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November 19, 2018

**ADDENDUM NUMBER 2
TO
REQUEST FOR PROPOSALS NO. 2018-010
FOR
ORAL HEALTH CARE SERVICES (OHS) FOR RYAN WHITE PROGRAM (RWP) ELIGIBLE
PERSONS LIVING WITH HIV (PLWH)**

On October 2, 2018, the County of Los Angeles (County) Department of Public Health (DPH) released a Request for Proposals (RFP) for Oral Health Care Services (OHS) for Ryan White Program (RWP) eligible persons living with HIV (PLWH).

This addendum consists of two (2) parts as outlined below:

- **PART 1 – MODIFICATIONS TO RFP**
- **PART 2 – RESPONSES TO PROPOSERS' QUESTIONS**

PART 1 – MODIFICATIONS TO RFP

Pursuant to RFP Section 4.0, County Rights & Responsibilities, Subsection 4.4, County's Right to Amend Request for Proposals, "The County has the right to amend the RFP by written addendum." Therefore, this Addendum Number 2 amends this RFP as indicated below (new or revised RFP language in **highlight** or ~~strikethrough~~ for easy reference).

1. RFP, Appendix A-1, Statement of Work, General Dentistry Services and Appendix A-2, Statement of Work, Specialty Dentistry Services, Section 4.0, Specific Work Requirements, Subsection 4.1.2, Obtain client's medical history, shall be amended as follows:

"4.1.2 Obtain client's medical history.

Contractor shall obtain a comprehensive medical history on each client. Full medical status information from the client's GDS provider and medical provider, including the last ~~three (3)~~ **six (6)** months of laboratory test results shall be obtained and considered by the specialty dentist..."

2. RFP, Appendix B, Budget Instructions, Subsection A, Full-time and Part-Time Salaries, shall be amended as follows:

“Part-time Salaries:

Total: The salary amounts being requested will automatically calculate as it applies to the proposed program. (Example: For each part-time position, the hourly rate will be multiplied by the number of hours **worked annually and by the percent of time**. This amount will automatically be entered in the Total column.”

3. RFP, Appendix D, Required Forms, Exhibit 2A, Proposer’s Affidavit of Adherence to Minimum Mandatory Qualifications Form for Category 1, GDS has been revised and replaced in its entirety with Attachment 1 (Revised), Exhibit 2A, Proposer’s Affidavit of Adherence to Minimum Mandatory Qualifications Form for Category 1, GDS.
4. RFP, Appendix D, Required Forms, Exhibit 2B, Proposer’s Affidavit of Adherence to Minimum Mandatory Qualifications Form for Category 2, SDS, has been revised and replaced in its entirety with Attachment 2 (Revised), Exhibit 2B, Proposer’s Affidavit of Adherence to Minimum Mandatory Qualifications Form for Category 2, SDS.
5. RFP, Appendix D, Required Forms, Exhibit 18, Proposer’s Funding Disclosure Form, has been revised and replaced in its entirety with Attachment 3 (Revised), Exhibit 18, Proposer’s Funding Disclosure Form.

Proposers are to submit their proposal(s) with the applicable revised exhibits, etc. All the above referenced exhibits have been posted on the on the Department of Public Health Contracts and Grants website at <http://publichealth.lacounty.gov/cg/index.htm>.

PART II – RESPONSES TO PROPOSERS QUESTIONS

Pursuant to RFP, Section 7.0, Proposal Submission Requirements, Subsection 7.4, Proposer’s Questions, Part II of this Addendum contains questions received at the October 16, 2018, Mandatory Proposer Conference (MPC) and at the November 5, 2018, Alternate MPC that needed further clarification, as well as those written questions received by the November 8, 2018 deadline along with the corresponding answers. Proposers are advised that the County reserves the right to group similar questions when providing answers.

SECTION 1.0 – INTRODUCTION

Subsection 1.4, Ryan White Program Eligibility in Los Angeles County

- Q1.** RFP Subsection, 1.4, Ryan White Program Eligibility states “...intended solely for clients who lack a third-party payer source...RWP is the payer of last resort...”, is a Proposer eligible to apply for RWP if partial reimbursement for services is available through My Health LA?
- A1. Yes. RWP funds are available as last resort to pay for OHS for RWP eligible clients after all other third-party payers have been exhausted (including My Health LA). Refer to RFP, SOW Appendix A-1 and Appendix A-2, Subsection 3.17, Screen for Ryan White Program Eligibility for more information.
- Q2.** What are the benefits of enrolling patients in RWP for dentistry services versus enrolling them in My Health LA?

A2. Please refer to A1 for response.

Q3. Does RWP cover the actual cost of the visit?

A3. Yes, if applicable. Please refer A1 for response.

SECTION 2.0 – CONTRACT FOR ORAL HEALTH CARE SERVICES (OHS) FOR RYAN WHITE PROGRAM (RWP) ELIGIBLE PERSONS LIVING WITH HIV (PLWH)

Subsection 2.2, Sample Contract: Standard County Terms and Conditions

Q4. RFP, Subsection 2.2.2, Contract Rates, states “Contract Rates (Intentionally Omitted)”, could you make available a fee schedule?

