



**REQUEST FOR QUOTATION
RFQ# HQ061114**

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
1740 W. Adams
Phoenix, AZ 85007
Phone: (602) 542-1040
Fax: (602) 542-1741

**Quotations are due by 3:00 P.M., Local Time
Tuesday, October 13, 2009**

Date: 10/13/2009

VENDOR NOTICE

THIS IS NOT A PURCHASE ORDER

The terms and conditions attached to this form should be reviewed and understood before preparing a quotation.

The Uniform Terms and Conditions and Uniform Instructions to Offerors are incorporated into this document by reference, and may be obtained by visiting <http://azdoa.gov/userfiles/file/SPO/Pro%20Docs%20and%20Forms/UIOv7.pdf> for the Instructions and <http://azdoa.gov/agencies/spo/docs/UTCv7.pdf> for the Terms and Conditions. In accordance with A.R.S. 35-391.06 and 35-393.06, the Contractor hereby certifies that the Contractor does not have scrutinizec business operations in Iran and Sudan.

In accordance with Arizona Revised Statute 41-2535(B), this purchase is restricted to small businesses, if practicable. By signing this form, the Offeror sell certifies that it is a small business as defined above. Please check as many as applicable:

____ I certify that my company is a Small Business. A Small Business is defined as a company having fewer than one hundred (100) employees or less than four million dollars (\$4,000,000) in gross receipts.

____ I certify that my company is a Woman-Owned Business Enterprise (WBE). A WBE is defined as an enterprise where a woman owns at least fifty-one percent (51%) of the business. The owner(s) must have the day-to-day control of the firm and have experience and expertise in the firm's primary area of operation. The owner(s) must hold a proportionate share of the business capital, assets, profits and losses commensurate with their ownership interest.

____ I certify that my company is a Minority-Owned Business Enterprise (MBE). An MBE is defined as an enterprise where an ethnic minority owns at least fifty-one percent (51%) of the business. The owner(s) must have the day-to-day control of the firm and have experience and expertise in the firm's primary area of operation. The owner(s) must hold a proportionate share of the business capital, assets, profits and losses commensurate with their ownership interest.

**Submit via Fax or in person
to Location:**
1740 West Adams, Room 303
Phoenix, AZ 85007

Delivery / Pick Up Location:
Arizona Department of Health Services
Oral Health
150 N. 18th ave. STE 320
Phoenix, AZ 85007

Procurement Technician: Jamie Alton
Phone: (602) 542-1043 Fax: (602) 542-1741
Email: altonj@azdhs.gov

Item	Description of Material or Service	Unit	Rate
1	Dental Hygienist Services	Hour	\$ _____
2	Dental Hygienist Services in Rural Areas	Hour	\$ _____
3	Dental Assistant Services	Hour	\$ _____
4	Dental Assistant Services in Rural Areas	Hour	\$ _____

THIS SECTION MUST BE COMPLETED BY VENDOR

Company Name _____

Telephone: _____

Address _____

Fax _____

City _____

Email _____

State _____ Zip Code _____

Signature

Date

Typed Name and Title

Chief Procurement Officer: _____

Date: _____

SPECIAL INSTRUCTIONS TO OFFERORS

REQUEST FOR QUOTATION # HQ061114

A. Submission

Quotations shall be signed by the Offeror where applicable and delivered as designated no later than the date and time indicated on the first page of the document.

B. Inquiries

All inquiries must be submitted in writing to the Solicitation contact person, and within three (3) days before the Offer due date and time to allow sufficient time for question review and response.

C. Identification

Offeror agrees to provide a Federal identifier (EIN or SSN) for the purposes of reporting to the appropriate taxing authorities, monies paid by the State under this Contract.

D. Opening

This is an informal Quotation, which will not be read at a public opening; however, the information may be publicly reviewed after an award.

E. Standard Provisions

The State of Arizona's Uniform Instructions and Uniform Terms and Conditions, where applicable, are a part of this document as if fully set forth herein. Copies of these documents are available from the A.D.H.S. Procurement Office or may be viewed at Arizona Department of Administration webpage at www.azdoa.gov.

F. Taxes

The State of Arizona is exempt from Federal excise Tax, including the Federal Transportation Tax.

G. Bid Rejection

The State reserves the right to reject any, or all, bids, combinations of items, or lot, and to waive defects or informalities.

H. Single Award Contract

This is an all or nothing Quotation. All services within this Solicitation have been grouped together for purposes of obtaining these services collectively from a single source. To be considered for award of this Solicitation, the offeror is required to provide prices on all services within this Quotation.

I. Erasure

Erasures, inter-lineation or other modifications must be initialed by the individual signing the Request for Quotation.

