

**ORDER FOR SUPPLIES OR SERVICES**

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. V797P-7134A	2. DELIVERY ORDER/ CALL NO. W912KZ-10-F-0083	3. DATE OF ORDER/ CALL (YYYYMMDD) 2010 Sep 01	4. REQ./ PURCH. REQUEST NO. W900D102310102	5. PRIORITY
--	---	---	---	-------------

6. ISSUED BY USPFO FOR KENTUCKY BNGC, BLDG 120 120 MINUTEMAN PARKWAY FRANKFORT KY 40601-6192	CODE W912KZ	7. ADMINISTERED BY (if other than 6)  <b>SEE ITEM 6</b>	CODE	8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER  (See Schedule if other)
--	----------------	---	------	---

9. CONTRACTOR A C C CONSULTANTS INC TODD BOWER 9008 WASHINGTON ST NE ADDRESS ALBUQUERQUE NM 87113-2704	CODE 4HZ92	FACILITY	CODE	10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <b>SEE SCHEDULE</b>	11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED
				12. DISCOUNT TERMS 10 Days - .5%; Net 30 Days	
13. MAIL INVOICES TO THE ADDRESS IN BLOCK *****SEE BLOCK 6*****					

14. SHIP TO  <b>SEE SCHEDULE</b>	CODE	15. PAYMENT WILL BE MADE BY USPFO ACCOUNTS PAYABLE 120 MINUTEMAN PKWY FRANKFORT KY 40601	CODE W22QW6	MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.
--	------	---	----------------	---

16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.
	PURCHASE	<input type="checkbox"/>	Reference your quote dated Furnish the following on terms specified herein. REF:

ACCEPTANCE, THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)
--------------------	-----------	----------------------	---------------------------

If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE  
**See Schedule**

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/ SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
<b>SEE SCHEDULE</b>					

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.	24. UNITED STATES OF AMERICA TEL: 502-607-1522 EMAIL: (b) (6) BY: (b) (6)	<b>(b) (6)</b>	25. TOTAL \$68,100.00	26. DIFFERENCES
--	--	----------------	--------------------------	-----------------

27a. QUANTITY IN COLUMN 20 HAS BEEN  
 INSPECTED     RECEIVED     ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	c. DATE (YYYYMMDD)	d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
--	-----------------------	---

e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	28. SHIP NO.	29. DO VOUCHER NO.	30. INITIALS
--	--------------	--------------------	--------------

f. TELEPHONE NUMBER	g. E-MAIL ADDRESS	<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY	33. AMOUNT VERIFIED CORRECT FOR
---------------------	-------------------	--	-------------	---------------------------------

36. I certify this account is correct and proper for payment.

a. DATE (YYYYMMDD)	b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	34. CHECK NUMBER
			35. BILL OF LADING NO.

37. RECEIVED AT	38. RECEIVED BY	39. DATE RECEIVED (YYYYMMDD) Posted to NGB Reading Room	40. TOTAL CONTAINERS	41. S/R ACCOUNT NO.	42. S/R VOUCHER NO.
-----------------	-----------------	---	----------------------	---------------------	---------------------

FOIA Requested Record #FA-11-0070

Section B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	Dental Exam FFP Dental Exam for 16 Class 4 Soldiers Per Proposal #RFQ502388 Minimum of 16 soldiers Not to Exceed 5% more than contracted amount. FOB: Destination PURCHASE REQUEST NUMBER: W900D102310102	16	Each	(b) (4)	

NET AMT

(b) (4)

ACRN AA  
CIN: W900D1023101020001

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0002	Dental Treatment FFP Dental Treatment for estimated 15 Class 3 Soldiers Per Proposal#RFQ502388 Minimum of 15 soldiers Not to Exceed 5% more than contracted amount. FOB: Destination PURCHASE REQUEST NUMBER: W900D102310102	15	Each	(b) (4)	

NET AMT

(b) (4)

ACRN AA  
CIN: W900D1023101020002

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0003	Dental EXAM FFP Dental EXAM estimated 54 Class 4 Soldiers Per Proposal#RFQ502388 Minimum of 54 soldiers Not to Exceed 5% more than contracted amount. FOB: Destination PURCHASE REQUEST NUMBER: W900D102310102	54	Each	(b) (4)	(b) (4)

---

NET AMT

(b) (4)

ACRN AA  
CIN: W900D1023101020003

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0004	Dental Treatment FFP Dental Treatment for estimated 49 Class 3 Soldiers Per Proposal#RFQ502388 Minimum of 49 soldiers Not to Exceed 5% more than contracted amount. FOB: Destination PURCHASE REQUEST NUMBER: W900D102310102	49	Each	(b) (4)	(b) (4)

---

NET AMT

(b) (4)

ACRN AA  
CIN: W900D1023101020004

## Section E - Inspection and Acceptance

## INSPECTION AND ACCEPTANCE

Supplies/services will be inspected/accepted at:

CLIN	INSPECT AT	INSPECT BY	ACCEPT AT	ACCEPT BY
0001	N/A	N/A	N/A	Government
0002	N/A	N/A	N/A	Government
0003	N/A	N/A	N/A	Government
0004	N/A	N/A	N/A	Government

## Section F - Deliveries or Performance

## DELIVERY INFORMATION

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	UIC
0001	POP 11-SEP-2010 TO 12-SEP-2010	N/A	WENDELL FORD REGIONAL TRAINING CENTER (b) (6) 4765 STATE ROUTE 181 NORTH BUILDING 332 GREENVILLE KY 42345 502-607-1143 FOB: Destination	W22MQV
0002	POP 11-SEP-2010 TO 12-SEP-2010	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	W22MQV
0003	POP 11-SEP-2010 TO 12-SEP-2010	N/A	ARMORY (b) (6) 112 MINUTEMAN PARKWY FRANKFORT KY 40601 502-607-1046 FOB: Destination	
0004	POP 11-SEP-2010 TO 12-SEP-2010	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	

Section G - Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AA: 210206500000181015135G680000026EB44KM2GW900D102310102KM2G44015058

AMOUNT: \$68,100.00

CIN W900D1023101020001: (b) (4)

CIN W900D1023101020002: (b) (4)

CIN W900D1023101020003: (b) (4)

CIN W900D1023101020004: (b) (4)



[Home](#) | 
 [Prepare an RFQ](#) | 
 [My RFQs](#) | 
 [Profile](#) | 
 [Buy Guidance](#) | 
 [Buy Training](#) | 
 [Log Off](#)

# RFQ Summary

[▶ Forward RFQ](#)

Selected vendor(s) were notified

RFQ ID <b>RFQ502388</b>		Reference # W900D1-0231-0102			
RFQ Title DENTAL TREATMENT					
RFQ Status Closed		Delivery Days Period of Performance 09/11/2010 through 09/12/2010			
RFQ Issue Date 08/26/2010 10:19:17 AM EDT		RFQ Close Date 08/31/2010 11:00:00 AM EDT			
<b>Line Items</b>					
Mfr. part No/NSN/Item	Manufacturer	Product/Service Name	Qty	Unit	Ship Address
DENTAL TREATMENT FOR 10 CLASS 3 SOLDIERS	LOCATION GREENVILLE KY		10	EA	1
DENTAL EXAM/TREATMENT FOR 16 CLASS 4 SOLDIER	LOCATION GREENVILLE KY		16	EA	1
DENTAL TREATMENT FOR 32 CLASS 3 SOLDIERS	LOCATION FRANKFORT KY		32	EA	2
DENTAL EXAM/TREATMENT FOR 54 CLASS 4 SOLDERS	LOCATION FRANKFORT KY		54	EA	2
<p><b>Description</b>                  This RFQ is for 2 events occuring on September 11th-12th. Event 1, will consist of: Dental Treatment for 10 Class 3 soldiers and exam/treatment for 16 class 4 soldiers. This event will take place at the Wendell H Ford Regional Training Center (WHFRTC) in Greenville KY 42345. Event 2 will consist of Dental Treatment for 32 class 3 soldiers and 54 class 4 soldiers. This event will take place at the Boone National Guard Center (BNGC) Frankfort KY 40601. All work will be performed in a mobile dental facility provided by the vendor/contractor. All Medical staff and supplies will be provided by the contractor as stated in the attached SOW. Email questions to <a href="mailto:██████████@gso.dhs.gov">██████████@gso.dhs.gov</a> Office: 502-607-1522</p>					
<p><b>Attached Documents:</b>                  SOW</p>					

FOIA Requested Record #FA-11-0070  
 Released by Army National Guard  
 Page 7 of 223

Posted to NGB Reading Room  
 June 22, 2011

Shipping Address

(1) WHFRTC:

WHFRTC  
HWY 181 N  
GREENVILLE, KY 42345

(b) (6) Individual Receiving Shipment

502-607-7947

(b) (6)

(2) USPF0 for Kentucky:

Kentucky National Guard  
BOONE NATIONAL GUARD CENTER  
120 MINUTEMAN PKWY  
Frankfort, KY 40601

(b) (6) Individual Receiving Shipment

502-607-1522

(b) (6)



## STATEMENT OF WORK FOR DENTAL READINESS

Introduction: Individual Medical Readiness (IMR) and Fully Medically Ready (FMR) are the basic principals of a ready force for Kentucky Army National Guard. Failure to maintain dental standards could preclude a soldier from deploying. Dental readiness is a command and soldier responsibility. This statement of work covers the dental components of IMR/FMR to include: DENCLASS data entry of all dental records, treatment of all Class 3 soldiers on alert orders and/or in conjunction with the ANG Selected Reserve Dental Readiness System. Services are to be completed on site at KYARNG armories. The SOW identifies the purpose of the work to be performed by the contractor and provides a description of the work to be completed and the required outcomes. The contractor shall provide qualified personnel, material to perform the services, and /or OSHA, HIPPA and Privacy Act Compliant Mobile depending on the individual site needed for the KYARNG.

DoD established a uniform dental classification in HA Policy 02-11. DoD policy requires dental screening examinations to be accomplished and documented on 90% of service members. Members of the KYARNG shall receive an annual dental screening exam to determine their dental classification. Soldiers alerted and/or sourced are eligible for dental treatment if they are class 3 status from examination. Dental treatment that may be required is essential to be provided at the SRP site to ensure the highest Dental Deployment Rate for the mobilizing soldiers. Objective: The contractor shall provide all management, labor, material, equipment, certifications and supplies necessary to provide dental services at designated locations for the KY Army National Guard. These services will provide mandated dental treatment and proper documentation into the Soldier's dental record and data entry of all records into the DENCLASS system, as necessary to meet Department of the Army standards of dental readiness and deployability. The contractor will insure that their agents are appropriately trained and have access to the DENCLASS system.

Scope of Practice: **Who:** contracting personnel to support dental treatment mission in order to convert class 3 soldiers to class 2 soldiers in order to reach deployability standards IAW Appendix B, utilizing mobile treatment vans. **What, When, and Where:** Provide dental treatment to a total of 53 soldiers in 2 different locations on 11-12SEP10. ADT III – Greenville, KY has 14 Class 3 and 19 Class 4 soldiers and JFHQ – Frankfort, KY has 20 Class 3 soldiers.

Health Services POC will be (b) (6) Deputy State Surgeon. 502-545-8281  
Dental treatment requirements as listed below.

A) Class 3 dental treatments for Soldiers and/ or soldiers who are categorized in SELRES program. Dental treatment authorized is outlined in Appendix E. Any treatment plan greater than \$2,000.00 requires prior approval from SDO. These services will be completed by using contractor provided mobile dental van (unless otherwise specified in a separate written agreement).

B) Specified Dental Specialty Services that requires SDO approval to include

1) Oral and Maxillofacial Surgery (to include pathology reports if indicated)

- 2) Endodontics
- 3) Periodontics
- 4) Prosthodontics
- 5) Other (specify)

C) Prescriptions for pharmaceuticals and controlled substances necessary for the care and treatment to Soldiers throughout the event, to include but not limited to analgesics and antibiotics. Prescriptions for maintenance pharmaceuticals for Soldiers with high caries risk or periodontal disease, as indicated will be provided by contractor on site. Emphasis on pain control after topical analgesic has resolved.

Upon completion of services, medical information will be documented in accordance with Department of the Army Policy and be updated in the approved Army National Guard automated system. The contractor shall also ensure the requirements of Occupational Safety and Health Administration (OSHA) and applicable Federal regulations are met. The contractor shall develop and maintain records that fully document services performed and names of soldiers referred to dental specialists. These records will be made available to the State/Territory Medical representative.

**Documentation.** All Soldiers must have a complete military dental record. The contractor shall provide electronic documentation (to include radiographs) in the ARNG approved system (within 24 hours of exam completion) and a paper copy as outlined below. A complete record includes the following:

- A. Military dental record jacket, DA Form 8005 through 8005-9
- B. The automated Health History Form or DA Form 5570 (with notations to “yes” answers and signed by both the Soldier and reviewing Doctor), Health Questionnaire envelope
- C. DD Form 2005 (signed), Privacy Act Statement
- D. SF 603/603A, Record of Dental Treatment
- E. Supporting radiographs (panoramic and diagnostic bitewing radiographs ((see 1.3.F)) documenting existing conditions) if necessary for treatment purposes

(1) All radiographs will be uploaded into the ARNG automated system.

(2) A **diagnostic** quality copy of all radiographs must be placed in the Dental Record.

F. The entries on the SF 603/603A will include the following: date, location, comprehensive oral treatment completed, notation of current Dental Fitness Classification, listing of current oral condition (class 2 issues identified and a listing of class 3 treatment needs, if any), printed name of examining dentist or dental officer and the dentist’s or dental officer’s signature/initials. These required dental documentation elements will be entered in the approved ARNG automated system, DENCLASS and printed and placed into the dental record.

**Record Evaluation.** Prior to dental treatment all service members who have a current dental exam and have been identified as a class 3, a record review will need to be performed to determine the amount of work hours required for those service members. A by name and time schedule will be given to state POC to allow for the commanders to better plan for the event.

**Work Guarantee.** After completion of dental treatment, all dental work will be guaranteed by company completing work for up to one year for minor restorations and two years for major restorations. The SDO will coordinate with the general dentist performing treatment for any arbitration claims to determine if the problems relating to the dental treatment are in need of correction. Health services will be notified of all initial problems to coordinate with SDO.

### **GENERAL INFORMATION.**

**QUALITY CONTROL.** The contractor shall adopt a quality assurance program that monitors all service activities and ensures the highest quality customizable dental services available. It is the responsibility of the ARNG to review and approve dental treatment plans before treatment is performed based on the guidelines provided by NGB and the SDO.

**QUALITY ASSURANCE.** The government will periodically evaluate the contractor's performance in accordance with the Quality Assurance Surveillance Plan.

**GOVERNMENT REMEDIES.** The contracting officer shall follow the requirements of FAR 52.212-4, Contract Terms and Conditions for Commercial Items (May 1997), for contractor's failure to correct nonconforming services.

**HOURS OF OPERATION.** The contractor shall have the capability of providing dental services seven days a week. The contractor will be able to work flexible hours to accommodate the commander's training plan.

**SECURITY REQUIREMENTS.** Security will be in accordance with DD Form 254 (Department of Defense Contract Security Classification Specification).

**SPECIAL QUALIFICATIONS.** Contractor must maintain appropriate credentialing files on all employees to include but not limited to Licensure, National Provider Data Base Query results and HIPPA certification.

**PARTNERING AGREEMENT.** The contracting officer may require a partnering agreement between the government and the contractor to ensure joint cooperation and a sound partnership of all parties involved in the execution of this contract.

**Contractors will ensure compliance with the following requirements prior to utilizing any x-ray producing device on Soldiers;**

A. Have established written policies and procedures to assure compliance with applicable Federal, State, DOD, and Army radiation safety regulations and directives. These documents include staff emergency reaction plans, as necessary, and procedures for investigating and reporting radiation accidents or incidents, possible radiation overexposures to Soldier patients or contractor staff, and provisions to ensure the safe use of x-ray producing devices on humans.

B. Upon request by the State/Territory representative, the contractor will provide documentation regarding the Contractor's employee radiation safety training commensurate with potential radiation hazards with the x-ray producing devices they are using.

C. Upon request by the State/Territory representative, the contractor will provide copies of a Qualified Health Physics Expert's acceptance test and most recent health physics survey of each diagnostic x-ray machine. The acceptance test and the most recent survey include tests of electrical, mechanical, image quality and radiation (output) dose tests or measurements. This also includes verification of the adequacy of radiation protection shielding in and around the X-ray machine and x-ray facility (e.g., mobile van).

#### **APPENDICES.**

**A. Estimated Workload Data**

**B. Dental Classification**

**C. SF 603A and DA Form 5570 (Dental Classification Module Version)**

**D. Government Furnished Property/Services/Equipment**

**E. Authorized Dental Treatment**

## APPENDIX A

### ESTIMATED WORKLOAD DATA

The following data elements will be reported at the end of an event:

Date

Location

List of contract employees (providers, dental technicians and administrative staff)

Total number of patients scheduled

Total number of patients examined

Total number of Soldiers by dental classification: 1, 2, 3

Total number of bitewing radiographic sets taken

Total number of panoramic radiographs taken

Verification of entry into DA or ARNG automated systems

A by name listing of all Soldiers examined and the dental classification of the Soldier

## APPENDIX B

### Department of Defense Oral Health and Readiness Classification System

The oral health status of uniformed personnel shall be classified as follows:

A. Class 1 (Oral Health): Patients with a current dental examination, who do not require dental treatment or reevaluation. Class 1 patients are worldwide deployable.

b. Class 2: Patients with a current dental examination, which require non-urgent dental treatment or reevaluation for oral conditions, which are unlikely to result in dental emergencies within 12 months. Class 2 patients are worldwide deployable. Patients in dental class 2 may exhibit the following:

(1) Treatment or follow-up indicated for dental caries or minor defective restorations that can be maintained by the patient.

(2) Interim restorations or prosthesis that can be maintained for a 12 month period. This includes teeth that have been restored with permanent restorative materials for which protective cuspal coverage is indicated.

(3) Edentulous areas requiring prostheses but not on an immediate basis.

(4) Periodontium that:

(a) requires oral prophylaxis

(b) requires maintenance therapy

(c) requires treatment for slight to moderate periodontitis and stable cases of more advanced periodontitis

(5) Unerupted partially erupted or malposed teeth that are without historical, clinical or radiographic signs or symptoms of pathosis, but which are recommended for prophylactic removal.

(6) Active orthodontic treatment. The provider should consider placing the patient in passive appliances for deployment up to six months. For longer periods of deployment, the provider should consider removing active appliances and placing the patient in passive retention.

(7) Temporomandibular disorder patients in remission. The provider anticipates the patient can perform duties while deployed without ongoing care and any medications or appliances required for maintenance will not interfere with duties.

c. Class 3: Patients who require urgent or emergent dental treatment. Class 3 patients normally are not considered to be worldwide deployable.

(1) Treatment or follow-up indicated for dental caries, symptomatic tooth fracture or defective restorations that cannot be maintained by the patient.

(2) Interim restorations or prostheses that cannot be maintained for a 12 month period.

(3) Patients requiring treatment for the following periodontal conditions that may result in dental emergencies within the next 12 months.

(a) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or communication or acceptable esthetics.

(b) Active progressive moderate or advanced periodontitis.

(c) Periodontal abscess

(d) Progressive mucogingival condition

(e) Periodontal manifestations of systemic disease or hormonal disturbances

(f) Heavy subgingival calculus

(4) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or communication or acceptable esthetics.

(5) Unerupted, partially erupted or malposed teeth with historical, clinical or radiographic signs or symptoms of pathosis that are recommended for removal.

(6) Chronic oral infections or other pathologic lesions including:

(a) Pulpal, periapical or resorptive pathology requiring treatment.

(b) Lesions requiring biopsy or awaiting biopsy report.

(7) Emergency situations requiring therapy to relieve pain, treat trauma, treat acute oral infections or provide timely follow-up care (e.g., drain or suture removal) until resolved.

(8) Acute Temporomandibular disorders requiring active treatment that may interfere with duties.

d. Class 4. Patients who require periodic dental examinations or patients with unknown dental classifications. Class 4 patients normally are not considered to be worldwide deployable.



**APPENDIX C**

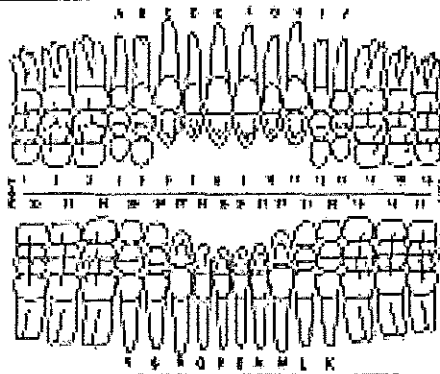
<b>HEALTH QUESTIONNAIRE FOR DENTAL TREATMENT</b> For use of this form, see AR 40-69, the proponent agency is the Office of the Surgeon General			
NAME DOE JOHN		SSN 111111111	
UNIT WFDCAA		HOME TELEPHONE	OFFICE TELEPHONE
PLACE A CHECK IN THE YES OR NO COLUMN			
1. Have you been under a health care provider's care in the last 2 years?		YES	NO
2. Have you had any serious illness, operation or hospitalization in the past?			X
3. Are you allergic to any drugs or medications?			X
4. Are you presently taking any drugs or medications (do include which contain pills)?			X
5. Have you ever had hepatitis, or jaundice?			X
6. Has there been a change in your health in the last 2 years?			X
7. Do you use tobacco?		X	
8. Do you drink alcoholic beverages?		X	
9. Have you ever been sick because of dental treatment?			X
10. Are you a "bleeder" or have you had excessive bleeding following dental treatment?			X
11. Do you get short of breath when climbing 1 flight of stairs?			X
12. Have you ever taken Fen-Phen, Fenfluramine, or Redux for weight loss?			X
13. Have you ever had a joint replaced?			X
14. Are you allergic to latex?			X
15. Are you pregnant?			
CHECK CONDITIONS IF THEY APPLY TO YOU			
<input type="checkbox"/> Heart Trouble/Chest Pain	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> HIV or AIDS/Seh	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Allergic to Fever	<input type="checkbox"/> Ulcers/Stomach
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Anemia (Thin Blood)
<input type="checkbox"/> Rheumatoid Fever	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Arthritis/Rheumatism	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Stroke	<input type="checkbox"/> Sinus Disease	<input type="checkbox"/> Tuberculosis (TB)	<input type="checkbox"/> Cancer
Explain any unusual medical problems: Question 7: smokes Question 8: light			
DATE	SIGNATURE OF PATIENT		
DATE	SIGNATURE OF DOCTOR		
RECHECK			
DATE	DOCTOR SIGNATURE	REMARKS	

DA FORM 8870

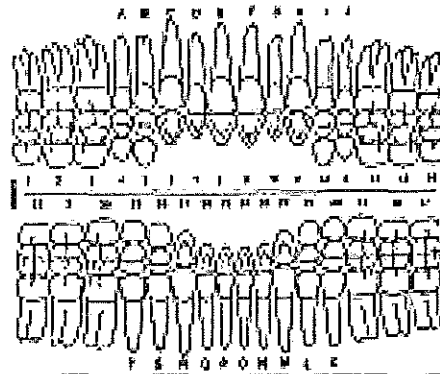
SECTION II CHRONOLOGICAL RECORD OF DENTAL CARE

PAGE

1. EXAMINATIONS AND TREATMENT'S Completed during visit 2. SUBSEQUENT DISEASE AND ABNORMALITIES



Notes:



Notes:

Class 3/2 dental needs identified in block 10 below

10. DENTAL HISTORY

DATE PERIODIC, RESTORATION, ORTHODONTIC, PERIAPICAL, RADIOGRAPH, TREATMENT, PROCEDURES (Specify each entry) CLASS

12 JAN 2006 Class 3 Dental Exam  
No Services Provided  
Class 2 Dental Exam  
No Services Provided

Remarks

PERIODIC ORAL EVALUATION

BP / PSR  
 DMX 6 JAN 2006 PAN PANX 12 JAN 2006 2 2 2  
 SOFT TISSUE WNL:  Yes No  
 CARRIES RISK:  Low  Med  High  
 TOBACCO:  No  Smoke  Chew  Both

Dental Classification: 3

Signature  
 MARTIN POWELL DDS  
 MAJ, DC  
 Office of the State Surgeon, MS ARNG

PATIENT'S NAME: DOE JOHN

SSN: 111111111

SF 631 A

DA FORM 100-111 (03/97) 10

## APPENDIX D

### GOVERNMENT FURNISHED PROPERTY/SERVICES/EQUIPMENT

1. **General.** The Government will provide the following resources:
2. **Facilities, Supplies, and Services.** Space for set-up of an administrative area and utilities. Mobile units, provided by the contractor, will be utilized for dental treatment unless otherwise specified in the contract.
3. **Information.** The Government will provide the following information:
  - a. Soldier's dental records if applicable.
4. **The User Agency will provide initial familiarization/orientation.** Standard Operational Procedures will be available to the contractor at the place of performance.

## APPENDIX E

### AUTHORIZED DENTAL TREATMENT

1. The following dental procedures are authorized:

(a) Diagnostic Services which are funded through NG6H 2065 Medical Readiness Funding:

D0120-Periodic Oral Evaluation  
D0150-Comprehensive Oral Evaluation  
D0330-Panoramic Film  
D0272-Bitewings-Two Films  
D0274-Bitewings-Four Films  
D0220/D0230- Periapical (limited)

(b) Restorative Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to soldiers alerted to an OCONUS Mission):

D2140-Amalgam-One Surface  
D2150-Amalgam-Two Surfaces  
D2160-Amalgam-Three Surfaces  
D2161-Amalgam-Four or More Surfaces  
D2330-Composite-One Surface  
D2331-Composite-Two Surfaces  
D2332-Composite-Three Surfaces

**Posterior composites will be authorized only when a posterior composite is necessary to provide a quality restoration and no other alternative is available.**

D2335-Composite-Four or More Surfaces  
D2391-Composite-One Surface  
D2392-Composite-Two Surfaces  
D2393-Composite-Three Surfaces  
D2394-Composite-Four or More Surfaces  
D2799-Provisional Crown  
D2931-Prefabricated Stainless Steel Crown  
D2950-Core Buildup, including any pins  
D2954-Prefabricated Post and Core

(c) Endodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D3310-Anterior Root Canal Therapy  
D3320-Bicuspid Root Canal Therapy  
D3330-Molar Root Canal Therapy

D3346-Anterior Root Canal Retreatment  
D3347-Bicuspid Root Canal Retreatment  
D3348-Molar Root Canal Retreatment

(d) Periodontal Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D4355-Full Mouth Debridement  
D4342-Periodontal Scaling and Root Planing, 1 to 3 teeth per quadrant

**Periodontal scaling and root planing is authorized only when a periodontal abscess is present and SDO approves**

(e) Prosthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D5110-Complete Denture-Maxillary  
D5120-Complete Denture-Mandibular  
D5211-Maxillary Partial Denture-Resin Base  
D5212-Mandibular Partial Denture-Resin Base

(f) Oral Surgery Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D7140-Extraction, Erupted Tooth or Exposed Root  
D7210-Surgical Removal of Erupted Tooth  
D7220-Removal of Impacted Tooth, Soft Tissue  
D7230-Removal of Impacted Tooth, Partial Bony  
D7240-Removal of Impacted Tooth, Completely Bony

(g) Orthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D8680-Orthodontic Retention

2. The following dental procedures are not authorized:

Bridges and/or implants  
Removal of Asymptomatic third molars  
Routine Prophylaxes (cleanings)  
Restorations for aesthetics only  
Restorations for small (non-class 3) caries  
Extensive Root plane/scaling  
Osseous Surgery  
Other diagnostic services

**The above listings are guides to assist the State Dental Officer or his/her designee in determining treatment to be authorized. The treatment provided by the ARNG is to get the Soldier from a dental class 3 to a dental class 2 only. Comprehensive Treatment (to dental class I) is not authorized.**

3. If a Soldier needs all of his/her remaining teeth in an arch extracted and a denture placed, the Soldier will not be available for deployment for at least 6 months and shall be disqualified from immediate deployment. However, if the Soldier is otherwise deployable (passes all medical, personnel and training requirements) and, after extraction and placement of prosthesis, would be deployable, the dental treatment could be provided and the Soldier could be considered as a replacement at a later date.

4. If a Soldier will have a number of teeth extracted to the extent mastication and speech are adversely affected, then an acrylic removable partial denture will be authorized if there is sufficient time for healing and construction of the partial denture prior to departure to Mobilization Station.

5. Soldiers requiring extensive periodontal treatment will be disqualified from deployment and educated on the TRICARE Dental Program. If he/she obtains the required therapy (from his/her private dental provider) and reaches a maintenance level, then he/she would become deployable.

6. The State Dental Officer (or designated representative) will review any dental treatment plan for dental care which exceeds \$2000 to insure that the above clinical guidelines are met. Exceptions can be made, but they must be coordinated with the State Surgeon.

August 31, 2010

(b) (6)

Department of the Army

(b) (6)

(b) (6)

Thank you for this opportunity to submit a quote for dental treatment for the Kentucky Army National Guard to be provided at WHFTRC in Greenville, Kentucky from September 11-12, 2010 and Boone National Guard Center Frankfort, KY.

ACC Consultants, Inc brings 19 years of providing support services to government agencies. ACC offers a thorough understanding of individual medical readiness (IMR) and medical readiness classification (MRC) requirements and standards. ACC understands the training demands placed on soldiers and individual units, and has developed time-tested and fully documented policies and procedures to ensure maximum support with minimal impact on the unit training assembly. ACC also has an ongoing working relationship and excellent rapport with ASM Research, the developer and maintainer of MEDPROS, DENCLASS, and other related support applications. ACC is GSA certified. ACC has the availability of the items and services indicated in the SOW and is prepared to begin the contract on the delivery date indicated in the SOW.

Included in our proposal is our technical response, an explanation of how we will deliver services, licensing and certification information, portable equipment and portable building capabilities, pricing information, and detailed past performances related to the dental needs for KYARNG.

Should you have any further questions, please contact:

Ginny Berger  
CEO  
ACC Consultants, Inc  
9008 Washington NE  
Albuquerque, NM 87113  
(505)323-1300 X 681  
[ginny@accdental.com](mailto:ginny@accdental.com)

Todd Bower  
Manager of Business Development  
ACC Consultants, Inc  
(505)323-1300 X 682  
[todd@accdental.com](mailto:todd@accdental.com)

*ACC Consultants, Inc.*

*Kentucky Army National Guard  
Dental Readiness  
RFQ502388-XXX*

August 31, 2010  
11 AM EST

RFQ502388-XXX  
Dental Exams and Treatment  
Kentucky Army National Guard

ACC Consultants, Inc.  
9008 Washington NE  
Albuquerque, NM 87113  
(505)323-1300  
[accidental.com](http://accidental.com)

ACC Consultants, Inc. is registered with CCR  
CAGE/NCAGE Code: 4HZ92  
DUNS #: 624343463  
GSA Contract #: V797P-7134A  
Expires: 11/30/2012

Woman Owned  
Small Business



## Table of Contents

Dental Technical Description	4
Mobile/Portable Dental Capabilities	7
Representations and Certifications	8
Dental Licensing and Certification	8
Personnel Qualifications	9
Dental Radiation Compliance	10
Dental Itemized Pricing	12
Dental Treatment Fee Schedule (Appendix A)	14
Past Performances	16
Certificate of Liability	22

Dental Technical Description

(b) (4)



(b) (4)



(b) (4)



(b) (4)



-Greenville, KY September 11-12, 2010: quantity (1) bldg  
-Frankfort, KY September 11-12, 2010: quantity (2) bldgs

**Size**

- 60' Long
- 12' Wide
- 8' Ceiling height

**Interior Finish**

- Paneled walls
- Vinyl tile floors
- Pre-finished ceiling

**Electric**

- Fluorescent ceiling lights
- 100 amp Breaker panel

**Windows/Doors**

- Horizontal slider windows
- Steel door with commercial grade lock

**Heating and Cooling**

- Thermostatically controlled central HVAC unit
- Supply ducted

**Exterior Finish/Frame**

- Wood siding
- I-Beam frame
- Standard drip rail gutters

*Should an event require unforeseen materials, additional supplies or equipment failure, ACC Consultants, Inc works closely with Henry Schein Dental to expedite materials, supplies and service technicians to the event site within a timely manner for successful completion of events.*

### **Offeror Representations and Certifications**

#### **52.212-3 Offeror Representations and Certifications – Commercial Items (JUN 2008)**

(b) (1) *Annual Representations and Certifications.* Any changes provided by the offeror in paragraph (b) (2) of this provision do not automatically change the representations and certifications posted on the Online Representations and Certifications Application (ORCA) website.

(2) The offeror has completed the annual representations and certifications electronically via the ORCA website at <http://orca/bpn.gov>. After reviewing the ORCA data base information, the offeror verifies by submission of this offer that the representation and certifications currently posted electronically at FAR 52.212-3, Offeror Representations and Certifications—Commercial Items, have been entered or updated in the last 12 months, are current, accurate, complete, and applicable to this solicitation (including the business size standard applicable to the NAICS code referenced for this solicitation), as of the date of this offer and are incorporated in this offer by reference (see FAR 4.1201), except for paragraphs N/A. [Offeror to identify the applicable paragraphs at (c) through (m) of this provision that the offeror has completed for the purposes of this solicitation only, if any. These amended representation(s) and/or certification(s) are also incorporated in this offer and are current, accurate, and complete as of the date of this offer. Any changes provided by the offeror are applicable to this solicitation only, and do not result in an update to the representations and certifications posted on ORCA.]

(b) (4)



(b) (4)



### Personnel Qualifications

(b) (4)



### ACC Consultants Purpose Statement

*It is ACC Consultants purpose to continually improve our model and delivery of quality oral healthcare in settings with demanding logistical requirements, in a way that our patients receive competent and compassionate care regardless of their circumstances, so that they have healthier smiles, healthier bodies and a healthier quality of life.*

### ACC Consultants Core Values

- Honesty, Integrity and trustworthiness
- Listening, hearing, and understanding our co workers, patients, and communities in order to establish paths for improvement
- Ethical decisions based on individualized circumstances
- Encourage Creativity – in solving problems, making improvements and working toward our purpose
- Empower patients to improve their health
- Compassion as a mind set
- Practicing non-judgmental attitudes

## **ACC Consultants, Inc Dental Mobile/Portable Radiation compliance**

### ***Company Policy***

To ensure that information about the dangers that may occur during exposure by dental x-ray equipment, *ACC Dental* has established the following program. Under this program, all employees participating in Military Events, Exam and Treatment Services, Temping Services, Private Pay Services and Contract Agreements, will be informed of the contents of the Radiation Standard. Safe exposure practices for patient and provider and New Mexico Safety Regulations for x-ray technicians.

