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Enactment Date	1/9/2019 lf



Memo

To Board of Education

From Kyla Johnson-Trammell, Superintendent
Barbara Parker, Coordinator, Health Services Department/Section 504

Board Meeting Date January 9, 2019

Subject Memorandum of Understanding
Contractor: Elliot P. Schlang DDS, PC dba Big Smiles Dental
Services For: Health Services Department

Action Requested and Recommendation Approval by the Board of Education of a Professional Services Contract between District and Elliot P. Schlang DDS, PC dba Big Smiles Dental Program, Phoenix, AZ, for the latter to provide comprehensive dental care for District students Pre-K through 12th grade whose parent/guardian authorizes dental service and will teach children about the importance of oral hygiene, good nutrition, regular dental checkups, proper brushing and flossing at the dental visit for the period of January 14, 2019 through June 30, 2020, at no cost to the District.

Background

(Why do we need these services? Why have you selected this vendor?)

The Big Smiles Dental Program will provide comprehensive dental care for the students whose parent/ guardian authorizes this dental service in the District. All staff will comply with required background check and fingerprinting protocols. A dental support team of dental assistant and an x-ray teacher/technician with advanced mobile dental equipment, such as digital x-ray equipment, will be brought to OUSD to assist in developing treatment plans and providing care. Children, Pre-kindergarten through 12th grade, will be taught about the importance of oral hygiene, good nutrition, regular dental checkups, proper brushing and flossing at the dental visit. Each dental patient will be provided with a toll free number to contact Big Smiles regarding any questions they may have.

Competitively Bid Was this contract competitively bid? No
If no, exception: No fiscal impact to OUSD

Fiscal Impact Funding resource(s): No fiscal impact

- Attachments**
- Memorandum of Understanding
 - Certificate of Insurance
 - Scope of Work

MEMORANDUM OF UNDERSTANDING

BETWEEN

BIG SMILES DENTAL PROGRAM AND OAKLAND UNIFIED SCHOOL DISTRICT

1. A dentist licensed by the State of California and in good standing with the Board of Dental Examiners will provide comprehensive dental care for the students whose parent or guardian authorizes this dental service in the Oakland Unified School DISTRICT ("DISTRICT"). All staff will comply with required background check and fingerprinting protocols.
2. Through OUSD Health Services, BIG SMILES will obtain approval from parents or guardian for the children (Pre-kindergarten through 12th grade) to see the dentist at DISTRICT and shall receive and document approval prior to providing any dental services.
3. BIG SMILES agrees to provide dental services only at schools designated by OUSD Community Schools and Student Services Health Services.
4. BIG SMILES will complete the State Dental Assessment form for each pre-kindergarten, kindergarten and 1st grade student.
5. BIG SMILES agrees to provide dental services at a school and/or Pre-K program with a minimum of 20 written consent forms for comprehensive dental services.
6. BIG SMILES' staff shall print, distribute and collect consent forms and related documents from students once or twice per year. A copy of the signed consent form will be given to each school site participating in the program.
7. BIG SMILES will pay Oakland Unified School DISTRICT Translation Department for services of all forms/documents sent to parents.
8. Parents will be given the option to be present during the dental visit and/ or decline restorative dental services.
9. Parents will be given the option (on the consent form) to share student information with the Alameda County Dept. of Health Care Services.
10. Photography of students will be obtained via written parental consent as outlined by OUSD.
11. BIG SMILES shall contact school designees to schedule clinic dates and provide a list of students with written parental consent. BIG SMILES will coordinate with school building level officials regarding acceptable dates for dental team to be on site at least one month prior to providing services.
12. A dental support team of dental assistant, dental hygienist (when available) and an x-ray teacher/technician with advanced portable dental equipment, such as digital x-ray equipment, will be brought to DISTRICT to assist the dentist in developing treatment plans and providing care.
13. Children (Pre-kindergarten through 12th grade) will be taught about the importance of oral hygiene, good nutrition, regular dental checkups, proper brushing and flossing as the dental visit.
14. There will be no costs to the DISTRICT due to the administration of this program.
15. In addition to providing care to students with a reimbursement source (i.e. Medicaid or Insurance), BIG SMILES will also donate dental care at each school visit to three uninsured students.
16. Prior to the commencement of services, BIG SMILES shall submit to DISTRICT evidence of comprehensive general liability insurance coverage with a minimum limit of \$1,000,000 per occurrence, combined single limits, and worker's compensation insurance coverage in accordance with the State of California statutory limits. Evidence of insurance will be provided on an annual basis.
17. BIG SMILES also agrees to hold harmless, to defend, and indemnify DISTRICT, its governing board, the individual members thereof, and all DISTRICT officers, agents, and employees from any loss, damage, liability, cost or expenses that may arise as a result of the performance of its services under this Memorandum.
18. Each dental patient will be provided with a written report (translated) to take home. In addition, parents shall be provided with a toll free number to contact BIG SMILES regarding any questions they have.

