



Pima County Health Department
Clinical Services / Oral Health Program

Notice of Solicitation
PCHD2013-03

Dental Hygiene Services
(Registered Dental Hygienist)
Due Date: August 2, 2013 by 5pm

Submit to:
Pima County Health Department
Oral Health Program
Email to margaret.perry@pima.gov or fax to 623-1432

Please call Margaret Perry for any questions regarding this Solicitation at 243-7902

A. Introduction/Scope

This Solicitation is for a registered dental hygienist to provide services in a school based preventive dental program at various school sites in Tucson and surrounding areas. Services may include but are not limited to application of dental sealants, application of fluoride or conducting standardized oral health screenings.

B. Minimum Qualification and Experience

1. Registered Dental Hygienist (RDH) with the Arizona Board of Dental Examiners
2. Clinical experience in applying dental sealants

C. Desired Qualifications

Established Affiliated Practice (AP) RDH or willingness to establish AP relationship

D. Mandatory Training

The program requires continuing education training and calibration prior to providing the services and on an annual basis thereafter. As such, you will need to attend the necessary session(s) and will receive reimbursement at a hourly rate of pay (see section **G.** below). The session will be held in Tucson.

E. Health and Safety Requirements

1. Copy of current state issued driver's license
2. Copy of current Arizona dental hygiene license
3. Copy of current CPR card
4. Copy of current professional liability insurance for the self-employed in the amount of \$1,000,000.00 minimum
5. Proof of Hepatitis B immunization or signed statement declining immunization and proof of Annual TB test

F. Clinics

Clinics will be held Mondays through Fridays during regular school hours and yearly school schedule. Each sealant clinic is an approximate 5 - 7 hours. Clinics are scheduled on an as-needed basis for the Program.

G. Hourly Rate of Pay

Hourly Rate for Service is \$35.00 per hour. Lunch periods may not be billed.

H. Travel

If the school or training site is more than 30 miles from contractor’s home, contractor may submit for mileage reimbursement (not travel time) on the appropriate form and payable at the current County rate.

I. Invoice for Payment

1. At the time of contracting, selected Proposers will be required to complete the following:
 - a. Submit IRS W-9 Tax Identification (self-employed/independent contractor), and
 - b. Register with Pima County Procurement as a Vendor, if not previously registered

2. Invoices are to be submitted to the Program Coordinator on a monthly basis by the 15th of the month for the previous month’s services. All invoices must have an original signature of the provider for payment and include the following:
 - a. Provider name
 - b. Invoice number
 - c. Date and place of service
 - d. Total hours of dental hygiene services provided

J. Proposal Submission

1. Complete Exhibit A, Proposal for Dental Hygiene Services form,
2. Professional resume, and
3. Submit Health & Safety required documents (attach to Exhibit A).

K. Evaluation and Award

1. Recommendation for award shall be to the Offeror who meets the terms, conditions and specifications and scores the highest on the following:

| | |
|----------------------------------|-------------|
| a. Clinical Experience | 40% |
| b. Pediatric Clinical Experience | 20% |
| c. Availability | 20% |
| d. Affiliated Practice | 10% |
| e. Availability to Travel | 10% |
| Total | 100% |

L. Acceptance

Acceptance of work shall be upon approval of the Pima County Health Department.

M. Sample Agreement – Scope of Services

A sample copy of the agreement, Scope of Services the successful Offeror will enter into with Pima County is attached (see Exhibit B) for your review. Each Offeror, by submitting a proposal, will be certifying that the Agreement is acceptable as written, unless exceptions are taken and specific alternate language proposed. Exceptions, which include language unacceptable to Pima County, may be cause for disqualification. Pima County also reserves the right to negotiate any terms and/or conditions if it is deemed to be in the best interest of the County.

Note: The agreement will be written to include initial one-year time, and (4) one-year extensions (as needed), a total of 5 years for the dental services.

EXHIBIT A

Pima County Health Department
Clinical Services
Oral Health Program

Proposal for Dental Services
(Registered Dental Hygienist)

Name: _____ Date _____

Address: _____

Phone: _____ E-mail: _____

Clinical Experience

List your clinical experience in providing dental hygiene services and attach resume.

Pediatric Clinical Experience

List any clinical experience in providing dental services to children.

Are you in an Affiliated Practice Relationship? Yes No

If yes, please provide the name of the dentist

If no, are you willing to establish such a relationship? Yes No

Availability

How many approximate 6 hour days are you available to work in a week?

Which days of the week are you available? Please list:

Availability to Travel

Would you be able to provide services for one or two days at school sites in the surrounding areas of Tucson, such as Marana or Sahuarita? Yes No

Offeror's Signature: _____ **Date:** _____

Return the response to:
Pima County Health Department, Oral Health Program
Email to margaret.perry@pima.gov or fax to 623-1432

EXHIBIT B

Pima County Health Department
Scope of Services
Registered Dental Hygienist (RDH)

- A. Pima County Health Department (PCHD) will:
1. Provide an Arizona licensed dentist(s) for dental screening of students with parental consent, as needed,
 2. Provide an Office of Oral Health Procedures Manual,
 3. Coordinate and schedule the mandatory Office of Oral Health (OOH) training and will notify the RDH of the training date, time and location of training,
 4. Offer dental sealant/ fluoride assignment(s) to the RDH as needed to meet grant deliverables,
 5. Schedule dental clinic(s) with schools in Pima County that meet OOH eligibility
 6. Provide all necessary dental equipment, dental/office supplies,
 7. Provide trained personnel to assist with dental sealant procedure and clinic set up and break down, for each scheduled dental clinic,
 8. Provide the RDH with the name of school(s), location (s), and day(s) and time(s) of the clinic(s), and
 9. Notify the RDH of any scheduled change and/or if a clinic needs to be cancelled, as soon as the change becomes known.
- B. The RDH contractor will:
1. Follow the program guidelines provided the Arizona Department of Health Services/ Office of Oral Health,
 2. Attend a mandatory annual training as required and conducted by the Office of Oral Health,
 3. Comply with the Health Insurance Portability and Accountability Act (HIPAA) to ensure confidentiality of students,
 4. Follow the Centers for Disease Control and Prevention recommended infection control practices for dentistry,
 5. Arrive at the scheduled school at the date, time and location scheduled by Pima County Health Department,
 6. Set up or assist with the setup of the portable dental equipment and supplies, as needed, for each assigned clinic,
 7. Apply dental sealants to students as determined by contracted dentist,
 8. Conduct screening and apply fluoride varnish to children with parental consent and according to program guidelines, as indicated,
 9. Provide other duties as allowed by the Arizona State Board of Dental Examiners,
 10. Complete immediate retention checks and repair or replace sealant, as indicated,
 11. Document findings, treatment, retention checks, referrals on the “Encounter Form”, as indicated,
 12. Use assigned provider number when documenting on the “Encounter Form” and “Assessment and Summary Form,”
 13. Assure all documentation on the “Encounter Form” and “Assessment and Summary Form” is completed at the end of each clinic,
 14. Breakdown or assist with the breakdown of portable equipment and the packing supplies, as needed, at the end of the clinic day,

15. Report to Pima County Health Department's Program Coordinator any incident(s) relating to personal injury or any other incidental relation to the program, and
16. Report to Pima County Health Department's Program Coordinator, as soon as possible, if unable to work at the scheduled clinic or if there will be any delay in arrival (if unable to work, at least one-day notice is preferable).