The Safety Manager is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.

*ACC Dental* will comply with the New Mexico State Regulations for the use of x-ray equipment. This certificate is displayed in the garage. A copy of this license will be in each of the MSDS books that travel on Military events.

X-ray equipment will be repaired by a certified repairman and maintained as required by the manufacturer and the Safety Manager.

### ***Employee Information and Responsibility***

All x-ray technicians will be responsible to keep their licenses current to comply with the standards of the *New Mexico Department of Dental Health* and/or state that they reside in and keep copies with them.

X-ray technicians will be provided an exposure safety monitor dosimeter badge. A 3-month waiting period may occur, as the billing/monitoring cycle is renewed.

A lead apron will be placed over each patient receiving any radiation exposure. All x-ray technicians will be required to wear an operator lead apron and thyroid collar when any x-rays are being taken.

All x-ray technicians will stand behind the cone head and at least 6 ft away from the patient. Situations of multiple x-rays (Logistic Trips), indicator markers will mark off 6 ft around work area. The patient must always be in sight of the operator when taking an x-ray.

In situations that an x-ray processor is used, the processor should be outside of the x-ray exposure room.

All cords left out in the open, will be secured to the floor with tape to prevent obstruction of foot traffic.

### ***Workplace Analysis***

*ACC Dental* will comply with State regulations in the operations of x-ray equipment.

Employees working off site will notify the Team Leader or ACC Office if the workplace they are assigned to is not consistent with ACC safety standards.



In temporary work sites, in which x-ray exposure will occur, caution radiation signs will be posted accordingly.

***Radiation Safety Control***

Personal Protective Equipment (PPE's) listed below, will be provided for employees working in such areas listed below, any additional PPE's requested or needed will be put in writing and submitted to the Safety Manager.

Gloves	}	Contract Services
Masks		
Lead Apron		
Thyroid Collar		

\* On April 29, 2009, a medical physics survey was performed by a Certified Medical Nuclear Physicist and member of the American Board of Radiology on ACC Consultants portable X-ray dental units. The units meet the Food and Drug Administration, 21 CFR, Subchapter J, medical X-ray equipment requirements. The results of the medical physics survey can be viewed upon request.

Dental Itemized Pricing (Greenville):

Exams:

Item NO	SUPPLIES/SERVICES	MINIMUM NET	UNIT	UNIT PRICE	Price
0001	Dental Exam (Greenville)	16 Service Members	Service Member	(b) (4)	(b) (4)
Total for Minimum					(b) (4)
***Prompt Payment Discount within 10 days of completion of event at .5%					(b) (4)
Total Price for 16 Service Member Exams Less Early Payment Discount					(b) (4)

\*\*ACC requires a minimum of 16 service member guarantee for exam services\*\*

Treatment:

Item NO	SUPPLIES/SERVICES	MINIMUM NET	UNIT	UNIT PRICE	Price
0002	Dental Treatment (Greenville)	15 Service Members	Service Member	(b) (4)	(b) (4)
Total for Minimum					(b) (4)
***Prompt Payment Discount within 10 days of completion of event at .5%					(b) (4)
Total Price for 15 Service Member Exams Less Early Payment Discount					(b) (4)

\*\*ACC requires a minimum of 15 service member guarantee for treatment services\*\*

\*\*15 service members was calculated by taking the previously identified 10 category 3 service members and adding in the estimated (30%) resulting category 3 service members that will result from the exams-this adds an additional 5 service members. This results in a total of 15 service members who will require treatment. \*\*

Dental Itemized Pricing (Frankfort):

Exams:

Item NO	SUPPLIES/SERVICES	MINIMUM NET	UNIT	UNIT PRICE	Price
0003	Dental Exam (Frankfort)	54 Service Members	Service Member	(b) (4)	(b) (4)
	Total for Minimum				(b) (4)
	***Prompt Payment Discount within 10 days of completion of event at .5%				(b) (4)
	Total Price for 54 Service Member Exams Less Early Payment Discount				(b) (4)

\*\*ACC requires a minimum of 54 service member guarantee for exam services\*\*

Treatment:

Item NO	SUPPLIES/SERVICES	MINIMUM NET	UNIT	UNIT PRICE	Price
0004	Dental Treatment (Frankfort)	49 Service Members	Service Member	(b) (4)	(b) (4)
	Total for Minimum				(b) (4)
	***Prompt Payment Discount within 10 days of completion of event at .5%				(b) (4)
	Total Price for 49 Service Member Exams Less Early Payment Discount				(b) (4)

\*\*ACC requires a minimum of 49 service member guarantee for treatment services\*\*

\*\*\*49 service members was calculated by taking the previously identified 32 category 3 service members and adding in the estimated (30%) category 3 service members that will result from the exams-this adds an additional 17 service members. This results in a total of 49 service members who will require treatment. \*\*

**APPENDIX A**

**AUTHORIZED DENTAL TREATMENT**

1. The following dental procedures are authorized:

A. Diagnostic Services which are funded through NG6H 2065 Medical Readiness Funding:

- 1. D0120-Periodic Oral Evaluation
- 2. D0150-Comprehensive Oral Evaluation
- 3. D0330-Panoramic Film
- 4. D0272-Bitewings-Two Films
- 5. D0274-Bitewings-Four Films
- 6. D0220-First Periapical Xray
- 6a. D0230-Each Additional Periapical

**FEE**  
**(b) (4)**

B. Restorative Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to soldiers alerted to an OCOCNUS Mission):

- 1. D2140-Amalgam-One Surface
- 2. D2150-Amalgam-Two Surfaces
- 3. D2160-Amalgam-Three Surfaces
- 4. D2161-Amalgam-Four or More Surfaces
- 5. D2330-Composite-One Surface
- 6. D2331-Composite-Two Surfaces
- 7. D2332-Composite-Three Surfaces

**FEE**  
**(b) (4)**

**Posterior composites will be authorized only when a posterior composite is necessary to provide a quality restoration and no other alternative is available.**

- 8. D2335-Composite-Four or More Surfaces
- 9. D2391-Composite-One Surface
- 10. D2392-Composite-Two Surfaces
- 11. D2393-Composite-Three Surfaces
- 12. D2394-Composite-Four or More Surfaces
- 13. D2799-Provisional Crown
- 14. D2931-Prefabricated Stainless Steel Crown
- 15. D2950-Core Buildup, including any pins
- 16. D2954-Prefabricated Post and Core

**FEE**  
**(b) (4)**

C. Endodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

- 1. D3310-Anterior Root Canal Therapy
- 2. D3320-Bicuspid Root Canal Therapy
- 3. D3330-Molar Root Canal Therapy
- 4. D3346-Anterior Root Canal Retreatment
- 5. D3347-Bicuspid Root Canal Retreatment
- 6. D3348-Molar Root Canal Retreatment

**FEE**  
**(b) (4)**

D. Periodontal Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCOCNUS Mission):

1. D4355-Full Mouth Debridement
2. D4342-Periodontal Scaling and Root Planning, 1 to 3 teeth per quadrant

FEE  
(b) (4)

Periodontal scaling and root planning is authorized only when a periodontal abscess is present

E. Prosthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

1. D5110-Complete Denture-Maxillary
2. D5120-Complete Denture-Mandibular
3. D5211-Maxillary Partial Denture-Resin Base
4. D5212-Mandibular Partial Denture-Resin Base

FEE  
(b) (4)

F. Oral Surgery Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

1. D7140-Extraction, Erupted Tooth or Exposed Root
2. D7210-Surgical Removal of Erupted Tooth
3. D7220-Removal of Impacted Tooth, Soft Tissue
4. D7230-Removal of Impacted Tooth, Partial Bony
5. D7240-Removal of Impacted Tooth, Completely Bony

FEE  
(b) (4)

G. Orthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

1. D8680-Orthodontic Retention

FEE  
(b) (4)

The following dental procedures are not authorized:

- A. Bridges and/or implants
- B. Removal of Asymptomatic third molars
- C. Routine Prophylaxes (cleanings)
- D. Restorations for aesthetics only
- E. Restorations for small (non-class 3) caries
- F. Extensive Root plane/scaling
- G. Osseous Surgery
- H. Other diagnostic services

The above listings are guides to assist the State Dental Officer or his/her designee in determining treatment to be authorized. The treatment provided by the ARNG is to get the Soldier from a dental class 3 to a dental class 2 only. Comprehensive Treatment (to dental class I) is not authorized.

3. If a Soldier needs all of his/her remaining teeth in an arch extracted and a denture placed, the Soldier will not be available for deployment for at least 6 months and shall be disqualified from immediate deployment. However, if the Soldier is otherwise deployable (passes all medical, personnel and training requirements) and, after extraction and placement of prosthesis, would be deployable, the dental treatment could be provided and the Soldier could be considered as a replacement at a later date.

4. If a Soldier will have a number of teeth extracted to the extent mastication and speech are adversely affected, then an acrylic removable partial denture will be authorized if there is sufficient time for healing and construction of the partial denture prior to departure to Mobilization Station.
5. Soldiers requiring extensive periodontal treatment will be disqualified from deployment and educated on the TRICARE Dental Program. If he/she obtains the required therapy (from his/her private dental provider) and reaches a maintenance level, then he/she would become deployable.
6. The State Dental Officer (or designated representative) will review any dental treatment plan for dental care which exceeds \$2000 to insure that the above clinical guidelines are met. Exceptions can be made, but they must be coordinated with the State Surgeon.

Past Performances:

<b>Kentucky Army National Guard</b>	
1. Contract Title:	Dental Treatment Services for KYARNG in Greenville, KY
2. Contract Number:	RFQ464244-XXX
3. Name, Address and Telephone Number of Government Contracting Organization:	Kentucky Army National Guard USPFO for Kentucky Frankfort, KY 40601 502-607-1522
4. Procuring Contracting Officer's name, telephone number and Email:	(b) (6) Contract Specialist USPFO for KY 502-607-1522 502-607-1424 fax
5. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	(b) (6) USPFO for Kentucky BNGC Bldg 120 120 Minuteman Parkway Frankfort, KY 40601-6192 502-545-8281
6. Date of Contract Award and Period of Performance, including Options:	(b) (6) June 7-13, 2010
7. Contract Type:	BPA
8. Contract Award Amount:	\$159,450.00
9. Final Contract Price/Cost to Date:	\$159,450.00
10. Brief Description of the contract:	
The state of Kentucky awarded ACC Consultants Inc the contract to provide dental treatment to the Kentucky Army National Guard at WHFTRC in Greenville, Kentucky . ACC Consultants, Inc. furnished all labor, tools, equipment, material, transportation and supervision for Dental Treatments for approximately 243 service members	
11. Description of contract performance, including a brief explanation of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.	
<p>Category 3 Upgrade Report:</p> <ul style="list-style-type: none"> <li>o 243 Service Members seen during event</li> <li>o 225 Converted to Class 1 or 2 status</li> <li>o 18 Were not converted onsite                             <ul style="list-style-type: none"> <li>o Were approved to see civilian DDS by (b) (6) (7), was discharged 10JUN2010 per (b) (6) need prosthetics made by a lab (1), need oral surgery referral due to complexity of case and need for full sedation (8), need endodontist referral due to curvature of roots (1)</li> </ul> </li> <li>o Overall Exam + Treatment Conversion Rate not including 3C's: 100%                             <ul style="list-style-type: none"> <li>o 225 conversions/225 Cat 3's (not including "civ DDS", "discharge", "prosth", "oral sedation needs", "root curvature")</li> </ul> </li> <li>o Overall Exam + Treatment Conversion Rate including 3C's: 96%                             <ul style="list-style-type: none"> <li>o 225 conversions/235 Cat 3's (not including "civ DDS", "discharge")</li> </ul> </li> </ul> <p>All DENCLASS patient data was uploaded at the event site.</p>	

<b>Georgia Army National Guard (Dental)</b>	
1. Contract Title:	Operation Healthy Smiles January 2010-Oglethorpe
2. Contract Number:	RFQ 362135
3. Name, Address and Telephone Number of Government Contracting Organization:	Georgia Army National Guard 935 East Confederate Ave SE BLDG 3 RM 141 Atlanta, GA 30316
4. Procuring Contracting Officer's name, telephone number and Email:	(b) (6) 678-569-6216 (b) (6) (b) (6)
5. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	5019 HWY 42 JFHQ-G1-MED CMD/B18 Oglethorpe Armory, Ellenwood, GA 30924 678-569-5090 (b) (6)
6. Date of Contract Award and Period of Performance, including Options:	January 8-10, 2010
7. Contract Type:	BPA
8. Contract Award Amount:	\$450,000.00
9. Final Contract Price/Cost to Date:	\$450,000.00
10. Brief Description of the contract:	
<p>The state of Georgia awarded ACC Consultants Inc the 5 year contract to provide dental treatment to the Georgia Army National Guard at Ogelthorpe Armory in Ellenwood, GA. ACC Consultants, Inc. furnished all labor, tools, equipment, material, transportation and supervision for Dental Treatments for approximately 391 service members</p>	
<p>11. Description of contract performance, including a brief explanation of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.</p>	
<p>Category 3 Upgrade Report:</p> <ul style="list-style-type: none"> <li>o Percentage of Cat 3's converted to Cat 1 or 2: 100%</li> <li>o 391 Service Members seen during event</li> <li>o 327 Converted to Class 1 or 2 status</li> <li>o 64 Were not converted onsite                             <ul style="list-style-type: none"> <li>o Unless these patients refused treatment (1) or are seeing their own private dentist (7), ACC is case managing them and they will be converted and their 2813 uploaded to DENCLASS.</li> </ul> </li> <li>o Overall Exam + Treatment Conversion Rate not including 3C's: 100%                             <ul style="list-style-type: none"> <li>o 326 conversions/327 Cat 3's (not including 3C's, no-shows, refusals/prefer civilian dentist, high blood pressure, future event scheduling</li> </ul> </li> <li>o</li> <li>o Number of Cat 4's presented to clinic that were examined and given new readiness dates: 291                             <ul style="list-style-type: none"> <li>o Automatic converted/identified as Cat 1 or 2: 242</li> </ul> </li> <li>o The following is a breakdown of the soldiers that presented to clinic as Cat 3 that were not able to be converted on site. These soldiers will be case managed or invited back to future events and all should be upgraded to Cat 1 or 2 after case management is completed.                             <ul style="list-style-type: none"> <li>o Number of Cat 3's requiring oral surgery referrals due to needing oral sedation in oral surgery office: 9</li> <li>o Cat 3's not converted due to endodontic specialty needs (retreatment of existing RCTs, calcified canals): 7</li> <li>o Cat 3 not converted due to prosthetic lab case need: 8</li> <li>o Cat 3 not converted due to extreme high blood pressure: 1</li> <li>o Cat 3 not converted due to pending appointment with civilian DDS (approved by event POC): 7</li> <li>o Number of Cat 3's identified that will be scheduled to be converted at next OHS or Dobbins event: 26</li> <li>o Cat 3 patients identified as Cat 3 during exam that no-showed or did not have time for treatment appointments: 3</li> <li>o Cat 3 patient that became to shaky to complete treatment: 1</li> </ul> </li> </ul> <p>All Cat 3 patients are being case managed and appointed with the appropriate specialists to complete their Cat 3 needs. All patients will be converted to Cat 1 or 2 status after case management is through. All DENCLASS patient data has been uploaded by COB 1/15/2010</p>	



<b>California Army National Guard (Dental)</b>	
1. Contract Title:	Dental Treatment and Exam Services for Camp Roberts
2. Contract Number:	W912LA-09-A-0006
3. Name, Address and Telephone Number of Government Contracting Organization:	USPFO for California P.O. Box 8104 San Luis Obispo, CA 93403-8104
4. Procuring Contracting Officer's name, telephone number and Email:	(b) (6)
5. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	(b) (6) Procurement Technician USPFO for CA 805-594-6287
6. Date of Contract Award:	December 15, 2009
7. Contract Performance dates:	January 19-31, 2010
8. Final Contract Price/Cost to Date:	\$314,200.00
9. Brief Description of the contract, including a brief explanatin of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.	
<p>The California Army National Guard( CA ARNG) requirement was to provide on location, all management, labor, examination materials, equipment, certifications and supplies required to provide dental exams and treatments per identified treatment plan to upgrade Class 3 soldiers to a Class 2 status January 19-21, 2010.</p> <p>All dental treatment that was identified in the patient's treatment plan was accomplished based on the National Gurads Bureau's statistics that 30% of soldiers examined were classification 3. Contract was awarded on December 15, 2009; ACC personnel and mobile equipment arrived on site January 18, 2010.</p>	
10. Description of contract performance	
<p>Dental Event Numbers and Data:</p> <ul style="list-style-type: none"> <li>o <u>Percentage of Cat 3's converted to Cat 1 or 2: 100%</u></li> <li>o 1031 Service Members seen during event</li> <li>o 911 Converted to Class 1 or 2 status</li> <li>o 120 Were not converted onsite                             <ul style="list-style-type: none"> <li>o See below for information regarding these patients.</li> </ul> </li> <li>o Overall Exam + Treatment Conversion Rate not including 3C's: 100%                             <ul style="list-style-type: none"> <li>o 911 conversions/911 Cat 3's (not including 3C's, no-shows, refusals/prefer civilian dentist, vouchers for treatment that was not allowed by contract)</li> </ul> </li> <li>o Cat 4 soldiers that were identified as Cat 1 or 2: 710</li> <li>o There was about a 63% conversion of Cat 3 soldiers (after examination) at the event site. Had the contract allowed ACC's providers to treat more conditions and have an oral surgeon included, the conversion rate of Cat 3 patients would have been around 90% by the end of the event.</li> <li>o The following is a breakdown of the soldiers that presented to clinic as Cat 3 that were not able to be converted on site. These soldiers will be case managed or invited back to future events and all should be upgraded to Cat 1 or 2 after case management is completed.                             <ul style="list-style-type: none"> <li>o The contract did not allow ACC to treat many of the Cat 3 conditions present. There were 65 3C's, 7 Full Ortho patients, 1 woman was pregnant, 47 were approved for vouchers by POC as they had conditions that the contract did not allow ACC to treat.</li> </ul> </li> </ul> <p>All DENCLASS patient data was uploaded during the event.</p>	

