

**COUNTY OF ALAMEDA  
HEALTH CARE SERVICES AGENCY (HCSA)**

**ADDENDUM No. 1  
For  
RFP No. HCSA-900718  
Mobile Dental Services  
Specification Clarification/Modification and Recap of the Networking/Bidders  
Conferences  
September 26, 2018 and September 27, 2018**

**NOTICE TO BIDDERS**

THIS COUNTY OF ALAMEDA, HCSA ADDENDUM HAS BEEN ELECTRONICALLY ISSUED TO POTENTIAL BIDDERS VIA E-MAIL BASED ON THE ATTACHED BIDDER SIGN-IN SHEETS. THIS ADDENDUM WILL ALSO BE POSTED ON THE GENERAL SERVICES AGENCY (GSA) CONTRACTING OPPORTUNITIES WEBSITE LOCATED AT [HTTP://WWW.ACGOV.ORG/GSA/PURCHASING/BID\\_CONTENT/CONTRACTOPPORTUNITIES.JSP](http://www.acgov.org/gsa/purchasing/bid_content/contractopportunities.jsp)

Any changes made to the original RFP document are in **bold** print and **highlighted**, and deletions made have a ~~strike through~~.

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**RFP Modifications**

Section I.C.2, page 8 of RFP shall include the following new information and shall read as follows:

The ACHCH program will pay provider a ~~per-session~~ **per service date** amount that is inclusive of all budgeted costs required by provider to provide primarily restorative and prosthetic services (as outlined in paragraphs A and B above) to an agreed-upon number of patients referred by ACHCH staff. Providers are expected to bill appropriate payors (Denti-Cal/Medicare, etc) for services provided to eligible patients referred for dental services. The combination of ~~per-session~~ **per service date** payment and billing revenue for insured patients is expected to offset non-reimbursable costs such as the cost of uncompensated treatment of uninsured patients, costs of procedures not reimbursable by Denti-Cal, as well as to allow for expanded services to ACHCH patients and/or expanded enabling and support services provision on the part of the bidder.

Page 6 of Exhibit A, REQUIRED DOCUMENTATION AND SUBMITTALS, shall include the following new information and shall read as follows:

2. **Letter of Transmittal:** Bid responses shall include a description of Bidder's capabilities and approach in providing its mobile specialty dental services for homeless persons to the County, and provide a brief synopsis of the highlights of the Proposal and overall

benefits of the Proposal to the County. **Description should also include a statement of how the Bidder meets each of the Minimum Bidder Qualifications described in Section I.D.** This synopsis should not exceed three pages in length and should be easily understood.

**Bid/Contract Questions**

**Q1: What is the definition of overall cost per session? Is it cost per appointment? That is difficult to ascertain as the cost for each patient and visit can vary- also depends if Denti-cal picks up any costs.**

*A1: The total cost is per service date, inclusive of all budgeted cost required by provider to provide primarily restorative and prosthetic services. This is a total cost per service date and not cost per appointment. See modification to Section I.C.2, page 8 of RFP listed above.*

**Q2: There are a lot of areas listed in RFP for servicing- is the expectation that potential contractor select areas to be serviced based on number of potential service days or is the expectation that all these areas be covered with services?**

*A2: The expectation is that the bidder has the capacity to provide mobile dental services in all the geographic areas outline in the RFP (please refer to Section I.C.2.a, page 8 of RFP) . The selection of services sites will be a collaborative process between the selected bidder and ACHCH staff.*

**Q3: Do you intend to award only one contract or would you award multiple contracts?**

*A3: No. The County intends to award one contract.*

**Bidders Conference Attendees**

The following participants attended the Bidders Conferences:

	<b>Company Name / Address</b>	<b>Representative</b>	<b>Contact Information</b>
1.	<b>On-Site Dental Care Foundation</b>	<b>Maria Dona</b>	Phone: 650-773-0333
			E-Mail: <a href="mailto:mariad@osdcf.org">mariad@osdcf.org</a>
			Prime Contractor:
			Subcontractor:
2.	<b>On-Site Dental Care Foundation</b>	<b>Cheryl Walter</b>	Phone: 408-315-4864
			E-Mail: <a href="mailto:cherlyw@osdcf.org">cherlyw@osdcf.org</a>
			Prime Contractor:
			Subcontractor:
			Certified SLEB:

3.	<b>Tiburcio Vasquez Health Center</b>	<b>Wil Lacro, VP of Bus. Dev.</b>	Phone: 510-460-3846
			E-Mail: <a href="mailto:wlacro@tvhc.org">wlacro@tvhc.org</a>
			Prime Contractor:
			Subcontractor:
			Certified SLEB:
4.	<b>Tri-City Health Center</b>	<b>Amy Hsieh, Dev. Mgr</b>	Phone: 510.252.6806
			E-Mail: <a href="mailto:ahsieh@tri-cityhealth.org">ahsieh@tri-cityhealth.org</a>
			Prime Contractor:
			Subcontractor:
			Certified SLEB: