

REQUEST FOR PROPOSAL

RFP# SODC201703

DENTAL HYGIENIST SERVICES

FOR THE PERIOD

JULY 1, 2016 THROUGH 06/30/2017

OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

SOUTHWEST OHIO DEVELOPMENTAL CENTER

4399 East Bauman Lane

Batavia, OH 45103

(513) 735-8261

FAX (513) 735-8232

TDD (513) 732-9222

Contracts subject to appropriation availability and approval of DODD and, if applicable, the
Controlling Board, State of Ohio.

1.0 **INTRODUCTION**

- 1.1 Southwest Ohio Developmental Center (The Center) management intends to select an offer through this Request for Proposal (RFP) process to provide dental hygienist services to residents of the Center.
- 1.2 Southwest Ohio Developmental Center is a Medicaid-certified Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IDD) operated by the Department of Developmental Disabilities (DODD), serving approximately 112 persons with developmental disabilities.

2.0 **SERVICES REQUIRED**

- 2.1 The services consist of all items listed herein for Southwest Ohio Developmental Center, including all required labor and transportation, materials and equipment and items not specifically noted or shown as required for complete service, subject to any exclusions listed below. It is the intent of this document that vendors provide a single proposal covering all categories of work for this service.
- 2.2 Services required under this RFP are to:
 - 2.2.1 Under the direction of a licensed dentist, contractor to perform the following duties and related services for the individuals of The Center.
 - 2.2.1.1 Oral prophylaxis, including removal of stains, plaque and other deposits form the teeth.
 - 2.2.1.2 Apply fluoride to the teeth of residents when indicated to aid in prevention of cavities.
 - 2.2.1.3 Expose and process dental x-rays.
 - 2.2.1.4 Provide dental care education to include desensitization plans for residents and an individual's interdisciplinary team.
 - 2.2.1.5 Assist residents in the care of their teeth and mouths through direct one-to-one contact.
 - 2.2.1.6 Provide services at the Center's dental clinic. Order dental supplies and oversee the maintenance and testing schedules of the dental clinic's equipment.
 - 2.2.1.7 Prepare and maintain dental records for The Center. Provide written input to the interdisciplinary team and attend Individual Plan Meetings as requested by the team.
 - 2.2.1.8 Maintain a flexible working schedule in order to accommodate resident's dental hygiene needs.

2.2.1 Any modifications, variations or addendums to the above specified duties or services shall result in the immediate disqualification of that bid.

2.3 The offeror shall provide a maximum of up to (15) hours of dental hygiene care and related services at the Center each calendar week.

2.3.1 The offeror shall provide services at the Center on a routine and predictable schedule that is communicated to the Director of Nursing at least two (2) weeks prior to the beginning of each calendar month.

2.3.2 If the offeror is unable to provide all of the services outlined in section 2.3 the center will entertain alternate proposals for services. These alternate proposals will be reviewed in accordance with sections 3.0-3.7.

3.0 SPECIAL CONSIDERATIONS

3.1 Documentation shall be provided to verify:

3.1.1 State of Ohio licensed dental hygienist in good standing.

3.1.2 A minimum of two (2) years working experience as a licensed Dental Assistant. Prefer experience treating persons with developmental disabilities.

3.1.3 Neither the contractor nor any of its employees, shall not been found guilty of, or pleaded guilty to, any offense set forth in Section 5123.081(1), (2), or (3) of the Ohio Revised Code; nor employ any person to provide services under this RFP who has been found guilty of, or pleaded guilty to any offense set forth in Section 5123.081(1), (2), or (3) of the Ohio Revised Code. The person(s) providing services under this RFP shall successfully complete a criminal background check and required training prior to performing any services at the Center.

3.2 Contractor shall perform all services rendered in accordance with all applicable state of Ohio, Department of Developmental Disabilities (DODD) regulations/licensure requirements, federal and state Medicaid (ICF/IID) regulations, Southwest Ohio Developmental Center (SODC) policies and procedures, and any and all other regulatory statutes and/or procedures SODC desires to institute at any time during the contract period.

- 3.3 Contractor shall perform all services rendered in accordance with the service provider's licensure/certification requirements and the code of ethics established by the discipline/profession and/or state of Ohio licensing board.
- 3.4 Contractor shall certify that all of its employees, while working at Southwest Ohio Developmental Center, will not purchase, transfer, use, be under the influence of, or possess illegal drugs or alcohol, or abuse prescription drugs in any way.
- 3.5 Contractor shall comply with all applicable provisions of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), both in the provision of specified services and in its employment practices.
- 3.6 By submitting a signed proposal for this service, the Contractor affirms that, as applicable to the Contractor, no party listed in Division (I) and (J) of Section 3517.13 of the Revised Code or spouse of such party has made, as an individual, within the two previous calendar years, one or more contributions totaling in excess of \$1,000.00 to the Governor or to his campaign committees.
- 3.7 The provisions of the *Ohio Department of Developmental Disabilities Personal Service Contract* will become part of the final agreement between the successful offeror and the Center. Therefore, the evaluation process resulting in the final award of a contract rests with the Center and the Ohio Department of Developmental Disabilities. The Center and the Ohio Department of Developmental Disabilities reserve the right to determine that the award of a contract would not be in the best interest of the Center, the Ohio Department of Developmental Disabilities, or the State of Ohio. The Center and the Ohio Department of Developmental Disabilities reserve the right to accept or reject any and all bids, in whole or in part, and may determine that any irregularities or deviations from the specifications do not result in the bid being non-responsive, provided this does not affect the amount of the bid or result in a competitive advantage to the bidder.

