

****IMPORTANT NOTICE****

- The format of this **RFP** has been simplified.
- Only the following pages require signatures:
 1. Exhibit A – Bid Response Packet, [Bidder Information and Acceptance](#) page
 - a. [Must be signed by Bidder](#)

Please read **EXHIBIT A – Bid Response Packet** carefully, **INCOMPLETE BIDS WILL BE REJECTED.** Alameda County will not accept submissions or documentation after the bid response due date.

COUNTY OF ALAMEDA

REQUEST FOR PROPOSAL No. 900718

for

Mobile Dental Services

| | |
|--|---|
| <u>Bidders Conference #1</u> Wednesday, September 26 at 2:00 PM 1404 Franklin St., Highlander Room, Suite 209, 2 nd Floor Oakland, CA 94612 | <u>Bidders Conference #2</u> Thursday, September 27 at 10:00 AM 1000 San Leandro Blvd, Room 200AB, 2 nd Floor San Leandro, CA 94577 |
| <p>For complete information regarding this project, see RFP posted at http://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp or contact the County representative listed below. Thank you for your interest!</p> <p>Contact Person: Casey Zirbel, Administrative Specialist</p> <p>Phone Number: (510) 667-3147</p> <p>E-mail Address: Casey.Zirbel@acgov.org</p> | |

RESPONSE DUE

by

2:00 p.m.

on

October 26, 2018

at

Alameda County, Health Care Services Agency

1000 San Leandro Blvd, Suite 300

San Leandro, CA 94577



Alameda County is committed to reducing environmental impacts across our entire supply chain. If printing this document, please print only what you need, print double-sided, and use recycled-content paper.

COUNTY OF ALAMEDA
REQUEST FOR PROPOSAL No. 900718
SPECIFICATIONS, TERMS & CONDITIONS
for
Mobile Dental Services

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ATTACHMENTS

EXHIBIT A - BID RESPONSE PACKET
EXHIBIT B - INSURANCE REQUIREMENTS
EXHIBIT C – APPENDIX
EXHIBIT D – REQUIRED REPORTING AND HRSA VISIT DEFINITIONS

I. STATEMENT OF WORK

A. INTENT

It is the intent of these specifications, terms and conditions to describe mobile specialty dental services for homeless persons being requested by the Alameda County Health Care Services Agency (hereafter, HCSA or the County). Specifically, HCSA seeks to award a contract to a qualified state licensed or exempt dental provider to provide mobile access to comprehensive specialty dental care services to homeless clients of the Alameda County Health Care for the Homeless (ACHCH) program.

The County intends to award a one (1)-year contract with the option to renew up to three (3) years to the bidder(s) selected as the most responsible bidder(s) whose response conforms to the Request for Proposal (RFP) and meets the County's requirements. An amount not to exceed \$250,000, based on level of services, may be available during Year 1 of the contract, with future amounts to be negotiated in subsequent years, pending availability of future contract funding, to cover the services outlined in this RFP.

The actual amount of award will be determined by the development of the service delivery model and financing plans that will be negotiated and finalized by the County, in conjunction with the selected awarded bidders, during the contract period.

Renewal of contract with selected awarded bidders is contingent upon meeting performance measures and contract deliverables, as set forth by the County and subject to periodic review, and upon the availability of funding.

B. Background

HCSA is the health authority in Alameda County whose mission is to provide fully integrated health care services to its residents. These services are provided through a comprehensive network of public and private partnerships that ensure optimal health and well-being and respect the diversity of all residents. HCSA recognizes that to achieve this mission, it must develop high quality services and operations that are consistent with any changes in relevant economic and policy environments.

To better serve its mission, HCSA is a recipient of a federal HRSA section 330(h) Health Care for the Homeless grant to provide access to quality health care services to persons experiencing homelessness throughout the catchment area of Alameda County. The Alameda County Health Care for the Homeless Program (ACHCH) is the entity within HCSA that directly provides clinical care and services, and administers contracts with community providers for the provision of clinical and social support services to persons

experiencing homelessness. These funds will support mobile dental services to the target population of persons experiencing homelessness as described in the Scope section of this RFP.

Health Resources Services Administration (HRSA) and the Bureau of Primary Health Care (BPHC) require that ACHCH program provide dental health care services to persons experiencing homelessness throughout the entire grant catchment area of Alameda County. Currently, the ACHCH program has dental contracts that provide coverage to patients in Northern Alameda County. Due to shortages of providers and geographical limitations in Central, South, and East County the ACHCH program seeks to contract for mobile dental services in these areas.

In 2017, ACHCH program provided medical, behavioral health, assessment and case management services to more than 7,500 persons experiencing homelessness in Alameda County. ACHCH program case managers directly engaged with some 2,000 persons, helping them access primary care, dental, optometry, recovery and mental health services, as well as providing them with ongoing support and housing case management services. In 2017 ACHCH program case managers provided dental case management services to 400 patients, linking them to contracted community providers and providing enabling services such as transportation, food and advocacy services to assist homeless patients complete dental treatment plans.

The most common dental procedures that roughly 550 homeless patients treated for by ACHCH contractors in 2017 included:

- Dental Cleaning and Evaluation 80%
- Cavities/amalgam fillings 50%
- Multiple Extractions 40%
- Dentures or partials 40%
- Crowns 12%
- Gum Disease/curettage 10%
- Root Canal 10%

C. **SCOPE**

1. Program Description

Mobile dental health care is a critically needed service for individuals experiencing homelessness. Most homeless persons suffer from long-term dental neglect, and face multiple and complex oral health issues, as well as frequent co-occurring chronic and acute health issues. Behavioral health issues, experiences of trauma and abuse are frequent, and negative experiences with health or services providers can leave patients alienated and suspicious. Over 90% of patients have untreated dental caries. 80% have not had a dental cleaning in 4+ years. 27% of ACHCH patients present with active, untreated toothache/pain. Many have trauma-related damage to teeth. Frequent histories of tobacco, drug and alcohol use increase risk and levels of periodontal disease and caries.

A key HCH program service is providing support services that enable homeless patients to complete complex treatment plans and build oral health in a positive manner.

The terms and conditions of this RFP will become integral parts of the Standard Services Agreement. Under this Mobile Specialty Dental Services RFP, ACHCH program is allocating funding to selected providers to provide priority access to the following specialized dental health care services to homeless patients.

a) Restorative Dental Health Care:

a. Contractor shall provide the following:

- i. Assessment: Homeless patients referred to provider by ACHCH program for dental treatment shall receive a comprehensive assessment and treatment. Services for most patients shall be: a full dental exam, including x-rays, assessment, oral health education, cleaning and deep cleaning for those with periodontal involvement.
- ii. Treatments may include: extraction(s), multiple fillings, crowns, root canals, and restorative care, accomplished within an appropriate and timely manner.
- iii. Treatment plans shall be presented to every patient, and shared with ACHCH program case managers, on paper, electronically or fax. Upon completion of treatment plan, provider will inform ACHCH program of completed status, with any changes in Treatment Plan noted.

b) Prosthetic Dental Services:

- a. Homeless patients who have received appropriate treatment and stabilization (restoration, extractions, infection control, gum repair), and require dentures, partials or other prosthetic dental devices as part of his/her dental treatment plan shall be referred to provider for the following services:
 - i. Bridges, full or partial dentures
 - ii. Require laboratory work, and follow up visits for fitting prosthetics

2. ACHCH program Mobile Specialty Dental Services:

Due to the severity of oral health conditions and the complex life situations faced by most persons experiencing homelessness, it is necessary that both the patient and the provider engage quickly in oral health services, with adequate enabling service and dental case management, and complete dental treatment as quickly as possible. In our experience, providing full dental services in a mobile setting is the most effective way to rapidly complete treatment plans, effectively support patients and reduce no-show rates.

The ACHCH program expects bidder to:

- Serve a minimum of 250 unduplicated patients annually.
- Demonstrate their capability to effectively serve 20-30 patients per weekly session.
- Accept new patients referred by ACHCH program staff to enter dental treatment as mobile dental slots are anticipated or become available.
- Schedule follow-up appointments with provider as soon as possible to speed up treatment plans, with a maximum wait time of 14 days, or as medically indicated.
- Continue to visit a site until treatment on all patients in need has either been completed, or the mobile dental practice moves to the next designated service shelter site.