A4. OHS are cost reimbursement contracts; therefore, there is no fee schedule.

SECTION 3.0 – PROPOSER’S MINIMUM MANDATORY QUALIFICATIONS (MMQ)

Subsection 3.1, MMQs for Category 1: General Dentistry Services

Q5. Under RFP, Subsection 3.1.1, Experience, for HIV services, what are you looking for: medical and/or social services provided by our organization or services provided at the dental clinic in addition to GDS which will be described in the next section (3.1.1.1)?

A5. Pursuant to RFP, Subsection 3.1.1.1, Proposer must have a minimum of three (3) years of experience within the last five (5) years providing HIV services to PLWH. Any HIV-specific services experience can be used to meet this minimum mandatory requirement.

Q6. RFP, Subsection 3.1.4., Denti-Cal Certification, on page 16 /17 of the proposal guidance, the two requirements are listed below:

- a) Be Denti-Cal certified (and have evidence of certification) OR
- b) Have applied for Denti-Cal certification and submit proof of application submission for Denti-Cal certification.

One of clinics where we currently provide both medical services and HIV dental services is an intermittent clinic using the parent clinic’s MediCal # qualify for this grant. Our agency has a second dental site where we would like to provide Ryan White Oral Health Care Services that is co-located within one of our agency's medical clinics. Since this clinic is our Agency's intermittent clinic that is using the parent clinic's MediCal #, can the MediCal# qualify for the proposal?

A6. No. MediCal certification does not meet this minimum mandatory requirement.

Q7. Our agency is a non-profit, Joint Commission-accredited Federally Qualified Health Center (FQHC) that operates 15 licensed clinics which include 8 primary medical clinics.

One of clinics where we currently provide both medical services and HIV dental services is an intermittent clinic using the parent clinic’s MediCal #, so we do not bill Denti-Cal or have not applied for Denti-Cal certification. The agency bills MediCal, not Denti-Cal.

Can you please confirm that the item above (Subsection 3.1.4 Denti-Cal certification or application for Denti-Cal certification) would not be applicable to the dental site since we are an FQHC that provides HIV dental services co-located within our medical clinic?

- A7. Proposers who intend to bill RWP for OHS at any site are required to be Denti-Cal certified. MediCal certification does not meet this minimum mandatory requirement. Proposers that can bill a third-party payer source for OHS should do so prior to any utilization of RWP funds. RWP funds are to be used as funds of last resort. Please also refer A19 for response.

SECTION 7.0 PROPOSAL SUBMISSION REQUIREMENTS

Subsection 7.8, Proposal Format

- Q8.** Will all Appendix D, Required Forms be available in WORD format?
- A8. No. All forms are available in Adobe Acrobat fillable format and can be found in the RFP packet on the Department of Public Health Contracts and Grants website at <http://publichealth.lacounty.gov/cg/index.htm>
- Q9.** If Exhibits are to be included in PART 1: Section A, do we also include them again in PART 1: Section C? If not, then in the Table of Contents under Section C, do we indicate those exhibits are located in Section A?
- A9. No. Exhibits should be included in either Part 1, Section A or Part 1, Section C of the Proposal. Pursuant to RFP, Subsection 7.8.3.3, "Proposal shall include all completed, signed, and dated exhibits identified in Appendix D – Required Forms in Section C of proposal unless otherwise instructed."
- Q10.** Do separate proposals need to be submitted for different SPA?
- A10. No. Proposer may propose to provide OHS services at multiples sites/clinics (SPAs) in one proposal.
- Q11.** RFP, Sub 7.8.4.1, Proposer's Background and Experience for Category 1, GDS (Section D) – Page 52 & 57, Table 3 & 4, Total number of HIV positive Clients Proposer saw at its dental clinic(s) in 2017, does that include all clients even if they do not qualify for this program?
- A11. Yes. This number includes all patients with HIV proposer saw in its dental clinic(s) in 2017.
- Q12.** RFP, Subsection 7.8.4.1, Proposer's Experience for Background and Category GDS (Section D), Page 52, in reference to Table 3: it asks, 'what percentage of HIV positive dental clients had two or more visits with a GDS in 2017?' Is there a standard to define what two office visits in a year means (e.g. is two visits two weeks apart for the entire year okay)? If a client is in good dental health are two visits a year required?
- A12. 1) Two or more office visits for the purposes of this question is defined as any two or more office visits for GDS in 2017 for any oral health services need. 2) Yes. Pursuant to Appendix A-1, Statement of Work for GDS, Subsection 4.4, Retain Clients in Dental Care, Subsection, 4.4.1, Contractor shall schedule routine dental care and regular prophylaxis no less than two (2) times per year.

Q13. RFP, Subsection 7.8.4.3, Proposer's Staffing Plan for Category 1, GDS (Section F), what is the exact page limit in Section F, do the resumes count toward page limit?

A13. 1) 2 pages.
2) No. The résumés do not count toward the page limit.

Q14. RFP, Subsection 7.8.4.3. Proposer's Staffing Plan for Category 1, GDS (Section F), On page 54, it's clear that the Project Manager is required to be listed in the Staffing Plan Narrative, but does the Project Manager HAVE to be listed on the budget also if this individual is currently serving in this role but is funded by agency funds since it is an administrative cost/position?

