



Student, Family & Community
Supports Division

REQUEST FOR APPLICATIONS (RFA) FOR DENTAL PROVIDER SERVICES (DPS) LIST

Contact: Judith Edwards

APS Senior Director of Nursing

Telephone: (505) 855-9842

Email: Edwards_judi@aps.edu

Albuquerque Municipal Schools District NO. 12 counties of Bernalillo and Sandoval, New Mexico ("APS")

6400 Uptown Blvd. NE Ste. 385W

P.O. Box 25704

Albuquerque, NM 87125

www.aps.edu

REQUEST FOR APPLICATIONS (RFA) FOR DENTAL PROVIDER SERVICES (DPS) LIST

BACKGROUND

According to 2019 report from New Mexico Voices for Children, (<https://www.nmvoices.org/archives/12848>) nearly 900,000 New Mexicans do not have access to dental health care and more than 25 percent of elementary-aged children in New Mexico have untreated tooth decay. In a 2011 publication by the American Journal of Public Health, children with poor oral health status were nearly 3 times more likely (odds ratio = 3.89; 95% confidence interval = 1.96, 7.75) than their counterparts to miss school as a result of dental pain. Absences caused by pain were associated with poorer school performance ($P < .05$), but absences for routine care were not.

Albuquerque Public Schools (APS) holds the importance of the whole child in its top five priorities for the APS District. There is a strong correlation between a child's health and academic performance. As cited in the research above. One of the fundamental missions of APS, SFCS Division is to eliminate barriers to learning and thus enabling all students the opportunity to succeed. APS currently supports a Coordinated School Health Model and is actively engaged with organizations, agencies, providers, community and families to work together to remove barriers to learning and promote success for all. An important component to this model is developing relationships with multiple dental health professionals to coordinate and deliver services to youth. Applicants chosen to provide services at APS will be required to provide a year-end reports no later than June 30, 2021 to the SFCS Division. Application, See Section IV.

APS's Dental Provider Lists will include providers qualified to provide essential dental services in APS Dental program. Accordingly, individuals and organizations responding to this RFA must align applications with best and promising practices described by the Association of State and Territorial Dental Directors to integrate oral health into the Coordinated School Health Model (ASTDD: Where Oral Health Lives. Best Practice Approaches, May 2011.) APS seeks applications to establish services needed for providing direct care services to students that supports prevention (sealant, varnish programs, cleaning), primary restorative care, along with case management to establish dental homes, make referrals; and conduct follow up.

Applicants should be aware that APS's activities are subject to modifications based on needs, services, and funding and those required by Federal and State legislation and their regulations, local laws, specific funding-source requirements and applicable APS policies and procedures.

REQUEST FOR APPLICATIONS

This RFA has been issued to allow APS to recruit qualified dental providers for inclusion on APS' Dental Provider Services (DPS) List.

Standard provider dental services are **DEFINED AS:**

Dental Health Screenings: an examination by a dental provider to determine the oral health status of a student. The assessment identifies whether or not a student has had dental sealants prior to the examination

and is in need of a dental sealant on the molar. This screening also includes the identification of any active oral disease.

Oral Hygiene: is the practice of keeping the mouth clean and healthy by brushing and flossing to prevent tooth decay and gum disease.

Prophylaxis: cleaning of the teeth by a dentist or dental hygienist, including removal of plaque, materia alba, calculus, and extrinsic stains; done as a preventive measure for control of gingivitis.

Restorative Dental Health Care: is the diagnosis and integrated management of diseases of the teeth and their supporting structures and the rehabilitation of the dentition to functional and aesthetic requirements of the individual.

Referral Follow Up: secure a dental provider to provide services or establish a dental home for services and confirm that a treatment plan has been completed.

Dental Home: is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate

Dental Sealants: Dental sealants are thin plastic coatings that are applied to the grooves on the chewing surfaces of the back teeth to protect them from tooth decay. Most tooth decay in children and teens occurs on these surfaces. Sealants protect the chewing surfaces from tooth decay by keeping germs and food particles out of these grooves (molar).