J. Unit Price

In case of error in the extension prices in the Quotation the unit price will govern. No Quotation shall be altered, amended or withdrawn after the specific date and time for receiving Quotations. Negligence by the vendor in preparing the Quotation confers no right for the withdrawal of the Quotation after it has been opened.

K. Evaluation

Award shall be made based on the lowest price, and the responsible and responsive bidder whose bid conforms in all material respect to the requirements set forth in the Request for Quotation, and is determined to be the most advantageous to the State.

L. Negotiations

Negotiations may be held.

<p style="text-align: center;">SPECIAL INSTRUCTIONS TO OFFERORS REQUEST FOR QUOTATION # HQ061114</p>
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M. Payment

The State will make every effort to process payment for the purchase of goods or services within thirty (30) calendar days after receipt of goods or services and a correct notice of amount due, unless a good faith dispute exists as to any obligation to pay all or a portion of the account. Any offer that requires payment in less than thirty (30) calendar days shall not be considered.

N. Arizona Procurement Code

The Arizona Procurement Code (A.R.S. Title 41), Chapter 23 is available at most public libraries; A.C.C.R. Title 2, Chapter 7 may be purchased from the Arizona Secretary of State; and both are available for review at the D.H.S. Procurement Office. They may be viewed at Arizona Department of Administration webpage at <http://www.azdoa.gov/>

O. Reason for Cancellation

Failure to provide materials, supplies or instruments in accordance with specifications or failure to meet the stated delivery commitment shall be cause for IMMEDIATE cancellation of the Contract.

P. Additional Terms and Conditions

Submission of additional terms, conditions or agreements with the Quote may result in bid rejection.

Q. Non Exclusive Contract

Any Contract resulting from this Solicitation shall be awarded with the understanding and agreement that it is for the sole convenience of the State of Arizona. The State reserves the rights to obtain like goods or services from another source when necessary. Off-contract purchase authorization (SPO form 150) may only be approved by the State Procurement Administrator. Approval shall be at the exclusive discretion of the State Procurement Administrator and shall be final. However, approval shall be granted only after a proper review and when deemed to be appropriate. Off-contract procurement shall be consistent with the Arizona Procurement Code.

R. Suspension or Debarment Certification

By signing the offer section of the Offer and Acceptance, Page One (1) of this document, the bidder or offeror certifies that the firm, business or person submitting the Quote has not been debarred, suspended or otherwise lawfully precluded from participating in any public procurement activity with any Federal, State or local government. Signing the offer section without disclosing all pertinent information about a debarment or suspension shall result in rejection of the Quote or cancellation of a Contract. The State also may exercise any other remedy available by law.

S. Compliance With A.R.S. §41-4401:

By submission of the offer, the Offeror warrants that the Offeror and all proposed subcontractors are and shall remain in compliance with all federal, state and local immigration laws and regulations relating to the immigration status of their employees. The State may, at its sole discretion require evidence of compliance. The Offeror shall have five (5) days from receipt of the request to supply adequate information. Failure to comply with this instruction or failure to supply requested information within the timeframe specified shall result in the offer not being considered for contract award.

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A. Purpose

Pursuant to provisions of the Arizona Procurement Code, A.R.S. 41-2501 Et Seq., the State of Arizona, Department of Health Services (ADHS) intends to establish a Contract for the materials or services as listed herein.

B. Term of Contract

The term of any resultant contract shall commence on date of award and shall continue for a period of three (3) years, or \$50,000, whichever comes first, unless terminated, canceled or extended as otherwise provided herein.

C. Contract Extensions 5 Year Maximum

The initial Contract term is for a three (3) year period subject to additional successive periods of twelve (12) months per extension with a maximum aggregate including all extensions not to exceed five (5) years or \$50,000, whichever comes first.

D. Contract Type

Fixed Price

E. Licenses

The Contractor shall maintain in current status, all Federal, State and local licenses and permits required for the operation of the business conducted by the contractor.

F. Information Disclosure

The Contractor shall establish and maintain procedures and controls that are acceptable to the State for the purpose of assuring that no information contained in its records or obtained from the State or from others in carrying out its functions under the Contract shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the Contract. Persons requesting such information should be referred to the State. The Contractor also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of Contractor as needed for the performance of duties under the contract, unless otherwise agreed to in writing by the State.

G. Key Personnel

It is essential that the Contractor provide adequate experienced personnel, capable of and devoted to the successful accomplishment of work to be performed under this Contract. The Contractor must agree to assign specific individuals to the key positions.

1. The Contractor agrees that, once assigned to work under this Contract, key personnel shall not be removed or replaced without written notice to the State.
2. Key personnel are not available for work under this Contract for a continuous period exceeding 30 calendar days, or are expected to devote substantially less effort to the work than initially anticipated, the Contractor shall immediately notify the State, and shall, subject to the concurrence of the State, replace such personnel with personnel of substantially equal ability and qualifications.