A14. All Staff positions funded (partially or in full) under this RFP must be listed on the budget. Staff positions that are not funded under this RFP should not be listed on the budget. To ensure clarity, please specify in the proposal that a Project Manager will be provided, but not funded by this contract.

Q15. RFP 7.8.5, Part 2: Proposer's Program Information and Budget Section – Category 2, SDS, if we are proposing multiple Specialty Dental Services (i.e. Endodontics and Prosthodontics), 1) are those considered separate categories under Category 2 services meaning we should submit separate PART 2 narratives and budgets for each specialty service? 2) If we don't need to separate, can we have combined narratives, but separate budget forms?

A15. 1) No. Endodontics and Prosthodontics would not be considered separate categories but specialties under Category 2, SDS, 2) One budget and narrative are sufficient when submitting for multiple SDS.

APPENDIX A-1, STATEMENT OF WORK, GDS

Section 3.0 Responsibilities

Q16. SOW 3.9, Materials, Supplies and/or Equipment- Could you go into details what kinds of supplies we can keep and what needs to be returned? This is a grant requirement and we will be reviewing a minimum/maximum amount of what needs to be returned to DHSP.

A16. This will be discussed during contract negotiations.

APPENDIX A-2, STATEMENT OF WORK, SDS

Section 1.0, Description

Q17. Explain the review process of authorization for prosthetic services?

A17. Program guidance will be available after contracts are awarded.

Q18. Are implants covered?

A18. Implants will be covered for medical/dental necessity, but not for cosmetic reasons. Program guidance will be available after contracts are awarded.

Section 2.0, Definitions

Q19. Define Specialty, is it based on CDT codes or the clinic where service is provided or both?

A19. Pursuant to RFP, Appendix A-2, Subsection 2.0, Definitions, 2.32, Specialty Dentistry Services (SDS) is define as an area of dentistry that has been formally recognized by the American Dental Association (ADA) as meeting the specified Requirements for Recognition of Dental Specialties. Pursuant to Appendix A-2, Section 1, Description, paragraph two, "SDS funded by DHSP include the following specialties:

- Endodontics
- Oral and Maxillofacial Radiology
- Oral and Maxillofacial Pathology
- Oral and Maxillofacial Surgery
- Orthodontics
- Periodontics
- Prosthodontics"

Q20. Please clarify the specialty dental services allowed. We have the specialty Advanced Operative Adhesive Dentistry which is certified specialty. Can we propose this specialty services? List says "includes" but does not say it is only limited to the listed services?

A20. No. Please refer A19 for response.

Section 3.0 Responsibilities

Q21. In Statement of Work, SDS, Appendix A-2, Subsection 3.4, Staffing, 3.4.1.5 – Page 10, Dental Care Coordinator (DCC), Is this optional position also able to be funded under GDS services also, or is funding only available for this position under SDS?

A21. Funding for a DCC is only available for Category 2: SDS.

Section 4.0, Specific Work Requirements

Q22. Category 2 - SOW, Page 21, Subsection 4.1.2, Obtain client's medical history, states "Full medical status information from the client's GDS provider and medical provider, including the last three (3) months of laboratory test results shall be obtained and considered by the specialty dentist". This should be every 6 months not 3 months, will this be updated?

A22. The requirement has been revised. Please refer to this Addendum, Part 1, Modification to RFP, Number 1.

Q23. Category 2 - SOW, Page 22, Subsection 4.1.4, b. Are you going to accept fee for services for Oral medicine/orofacial pain or will they be added to the list of SDS?

A23. DHSP will reimburse costs of Non-ADAP (AIDS Drug Assistance Program) drugs necessary for OHS treatment. Medication reimbursement will be discussed during contract negotiations.

GENERAL QUESTIONS

Q24. Is a Dental Care Coordinator considered an Administrative Position or clinical Position? While it states on Appendix B, Budget Worksheet Instructions – Page 2 (PDF page 135)

that we don't have to calculate admin cap, we would like to know how this position would fit in with our overall budget for the proposal.