Fluoride Varnish: is a topical fluoride used to prevent tooth decay. Fluoridated toothpaste is another type of topical fluoride. Both are used on the surface of teeth. Fluoride in varnish enters the tooth enamel and makes the tooth hard. It prevents new cavities and slows down or stops decay from getting worse. If tooth decay is just starting, it repairs the tooth

Oral Prophylaxis: cleaning of the teeth by a dentist or dental hygienist, including removal of plaque, materia alba, calculus, and extrinsic stains, done as a preventive measure for control of gingivitis.

Oral Health Case Management: recruit dentists to provide services or establish a dental home, educates clients about the use of dental services and keeping appointments, links clients to dental offices, identifies potential barriers to care and helps clients obtain transportation to appointments.

QUALIFIED APPLICANTS

Qualified applicants must be licensed by the New Mexico Board of Dental Healthcare/Dental Hygiene. Agencies/Providers may include:

- Established faith-based or community-based organizations
- Public agencies
- Private for-profit entities
- Private non-profit agencies/institutions

- Educational institutions

COMPENSATION

This RFA is open to Dental health care providers interested in providing dental health services at APS schools. All services performed for this RFA must be performed at no cost to APS or APS Students. Successful applicants will need to bill Medicaid, other third party payers, receive grants to provide their dental services or provide services pro-bono. APS shall provide space, in the approved schools, free of charge to the Dental Providers.

FORMAL CONTRACT

Any successful applicant will be required to enter into an agreement with APS. A copy of the most recent form of this License Agreement regarding dental services is attached to this RFA. Applicants are encouraged to review that License Agreement prior to submitting applications so as to be familiar with contract requirements.

TERM OF CONTRACT

Each contract may commence once all required documentation has been received and required signatures obtained on a License Agreement annually.

If, at any time during the term of the License Agreement, the provider fails to maintain proper qualifications to remain on the DS List, APS may terminate the contract by giving written notice to provider at least five (5) days prior to the effective termination date.

REQUIRED APPLICATION FORMAT

Interested applicants must respond using the VS Provider Application and VS Services Application forms provided (forms may also be downloaded from APS' website at www.aps.edu, under Nursing Department web page). Applicants must complete one Dental Provider Application. NO SUBSTITUTIONS IN FORMAT, DESIGN, OR ACTIVITY WILL BE CONSIDERED.

PERIOD OF RFA

This RFA is for a 1-year school TERM. Interested applicants desiring to be included on the DPS List may apply at before the deadline of 4pm on June 1, 2020.

This Agreement may be renewed by Dental Provider, for additional terms by submitting in writing yearly, to APS their desire to continue the Student Comprehensive Oral Health Program and providing all yearly Data requested per section 10.14.

APPLICATION PROCEDURE

To be considered for the DS List, applicants must submit the original DS Provider and Services applications and five (5) legible copies of each completed in response to this RFA.

- a) ONE (1) copy must have an original signature and be identified as the original.
- b) The remaining FIVE (5) copies may be reproductions of the original.

The Dental VS Provider Application must be signed by an appropriate official who is authorized to submit the application for the responding agency.

Completed applications should be submitted to:

Judith Edwards MS RN NCSN
Director of Nursing
Albuquerque Public Schools (APS)
6400 Uptown Blvd. NE Ste. 385W
P.O. Box 25704
Albuquerque, NM 87125

Questions regarding the RFA and/or the application process should be directed to Judith Edwards at (505) 855-9842.

DENTAL PROVIDER SERVICES (DPS)

Services obtained through this RFA are those that will enhance the services provided to eligible APS students. Applicants approved for inclusion on the DS List must demonstrate that the services proposed are justified.

