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January 4, 2013

**ADDENDUM NUMBER 2**  
**REQUEST FOR PROPOSALS FOR THE PROVISION OF CHILDREN'S HEALTH**  
**OUTREACH, ENROLLMENT, UTILIZATION, AND RETENTION SERVICES**  
**(CHOEUR RFP 2012-003)**

On December 5, 2012, the Los Angeles County Department of Public Health (DPH) released a Request for Proposals (RFP) to solicit proposals from agencies/organizations that can provide outreach and enrollment services for low/no income children and their families who lack access to health coverage in Los Angeles County.

As indicated in the RFP, sub-section 1.10, County Rights & Responsibilities, the County may amend the RFP by written addendum. This Addendum Number 2 amends the RFP as indicated below:

1. RFP, sub-section 2.8.4, Instructions for submitting Intent to Apply, Paragraph b) is deleted in its entirety and replaced by the following:

“b) The original Intent to Apply form may be submitted at the Proposer’s Conference **or** by mail to:

Suzanne Bostwick, Interim Director  
Maternal, Child and Adolescent Health Programs  
County of Los Angeles Department of Public Health  
600 South Commonwealth Avenue  
8<sup>th</sup> Floor, Suite 805  
Los Angeles, CA 90005”

2. RFP, Appendix A, Sample Contract is amended to include “Exhibit A – Statement of Work”.

3. RFP, Appendix A, Sample Contract, Paragraph 13, Insurance Coverage Requirements is amended to add the following:

“D. Professional Liability/Error and Omissions: Insurance covering Contractor’s Liability arising from or related to this Contract with limits of not less than \$1 Million per claim and Two Million Dollars (\$2,000,000) aggregate. Further, Contractor understands and agrees it shall maintain such coverage for a period of not less than (3) years following the Contract’s expiration, termination or cancellation.”

Questions and corresponding answers received at the Proposer’s Conference on December 19, 2012 are being issued as part of this Addendum as follows:

**Q1: Do you want the Mandatory Intent to Apply Form turned in here or only mailed?**

A1: The Mandatory Intent to Apply Form can be turned in at the Proposer’s Conference.

**Q2: May we be able to see who attended today so we can look at possible partners?**

A2: Attached is a copy of the sign-in-sheet.

**Q3: Will all slides be provided online to have a clean list of what’s required or do the slides correspond to certain pages we can find?**

A3: The slides will not be provided. All information covered in the PowerPoint presentation can be found in the RFP.

**Q4: Are these contracts currently awarded to some agencies? Is there a list of agencies currently providing enrollment services in each SPA?**

A4: Yes. A list of current DPH contracted agencies may be accessed on the DPH/MCAH CHOI website <http://publichealth.lacounty.gov/mch/choi/CHOIContractorListEngSp.pdf>

**Q5: Are existing Healthy Kids Partnership contractors able to utilize/pull CHOI data and apply it to our proposals?**

A5: As users of the CHOI data system, current Healthy Kids Outreach Partnership contractors are able to access their own enrollment data from the CHOI system.

**Q6: Are organizations with experience in health insurance enrollment advantaged over other organizations with experience in enrollments for other entitlements such as child care services or mental health?**

A6: No. RFP, Section 3.0 Selection Process, second paragraph states that “all proposals will be evaluated based on the criteria listed below. All proposals will be scored and ranked in numerical sequence from high to low.”

**Q7: Will the 15 agencies currently providing this service be submitting proposals for this new funding cycle or would they be automatically renewed?**

A7: Existing DPH community-based contracts are slated to expire on June 30, 2013. Current Contractors will not be automatically renewed. See A6.

### **PURPOSE – GENERAL - SERVICE CATEGORIES**

**Q8: May an agency apply separately for both focus areas – Categories 1 and 2?**

A8: Yes. RFP, sub-section 1.1 Purpose, 3<sup>rd</sup> paragraph states “Interested and qualified organizations may elect to submit a proposal for one or both of the following categories. Please note that a separate complete proposal must be submitted for each category in which proposer is applying”

**Q9: Do we need to submit 3 proposals, scopes of work and budgets – one for each SPA?**

A9: Only one (1) proposal is required for each Category, regardless of the number of SPAs an agency proposes to provide services. See A8.

**Q10: Who will provide training to outreach/enrollment providers regarding eligibility and enrollment procedures and when?**

A10: The agency(ies) awarded a contract to provide training and technical assistance services for Category 2., RFP, sub-section 1.7, Proposal Goals and Services Objectives, Paragraph 2, Enrollment, Category 2, Training and Technical Assistance, states selected training agency will “provide a variety of comprehensive training modules/s, curricula and training materials on health coverage programs, determining eligibility, applying for and confirming enrollment”.

### **DESCRIPTION OF REQUIRED SERVICES**

#### **Target Population**

**Q11: Since this proposal focuses on kids 0-5, will applications for kids only count toward enrollment numbers? Or will adult Medi-Cal applications also count toward enrollment numbers?**

A11: Yes. Adult Medi-Cal applications will also count toward enrollment numbers. The primary target population and focus for this funding is children 0-5 and their families although the RFP does not limit the services for other children or adults. For detailed information on the target population see RFP sub-section 1.3, Description of Required Services.