H. Price Adjustment

Contractor prices accepted and subsequently awarded by a Contract shall remain in effect for a minimum of one (1) year. The Contractor may request a price adjustment, but the State will not review or approve an increase until the Contract has been in effect for one (1) year. The ADHS Procurement Office will review any requested rate increase to determine whether such request is reasonable in relation to increased supplier or material costs. Contractor shall provide written justification for any price adjustment requested, including information contained in the Consumer Price Index or similar official cost analysis to support any requested price increase. Any price increase adjustment, if approved, will be effective upon execution of a written Contract Amendment. Likewise, the Contractor shall offer the State a price adjustment reduction concurrent with reduced costs from their suppliers. Price reductions will become effective upon

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execution of a Contract Amendment.

I. Non-Exclusive Contract

Any Contract resulting from this Solicitation shall be awarded with the understanding and agreement that it is for the sole convenience of the State of Arizona. The State reserves the right to obtain like goods or services from another source when necessary, or when determined to be in the best interest of the State.

J. Volume of Work

The ADHS does not guarantee a specific amount of work either for the life of the Contract or on an annual basis.

K. Information Disclosure

The Contractor shall establish and maintain procedures and controls that are acceptable to the State for the purpose of assuring that no information contained in its records or obtained from the State or from others in carrying out its functions under the Contract shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the Contract. Persons requesting such information should be referred to the State. The Contractor also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of the Contractor as needed for the performance of duties under the Contract, unless otherwise agreed to in writing by the State.

L. Employees of the Contractor

All employees of the Contractor employed in the performance of work under the Contract shall be considered employees of the Contractor at all times, and not employees of the ADHS or the State. The Contractor shall comply with the Social Security Act, Workman's Compensation laws and Unemployment laws of the State of Arizona and all State, local and Federal legislation relevant to the Contractor's business.

M. Order Process

The award of a Contract shall be in accordance with the Arizona Procurement Code. Any attempt to represent any material and/or service not specifically awarded as being under Contract with ADHS is a violation of the Contract and the Arizona Procurement Code. Any such action is subject to the legal and Contractual remedies available to the State inclusive of, but not limited to, Contract cancellation, suspension and/or debarment of the Contractor.

N. Contractor Performance Reports

Program management shall document Contractor performance, both exemplary and needing improvements where corrective action is needed or desired. Copies of corrective action reports will be forwarded to the ADHS Procurement Office for review and any necessary follow-up. The Procurement Office may contact the Contractor upon receipt of the report and may request corrective action. The Procurement Office shall discuss the Contractor's suggested corrective action plan with the Procurement Specialist for approval of the plan.

O. Payment Procedures

ADHS accounting will not make payments to any Entity, Group or individual other than the Contractor with the Federal Employer Identification (FEI) Number identified in the Contract. Contractor invoices requesting payment to any Entity, Group or individual other than the contractually specified Contractor shall be returned to the Contractor for correction.

The Contractor shall review and insure that the invoices for services provided show the correct Contractor name prior to sending them to the ADHS Accounting Office for payment.

If the Contractor Name and FEI Number change, the Contractor must complete an "Assignment and Agreement" form transferring contract rights and responsibilities to the new Contractor. ADHS must indicate consent on the form. A written Contract Amendment must be signed by both parties and a new W-9 form must be submitted by the new Contractor and entered into the system prior to any payments being made to the new Contractor.

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P. Financial Management

For all Contracts, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for Arizona Department of Health Services funded programs shall be used by the Contractor in the management of Contract funds and by the ADHS when performing a Contract audit. Funds collected by the Contractor in the form of fees, donations and/or charges for the delivery of these contract services shall be accounted for in a separate fund.

State Funding. Contractors receiving State funds under this Contract shall comply with the certified Compliance provisions of A.R.S. § 35-181.03.

Federal Funding. Contractors receiving Federal funds under this Contract shall comply with the certified finance and compliance audit provision of the Office of Management and Budget (OMB) Circular A-133, if applicable. The Federal financial assistance information shall be stated in a Change Order or Purchase Order.

Q. Authorization for Services

Authorization for purchase of services under this Contract shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the Contract number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless a) the Purchase Order is changed or modified with an official ADHS Procurement Change Order, and/or b) an additional Purchase Order is issued for purchase of services under this Contract.

R. Compliance Requirements for A.R.S. § 41-4401, Government Procurement: E-Verify Requirement

1. The Contractor warrants compliance with all Federal immigration laws and regulations relating to employees and warrants its compliance with Section A.R.S. § 23-214, Subsection A. (That subsection reads: "After December 31, 2007, every employer, after hiring an employee, shall verify the employment eligibility of the employee through the E-Verify program.)
2. A breach of a warranty regarding compliance with immigration laws and regulations shall be deemed a material breach of the Contract and the Contractor may be subject to penalties up to and including termination of the Contract.
3. Failure to comply with a State audit process to randomly verify the employment records of Contractors and subcontractors shall be deemed a material breach of the Contract and the Contractor may be subject to penalties up to and including termination of the Contract.
4. The State Agency retains the legal right to inspect the papers of any employee who works on the Contract to ensure that the Contractor or subcontractor is complying with the warranty under Paragraph One (1).