All DS applicants must, when appropriate, collaborate with and support the established partnerships of APS. Applicants should align their services with the following applicable goals:

- Streamline the provision of services to the school
- Work together with partners on a long-term basis for the good of the school community
- Provide continuous improvement in all services and functions
- Recognize and respond to age and developmental needs of APS students
- Maintain high school, student and family satisfaction

All activities must comply with APS policy, which could include APS Directives. All APS Directives are available at APS's website: www.aps.edu

GENERAL INFORMATION/GUIDELINES

If an applicant is approved for APS's DPS List, the successful applicant will receive a Dental Provider Services License Agreement Packet for completion. This packet will contain the necessary administrative documents needed for contract completion and outlines APS's Insurance Requirements. Completion and submission of all required documents (administrative and insurance) and certifications and disclosure will be required prior to contract execution and customer referrals. Applicants that are approved for APS's DPS Dental list to provide services to APS Students under the age of 18 shall be required to secure and maintain Sexual Abuse Liability insurance coverage.

Services obtained under this RFA are parent/guardian referral based. All services will be provided based on the need of customers with prior written permission of a parent/guardian. Services will be provided in accordance with APS policy, which may include APS Directives.

EVALUATION PROCEDURE

Applications will be reviewed as they are received. Applicants may be contacted, in writing, within 15 days of application submission to answer questions or provide clarification. Staff recommendations will be submitted to Executive Director of Student, Family, and Community Supports (SFCS) Division within 15 days of submission deadline. In order to assist the Executive Director of SFCS in approving applicants for the Dental Provider Services (DPS) List, staff will review each application and provide results of their evaluations in the form of staff recommendations. Staff recommendations are advisory only.

LIMITATIONS

APS shall not pay for any costs incurred by the applicant agency in the completion of the DPS Provider and Services Applications. Submission of DPS applications does not, in any way, obligate APS to award a contract. APS reserves the right to accept or reject any applications, to negotiate with all qualified applicants, or to cancel in part or in its entirety this RFA, if it is in the best interest of APS to do so.

APS may require successful applicants to participate in contract negotiations and to submit additional programmatic or financial information as a result of negotiations prior to contract finalization. APS shall reserve the right to terminate, with or without cause, any contract entered into as a result of this RFA process.

MODIFICATION OF CONTRACTS

Any agreement entered into pursuant to this RFA may be unilaterally modified by APS upon written notice to the provider under the following circumstances:

- a) Provider fails to meet performance and service expectations set forth in the agreement with APS, or
- b) There is a change in Federal or State legislation and/or their regulations, local laws, or applicable APS policies or procedures, or
- c) The principal of the school, where services are to be provided, does not approve the provider, location and services to be provided.

REPORTING REQUIREMENTS

APS has established specific reporting processes to administer its programs. These include, but may not be limited to a Year-end report on services provided and students served no later than June 30, of each school year to the Nursing Services Senior Director. The details for accomplishing the reporting requirements will be provided to all successful applicants.

COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT

All organizations and facilities associated with APS must comply with the 1990 Americans with Disabilities Act (ADA). Under Title III of the Act, all privately operated public accommodations, commercial facilities and private entities offering examinations or training must make their goods and services accessible to persons with disabilities. Any complaints regarding the above should be directed to APS Director of Office of Equal Opportunity Services at (505) 855-9853.

NONDISCRIMINATION REQUIREMENTS

Applicants providing services must not deny any individual an opportunity to participate in services based on grounds of race, gender, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any financially assisted program or activity. Furthermore, successful applicants will ensure that all qualified applicants receive consideration for employment and that employees are treated during employment without regard to their race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any financially assisted program or activity.

Dental Services Application

(Complete One Dental Provider Application Only)

Applicant Agency Name		IRS Employer Identification Number	
Agency Address		City	State Zip
Phone	Fax	E-Mail	
Contact Name		Title	
Agency Status: <input type="checkbox"/> Private <input type="checkbox"/> Non-Profit <input type="checkbox"/> Private For-Profit Public Agency			
Other (specify):			

List All Providers That Will Be Working in the Schools (page may be duplicated for additional providers)			
Provider Name		Phone	
e-mail		Type of License/ Certification	
Provider Name		Phone	
e-mail		Type of License/ Certification	
Provider Name		Phone	
e-mail		Type of License/ Certification	
Provider Name		Phone	
e-mail		Type of License/ Certification	
Provider Name		Phone	
e-mail		Type of License/ Certification	
Provider Name		Phone	
e-mail		Type of License/ Certification	
Provider Name		Phone	
e-mail		Type of License/ Certification	