New Mexico National Guard	
1. Contract Title:	Dental treatment for 87 Service Members
2. Contract Number:	W912J3-09-P-0022
3. Name, Address and Telephone Number of Government Contracting Organization:	New Mexico National Guard USPFO for New Mexico Contracting Office 47 Bataan Blvd. Santa Fe, NM 87508-4695
4. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	(b) (6) 600 Wyoming NE Albuquerque, NM 87123 (505) 271-7153 office (b) (6) cell
5. Date of Contract Award and Period of Performance, including Options:	March 20, 2010 and March 25, 2010
6. Contract Award Amount:	\$28,500.00
7. Final Contract Price/Cost to Date:	\$28,500.00
8. Brief Description of the contract:	
The New Mexico awarded ACC Consultants Inc the 5 year contract to provide dental treatment to the New Mexico Army National Guard at armories in both Albuquerque and Santa Fe, NM. ACC Consultants, Inc. furnished all labor, tools, equipment, material, transportation and supervision for dental treatment for approximately 87 service members on two separate days and locations.	
9. Description of contract performance, including a brief explanation of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.	
Category 3 Upgrade Report: <ul style="list-style-type: none"> <li>o Percentage of Cat 3's converted to Cat 1 or 2: 98%                      (That were willing and/or available for treatment and had conditions that needed treatment outlined in the contract requirements)</li> <li>o 87 Service Members seen during event</li> <li>o 78 Converted to Class 1 or 2 status</li> <li>o 9 Were not converted onsite                         <ul style="list-style-type: none"> <li>o These patients are either:                                 <ul style="list-style-type: none"> <li>▪ Seeing their own private dentist (OK'd by event POC) (2),</li> <li>▪ Blood Pressure was too high to have oral surgery done (1),</li> <li>▪ 3C's (4):   <ul style="list-style-type: none"> <li>• Need a Root Canal ReTreatment (1)</li> <li>• Need removable prosthetics (2)</li> <li>• Need to see an Orthodontist to have fixed appliance removed (1)</li> </ul> </li> <li>▪ Had extensive full mouth treatment that requires another day of treatment (2).</li> </ul> </li> <li>o These patients could all be case managed by ACC to ensure their conversion if funding is procured by DSS for private office dental fees.                                 <ul style="list-style-type: none"> <li>▪ Please let us know if you would like to utilize this service</li> </ul> </li> </ul> </li> <li>o Overall Exam + Treatment Conversion Rate not including 3C's: 98%                         <ul style="list-style-type: none"> <li>o 78 conversions/80 Cat 3's (not including "prefer civilian dentist", "blood pressure high" or 3C's)</li> </ul> </li> <li>o Overall Exam + Treatment Conversion Rate including 3 C's (8): 94%</li> </ul> All DENCLASS patient data was uploaded by COB 3/25/2010. This 2 day restorative event was carried out without any problems or delays or any corrective actions taken in regards to cost, schedule or technical performance	

<b>Kentucky Army National Guard (Dental)</b>	
1. Contract Title:	Dental Treatment Services for KYARNG in Indiantown Gap, PA
2. Contract Number:	RFQ 371688
3. Name, Address and Telephone Number of Government Contracting Organization:	Kentucky Army National Guard USPFO for Kentucky Frankfort, KY 40601 502-507-1390
4. Procuring Contracting Officer's name, telephone number and Email:	(b) (6) Contract Specialist 502-507-1390 (b) (6)
5. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	USPFO for Kentucky BNGC Bldg 120 120 Minuteman Parkway Frankfort, KY 40601-6192 502-545-8281 (b) (6)
6. Date of Contract Award and Period of Performance, including Options:	July 12-19, 2009
7. Contract Type:	BPA
8. Contract Award Amount:	\$240,000.00
9. Final Contract Price/Cost to Date:	\$242,000.00
10. Brief Description of the contract:	
The state of Kentucky awarded ACC Consultants Inc the contract to provide dental treatment to the Kentucky Army National Guard at Fort Indiantown Gap in Annville, PA. ACC Consultants, Inc. furnished all labor, tools, equipment, material, transportation and supervision for Dental Treatments for approximately 250 service members	
11. Description of contract performance, including a brief explanation of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.	
<b>Category 3 Upgrade Report:</b> <ul style="list-style-type: none"> <li>o <u>Percentage of Cat 3's converted to Cat 1 or 2: 94%</u>                      (That were willing and/or available for treatment)</li> <li>o Total Number of Cat 3's presented to clinic: 192</li> <li>o Total Number of Cat 3's upgraded at clinic: 169</li> <li>o Total Number of Cat 3's not upgraded due to circumstances beyond contracted capabilities: 11                             <ul style="list-style-type: none"> <li>o 3 Cat 3 Soldiers refused treatment and requested to have treatment by their civilian dentist</li> <li>o 1 Cat 3 Soldier taking Coumadin; not able to discontinue for oral surgery</li> <li>o 1 Cat 3 Soldier needed apicoectomy (specialized endodontic surgery)</li> <li>o 1 Cat 3 Soldier awaiting lip biopsy</li> <li>o 1 Cat 3 Soldier needs full upper and lower dentures (all extractions were done on-site)</li> <li>o 4 Cat 3 Soldiers need specialized IV sedation at oral surgery clinic (determined by oral surgeon on-site)</li> </ul> </li> <li>o 12 Soldiers were not upgraded</li> </ul>	

**ACC Consultants, Inc**

9008 Washington NE  
Albuquerque, NM 87113  
USA

**INVOICE**

Invoice Number: 17823  
Invoice Date: Sep 15, 2010  
Page: 1

Voice: 505-323-1300  
Fax: 505-323-1400

<b>Bill To:</b>
USPFO for Kentucky 120 Minuteman Pkwy BNGC, Bldg 120 Frankfort, KY 40601-6192

<b>Ship to:</b>
USPFO for Kentucky 120 Minuteman Pkwy BNGC, Bldg 120 Frankfort, KY 40601-6192

<b>Customer ID</b>	<b>Customer PO</b>	<b>Payment Terms</b>	
USPFOKY	W912KZ-10-F-0083	Net 7 Days	
<b>Sales Rep ID</b>	<b>Shipping Method</b>	<b>Ship Date</b>	<b>Due Date</b>
	Courier		9/22/10

Quantity	Item	Description	Unit Price	Amount
1.00		MINIMUM EXAMS DENTAL-FRANKFORT, KY SEPT. 11-12,2010 CIN # W900D1023101020003	(b) (4)	(b) (4)
1.00		MINIMUM TREATMENTS DENTAL-FRANKFORT, KY SEPT. 11-12, 2010 CIN # W900D1023101020004 DISCOUNT AVAILABLE.5% 10 DAYS (\$261)		
Subtotal				52,200.00
Sales Tax				
Total Invoice Amount				52,200.00
Payment/Credit Applied				
<b>TOTAL</b>				<b>52,200.00</b>

Check/Credit Memo No:

**ACC Consultants, Inc**

9008 Washington NE  
 Albuquerque, NM 87113  
 USA

**INVOICE**

Invoice Number: 17822  
 Invoice Date: Sep 15, 2010  
 Page: 1

Voice: 505-323-1300  
 Fax: 505-323-1400

<b>Bill To:</b>
USPFO for Kentucky 120 Minuteman Pkwy BNGC, Bldg 120 Frankfort, KY 40601-6192

<b>Ship to:</b>
USPFO for Kentucky 120 Minuteman Pkwy BNGC, Bldg 120 Frankfort, KY 40601-6192

<b>Customer ID</b>	<b>Customer PO</b>	<b>Payment Terms</b>	
USPFOKY	W912KZ-10-F-0083	Net 7 Days	
<b>Sales Rep ID</b>	<b>Shipping Method</b>	<b>Ship Date</b>	<b>Due Date</b>
	Courier		9/22/10

Quantity	Item	Description	Unit Price	Amount
1.00		MINIMUM EXAMS DENTAL-GREENVILLE, KY SEPT. 11-12, 2010 CIN # W900D102310102001	(b) (4)	(b) (4)
1.00		MINIMUM TREATMENTS DENTAL-GREENVILLE, KY SEPT. 11-12, 2010 CIN # W900D1023101020002 DISCOUNT AVAILABLE .5% 10 DAYS (\$79.50)	(b) (4)	(b) (4)

Subtotal	15,900.00
Sales Tax	
Total Invoice Amount	15,900.00
Payment/Credit Applied	
<b>TOTAL</b>	<b>15,900.00</b>

Check/Credit Memo No:

# ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. V797P-7134A	2. DELIVERY ORDER/ CALL NO. W912KZ-10-F-0055	3. DATE OF ORDER/CALL (YYYYMMDD) 2010 Jul 07	4. REQ./PURCH. REQUEST NO. See Schedule	5. PRIORITY
--	---	--	--	-------------

6. ISSUED BY USPFO FOR KENTUCKY BNGC, BLDG 120 120 MINUTEMAN PARKWAY FRANKFORT KY 40601-6192	CODE W912KZ	7. ADMINISTERED BY (if other than 6)  <b style="text-align: center;">SEE ITEM 6</b>	CODE	8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER  (See Schedule if other)
--	----------------	---	------	---

9. CONTRACTOR A C C CONSULTANTS INC NAME TODD BOWER AND 9008 WASHINGTON ST NE ADDRESS ALBUQUERQUE NM 87113-2704	CODE 4HZ92	FACILITY	10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <b>SEE SCHEDULE</b>	11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED
			12. DISCOUNT TERMS 10 Days - .5%; Net 30 Days	13. MAIL INVOICES TO THE ADDRESS IN BLOCK *****SEE BLOCK #6*****

14. SHIP TO  <b style="text-align: center;">SEE SCHEDULE</b>	CODE	15. PAYMENT WILL BE MADE BY USPFO ACCOUNTS PAYABLE 120 MINUTEMAN PKWY FRANKFORT KY 40601	CODE W22QW6	MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.
--	------	---	----------------	---

16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.
	PURCHASE	<input type="checkbox"/>	Reference your quote dated Furnish the following on terms specified herein. REF:

ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:			

17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE  
**See Schedule**

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/ SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
<b>SEE SCHEDULE</b>					

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.	24. UNITED STATES OF AMERICA TEL: 502-607-1390 EM: (b) (6) BY: (b) (6) CONTRACTING / ORDERING OFFICER	25. TOTAL \$868,650.00
		26. DIFFERENCES

27a. QUANTITY IN COLUMN 20 HAS BEEN  
 INSPECTED     RECEIVED     ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED.

b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	c. DATE (YYYYMMDD)	d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
--	-----------------------	---

e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	28. SHIP NO.	29. DO VOUCHER NO.	30. INITIALS
--	--------------	--------------------	--------------

f. TELEPHONE NUMBER	g. E-MAIL ADDRESS	<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY	33. AMOUNT VERIFIED CORRECT FOR
---------------------	-------------------	--	-------------	---------------------------------

36. I certify this account is correct and proper for payment.		31. PAYMENT	34. CHECK NUMBER
a. DATE (YYYYMMDD)	b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	35. BILL OF LADING NO.

37. RECEIVED AT	38. RECEIVED BY	39. DATE RECEIVED (YYYYMMDD) Posted to NGB Reading Room	40. TOTAL CONTAINERS	41. SR ACCOUNT NO. FOIA Requested Record #FA-11-0070	42. SR VOUCHER NO.
-----------------	-----------------	---	----------------------	---	--------------------

Section B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	Dental Exam FFP Dental Exam for 660 Class 4 Soldiers Per Proposal #RFQ471108 Minimum of 660 soldiers Not to Exceed 5% more than contracted amount. FOB: Destination PURCHASE REQUEST NUMBER: W900D101310103	660	Each	(b) (4)	(b) (4)

NET AMT

(b) (4)

ACRN AA  
CIN: W900D1013101030001

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0002	Dental Treatment FFP Dental Treatment for estimated 760 Class 3 Soldiers Per Proposal#RFQ471108 Minimum of 760 soldiers Not to Exceed 5% more than contracted amount. FOB: Destination PURCHASE REQUEST NUMBER: W900D101310103	760	Each	(b) (4)	(b) (4)

NET AMT

(b) (4)

ACRN AA  
CIN: W900D1013101030002

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0003	Dental Exam FFP Dental Exam for 43 Class 4 Soldiers Per Proposal #RFQ471108 Minimum of 43 soldiers Not to Exceed 5% more than contracted amount. FOB: Destination PURCHASE REQUEST NUMBER: W900D101310104	43	Each	(b) (4)	(b) (4)

---

NET AMT

ACRN AB:  
CIN: W900D1013101040001

(b) (4)

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0004	Dental Treatment FFP Dental Treatment for estimated 72 Class 3 Soldiers Per Proposal#RFQ471108 Minimum of 72 soldiers Not to Exceed 5% more than contracted amount. FOB: Destination PURCHASE REQUEST NUMBER: W900D101310104	72	Each	(b) (4)	(b) (4)

---

NET AMT

ACRN AB  
CIN: W900D1013101040002

(b) (4)



Section C - Descriptions and Specifications

STATEMENT OF WORK

STATEMENT OF WORK FOR DENTAL READINESS

Introduction: Individual Medical Readiness (IMR) and Fully Medically Ready (FMR) are the basic principals of a ready force for Kentucky Army National Guard. Failure to maintain dental standards could preclude a soldier from deploying. Dental readiness is a command and soldier responsibility. This statement of work covers the dental components of IMR/FMR to include: DENCLASS data entry of all dental records, treatment of all Class 3 soldiers on alert orders and/or in conjunction with the ANG Selected Reserve Dental Readiness System. Services are to be completed on site at KYARNG armories. The SOW identifies the purpose of the work to be performed by the contractor and provides a description of the work to be completed and the required outcomes. The contractor shall provide qualified personnel, material to perform the services, and /or OSHA, HIPPA and Privacy Act Compliant Mobile depending on the individual site needed for the KYARNG.

DoD established a uniform dental classification in HA Policy 02-11. DoD policy requires dental screening examinations to be accomplished and documented on 90% of service members. Members of the KYARNG shall receive an annual dental screening exam to determine their dental classification. Soldiers alerted and/or sourced are eligible for dental treatment if they are class 3 status from examination. Dental treatment that may be required is essential to be provided at the SRP site to ensure the highest Dental Deployment Rate for the mobilizing soldiers. Objective: The contractor shall provide all management, labor, material, equipment, certifications and supplies necessary to provide dental services at designated locations for the KY Army National Guard. These services will provide mandated dental treatment and proper documentation into the Soldier's dental record and data entry of all records into the DENCLASS system, as necessary to meet Department of the Army standards of dental readiness and deployability. The contractor will insure that their agents are appropriately trained and have access to the DENCLASS system.

Scope of Practice: **Who:** contracting personnel to support dental treatment mission in order to convert class 3 soldiers to class 2 soldiers in order to reach deployability standards IAW Appendix B, utilizing mobile treatment vans. **What, When, and Where:** See attached spreadsheet of layout of events.

Health Services POC will be (b) (6) Deputy State Surgeon. (b) (6)  
Dental treatment requirements as listed below.

A) Class 3 dental treatments for Soldiers and/ or soldiers who are categorized in SELRES program. Dental treatment authorized is outlined in Appendix E. Any treatment plan greater than \$2,000.00 requires prior approval from SDO. These services will be completed by using contractor provided mobile dental van (unless otherwise specified in a separate written agreement).

B) Specified Dental Specialty Services that requires SDO approval to include

- 1) Oral and Maxillofacial Surgery (to include pathology reports if indicated)
- 2) Endodontics
- 3) Periodontics
- 4) Prosthodontics
- 5) Other (specify)

C) Prescriptions for pharmaceuticals and controlled substances necessary for the care and treatment to Soldiers throughout the event, to include but not limited to analgesics and antibiotics. Prescriptions for maintenance pharmaceuticals for Soldiers with high caries risk or periodontal disease, as indicated will be provided by contractor on site. Emphasis on pain control after topical analgesic has resolved.

Upon completion of services, medical information will be documented in accordance with Department of the Army Policy and be updated in the approved Army National Guard automated system. The contractor shall also ensure the requirements of Occupational Safety and Health Administration (OSHA) and applicable Federal regulations are met. The contractor shall develop and maintain records that fully document services performed and names of soldiers referred to dental specialists. These records will be made available to the State/Territory Medical representative.