19. Program will adhere to all applicable laws, Dental Board regulations, and policies, including but not limited to HIPAA and a copy of program's HIPAA notification form shall be made available to DISTRICT upon request. In addition, this HIPAA notification is provided to all parents along with the consent form.
20. The names of dentists and other staff who will serve the children of the DISTRICT and copies of relevant diplomas, certification and or license will be provided to DISTRICT.
21. This agreement will be for a period of two years, from January 14, 2019 to June 30, 2020. Renewal of this agreement will be subject to each party signing a renewal agreement. The Agreement may be terminated by either party upon written or verbal receipt of notification to cancel with 90 days notice.
22. BIG SMILES will provide monthly electronic schedules of dental services at school sites to Health Services and each school site.
23. BIG SMILES will provide monthly electronic reports to Health Services, Coordinator to include:
 - a. Number of students w/ written parent permission
 - b. Number of students receiving services, type and number of dental services provided, grade levels
 - c. Insurance status of each student screened and/or receiving dental services
24. BIG SMILES will provide end-of-year electronic reports to Health Services, Coordinator to include:
 - a. List of students by school who requested services on returned consent forms and their insurance status (i.e. none, Medical, private)
 - b. List of all students who requested services on returned consent forms but whose parent/guardian could not be reached by Big Smiles for further information
25. BIG SMILES will provide parents and the school with an information sheet within 48 hours after each student's dental visit to include:
 - a. A list of completed dental procedures and their corresponding dental procedure codes (CDT)
 - b. A list of unmet treatment needs
 - c. Contact information for dental providers, including information during non-business hours
 - d. What to do in case an emergency (including contact information for the dentist/clinic where the child was referred).
 - e. Referral information if the child was referred to another dentist/clinic for any care to include the reason for the referral and contact information for the dentist/clinic where the child was referred
26. BIG SMILES will provide the district with an evaluation tool that will ensure contractual agreements have been met.
27. BIG SMILES will provide a checklist for each school site at least one month prior to dental visit. The list will include and is not limited to confirmation of dental service, space required, access to water, toilet facilities, etc., and the BIG SMILES contact person.
28. BIG SMILES will inform the district in writing of any limitations in the services the provider is able to provide.
29. BIG SMILES will be responsible for the delivery, set up, cost, care, security and maintenance of their equipment.

OAKLAND UNIFIED SCHOOL DISTRICT

Name _____

Signature _____

Title _____

Date _____

Kyla Johnson, Superintendent
Oakland Unified School District

Aimee Eng

President, Board of Education
Oakland Unified School District

J. H. ...

Secretary, Board of Education
Oakland Unified School District
And Superintendent

Approved As to Form

AB

General Counsel

Amy Brandt
12.18.18

BIG SMILES DENTAL

Name *Elliot P. Schlang*

Signature *Elliot P. Schlang*

Title *Dental Director*

Date *12/13/18*

Date: _____

Date: 1/10/19

Date: 1/10/19



December 14, 2018

Barbara Parker
Coordinator, Health Services/Section 504
Oakland Unified School District
1000 Broadway, Suite 150
Oakland CA 94607

Dear Ms. Parker,

This letter is to certify that any Big Smiles staff entering Oakland USD school sides and/or interacting with Oakland USD students in the course of providing school based dental care or oral health education, have cleared the following health and background checks:

- TB testing
- State and Federal background check

Elliot P. Schlang DDS, Professional Corporation ("Big Smiles") assumes full responsibility for any liability that would arise if this were to be a false statement and agrees to indemnify Oakland USD for such. Should you have any questions please contact me at 623-434-9343 x 21131 or at etolkin@mobiledentis.com.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Eric Tolkin', is written over a light blue horizontal line.

