



Hardin County Purchasing
300 Monroe St. Kountze, Texas 77625
(409) 246-5124
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Misty Sims- Purchasing Agent

January 15, 2019

REQUEST FOR QUALIFICATIONS –
EPIDEMIOLOGICAL SERVICES FOR HARDIN COUNTY HEALTH DEPARTMENT

Hardin County will be accepting sealed Qualification Statements for Epidemiological Services for Hardin County Health Department. Responses should be plainly marked on the envelope and addressed to Hardin County Purchasing Department, 300 Monroe, Kountze, Texas 77625, if mailed or delivered. Qualification Statements will be received until 2:00 P.M, February 15, 2019, at which time they will be publicly opened and read in the Purchasing Department. No response tendered later than time fixed will be accepted.

Additional information may be obtained from the Purchasing Department at (409)246-5124, www.co.hardin.tx.us . Hardin County reserves the right to reject any or all proposals submitted. Hardin County is an EEOC.

REQUEST FOR QUALIFICATIONS FOR
EPIDEMIOLOGICAL SERVICES FOR HARDIN COUNTY HEALTH
DEPARTMENT

Incumbent serves as professional epidemiologist, responsible for carrying out a broad and complex range of investigative and analytical epidemiologic activities related to the surveillance, detection, and prevention of diseases and injuries. Incumbent works independently or as an experienced team or project member, providing epidemiologic expertise for Orange County Public Health Emergency Preparedness and Immunization Program. This level of epidemiologic work includes developing and designing methods of collecting, analyzing, and disseminating data and requires general — and in some cases specific — understanding of program processes and methods for prevention, intervention, and control of diseases of public health importance. The main office for this position is located in Orange County, TX.

DEFINITIONS, TERMS AND CONDITIONS

Definitions: In order to simplify the language throughout this Request for Qualifications, the following definitions shall apply:

HARDIN COUNTY, TEXAS: Referred to herein as “County”.

COMMISSIONER’S COURT: The elected officials of Hardin County, Texas given the authority to exercise such powers and jurisdiction of all County business as conferred by the State Constitution and Laws.

AGREEMENT: An agreement between the County and Licensed Vocational Nurse for services specified in this Request for Qualifications.

COUNTY: The government of Hardin County, Texas.

RFQ: Request for Qualifications.

RECEIPT OF REQUEST FOR QUALIFICATIONS

The submitted RFQ must be received by the Purchasing Agent by February 15, 2019, at 2:00 p.m., at which time they will be opened and names will be read aloud in the Purchasing Department front office. The mere fact that the RFQ was dispatched will not be considered; the applicant must insure that the RFQ is actually delivered and accepted by the County by the time and date specified.

QUESTIONS AND INQUIRIES

Questions and inquiries about this RFQ shall be directed to Misty Sims, Purchasing Agent at (409) 246-5124.

RESERVATIONS

The County reserves the right to accept or reject any or all RFQ’s as a result of this request, to negotiate with all qualified sources, or to cancel, in part or in its entirety, this Request for Qualifications if found in the best interest of the County. All RFQ’s become the property of Hardin County, Texas.

REIMBURSEMENTS

There is no express or implied obligations for the County to reimburse responding Licensed Vocational Nurse (LVN) for any expense incurred in preparing a response to this RFQ and the County will not reimburse responding Licensed Vocational Nurse (LVN) for these expenses, nor will the County pay any subsequent costs associated with the provision of any additional information or presentation, or to procure an agreement for these services.

CERTIFICATION

RFQ's must be completed and submitted as required in this document. The certification must be fully completed.

COMMUNICATION

The County shall not be responsible for any verbal communication between any employee of the County and any Licensed Vocational Nurse (LVN). Only written requirements and qualifications will be considered.

NEGOTIATIONS

Negotiations may be conducted with qualified Licensed Vocational Nurse(s) who submit the RFQ that is reasonably susceptible of being selected. All Licensed Vocational Nurse(s) reasonably susceptible of being selected based on qualifications submitted in response to this request may be given an opportunity to make a presentation and/or interview with the Selection Committee designated by the County. Following any interviews, Licensed Vocational Nurse(s) will be ranked in order of preference and agreement negotiations will begin with the top ranked Licensed Vocational Nurse(s) fail to yield an agreement, or if the Licensed Vocational Nurse(s) is unable to execute said agreement, negotiations will be formally ended and then commence with the second highest ranked Licensed Vocational Nurse(s).

DISCLOSURE

At the public opening, there will be no disclosure of contents to competing Licensed Vocational Nurse(s) and all RFQ's will be kept confidential during the negotiation process.

SCOPE OF WORK

BASIC SERVICES

The Epidemiology Nurse performs as contributing member of the Public Health Emergency Preparedness planning, preparing and response team.

