Developmental Disabilities)

(Signature)

(Printed Name and Title)

(Date)