**Documentation.** All Soldiers must have a complete military dental record. The contractor shall provide electronic documentation (to include radiographs) in the ARNG approved system (within 24 hours of exam completion) and a paper copy as outlined below. A complete record includes the following:

- A. Military dental record jacket, DA Form 8005 through 8005-9
- B. The automated Health History Form or DA Form 5570 (with notations to "yes" answers and signed by both the Soldier and reviewing Doctor), Health Questionnaire envelope
- C. DD Form 2005 (signed), Privacy Act Statement
- D. SF 603/603A, Record of Dental Treatment
- E. Supporting radiographs (panoramic and diagnostic bitewing radiographs ((see 1.3.F)) documenting existing conditions) if necessary for treatment purposes

(1) All radiographs will be uploaded into the ARNG automated system.

(2) A **diagnostic** quality copy of all radiographs must be placed in the Dental Record.

F. The entries on the SF 603/603A will include the following: date, location, comprehensive oral treatment completed, notation of current Dental Fitness Classification, listing of current oral condition (class 2 issues identified and a listing of class 3 treatment needs, if any), printed name

of examining dentist or dental officer and the dentist's or dental officer's signature/initials. These required dental documentation elements will be entered in the approved ARNG automated system, DENCLASS and printed and placed into the dental record.

**Record Evaluation.** Prior to dental treatment all service members who have a current dental exam and have been identified as a class 3, a record review will need to be performed to determine the amount of work hours required for those service members. A by name and time schedule will be given to state POC to allow for the commanders to better plan for the event.

**Work Guarantee.** After completion of dental treatment, all dental work will be guaranteed by company completing work for up to one year for minor restorations and two years for major restorations. The SDO will coordinate with the general dentist performing treatment for any arbitration claims to determine if the problems relating to the dental treatment are in need of correction. Health services will be notified of all initial problems to coordinate with SDO.

#### **GENERAL INFORMATION.**

**QUALITY CONTROL.** The contractor shall adopt a quality assurance program that monitors all service activities and ensures the highest quality customizable dental services available. It is the responsibility of the ARNG to review and approve dental treatment plans before treatment is performed based on the guidelines provided by NGB and the SDO.

**QUALITY ASSURANCE.** The government will periodically evaluate the contractor's performance in accordance with the Quality Assurance Surveillance Plan.

**GOVERNMENT REMEDIES.** The contracting officer shall follow the requirements of FAR 52.212-4, Contract Terms and Conditions for Commercial Items (May 1997), for contractor's failure to correct nonconforming services.

**HOURS OF OPERATION.** The contractor shall have the capability of providing dental services seven days a week. The contractor will be able to work flexible hours to accommodate the commander's training plan.

**SECURITY REQUIREMENTS.** Security will be in accordance with DD Form 254 (Department of Defense Contract Security Classification Specification).

**SPECIAL QUALIFICATIONS.** Contractor must maintain appropriate credentialing files on all employees to include but not limited to Licensure, National Provider Data Base Query results and HIPPA certification.

**PARTNERING AGREEMENT.** The contracting officer may require a partnering agreement between the government and the contractor to ensure joint cooperation and a sound partnership of all parties involved in the execution of this contract.

**Contractors will ensure compliance with the following requirements prior to utilizing any x-ray producing device on Soldiers;**

A. Have established written policies and procedures to assure compliance with applicable Federal, State, DOD, and Army radiation safety regulations and directives. These documents include staff emergency reaction plans, as necessary, and procedures for investigating and reporting radiation accidents or incidents, possible radiation overexposures to Soldier patients or contractor staff, and provisions to ensure the safe use of x-ray producing devices on humans.

B. Upon request by the State/Territory representative, the contractor will provide documentation regarding the Contractor's employee radiation safety training commensurate with potential radiation hazards with the x-ray producing devices they are using.

C. Upon request by the State/Territory representative, the contractor will provide copies of a Qualified Health Physics Expert's acceptance test and most recent health physics survey of each diagnostic x-ray machine. The acceptance test and the most recent survey include tests of electrical, mechanical, image quality and radiation (output) dose tests or measurements. This also includes verification of the adequacy of radiation protection shielding in and around the X-ray machine and x-ray facility (e.g., mobile van).

#### **APPENDICES.**

**A. Estimated Workload Data**

**B. Dental Classification**

**C. SF 603A and DA Form 5570 (Dental Classification Module Version)**

**D. Government Furnished Property/Services/Equipment**

**E. Authorized Dental Treatment**

## APPENDIX A

### ESTIMATED WORKLOAD DATA

The following data elements will be reported at the end of an event:

Date

Location

List of contract employees (providers, dental technicians and administrative staff)

Total number of patients scheduled

Total number of patients examined

Total number of Soldiers by dental classification: 1, 2, 3

Total number of bitewing radiographic sets taken

Total number of panoramic radiographs taken

Verification of entry into DA or ARNG automated systems

A by name listing of all Soldiers examined and the dental classification of the Soldier

## APPENDIX B

### Department of Defense Oral Health and Readiness Classification System

The oral health status of uniformed personnel shall be classified as follows:

A. Class 1 (Oral Health): Patients with a current dental examination, who do not require dental treatment or reevaluation. Class 1 patients are worldwide deployable.

b. Class 2: Patients with a current dental examination, which require non-urgent dental treatment or reevaluation for oral conditions, which are unlikely to result in dental emergencies within 12 months. Class 2 patients are worldwide deployable. Patients in dental class 2 may exhibit the following:

(1) Treatment or follow-up indicated for dental caries or minor defective restorations that can be maintained by the patient.

(2) Interim restorations or prosthesis that can be maintained for a 12 month period. This includes teeth that have been restored with permanent restorative materials for which protective cuspal coverage is indicated.

(3) Edentulous areas requiring prostheses but not on an immediate basis.

(4) Periodontium that:

(a) requires oral prophylaxis

(b) requires maintenance therapy

(c) requires treatment for slight to moderate periodontitis and stable cases of more advanced periodontitis

(5) Unerupted partially erupted or malposed teeth that are without historical, clinical or radiographic signs or symptoms of pathosis, but which are recommended for prophylactic removal.

(6) Active orthodontic treatment. The provider should consider placing the patient in passive appliances for deployment up to six months. For longer periods of deployment, the provider should consider removing active appliances and placing the patient in passive retention.

(7) Temporomandibular disorder patients in remission. The provider anticipates the patient can perform duties while deployed without ongoing care and any medications or appliances required for maintenance will not interfere with duties.

c. Class 3: Patients who require urgent or emergent dental treatment. Class 3 patients normally are not considered to be worldwide deployable.

(1) Treatment or follow-up indicated for dental caries, symptomatic tooth fracture or defective restorations that cannot be maintained by the patient.

(2) Interim restorations or prostheses that cannot be maintained for a 12 month period.

(3) Patients requiring treatment for the following periodontal conditions that may result in dental emergencies within the next 12 months.

(a) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or communication or acceptable esthetics.

(b) Active progressive moderate or advanced periodontitis.

(c) Periodontal abscess

(d) Progressive mucogingival condition

(e) Periodontal manifestations of systemic disease or hormonal disturbances

(f) Heavy subgingival calculus

(4) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or communication or acceptable esthetics.

(5) Unerupted, partially erupted or malposed teeth with historical, clinical or radiographic signs or symptoms of pathosis that are recommended for removal.

(6) Chronic oral infections or other pathologic lesions including:

(a) Pulpal, periapical or resorptive pathology requiring treatment.

(b) Lesions requiring biopsy or awaiting biopsy report.

(7) Emergency situations requiring therapy to relieve pain, treat trauma, treat acute oral infections or provide timely follow-up care (e.g., drain or suture removal) until resolved.

(8) Acute Temporomandibular disorders requiring active treatment that may interfere with duties.

d. Class 4. Patients who require periodic dental examinations or patients with unknown dental classifications. Class 4 patients normally are not considered to be worldwide deployable.



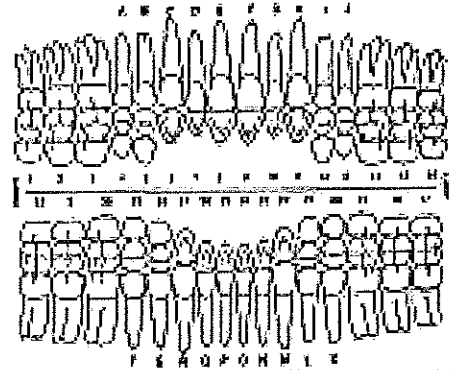
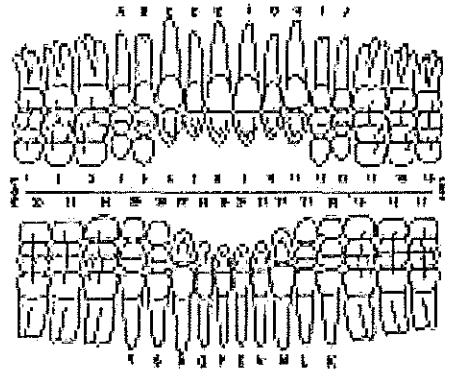
APPENDIX C

HEALTH QUESTIONNAIRE FOR DENTAL TREATMENT			
For use of this form, see AF 49-68, the proponent agency (a) the Office of the Surgeon General			
NAME DOE JOHN		SSN 11111111	
UNIT WFD5AA	HOME TELEPHONE	OFFICE TELEPHONE	
PLACE A CHECK IN THE YES OR NO COLUMN		YES	NO
1. Have you been under a health care provider's care in the last 2 years?			X
2. Have you had any serious illness, operation or hospitalization in the past?			X
3. Are you allergic to any drugs or medications?			X
4. Are you presently taking any drugs or medications (to include a birth control pill)?			X
5. Have you ever had hepatitis or jaundice?			X
6. Have there been a change in your health in the last 2 years?			X
7. Do you use tobacco?		X	
8. Do you drink alcoholic beverages?		X	
9. Have you ever been sick because of dental treatment?			X
10. Are you a "bleeder" or have you had excessive bleeding following dental treatment?			X
11. Do you get short of breath when climbing 1 flight of stairs?			X
12. Have you ever taken Fen-Phen, Fenoterol, or Prozac for weight loss?			X
13. Have you ever had a joint replaced?			X
14. Are you allergic to latex?			X
15. Are you pregnant?			
CHECK CONDITIONS IF THEY APPLY TO YOU			
<input type="checkbox"/> Heart Trouble/Chest Pain	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Hives or Skin Rash	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Allergies (by name)	<input type="checkbox"/> Ulcers/Stomach
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Anemia (Thin Blood)
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Arthritis/Rheumatism	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Stroke	<input type="checkbox"/> Sinus Disease	<input type="checkbox"/> Tuberculosis (TB)	<input type="checkbox"/> Cancer
Explain any unusual medical problems: Question 7: smokes Question 8: light			
DATE	SIGNATURE OF PATIENT		
DATE	SIGNATURE OF DOCTOR		
RECHECK			
DATE	DOCTOR'S SIGNATURE	REMARKS	

GA FORM 6706



**SECTION II CHRONOLOGICAL RECORD OF DENTAL CARE** PAGE: \_\_\_\_\_  
 E. RESTORATIONS AND BRACES (Min 3 Completed during period) F. SUBSEQUENT DISEASE AND ABNORMALITIES



MALE

FEMALE  
 Class 3/2 dental needs identified in block 10 below

**10. DENTAL SERVICES**

DATE	SYMPTOMS, DIAGNOSIS, INDICATION, PREVIOUS TREATMENT FACILITY (Sign each entry)	CLASS
12 JAN 2008	Class 3 Dental Needs No Services Provided Class 2 Dental Needs No Services Provided  Variable	

**PERIODIC ORAL EVALUATION**

BP \_\_\_\_\_ / \_\_\_\_\_ PSR

BW \_\_\_\_\_ LBS PAN \_\_\_\_\_ PANX 12 JAN 2008

SDIT TISSUE WNL:  Yes  No

CARIES RISK:  Low  Mod  High

TOBACCO:  No  Smoke  Chew  Both

Dental Classifications: 3

Signature  
 MARTIN POWELL COS  
 MAJ, DC  
 Office of the State Surgeon, MS ARNG

PATIENT'S NAME: DOE, JOHN SSN: 111111111

SI 403 A

U.S. GPO: 1989-111-000/200

## APPENDIX D

### GOVERNMENT FURNISHED PROPERTY/SERVICES/EQUIPMENT

1. **General.** The Government will provide the following resources:
2. **Facilities, Supplies, and Services.** Space for set-up of an administrative area and utilities. Mobile units, provided by the contractor, will be utilized for dental treatment unless otherwise specified in the contract.
3. **Information.** The Government will provide the following information:
  - a. Soldier's dental records if applicable.
4. **The User Agency will provide initial familiarization/orientation.** Standard Operational Procedures will be available to the contractor at the place of performance.

## APPENDIX E

### AUTHORIZED DENTAL TREATMENT

1. The following dental procedures are authorized:

(a) Diagnostic Services which are funded through NG6H 2065 Medical Readiness Funding:

D0120-Periodic Oral Evaluation  
D0150-Comprehensive Oral Evaluation  
D0330-Panoramic Film  
D0272-Bitewings-Two Films  
D0274-Bitewings-Four Films  
D0220/D0230- Periapical (limited)

(b) Restorative Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to soldiers alerted to an OCONUS Mission):

D2140-Amalgam-One Surface  
D2150-Amalgam-Two Surfaces  
D2160-Amalgam-Three Surfaces  
D2161-Amalgam-Four or More Surfaces  
D2330-Composite-One Surface  
D2331-Composite-Two Surfaces  
D2332-Composite-Three Surfaces

**Posterior composites will be authorized only when a posterior composite is necessary to provide a quality restoration and no other alternative is available.**

D2335-Composite-Four or More Surfaces  
D2391-Composite-One Surface  
D2392-Composite-Two Surfaces  
D2393-Composite-Three Surfaces  
D2394-Composite-Four or More Surfaces  
D2799-Provisional Crown  
D2931-Prefabricated Stainless Steel Crown  
D2950-Core Buildup, including any pins  
D2954-Prefabricated Post and Core

(c) Endodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D3310-Anterior Root Canal Therapy  
D3320-Bicuspid Root Canal Therapy

D3330-Molar Root Canal Therapy  
D3346-Anterior Root Canal Retreatment  
D3347-Bicuspid Root Canal Retreatment  
D3348-Molar Root Canal Retreatment

(d) Periodontal Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D4355-Full Mouth Debridement  
D4342-Periodontal Scaling and Root Planing, 1 to 3 teeth per quadrant

**Periodontal scaling and root planing is authorized only when a periodontal abscess is present and SDO approves**

(e) Prosthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D5110-Complete Denture-Maxillary  
D5120-Complete Denture-Mandibular  
D5211-Maxillary Partial Denture-Resin Base  
D5212-Mandibular Partial Denture-Resin Base

(f) Oral Surgery Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D7140-Extraction, Erupted Tooth or Exposed Root  
D7210-Surgical Removal of Erupted Tooth  
D7220-Removal of Impacted Tooth, Soft Tissue  
D7230-Removal of Impacted Tooth, Partial Bony  
D7240-Removal of Impacted Tooth, Completely Bony

(g) Orthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D8680-Orthodontic Retention

2. The following dental procedures are not authorized:

Bridges and/or implants  
Removal of Asymptomatic third molars  
Routine Prophylaxes (cleanings)  
Restorations for aesthetics only  
Restorations for small (non-class 3) caries  
Extensive Root plane/scaling

Osseous Surgery  
Other diagnostic services

**The above listings are guides to assist the State Dental Officer or his/her designee in determining treatment to be authorized. The treatment provided by the ARNG is to get the Soldier from a dental class 3 to a dental class 2 only. Comprehensive Treatment (to dental class I) is not authorized.**

3. If a Soldier needs all of his/her remaining teeth in an arch extracted and a denture placed, the Soldier will not be available for deployment for at least 6 months and shall be disqualified from immediate deployment. However, if the Soldier is otherwise deployable (passes all medical, personnel and training requirements) and, after extraction and placement of prosthesis, would be deployable, the dental treatment could be provided and the Soldier could be considered as a replacement at a later date.

4. If a Soldier will have a number of teeth extracted to the extent mastication and speech are adversely affected, then an acrylic removable partial denture will be authorized if there is sufficient time for healing and construction of the partial denture prior to departure to Mobilization Station.

5. Soldiers requiring extensive periodontal treatment will be disqualified from deployment and educated on the TRICARE Dental Program. If he/she obtains the required therapy (from his/her private dental provider) and reaches a maintenance level, then he/she would become deployable.

6. The State Dental Officer (or designated representative) will review any dental treatment plan for dental care which exceeds \$2000 to insure that the above clinical guidelines are met. Exceptions can be made, but they must be coordinated with the State Surgeon.