S. Offshore Performance of Work Prohibited

Due to security and identity protection concerns, direct services under this Contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the Contract. This provision applies to work performed by subcontractors at all tiers.

T. Indemnification Clause

Contractor shall indemnify, defend, save and hold harmless the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees (hereinafter referred to as "Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for

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bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such Contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by Contractor from and against any and all claims. It is agreed that Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the State of Arizona, its officers, officials, agents and employees for losses arising from the work performed by the Contractor for the State of Arizona.

This indemnity shall not apply if the Contractor or Sub-contractor(s) is/are an agency, board, commission or university of the State of Arizona.

U. Insurance Requirements

Contractor and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors.

The *insurance requirements* herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Contractor from liabilities that might arise out of the performance of the work under this Contract by the Contractor, its agents, representatives, employees or subcontractors, and Contractor is free to purchase additional insurance.

1. **MINIMUM SCOPE AND LIMITS OF INSURANCE:** Contractor shall provide coverage with limits of liability not less than those stated below.

1.1 Commercial General Liability – Occurrence Form

- 1.1.1 Policy shall include bodily injury, property damage, personal injury and broad form Contractual liability coverage.

1.1.1	General Aggregate	\$2,000,000
1.1.2	Products – Completed Operations Aggregate	\$1,000,000
1.1.3	Personal and Advertising Injury	\$1,000,000
1.1.4	Blanket Contractual Liability – Written and Oral	\$1,000,000
1.1.5	Fire Legal Liability	\$ 50,000
1.1.6	Each Occurrence	\$1,000,000

- 1.1.2 The policy shall be endorsed to include the following additional insured language: ***“The Department of Health Services, the State of Arizona, its Departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor”.***

- 1.1.3 Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

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1.2 Worker's Compensation and Employers' Liability

- | | |
|---------------------------------|-------------|
| 1.3.1 Workers' Compensation | Statutory |
| 1.3.2 Employers' Liability | |
| 1.3.2.1 Each Accident | \$ 500,000 |
| 1.3.2.2 Disease – Each Employee | \$ 500,000 |
| 1.3.2.3 Disease – Policy Limit | \$1,000,000 |
- 1.3.3 Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.
- 1.3.4 This requirement shall not apply to: Separately, EACH Contractor or subcontractors exempt under A.R.S. 23-901, and when such Contractor or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

1.3 Professional Liability (Errors and Omissions Liability)

- | | |
|------------------------|-------------|
| 1.4.1 Each Claim | \$1,000,000 |
| 1.4.2 Annual Aggregate | \$2,000,000 |
- 1.4.3 In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Contract is completed.
- 1.4.4 The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Work of this Contract.

2. **ADDITIONAL INSURANCE REQUIREMENTS:** The policies shall include, or be endorsed to include, the following provisions:
- 2.1 The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Contractor, even if those limits of liability are in excess of those required by this Contract.
 - 2.2 The Contractor's insurance coverage shall be primary insurance with respect to all other available sources.
 - 2.3 Coverage provided by the Contractor shall not be limited to the liability assumed under the indemnification provisions of this Contract.
3. **NOTICE OF CANCELLATION:** Each insurance policy required by the insurance provisions of this Contract shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to **The Arizona Department of Health Services, 1740 West Adams, Room, 303, Phoenix, AZ 85007** and shall be sent by certified mail, return receipt requested.

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4. **ACCEPTABILITY OF INSURERS:** Insurance is to be placed with duly licensed or approved non-admitted insurers in the state of Arizona with an "A.M. Best" rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency.
5. **VERIFICATION OF COVERAGE:** Contractor shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.

All certificates required by this Contract shall be sent directly to **The Arizona Department of Health Services, 1740 West Adams, Room 303, Phoenix, AZ 85007**. The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time. **DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.**
6. **SUBCONTRACTORS:** Contractors' certificate(s) shall include all subcontractors as insureds under its policies or Contractor shall furnish to the State of Arizona separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum requirements identified above.
7. **APPROVAL:** Any modification or variation from the *insurance requirements* in this Contract shall be made by the Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal Contract amendment, but may be made by administrative action.
8. **EXCEPTIONS:** In the event the Contractor or subcontractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-insurance. If the Contractor or subcontractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.