The ACHCH program will pay provider a per-session 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 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.

In this RFP, bidders will be required to describe a model of providing mobile dental care to a patient population consisting of both insured (Denti-cal/Medicare) and uninsured patients. Providers will: Describe the overall cost per session; the target number of patients treated in a typical session; the mix of types of services and complexity of service provided; the minimum and maximum number of sessions that could be provided under this; and the minimum and maximum estimated numbers of patients completing a treatment plan during a year. The proposal should be based upon the proportion of ACHCH patients requiring particular services/procedures in the past (see above), and a payer mix including 57% Denti-Cal and 35% uninsured, and 8% MediCare based on ACHCH program projections in Exhibit C.

a) Geographical location:

Due to the large geographical size of the South, Central and East County, the ACHCH program is seeking a mobile clinic-based dental provider who can serve the following key geographical regions of the County.

Key Geographical Areas:

- **Central County:** Including East Oakland, San Leandro, San Lorenzo, Cherryland, Ashland, Hayward, Castro Valley
- **South and East County:** Including Fremont, Newark, Warm Springs, Pleasanton, Livermore, Dublin.

b) Objectives

The overall objectives of the ACHCH program and the selected awarded bidder/s are to provide specialty restorative and prosthetic dental care to persons experiencing homelessness in Alameda County, in close coordination with the ACHCH Program, with the following expectations:

- 1. Access and Timely Care:** Homeless patients will receive initial appointments and follow up care in a timely manner. Patient and ACHCH Program will be provided with a treatment plan. To ensure prompt completion of treatment plan, multiple procedures should be provided in the same visit as appropriate, waiting periods between visits should be as short as possible, patients should leave with a set appointment in the near future, and

patients and program should be provided a completed treatment plan to review upon completion.

2. Quality of Care: Patients will be provided with high quality care, materials and education, with standards of care sensitive to the needs of the homeless populations served.

3. Patient experience: Providers will strive to maintain a focus on positive patient experience. Patient satisfaction data will be collected and reviewed by ACHCH program.

4. Specialty Dental Referrals: Bidder will demonstrate capacity to effectively refer patients to outside providers for specialized services (surgical extractions, etc), communicating and coordinating effectively with patients, providers and ACHCH staff around timely access, transportation, and fees/charges.

5. Coordination/Reporting to ACHCH: Bidder will provide coordination with ACHCH staff, including scheduling, and patient follow up. Bidder will also provide prompt and accurate reporting of patient services, treatment plans and outcomes.

6. Cost and access to dentures/partials/prosthesis: Services shall be cost effective, with a goal of providing quality dental services and supplies to as many patients as possible.

7. Geographical Accessibility: Dental services shall be provided through mobile services as specified in the Bidder's proposal. Services will be available to patients throughout the County, accessible by public transit.

8. Emergency/Urgent access: Where medically necessary, patients will be able to access same/next day treatment for urgent dental conditions, pain, etc.

9. Integration with a primary care medical home: Bidder will communicate and coordinate care among primary care, behavioral health and dental providers, with assistance from ACHCH program.

10. Meeting HRSA subcontractor/reporting requirements: As an ACHCH subcontractor, provider shall provide required UDS reporting data on patients treated, and meet all required U.S. Department of Health and Human Services (HHS) regulations for a Health Center subcontractor. Reporting requirements are outlined in Exhibit D.

D. BIDDER QUALIFICATIONS

1. BIDDER Minimum Qualifications

To be eligible to participate in this RFP, Bidder must be a dental provider licensed by the State of California (or exempt from licensure requirements) and must successfully demonstrate in their proposal how they meet the following Bidder Minimum Qualifications:

- a. Bidder shall be regularly and continuously engaged in the business of providing dental care services for at least three (3) years.
- b. Bidder shall be a licensed or exempt dental clinic able to provide services in Alameda County.
- c. Bidder shall have demonstrated skills and experience in providing dental care to vulnerable and at-risk populations as described in Section I.C SCOPE.
- d. Bidder shall have demonstrated capacity to bill for dental services with multiple payers.
- e. Bidder shall possess all permits, licenses and professional credentials necessary to perform services as specified under this RFP.

E. SPECIFIC REQUIREMENTS

The selected awarded bidder(s) shall meet the abovementioned minimum qualifications and be willing to perform the following activities during the contract term:

1. Bidder shall provide comprehensive dental health care services to homeless adults and children. These dental services shall be provided through mobile services as specified in this RFP. Individuals served will be screened by the ACHCH Program to meet HHS/HRSA definition of homelessness.
2. Bidder shall provide for:
 - a. A large mobile vehicle that has been adapted to provide dental care including: at least two functioning dental operatories, lab, and a reception area.
 - b. Staff, dental supplies, and dental resources.
 - c. Generator for mobile dental practice or will install power receptacle for each site.
3. It is expected that the bidder will provide space and coordination with case management services by ACHCH program Case Managers.
4. Bidder will provide required reporting to ACHCH program, including patient demographic data and procedure data required by the ACHCH program.

5. Bidder will provide an implementation plan/schedule detailing their strategy and timeline for their proposed services. Bidder shall be expected to comply completely with this implementation plan/schedule.

F. DELIVERABLES / REPORTS

1. Bidder shall comply with any reporting and evaluation standards and agreements as set forth by HCSA and ACHCH staff (see Exhibit A of the RFP- Bid Response Required Documentation and Submittals Item 8 below for details on Deliverables and Reports).

Contractor shall provide, monthly:

- a) List of patients treated
- b) List of patients who complete treatment plans
- c) HRSA Uniform Data System UDS demographic data for all patients treated
- d) Results Based Accountability measures and data
- e) Treatment Plan for all referred patients, monthly
- f) Treatment Plan conclusion report for all referred patients, monthly
- g) Patient contact report breaking down services provided and amount of meetings, monthly

II. CALENDAR OF EVENTS

| EVENT | DATE/LOCATION | |
|----------------------------------|---|---|
| Request Issued | September 18, 2018 | |
| Written Questions Due | by 5:00 p.m. on September 27, 2018 | |
| Networking/Bidders Conference #1 | September 26, 2018 at 2:00 PM | 1404 Franklin St., Highlander Room, Suite 209 Second Floor Oakland, CA 94612 |
| Networking/Bidders Conference #2 | September 27, 2018 at 10:00 AM | 1000 San Leandro Blvd, Room 200AB, 2 nd Floor San Leandro, CA 94577 |
| List of Attendees | October 12, 2018 | |
| Q&A Issued | October 12, 2018 | |
| Addendum Issued | October 12, 2018 | |

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| Response Due | October 26, 2018 by 2:00 p.m. |
| Evaluation Period | October 26– November 16, 2018 |
| Vendor Interviews | November 15-16, 2018 |
| Board Letter Recommending Award Issued | December 4, 2018 |
| Board Consideration Award Date | December 18, 2018 |
| Contract Start Date | January 1, 2018 |

Note: Award and start dates are approximate.

G. NETWORKING / BIDDERS CONFERENCES

1. Networking/bidders conferences will be held to:
 - a. Provide an opportunity for bidders to ask specific questions about the project and request RFP clarification.
 - b. Provide the County with an opportunity to receive feedback regarding the project and RFP.
2. The list of bidder conference attendees and vendor outreach will be released in a separate document.
3. Questions will be addressed in an RFP addendum following the networking/bidders conference(s). Should there be a need to amend or revise the RFP at any time, an addendum will be issued following the Networking/Bidders Conferences.
4. Potential bidders are strongly encouraged to attend networking/bidders conference(s) in order to further facilitate subcontracting relationships. Vendors who attend a networking/bidders conference will be added to the Vendor Bid List. Failure to participate in a networking/bidders conference will in no way relieve the Contractor from furnishing goods and/or services required in accordance with these specifications, terms and conditions. Attendance at a networking/bidders conference is recommended but is not mandatory

III. COUNTY PROCEDURES, TERMS, AND CONDITIONS

H. EVALUATION CRITERIA / SELECTION COMMITTEE

All proposals that pass the initial Evaluation Criteria which are determined on a pass/fail basis (Completeness of Response, Financial Stability, and Debarment and Suspension) will be evaluated by a County Selection Committee (CSC). The County Selection Committee may be composed of County staff and other parties that may have expertise or experience in mobile specialty dental services for homeless persons. The CSC will score and recommend a Contractor in accordance with the evaluation criteria set forth in this RFP. Other than the initial pass/fail Evaluation Criteria, the evaluation of the proposals shall be within the sole judgment and discretion of the CSC.