4.0 PROPOSALS

- 4.1 All proposals shall be submitted in accordance with information provided in this document and may consist of an on-site interview if requested by the Center.
- 4.2 All proposals shall be in writing and signed by the person providing services or, in the case of companies, by an authorized representative on company letterhead.
- 4.3 All proposals shall be submitted on the basis of an hourly rate for each hour of service provided during the contract period. Travel time and expenses will not be paid.
- 4.4 All proposals shall be guaranteed for 60 days.

4.5 Proposals shall be submitted via email to john.eardley@dodd.ohio.gov , with “Dental Hygienist Services” in the subject line of the email.

4.6 Proposals can also be mailed to:

Southwest Ohio Developmental Center
Attn: John Eardley
4399 East Bauman Lane
Batavia, Ohio 45103

4.7 Deadline for Proposal Submission: April 1, 2016 by 4:30 pm

Proposals submitted by email or mail will be received until the above deadline. Emailed proposals received after this deadline will not be considered in the selection process. Mailed proposals not received at SODC by the deadline will be returned to the sender unopened.

6.0 SUBMISSIONS REQUIRED

6.1 On Letterhead; Full name, vitae or resume and Ohio-license number of the person or business providing services under the provisions of this RFP.

6.1.1 List of previous services performed to include facility name, complete address, telephone number, contact person and dates the service was performed.

6.2 Completed “Contractor Information Form” (Refer to page (7) of RFP)

6.3 Any accommodation or special needs of any person providing services under the provisions of this RFP.

6.4 Hourly rate for compensation required for all deliverables as described in this Request for Proposal.

6.5 Copy of Certificate of Liability Insurance (\$1,000,000 Minimum Coverage).

7.0 SCHEDULE

7.1 The term of the contract will extend from July 1, 2016 through June 30, 2017.

7.2 Contract may be subject to State of Ohio Controlling Board approval based on their scheduled meeting times.

8.0 PAYMENTS

8.1 Contractor will submit an invoice for total hours provided bi-weekly or every month.

8.1.1 Payments for services are made thirty (30) days from receipt date of a proper invoice. A proper invoice must include the following information:

8.1.2 Contractor Name and Address

8.1.3 Date(s) of service rendered

8.1.4 Itemization of services performed

8.1.5 Purchasing Agency Name and Address

8.1.6 Agency Purchase Order Number

8.1.7 Invoice number, assigned by contractor

9.0 INQUIRIES

9.1 To ensure an open bid process is maintained, all inquiries regarding this RFP must be provided in writing only via email to john.earley@dodd.ohio.gov.

10.0 EVALUATION CRITERIA

10.1 Scores will be given for each of the following items. The highest possible score is noted with each line item. The contract will be awarded to the Contractor with the highest scored proposal.

10.1.1 Person(s) to provide services are Ohio-licensed Dental Hygienist. (Yes = continue to next criteria; No = proposal is rejected).

10.1.2 Experience serving person(s) with developmental disabilities (<5 years = 2 points; 5-9 years = 5 points; 10+ years = 10 points).

10.1.3 Experience providing service under ICF/MR standards (<1 years = 0; 1-5 years = 2 points; 6-9 years = 5 points; 10+ years = 10 points).

10.1.4 Price. Rank lowest to highest order when compared to all proposals: (1 = 25 points; 2 = 20 points; 3 = 15 points; 4 = 10 points; 5 = 5 points)

10.1.5 In the event of a tie, the award will be determined through the contractor interview process.

CONTRACTOR INFORMATION FORM

THIS FORM MUST BE SUBMITTED WITH YOUR PROPOSAL

CONTRACTOR NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

AUTHORIZED CONTACT NAME: _____

PHONE NUMBER: _____ **EMAIL:** _____

1. Identify all of contracts currently with the State of Ohio (including DODD).

Total # of Contracts: _____

State Agency: _____ Amount: _____

Contracted Services: _____

Duration of Contract: _____

(Attach additional sheets if necessary.)

2. Provide current employee information on both a nationwide basis (including Ohio), and Ohio's based operations.

| | <u>NATIONWIDE</u> | <u>OHIO</u> |
|------------------------|--------------------------|--------------------|
| Total # of Employees: | _____ | _____ |
| Percent of Women: | _____ | _____ |
| Percent of Minorities: | _____ | _____ |

3. Provide OAKS Vendor ID or Tax Identification Number: _____

4. If your billing address is different than mailing address above, please provide below:

Contractor Name: _____

Street Address: _____

City: _____ State: . Zip Code: _____

Authorized Signature

Date