V. Health Insurance Portability and Accountability Act of 1996

The Contractor warrants that it is familiar with the requirements of HIPAA and HIPAA's accompanying regulations and will comply with all applicable HIPAA requirements in the course of this contract. Contractor warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the contract so that both the ADHS and Contractor will be in compliance with HIPAA, including cooperation and coordination with the ADHS Privacy Officer and other compliance officials required by HIPAA and its regulations. Contractor will sign any documents that are reasonably necessary to keep the ADHS and Contractor in compliance with HIPAA, including, but not limited to, business associate agreements.

If requested by the ADHS, Contractor agrees to sign the "Arizona Department of Health Services Pledge To Protect Confidential Information" and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Contractor agrees to attend or participate in HIPAA training offered by the ADHS or to provide written verification that the Contractor has attended or participated in job related HIPAA training that is: (1) intended to make the Contractor proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or other person or program knowledgeable and experienced in HIPAA and who has been approved by the ADHS HIPAA Compliance Officer.

W. Pandemic Contractual Performance

1. The State shall require a written plan that illustrates how the Contractor shall perform up to Contractual standards in the event of a pandemic. The State may require a copy of the plan at any time prior or post award of a Contract. At a minimum, the pandemic performance plan shall include:

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- 1.1 Key succession and performance planning if there is a sudden significant decrease in Contractor's workforce.
 - 1.2 Alternative methods to ensure there are products in the supply chain.
 - 1.3 An up to date list of company contacts and organizational chart.
2. In the event of a pandemic, as declared the Governor of Arizona, U.S. Government or the World Health Organization, which makes performance of any term under this Contract impossible or impracticable, the State shall have the following rights:
- 2.1 After the official declaration of a pandemic, the State may temporarily void the Contract(s) in whole or specific sections, if the Contractor cannot perform to the standards agreed upon in the initial terms.
 - 2.2 The State shall not incur any liability if a pandemic is declared and emergency procurements are authorized by the Director as per A.R.S. 41-2537 of the Arizona Procurement Code.
 - 2.3 Once the pandemic is officially declared over and/or the Contractor can demonstrate the ability to perform, the State, at its sole discretion, may reinstate the temporarily voided Contract(s).

SCOPE OF WORK

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A. Background

The Arizona Department of Health Services (ADHS), The Office of Oral Health (OOH) is conducting a statewide survey of third grade students to collect information on disease prevalence and health status.

B. Objective

To improve the oral health of Arizonans by conducting statewide health surveys for program planning, assessment and reporting at the following Arizona schools (this list is tentative and subject to possible changes):

<u>County</u>	<u>School Name</u>	<u>Street Number</u>	<u>City</u>	<u>ZIP</u>
Cochise County	Colonel Smith Middle School	Cushing	Ft. Huachuca	85670
Cochise County	Huachuca City School	100 School Drive	Huachuca City	85616
Cochise County	Willcox Elementary School	501 W Delos Street	Willcox	85643
Gila County	Dr. Charles A. Bejarano Elementary School	4635 B East Ragus Road	Miami	85539
Gila County	Copper Rim Elementary School	1600 Mesquite	Globe	85501
Greenlee County	Fairbanks Elementary School	Fairbanks Rd #1	Morenci	85540
Greenlee County	Duncan Elementary	1 Mc Grath Ave.	Duncan	85534
Mohave County	El Capitan Public School	255 North Cottonwood St.	Colorado City	86021
Mohave County	Camp Mohave Elementary	1797 E La Entrada	Bullhead City	86426
Mohave County	Desert Valley School	1066 Marina Blvd	Bullhead City	86442
Pinal County	Mountain Vista Elementary School	33622 North Mountain Vista Blvd.	Queen Creek	85242
Pinal County	Santa Cruz Elementary	45012 W. Honeycutt Ave.	Maricopa	85239
Pinal County	Copper Basin	28682 N. Main Street	Queen Creek	85243
Pinal County	Curriel School	1000 Curriel Street	Eloy	85231
Pinal County	First Avenue Elementary School	914 N. First Avenue	San Manuel	85631
Santa Cruz County	Elgin Elementary School	23 Upper Elgin Rd	Elgin	85611
Santa Cruz County	Patagonia Elementary School	Highway 82	Patagonia	85624
Yuma County	Sunrise Elementary School	9943 S. 28th Street	Yuma	85367
Yuma County	Mary A Otondo Elementary School	2251 Otondo Drive	Yuma	85365
Yuma County	Palmcroft Elementary School	901 Palmcroft Drive	Yuma	85364
Yuma County	Wellton Elementary School	29126 San Jose Avenue	Wellton	85356
Yuma County	Gwyneth Ham Elementary School	840 E. 22nd Street	Yuma	85365
Yuma County	Roosevelt School	550 5th St	Yuma	85364
Yuma County	Dateland Elementary School	1300 S. Ave. 64e	Dateland	85333
La Paz County	Blake Primary School	701 South Navajo Avenue	Parker	85344
La Paz County	Quartzsite Elementary School	930 Quail Trail	Quartzsite	85346

C. Scope of Work

The Contractor shall provide four (4) or more teams consisting of a dental hygienist and a dental assistant to gather data in a statewide health survey. The Contractor is required to have multiple teams available as several schools may be scheduled in different geographic areas of the state on the same day. The dental hygienist/dental assistant team will be assigned to pre-selected schools by the OOH.