**Q12: Are undocumented children and adults eligible to receive these services?**

A12: Yes.

**Q13: Pending that our agency gets contracted, if a family comes in to seek these services, but they do not have a child who is 0-5 years old, but a child 6-17 years old will we be able to assist them?**

A13: Yes, all family members are to be assisted; the RFP does not limit the services to other children.

### **Allowance for Subcontracting**

**Q14: May a lead agency subcontract with other agencies within the same SPA?**

A14: Yes. RFP sub-section 1.3, Description of Required Services, Allowance for Subcontracting provides further information on subcontracting.

**Q15: May an agency be the lead in more than one SPA? If yes, does this require a full proposal for each SPA?**

A15: Yes, an agency may be the lead in more than one SPA for Category 1. However, only one proposal is required for each Category, regardless of the number of SPAs an agency proposes to provide services. See A9

**Q16: Do you need to submit a Mandatory Intent to Apply Form if you plan on being a subcontractor?**

A16: No. The Mandatory Intent to Apply Form must be submitted by the lead agency. See RFP, sub-section 2.8.3, The Intent to Apply form must only include all of the following information for further details.

**Q17: Can you further explain and provide an example if a lead agency is also a subcontractor?**

A17: A proposer may be a lead agency on their own, or with a subcontractor(s). The same agency would also be able to act as a subcontractor under a different lead agency and different proposal. Lead agencies are ultimately responsible to ensure each subcontractor is monitored and reaching all objectives in the Scope of Work. See RFP sub-section 2.10.9, Example Number 2, Appendix B, Scope of Work, Guideline # V, Subcontractors and Multiple Service Planning Areas, and Appendix B-1 Sample Scope of Work, Measurable Objective(s) 1.1, 2.1 and 3.1.

### **MINIMUM MANDATORY REQUIREMENTS**

**Q18: Can small businesses apply if they are not 501 (c) 3 but s. corporations?**

A18: Yes. See RFP, sub-section 1.6.2 b. of 1.6 Minimum Mandatory Requirements.

## **PROPOSAL GOALS AND SERVICE OBJECTIVES**

### **Proposal Goals**

**Q19: Are DPH goals for enrollment for each SPA available as a reference?**

A19: DPH does not have specific enrollment goals per SPA. [Although the funds were allocated to SPAs based on need using CHIS data for uninsured percentage of children 0-18 (uninsured for all or part of the year with no criteria for Federal Poverty Level) it would follow that more enrollments will occur where there are more resources]. Historically, the overall application goal reached by all of the contracted agencies was 25,000 - 30,000 per year (public information), with an 84% successful enrollment rate.

**Q20: If 30,000 applications are received each year, is it expected that each SPA grantee should achieve a proportion of that number according to funding? That seems like an unachievable goal.**

A20: Yes, each selected service provider in Category 1 will be responsible to achieve a portion of the aggregate number of overall applications. In the last 10 years of the program, an average of 30,000 applications were submitted annually.

**Q21: What percentage of the total number of applications should be for children 0-5?**

A21: There is no exact percentage goal for children 0-5. Historically, applications for children 0-5 were approximately 33% of the total applications submitted.

### **Service Objectives**

#### **General**

**Q22: Is there an expectation regarding the amount of time/money devoted to outreach, enrollment, utilization and retention? Essentially is there a priority or are all services equally important?**

A22: There is an expectation that all outreach, enrollment, utilization and retention goals are met, although there is no expectation that a specific percentage of time or money is allocated for each of the service elements. All services are equally important in order to provide children 0-5 and their families with health coverage.

#### **Outreach**

**Q23: How will awardees be responsible for logging/tracking “7 minutes of client contact”? Does outreach have to lead to enrollment?**

A23: Seven minutes of face-to-face contact is a minimum timeframe to begin the process of health coverage education and is the minimum amount of time to claim services for

matching federal funds. Outreach staff will provide individual and group (presentations) contacts with clients, capture information onto appropriate forms and enter into the CHOI data tracking system. The purpose of outreach is to contact and educate potential clients; many encounters may not directly lead to a successful enrollment. Outreach presentations to groups (e.g. school nurses, child health advocates, parent/teacher groups, etc.) may be for the purpose of informing the audience of the availability of services. See RFP, Appendix B-1, Measurable Objective 1.1, Implementation Activities 1.1c, 1.1d, 1.1 e, Methods of Evaluating Objective(s) and Documentation.

**Q24: Would it be a special requirement if services are to be provided solely by telephone instead of face to face with families?**

A24: There is no “special requirement” necessary; telephone assistance is one strategy of outreach and enrollment versus a full complement of outreach strategies in order to be more visible in the community. This sole strategy would need to be described in Section D of the proposal. See RFP, sub-section 2.10.7, Proposer’s Approach to Provide the Required Services (Proposal, Section D), Paragraph iii. Program Design.