Eric Tolkin
Chief Marketing Officer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/30/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

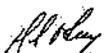
PRODUCER Willis of New York, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C, No, Ext): 1-877-945-7378		FAX (A/C, No): 1-888-467-2378
	E-MAIL ADDRESS: certificates@willis.com		
INSURED Elliot Paul Schlang DDS, Professional Corporation 3201 Wilshire Blvd. Suite 110 Santa Monica, CA 90403	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Zurich American Insurance Company		16535
	INSURER B: Liberty Insurance Underwriters Inc		19917
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** W9020139 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC. OTHER:		GLA-0173794-05	12/01/2018	12/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		GLA-0173794-05	12/01/2018	12/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 10,000		1000239214-03	12/01/2018	12/01/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N No	WC 0173795-05	12/01/2018	12/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. D/SEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Oakland Unified School District Attention: Risk Management 1000 Broadway Suite 440 Oakland, CA 94607	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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SAM Search Results
List of records matching your search for :

Search Term : big* smiles*
Record Status: Active, Inactive

ENTITY	BIG SMILES DENTAL NEW YORK, PLLC	Status: Inactive
DUNS: 078294185	+4:	CAGE Code: 6L9S4 DoDAAC:
Expiration Date: Dec 17, 2015 Has Active Exclusion?: No Debt Subject to Offset?: No		
Address: 111 8TH AVE City: NEW YORK State/Province: NEW YORK ZIP Code: 10011-5201 Country: UNITED STATES		

PROFESSIONAL SERVICES CONTRACT ROUTING FORM 2018-2019



Basic Directions

Additional directions and related documents are in the Knowledge Center on the Intranet and Contracts Online 2.0 Tool

Services cannot be provided until the contract is fully approved and a Purchase Order has been issued.

- Contractor and OUSD contract originator (principal or manager) reach agreement about scope of work and compensation.
- Ensure contractor meets the consultant requirements (including the Excluded Party List, Insurance and Talent Consultant Verification)
- Contractor and OUSD contract originator complete the contract packet together and attach required attachments.

Attachment Checklist	<input checked="" type="checkbox"/> For All Consultants: Authorization to Work, which indicates vendor has cleared the registration and background check <input checked="" type="checkbox"/> For All Consultants: Results page of the Excluded Party List (https://www.sam.gov/) <input checked="" type="checkbox"/> For All Consultants: Statement of qualifications (organization); or resume (individual consultant).
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Contractor Information

Contractor Name	Elliot P. Schlang DDS, PC dba Big Smiles	Contractor's Contact	Eric Tolkin		
OUSD Vendor ID #	I005099	Title	Chief Marketing Officer		
Street Address	240 18th Street	City, State	San Monica, CA	Zip Code	90402
Telephone	(623) 434-9343 x21131	Email (required)	etolkin@mobiledentists.com		
Contractor History	Previously been an OUSD contractor? Yes		Worked as an OUSD employee? No		

Compensation and Terms – Must be within the OUSD Billing Guidelines

Anticipated Start Date	1/14/2019	Date Work Will End	6/30/2020	Other Expenses	\$0.00
Pay Rate Per Hour (required)	\$0.00	Number of Hours (required)			

Requisition No.	Budget Number	Resource Name	Amount
	No Fiscal Impact		\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Total Contract Amount			\$ 0.00

OUSD Contract Originator Information

Name of OUSD Contact	Barbara Parker	Email	barbara.parker@ousd.org		
Site/Dept. Name	Health Services	Site #	968	Phone	879-2742

Approval and Routing (in order of approval steps)

Services cannot be provided before the contract is fully approved and a Purchase Order is issued. Signing this document affirms that to your knowledge services were not provided before a PO was issued.

1.	Administrator / Manager (Originator)	Name	Barbara Parker	Phone	879-2742	Fax	879-4605
	Site/Department (Name & #)	968/ Health Services		Date Approved	12/13/18		
	Signature			<input checked="" type="checkbox"/> Administrator verifies vendor is not excluded on https://www.sam.gov/			
2.	Resource Manager	Type of Funds:	<input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted <input type="checkbox"/> Grant				
	<input type="checkbox"/> Scope of work indicates compliant use of restricted resource and is in alignment with school site plan (CSSSP)						
	Signature			Date Approved			
3.	Network Superintendent/Executive Director	Signature			Date Approved		
	Chiefs / Deputy Chiefs	Consultant Aggregate	<input type="checkbox"/> Under <input type="checkbox"/> Over \$ _____				
4.	<input type="checkbox"/> Services described in the scope of work align with needs of department or school site						
	<input type="checkbox"/> Consultant is qualified to provide services described in the scope of work						
	Signature			Date Approved	12/13/18		
5.	Superintendent, Board of Education Signature on the legal contract						
Legal Required if not using standard contract		Approved			Denied - Reason		
Procurement	Date Received			PO Number			
				Date	12/18/18		