D. Tasks

1. The Dental Hygienist shall:
 - 1.1. Conduct patient assessments using Association of State and Territorial Dental Directors (ASTDD) Basic Screening and Survey Tool;

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- 1.2. Record of patient findings;
 - 1.3. Review of medical history and demographic information;
 - 1.4. Distribute referral information;
 - 1.5. Perform program coordination;
 - 1.6. Provide transportation and routine maintenance of portable equipment;
 - 1.7. Assemble supplies and packing;
 - 1.8. Implement infection control procedures;
 - 1.9. Collect height and weight information using a calibrated stadiometer;
 - 1.10. Protect individually identifiable health information; and
 - 1.11. Collect and compiling programmatic level information.
2. The Dental Assistant shall:
- 2.1. Record assessment findings;
 - 2.2. Distribute referral information;
 - 2.3. Provide transportation and routine maintenance of portable equipment;
 - 2.4. Assemble supplies and packing;
 - 2.5. Collect oral health data;
 - 2.6. Implement infection control procedures;
 - 2.7. Collect height and weight information using calibrated a stadiometer; and
 - 2.8. Protect individually identifiable health information.

E. Requirements

1. Dental Hygienists and Dental Assistants shall:
 - 1.1. Have previous experience with survey data collection;
 - 1.2. Be trained on the nationally standardized Basic Screening and Survey Tool (BSS) for School-aged Children developed by the ASTDD;
 - 1.3. Sign a pledge to comply with Protected Health Information requirements;
 - 1.4. Have work approved by the program lead prior to initiation; and
 - 1.5. Follow all OOH guidelines.
2. Contractor shall:
 - 2.1. Provide a Certificate of Insurance (COI), as specified within the Special Terms and Conditions, within five (5) business days of Contract Award. A Purchase Order to begin work will not be provided without a current and correct COI in the Contract file. The COI shall be provided yearly prior to expiration of the current COI;

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- 2.2. Comply with quality management and program evaluation activities established by OOH. Such activities may include unannounced OOH audits of licensure, service logs, reports, patient charts, program schedules, program processes, or client services;
- 2.3. Provide to the OOH, if applicable, a copy of current dental related licenses or certificates including but not limited to,
 - 2.3.1. Practice license,
 - 2.3.2. Drug Enforcement Administration certificate,
 - 2.3.3. Cardio Pulmonary Resuscitation (CPR) certificate,
 - 2.3.4. Current Arizona Driver's License/Arizona ID Card,
 - 2.3.5. Liability insurance coverage, and
 - 2.3.6. Certificate or other proof of training for Association of State and Territorial Dental Director's Basic Screening and Survey Tool; and
- 2.4. Maintain current license(s) and certificate(s) and provide copies to OOH within thirty (30) days of the expiration date.

F. Reference Documents (On file at ADHS/OOH)

1. Policies and Procedures (OOH);
2. Infection Exposure Control; and
3. Hazard Communication.

G. State Provided Items

1. Encounter/medical history forms (Exhibit A, B, E and D);
2. Survey forms (Exhibit C); and
3. Equipment and supplies necessary to conduct survey.

H. Approvals

1. Approval from Program Manager and/or Office Chief is necessary for all work products; and
2. Monthly invoices shall be approved by the OOH prior to payment.

I. Deliverables

1. The dental hygienist or dental assistant shall submit the completed survey forms and program level information to OOH upon the completion of each school survey;
2. Contractor shall maintain a logging of services performed and hours, with appropriate details, using a specified format established by OOH. The log shall be submitted with the monthly invoice and Contractor shall retain a copy;
3. Contractor shall provide a quarterly review of their Contract, including remaining funds and service hours, to OOH program leads according to established OOH procedure;
4. Contractor shall submit a report of program services when requested by the program lead using a specified format established and provided by lead;

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5. Contractor shall submit a signed monthly invoice within twelve (12) days following the month of service according to OOH Invoice Policy and Procedure. Contractor shall retain a copy for Contractors records; and
6. The Contractor shall include travel expenses as part of their unit rate on the fee schedule.

J. Delivery Schedule

1. Contractor shall submit invoice for approval and payment within twelve (12) days after the end of the month; and
2. Dental Hygienist or Dental Assistant shall submit completed survey forms and compiled program level information within two (2) days of the completed survey.