## **Enrollment**

**Q25: Will this grant fund applications to the Exchange and if allowed by the state, can these applications also be counted if we receive payment from the state for that same application?**

A25: No, if a client needs to be referred to the “Health Benefit Exchange” it would be counted as a referral.

**Q26: Is there a minimum number of enrollments required to be competitive? What is the competitive cost per enrollment? What is the average length of time that previous contractors have taken to complete an application?**

A26: There is no minimum number of enrollments required in the Scope of Work (Objective 2.1). It is the responsibility of the proposer to explain their proposed outreach and enrollment numbers for their Scope of Work as well as the ongoing assistance to clients experiencing problems with enrollment, utilizing benefits, or retention (Objective 3.1). Proposers must be able to describe their capacity to maximize their resources and to reach the maximum number of enrollments they would be able to achieve. There is no competitive cost-per-enrollment; this is not a fee-for-service contract. The amount of time to complete an application varies widely depending on the client’s needs. There is no quantifiable “average length of time.”

**Q27: If we have a family where one of the members needs assistance with an Exchange application, can that be counted under troubleshooting?**

A27: Yes, troubleshooting assistance can be captured under Objective 3.1. RFP, sub-section 1.7, #2 Enrollment states that selected contractor will “provide enrollment troubleshooting to individuals who apply for health coverage elsewhere (i.e. through

the Department of Public Social Services [DPSS], another agency, or on their own), but have requested assistance from your agency.”

**Q28: Can a low-income health program application be counted (HWLA) as an enrollment?**

A28: Yes, although the specific target population is children 0-5.

### **Retention**

**Q29: Retention may take place any time after enrollment correct? It is not limited to redetermination?**

A29: Yes. Redetermination is the process to renew a client into a specific program at specific times. Retention services may take place at anytime post enrollment. RFP, sub-section 1.7, Proposal Goals and Service Objectives, Paragraph 4. Retention and Redetermination Services, Category 1: Community-Based Services states "Assist clients enrolled in health coverage programs such as Healthy Kids, Medi-Cal, Healthy Families and other no/low cost health coverage programs to submit redetermination/renewal paperwork at prescribed times in order to stay enrolled."

### **Program Assessment**

**Q30: Will there be a reporting requirement to First 5 LA?**

A30: DPH has the direct contract with the funder, First 5LA, and is responsible for the reporting requirements. Selected contractors are responsible for entering data for their own reports which are then aggregated for DPH's reports to First 5LA.

### **AVAILABILITY OF FUNDS**

**Q31: Does the County plan to fund several agencies in one SPA? What is the criteria? Is there an estimate of how many agencies will be funded overall or by SPA?**

A31: DPH is unable to determine how many proposals will be received by the RFP deadline or how many proposals will move to stage three of the evaluation process. RFP, Section 3.0 Selection Process and Evaluation Criteria provides details on the evaluation criteria.

**Q32: I understand there are caps for each SPA, however, if we're serving SPAs 6, 7, 8, can we apply for money above what each SPA is allocated?**

A32: Proposers should not apply for more than the maximum amount available per SPA. Please refer to RFP sub-section 1.9, Availability of Funds for a list of the maximum amount of funds available per SPA.

**Q33: Is there a maximum amount that an agency can apply for by SPA?**

A33: Please see A32.

### **MANDATORY REQUIREMENT TO REGISTER ON COUNTY'S WEBVEN**

**Q34: We are registered with WebVen – do we have to register again or for a different RFP/dept? Is there a registration number or proof we can get?**

A34: Agencies can contact Vendor Relations at (323) 267-2725 for assistance.

**Q35: How do we check if my organization is already registered in the County WebVen?**

A35: Agencies can contact Vendor Relations at (323) 267-2725 for assistance.

**Q36: Is the County Vendor # the same as the County WebVen?**

A36: The County Webven is the online portal to obtain a County Vendor number.

### **SOLICITATION REQUIREMENTS REVIEW**

**Q37: What is the purpose of the “Transmittal Form to Request a RFP Solicitation Request Review” form? Is it only submitted if our proposal is rejected?**

A37: RFP sub-section 2.4, Solicitation Requirements Review provides detailed information.

### **MANDATORY INTENT TO APPLY FORM**

**Q38: Is the mandatory intent form binding? For example, an organization selects to provide services to multiple SPA's on the intent form, but later decides to omit one SPA after the form was already submitted.**

A38: No. RFP, sub-section 2.8.3 of 2.8 Mandatory Intent to Apply Form, “Anticipated Service Category (and Service Planning Areas for Category #1)” does not state that the intent form is binding.

### **PREPARATION OF THE PROPOSAL**

**Q39: The original proposal must be unbound. How must the 8 double-sided copies be bound?**

A39: RFP, sub-section 2.9.5 states “staple copies of the proposal. If thickness of the proposal copies prohibits stapling, please use an appropriately sized binder clip. Do not professionally bind the original or copies of the proposal.”

**Q40: Numbering all pages – Does it begin after the Table of Contents and include every page including the all financial statements and other attachments?**

A40: RFP sub-section 2.9.4 of 2.9 Preparation of Proposal states “Number each page sequentially following the RFP Information Form, including attachments, and provide a complete Table of Contents for the Proposal and its attachments.”