All contact during the evaluation phase shall be through the Health Care Services Agency only. Bidders shall neither contact nor lobby evaluators during the evaluation process. Attempts by Bidder to contact and/or influence members of the CSC may result in disqualification of Bidder.

The CSC will evaluate each proposal meeting the qualification requirements set forth in this RFP. Bidders should bear in mind that any proposal that is unrealistic in terms of the technical or schedule commitments, or unrealistically high or low in cost, will be deemed reflective of an inherent lack of technical competence or indicative of a failure to comprehend the complexity and risk of the County's requirements as set forth in this RFP.

Bidders are advised that in the evaluation of cost it will be assumed that the unit price quoted is correct in the case of a discrepancy between the unit price and an extension.

As a result of this RFP, the County intends to award a contract to the responsible bidder(s) whose response conforms to the RFP and whose bid presents the greatest value to the County, all evaluation criteria considered. The combined weight of the evaluation criteria is greater in importance than cost in determining the greatest value to the County. The goal is to award a contract to the bidder(s) that proposes the County the best quality as determined by the combined weight of the evaluation criteria. The County may award a contract of higher qualitative competence over the lowest priced response.

The basic information that each section should contain is specified below, these specifications should be considered as minimum requirements. Much of the material needed to present a comprehensive proposal can be placed into one of the sections listed. However, other criteria may be added to further support the evaluation process whenever such additional criteria are deemed appropriate in considering the nature of the goods and/or services being solicited.

Each of the Evaluation Criteria below will be used in ranking and determining the quality of bidders' proposals. Proposals will be evaluated according to each Evaluation Criteria, and scored on the zero to five-point scale outlined below. The scores for all Evaluation Criteria will then be added, according to their assigned weight (below), to arrive at a weighted score for each proposal. A proposal with a high weighted total will be deemed of higher quality than a proposal with a lesser-weighted total. The final maximum score for any project is 500 points.

The evaluation process may include a two-stage approach including an initial evaluation of the written proposal and preliminary scoring to develop a short list of bidders that will continue to the final stage of oral interview and reference checks. The preliminary scoring will be based on the total points, excluding points allocated to references and oral interview.

If the two-stage approach is used, the three bidders receiving the highest preliminary scores and with at least 200 points will be invited to an oral interview. Only the bidders meeting the short list criteria will proceed to the next stage. All other bidders will be deemed eliminated from the process. All bidders will be notified of the short list participants; however, the preliminary scores at that time will not be communicated to bidders.

The zero to five-point scale range is defined as follows:

| | | |
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| 0 | Not Acceptable | Non-responsive, fails to meet RFP specification. The approach has no probability of success. If a mandatory requirement this score will result in disqualification of proposal. |
| 1 | Poor | Below average, falls short of expectations, is substandard to that which is the average or expected norm, has a low probability of success in achieving objectives per RFP. |
| 2 | Fair | Has a reasonable probability of success, however, some objectives may not be met. |
| 3 | Average | Acceptable, achieves all objectives in a reasonable fashion per RFP specification. This will be the baseline score for each item with adjustments based on interpretation of proposal by Evaluation Committee members. |
| 4 | Above Average / Good | Very good probability of success, better than that which is average or expected as the norm. Achieves all objectives per RFP requirements and expectations. |
| 5 | Excellent / Exceptional | Exceeds expectations, very innovative, clearly superior to that which is average or expected as the norm. Excellent probability of success and in achieving all objectives and meeting RFP |

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| | | specification. |
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The Evaluation Criteria and their respective weights are as follows:

| | Evaluation Criteria | Weight |
|-----------|--|-----------|
| A. | <p>Completeness of Response: Responses to this RFP must be complete. Responses that do not include the proposal content requirements identified within this RFP and subsequent Addenda and do not address each of the items listed below will be considered incomplete, be rated a Fail in the Evaluation Criteria and will receive no further consideration.</p> <p>Responses that are rated a Fail and are not considered may be picked up at the delivery location within 14 calendar days of contract award and/or the completion of the competitive process.</p> | Pass/Fail |
| B. | <p>Debarment and Suspension: Bidders, its principal and named subcontractors are not identified on the list of Federally debarred, suspended or other excluded parties located at www.sam.gov.</p> | Pass/Fail |
| C. | <p>Cost: The points for Cost will be computed by dividing the amount of the lowest responsive bid received by each bidder's total proposed cost.</p> <p>While not reflected in the Cost evaluation points, an evaluation may also be made of:</p> <ol style="list-style-type: none"> 1. Reasonableness (i.e., does the proposed pricing accurately reflect the bidder's effort to meet requirements and objectives?); 2. Realism (i.e., is the proposed cost appropriate to the nature of the products and services to be provided?); and 3. Affordability (i.e., the ability of the County to finance services). <p>Consideration of price in terms of overall affordability may be controlling in circumstances where two or more proposals are otherwise adjudged to be equal, or when a superior proposal is at a price that the County cannot afford.</p> | 20 Points |

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| D. | Implementation Plan, Timeline, and Schedule: An evaluation will be made of the likelihood that Bidder's implementation plan and schedule will meet the County's schedule. Additional credit will be given for the identification and planning for mitigation of schedule risks which Bidder believes may adversely affect any portion of the County's schedule. | 15 Points |
| E. | Relevant Experience: Proposals will be evaluated against the RFP specifications and the questions below: <ol style="list-style-type: none"> 1. Do the individuals assigned to the project have experience on similar projects? 2. How extensive is the applicable education and experience of the personnel designated to work on the project? | 20 Points |
| F. | References (See Exhibit A – Bid Response Packet) | Pass/Fail |
| G. | Oral Interview/Overall Proposal: The oral interview on the proposal shall not exceed 60 minutes. The oral interview may include responding to standard and specific questions from the CSC regarding the Bidder's proposal. The scoring may be revised based on the oral interview. | 10 Points |
| H. | Understanding of the Project: Proposals will be evaluated against the RFP specifications and the questions below: <ol style="list-style-type: none"> 1. Has proposer demonstrated a thorough understanding of the purpose and scope of the project? 2. How well has the proposer identified pertinent issues and potential problems related to the project? 3. Has the proposer demonstrated that it understands the deliverables the County expects it to provide? 4. Has the proposer demonstrated that it understands the County's time schedule and can meet it? | 15 Points |
| I. | Description of Proposed Services: An evaluation will be made of the quality and innovation of proposed services, with specific focus on the areas identified in the Scope section of this RFP. <ol style="list-style-type: none"> 1. Project Overview - How well does the proposed project fit into Bidder's organizational | 20 Points |

| | | |
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| | <p>structure and current service provision?</p> <p>2. Target Population –How specific is the program design to the target population/ demographics described in the RFP?</p> <p>3. Proposed Services – How well does the proposed plan address the following objectives:</p> <ul style="list-style-type: none">a) Improve access to health care and promote the health and well-being of the target population, particularly through the provision of mobile dental services.b) Provide specialty dental care services for the target population.c) Establish partnerships and collaborations with other health care organizations.d) Promote collaboration and communication with the ACHCH program related to the delivery of mobile dental services. | |
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I. CONTRACT EVALUATION AND ASSESSMENT

During the initial 60 day period of any contract which may be awarded to Contractor, the County may review the proposal, the contract, any goods or services provided, and/or meet with the Contractor to identify any issues or potential problems.

The County reserves the right to determine, at its sole discretion, whether:

1. Contractor has complied with all terms of this RFP; and
2. Any problems or potential problems with the proposed goods and services were evidenced which make it unlikely (even with possible modifications) that such goods and services have met or will meet the County requirements.

If, as a result of such determination, the County concludes that it is not satisfied with Contractor, Contractor's performance under any awarded contract and/or Contractor's goods and services as contracted for therein, the Contractor will be notified of contract termination. Contractor shall be responsible for returning County facilities to their original state at no charge to the County. The County will have the right to invite the next highest ranked bidder to enter into a contract. The County also reserves the right to re-bid this project if it is determined to be in its best interest to do so.