K. Notices, Correspondence and Reports

1. Notice, correspondence and reports from the Contractor to ADHS shall be sent to:

Program Manager
Health Smiles, Healthy Bodies Survey
Office of Oral Health
150 North 18th Ave. Room 320
Phoenix, AZ 85007
Telephone number: 602-542-1866
Facsimile number: 602-364-1494

2. Notices, Correspondence and Reports from ADHS to the Contractor shall be sent to:
(Contractor to complete)

Contractor _____
Attention: _____
Address _____
Address _____
City, State, ZIP _____
Phone _____
Fax _____
Email _____

3. Payments from ADHS to the Contractor shall be sent to:
(Contractor to complete if different from above)

Contractor _____
Attention: _____
Address _____
Address _____
City, State, ZIP _____
Phone _____
Fax _____
Email _____

EXHIBIT A
REQUEST FOR QUOTATION # HQ061114



Healthy Smiles - Healthy Bodies

FOR OFFICE USE ONLY

School Name:

School ID:

Record #:

Please PRINT the following information *about the child having the screening.*

1. Child's Name _____ Teacher _____

2. Child's Birth Date

Month

Day

Year (for example, 1999)

3. Gender: (1) Male (2) Female

Additional Information: The following questions will help in developing programs for children with the most need.

4. What is this child's race? (Check only one)

- | | |
|---|--|
| <input type="checkbox"/> (1) Asian | <input type="checkbox"/> (5) White |
| <input type="checkbox"/> (2) Black/African American | <input type="checkbox"/> (6) Two or more races |
| <input type="checkbox"/> (3) Native American/Alaskan Native | <input type="checkbox"/> (7) Other |
| <input type="checkbox"/> (4) Pacific Islander/Native Hawaiian | |

5. Is this child Hispanic? (Check one)

- (1) Yes (2) No (3) Don't know/unsure

6. Has a doctor or nurse ever told you that your child has asthma? (Check one)

(0) No

(1) Yes - If yes, please answer the following.

(A) Does your child currently have asthma symptoms? (Check one)

- (0) No (1) Yes (2) Not Sure

(B) Does your child have an asthma action plan? (Check one)

- (0) No (1) Yes (2) Not Sure

(C) In the past year, approximately how many days has your child missed school because of asthma?

_____ Number of days

7. About how long has it been since your child last saw a dentist? (Check one)

Include all types of dentists such as pediatric dentists or any other dental specialists; also dental hygienists.

- (0) Never
 (1) Within the past year
 (2) 1-3 years ago
 (3) More than 3 years ago

8. Do you have any kind of insurance that pays for some or all of your child's DENTAL care? (Check one)

- (0) No
 (1) Yes. If yes, the dental insurance is: (Check only one)
 ___ (1) Employer provided
 ___ (2) Privately purchased
 ___ (3) AHCCCS, Medicaid or Kids Care
 ___ (4) Indian Health Service (IHS)
 ___ (5) Military

Thank You!

EXHIBIT B
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Dental Screening Findings

Student: _____ Date: _____

Teacher: _____

*This was only a screening.
Your child should still have a regular dental check-up.*

_____ **Urgent!** A problem has been found and your child needs to go to the dentist right away (within 24 hours)!

_____ **Possible Problems Found:** Your child should see a dentist as soon as an appointment can be made.

_____ **No Visible Problems:** Not all visible problems can be seen by a dental screening. Your child should have a regular dental check-up at least once a year.

_____ **Sealants Needed:** Sealants help to prevent cavities on the chewing surfaces of back teeth. A dentist can tell you if sealants would be helpful for your child.

_____ **Clean teeth and gums are important.** Your child did a good job today.

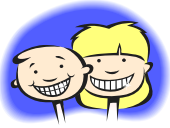
If you have any question, please call the school nurse.

If your child has AHCCCS or KidsCare insurance, dental care is covered.

Comments: _____

EXHIBIT C
REQUEST FOR QUOTATION # HQ061114

Survey ID# _____
(for office use only)



Healthy Smiles-Healthy Bodies

Screening Recording Form

1. Survey Information

School Name: _____

Child's Name : _____

2. Oral Health Survey Information

1. Untreated Decay	<input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes _____ # teeth	1-Yes= At least one tooth with loss of at least ½ mm of tooth structure at the enamel surface AND brown to dark-brown coloration of the walls of the cavity.
2. Treated Decay	<input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes _____ # teeth	1-Yes= At least one tooth: -has fillings, crowns or other restoration due to decay OR -is missing due to decay.
3. Sealants Present	<input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes	1-Yes= At least one permanent molar tooth has a dental sealant OR part of a dental sealant.
4. Sealants Needed	<input type="checkbox"/> 0-No <input type="checkbox"/> 1-Yes	1-Yes= At least one permanent molar tooth needs a dental sealant on a fully erupted, virgin AND sound occlusal surface.
5. Treatment Urgency	<input type="checkbox"/> 0-None <input type="checkbox"/> 1-Early <input type="checkbox"/> 2-Urgent	0-None= Routine dental care 1-Early= Needs dental visit within next several weeks 2-Urgent= Needs dental visit within 24 hours