Essential duties include, but are not limited to: responds as directed with the team to any threats to public health, collects epidemiological data for the surveillance of specific diseases and conditions, prepares and maintains lab and patients records in a confidential manner, analyzes epidemiological data through the use of statistical measures, analyzes, plans, develops, coordinates and conducts specific epidemiological investigation or studies including the use of situational mapping, enters data, responds to alerts, monitors, regional, state and national reports such as ExpiX and NEDSS, attends and participates in meetings and conferences as required.

COMPENSATION

For services rendered hereunder, Licensed Vocational Nurse(s) shall be paid on a monthly basis. Payments will be treated as contract labor and a 1099 will be provided.

PROFESSIONAL LIABILITY/MEDICAL MALPRACTICE INSURANCE

It is the intention of the parties that the Licensed Vocational Nurse(s) is an independent contractor and not an employee of Hardin County and the Licensed Vocational Nurse shall maintain a policy of malpractice/professional liability insurance. Said policy shall be in the form and substance approved by the County. Prior to execution of this Agreement, the Licensed Vocational Nurse shall provide the County with a Certificate of coverage evidencing such malpractice/professional liability coverage for the entire term of this Agreement. There shall be no termination or reduction in coverage during the term of this Agreement, without prior approval of the County; upon any increase in coverage limits, the Licensed Vocational Nurse shall provide the County with a Certificate of Coverage evidencing such increase.

FURTHER, THE LICENSED VOCATIONAL NURSE SHALL INDEMNIFY AND HOLD HARMLESS AND RELEASE THE COUNTY, ITS OFFICIALS, AGENTS, EMPLOYEES, ASSIGNS, INVITEES, AND VOLUNTEERS FROM AND AGAINST ANY AND ALL CLAIMS, COSTS, DAMAGES AND COURT COSTS, INCLUDING ATTORNEYS' FEES, ARISING FROM OR IN ANY WAY ASSOCIATED WITH OR ATTRIBUTED TO THE PERFORMANCE OF THESE DUTIES, OR THOSE OF THEIR EMPLOYEES, AGENTS OR OTHER PERSONS WORKING UNDER THEIR DIRECTION.

Health Insurance Portability and Accountability Act

The County, by this agreement, is engaging the Licensed Vocational Nurse, in whole or in part, to provide medical services as described above. The Licensed Vocational Nurse is a covered entity under the Health Insurance Portability and Accountability Act ("HIPPA"). The Licensed Vocational Nurse shall, during the course of this Agreement, remain in compliance with all of the applicable HIPPA regulatory provisions. The County reserves the right to receive assurances of compliance, including but not limited

to inspections of the Licensed Vocational Nurse HIPPA policies, procedures and practices. The Licensed Vocational Nurse shall inform the County of any breaches or violations of HIPPA regulations that may occur during the course of this Agreement, including breaches or violations made by business associates of the Licensed Vocational Nurse. Failure to comply with this section is a breach of this Agreement and, in the County's sole discretion, may result in termination of this Agreement or other appropriate action.

SELECTION PROCESS

The selection committee shall be responsible for reviewing responses to the RFQ and rank them based on experience, capability to perform, past performance and other factors deemed appropriate.

Based upon the RFQ and the interview process, the selection committee will review and rank the Licensed Vocational Nurse based on the information submitted. If the County is unable to reach an agreement with the number one ranked Licensed Vocational Nurse, County will proceed to negotiate with the number two ranked Licensed Vocational Nurse. If the County is unable to reach an agreement with the number two ranked Licensed Vocational Nurse, County will proceed to negotiate with the number three ranked Licensed Vocational Nurse. The County will continue this process of negotiation until Agreement is reached.

ACCEPTANCE OF EVALUATION METHODOLOGY

Submission of qualifications indicates Licensed Vocational Nurse's Acceptance of the evaluation techniques and the recognition that subjective judgments must be made by the County during the evaluation process.

REQUEST FOR QUALIFICATIONS

Information supplied in response to the identified project description and proposed scope of work will be evaluated upon the criteria as described below:

1. What is your License Number?
2. What Medical School did you attend?
3. What Accreditations to you have?
4. Have you had any malpractice suits within the last three years?
If yes; give dates and nature of suit.
5. Have you been investigated by any Medical Board within the last three years?
If yes, give date and nature of investigation.
6. List three (3) references:

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

CERTIFICATION

The undersigned affirms they are duly authorized to execute the Agreement, that this Response to Request for Qualifications has not been prepared in collusion with any other Licensed Vocational Nurse, and that the contents of this Response to Request for Qualifications have not been communicated to any other Licensed Vocational Nurse prior to the official opening of this Response to Request for Qualifications.

Signed by: _____ Title: _____

Typed/Printed Name: _____

Name: _____ Date _____

Mailing Address: _____

Telephone #: _____ Cell #: _____ Fax #: _____

Email Address: _____

Employee Identification Number/Social Security Number: _____