### **REQUEST FOR PROPOSALS INFORMATION FORM**

**Q41: On the RFP Information Form, what is meant by “501 (c) 3 number”? Is this the State Franchise Tax Board number? (the Federal Tax ID number is also requested)**

A41: Proposers should check with their organization’s administration to determine the type of business entity and obtain the requested numbers.

### **PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND REQUIRED SUPPORT DOCUMENTATION**

**Q42: On Page 36 – Required Support Documents. What does “Conformed” mean under Statement of Information?**

A42: Conformed means “Exact” copy of the document.

**Q43: How do we obtain a "certificate of good standing"?**

A43: A proposer's agency is responsible to obtain the information and certificate from the California Secretary of State.

### **PROPOSER’S QUALIFICATIONS**

**Q44: We are one member of a multi-state organization. Do we need to provide pending litigation information for our parent organization or only for our organization?**

A44: The pending litigation information should be submitted on behalf of the local chapter of the organization.

**Q45: We are a foundation proposing on behalf of a hospital. For the required forms, such as Pending Litigation would you like those completed in reference to the Foundation or Hospital?**

A45: The pending litigation is based upon the lead agency submitting a proposal for the provision of services to DPH. (Hospital or Foundation)

**Q46: If an agency has been providing services through CHOEUR (DPH/CHOI) in the past, can they use a contact from CHOEUR as one of its required references?**

A46: No.

**Q47: If an agency currently provides services for another DPH program, can they use the other program as a reference?**

A47: Yes.

**Q48: There are no letters of support required or allowed is there? If they are allowed or requested where is that information?**

A48: Letters of support are not required and will not be evaluated. Although, it is a requirement to provide references which will be evaluated.

**Q49: Are MOUs required –agencies that we will partner with to conduct outreach and receive referrals from?**

A49: MOUs with subcontracting agencies are not required for the RFP process, although a subcontract will be required during the contracting process in order to begin services. MOUs with non-subcontracting agencies (e.g. partner organizations not receiving funds) are not required.

**Q50: In regards to the list of contracts, is it only related contracts?**

A50: No. Proposers are required to provide a list of all contracts funding sources.

**Q51: For the references, listing of contracts and terminated contracts charts, may we reproduce these in Excel? Our information will not fit into the boxes on the “typeable” PDF file.**

A51: The information will fit into the boxes. You can begin filling in a box and press the “space” key to the end of the box to shrink the font in the box, and then space your answers accordingly.

## **FINANCIAL CAPABILITY**

**Q52: Will a financial audited statement satisfy the financial capability requirements?**

A52: RFP sub-section 2.10.6 states, “If audited statements are available, these should be submitted to meet this requirement.”

**Q53: If our audited financials for the year ending on June 30, 2012 are not yet ready by the proposal deadline of June 16, 2013. May we submit audited financials for June 30, 2011, June 30, 2010 and June 30, 2009?**

A53: Yes. RFP, sub-section 2.10.6 Financial Capability states “Provide copies of the organization’s **most current** and **prior two (2) fiscal years** (for example, 2010 and 2009) **financial statements**.”

**Q54 : Do Financial Statements have to be audited (i.e. can we provide 2012 calendar) even though not audited yet?**

A54: No, financial statements do not have to be audited (See A53). Yes, provide copies of the organization’s most current and prior two (2) fiscal years financial statements (See A53).

**Q55: Does an annual report from 2010-2011 suffice for financial capability?**

A55: No, an annual report does not suffice for financial capability. RFP sub-section 2.10.6 Financial Capability states "Provide copies of the organization's most current and prior two (2) fiscal years (for example, 2010 and 2009) financial statements".

**Q56: On page 39 of the RFP, you indicate you require the organization's most current and prior two fiscal years' financial statements. However, in the example, you only list two fiscal years (2010 and 2009)**

A56: The two years listed are provided as examples of the "prior year" financial statements.

### **PROPOSER'S APPROACH TO PROVIDE REQUIRED SERVICES**

Community Characteristics

**Q57: Is there a specific database/website source that can provide information regarding number of uninsured children 0-5 in each SPA?**

A57: DPH's source of data was the 2009 California Health Interview Survey.  
<http://healthpolicy.ucla.edu/chis/data/Pages/overview.aspx>

### **PROPOSER'S BUDGET AND BUDGET JUSTIFICATION FOR YEARS 1 AND 2**

**Q58: Is there a page limit on the budget justification narrative?**

A58: No, there is not a page limit.

**Q59: If an agency applies to provide services in more than one SPA do we need to submit separate budgets for each SPA?**

A59: No, one budget per fiscal year is required for a proposal, regardless of the number of SPAs in which an agency proposes to provide services.

**Q60: May we add extra staff positions with this funding? For example, if we want to expand outreach could we add a staff position to specifically do outreach? (with CHOEUR funding)**

A60: Yes.

