



2023 Caterer Competitive Bid Application

SUBCONTRACTOR IDENTIFICATION			
Legal business name:			
Doing business as (if applicable):			
Contact person:		Email:	
Tax ID number:		License number (required):	
SUBCONTRACTOR TYPE			
<input type="checkbox"/> Home Delivered Meals (Frozen) <input type="checkbox"/> Home Delivered Meals (Hot)			
Other: _____			
FOOD PRODUCTION/KITCHEN LOCATION			
Subcontractor Food Production/Kitchen location:			
Address:			
City:	State:	ZIP:	County:
PRIMARY OFFICE/SERVICE ADDRESS			
Subcontractor location:			
Address:			
City:	State:	ZIP:	County:
Phone:	Fax:	Primary contact:	
Administrator/Owner (full name):			
Does Subcontractor bill from this address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Office hours: _____ Languages spoken by office personnel: _____			
Are your workers classified as independent contractors (1099) and/or employee (W2)? Specify: _____			
Number of direct service staff/workers currently with your organization: _____			
Do you have direct service staff/workers available that speak additional languages? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, specify languages spoken by the direct service staff/workers: _____			
Does your agency provide services on the weekends? _____			
Specify agency hours of operation: _____			
Specify workers (drivers) service delivery days and hours: _____			
Do you currently have access to the Electronic Client Information and Registration Tracking System (eCIRTS)? <input type="checkbox"/> Yes (see questions below) <input type="checkbox"/> No			
If Yes: Is eCIRTS access Active? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently using eCIRTS for DOEA funded programs (OAA, CCE, HCE, ADI, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a subcontractor code under 13145? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide number - Provider Code: _____			
BILLING INFORMATION if different from Primary Address			
Name (billing name):			
Billing Address:			
City:	State:	ZIP:	Phone:

If there are additional office/service locations, please attach a separate sheet indicating the address, phone/fax numbers.

NATIONAL PROVIDER IDENTIFIER	
Name:	
NPI number:	NPI Effective Date:

LICENSURE (Attach a copy of current licensure)			
State:	Date of license:	License number:	Expiration date:
State:	Date of license:	License number:	Expiration date:

INSURANCE Liability Coverage (Attach a copy of your Certificate of Liability Insurance general and professional coverage.)	
Current carrier name:	
Policy number:	Coverage type: <input type="checkbox"/> Occurrence-based <input type="checkbox"/> Claims-based
Effective date:	Expiration date:
Per incident: \$	Aggregate: \$

INSURANCE Workers' Compensation Coverage	
Current carrier name:	
Policy number:	Coverage type: Per Each Employee
Effective date:	Expiration date:
Per accident: \$	Aggregate: \$

Please answer the following questions with a "Yes" or "No". Provide an explanation for each question answered with a "Yes" and attach hereto.

- Has any disciplinary action ever been taken against any business or professional license held by the Agency/Organization or any of its principal officers? Yes No
(If yes, please attach a separate paper with an explanation.)
- Has the Agency/Organization or any of its principal officers ever surrendered a professional license in the state of Florida or any other state? Yes No
(If yes, please attach a separate paper with an explanation.)
- Is your agency planning to provide service countywide (Miami-Dade County)? Yes No
(If no, specify service location areas or zip codes where services will be provided.)

Providers are to review and abide by the Department of Elder Affairs (DOEA) 2023 Programs and Services Handbook located at: <https://elderaffairs.org/publications-reports/programs-services-handbook/>

ATTESTATION AND INFORMATION RELEASE AUTHORIZATION

All information provided in this or in connection with this application is complete and accurate to the best of my knowledge, and I shall immediately notify United HomeCare (UHC) of any changes thereto. I hereby release United HomeCare and its representatives from liability for their acts performed in good faith and without malice in connection with evaluating my application, credentials, and qualifications.

I consent and agree that upon being notified that the agency is selected to be a subcontractor, a level two criminal history background screening under the DOEA Aging Network will be completed for all employees and volunteers who meet the definition of direct service provider to include executives, administrators, financial officers, coordinators, managers, supervisors, and any person responsible for day-to-day DOEA funded operations and will need to be submitted. Any individual meeting the definition of direct service provider who has a disqualifying offense, who is not exempt by DOEA from disqualification, is prohibited from providing services to the elderly as set forth in 430.0402 F.S. Upon request, verification of compliance will be shared with United HomeCare.