J. NOTICE OF INTENT TO AWARD

1. At the conclusion of the RFP response evaluation process ("Evaluation Process"), all bidders will be notified in writing by e-mail, fax, or US Postal Service mail, of the contract award recommendation, if any, by HCSA. The document providing this notification is the Notice of Intent to Award.

The Notice of Intent to Award will provide the following information:

- a. The name of the bidder being recommended for contract award; and
 - b. The names of all other parties that submitted proposals.
2. At the conclusion of the RFP response evaluation process and negotiations, debriefings for unsuccessful bidders will be scheduled and provided upon written request and will be restricted to discussion of the unsuccessful offeror's bid. Under no circumstances will any discussion be conducted with regard to contract negotiations with the successful bidder.
 3. The submitted proposals shall be made available upon request no later than five calendar days before approval of the award and contract is scheduled to be heard by the Board of Supervisors.

K. BID PROTEST/APPEALS PROCESS

1. HCSA prides itself on the establishment of fair and competitive contracting procedures and the commitment made to following those procedures. The following is provided in the event that bidders wish to protest the bid process or appeal the recommendation to award a contract for this project once the Notices of Intent to Award/Non-Award have been issued. Bid protests submitted prior to issuance of the Notices of Intent to Award/Non-Award will not be accepted by the County.

Any Bid protest by any Bidder regarding any other Bid must be submitted in writing to Rebecca Gebhart, HCSA Finance Director, 1000 San Leandro Blvd., Suite 300, San Leandro, CA 94577, Fax (510) 351-1367 **before 5:00 pm of the FIFTH (5th) business day following the date of issuance of the Notice of Intent to Award, not the date received by the Bidder.** A Bid protest received after 5:00 pm is considered received as of the next business day.

- a. The Bid protest must contain a complete statement of the reasons and facts for the protest.

- b. The protest must refer to the specific portions of all documents that form the basis for the protest.
 - c. The protest must include the name, address, email address, fax number and telephone number of the person representing the protesting party.
 - d. The County Agency/Department will transmit a copy of the bid protest to all bidders as soon as possible after receipt of the protest.
2. Upon receipt of written protest, HCSA Finance Director, or designee will review and evaluate the protest and issue a written decision. The HCSA Finance Director, may, at his or her discretion, investigate the protest, obtain additional information, provide an opportunity to settle the protest by mutual agreement, and/or schedule a meeting(s) with the protesting Bidder and others (as appropriate) to discuss the protest. The decision on the bid protest will be issued at least ten (10) business days prior to the Board hearing or HCSA award date.

The decision will be communicated by e-mail or fax, and mail, and will inform the Bidder whether or not the recommendation to the Board of Supervisors or HCSA in the Notice of Intent to Award is going to change. A copy of the decision will be furnished to all Bidders affected by the decision. As used in this paragraph, a Bidder is affected by the decision on a Bid protest if a decision on the protest could have resulted in the Bidder not being the apparent successful Bidder on the Bid.

- -
 3. The decision of the HCSA Finance Director on the bid protest may be appealed to the Auditor- Controller's Office of Contract Compliance & Reporting (OCCR) located at 1221 Oak St., Room 249, Oakland, CA 94612, Fax: (510) 272-6502 unless the OCCR determines that it has a conflict of interest in which case an alternate will be identified to hear the appeal and all steps to be taken by OCCR will be performed by the alternate. The Bidder whose Bid is the subject of the protest, all Bidders affected by the HCSA Finance Director's decision on the protest, and the protestor have the right to appeal if not satisfied with the HCSA Finance Director's decision. All appeals to the Auditor-Controller's OCCR shall be in writing and submitted within five (5) business days following the issuance of the decision by the HCSA Finance Director, not the date received by the Bidder. An appeal received after 5:00 p.m. is considered received as of the next business day.
 - a. The appeal shall specify the decision being appealed and all the facts and circumstances relied upon in support of the appeal.

- b. In reviewing protest appeals, the OCCR will not re-judge the proposal(s). The appeal to the OCCR shall be limited to review of the procurement process to determine if the contracting department materially erred in following the Bid or, where appropriate, County contracting policies or other laws and regulations.
 - c. The appeal to the OCCR also shall be limited to the grounds raised in the original protest and the decision by the HCSA Finance Director. As such, a Bidder is prohibited from stating new grounds for a Bid protest in its appeal. The Auditor-Controller (OCCR) shall only review the materials and conclusions reached by the HCSA Finance Director or department designee, and will determine whether to uphold or overturn the protest decision.
 - d. The Auditor's Office may overturn the results of a bid process for ethical violations by HCSA staff, County Selection Committee members, subject matter experts, or any other County staff managing or participating in the competitive bid process, regardless of timing or the contents of a bid protest.
 - e. The decision of the Auditor-Controller's OCCR is the final step of the appeal process. A copy of the decision of the Auditor-Controller's OCCR will be furnished to the protestor, the Bidder whose Bid is the subject of the Bid protest, and all Bidders affected by the decision.
- 4. The County will complete the Bid protest/appeal procedures set forth in this paragraph before a recommendation to award the Contract is considered by the Board of Supervisor or HCSA.
 - 5. The procedures and time limits set forth in this paragraph are mandatory and are each Bidder's sole and exclusive remedy in the event of Bid Protest. A Bidder's failure to timely complete both the Bid protest and appeal procedures shall be deemed a failure to exhaust administrative remedies. Failure to exhaust administrative remedies, or failure to comply otherwise with these procedures, shall constitute a waiver of any right to further pursue the Bid protest, including filing a Government Code Claim or legal proceedings.

L. TERM / TERMINATION / RENEWAL

- 1. The term of the contract, which may be awarded pursuant to this RFP, will be one year.
- 2. By mutual agreement, any contract which may be awarded pursuant to this RFP, may be extended for an additional term at agreed prices with all other terms and conditions remaining the same.

M. PRICING

1. Prevailing Wages: Pursuant to Labor Code Sections 1770 et seq., Contractor shall pay to persons performing labor in and about Work provided for in Contract not less than the general prevailing rate of per diem wages for work of a similar character in the locality in which the Work is performed, and not less than the general prevailing rate of per diem wages for legal holiday and overtime work in said locality, which per diem wages shall not be less than the stipulated rates contained in a schedule thereof which has been ascertained and determined by the Director of the State Department of Industrial Relations to be the general prevailing rate of per diem wages for each craft or type of workman or mechanic needed to execute this contract.

N. AWARD

1. Proposals will be evaluated by a committee and will be ranked in accordance with the RFP section entitled "Evaluation Criteria/Selection Committee."
2. The committee will recommend award to the bidder who, in its opinion, has submitted the proposal that best serves the overall interests of the County and attains the highest overall point score. Award may not necessarily be made to the bidder with the lowest price.
3. The County reserves the right to reject any or all responses that materially differ from any terms contained in this RFP or from any Exhibits attached hereto, to waive informalities and minor irregularities in responses received, and to provide an opportunity for bidders to correct minor and immaterial errors contained in their submissions. The decision as to what constitutes a minor irregularity shall be made solely at the discretion of the County.
4. Any proposal/bids that contain false or misleading information may be disqualified by the County.
5. The County reserves the right to award to a single or multiple Contractors.
6. The County has the right to decline to award this contract or any part thereof for any reason.
7. Board approval to award a contract is required.
8. A contract must be negotiated, finalized, and signed by the recommended awardee prior to Board approval.

9. Final Standard Agreement terms and conditions will be negotiated with the selected bidder. Bidder may access a copy of the Standard Services Agreement template can be found online at:

<http://www.acgov.org/gsa/purchasing/standardServicesAgreement.pdf>

The template contains minimal Agreement boilerplate language only.

10. The RFP specifications, terms, conditions and Exhibits, RFP Addenda and Bidder's proposal, may be incorporated into and made a part of any contract that may be awarded as a result of this RFP.