**Q61: Is it okay to use funds for incentives for outreach participants and/or those applying for enrollment? If so, is this encouraged or frowned upon by the funders (County)?**

A61: Yes, it is acceptable to purchase incentives though proposers are required to provide detailed justification and cost of items to be purchased.

## **PROPOSED SCOPE OF WORK FOR YEARS 1 AND 2**

**Q62: On Appendix B-1, page 1-6 – timeline of implementation activities states that outreach protocols are to be developed, renewed and revised from 8/1/13 onward. However outreach is to begin on 7/1/13. How can outreach be conducted prior to development of relevant protocols?**

A62: Outreach may begin on July 1, 2013; DPH will allow the selected contractor(s) time to develop the written protocols for submission, review and approval.

**Q63: On Appendix B-1, pg. 5, it states timeline of implementation activity 3.2c commences on 4/1/13. Is this a typo?**

A63: Yes, this is a typographical error and the start date should be 7/1/13.

## **REQUIRED FORMS**

**Q64: Are writeable/fillable documents available for the forms and certifications? If so, where can they be accessed?**

A64: The CHOEUR RFP 2012-003 document includes “Fillable Forms” as an attachment. The CHOEUR RFP 2012-003 is accessible via the internet at the following County of Los Angeles, DPH website: <http://publichealth.lacounty.gov/cg/index.htm>, under the “Open Solicitations for Public Health” heading.

**Q65: On page 49-50 of the RFP, it indicates that Exhibit 23 should comprise Section G of the proposal. Later on page 50, the RFP indicates this form should appear under Section H (Required forms). Should this form appear in both places or just one?**

A65: Exhibit 23 should only be included in Section G of Vendor’s Proposal.

**Q66: Exhibit 21 Transitional Job Opportunities Preference Program is a required form. If your organization does not qualify for this preference, should we still submit the form, along with a statement that it is not applicable to our agency?**

A66: Yes.

**Q67: Exhibit 8 – Request for local SBE (Small Business Enterprise) Preference Program Consideration and CBE Firm/Organization Information – What box do we choose if we are a CBE but not a SBE (Under Section I. on form)?**

A67: To qualify for the preference, Agencies must meet the definition of a Local SBE as identified in RFP, sub-section 1.38, Local Small Business Enterprise Preference Program.

**Q68: Exhibit 8 – SBE Form: Under Section III. Percentage of Ownership in Firm: Does “Ownership” mean Board of Directors for a non-profit?**

A68: Yes.

### **SELECTION PROCESS AND EVALUATION CRITERIA**

**Q69: How many applications are County expecting for this grant application? (help determine funding allocation)**

A69: DPH will not know how many proposals will be submitted until RFP submission deadline date.

**Q70: Will there be multiple awards per region?**

A70: There may be multiple awards per SPA.

**Q71: Is the review process done without revealing the agency name to ensure fairness? If so, how will this be accomplished if the agency name is written throughout the proposal?**

A71: DPH will not be conducting a blind review process. RFP, Section 3.0 Selection Process and Evaluation Criteria, first paragraph states "The County reserves the sole right to judge the contents of the proposals submitted pursuant to this RFP and to review, evaluate and select the successful proposals.", second paragraph states "All proposals will be evaluated based on the criteria listed below. All proposals will be scored and ranked in numerical sequence from high to low." All evaluators must complete a No Conflict of Interest Form.

### **Sample Contract**

**Q72: "Sample Contract" is not in RFP – where is Appendix A located?**

A72: Appendix A is the sample contract and it is incorporated in the RFP document.

**Q73: Are Exhibits G "Charitable Contributions Certification" and Exhibit 20 duplicative? They are both about charitable contributions.**

A73: The two forms are the same. Exhibit 20 is a Proposal Required Form. Exhibit G will be signed by Vendor's who are recommended a contract.

Addendum Number 2 has been posted on the Department of Public Health Contracts and Grants website at: <http://publichealth.lacounty.gov/cg/index.htm>.

Thank you for your interest in contracting with the County of Los Angeles. Except for the revisions contained in Addendum Number 1 and Addendum Number 2 there are no other revisions to the RFP.

Attachments (2)

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH  
 CHOEUR RFP 2012  
 Proposer's Conference  
 December 19, 2012**

Last Name	First Name	Title	Organization Name	Phone Number	E-Mail Address
Alvizo	Everardo	Program Analyst	Special Service for Groups	213-553-1879	ealvizo@ssgmain.org
GRASSMANN	Bryan	Director Fed. Relations	St. Francis Medical Ctr	310 900 7334	bryangrassmann@coche.org
SOPHAWONG	Vena	Grant Writer	Asian Pacific Health Care Venture	213-271-4700	VSOPHAWONGSE@APHCV.org
GROSS	Steve	Dir. of Grant Development	St Vincent Med Ctr	213 484 7268	stevengross@dochw.org
Sanford	Linda	Family NP	Central Neighborhood Foundation	323-234-5000	lisanfordnp@chhfclinics.org
Brown	Tommy	COO	ImHP	323-567-9883	Bro 3 Tome 401.com
MALLARI	LUKE	GRANT WRITER	THE SABAN FREE CLINIC	323-530-1664	lmallari@thesabanfreeclinic.org