- A24. This will be discussed during contract negotiations. The Dental Care Coordination position is a programmatic position. There may be administrative costs associated with this position based on the duties described.
- Q25.** Exhibit 18 – Proposer's Funding Disclosure Form, Page 1 (PDF page 332), Paragraph 1 and 5, Background/Instructions, states "now used to provide Oral Health Care Services in Los Angeles County" and under Committed it states, "committed to similar services described in this RFP", is this for all oral health services or only those for PLWH?
- A25. Proposer should disclose all resources used to fund care for patients with HIV.
- Q26.** Exhibit 18 – Proposer's Funding Disclosure Form, Page 1 (PDF page 332), Paragraph 5 & 6, If we received reimbursement funding for prior year expenses, that does that have to be reported here?
- A26. Yes. Proposer should disclose all resources used to fund care for patients with HIV.
- Q27.** Exhibit 18 – Proposer's Funding Disclosure Form, Page 1 (PDF page 332), Paragraph 6 "Currently Available Amount", if we are reporting third-party payor resources, is this an estimate based on prior year's reimbursements? These funds are dispersed to cover expenses as they are received. Any payments for billed services for the FY starting in July 1, 2018, have likely not been received yet, so are unavailable and may still be denied. Please clarify how to handle third party payor resources.
- A27. Yes. Proposer may disclose prior year(s) payments by a third-party for CY 2016 and 2017 or FY 2016/2017 and 2017/2018 in order to meet the requirements of the form. Please indicate clearly which years are reflected on the form. Additionally, list all payments for 2018 and note those that have not been paid and may possibly be denied by third-party payer.
- Q28.** Exhibit 18 – Proposer's Funding Disclosure Form, Page 2 (PDF page 333), Paragraph 2, there is no drop down to select Fiscal or Calendar Year. Should just enter the date?
- A28. Exhibit 18 has been revised. Please refer to this Addendum, Part 1, Modification to RFP, Number 5.
- Q29.** In our current contract, the Dean of the school is named the PI of the grant. From the DHSP's perspective, would it make a difference if the PI of the new proposals would be an individual different than the Dean of the School of Dentistry but still would represent the school of Dentistry? I am not sure what other models you have with your other contracts in the community.
- A29. Proposers can designate the Project Manager (e.g. Principal Investigator) of the program at the Proposer's discretion and with notification to DHSP.
- Q30.** Appendix B, Budget Instructions. Pg. 3 states "the hourly rate will be multiplied by the number of hours. This amount will be entered into the total column". Employee works 20% on project, this is 417 hours at our organization. The formula in the spreadsheet

multiplies percent time by hours by rate. This is incorrect formula. Would require that we enter in the number of hours for a full-time employee, not number of hours on project. Can we change the formula, or should we enter the full-time hours even though that is not what the employee works?

A30. The formula is correct, instructions have been amended. Please refer to this Addendum, Part 1, Modification to RFP, Number 2.

Q31. When you refer a patient to SDS but the service that is done in a GDS context, yet the rate is different. Which contract should we bill under when a service is done under GDS in preparing for an SDS in periodontal, but the rate is different? For services in periodontal, which rate should we charge?

A31. 1) Services conducted in a GDS context should be billed at the GDS rate. Services conducted in an SDS context should be billed at the SDS rate. 2) For services in periodontal, should be charged at SDS rate.

Q32. CDT codes, will DHSP expand the list of covered dental codes? Right now, when we upload our codes not on the list the codes get automatic rejection.

A32. DHSP's system will be updated with the most current CDT codes.

Q33. We have been using a unique invoicing process, can we get individualized assistance from the DHSP budget office on our budget? Or should we continue with the same established method?

A33. Technical assistance and program guidance will be available after contracts are awarded.

Q34. Should we use the same budget scheme for specialty services?

A34. Proposer should use GDS and SDS budget formats provided in this RFP.

Q35. Is there a line in budget for Pharmaceutical as in AOM?

A35. DHSP will reimburse costs of Non-ADAP drugs necessary for OHS treatment. Medication reimbursement will be discussed during contract negotiations.

Q36. Will it be the responsibility of the proposer to advertise in their SPA to reach out to the PLWH in that SPA, and if so will the grant pay for such advertisement?

A36. Pursuant to the RFP, SOW, Exhibit A-1 and A-2, Section 4.5, Promote OHS for PLWH, Contractor shall promote the availability of OHS for PLWH to HIV service organizations, professional organizations which provide training for dental care professionals, and other HIV service providers.

This is a cost reimbursement contract, therefore estimated staff time spent to promote the availability of services described in the SOWs can be included in the budget proposal.

Q37. If the agency opens a new facility within the time of the proposals, will the new facility be considered in addition?

- A37. All dental clinic(s)/site(s) where the Proposer plans to deliver OHS should be included in the proposal.
- Q38.** In addition to the in-house patients, will the Department of Public Health refer patients to the facility?
- A38. DHSP-contracted HIV service providers will be responsible to refer HIV-positive clients to OHS.
- Q39.** Will DHSP provide list of attendees?
- A39. Yes. The MPC sign-in roster for 10/16/18 (Attachment 4) and Alternate MPC sign-in roster for 11/05/18 (Attachment 5) are attached to this Addendum.
- Q40.** Will DHSP make the PowerPoint slides available to attendees?
- A40. No. But all information presented at the MPC and Alternate MPC can be found in the RFP packet on the Department of Public Health Contracts and Grants website at <http://publichealth.lacounty.gov/cg/index.htm> and at the <http://www.lacounty.hiv/>.
- Q41.** Can two agencies use the same grant writer for their proposals, is this a conflict of interest?
- A41. The County does not dictate how proposals are prepared.
- Q42.** Required Forms, Exhibit 2A, Proposer's Affidavit of Adherence to Minimum Mandatory Qualifications Form for Category 1, GDS, RFP Ref. 3.1.2, Licensed Dentist, the field where agencies are supposed to type in the Dentist License Number does not allow you actually type in the full 8 digit alpha-numeric license number.
- A42. Exhibit 2A, Proposer's Affidavit of Adherence to Minimum Mandatory Qualifications Form for Category 1 and 2B, Proposer's Affidavit of Adherence to Minimum Mandatory Qualifications Form for Category 2, have been revised. Please refer to this Addendum, Part 1, Modification to RFP, Number 3 and 4.