O. **INVOICING**

1. Contractor shall invoice the requesting department, unless otherwise advised, upon satisfactory receipt of product and/or performance of services.
2. County will use best efforts to make payment within thirty (30) days following receipt and review of invoice and upon complete satisfactory receipt of product and performance of services.
3. County shall notify Contractor of any adjustments required to invoice.
4. Invoices shall contain County PO number, invoice number, remit to address and itemized products and/or services description and price as quoted and shall be accompanied by acceptable proof of delivery.
5. Contractor shall utilize standardized invoice upon request.
6. Invoices shall only be issued by the Contractor who is awarded a contract.
7. Payments will be issued to and invoices must be received from the same Contractor whose name is specified on the Purchase Orders.
8. The County will pay Contractor monthly or as agreed upon, not to exceed the total RFP quoted in the bid response.

IV. **INSTRUCTIONS TO BIDDERS**

P. **COUNTY CONTACTS**

All contact during the competitive process is to be through Casey Zirbel, Administrative Specialist, only. Contact information is provided in Section Q below. All questions regarding these specifications, terms and conditions are to be submitted in writing, preferably via e-mail to Casey Zirbel by the specified date on the Calendar of Events.

The evaluation phase of the competitive process shall begin upon receipt of sealed bids until a contract has been awarded. Bidders shall not contact or lobby evaluators during the evaluation process. Attempts by Bidder to contact evaluators may result in disqualification of bidder.

The GSA Contracting Opportunities website will be the official notification posting place of all Requests for Interest, Proposals, Quotes and Addenda. Go to http://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp to view current contracting opportunities.

All questions regarding these specifications, terms and conditions are to be submitted in writing, preferably via e-mail by **5:00 p.m. on September 27, 2018** to:

Casey Zirbel, Administrative Specialist
Alameda County, Health Care Services Agency
1000 San Leandro Blvd, Suite 300
San Leandro, CA 94577
E-Mail: Casey.Zirbel@acgov.org
PHONE: (510) 667-3147

The GSA Contracting Opportunities website will be the official notification posting place of all Requests for Interest, Proposals, Quotes and Addenda. Go to http://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractopportunities.jsp to view current contracting opportunities.

Q. SUBMITTAL OF BIDS

1. All bids must be SEALED and must be received at the Office of the Purchasing Agent of Alameda County BY 2:00 p.m. on the due date specified in the Calendar of Events.

NOTE: LATE AND/OR UNSEALED BIDS CANNOT BE ACCEPTED. IF HAND DELIVERING BIDS PLEASE ALLOW TIME FOR METERED STREET PARKING OR PARKING IN AREA PUBLIC PARKING LOTS AND ENTRY INTO SECURE BUILDING.

Bids will be received only at the address shown below, and by the time indicated in the Calendar of Events. Any bid received after said time and/or date or at a place other than the stated address cannot be considered and will be returned to the bidder unopened.

All bids, whether delivered by an employee of Bidder, U.S. Postal Service, courier or package delivery service, must be received and time stamped at the stated address prior to the time designated. The Procurement department's timestamp

shall be considered the official timepiece for the purpose of establishing the actual receipt of bids.

2. Bids are to be addressed and delivered as follows:

**Alameda County, Health Care Services Agency
RFP No. HCSA-907018
Attn: Casey Zirbel, Administrative Specialist
1000 San Leandro Blvd, Suite 300
San Leandro, CA 94577**

For questions:

E-MAIL: Casey.Zirbel@acgov.org

PHONE: (510) 667-3147

Bidder's name, return address, and the RFP number and title must also appear on the mailing package.

***PLEASE NOTE** that on the bid due date, a bid reception desk will be open between 9:00 a.m. – 2:00 p.m. and will be located on the third floor at 1000 San Leandro Blvd, Suite 300.

3. Bidders are to submit one (1) original hardcopy bid (Exhibit A – Bid Response Packet, including additional required documentation), with original ink signatures, plus three (3) copies of their proposal. Original proposal is to be clearly marked “ORIGINAL” with copies to be marked “COPY”. All submittals should be printed on plain white paper, and must be either loose leaf or in a 3-ring binder (**NOT** bound). It is preferred that all proposals submitted shall be printed double-sided and on minimum 30% post-consumer recycled content paper. Inability to comply with the 30% post-consumer recycled content recommendation will have no impact on the evaluation and scoring of the proposal.

Bidders **must** also submit an electronic copy of their proposal. The electronic copy must be in a single file (PDF with OCR preferred), and shall be an **exact** scanned image of the original hard copy Exhibit A – Bid Response Packet, including additional required documentation. The file must be on disk or USB flash drive and enclosed with the sealed original hardcopy of the bid.

4. BIDDERS SHALL NOT MODIFY BID FORM(S) OR QUALIFY THEIR BIDS. BIDDERS SHALL NOT SUBMIT TO THE COUNTY A SCANNED, RE-TYPED, WORD-PROCESSED, OR OTHERWISE RECREATED VERSION OF THE BID FORM(S) OR ANY OTHER COUNTY-PROVIDED DOCUMENT.

5. No email (electronic) or facsimile bids will be considered.
6. All costs required for the preparation and submission of a bid shall be borne by Bidder.
7. Only one bid response will be accepted from any one person, partnership, corporation, or other entity; however, several alternatives may be included in one response. For purposes of this requirement, "partnership" shall mean, and is limited to, a legal partnership formed under one or more of the provisions of the California or other state's Corporations Code or an equivalent statute.
8. All other information regarding the bid responses will be held as confidential until such time as County Selection Committee has completed its evaluation, an recommended award has been made by County Selection Committee, and the contract has been fully negotiated with the recommended awardee named in the recommendation to award/non-award notification(s). The submitted proposals shall be made available upon request no later than five (5) calendar days before the recommendation to award and enter into contract is scheduled to be heard by the Board of Supervisors. All parties submitting proposals, either qualified or unqualified, will receive mailed recommendation to award/non-award notification(s), which will include the name of the bidder to be recommended for award of this project. In addition, award information will be posted on the County's "Contracting Opportunities" website, mentioned above.
9. Each bid received, with the name of the bidder, shall be entered on a record, and each record with the successful bid indicated thereon shall, after the award of the order or contract, be open to public inspection.
10. California Government Code Section 4552: In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2, commencing with Section 16700, of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder.
11. Bidder expressly acknowledges that it is aware that if a false claim is knowingly submitted (as the terms "claim" and "knowingly" are defined in the California False Claims Act, Cal. Gov. Code, §12650 et seq.), County will be entitled to civil remedies set forth in the California False Claim Act. It may also be considered fraud and the Contractor may be subject to criminal prosecution.

12. The undersigned Bidder certifies that it is, at the time of bidding, and shall be throughout the period of the contract, licensed by the State of California to do the type of work required under the terms of the Contract Documents. Bidder further certifies that it is regularly engaged in the general class and type of work called for in the Bid Documents.
13. The undersigned Bidder certifies that it is not, at the time of bidding, on the California Department of General Services (DGS) list of persons determined to be engaged in investment activities in Iran or otherwise in violation of the Iran Contracting Act of 2010 (Public Contract Code Section 2200-2208).
14. It is understood that County reserves the right to reject this bid and that the bid shall remain open to acceptance and is irrevocable for a period of one hundred eighty (180) days, unless otherwise specified in the Bid Documents.

R. RESPONSE FORMAT

1. Bid responses are to be straightforward, clear, concise and specific to the information requested.
2. In order for bids to be considered complete, Bidder **must** provide responses to all information requested. See Exhibit A – Bid Response Packet.
3. Bid responses, in whole or in part, are NOT to be marked confidential or proprietary. County may refuse to consider any bid response or part thereof so marked. Bid responses submitted in response to this RFP may be subject to public disclosure. County shall not be liable in any way for disclosure of any such records. Please refer to the County's website at:
<http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm> for more information regarding Proprietary and Confidential Information policies.