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH  
 CHOEUR RFP 2012  
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 December 19, 2012

Last Name	First Name	Title	Organization Name	Phone Number	E-Mail Address
Nwodin	Chinyere		Altamed		enwodim@la.altamed.org
Rivera	Marthe	Manager	GA MC	323/255-9030 x21	Riverama@ah.org
Klatschbach	Karen	Manager	VFC	310-604-7513	klatschbach@mednet.ucla.edu
Valentino	Jeanette	Dir. of Business Development	Pathways LA	213-427-1651	jvalentine@pathwaysla.org
WONG	ELEA	NP / CNO	CNHF	(323) 234-5000 x122	ewongnp@CNHFClinics.org ewongnp@CNHFClinics.org
Orduna	Kenneth	CNVP	CNHP	323-234-5000	cheifko5@Adl.com
Gardea	Lorena	East Valley Community Ctr	Health Promo Mgr	909-620-8088 x3141	lgardea@evche.org

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH  
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Apt	Yael	grandwala	SVMC	310.600.0867	Yael@theapts.net
Whyte	Tim	Assoc. Dir. of Foundation Relations	St. Francis Medical Center	310-900-4747	timothywhyte@dochs.org
Valdez	Lynn	MCHA	MCHA	213 749-4261	CeliaV@mchaaccess.org
Shpegel	Rena	Grants & Contract Administrator	Northwest Valley HHA Corp	818 8981388 x 41623	RenaShpegel@NEWHC.org
Chacon	Graciela	Supervisor	St-Vincent Medical Center Health Benefits Resource Center	(213) 207-5661	graciela.chacon@dochs.org

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Last Name	First Name	Title	Organization Name	Phone Number	E-Mail Address
Solis	Ana	HBRC Manager	St. Francis Medical Center	(310) 900-7391	ASolis1@dochs.org
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<del>CARRILLO</del> CARRUBIAS	ROSALINA	Project SUPERVISOR	CALIFORNIA HOSPITAL	23 742-5532	Rosalina.Carrillo @DignityHealth.org.
Shanahan	Joey	Director	INMED Partnerships for children	310-764-0955	jshanahan@inmed.org
Arias	Mia	Director of Programs	National Health Foundation	562- <del>505</del> 213-538-0743	maria@nhfca.org
BLAKENEY	KAREN	EXECUTIVE DIRECTOR	CHINATOWN SERVICE CENTER	(213) 808-1701	kblakene@oscla.org
Trujillo	RUTH	Director of Comm. organizing	Clinica Lomero	(213) 201-2747	rtrujillo@clinicaromero.com

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH**  
**CHOEUR RFP 2012**  
**Proposer's Conference**  
**December 19, 2012**

W

Last Name	First Name	Title	Organization Name	Phone Number	E-Mail Address
Rivera	Rivera	Exec Director	Robert F. Kennedy Institute	310 850-6095	rfriv@sfglobal.net
Angela	Bolton	Director of Development	Helpline Youth Counselg, Inc.	562-864-3722	abolton@hycinc.org
PUCHALT	Julio	ASSOCIATE DIRECTOR and CEO	211 LA COUNTY	(626) 350-1841 x2101	JPUCHALT@211LA.ORG
Zuppa	Rachel	Director of Grants + Contracts	California Hospital	714 742 0471	rachel.zuppa@dignityhealth.org
Ravizza	Monica	Grants Manager	Providence Little Co. of Mary	310 257-3563	Monica.Ravizza@providence.org
Totta	Anna	Grant Writer	Catholic Charities of LA	562-987-0130	annatotta@hotmail.com
Baker	Kate	Grant Director	TSFC	223-330-1663	Kate@TSFC.org

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Last Name	First Name	Title	Organization Name	Phone Number	E-Mail Address
Low	Evj	Director OP/Outreach	Child & Family Guidance Center	(818) 993-9311 ex 5229	ELowe@Childguidance.org
Malak-Lopez	Dianna	Director of Strategic Development	Special Service for Groups (SSG)	213) 553-1875	dmalaklopez@ssgmain.org
<del>MARIA PE</del> PEACOCK	MARIA	DIRECTOR GEM	CVHP	626-814-2405	mpeacock@mail.cvhp.org
- Pardo	Luis	Executive Director	Worksite Wellness LA	323 758 9480	PardowLA@gmail.com
Abramsen	Steve	Marketing Mgr	Community Health Alliance of Los Angeles	626 993-1207	5abramen@chla.org
Kersy	Lynn	<del>MCHA</del> ED	MCHA	213 x 302, 749 4261	lynnk@mchaccess.org
Huerta	Tiffany	Manager, Community Relations	Daughters of Charity	(310) 900-7396	tiffanyhuerta@docmc.org

