

APPENDIX L PROPOSER'S MINIMUM MANDATORY QUALIFICATIONS FORM

Instructions: Proposers must demonstrate their ability to meet each of the Minimum Mandatory Qualifications (MMQ) outlined in the RFP, Section 3.0, in order for their proposal to qualify for further review. Proposers are to complete and submit Appendix L with their proposal as specified in Subsection 7.8.3.1.B of the RFP. Proposers are encouraged to document all relative experience and qualifications in order to demonstrate compliance with the MMQs.

PROPOSER NAME:

RFP Ref.	RFP QUALIFICATIONS
3.1	<p><u>Experience:</u></p> <p>3.1.1 Proposer must have a <u>minimum</u> of three (3) years of experience in the last five (5) years providing mental health services (psychology and/or psychiatry) for a minimum of 50 unique clients served, per year of experience;</p> <p style="text-align: center;">And</p> <p>3.1. 2 Proposer must have a <u>minimum</u> of one (1) year of experience in the last three (3) years providing mental health services to persons living with HIV/AIDS (PLWHA).</p>
<p><i>Check all that apply:</i></p> <p><input type="checkbox"/> Proposer has a minimum of three (3) years of experience in the last five (5) providing mental health services (psychology and/or psychiatry) for a minimum of 50 unique clients served, per year of experience; and</p> <p><input type="checkbox"/> Proposer has a minimum of one (1) year of experience in the last three (3) years providing mental health services to PLWHA.</p> <p><i>Proposer must document their experience below that clearly demonstrates ability to meet the above-referenced requirement. Provide dates, names of each employer, names of organizations/departments, type of mental health services provided, populations served, etc. (attach additional sheets as necessary).</i></p>	

PROPOSER NAME:

**APPENDIX L
PROPOSER'S MINIMUM MANDATORY QUALIFICATIONS FORM**

RFP Ref.	RFP QUALIFICATIONS
3.2	<p><u>Licensed Mental Health Practitioner:</u></p> <p>3.2.1 Proposer must have a <u>minimum</u> of one (1) licensed mental health clinician (e.g. Clinical Psychologist, Clinical Social Worker, Marriage and Family Therapist, Mental Health Counselor, etc.) who is on staff and responsible for overseeing proposed mental health services funded by DHSP;</p> <p style="text-align: center;">And</p> <p>3.2.2 Proposer must have a <u>minimum</u> of one (1) licensed Psychiatrist on staff who is responsible for the furnishing or ordering of any drugs or devices, as necessary.</p> <p><input type="checkbox"/> <i>Proposer must list name and title for a minimum of one (1) licensed mental health clinician below and attach proof of his/her licensure to the Proposer's Staffing Plan, Question Letter g), pursuant to Paragraph 7.8.7.3 of this RFP. Please ensure that the staff listed here is included in the Staffing Plan.</i></p> <p>1. , <u> Practitioner Name Practitioner Title</u></p>

RFP Ref.	RFP QUALIFICATIONS
3.3	<p><u>Medi-Cal Certification:</u></p> <p>Proposer must be Medi-Cal certified and/or have a National Provider Identification (NPI) number.</p> <p><i>Proposer must attach a copy of Medi-Cal certification to this form and/or provide the National Provider Identification (NPI) number below:</i></p> <p>NPI number: _____</p>

RFP Ref.	RFP QUALIFICATIONS
3.4	<p>Proposer must have a service delivery site located within SPA 6 as described in RFP sub-paragraph 1.2.2, Location of Services(s). (Note: No consideration will be given to proposals for services outside of SPA 6.)</p> <p><i>Please provide the following information:</i></p> <p>Name of Delivery Site(s): <input style="width: 100%; height: 20px;" type="text"/></p> <p>Delivery Site(s) Address: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Delivery Site(s) Telephone Number: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Name of Delivery Site(s) Contact Person: <input style="width: 100%; height: 20px;" type="text"/></p>