Pursuant to RFP, Section 4.0, County Rights & Responsibilities, subsection 4.4, County's Right to Amend Request for Proposals, Proposers are reminded that should such addendum require additional information not previously requested, failure to address the requirements of such addendum may result in the Proposal being found non-responsive and not being considered, as determined in the sole discretion of the County. The County is not responsible for and shall not be bound by any representations otherwise made by any individual acting or purporting to act on its behalf. Addendum Number 2 has been made available on the Department of Public Health Contracts and Grants website at <http://publichealth.lacounty.gov/cg/index.htm> and on the County's website at <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>.

Thank you for your interest in contracting with the County of Los Angeles. Except for the revisions contained in Addendum Number 1 and 2, there are no other revisions to the RFP. All other terms and conditions of the RFP remain in full force and effect.

(Enclosures)

Experience

3.1.1 **3.1.1.2** Proposer or its consultant(s)/subcontractor(s) must have a minimum of three (3) years of experience within the last five (5) years providing GDS to PLWH.

Check the appropriate box:

- Yes.** Proposer or its consultant(s)/subcontractor(s) does meet the experience requirement stated above.
- No.** Proposer or its consultant(s)/subcontractor(s) does not meet the experience requirement stated above.

Proposer must document the experience below that clearly demonstrates Proposer or its consultant(s)/subcontractor(s) ability to meet the above-referenced requirement. Provide dates, names of each employer, names of organizations/departments, type of GDS provided to PLWH, populations served, etc.(attach additional sheets as necessary).

Indicate Years of Experience from _____ to _____
mm/yr. mm/yr.

If Proposer is using consultant(s)/subcontractor(s) to meet the requirement above, list the name of consultant(s)/subcontractor(s): _____

Click here to enter text.

3.1.2 Licensed Dentist: Proposer or its consultant(s)/subcontractor(s) must have on staff a minimum of one (1) dentist who possesses a valid General License to Practice Dentistry as set forth by the Dental Board of California. Proposer must submit a copy of current and valid license.

Check the appropriate box:

Yes. Proposer or its consultant(s)/subcontractor(s) does meet the license requirement stated above.
Please complete the chart below:

<i>Dentist Name/Agency Name</i>	<i>P-Proposer S-Consultant(s)/Subcontractor(s)</i>	<i>Dentist License Number</i>	<i>License Expiration Date</i>	<i>License Attached</i>
	<input type="checkbox"/> <i>P</i> <input type="checkbox"/> <i>S</i> <i>Subcontractor(s) Name:</i> _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

No. Proposer or its consultant(s)/subcontractor(s) does not meet the license requirement stated above.

3.1.3 State of California Licenses and Permits:
Proposer or its consultant(s)/subcontractor(s) must be properly licensed and/or otherwise legally permitted to operate a clinic(s) in the State of California. Proposer must submit a copy of current and valid license or permit per clinic(s) site where dental services are being proposed which may include but is not limited to clinic license approved by the California Department of Public Health (CDPH) or County of Los Angeles, DPH, Health Facilities Inspection Division for Licensing and Certification, or present documentation showing that it is legally permitted to operate a clinic(s) in the State of California.

Check the appropriate box:

Yes. Proposer or its consultant(s)/subcontractor(s) does meet the license/permit requirement stated above.
Please complete the chart below:

<i>Dental Clinic Name</i>	<i>Location Address (please list complete address)</i>	<i>P-Proposer S-Consultant(s)/ Subcontractor(s)</i>	<i>SPA</i>	<i>Health District</i>	<i>License/ Permit/ other Attached</i>
		<input type="checkbox"/> <i>P</i> <input type="checkbox"/> <i>S</i> <i>Subcontractor(s) Name:</i> _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> <i>P</i> <input type="checkbox"/> <i>S</i> <i>Subcontractor(s) Name:</i> _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

No. Proposer or its consultant(s)/subcontractor(s) does not meet the license/permit requirement stated above.

RFP Ref.		RFP QUALIFICATIONS
3.1.4	<p>Denti-Cal Certification</p> <p>Proposer or its consultant(s)/subcontractor(s) must:</p> <ul style="list-style-type: none"> a. Be Denti-Cal certified; or b. Have applied for Denti-Cal certification <p>Proposer must submit evidence of current and valid Denti-Cal certification or proof of application submission</p>	<p>Check the appropriate box:</p> <p><input type="checkbox"/> Yes. Proposer or its consultant(s)/subcontractor(s) does meet the certification requirement stated above and attached a current and valid Denti-Cal certification or proof of application.</p> <p>If Proposer is using consultant(s)/subcontractor(s) to meet the requirement above, list the name of consultant(s)/subcontractor(s): _____</p> <p><input type="checkbox"/> No. Proposer or its consultant(s)/subcontractor(s) does not meet the certification requirement stated above.</p>
RFP Ref.		RFP QUALIFICATIONS
3.1.5	<p>Mandatory Proposer's Conference:</p> <p>Proposer must attend the Mandatory Proposer's Conference on the date, time, and at the location specified in RFP Section 7.6, Mandatory Proposer's Conference.</p>	<p><input type="checkbox"/> Yes. Proposer attended the Mandatory Proposer's Conference.</p> <p><input type="checkbox"/> No. Proposer did not attend the Mandatory Proposer's Conference.</p>
RFP Ref.		RFP QUALIFICATIONS
3.1.6	<p>Unresolved Disallowed Costs:</p> <p>If Proposer's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Proposer must not have unresolved questioned costs identified by the Auditor-Controller in an amount over \$100,000 that are confirmed to be disallowed costs by the contracting County department and remain unpaid for a period of six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County .</p> <p>County will verify that Proposer does not have unresolved costs.</p>	<p><input type="checkbox"/> Proposer does not have any unresolved disallowed costs as explained above.</p> <p><input type="checkbox"/> Proposer has unresolved disallowed costs as explained above.</p>

Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this Proposal are made, the Proposal may be rejected. The evaluation and determination in this area shall be at the DPH Director's sole judgment and her judgment shall be final.

PROPOSER'S AUTHORIZED REPRESENTATIVE, as defined on Cover Page, SIGNATURE (Identify the person authorized to sign on behalf of the Proposer, able to make representations for the Proposer during contract negotiations, and able to legally bind the Proposer.	
Name:	Title:
Signature (blue ink):	Date of Signature:

3.2.1	<p>Experience:</p> <p>3.2.1.2 Proposer or its Consultant(s)/subcontractor(s) must have a minimum of three (3) years of experience within the last five (5) years providing SDS to PLWH in a minimum of one of the following specialties:</p> <ol style="list-style-type: none"> 1.Endodontics 2.Oral and Maxillofacial Radiology 3.Oral and Maxillofacial Pathology 4.Oral and Maxillofacial Surgery 5.Orthodontics 6.Periodontics 7.Prosthodontics
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Check the appropriate box:

- Yes.** Proposer or its Consultant(s)/subcontractor(s) does meet the experience requirement stated above.
- No.** Proposer or its Consultant(s)/subcontractor(s) does not meet the experience requirement stated above.

Proposer must document the experience below that clearly demonstrates Proposer or consultant/subcontractor ability to meet the above-referenced requirement. Provide dates, names of each employer, names of organizations/departments, type of SDS provided to PLWH, populations served, etc.(attach additional sheets as necessary).

Indicate Years of Experience from _____ to _____
mm/yr. mm/yr.

If Proposer is using consultant(s)/subcontractor(s) to meet the requirement above, list the name of consultant(s)/subcontractor(s): _____

Click here to enter text.

3.2.2

Licensed Dentist and Specialty Certification:

a) Proposers or its consultant(s)/subcontractor(s) must have on staff a minimum of one (1) dentist who possesses a valid General License to Practice Dentistry as set forth by the Dental Board of California. Proposer must submit a copy of current and valid license.

Check the appropriate box:

Yes. Proposer or its consultant(s)/subcontractor(s) does meet the license requirement stated above. Please complete the chart below:

Dentist Name/Agency Name	P-Proposer S-Consultant(s)/ Subcontractor(s)	Dentist License Number	License Expiration Date	License Attached
	<input type="checkbox"/> P <input type="checkbox"/> S Subcontractor(s) Name: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

No. Proposer or its consultant(s)/subcontractor(s) does not meet the license requirement stated above.

3.2.2

Licensed Dentist and Specialty Certification:

b) Proposer or its consultant(s)/subcontractor(s) must have on staff a dentist who possesses a valid dental license/permit and/or certification, as set forth by the Dental Board of California, in a minimum of one of the following area(s) of expertise:

1. Endodontics
2. Oral and Maxillofacial Radiology
3. Oral and Maxillofacial Pathology
4. Oral and Maxillofacial Surgery
5. Orthodontics
6. Periodontics
7. Prosthodontics

Proposer must submit a copy of current and valid dental license/permit and/or certification.

Check the appropriate box:

Yes. Proposer or its consultant(s)/subcontractor(s) does meet the license/permit and/or certification requirement stated above. Please complete the chart below:

Dentist Name/Agency Name	Specialty	P-Proposer S-Consultant(s)/ Subcontractor(s)	License Expiration Date	License/Permit/ Certification Attached
		<input type="checkbox"/> P <input type="checkbox"/> S Subcontractor(s) Name: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

No. Proposer or its consultant(s)/subcontractor(s) does not meet the license/permit and/or certification requirement stated above.

3.2.3 State of California Licenses and Permits:
 Proposer or its consultant(s)/subcontractor(s) must be properly licensed and/or otherwise legally permitted to operate a clinic(s) in the State of California. Proposer must submit a copy of current and valid license or permit per clinic(s) site where dental services are being proposed which may include but is not limited to clinic license approved by the California Department of Public Health (CDPH) or County of Los Angeles, DPH, Health Facilities Inspection Division for Licensing and Certification, or present documentation showing that it is legally permitted to operate a clinic(s) in the State of California.