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Last Name	First Name	Title	Organization Name	Phone Number	E-Mail Address
Gonzalez	Jessica	outreach program manager	Comprehensive Community Health centers	(818) 245-2257	Jessica.g@chccenters.org
Espejel	Ruben	Consultant	UMMA Community Clinic	310-675-6497	r.espejel@thurlowassociates.org
Vasquez	Sonya	Police Director	Community Health Councils	(323) 295-9372	sonya@chc-inc.org
Casillas	Jhovanna	Program Coordinator Assistant	Robert F. Kennedy Institute	(310) 834-3484	jeasillas_rfkinst@yahoo.com
Sichter	Naomi	Consultant	UMMA	310-675-6497	nsichter@thurlowassociates.com
Chen	Penny	Program Coordinator	APHCV	323-644-3880	pchen@aphcv.org
Champion	Vilma	Dir. of Mchb/Mngd	NEVHC	818 Ext. 848-1388 x100	VilmaChampion@nevhc.org

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Last Name	First Name	Title	Organization Name	Phone Number	E-Mail Address
Rusch	Cathy	Grants Mgr	Tarzana Treatment Ctrs	818 342-5897 x1194	crusch@tarzanatc.org
JOE	JUSTIN	Program Mgr	Providence Little Co of Mary	310-514-4362	justin.joe@providence.org
Smith	Danielle	Outreach + Education Dept. Manager	Comprehensive Community Hea. Center	818 265 2267	danielles@cchccenters.org
Derrick	Victoria	Planning & Program Development Director	East Valley Com HHC	626 919-4333 x2216	vderrick@evhc.org
DUNAWAY	DARRIN	Associate Director	HUMAN SERVICES ASSOC.	562 806-5400	DARRIN.DUNAWAY@HSALA.ORG
Groner	STEPHEN	PRINCIPAL	S. GRONER ASSOCIATES	562 597 0205	SGRONER@SGA-INC.NET
* LAURRELL	NICK	MANAGER	S. GRONER ASSOCIATES	562 597 0205	NLAURRELL@SGA-INC.NET

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Last Name	First Name	Title	Organization Name	Phone Number	E-Mail Address
Lawrence	Marilyn	Program Manager	Crystal Stairs, Inc.	323 421-1162 2310 487-1115	mlawrence@crystalstairs.org
Hoang	Bich Son	Fiscal Specialist	✓	✓	✓
Velasco	Rodna	Project Coordinator	✓	323-421-1375 ✓	rovelasco@crystalstairs.org
Rush	Stephany		Venice Family Clinic	310664-7512	srush@mednet.ucla.edu

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Last Name	First Name	Title	Organization Name	Phone Number	E-Mail Address
CHAVEZ	Yvonne		GAMC	323) 4236621	yvonne.chavez1@gmail.com
Stillings	Steph		Venice F. Clinic	310-664-7727	Sstillings@mednet-venice.com
Varden	Jean		Antelope Valley Partners for Health	661 713-4999	jarden@avph.org



STATEMENT OF WORK

**INSERT LEGAL NAME OF CONTRACTOR**

**CHILDREN'S HEALTH OUTREACH,  
ENROLLMENT, UTILIZATION AND RETENTION**

a) DEFINITION: Children's Health Outreach, Enrollment, Utilization and Retention(CHOEUR) are comprehensive programs that: develop and utilize a variety of techniques for health coverage outreach and enrollment; provide individual assessments of health coverage eligibility; develop and utilize a variety of techniques to reduce barriers to health coverage enrollment and utilization of benefits; and implement strategies to support health coverage retention. The delivery format of such programs may include, but is not limited to: community outreach and education, presentations, enrollment events, eligibility assessment, application assistance, enrollment verification, utilization assistance and assistance with redetermination.

b) PERSONS TO BE SERVED:

A. CHOEUR services shall be provided in Los Angeles County.

B. Contractor shall provide services to uninsured children in Los Angeles County ages 0-18 and their families who may be eligible for Healthy Kids, Medi-Cal, Healthy Families and other no/low-cost health coverage programs (in accordance with Exhibit B, Scope of Work, attached hereto and incorporated herein by reference).

C. CHOEUR services shall be provided to individuals who may be eligible for Healthy Kids, Medi-Cal, Healthy Families or other no/low-cost health coverage programs who reside in ENTER SPECIFIC GEOGRAPHIC AREA(S) of Los Angeles County.

c) SERVICE DELIVERY SITE(S): Contractor's facility(ies)

where services are to be provided hereunder are located at:

**ENTER ADDRESS OR SPECIFIC COMMUNITY LOCATIONS WHERE SERVICES WILL BE CONDUCTED.** For purposes of this Contract, Contractor

shall specify specific cross streets and locations for street outreach activities in monthly reports to the Department of Public Health (DPH).