EXHIBIT A

BID RESPONSE PACKET

RFP No. 900718 – Mobile Dental Services

To: The County of Alameda

From: _____
(Official Name of Bidder)

- AS DESCRIBED IN THE SUBMITTAL OF BIDS SECTION OF THIS RFP, BIDDERS ARE TO SUBMIT ONE ORIGINAL HARDCOPY BID (EXHIBIT A – BID RESPONSE PACKET), INCLUDING ADDITIONAL REQUIRED DOCUMENTATION), WITH ORIGINAL INK SIGNATURES, PLUS THREE COPIES AND ONE ELECTRONIC COPY OF THE BID IN PDF
- ALL PAGES OF THE BID RESPONSE PACKET (EXHIBIT A) MUST BE SUBMITTED IN TOTAL WITH ALL REQUIRED DOCUMENTS ATTACHED THERETO; ALL INFORMATION REQUESTED MUST BE SUPPLIED; ANY PAGES OF EXHIBIT A (OR ITEMS THEREIN) NOT APPLICABLE TO THE BIDDER MUST STILL BE SUBMITTED AS PART OF A COMPLETE BID RESPONSE, WITH SUCH PAGES OR ITEMS CLEARLY MARKED “N/A”
- BIDDERS SHALL NOT SUBMIT TO THE COUNTY A RE-TYPED, WORD-PROCESSED, OR OTHERWISE RECREATED VERSION OF EXHIBIT A – BID RESPONSE PACKET OR ANY OTHER COUNTY-PROVIDED DOCUMENT
- ALL PRICES AND NOTATIONS MUST BE PRINTED IN INK OR TYPEWRITTEN; NO ERASURES ARE PERMITTED; ERRORS MAY BE CROSSED OUT AND CORRECTIONS PRINTED IN INK OR TYPEWRITTEN ADJACENT, AND MUST BE INITIALED IN INK BY PERSON SIGNING BID
- BIDDER MUST QUOTE PRICE(S) AS SPECIFIED IN RFP.
- BIDDERS THAT DO NOT COMPLY WITH THE REQUIREMENTS, AND/OR SUBMIT INCOMPLETE BID PACKAGES, SHALL BE SUBJECT TO DISQUALIFICATION AND THEIR BIDS REJECTED IN TOTAL
- IF BIDDERS ARE MAKING ANY CLARIFICATIONS AND/OR AMENDMENTS, OR TAKING EXCEPTION TO POLICIES OR SPECIFICATIONS OF THIS RFP, THESE MUST BE SUBMITTED IN THE EXCEPTIONS, CLARIFICATIONS, AMENDMENTS SECTION OF THIS EXHIBIT A – BID RESPONSE PACKET IN ORDER FOR THE BID RESPONSE TO BE CONSIDERED COMPLETE

BIDDER INFORMATION AND ACCEPTANCE

1. The undersigned declares that the Bid Documents, including, without limitation, the RFP, Addenda, and Exhibits have been read.
2. The undersigned is authorized, offers, and agrees to furnish the articles and/or services specified in accordance with the Specifications, Terms & Conditions of the Bid Documents of RFP No. 900718 – Mobile Dental Services.
3. The undersigned has reviewed the Bid Documents and fully understands the requirements in this Bid including, but not limited to, the requirements under the County Provisions, and that each Bidder who is awarded a contract shall be, in fact, a prime Contractor, not a subcontractor, to County, and agrees that its Bid, if accepted by County, will be the basis for the Bidder to enter into a contract with County in accordance with the intent of the Bid Documents.
4. The undersigned acknowledges receipt and acceptance of all addenda.
5. The undersigned agrees to the following terms, conditions, certifications, and requirements found on the County's website:
 - **Debarment / Suspension Policy**
[<http://www.acgov.org/gsa/departments/purchasing/policy/debar.htm>]
 - **General Environmental Requirements**
[<http://www.acgov.org/gsa/departments/purchasing/policy/envIRON.htm>]
 - **First Source**
[<http://acgov.org/auditor/sleb/sourceprogram.htm>]
 - **General Requirements**
[<http://www.acgov.org/gsa/departments/purchasing/policy/genreqs.htm>]
 - **Proprietary and Confidential Information**
[<http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm>]
6. The undersigned acknowledges that Bidder will be in good standing in the State of California, with all the necessary licenses, permits, certifications, approvals, and authorizations necessary to perform all obligations in connection with this RFP and associated Bid Documents.
7. It is the responsibility of each bidder to be familiar with all of the specifications, terms and conditions and, if applicable, the site condition. By the submission of a Bid, the Bidder certifies that if awarded a contract they will make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.
8. Patent indemnity: Vendors who do business with the County shall hold the County of Alameda, its officers, agents and employees, harmless from liability of an nature or kind, including cost and expenses, for infringement or use of any patent, copyright or other proprietary right, secret process,

patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.

9. Insurance certificates are not required at the time of submission. However, by signing Exhibit A – Bid Response Packet, the Contractor agrees to meet the minimum insurance requirements stated in the RFP. This documentation must be provided to the County, prior to award, and shall include an insurance certificate and additional insured certificate, naming the County of Alameda, which meets the minimum insurance requirements, as stated in the RFP.
10. Bidder shall possess all permits, licenses and professional credentials necessary to perform services as specified under this RFP.



Official Name of Bidder: _____

Street Address Line 1: _____

Street Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Webpage: _____

Type of Entity / Organizational Structure (check one):

☐ Corporation

☐ Joint Venture

☐ Limited Liability Partnership

☐ Partnership

☐ Limited Liability Corporation

☐ Non-Profit / Church

☐ Other: _____

Jurisdiction of Organization Structure: _____

Date of Organization Structure: _____

Federal Tax Identification Number: _____

Primary Contact Information:

Name / Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

SIGNATURE: _____

Name and Title of Signer: _____

Dated this _____ day of _____ 20_____

BID FORM(S)

Bid responses that do not comply may be subject to rejection in total. The cost quoted below shall include all taxes and all other charges, including travel expenses, and is the cost the County will pay for the one-year term of any contract that is a result of this bid.

Bidder hereby certifies to County that all representations, certifications, and statements made by Bidder, as set forth in this Bid Form and attachments are true and correct and are made under penalty of perjury pursuant to the laws of California.

| PROGRAM SERVICE DESCRIPTION | PROPOSED YEAR 1 AMOUNT |
|--|------------------------------|
| Personnel <i>(include lines for all positions included in the service delivery model)</i> | |
| | |
| Subtotal Salaries | |
| Staff Benefits @ ()% | |
| Subtotal Personnel | |
| Subcontracts | |
| | |
| Subtotal Subcontracts | |
| Operating Costs <i>(examples include staff travel; ongoing facility and material expenses; supplies; and all other operating costs associated with the required services)</i> | |
| | |
| | |
| Subtotal Operating Costs | |
| | |
| | |
| | |
| | |
| Total Direct Costs: | |
| | |
| Indirect Costs @ 10 % (MAX) | |
| Total Proposed Cost | |
| ALAMEDA COUNTY REVENUE | |
| TOTAL AMOUNT NOT TO EXCEED \$250,000 | |

REQUIRED DOCUMENTATION AND SUBMITTALS

All of the specific documentation listed below is required to be submitted with the Exhibit A – Bid Response Packet in order for a bid to be deemed complete. Bidders shall submit all documentation, in the order listed below and clearly label each section with the appropriate title (i.e. Table of Contents, Letter of Transmittal, Key Personnel, etc.).

- ☐ 1. **Table of Contents:** Bid responses shall include a table of contents listing the individual sections of the proposal/quotation and their corresponding page numbers. Tabs should separate each of the individual sections.
- ☐ 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. This synopsis should not exceed three pages in length and should be easily understood.
- ☐ 3. **Exhibit A – Bid Response Packet:** Every bidder must fill out and submit the complete Exhibit A – Bid Response Packet.
 - ☐ (a) **Bidder Information and Acceptance:**
 - (1) Every Bidder must submit a signed page 4 of Exhibit A.
 - ☐ (b) **References:**
 - (1) Bidders must use the templates on pages 10 - 11 of this Exhibit A – Bid Response Packet to provide references.
 - (2) Bidders are to provide a list of three current and/or former clients. References must be satisfactory as deemed solely by County. References should have similar scope, volume and requirements to those outlined in these specifications, terms and conditions.
 - Bidders must verify the contact information for all references provided is current and valid.
 - Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference.
 - (3) The County may contact some or all of the references provided in order to determine Bidder's performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the Response and to use the information gained from them in the evaluation process.
 - ☐ (c) **Exceptions, Clarifications, Amendments:**
 - (1) This shall include clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and shall be submitted with your bid

response using the template on page 12 of this Exhibit A – Bid Response Packet.