Section I: (Limit 1 page): Adequacy/description of the history and experience of the applicant and the organizational structure, include:

- Describe your organization. Include history, purpose, years of operation, number of staff and services provided to the community.
- Indicate how and where customer records will be maintained and stored; and describe the safeguards that are in place to insure the confidentiality and security of the records.
- Describe your organization’s experience in operating the proposed program or similar programs. Attach an organizational chart (labeled Exhibit A).

Section II: (limit 2 pages) –Describe how you would establish a dental health clinic at the proposed school sites. Include

- Marketing and Outreach plan to families.
- Consenting process: Permission and sign-up forms may be included as attachments).
- Data collection and how data will be shared with APS.
- Educational materials for families and youth (bilingual).
- Provide a LIST of APS schools you would be able to serve.

Section III: (limit 4 pages):

Check-off the scope of services you would provide in each school.

- Dental Screening
- Dental Sealants
- Fluoride Varnish
- Oral Prophylaxis
- Dental Restorative Work, include whether or not local anesthetic will be provided
- Oral Health Case Management
- Other (describe) (0 points) _____

Check One:

- Applicant is a Dental Home Provider
- Applicant can refer to Dental Home Provider – Describe Case Management strategies planned to assist families in establishing Dental Homes; referral and follow up. Identify who will conduct this work and how will it be tracked and reported

Section IV: (limit 2 page):

Describe strategies for collecting and reporting data (unduplicated reporting). Include the following data in your application:

- Number of students served at each school (include age, gender and ethnicity)
- Number and type of services provided to each student
- Number of referrals (type of referrals)
- Number and type of follow-up services
- Number and type of completed treatments
- Number of students seen with Medicaid, private insurance and uninsured.
- Number of students receiving case management and identify success or failure.

Section V: (limit 2 pages):

Describe strategies you will utilize to serve uninsured students:

Section VI: (limit 1 page):

Identify/Describe facility requirements needed to perform services on-campus.

Section VII: References

Applicants who have not participated as a DPS with APS within the past two years of the submitting this application must complete Exhibit A, References, and provide at least three (3) complete references from organizations/agencies (other than APS Schools), that applicant has had direct involvement with or received funding for the provision of activity (ies) for which applicant is applying. The following information for each reference must be included:

- Reference’s organization name
- Contact person
- Address, phone number and email address
- Grant period, funding source and/or amount or fees for funded activities
- Description of activities provided

REFERENCES

To be completed by applicants:

References (Agencies/Organizations)	Contact Person, Phone Number and Email Address	Grant Period, Type of Activity(ies) Provided, Funding Source and Amount of Grant or Fees for Activity(ies)

Assurances and Certification:

We the undersigned assure that:

- The information included in the enclosed Request for Applications (RFA) is true and accurate.
- The dental program/services described though this RFA will support Albuquerque Public Schools students.
- We will participate in all data collection and sharing with Albuquerque Public Schools.
- All providers working in schools hold the appropriate licenses/certifications to provide the school-based dental services.
- All providers working in schools have cleared the Albuquerque Public Schools Fingerprinting Background Check.

We the undersigned understand that:

- The application submitted is only a Request for Applications (RFA) and does NOT constitute an agreement with Albuquerque Public Schools (APS).
- All services performed per an award for this RFA must be performed at no cost to APS. Successful applicants will bill Medicaid, other third party payers or provide services pro-bono.
- APS is seeking multiple dental health providers to meet the needs of its students.
- APS holds the authority for all assignments of locations and by signing, I agree to this requirement.
- APS reserves the right to decline to work with any entity responding to this RFA.
- APS has sole discretion as to whether or not to enter into an agreement with any or all applicants to provide such services as APS may deem necessary or appropriate.
- If chosen to provide services with APS I will be required to provide a yearend report no later than June 30, each year to the SFCS Division.

Name and Title

Signature

Date