Contractor shall request approval from DPH in writing a minimum of thirty (30) days before terminating services at such location(s) and/or before commencing services at any other location(s).

d) SERVICES TO BE PROVIDED:

i) Contractor shall provide CHOEUR services in accordance with procedures formulated and adopted by Contractor's staff, consistent with law, regulations, and the terms of this Contract. Additionally, Contractor shall provide such services as described in Exhibit B, Scope of Work, attached hereto and incorporated herein by reference.

ii) Contractor shall obtain written approval from DPH's authorized designee for all educational materials utilized in association with this Contract prior to its implementation.

iii) Contractor shall develop all publicity materials in a professional manner and submit for approval such materials to DPH at least thirty (30) days prior to the projected date of implementation. For the purposes of this Contract, materials may include, but are not limited to, written educational materials (e.g., curricula, pamphlets, brochures, fliers), audiovisual materials (e.g., films, videotapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings).

iv) Failure of Contractor to abide by this requirement may result in Termination for Default as specified in Paragraph 68 of Contract.

v) Contractor shall utilize funds received from County for the sole purpose of providing CHOEUR services in accordance with Exhibit C, Schedule(s).

e) STAFFING REQUIREMENTS:

i) Contractor shall recruit linguistically and culturally appropriate staff. For the purposes of this Contract, staff shall be defined as paid and volunteer individuals providing services as described in Exhibit B, Scope of Work, attached hereto and incorporated herein by reference.

ii) Contractor shall maintain recruitment records, to include, but not be limited to: 1) job description of all positions funded under this Contract; 2) staff résumé(s); 3) appropriate degrees and licenses; and 4) biographical sketch(es) as appropriate.

In accordance with this Contract, if during the term of this Contract an executive director, program director, or a supervisory position becomes vacant, Contractor shall notify DPH's authorized designee in writing prior to filling said vacancy.

f) STAFF DEVELOPMENT AND TRAINING: Contractor shall conduct ongoing and appropriate staff development and training as described in the Scope of Work, attached hereto and incorporated herein by reference.

i) Contractor shall provide and/or allow access to ongoing staff development and training of CHOEUR staff. Staff Development and training shall include, but not be limited to, DPH approved CORE/CHAMP Comprehensive Training and periodic health coverage program reviews and updates.

ii) Contractor shall maintain documentation of staff training in each employee file to include, but, not be limited to: 1) date, time, and location of staff training; 2) name of trainer and title, and training topic(s); 3) and names of attendees and titles.

iii) Contractor shall document training activities in the monthly report to DPH.

g) DPH CHOI DATA SYSTEM: Contractor shall enter data on program participants into the DPH Internet-based data tracking and reporting system. "Enter" is defined as: directly entering required data elements into the DPH data system. Contractor/Subcontractor staff using the DPH CHOI data tracking and reporting system will be given a user identification and password to ensure the security of the system and the confidentiality of client records. In the event that an agency staff person terminates employment with the CHOEUR, Contractor/Subcontractor must delete the user account immediately. In the event that an agency staff person at the administrative level terminates employment with the CHOEUR, Contractor must contact DPH immediately

so that DPH can delete this administrative account and assign a new administrative account.

h) PROPRIETARY CONSIDERATIONS:

A. County and Contractor agree that aggregated, non-identifying client data and other materials and information developed and or modified under this Contract may be used by either Contractor or County both during and subsequent to the term of this Contract.

B. County and Contractor agree to protect the security of all data, materials, and information developed and or produced under this Contract. Further, County and Contractor agree to use best efforts to protect all such data, materials, and information from loss or damage by any cause, including, but not limited to, fire and theft.

i) REPORTS: Subject to the reporting requirements of the REPORTS Paragraph of the ADDITIONAL PROVISIONS of this Contract attached hereto, Contractor shall submit the following report(s):

i) Monthly Report: Contractor shall generate a monthly report using the DPH data system and submit this monthly report to DPH no later than fifteen (15) days after the end of each calendar month. Monthly reports shall clearly reflect all required information as specified on the monthly report form provided by DPH or specified report as requested by DPH.

ii) Quarterly Reports: Contractor shall submit to DPH a quarterly report within the time period as directed for each quarter. Quarterly reports shall include all the required information and be completed in the correct format.

iii) Annual Report: Contractor shall submit to DPH an annual report within the time period as directed for each year. Annual reports shall include all the required information and be completed in the correct format.

j) ANNUAL TUBERCULOSIS SCREENING FOR STAFF: Prior to employment or provision of services hereunder, and annually thereafter, Contractor shall obtain and maintain documentation of tuberculosis screening for each employee, volunteer, and consultant providing face-to-face client services hereunder. Such

tuberculosis screening shall consist of tuberculin skin test (Mantoux test) and/or written certification by a physician that the person is free from active tuberculosis based on a chest x-ray.

k) QUALITY IMPROVEMENT: Contractor shall develop and submit to DPH within ninety (90) days of the execution of this Contract its written Quality Improvement (QI) Plan. The QIP shall describe a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services.

l) MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA): Contractor shall perform Medi-Cal administrative activities on behalf of Los Angeles County to assist in the proper and efficient administration of the Medi-Cal Program by improving the availability and accessibility of Medi-Cal Services to Medi-cal eligible and potentially eligible individuals and their families. These activities include outreach, facilitating Medi-Cal application, and program planning and policy development. Contractor shall attend mandatory MAA time survey training sessions. Contractor shall complete and submit time surveys and maintain all records to support claim (e.g. CHOI forms, data system printouts, agendas, event summaries, and DPH approved outreach and health education materials) as required by DPH.