- (2) **THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.**



4. **Key Personnel (2-3 Pages):** Bid responses shall include a complete list of all key personnel associated with the RFP. This list must include all key personnel who will provide services/training to County staff and all key personnel who will provide maintenance and support services. For each person on the list, the following information shall be included:

- (a) The person's relationship with Bidder, including job title and years of employment with Bidder;
- (b) The role that the person will play in connection with the RFP;
- (c) Address, telephone, fax numbers, and e-mail address;
- (d) Person's educational background; and
- (e) Person's relevant experience, certifications, and/or merits.

a) **Staffing:** Detail your staffing plan, and include brief job descriptions for those positions who will be involved in providing the services for which you are requesting HCH funding. Describe the responsibilities that these positions will have in providing services to the homeless population.

b) **Funding Management:** Indicate the staff responsible for overseeing the HCH funding including the following activities: data collection and reporting; monitoring and reporting of outcomes, participation in HCH/FH Provider Collaborative meetings, and patient satisfaction and quality assurance activities.

Copies of any licenses, certifications, or other third party verification of credentials stated as BIDDER QUALIFICATIONS in the RFP must be submitted with the bid response; Documents must be clearly identified as to which requirement they are responsive. Resumes and attachments will not be included in the page count.



5. **Capacity and Readiness (1-2 pages):** Bid response shall describe Bidder's capacity, knowledge and relevant experience to deliver the services requested in the RFP, citing relevant experience, examples and projects. Bidder shall also include a hiring plan detailing one year of service.



6. **Description of the Proposed Services (2-4 Pages):** Bid response shall include a description of the terms and conditions of services to be provided during the contract term. The description shall contain a basis of estimate for services including its scheduled start and completion dates, the number of Bidder's and County personnel involved, and the number of hours scheduled for such personnel. Finally, the description must: (1) specify how the services in the bid response will meet or exceed

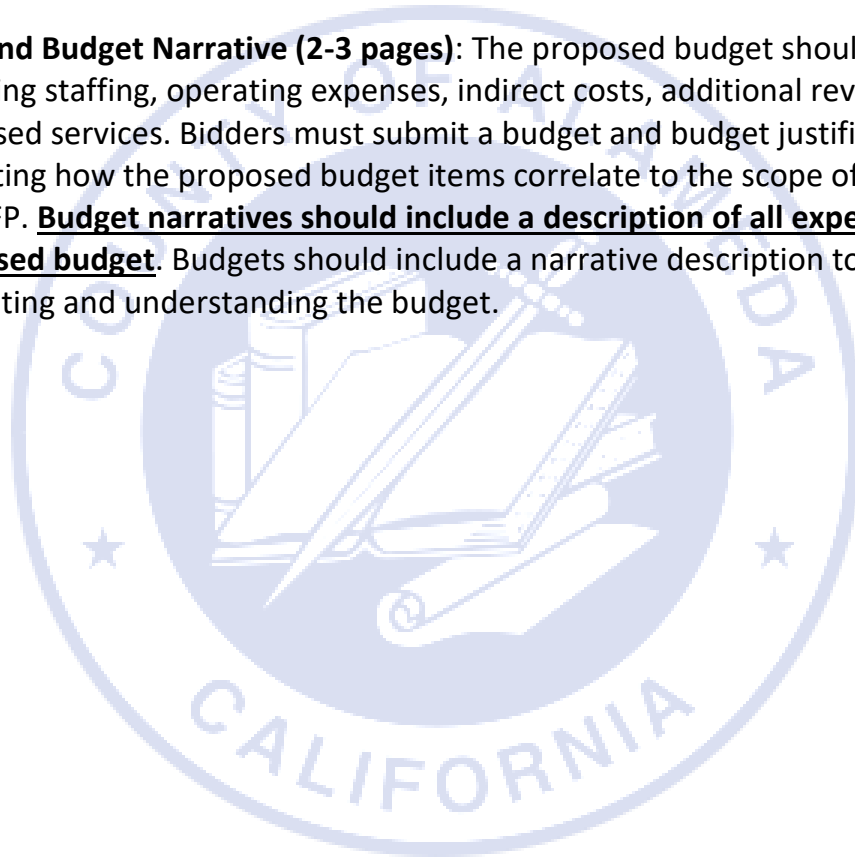
the requirements of the County; (2) explain any special resources, procedures or approaches that make the services of Bidder particularly advantageous to the County; and (3) identify any limitations or restrictions of Bidder in providing the services that the County should be aware of in evaluating its Response to this RFP.

Bid response shall address the following points:

- a) What services will be provided (i.e., restorative services, types of treatments, dentures/prosthetic devices),
- b) Staffing: Who will provide the services (i.e., dentists, dental hygienists, dental assistants, scheduling, education, enrollment, etc.)
- c) Where the services will be provided (location of fixed site/stationary clinic, mobile sites)
- d) Mobile clinic visits: What will be the time period, number of patient visits scheduled.
- e) Explain how the organization will ensure that the dental care services provided will be flexible, accessible, and comprehensive so as to meet the needs of homeless patients.
- f) How will the organization's program ensure that the individual completes his/her dental treatment plan?
- g) How will the organization's program communicate and coordinate with staff of ACHCH regarding patient care and needs? Will you be able to provide space for on-site HCH case management services during mobile clinic visits?
- h) If the organization's program plans to collaborate, provide linkages to and/or refer patients into other programs that serve the homeless population, explain the following:
 - i. Provide an overview of the collaboration/linkage with other agency(s).
 - ii. Describe the role of the other agencies involved in the collaborative effort.

Bidders shall be required to describe a model of providing mobile dental care to a patient population consisting of both insured (Denti-cal/Medicare) and uninsured patients. Providers will: Describe the overall cost per session; the target number of patients treated in a typical session; the mix of types of services and complexity of service provided; the minimum and maximum number of sessions that could be provided under this; and the minimum and maximum estimated numbers of patients completing a treatment plan during a year. The proposal should be based upon the proportion of ACHCH patients requiring particular services/procedures in the past (see above), and a payer mix including 57% Denti-Cal and 35% uninsured, and 8% MediCare based on ACHCH program projections in Exhibit D.

- ☐ 7. **Implementation Plan, Timeline, and Schedule (2-3 Pages):** The bid response shall include an implementation plan and schedule. The plan for implementing the proposed equipment/system and services shall include a County Acceptance Test Plan (ATP). In addition, the plan shall include a detailed schedule indicating how Bidder will ensure adherence to the timetables set forth herein for the final equipment/system and/or services.
- ☐ 8. **Deliverables and Reports (2-3 pages):** Bidder response shall clearly describe data collection to support reporting on the indicators outlined in the RFP, including the requirements in Exhibit D. Selected and awarded Bidder will submit regular performance reports related to project objectives throughout the contract period. Bidder should describe its data collection methods and plan for reporting to the County.
- ☐ 9. **Cost and Budget Narrative (2-3 pages):** The proposed budget should state all costs, including staffing, operating expenses, indirect costs, additional revenue, etc. for the proposed services. Bidders must submit a budget and budget justification narrative indicating how the proposed budget items correlate to the scope of work as specified in this RFP. **Budget narratives should include a description of all expenses included in the proposed budget.** Budgets should include a narrative description to aid the reader in evaluating and understanding the budget.



CURRENT REFERENCES

RFP No. 900718 – Mobile Dental Services

Bidder Name: _____

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

FORMER REFERENCES

RFP No. 900718 – Mobile Dental Services

Bidder Name: _____

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

| | |
|---|-------------------|
| Company Name: | Contact Person: |
| Address: | Telephone Number: |
| City, State, Zip: | E-mail Address: |
| Services Provided / Date(s) of Service: | |

EXCEPTIONS, CLARIFICATIONS, AMENDMENTS

RFP No. 900718 – Mobile Dental Services

Bidder Name: _____

List below requests for clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and submit with your bid response.