I agree to abide by the binding time of the contract and termination process as referenced in executed contract agreement if selected as a food service provider.

I understand United HomeCare requires all direct service providers to attend and complete the Abuse, Neglect & Exploitation training.

I understand that if my agency is For-Profit, a written final approval must be provided by the Alliance for Aging, Inc. (Area Agency on Aging for Miami-Dade County) prior to United HomeCare executing a contract agreement.

I understand that if my agency uses meal production/preparation kitchens outside the state of Florida, UHC must obtain approval from DOEA prior to contracting with the caterer.

I understand that UHC must be immediately notified of any closures, or administrative complaints regarding food safety; and notify UHC within 24-hours of any sanitation inspections.

I understand that UHC must be provided with a written plan of correction for any high priority or significant findings on sanitation inspections within the requested time frame.

I understand that transportation in the vehicles used have the capability of holding food at the required temperatures, are clean, and well-maintained.

I understand that the time span between food packaging of hot meals and delivery must not exceed 4-hours.

I understand menus shall be written per DOEA standards specified in the 2023 DOEA Programs and Services Handbook.

I understand that leftover food from a home delivered meal route may not be transported back to the preparation site and may not be frozen to be served as client meals later.

I understand that nutrition education materials must be distributed to each home delivered meal client at a minimum of once per month (nutrition education material will be developed and provided to the agency by the UHC Registered Dietitian).

I understand that all hot home delivered meals for the lunch meal should be delivered to the client no earlier than 10:30 a.m. and no later than 2:30 p.m.

I understand that all food shall be individually packaged; cold and hot food shall be packaged and packed separately; food utensils, if provided, shall be completely wrapped or packaged to protect them from contamination; food containers should be sectioned so that food doesn't mix, leak or spill; all food shall be packed in secondary insulated food carriers that can maintain food temperatures at 140° F or higher or at 41° F or lower. Agency shall monitor their home delivered meals routes monitoring meal temperatures of all hot and cold potentially hazardous food items on a random and rotating basis. Each route must be monitored annually. When

temperature noncompliance is reported or identified on a route, the provider must monitor that route on a weekly basis until adequate corrective action has been achieved.

I understand that when frozen meals are delivered to the clients, the temperature shall be a maximum of 20° F, or the food shall be frozen solid.

I understand that all federal, state, and local laws, ordinances, and codes for establishments will be followed when preparing, handling, and serving food to UHC clients.

I understand that if my agency is selected, additional information will be requested and must be submitted by the requested deadlines prior to becoming a Subcontracted Provider for United HomeCare.

I understand that UHC, the AAA, and/or the Department of Elder Affairs (DOEA) staff have the right to inspect the food preparation and storage areas.

I consent and agree that financial records are open for auditing purposes by UHC, Alliance for Aging, and Department of Elder Affairs.

Overall, I understand that all requirements in the DOEA 2023 Program and Services Handbook will be followed.

Owner/registered agent printed name: _____ Date: _____

Owner/registered agent signature: _____

Social security number (SSN): _____ - _____ - _____ Date of Birth (DOB): ____/____/____

Enclosures

Submit all applicable documents from the list below. Failure to provide the requested information will prohibit United HomeCare from reviewing your application. **Providers selected will be required to submit additional information such as DOEA background screening information, results and the corresponding Attestation of Compliance-Candidate forms prior to contract execution.**

1. A copy of your state license for each location and/or specialty.
2. A copy of your Certificate of Liability Insurance Policy face sheet with United HomeCare listed as a certificate holder. Insurance factsheet should include effective date, expiration date, and include the coverage amounts. (Please request from your insurance agent to add United HomeCare as a Certificate Holder)
NOTE: if you independently contract your workers and require your workers to submit liability insurance, please submit clarification and the process your agency follows.
3. A copy of the most recent (preferably 2021) tax document.
4. A copy of your W-9.
5. A copy of your Registered Dietitian (RD) license and registration.
6. A copy of your Occupational License / Local Business Tax Receipt (LBT). (County and City, if applicable)
7. A copy of your Emergency Plan.
8. A copy of your Annual Fire Permit.
9. A copy of your observed holiday schedule (non-delivery days).
10. Certification and Assurances form.
11. Provider rates form with your proposed rates for the service(s) you want to provide (include number of meals that can be produced and the unit price for each meal type).
12. Serv Safe Certificate and/or Professional Food Manager Certification.
13. Submit a list of the workers who will be viewing and handling United HomeCare clients' information (office staff).
14. Submit a list of the workers who will be delivering meals to United HomeCare Clients.
15. State Health Inspections (three most recent including Corrective Action Plans for any High Priority Violations, if applicable).
16. Submit a Breakdown of bid price for the raw food cost, labor, transportation, equipment, paper and plastic supplies, profit, and other costs.