3. Height/Weight

Height – in cm's	Weight – in kg's
_ _ _ . _	_ _ . _

4. Signature

Provider	ID#	Signature	Date
RDH			
ASST			
ASST			

Comments:

Summary of Findings Form

EXHIBIT E

REQUEST FOR QUOTATION # HQ061114



Sonrisas Sanas, Cuerpos Sanos

FOR OFFICE USE ONLY

School Name: _____

School ID: _____

Record #: _____

Por favor **ESCRIBA CON LETRA IMPRESA** la siguiente información sobre el niño que está evaluando.

1. Nombre del Niño _____ Maestro _____

2. Fecha de Nacimiento del Niño

Mes		Día		Año (ejemplo, 1999)	

3. Sexo: (1) Hombre (2) Mujer

Información Adicional: Las siguientes preguntas ayudarán a desarrollar programas para niños más necesitados.

4. ¿Cuál es la raza del niño? (Marque sólo una)

- | | |
|---|--|
| <input type="checkbox"/> (1) Asiática | <input type="checkbox"/> (5) Blanca |
| <input type="checkbox"/> (2) Negra / Africana Americana | <input type="checkbox"/> (6) Dos o más razas |
| <input type="checkbox"/> (3) Nativa Americana / de Alaska | <input type="checkbox"/> (7) Otra |
| <input type="checkbox"/> (4) de las Islas del Pacífico/ de Hawaii | |

5. ¿Este niño es hispano? (Marque una)

- (1) Sí (2) No (3) No sé /no estoy seguro

6. ¿Alguna vez le ha dicho un doctor o enfermera que su hijo tiene asma? (Marque uno)

- (0) No
- (1) Sí - Si es así, por favor conteste lo siguiente.
- (A) ¿Actualmente tiene su hijo síntomas de asma? (Marque uno)
- (0) No (1) Sí (2) No estoy seguro
- (B) ¿Tiene su hijo un plan de acción para el asma? (Marque uno)
- (0) No (1) Sí (2) No estoy seguro
- (C) ¿El año pasado, aproximadamente cuántos días ha faltado su hijo a clases debido al asma?
- _____ Número de días

7. ¿Cuánto tiempo hace que su hijo ha visto a un dentista? (Marque uno)

Abarca todo tipo de dentistas como dentistas pediatras o cualquier otro especialista dental, incluyendo el higienista dental.

- (0) Nunca
- (1) El año pasado
- (2) Hace de 1 a 3 años
- (3) Hace más de 3 años

8. ¿Tiene algún tipo de seguro que paga por parte o todo el cuidado DENTAL de su hijo? (Marque uno)

- (0) No
- (1) Sí. Es así, el seguro dental es: (Marque sólo uno)
- ___ (1) Ofrecido por mi empleados
- ___ (2) Comprado de manera privada
- ___ (3) AHCCCS, Medicaid o Kids Care
- ___ (4) Indian Health Service (IHS)
- ___ (5) Militar

For office use only

- Screened
- Absent
- Did not participate

¡Gracias!



- Sí, doy mi permiso para que le revisen los dientes a mi hijo y lo midan y lo pesen.
- No, no doy mi permiso para que le revisen los dientes a mi hijo y lo midan y lo pesen.

FIRMA del padre/tutor

Fecha en que se firmó

G:\groups\ooh\sealant_indicator/forms\consent form_spanish-blue

EXHIBIT E
REQUEST FOR QUOTATION # HQ061114



Resultcados de la Evaluación Dental

Estudiante: _____ Fecha: _____

Maestro(a): _____

*Esta fue solamente una evaluación.
Su hijo todavía tiene que ir a su revisión dental regular.*

___ **Urgente!** Se ha encontrado un problema y su hijo necesita ir al dentista de inmediato (dentro de 24 horas)!

___ **Se Encontró un Posible Problema:** Su hijo debe ir al dentista tan pronto como pueda hacer una cita.

___ **No Hay Problemas Visibles:** No todos los problemas visibles se pueden ver en una evaluación dental. Su hijo debe tener una revisión dental regular por lo menos una vez al año.

___ **Necesita Selladores:** Los selladores ayudan a prevenir las caries en la superficie de las muelas. Un dentista le puede decir si los selladores ayudarían a su hijo.

___ **Los dientes y encías limpios son importantes.** Su hijo salió muy bien el día de hoy.

Si tiene alguna pregunta, por favor llame a la enfermera de la escuela.

Si su hijo tiene seguro de AHCCCS o KidsCare, tiene cobertura de cuidado dental.

Comentarios: _____