Section E - Inspection and Acceptance

INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

CLIN	INSPECT AT	INSPECT BY	ACCEPT AT	ACCEPT BY
0001	N/A	N/A	N/A	Government
0002	N/A	N/A	N/A	Government
0003	N/A	N/A	N/A	Government
0004	N/A	N/A	N/A	Government



## Section F - Deliveries or Performance

## DELIVERY INFORMATION

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	UIC
0001	POP 10-JUL-2010 TO 13-AUG-2010	N/A	WENDELL FORD REGIONAL TRAINING CENTER (b) (6) 4765 STATE ROUTE 181 NORTH BUILDING 332 GREENVILLE KY 42345 270-338-8947 FOB: Destination	W22MQV
0002	POP 10-JUL-2010 TO 13-AUG-2010	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	W22MQV
0003	POP 28-JUL-2010 TO 29-JUL-2010	N/A	ARMED FORCES RESERVE CENTER (b) (6) BLUEGRASS ARMY DEPOT 233 BATTLE FIELD MEMORIAL HWY RICHMOND KY 40475-8338 502-607-2738 FOB: Destination	
0004	POP 28-JUL-2010 TO 29-JUL-2010	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	

Section G - Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AA: 210206500000181015133G92R300026EB44KM0EW900D101310103KM0E44015058

AMOUNT: (b) (4)

CIN W900D1013101030001: (b) (4)

CIN W900D1013101030002: (b) (4)

AB: 210206500000181015135G680000026EB44KM2GW900D101310104KM2G44015058

AMOUNT: (b) (4)

CIN W900D1013101040001: (b) (4)

CIN W900D1013101040002: (b) (4)

## STATEMENT OF WORK FOR DENTAL READINESS

Introduction: Individual Medical Readiness (IMR) and Fully Medically Ready (FMR) are the basic principals of a ready force for Kentucky Army National Guard. Failure to maintain dental standards could preclude a soldier from deploying. Dental readiness is a command and soldier responsibility. This statement of work covers the dental components of IMR/FMR to include: DENCLASS data entry of all dental records, treatment of all Class 3 soldiers on alert orders and/or in conjunction with the ANG Selected Reserve Dental Readiness System. Services are to be completed on site at KYARNG armories. The SOW identifies the purpose of the work to be performed by the contractor and provides a description of the work to be completed and the required outcomes. The contractor shall provide qualified personnel, material to perform the services, and /or OSHA, HIPPA and Privacy Act Compliant Mobile depending on the individual site needed for the KYARNG.

DoD established a uniform dental classification in HA Policy 02-11. DoD policy requires dental screening examinations to be accomplished and documented on 90% of service members. Members of the KYARNG shall receive an annual dental screening exam to determine their dental classification. Soldiers alerted and/or sourced are eligible for dental treatment if they are class 3 status from examination. Dental treatment that may be required is essential to be provided at the SRP site to ensure the highest Dental Deployment Rate for the mobilizing soldiers. Objective: The contractor shall provide all management, labor, material, equipment, certifications and supplies necessary to provide dental services at designated locations for the KY Army National Guard. These services will provide mandated dental treatment and proper documentation into the Soldier's dental record and data entry of all records into the DENCLASS system, as necessary to meet Department of the Army standards of dental readiness and deployability. The contractor will insure that their agents are appropriately trained and have access to the DENCLASS system.

Scope of Practice: **Who:** contracting personnel to support dental treatment mission in order to convert class 3 soldiers to class 2 soldiers in order to reach deployability standards IAW Appendix B, utilizing mobile treatment vans. **What, When, and Where:** See attached spreadsheet of layout of events.

Health Services POC will be (b) (6) Deputy State Surgeon. (b) (6)  
Dental treatment requirements as listed below.

A) Class 3 dental treatments for Soldiers and/ or soldiers who are catorgized in SELRES program. Dental treatment authorized is outlined in Appendix E. Any treatment plan greater than \$2,000.00 requires prior approval from SDO. These services will be completed by using contractor provided mobile dental van (unless otherwise specified in a separate written agreement).

B) Specified Dental Specialty Services that requires SDO approval to include

- 1) Oral and Maxillofacial Surgery (to include pathology reports if indicated)
- 2) Endodontics

- 3) Periodontics
- 4) Prosthodontics
- 5) Other (specify)

C) Prescriptions for pharmaceuticals and controlled substances necessary for the care and treatment to Soldiers throughout the event, to include but not limited to analgesics and antibiotics. Prescriptions for maintenance pharmaceuticals for Soldiers with high caries risk or periodontal disease, as indicated will be provided by contractor on site. Emphasis on pain control after topical analgesic has resolved.

Upon completion of services, medical information will be documented in accordance with Department of the Army Policy and be updated in the approved Army National Guard automated system. The contractor shall also ensure the requirements of Occupational Safety and Health Administration (OSHA) and applicable Federal regulations are met. The contractor shall develop and maintain records that fully document services performed and names of soldiers referred to dental specialists. These records will be made available to the State/Territory Medical representative.

**Documentation.** All Soldiers must have a complete military dental record. The contractor shall provide electronic documentation (to include radiographs) in the ARNG approved system (within 24 hours of exam completion) and a paper copy as outlined below. A complete record includes the following:

- A. Military dental record jacket, DA Form 8005 through 8005-9
- B. The automated Health History Form or DA Form 5570 (with notations to "yes" answers and signed by both the Soldier and reviewing Doctor), Health Questionnaire envelope
- C. DD Form 2005 (signed), Privacy Act Statement
- D. SF 603/603A, Record of Dental Treatment
- E. Supporting radiographs (panoramic and diagnostic bitewing radiographs ((see 1.3.F)) documenting existing conditions) if necessary for treatment purposes

(1) All radiographs will be uploaded into the ARNG automated system.

(2) A **diagnostic** quality copy of all radiographs must be placed in the Dental Record.

F. The entries on the SF 603/603A will include the following: date, location, comprehensive oral treatment completed, notation of current Dental Fitness Classification, listing of current oral condition (class 2 issues identified and a listing of class 3 treatment needs, if any), printed name of examining dentist or dental officer and the dentist's or dental officer's signature/initials. These required dental documentation elements will be entered in the approved ARNG automated system, DENCLASS and printed and placed into the dental record.

**Record Evaluation.** Prior to dental treatment all service members who have a current dental exam and have been identified as a class 3, a record review will need to be performed to determine the amount of work hours required for those service members. A by name and time schedule will be given to state POC to allow for the commanders to better plan for the event.

**Work Guarantee.** After completion of dental treatment, all dental work will be guaranteed by company completing work for up to one year for minor restorations and two years for major restorations. The SDO will coordinate with the general dentist performing treatment for any arbitration claims to determine if the problems relating to the dental treatment are in need of correction. Health services will be notified of all initial problems to coordinate with SDO.

#### **GENERAL INFORMATION.**

**QUALITY CONTROL.** The contractor shall adopt a quality assurance program that monitors all service activities and ensures the highest quality customizable dental services available. It is the responsibility of the ARNG to review and approve dental treatment plans before treatment is performed based on the guidelines provided by NGB and the SDO.

**QUALITY ASSURANCE.** The government will periodically evaluate the contractor's performance in accordance with the Quality Assurance Surveillance Plan.

**GOVERNMENT REMEDIES.** The contracting officer shall follow the requirements of FAR 52.212-4, Contract Terms and Conditions for Commercial Items (May 1997), for contractor's failure to correct nonconforming services.

**HOURS OF OPERATION.** The contractor shall have the capability of providing dental services seven days a week. The contractor will be able to work flexible hours to accommodate the commander's training plan.

**SECURITY REQUIREMENTS.** Security will be in accordance with DD Form 254 (Department of Defense Contract Security Classification Specification).

**SPECIAL QUALIFICATIONS.** Contractor must maintain appropriate credentialing files on all employees to include but not limited to Licensure, National Provider Data Base Query results and HIPPA certification.

**PARTNERING AGREEMENT.** The contracting officer may require a partnering agreement between the government and the contractor to ensure joint cooperation and a sound partnership of all parties involved in the execution of this contract.

**Contractors will ensure compliance with the following requirements prior to utilizing any x-ray producing device on Soldiers;**

A. Have established written policies and procedures to assure compliance with applicable Federal, State, DOD, and Army radiation safety regulations and directives. These

documents include staff emergency reaction plans, as necessary, and procedures for investigating and reporting radiation accidents or incidents, possible radiation overexposures to Soldier patients or contractor staff, and provisions to ensure the safe use of x-ray producing devices on humans.

B. Upon request by the State/Territory representative, the contractor will provide documentation regarding the Contractor's employee radiation safety training commensurate with potential radiation hazards with the x-ray producing devices they are using.

C. Upon request by the State/Territory representative, the contractor will provide copies of a Qualified Health Physics Expert's acceptance test and most recent health physics survey of each diagnostic x-ray machine. The acceptance test and the most recent survey include tests of electrical, mechanical, image quality and radiation (output) dose tests or measurements. This also includes verification of the adequacy of radiation protection shielding in and around the X-ray machine and x-ray facility (e.g., mobile van).

#### **APPENDICES.**

**A. Estimated Workload Data**

**B. Dental Classification**

**C. SF 603A and DA Form 5570 (Dental Classification Module Version)**

**D. Government Furnished Property/Services/Equipment**

**E. Authorized Dental Treatment**

## APPENDIX A

### ESTIMATED WORKLOAD DATA

The following data elements will be reported at the end of an event:

Date

Location

List of contract employees (providers, dental technicians and administrative staff)

Total number of patients scheduled

Total number of patients examined

Total number of Soldiers by dental classification: 1, 2, 3

Total number of bitewing radiographic sets taken

Total number of panoramic radiographs taken

Verification of entry into DA or ARNG automated systems

A by name listing of all Soldiers examined and the dental classification of the Soldier

## APPENDIX B

### Department of Defense Oral Health and Readiness Classification System

The oral health status of uniformed personnel shall be classified as follows:

A. Class 1 (Oral Health): Patients with a current dental examination, who do not require dental treatment or reevaluation. Class 1 patients are worldwide deployable.

b. Class 2: Patients with a current dental examination, which require non-urgent dental treatment or reevaluation for oral conditions, which are unlikely to result in dental emergencies within 12 months. Class 2 patients are worldwide deployable. Patients in dental class 2 may exhibit the following:

(1) Treatment or follow-up indicated for dental caries or minor defective restorations that can be maintained by the patient.

(2) Interim restorations or prosthesis that can be maintained for a 12 month period. This includes teeth that have been restored with permanent restorative materials for which protective cuspal coverage is indicated.

(3) Edentulous areas requiring prostheses but not on an immediate basis.

(4) Periodontium that:

(a) requires oral prophylaxis

(b) requires maintenance therapy

(c) requires treatment for slight to moderate periodontitis and stable cases of more advanced periodontitis

(5) Unerupted partially erupted or malposed teeth that are without historical, clinical or radiographic signs or symptoms of pathosis, but which are recommended for prophylactic removal.

(6) Active orthodontic treatment. The provider should consider placing the patient in passive appliances for deployment up to six months. For longer periods of deployment, the provider should consider removing active appliances and placing the patient in passive retention.

(7) Temporomandibular disorder patients in remission. The provider anticipates the patient can perform duties while deployed without ongoing care and any medications or appliances required for maintenance will not interfere with duties.



c. Class 3: Patients who require urgent or emergent dental treatment. Class 3 patients normally are not considered to be worldwide deployable.

(1) Treatment or follow-up indicated for dental caries, symptomatic tooth fracture or defective restorations that cannot be maintained by the patient.

(2) Interim restorations or prostheses that cannot be maintained for a 12 month period.

(3) Patients requiring treatment for the following periodontal conditions that may result in dental emergencies within the next 12 months.

(a) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or communication or acceptable esthetics.

(b) Active progressive moderate or advanced periodontitis.

(c) Periodontontal abscess

(d) Progressive mucogingival condition

(e) Periodontal manifestations of systemic disease or hormonal disturbances

(f) Heavy subgingival calculus

(4) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or communication or acceptable esthetics.

(5) Unerupted, partially erupted or malposed teeth with historical, clinical or radiographic signs or symptoms of pathosis that are recommended for removal.

(6) Chronic oral infections or other pathologic lesions including:

(a) Pulpal, periapical or resorptive pathology requiring treatment.

(b) Lesions requiring biopsy or awaiting biopsy report.

(7) Emergency situations requiring therapy to relieve pain, treat trauma, treat acute oral infections or provide timely follow-up care (e.g., drain or suture removal) until resolved.

(8) Acute Temporomandibular disorders requiring active treatment that may interfere with duties.

d. Class 4. Patients who require periodic dental examinations or patients with unknown dental classifications. Class 4 patients normally are not considered to be worldwide deployable.

## APPENDIX C

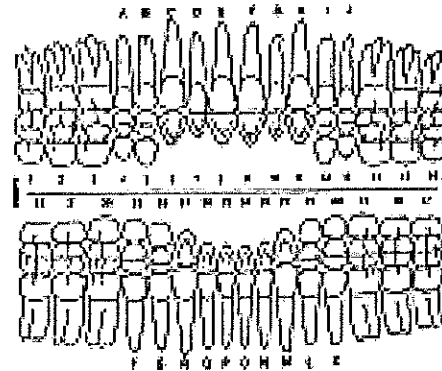
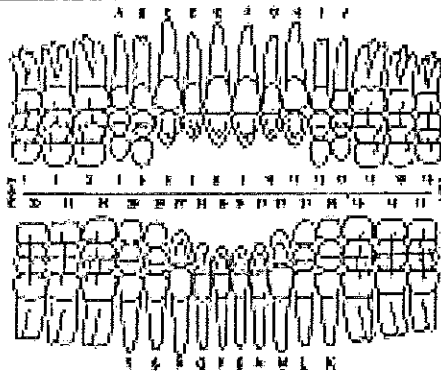
HEALTH QUESTIONNAIRE FOR DENTAL TREATMENT			
For use of this form, see AF 92-89, the proponent agency is the Office of the Surgeon General			
NAME DOE JOHN		SSN 111111111	
UNIT WFDCAA		HOME TELEPHONE	OFFICE TELEPHONE
PLACE A CHECK IN THE YES OR NO COLUMN		YES	NO
1. Have you been under a Health Care Provider's care in the last 2 years?			X
2. Have you had any surgery, illness, operation or hospitalization in the past?			X
3. Are you allergic to any drugs or medications?			X
4. Are you presently taking any drugs or medications (to include birth control pills)?			X
5. Have you ever had hepatitis or jaundice?			X
6. Has there been a change in your health in the last 2 years?			X
7. Do you use tobacco?		X	
8. Do you drink alcoholic beverages?		X	
9. Have you ever been sick because of dental treatment?			X
10. Are you a "bleeder" or have you had excessive bleeding following dental treatment?			X
11. Do you get short of breath or are climbing 1 flight of stairs?			X
12. Have you ever taken Fen-Phen, Fenfluramine, or Prozac for weight loss?			X
13. Have you ever had a joint replaced?			X
14. Are you allergic to latex?			X
15. Are you pregnant?			
CHECK CONDITIONS IF THEY APPLY TO YOU			
<input type="checkbox"/> Heart Trouble/Chest Pain	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Hives or Skin Rash	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Anemia or Low Iron	<input type="checkbox"/> Ulcers/Stomach
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Anemia (Thin Blood)
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Arthritis/Rheumatism	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Stroke	<input type="checkbox"/> Sinus Disease	<input type="checkbox"/> Tuberculosis (TB)	<input type="checkbox"/> Cancer
Explain any unusual medical problems: Question 7: smokes Question 8: light			
DATE	SIGNATURE OF PATIENT		
DATE	SIGNATURE OF DOCTOR		
RECHECK			
DATE	DOCTOR SIGNATURE	REMARKS	

CA FORM 5200

SECTION II CHRONOLOGICAL RECORD OF DENTAL CARE

PAGE:

1. EXAMINATIONS AND TREATMENTS Completed during period 2. SUBSEQUENT DISEASE AND CASUALTIES



(DATE)

(DATE)

Class 3/2 dental needs identified in block 10 below

10. SERVICES PROVIDED

DATE SYMPTOM, INDICATION, TREATMENT, MATERIAL, TECHNIQUE FACILITY (Sign each entry) CLASS

12 JAN 2006 Class 3 Dental needs  
 No Carious Primary dent  
 Class 2 Dental needs  
 No Carious Primary dent  
 Periodics

Dental Classification: 3

PERIODIC ORAL EVALUATION

EP / PSR  
 DWN & JAW RCG PAN PANX 12 JAN 2006 2 2 2  
 SOFT TISSUE WNL: [YES] No 2 2 2  
 CARIES RISK: Low Med High  
 TOBACCO: [NO] Smoke Chew Both

Squadron  
 MARTIN POWELL DOS  
 MAJ, DC  
 Office of the State Surgeon, MS ARNG

PATIENT'S NAME: DOE, JOHN

SSN: 11111111

ST 403 A

U.S. GPO: 1983-311-220/0-88

## APPENDIX D

### GOVERNMENT FURNISHED PROPERTY/SERVICES/EQUIPMENT

1. **General.** The Government will provide the following resources:
2. **Facilities, Supplies, and Services.** Space for set-up of an administrative area and utilities. Mobile units, provided by the contractor, will be utilized for dental treatment unless otherwise specified in the contract.
3. **Information.** The Government will provide the following information:
  - a. Soldier's dental records if applicable.
4. **The User Agency will provide initial familiarization/orientation.** Standard Operational Procedures will be available to the contractor at the place of performance.