17. Submit a list food provided, including Entrées, Grains, Vegetables, Fruit, Milk, Juices, Salads, and Soups.
18. Submit a statement that United HomeCare is not required to pay for food not meeting the proper specifications.
19. Submit a statement that United HomeCare will procure food from other sources at the vendor's additional expense, if the vendor: A.) fails to deliver a meal or any portion of a meal to the correct address or B.) delivers food that was spoiled, out-of-date, or otherwise inedible.
20. Submit a statement that your agency is addressing supply of substitution food items to be kept in case a substitution is necessary and submit a description of how substitution items kept onsite will be monitored to ensure all food items are used prior to the products' expiration dates, use-by dates, sell-by dates, or best-by dates.
21. Submit a description on the agency's meal containers (each vendor shall be requested to provide samples of proposed packaging with the caterer bid).
22. Submit your facility's food safety management program/procedures which meet or exceed the minimum requirements of federal, state, municipal, or other agencies authorized to inspect or accredit the food service operation.
23. Submit a schedule and method of payment to food vendors.
24. Submit a copy of sales tax exemption certificate.
25. A written statement agreeing that bond coverage will be obtained for individuals who handle cash, or cash equivalent, in the performance of their assigned tasks.
26. Submit proof of bond coverage, if applicable.



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In addition, the following policies and procedures must be submitted. Provider must reflect the title of the policy on the right column under "Provider's Policy Title" and highlight to ensure the description below is found in the policy:

Policy and Procedure Needed	Description	Provider's Policy Title <i>If Not Applicable, please reflect "N/A".</i>
Service Authorizations (SPO)	<i>The process your agency will follow when a service authorization is received from UHC. Include all steps of the process.</i>	
Notification to UHC of client changes/problems/situations/increase or decrease in service	<i>The process your agency will follow to notify the UHC Case Manager when a client has a change, problem/situation, or needs an increase or decrease in service.</i>	
Conflict of Interest Policy	<i>Submit the agency's conflict of interest policy.</i>	
HIPAA including safeguarding of client data (cabinets/IT process/devices)	<i>The process on HIPAA, safeguarding client data and information, to include how often electronic data is backed up, if computers time out when not in use, how devices are secured, who has access to client records, does record access end after notes are completed, time frame that notes must be completed, etc.</i>	
Confidentiality Policy	<i>The process your agency follows in keeping information confidential and protected from unauthorized users.</i>	
Fraud, Waste, and Abuse Policy	<i>The process your agency follows regarding fraud, waste, and abuse.</i>	
Personnel <i>(including signed applications, job description, evaluations, I-9 forms, background screenings, attestation of compliance-candidate forms, e-verify result, etc.)</i>	<i>The process regarding personnel records to include the application process, job descriptions, evaluations completed, I-9 forms and how and where they are stored, DOEA Level II background screenings and the attestation of compliance-candidate form, e-verify results, etc.</i>	

<p>Pre-Service & Annual In-service Training (All training documentation must be retained in the employee/volunteer file for monitoring purposes. Training documents must include the following: Topic, date, presenter name and title, and the attendee's printed name and signature.)</p>	<p><i>The training processes your agency follow (pre-service and annual in-service trainings completed). Below is a list of <u>pre-service training topics and annual in-service training topics required to be provided</u>. Please ensure your policy reflects a training plan.</i></p>	
<p>Field Staff Restrictions (including gifts, lending/borrowing money, duties outside scope of service, handling money, giving out staff personal information)</p>	<p><i>Policy regarding staff restrictions. Staff serving UHC clients should not receive gifts, lend/borrow money from a client/rep, complete duties outside the scope of services authorized, handle clients' money unless authorized, or give out staff personal information.</i></p>	
<p>Unusual Occurrences / Incidents</p>	<p><i>Policy and Procedure followed when there is an unusual occurrence/incident that occurs. Please know that UHC and the Case Manager must be notified immediately (no later than 48 hours) upon becoming aware of an occurrence.</i></p>	
<p>Reporting Abuse/Neglect/Exploitation</p>	<p><i>Policy and procedure followed for reporting suspected cases of abuse/neglect/exploitation. All staff are mandatory reporters. Suspicions of abuse, neglect, and/or exploitation must be immediately reported to UHC and the Case Manager and reported to the Florida Toll-free Hotline 1-800-96-ABUSE.</i></p>	
<p>Emergency procedure if crisis occurs when providing services</p>	<p><i>The emergency procedure that will be followed if there is a crisis that occurs when the services are being rendered.</i></p>	
<p>Quality Assurance and Performance Improvement (QAPI) Plan (including monitoring deliveries, auditing internal files, monitoring client satisfaction and logging complaints as well as following up on complaint resolution)</p>	<p><i>The QA policy and procedure your agency follows such as how often are source documents (meal delivery route sheet/logs, etc.) reviewed, how often does agency audit files, monitor satisfaction, how you log complaints and follow-up on complaints, etc.</i></p>	