Check the appropriate box:
 Yes. Proposer or its consultant(s)/subcontractor(s) does meet the license/permit requirement stated above. Please complete the chart below:

Dental Clinic Name	Location Address (please list complete address)	P-Proposer S-Consultant(s)/ Subcontractor(s)	SPA	Health District	License/ Permit/other Attached
		<input type="checkbox"/> P <input type="checkbox"/> S Subcontractor(s) Name: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> P <input type="checkbox"/> S Subcontractor(s) Name: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

No. Proposer or its consultant(s)/subcontractor(s) does not meet the license/permit requirement stated above.

3.2.4 Denti-Cal Certification
 Proposer or its consultant(s)/subcontractor(s) must:
 a. Be Denti-Cal certified; or
 b. Have applied for Denti-Cal certification
 Proposer must submit evidence of current and valid Denti-Cal certification or proof of application submission

Check the appropriate box:
 Yes. Proposer or its consultant(s)/subcontractor(s) does meet the certification requirement stated above and attached a current and valid Denti-Cal certification or proof of application.

If Proposer is using Consultant(s)/subcontractor(s) to meet the requirement above, list the name of Consultant(s)/subcontractor(s): _____

No. Proposer or its consultant(s)/subcontractor(s) does not meet the certification requirement stated above.

3.2.5 Mandatory Proposer's Conference:
 Proposer must attend the Mandatory Proposer's Conference on the date, time, and at the location specified in RFP Section 7.6, Mandatory Proposer's Conference.

Yes. Proposer attended the Mandatory Proposer's Conference.
 No. Proposer did not attend the Mandatory Proposer's Conference.

RFP
Ref.

RFP QUALIFICATIONS

3.2.6

Unresolved Disallowed Costs:

If Proposer's compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Proposer must not have unresolved questioned costs identified by the Auditor-Controller in an amount over \$100,000 that are confirmed to be disallowed costs by the contracting County department and remain unpaid for a period of six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County .

County will verify that Proposer does not have unresolved costs.

- Proposer **does not** have any unresolved disallowed costs as explained above.
- Proposer **has** unresolved disallowed costs as explained above.

Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this Proposal are made, the Proposal may be rejected. The evaluation and determination in this area shall be at the DPH Director's sole judgment and her judgment shall be final.

PROPOSER'S AUTHORIZED REPRESENTATIVE, as defined on Cover Page, SIGNATURE (Identify the person authorized to sign on behalf of the Proposer, able to make representations for the Proposer during contract negotiations, and able to legally bind the Proposer.

Name:

Title:

Signature (blue ink):

Date of Signature:

REQUIRED FORMS – EXHIBIT 18
PROPOSER’S FUNDING DISCLOSURE FORM

Proposer’s Name:	<input style="width: 95%; height: 20px;" type="text"/>
Category of Service:	<input style="width: 95%; height: 20px;" type="text"/>

1.0 Background/Instructions:

Resources made available as a result of this RFP shall only be used to fund new or enhanced Oral Health Care Services in Los Angeles County. They shall in no way supplant existing resources. To assure this, Proposer must disclose all *currently* available or *committed* revenue and funding resources available and now used to provide Oral Health Care Services in Los Angeles County. **Responses are subject to verification.**

2.0 Definitions:

CY: The abbreviation “CY” stands for Calendar year which is the annual year that begins January 1 of any year and ends December 31 of the same year for example January 1, 2018 – December 31, 2018 is a single Calendar Year or CY.

FY: “FY” stands for Fiscal Year which is defined as the term from July 1 of one year through June 30 of the subsequent year, for example July 1, 2017 – June 30, 2018 is a single Fiscal Year or FY.

Currently: For the purposes of this form “currently” is defined as the current County FY 18-19 (July 1, 2018 – June 30, 2019) or if the agency is on CY for its fiscal year it would be the current calendar year, CY 2018 (January 1, 2018 – December 31, 2018). All current resources must be disclosed in Table 1. If none available, state, “Not applicable.”

Committed: “Committed” means those resources already budgeted for, and committed to similar services described in this RFP. This includes forthcoming grant awards or other expected funding awards/sources.

Resources: “Resources” include, but are not limited to, patient/client fees, third-party payer sources, grant resources and agency-raised funds (e.g. individual donations, fundraising activities).

3.0 Instructions – Table 1: Current Resources Disclosure:

This section addresses current resources and how they are now used. Please complete Table 1 using the following instructions. Attach additional sheets as needed.

1. **Current resources:** Type in the specific Oral Health Care resources *currently* available in FY 2018-19 or CY 18 (e.g. CDC Community HIV grant [specify grant name/number], Foundation grant [specify which foundation], private donations). If a resource provides funding to more than one category of service list the resource twice and answer the remaining information. If your agency has no other Oral Health Care resources available, please indicate so by stating, “Not applicable”.

2. **Current annual amount:** Enter the annual amount for current services.
3. **Current resources available until:** Choose the appropriate fiscal or calendar year from the drop-down menu to provide. If none of the menu choices apply, choose "other" from the drop-down menu and explain your choice in comments.
4. **Comments:** Explain funding details including (if applicable): 1) if current resources are about to end, 2) why "other" was chosen under the prior column, and/or 3) any other significant funding details that should be taken into consideration during the evaluation stage.

Table 1. Current Resources Disclosure

Current Resources	Current Annual Amount	Current Resources Available Until	Comments
<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>

4.0 Instructions – Table 2: Committed Resources Disclosure

This section addresses committed resources and how they are currently budgeted for use. Please complete Table 2 using the following instructions. Attach additional sheets as needed.