## APPENDIX E

### AUTHORIZED DENTAL TREATMENT

1. The following dental procedures are authorized:

(a) Diagnostic Services which are funded through NG6H 2065 Medical Readiness Funding:

D0120-Periodic Oral Evaluation  
D0150-Comprehensive Oral Evaluation  
D0330-Panoramic Film  
D0272-Bitewings-Two Films  
D0274-Bitewings-Four Films  
D0220/D0230- Periapical (limited)

(b) Restorative Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to soldiers alerted to an OCONUS Mission):

D2140-Amalgam-One Surface  
D2150-Amalgam-Two Surfaces  
D2160-Amalgam-Three Surfaces  
D2161-Amalgam-Four or More Surfaces  
D2330-Composite-One Surface  
D2331-Composite-Two Surfaces  
D2332-Composite-Three Surfaces

**Posterior composites will be authorized only when a posterior composite is necessary to provide a quality restoration and no other alternative is available.**

D2335-Composite-Four or More Surfaces  
D2391-Composite-One Surface  
D2392-Composite-Two Surfaces  
D2393-Composite-Three Surfaces  
D2394-Composite-Four or More Surfaces  
D2799-Provisional Crown  
D2931-Prefabricated Stainless Steel Crown  
D2950-Core Buildup, including any pins  
D2954-Prefabricated Post and Core

(c) Endodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D3310-Anterior Root Canal Therapy  
D3320-Bicuspid Root Canal Therapy  
D3330-Molar Root Canal Therapy

D3346-Anterior Root Canal Retreatment  
D3347-Bicuspid Root Canal Retreatment  
D3348-Molar Root Canal Retreatment

(d) Periodontal Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D4355-Full Mouth Debridement  
D4342-Periodontal Scaling and Root Planing, 1 to 3 teeth per quadrant

**Periodontal scaling and root planing is authorized only when a periodontal abscess is present and SDO approves**

(e) Prosthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D5110-Complete Denture-Maxillary  
D5120-Complete Denture-Mandibular  
D5211-Maxillary Partial Denture-Resin Base  
D5212-Mandibular Partial Denture-Resin Base

(f) Oral Surgery Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D7140-Extraction, Erupted Tooth or Exposed Root  
D7210-Surgical Removal of Erupted Tooth  
D7220-Removal of Impacted Tooth, Soft Tissue  
D7230-Removal of Impacted Tooth, Partial Bony  
D7240-Removal of Impacted Tooth, Completely Bony

(g) Orthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D8680-Orthodontic Retention

2. The following dental procedures are not authorized:

Bridges and/or implants  
Removal of Asymptomatic third molars  
Routine Prophylaxes (cleanings)  
Restorations for aesthetics only  
Restorations for small (non-class 3) caries  
Extensive Root plane/scaling  
Osseous Surgery  
Other diagnostic services

**The above listings are guides to assist the State Dental Officer or his/her designee in determining treatment to be authorized. The treatment provided by the ARNG is to get the Soldier from a dental class 3 to a dental class 2 only. Comprehensive Treatment (to dental class I) is not authorized.**

3. If a Soldier needs all of his/her remaining teeth in an arch extracted and a denture placed, the Soldier will not be available for deployment for at least 6 months and shall be disqualified from immediate deployment. However, if the Soldier is otherwise deployable (passes all medical, personnel and training requirements) and, after extraction and placement of prosthesis, would be deployable, the dental treatment could be provided and the Soldier could be considered as a replacement at a later date.

4. If a Soldier will have a number of teeth extracted to the extent mastication and speech are adversely affected, then an acrylic removable partial denture will be authorized if there is sufficient time for healing and construction of the partial denture prior to departure to Mobilization Station.

5. Soldiers requiring extensive periodontal treatment will be disqualified from deployment and educated on the TRICARE Dental Program. If he/she obtains the required therapy (from his/her private dental provider) and reaches a maintenance level, then he/she would become deployable.

6. The State Dental Officer (or designated representative) will review any dental treatment plan for dental care which exceeds \$2000 to insure that the above clinical guidelines are met. Exceptions can be made, but they must be coordinated with the State Surgeon.



START DATE	END DATE	UNIT	LOCATION	CLASS III	CLASS IV
10-Jul-10	18-Jul-10	138TH	GREENVILLE	161	261
19-Jul-10	23-Jul-10	2/138TH	GREENVILLE	97	308
24-Jul-10	13-Aug-10	149TH	GREENVILLE	238	91
28-Jul-10	29-Jul-10	1204TH	BGAD	55	43



# RFQ Summary

[▶ Forward RFQ](#)

Selected vendor(s) were notified

<b>RFQ ID</b> <b>RFQ471108</b> (Modification 1)		<b>Reference #</b> W9100D101310103			
<b>RFQ Title</b> DENTAL TREATMENT					
<b>RFQ Status</b> Closed		<b>Delivery Days</b> Period of Performance 07/10/2010 through 08/13/2010			
<b>RFQ Issue Date</b> 06/18/2010 11:48:59 AM EDT		<b>RFQ Close Date</b> 06/28/2010 02:00:00 PM EDT			
<b>Line Items</b>					
Mfr. part No/NSN/Item	Manufacturer	Product/Service Name	Qty	Unit	Ship Address
Dental Treatment	10-29 July	Class 3 Soldiers	496	EA	2
Dental Treatment	10-29 July	Class 4 Soldiers	660	EA	2
Dental Treatment BGAD	28-29 July	Class 3 Soldiers	55	EA	3
Dental Treatment BGAD	28-29 July	Class 4 Solders	43	EA	3

**Description**

This is a Request for proposal for dental treatment for approximately 551 Class 3 and 703 Class 4 soldiers. Work is to be performed at WHFTRC in Greenville Ky from 10 July - 13 August 2010 (See Schedule) and Bluegrass Army Depot, Richmond Ky July 28-29. Soldiers will be onsite training during times stated in schedule. Selected offeror will provide schedule for soldiers to receive treatment during that time. All treatment/services will be completed in a mobile vehicle or trailer provide by the offeror. Offeror will provide all equipment and personell as stated in the SOW. See attachment for SOW for additional information. Award will be made to the lowest priced, technically acceptable offer. Award will include a 5% +/- Variance in total number of soldiers.

**Attached Documents:**  
 Statement Of Work

Schedule

Shipping Address

**(1) USPFO for Kentucky:**

Kentucky *Individual Receiving Shipment*  
National Guard (b) (6)  
BOONE 502-607-1522  
NATIONAL (b) (6)  
GUARD CENTER (b) (6)  
120  
MINUTEMAN  
PKWY  
Frankfort, KY  
40601

**(2) WHFRTC:**

WHFRTC *Individual Receiving Shipment*  
HWY 181 N (b) (6)  
GREENVILLE, 502-607-7947  
KY 42345 (b) (6)

**(3) ARMED FORCES RESERVE:**

1204TH ASB *Individual Receiving Shipment*  
BLUEGRASS (b) (6)  
ARMY DEPOT 502-607-1143  
233 BATTLE (b) (6)  
FIELD (b) (6)  
MEMORIAL HWY  
Richmond, KY  
40475-8338

(b) (6)

Department of the Army

(b) (6)

(b) (6)

Thank you for this opportunity to submit a quote for dental treatment for the Kentucky Army National Guard to be provided at WHFTRC in Greenville, Kentucky from July 10<sup>th</sup> -August 13<sup>th</sup> and the Blue Grass Army Depot in Richmond, Kentucky from July 28<sup>th</sup> -July 29<sup>th</sup>.

ACC Consultants, Inc brings 19 years of providing support services to government agencies. ACC offers a thorough understanding of individual medical readiness (IMR) and fully medical ready (FMR) requirements and standards. ACC understands the training demands placed on soldiers and individual units, and has developed time-tested and fully documented policies and procedures to ensure maximum support with minimal impact on the unit training assembly. ACC also has an ongoing working relationship and excellent rapport with ASM Research, the developer and maintainer of MEDPROS, DENCLASS, and other related support applications. ACC is GSA certified. ACC has the availability of the items and services indicated in the SOW and is prepared to begin the contract on the delivery date indicated in the SOW.

Included in our proposal is our technical response, an explanation of how we will deliver services, licensing and certification information, portable equipment and portable building capabilities, pricing information, and detailed past performances related to the dental needs for KYARNG.

Should you have any further questions, please contact:

Ginny Berger  
CEO  
ACC Consultants, Inc  
9008 Washington NE  
Albuquerque, NM 87113  
(505)323-1300 X 681  
[ginny@accdental.com](mailto:ginny@accdental.com)

Todd Bower  
Manager of Business Development  
ACC Consultants, Inc  
(505)323-1300 X 682  
[todd@accdental.com](mailto:todd@accdental.com)

June 28, 2010  
2:00 PM

RFQ471108  
Dental Exams and Treatment  
Kentucky Army National Guard

ACC Consultants, Inc.  
9008 Washington NE  
Albuquerque, NM 87113  
(505)323-1300  
[accidental.com](http://accidental.com)

ACC Consultants, Inc. is registered with CCR  
CAGE/NCAGE Code: 4HZ92  
DUNS #: 624343463  
GSA Contract #: V797P-7134A  
Expires: 11/30/2012

Woman Owned  
Small Business

## Table of Contents

Dental Technical Description	4
Mobile/Portable Dental Capabilities	7
Representations and Certifications	8
Case Management Capabilities (Dental)	8
Dental Licensing and Certification	9
Personnel Qualifications	10
Dental Radiation Compliance	10
Dental Itemized Pricing	13
Dental Treatment Fee Schedule (Appendix A)	15
Past Performances	18
Certificate of Liability	23

Dental Technical Description

(b) (4)



(b) (4)





(b) (4)



(b) (4)



- Greenville 138<sup>th</sup> (July 10-18): quantity (3) bldgs
- Greenville 2/138<sup>th</sup> (July 19-23): quantity (4) bldgs- add one bldg to the bldgs previously delivered for first event- (delivery of the additional bldg on the July 17<sup>th</sup>)
- Greenville 149<sup>th</sup> (July 24-August 13): quantity (4) buildings
- Richmond BGAD (July 28-29): quantity (4) buildings

**Size**

- 60' Long
- 12' Wide
- 8' Ceiling height

**Interior Finish**

- Paneled walls
- Vinyl tile floors
- Pre-finished ceiling

**Electric**

- Fluorescent ceiling lights
- 100 amp Breaker panel

**Windows/Doors**

- Horizontal slider windows
- Steel door with commercial grade lock

**Heating and Cooling**

- Thermostatically controlled central HVAC unit
  - Supply ducted
- Exterior Finish/Frame
- Wood siding
  - I-Beam frame
  - Standard drip rail gutters

(b) (4)



## Offeror Representations and Certifications

### 52.212-3 Offeror Representations and Certifications – Commercial Items (JUN 2008)

(b) (1) *Annual Representations and Certifications.* Any changes provided by the offeror in paragraph (b) (2) of this provision do not automatically change the representations and certifications posted on the Online Representations and Certifications Application (ORCA) website.

(2) The offeror has completed the annual representations and certifications electronically via the ORCA website at <http://orca/bpn.gov>. After reviewing the ORCA data base information, the offeror verifies by submission of this offer that the representation and certifications currently posted electronically at FAR 52.212-3, Offeror Representations and Certifications—Commercial Items, have been entered or updated in the last 12 months, are current, accurate, complete, and applicable to this solicitation (including the business size standard applicable to the NAICS code referenced for this solicitation), as of the date of this offer and are incorporated in this offer by reference (see FAR 4.1201), except for paragraphs N/A. [Offeror to identify the applicable paragraphs at (c) through (m) of this provision that the offeror has completed for the purposes of this solicitation only, if any. These amended representation(s) and/or certification(s) are also incorporated in this offer and are current, accurate, and complete as of the date of this offer. Any changes provided by the offeror are applicable to this solicitation only, and do not result in an update to the representations and certifications posted on ORCA.]

Dental Licensing and certification

(b) (4)



## Personnel Qualifications

(b) (4)



### ACC Consultants Purpose Statement

*It is ACC Consultants purpose to continually improve our model and delivery of quality oral healthcare in settings with demanding logistical requirements, in a way that our patients receive competent and compassionate care regardless of their circumstances, so that they have healthier smiles, healthier bodies and a healthier quality of life.*

### ACC Consultants Core Values

- Honesty, Integrity and trustworthiness
- Listening, hearing, and understanding our co workers, patients, and communities in order to establish paths for improvement
- Ethical decisions based on individualized circumstances
- Encourage Creativity – in solving problems, making improvements and working toward our purpose
- Empower patients to improve their health
- Compassion as a mind set
- Practicing non-judgmental attitudes

## ACC Consultants, Inc Dental Mobile/Portable Radiation compliance

### **Radiation Safety Standard**

#### *Company Policy*

To ensure that information about the dangers that may occur during exposure by dental x-ray equipment, *ACC Dental* has established the following program. Under this program, all employees participating in Logistic Trips, Restorative Services, Temping Services, Private Pay Services and Contract Agreements, will be informed of the contents of the Radiation Standard. Safe exposure practices for patient and provider and New Mexico Safety Regulations for x-ray technicians and (in applicable) Logistic regulations for Logistic Personal.

The Safety Manager is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.

*ACC Dental* will comply with the New Mexico State Regulations for the use of x-ray equipment. This certificate is displayed in the garage. A copy of this license will be in each of the MSDS books that travel on logistic trips.

X-ray equipment will be repaired by a certified repairman and maintained as required by the manufacturer and the Safety Manager.

***Employee Information and Responsibility***

All x-ray technicians will be responsible to upkeep their licenses current to comply with the standards of the *New Mexico Department of Dental Health* and/or state that they reside in and keep copies with them.

X-ray technicians will be provided an exposure safety monitor dosimeter badge. A 3-month waiting period may occur, as the billing/monitoring cycle is renewed.

A lead apron will be placed over each patient receiving any radiation exposure. All x-ray technicians will be required to wear an operator lead apron and thyroid collar when any x-rays are being taken.

All x-ray technicians will stand behind the cone head and at least 6 ft away from the patient. Situations of multiple x-rays (Logistic Trips), indicator markers will mark off 6 ft around work area. The patient must always be in sight of the operator when taking an x-ray.

In situations that an x-ray processor is used, the processor should be outside of the x-ray exposure room.

All cords left out in the open, will be secured to the floor with tape to prevent obstruction of foot traffic.

***Workplace Analysis***

*ACC Dental* will comply with State regulations in the operations of x-ray equipment.

Employees working off site will notify the Team Leader or ACC Office if the workplace they are assigned to is not consistent with ACC safety standards.

In temporary work sites, in which x-ray exposure will occur, caution radiation signs will be posted accordingly.

***Radiation Safety Control***

Personal Protective Equipment (PPE's) listed below, will be provided for employees working in such areas listed below, any additional PPE's requested or needed will be put in writing and submitted to the Safety Manager.

Gloves	}	Contract Services
Masks		
Lead Apron		
Thyroid Collar		

\* On April 29, 2009, a medical physics survey was performed by a Certified Medical Nuclear Physicist and member of the American Board of Radiology on ACC Consultants portable X-ray dental units. The units meet the Food and Drug Administration, 21 CFR, Subchapter J, medical X-ray equipment requirements. The results of the medical physics survey can be viewed upon request.