<p>FISCAL: Reconciling Process (meals authorized/provided vs. billed/reported)</p>	<p><i>Your process on reconciling the meals authorized versus the meals billed. The meals billed to UHC versus the meal delivery route sheets.</i></p>	
<p>Menus: Development of Menu</p>	<p><i>Process on timeline, formatting and development of menus. Menus shall be written per DOEA standards in the Handbook; menus will include name and title of person who completed the menu, menu will include name and title of person who approved the menu (cannot be the caterer's RD, must be UHC's RD); menu will include a statement indicating which menu development methodology the vendor is utilizing; must include serving sizes of all components, statement with the requirement that menus must be submitted to project director six calendar weeks in advance of implementation for approval; provision for evaluation of menu acceptability and menu revisions; requirement to obtain prior approval by the nutrition service provider's qualified dietitian for all menu substitutions outside of a pre-approved menu substitution list.</i></p>	
<p>Menu Substitution Process:</p>	<p><i>Process on usage of substitution logs and RD approved substitution list.</i></p>	
<p>Procedure regarding packing, transporting, delivery schedule (including days and hours), and temperature testing.</p>	<p><i>Process on how the Provider packages meals, transports the meals, containers used, delivery schedule, maintaining foods at required holding temperatures and process on testing temperatures to ensure compliance.</i></p>	
<p>Completion of meal delivery route sheet/log (e.g., client name, address, contact number, service name, delivery date, time, number of meals provided, signature, comments).</p>	<p><i>The process your agency follows in completing and incorporating changes to meal delivery route sheets/logs to include the time the meal is delivered to client. Process should reference steps followed by drivers when meals are not successfully delivered. What is reflected on the log and who at the main office is informed to follow-up with UHC staff.</i></p>	

Sanitation Inspections (Local, State, DBPR, etc.)	<i>Process on how to ensure that UHC is notified immediately for any facility closures, Administrative Complaints or High Priority Violations regarding food safety; and to notify UHC within 24 hours of any sanitation inspections. A Corrective Action Plan is required for all High Priority Violations and Administrative Complaints.</i>	
Supervision for staff including kitchen and food delivery personnel.	<i>Supervision processes for all staff.</i>	

List of Pre-Service Training topics and Annual In-Service Training topics required to be provided to workers & volunteer staff:

Pre-Service Training	Annual In-Service Training
<ul style="list-style-type: none"> • Overview of the aging process • Overview of the aging network & agency relationship to the community care service system • Overview of community care services • Review of the relationship of case management to the community care services system • Communication techniques with the elderly • Abuse, neglect, & exploitation • Agency service procedures and protocol (including food safety, delivery time, etc.) • Client Confidentiality/HIPAA • Record Keeping (Delivery Log Documentation) • Billing Procedures • Incident Reporting/Complaints/Grievance • Food Safety Training for service staff 	<ul style="list-style-type: none"> • HIPAA/Confidentiality • Abuse, Neglect, & Exploitation • Record Keeping (Delivery Log Documentation) • Incident Reporting • Complaints/Grievance • Alzheimer's & Related Disorders • Dealing with Difficult Clients • Emergency Plan • Food Safety training by RD for applicable workers • Nutrition and food service management (Chapter 5 page 12)

Form completed by:

Printed name of Authorized Representative

Signature of Authorized Representative

Authorized Representative's Title

Date signed