



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, MD MPH
Commissioner

February 3, 2012

Judi Rich Soehren
Agency Chief Contracting Officer
JSoehren@health.nyc.gov

42-09 28th Street – 17th Floor
Long Island City, NY 11101
CN 30A

Dear Sir/Madam:

Please be advised that the New York City Department of Health and Mental Hygiene (“DOHMH”) is reopening the solicitation of Expressions of Interest for Dental Clinics. As you may recall, DOHMH ended its oral health program, including operation of five full-time clinics, effective September 30, 2009.

DOHMH, as the owner of the property, will neither provide compensation nor collect any fees from providers who utilize the dental clinic spaces. You may, of course, bill Medicaid and third party insurers for patients with insurance, and use a sliding fee scale for uninsured patients as you normally do. You will need to carry your own insurance, license and certification and agree to indemnify the City against all claims concerning the facility’s use and enter into an agreement with the Department of Citywide Administrative Services. All spaces shall be delivered vacant, terminally clean and in “as is” condition.

Non-financial assistance with completion of forms and requirements will be provided and all existing equipment in its “as is” condition is available for your practice’s continued use for the duration of its remaining useful life.

Should you finalize an agreement with DOHMH, we will ask you to submit a brief annual report to the DOHMH with basic information on activities and utilization.

Should your organization have interest in this opportunity, please complete the attached “Expression of Interest in Dental Clinic” form and return it my attention by **February 21, 2011.**

If you have any questions, please send an email to DCRFI@health.nyc.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Judi Rich Soehren".

Judi Rich Soehren

NYC Department of Health and Mental Hygiene
Expression of Interest in Dental Clinic – Detail Form

Legal Name of Provider: _____

Provider's Address: _____

Contact Person's Name & Title: _____

Contact Person's Phone #: _____ Email Address: _____

Number of Years Organization has been Providing Services: _____

Number of Clients Served Monthly: _____

Projected Number of Additional Clients to be Served in that Clinic:

Fort Greene _____; Bushwick _____; Washington Heights _____

Number of Licensed Medical Staff:

Fort Greene _____; Bushwick _____; Washington Heights _____

Number Non-Medical Staff:

Fort Greene _____; Bushwick _____; Washington Heights _____

If you have expressed interest in more than one dental clinic, please state if you are interested in being awarded multiple clinics, and if so, demonstrate your capacity to operate multiple clinics.

Attach the following:

- Resumes of Key Management Staff
- List of Associate Subsidiaries
- Copy of Organization's Business Registration, License and Third Party Insurance
- Organization Code of Conduct for Staff
- Declaration of No Litigation for the Past 5 Years

NYC DOHMH ORAL HEALTH PROGRAM
HEALTH CENTER DENTAL CLINICS

Health Center	Specification
<p>Washington Heights Health Center (Manhattan)</p> <p>Approximately 1,200 sq. ft. (1st floor)</p>	<ul style="list-style-type: none"> ▪ 3 non-private operatories equipped with dental chairs ▪ 1 private operatory equipped with dental chair ▪ 1 Laboratory
<p>Fort Greene Health Center (Brooklyn)</p> <p>Approximately 1,192 sq. ft. (1st floor)</p>	<ul style="list-style-type: none"> ▪ 4 non-private operatories equipped with dental chairs ▪ 1 Laboratory
<p>Bushwick Health Center (Brooklyn)</p> <p>Approximately 1,542 sq. ft. (3rd floor)</p>	<ul style="list-style-type: none"> ▪ 3 non-private operatories equipped with dental chairs ▪ 1 private operatory equipped with dental chair ▪ 1 Laboratory

Expressions of Interest for Dental Clinics Q&A

Q. Are there patients assigned to each site?

A: No

Q. Could you please provide previous dental visit volume, payor mix and former staffing so we can assess our interest?

A: Insurance Case Mix: DOHMH insurance data was unreliable due to patient self-reporting; DOHMH requested but did not require patient insurance information for treatment. Based on data from NYC HRA/school insurance records, in DOHMH school sites, on average 66% of students had public health insurance, 24% had private insurance and 10% were uninsured

FY (June – July)	Patients	Visits
FY 2008	750	1,734
FY 2007	841	2,057
FY 2006	1,081	2,343

Q: Will there be a rent charge for utilizing the DOHMH space?

Q. What are the costs involved?

Q. There is no “charge” “rental” costs for the space?

Q. What is the asking rent for each clinic?

A: There will be a rental charge which will be determined by a market appraisal.

Q What's the due date of Expressions of Interest?

A: The due date is February 21, 2012

Q: Could you please let me know the address of the Bushwick Health Center?

Q. Please provide the locations of all the dental clinics

A: The Fort Greene clinic is located at 295 Flatbush Avenue Extension, Brooklyn 11201; the Bushwick clinic is located at 335 Central Avenue, Brooklyn 11221; and the Washington Heights clinic is located at 600 West 168th Street, Manhattan 10032.

Q. Do the spaces have useable equipment?

A: Some of the equipment is in excellent condition; however, everything is in “as is” condition and we do not have cost estimates to make the spaces Article 28 compliant with 2012 standards.

Q. Is there a lease agreement? If so, how long is it for?

A: License agreements are of 12 months’ duration and renewable annually.

Q. Can we view them?

A: Site visits will be available to those vendors that submit Expressions of Interest.

Q. Please provide basic information for all of the clinics:

(a) Square footage

(b) Number of treatment rooms

(c) Number of dental chairs

A: This information was provided with the RFI.