1. **Committed revenue or funding source:** Type in the specific resources committed to be available (FY 2018-19, CY 18 or beyond) (e.g. CDC Community HIV grant (specify grant name/number), Foundation grant (specify which foundation), private donations).
2. **Committed annual amount:** Enter the annual amount initially committed.
3. **Revenue committed to be available until:** Choose the appropriate fiscal or calendar year from the drop-down menu. If none of the menu choices apply, choose “other” from the drop-down menu and explain your choice in comments.
4. **Comments:** Explain funding details including (if applicable): 1) if expected resources are short term, 2) why “other” was chosen under the prior column, and/or 3) any other significant funding details that should be taken into consideration during the evaluation stage.

Table 2. Committed Resources Disclosure

Committed Revenue or Funding Source	Committed Annual Amount	Revenue Committed to be Available Until	Comments
<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>

5.0 Funding Disclosure Narrative

Proposer must explain in the text box below how the new/enhanced funding will be used in conjunction with current and committed funding for existing services.

Click here to enter text.

6.0 Affirmation and Attestation

Affirmation for the Use of DHSP Funds:

This section is designed to affirm that the resources made available by DHSP through this RFP will enhance, and not supplant, existing resources. By checking the box next to the following statement, Proposer agrees to abide by this statement.

- Proposer affirms that the funding made available through this RFP will only be used to fund new or expanded services for the duration of the contract period.

Attestation of Full and Complete Disclosure:

As a Proposer, I certify that all the information contained in this form, Exhibit 18 is correct and is a full and complete disclosure and that agency will abide by the affirmation for use of funds.

Agency Information and Signature:

Agency Name (Full Legal Name)

Address (Street, City, State and Zip Code)

Name of Contact Person

Title of Contact Person Mr. Mrs. Ms.

Telephone Number

Fax Number

E-mail Address

Signature of Executive Director, CEO, or designated Board Member

Signature: _____

Date:

Print Name: _____

Print Title: _____

**ORAL HEALTH CARE SERVICES FOR PERSONS LIVING WITH HIV
MANDATORY PROPOSER'S CONFERENCE
OCTOBER 16, 2018 @ 9:00 AM
PROPOSER ATTENDANCE ROSTER**

Agency Name	Name of Representative	Title of Representative	Email Address	Contact Number	Representative Signature
Watts Healthcare Corporation	Jorge Reyes	Director of Behavioral Health and HIV Services	jorge.reyes@houseofhuru.org	323-568-5400 x 5419	
Via Care Community Health Center	Reginald Moore	DDS Director of Dental Services	reginald.moore@wattshealth.org	323-564-4331 x 3281	
	Patrice Wagonhurst	Chief Development Officer	pwagonhurst@viacarela.org	323-268-9191	
UCLA School of Dentistry	Christina Bugarin	Finance Director	cbugarin@viacarela.org	323-268-9191	
	Dr. Fariba S. Younai	Professor of Clinical Dentistry and Chair,	fyounai@dentistry.ucla.edu	(310) 794-1093	
	Ms. Vanessa Porter	Ryan White Program Coordinator	vporter@dentistry.ucla.edu	(310) 794-4348	
Northeast Valley Health Corporation	Jose Paredes	Grants & Contracts Administrator	JoseParedes@nevhc.org	818-988-6335, Ext: 50702	
	Alexis Gutierrez	DDS, Associate Dental Director	alexisgutierrez@nevhc.org	818-365-8086, Ext: 52274	
St. John's Well Child & Family Center	Victor Martinez	Communicable Disease and Reproductive Health	vmartinez@wellchild.org	(323) 541-1600 x1079	
	Janine Perron	Director of Institutional Giving	jperron@wellchild.org	(323) 541-1411	
JWCH INSTITUTE, INC.	Ana Ortiz	Director of Dental Programs	aortiz@jwchinsitute.org	323-201-4516 ext. 3098	
	10:10 AM SERGIO AVINA	HIV DIVISION DIRECTOR	SAVINA@JWCHINSTITUTE.ORG	323-201-4516 XT 3043	
AIDS Healthcare Foundation	Mark Davis	Dental Director	mark.davis@aidshealth.org	(213) 744-1752	
	Denaee Denton	Grant Writer	denae.denton@aidshealth.org	(323) 860-5232	
USC Herman Ostrow School of Dentistry	Piedad Suarez Durall	Associate Clinical Professor of Dentistry	suarezdu@usc.edu	(213) 740-1342	
	Meyer Miller Perez	Senior Grant Writer	meyererm@usc.edu	(213)740-1637	
AltaMed Health Services Corporation	Rocio Hernandez	HIV Grants Manager	rochermendez@altamed.org	323-765-6668	
	Caroline Hong-Bridges	Senior Grant Writer	chong@altamed.org	323-889-7329	
Dignity Health / St. Mary Medical Center	Paul Lovely	Executive Director	Paul.Lovely@dignityhealth.org	(562) 209-0723	
	Robert Whirry	Program Development Consultant	robertwhirry@gmail.com	(415) 515-5567	