The County is under no obligation to accept any exceptions and such exceptions may be a basis for bid disqualification.

| Reference to: | | | Description |
|---------------|---------|----------|-------------------------------------|
| Page No. | Section | Item No. | |
| p. 23 | D | 1.c. | <i>Vendor takes exception to...</i> |
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*Print additional pages as necessary

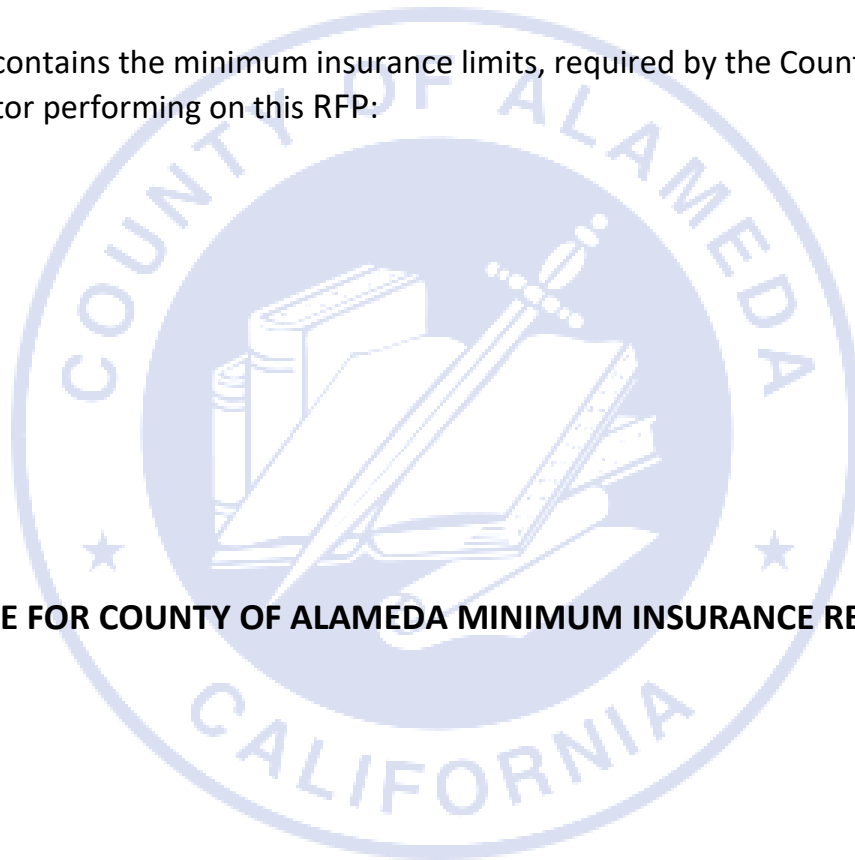
EXHIBIT B

INSURANCE REQUIREMENTS

Insurance certificates are not required at the time of submission; however, by signing Exhibit A – Bid Packet, the bidder agrees to meet the minimum insurance requirements stated in the RFP, prior to award. This documentation must be provided to the County, prior to award, and shall include an insurance certificate and additional insured certificate, naming the County of Alameda, which meets the minimum insurance requirements, as stated in this Exhibit B – Insurance Requirements.

The following page contains the minimum insurance limits, required by the County of Alameda, to be held by the Contractor performing on this RFP:

***** SEE NEXT PAGE FOR COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS *****



COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following minimum insurance coverage, limits and endorsements:

| TYPE OF INSURANCE COVERAGES | | MINIMUM LIMITS |
|-----------------------------|--|---|
| A | Commercial General Liability Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability | \$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage |
| B | Commercial or Business Automobile Liability All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities | \$1,000,000 per occurrence (CSL) Any Auto Bodily Injury and Property Damage |
| C | Workers' Compensation (WC) and Employers Liability (EL) Required for all contractors with employees | WC: Statutory Limits EL: \$1,000,000 per accident for bodily injury or disease |
| D | Professional Liability/Errors & Omissions Includes endorsements of contractual liability and defense and indemnification of the County | \$1,000,000 per occurrence \$2,000,000 project aggregate |
| E | <u>Endorsements and Conditions:</u> <ol style="list-style-type: none"> ADDITIONAL INSURED: All insurance required above with the exception of Professional Liability, Commercial or Business Automobile Liability, Workers' Compensation and Employers Liability, shall be endorsed to name as additional insured: County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees, volunteers, and representatives. The Additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13. DURATION OF COVERAGE: All required insurance shall be maintained during the entire term of the Agreement. In addition, Insurance policies and coverage(s) written on a claims-made basis shall be maintained during the entire term of the Agreement and until 3 years following the later of termination of the Agreement and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement. REDUCTION OR LIMIT OF OBLIGATION: All insurance policies, including excess and umbrella insurance policies, shall include an endorsement and be primary and non-contributory and will not seek contribution from any other insurance (or self-insurance) available to the County. The primary and non-contributory endorsement shall be at least as broad as ISO Form 20 01 04 13. Pursuant to the provisions of this Agreement insurance effected or procured by the Contractor shall not reduce or limit Contractor's contractual obligation to indemnify and defend the Indemnified Parties. INSURER FINANCIAL RATING: Insurance shall be maintained through an insurer with a A.M. Best Rating of no less than A:VII or equivalent, shall be admitted to the State of California unless otherwise waived by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor's insurance by County shall not relieve or decrease the liability of Contractor hereunder. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. SUBCONTRACTORS: Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit. The additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13. JOINT VENTURES: If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods: <ul style="list-style-type: none"> Separate insurance policies issued for each individual entity, with each entity included as a "Named Insured" (covered party), or at minimum named as an "Additional Insured" on the other's policies. Coverage shall be at least as broad as in the ISO Forms named above. Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured". CANCELLATION OF INSURANCE: All insurance shall be required to provide thirty (30) days advance written notice to the County of cancellation. CERTIFICATE OF INSURANCE: Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of Insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The required certificate(s) and endorsements must be sent as set forth in the Notices provision. | |

EXHIBIT C
APPENDIX

Projected figures to form basis of analysis and proposals:

Estimated Payer Mix for HCH patients referred:

Based upon current payer mix, and projections of Medi-Cal enrollment for eligible homeless patients, ACHCHP is providing the following estimated payer mix for homeless dental patients referred after November 2014:

- Medi-Cal: 57%
- Uninsured: 35% (including some Medi-Cal eligible)
- Medicare/Dual Eligible: 8%

Mix of procedures:

Based on 2016 utilization, below are the rates of different types of services provided to the total number of HCH dental patients treated. Many patients will have multiple services (i.e., cleaning, evaluation, fillings, extractions, dentures):

| | |
|---|--|
| <ul style="list-style-type: none">• Dental Cleaning and Evaluation 80%• Cavities/amalgam fillings 50%• Multiple Extractions 40% | <ul style="list-style-type: none">• Dentures or partials 40%• Crowns 12%• Gum Disease/curettage 10%• Root Canal 10% |
|---|--|

EXHIBIT D
Required Reporting and HRSA Visit Definitions

DENTAL SERVICES VISIT – A visit between a dentist or dental hygienist and a patient for the purpose of prevention, assessment, or treatment of a dental problem, including restoration. NOTE: A dental hygienist is credited with a visit only when s/he provides a service independently, not jointly with a dentist. Two visits may **not** be generated during a patient's visit to the dental clinic in one day, regardless of the number of clinicians who provide independent services or the volume of service (number of procedures) provided. The application of dental varnishes, and dental screenings, especially in a group setting, or absent other comprehensive dental services, does not qualify as a visit. Under no circumstances may the services of students or anyone else other than a licensed dental provider be credited with dental visits, even if these individuals are working under the supervision of a licensed dental provider.

For each visit, dental providers will provide the following patient data:

A. Contractor shall provide, monthly:

- a) List of patients treated
- b) List of patients who complete treatment plans
- c) Results Based Accountability measures and data
- d) Treatment Plan for all referred patients, monthly
- e) Treatment Plan conclusion report for all referred patients, monthly
- f) Patient contact report breaking down services provided and amount of meetings, monthly
- g) Basic Homeless Patient Demographic Information: (UDS Tables 1-4)
- h) Patient Homeless Status
- i) Homeless Patient Demographic Data:
 - i. Name
 - ii. Age
 - iii. Sex
 - iv. Ethnicity (Latino, Non-Latino, Unknown/Refused)
 - v. Race
 - vi. Sexual Orientation
 - vii. Gender Identity

- viii. Patient best served in language other than English?
 - ix. Income
 - x. Medical coverage
 - xi. Veteran Status
 - xii. Social Security Number
- j) Diagnoses: (UDS Table 6A) All appropriate ADA (and ICD10) codes will be reported for every procedure provided to patients on every visit.
- k) Provider: Provider will report provider name and type (Dentist, Dental Assistant, etc) for each visit.