Dental Itemized Pricing (Greenville):

Exams:

Item NO	SUPPLIES/SERVICES	MINIMUM NET	UNIT	UNIT PRICE	Price
0001	Dental Exam (Greenville)	660 Service Members	Service Member	(b) (4)	(b) (4)
Total for Minimum					(b) (4)
***Prompt Payment Discount within 10 days of completion of event at .5%					(b) (4)
Total Price for 660 Service Member Exams Less Early Payment Discount					(b) (4)

\*\*ACC requires a minimum of 660 service member guarantee for exam services\*\*

Treatment:

Item NO	SUPPLIES/SERVICES	MINIMUM NET	UNIT	UNIT PRICE	Price
0002	Dental Treatment (Greenville)	760 Service Members	Service Member	(b) (4)	(b) (4)
Total for Minimum					(b) (4)
***Prompt Payment Discount within 10 days of completion of event at .5%					(b) (4)
Total Price for 760 Service Member Exams Less Early Payment Discount					(b) (4)

\*\*ACC requires a minimum of 760 service member guarantee for treatment services\*\*

\*\*760 service members was calculated by taking the previously identified 496 category 3 service members and adding in the estimated (30%) resulting category 3 service members that will result from the exams-this adds an additional 264 service members. This results in a total of 760 service members who will require treatment. \*\*



Dental Itemized Pricing (BGAD):

Exams:

Item NO	SUPPLIES/SERVICES	MINIMUM NET	UNIT	UNIT PRICE	Price
0003	Dental Exam (BGAD)	43 Service Members	Service Member	(b) (4)	(b) (4)
Total for Minimum					(b) (4)
***Prompt Payment Discount within 10 days of completion of event at .5%					(b) (4)
Total Price for 43 Service Member Exams Less Early Payment Discount					(b) (4)

\*\*ACC requires a minimum of 43 service member guarantee for exam services\*\*

Treatment:

Item NO	SUPPLIES/SERVICES	MINIMUM NET	UNIT	UNIT PRICE	Price
0004	Dental Treatment (BGAD)	72 Service Members	Service Member	(b) (4)	(b) (4)
Total for Minimum					(b) (4)
***Prompt Payment Discount within 10 days of completion of event at .5%					(b) (4)
Total Price for 72 Service Member Exams Less Early Payment Discount					(b) (4)

\*\*ACC requires a minimum of 72 service member guarantee for treatment services\*\*

\*\*72 service members was calculated by taking the previously identified 55 category 3 service members and adding in the estimated (30%) resulting category 3 service members that will result from the exams-this adds an additional 17 service members. This results in a total of 72 service members who will require treatment. \*\*

**APPENDIX A**

**AUTHORIZED DENTAL TREATMENT**

1. The following dental procedures are authorized:

A. Diagnostic Services which are funded through NG6H 2065 Medical Readiness Funding:

1. D0120-Periodic Oral Evaluation
2. D0150-Comprehensive Oral Evaluation
3. D0330-Panoramic Film
4. D0272-Bitewings-Two Films
5. D0274-Bitewings-Four Films
6. D0220-First Periapical Xray
- 6a. D0230-Each Additional Periapical

**FEE**

**(b) (4)**

B. Restorative Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to soldiers alerted to an OCOCNUS Mission):

1. D2140-Amalgam-One Surface
2. D2150-Amalgam-Two Surfaces
3. D2160-Amalgam-Three Surfaces
4. D2161-Amalgam-Four or More Surfaces
5. D2330-Composite-One Surface
6. D2331-Composite-Two Surfaces
7. D2332-Composite-Three Surfaces

**FEE**

**(b) (4)**

**Posterior composites will be authorized only when a posterior composite is necessary to provide a quality restoration and no other alternative is available.**

8. D2335-Composite-Four or More Surfaces
9. D2391-Composite-One Surface
10. D2392-Composite-Two Surfaces
11. D2393-Composite-Three Surfaces
12. D2394-Composite-Four or More Surfaces
13. D2799-Provisional Crown
14. D2931-Prefabricated Stainless Steel Crown
15. D2950-Core Buildup, including any pins
16. D2954-Prefabricated Post and Core

**FEE**

**(b) (4)**

C. Endodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

1. D3310-Anterior Root Canal Therapy
2. D3320-Bicuspid Root Canal Therapy
3. D3330-Molar Root Canal Therapy
4. D3346-Anterior Root Canal Retreatment
5. D3347-Bicuspid Root Canal Retreatment
6. D3348-Molar Root Canal Retreatment

**FEE**

**(b) (4)**

D. Periodontal Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCOCNUS Mission):

1. D4355-Full Mouth Debridement
2. D4342-Periodontal Scaling and Root Planning, 1 to 3 teeth per quadrant

FEE

(b) (4)

Periodontal scaling and root planning is authorized only when a periodontal abscess is present

E. Prosthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

1. D5110-Complete Denture-Maxillary
2. D5120-Complete Denture-Mandibular
3. D5211-Maxillary Partial Denture-Resin Base
4. D5212-Mandibular Partial Denture-Resin Base

FEE

(b) (4)

F. Oral Surgery Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

1. D7140-Extraction, Erupted Tooth or Exposed Root
2. D7210-Surgical Removal of Erupted Tooth
3. D7220-Removal of Impacted Tooth, Soft Tissue
4. D7230-Removal of Impacted Tooth, Partial Bony
5. D7240-Removal of Impacted Tooth, Completely Bony

FEE

(b) (4)

G. Orthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

1. D8680-Orthodontic Retention

FEE

(b) (4)

The following dental procedures are not authorized:

- A. Bridges and/or implants
- B. Removal of Asymptomatic third molars
- C. Routine Prophylaxes (cleanings)
- D. Restorations for aesthetics only
- E. Restorations for small (non-class 3) caries
- F. Extensive Root plane/scaling
- G. Osseous Surgery
- H. Other diagnostic services

The above listings are guides to assist the State Dental Officer or his/her designee in determining treatment to be authorized. The treatment provided by the ARNG is to get the Soldier from a dental class 3 to a dental class 2 only. Comprehensive Treatment (to dental class I) is not authorized.

3. If a Soldier needs all of his/her remaining teeth in an arch extracted and a denture placed, the Soldier will not be available for deployment for at least 6 months and shall be disqualified from immediate deployment. However, if the Soldier is otherwise deployable (passes all medical, personnel and training requirements) and, after extraction and placement of prosthesis, would be deployable, the dental treatment could be provided and the Soldier could be considered as a replacement at a later date.

4. If a Soldier will have a number of teeth extracted to the extent mastication and speech are adversely affected, then an acrylic removable partial denture will be authorized if there is sufficient time for healing and construction of the partial denture prior to departure to Mobilization Station.
5. Soldiers requiring extensive periodontal treatment will be disqualified from deployment and educated on the TRICARE Dental Program. If he/she obtains the required therapy (from his/her private dental provider) and reaches a maintenance level, then he/she would become deployable.
6. The State Dental Officer (or designated representative) will review any dental treatment plan for dental care which exceeds \$2000 to insure that the above clinical guidelines are met. Exceptions can be made, but they must be coordinated with the State Surgeon.

Past Performances:

<b>Kentucky Army National Guard</b>	
1. Contract Title:	Dental Treatment Services for KYARNG in Greenville, KY
2. Contract Number:	RFQ464244-XXX
3. Name, Address and Telephone Number of Government Contracting Organization:	Kentucky Army National Guard USPFO for Kentucky Frankfort, KY 40601 502-607-1522
4. Procuring Contracting Officer's name, telephone number and Email:	(b) (6) Contract Specialist USPFO for KY 502-607-1522 502-607-1424 fax
5. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	(b) (6) USPFO for Kentucky BNGC Bldg 120 120 Minuteman Parkway Frankfort, KY 40601-6192 502-545-8281
6. Date of Contract Award and Period of Performance, including Options:	(b) (6) June 7-13, 2010
7. Contract Type:	BPA
8. Contract Award Amount:	\$159,450.00
9. Final Contract Price/Cost to Date:	\$159,450.00
10. Brief Description of the contract:	
The state of Kentucky awarded ACC Consultants Inc the contract to provide dental treatment to the Kentucky Army National Guard at WHFTRC in Greenville, Kentucky . ACC Consultants, Inc. furnished all labor, tools, equipment, material, transportation and supervision for Dental Treatments for approximately 243 service members	
11. Description of contract performance, including a brief explanation of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.	
<p><b>Category 3 Upgrade Report:</b></p> <ul style="list-style-type: none"> <li>o 243 Service Members seen during event</li> <li>o 225 Converted to Class 1 or 2 status</li> <li>o 18 Were not converted onsite                             <ul style="list-style-type: none"> <li>o Were approved to see civilian DDS by (b) (6) (7), was discharged 10JUN2010 per (b) (6) need prosthetics made by a lab (1), need oral surgery referral due to complexity of case and need for full sedation (8), need endodontist referral due to curvature of roots (1)</li> </ul> </li> <li>o Overall Exam + Treatment Conversion Rate not including 3C's: 100%                             <ul style="list-style-type: none"> <li>o 225 conversions/225 Cat 3's (not including "civ DDS", "discharge", "prosth", "oral sedation needs", "root curvature"</li> </ul> </li> <li>o Overall Exam + Treatment Conversion Rate including 3C's: 96%                             <ul style="list-style-type: none"> <li>o 225 conversions/235 Cat 3's (not including "civ DDS", "discharge")</li> </ul> </li> </ul> <p>All DENCLASS patient data was uploaded at the event site.</p>	

<b>Georgia Army National Guard (Dental)</b>	
1. Contract Title:	Operation Healthy Smiles January 2010-Oglethorpe
2. Contract Number:	RFQ 362135
3. Name, Address and Telephone Number of Government Contracting Organization:	Georgia Army National Guard 935 East Confederate Ave SE BLDG 3 RM 141 Atlanta, GA 30316
4. Procuring Contracting Officer's name, telephone number and Email:	(b) (6) 678-569-6216 (b) (6)
5. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	5019 HWY 42 JFHQ-G1-MED CMD/B18 Oglethorpe Armory, Ellenwood, GA 30924 678-569-5090 (b) (6)
6. Date of Contract Award and Period of Performance, including Options:	January 8-10, 2010
7. Contract Type:	BPA
8. Contract Award Amount:	\$450,000.00
9. Final Contract Price/Cost to Date:	\$450,000.00
10. Brief Description of the contract:	
The state of Georgia awarded ACC Consultants Inc the 5 year contract to provide dental treatment to the Georgia Army National Guard at Ogelthorpe Armory in Ellenwood, GA. ACC Consultants, Inc. furnished all labor, tools, equipment, material, transportation and supervision for Dental Treatments for approximately 391 service members	
11. Description of contract performance, including a brief explanation of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.	
Category 3 Upgrade Report: <ul style="list-style-type: none"> <li>o Percentage of Cat 3's converted to Cat 1 or 2: 100%</li> <li>o 391 Service Members seen during event</li> <li>o 327 Converted to Class 1 or 2 status</li> <li>o 64 Were not converted onsite                             <ul style="list-style-type: none"> <li>o Unless these patients refused treatment (1) or are seeing their own private dentist (7), ACC is case managing them and they will be converted and their 2813 uploaded to DENCLASS.</li> </ul> </li> <li>o Overall Exam + Treatment Conversion Rate not including 3C's: 100%                             <ul style="list-style-type: none"> <li>o 326 conversions/327 Cat 3's (not including 3C's, no-shows, refusals/prefer civilian dentist, high blood pressure, future event scheduling</li> </ul> </li> <li>o</li> <li>o Number of Cat 4's presented to clinic that were examined and given new readiness dates: 291                             <ul style="list-style-type: none"> <li>o Automatic converted/identified as Cat 1 or 2: 242</li> </ul> </li> <li>o The following is a breakdown of the soldiers that presented to clinic as Cat 3 that were not able to be converted on site. These soldiers will be case managed or invited back to future events and all should be upgraded to Cat 1 or 2 after case management is completed.                             <ul style="list-style-type: none"> <li>o Number of Cat 3's requiring oral surgery referrals due to needing oral sedation in oral surgery office:9</li> <li>o Cat 3's not converted due to endodontic specialty needs (retreatment of existing RCTs, calcified canals): 7</li> <li>o Cat 3 not converted due to prosthetic lab case need: 8</li> <li>o Cat 3 not converted due to extreme high blood pressure: 1</li> <li>o Cat 3 not converted due to pending appointment with civilian DDS (approved by event POC): 7</li> <li>o Number of Cat 3's identified that will be scheduled to be converted at next OHS or Dobbins event: 26</li> <li>o Cat 3 patients identified as Cat 3 during exam that no-showed or did not have time for treatment appointments: 3</li> <li>o Cat 3 patient that became to shaky to complete treatment: 1</li> </ul> </li> </ul> All Cat 3 patients are being case managed and appointed with the appropriate specialists to complete their Cat 3 needs. All patients will be converted to Cat 1 or 2 status after case management is through. All DENCLASS patient data has been uploaded by COB 1/15/2010	

<b>California Army National Guard (Dental)</b>	
1. Contract Title:	Dental Treatment and Exam Services for Camp Roberts
2. Contract Number:	W912LA-09-A-0006
3. Name, Address and Telephone Number of Government Contracting Organization:	USPFO for California P.O. Box 8104 San Luis Obispo, CA 93403-8104
4. Procuring Contracting Officer's name, telephone number and Email:	(b) (6) Email (b) (6)
5. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	(b) (6) Procurement Technician USPFO for CA 805-594-6287
6. Date of Contract Award:	December 15, 2009
7. Contract Performance dates:	January 19-31, 2010
8. Final Contract Price/Cost to Date:	\$314,200.00
9. Brief Description of the contract, including a brief explanatin of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.	
<p>The California Army National Guard( CA ARNG) requirement was to provide on location, all management, labor, examination materials, equipment, certifications and supplies required to provide dental exams and treatments per identified treatment plan to upgrade Class 3 soldiers to a Class 2 status January 19-21, 2010.</p> <p>All dental treatment that was identified in the patient's treatment plan was accomplished based on the National Gurads Bureau's statistics that 30% of soldiers examined were classification 3. Contract was awarded on December 15, 2009; ACC personnel and mobile equipment arrived on site January 18, 2010.</p>	
10. Description of contract performance	
<p>Dental Event Numbers and Data:</p> <ul style="list-style-type: none"> <li>o <u>Percentage of Cat 3's converted to Cat 1 or 2: 100%</u></li> <li>o 1031 Service Members seen during event</li> <li>o 911 Converted to Class 1 or 2 status</li> <li>o 120 Were not converted onsite                             <ul style="list-style-type: none"> <li>o See below for information regarding these patients.</li> </ul> </li> <li>o Overall Exam + Treatment Conversion Rate not including 3C's: 100%                             <ul style="list-style-type: none"> <li>o 911 conversions/911 Cat 3's (not including 3C's, no-shows, refusals/prefer civilian dentist, vouchers for treatment that was not allowed by contract)</li> </ul> </li> <li>o Cat 4 soldiers that were identified as Cat 1 or 2: 710</li> <li>o There was about a 63% conversion of Cat 3 soldiers (after examination) at the event site. Had the contract allowed ACC's providers to treat more conditions and have an oral surgeon included, the conversion rate of Cat 3 patients would have been around 90% by the end of the event.</li> <li>o The following is a breakdown of the soldiers that presented to clinic as Cat 3 that were not able to be converted on site. These soldiers will be case managed or invited back to future events and all should be upgraded to Cat 1 or 2 after case management is completed.                             <ul style="list-style-type: none"> <li>o The contract did not allow ACC to treat many of the Cat 3 conditions present. There were 65 3C's, 7 Full Ortho patients, 1 woman was pregnant, 47 were approved for vouchers by POC as they had conditions that the contract did not allow ACC to treat.</li> </ul> </li> </ul> <p>All DENCLASS patient data was uploaded during the event.</p>	

New Mexico National Guard	
1. Contract Title:	Dental treatment for 87 Service Members
2. Contract Number:	W912J3-09-P-0022
3. Name, Address and Telephone Number of Government Contracting Organization:	New Mexico National Guard USPFO for New Mexico Contracting Office 47 Bataan Blvd. Santa Fe, NM 87508-4695
4. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	(b) (6) 600 Wyoming NE Albuquerque, NM 87123 (505) 271-7153 office (b) (6) cell
5. Date of Contract Award and Period of Performance, including Options:	March 20, 2010 and March 25, 2010
6. Contract Award Amount:	\$28,500.00
7. Final Contract Price/Cost to Date:	\$28,500.00
8. Brief Description of the contract:	The New Mexico awarded ACC Consultants Inc the contract to provide dental treatment to the New Mexico Army National Guard at armories in both Albuquerque and Santa Fe, NM. ACC Consultants, Inc. furnished all labor, tools, equipment, material, transportation and supervision for dental treatment for approximately 87 service members on two separate days and locations.
9. Description of contract performance, including a brief explanation of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.	<p><b>Category 3 Upgrade Report:</b></p> <ul style="list-style-type: none"> <li>o Percentage of Cat 3's converted to Cat 1 or 2: 98%                      (That were willing and/or available for treatment and had conditions that needed treatment outlined in the contract requirements)</li> <li>o 87 Service Members seen during event</li> <li>o 78 Converted to Class 1 or 2 status</li> <li>o 9 Were not converted onsite                     <ul style="list-style-type: none"> <li>o These patients are either:                             <ul style="list-style-type: none"> <li>▪ Seeing their own private dentist (OK'd by event POC) (2),</li> <li>▪ Blood Pressure was too high to have oral surgery done (1),</li> <li>▪ 3C's (4):                                     <ul style="list-style-type: none"> <li>• Need a Root Canal ReTreatment (1)</li> <li>• Need removable prosthetics (2)</li> <li>• Need to see an Orthodontist to have fixed appliance removed (1)</li> </ul> </li> <li>▪ Had extensive full mouth treatment that requires another day of treatment (2).</li> </ul> </li> <li>o These patients could all be case managed by ACC to ensure their conversion if funding is procured by DSS for private office dental fees.                             <ul style="list-style-type: none"> <li>▪ Please let us know if you would like to utilize this service</li> </ul> </li> </ul> </li> <li>o Overall Exam + Treatment Conversion Rate not including 3C's: 98%                     <ul style="list-style-type: none"> <li>o 78 conversions/80 Cat 3's (not including "prefer civilian dentist", "blood pressure high" or 3C's)</li> </ul> </li> <li>o Overall Exam + Treatment Conversion Rate including 3 C's (8): 94%</li> </ul> <p>All DENCLASS patient data was uploaded by COB 3/25/2010.                      This 2 day restorative event was carried out without any problems or delays or any corrective actions taken in regards to cost, schedule or technical performance</p>



<b>Kentucky Army National Guard (Dental)</b>	
1. Contract Title:	Dental Treatment Services for KYARNG in Indiantown Gap, PA
2. Contract Number:	RFQ 371688
3. Name, Address and Telephone Number of Government Contracting Organization:	Kentucky Army National Guard USPFO for Kentucky Frankfort, KY 40601 (b) (6)
4. Procuring Contracting Officer's name, telephone number and Email:	(b) (6) Contract Specialist 502-507-1390 (b) (6)
5. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	USPFO for Kentucky BNGC Bldg 120 120 Minuteman Parkway Frankfort, KY 40601-6192 502-545-8281 (b) (6)
6. Date of Contract Award and Period of Performance, including Options:	July 12-19, 2009
7. Contract Type:	BPA
8. Contract Award Amount:	\$240,000.00
9. Final Contract Price/Cost to Date:	\$242,000.00
10. Brief Description of the contract:	
The state of Kentucky awarded ACC Consultants Inc the contract to provide dental treatment to the Kentucky Army National Guard at Fort Indiantown Gap in Annsville, PA. ACC Consultants, Inc. furnished all labor, tools, equipment, material, transportation and supervision for Dental Treatments for approximately 250 service members	
11. Description of contract performance, including a brief explanation of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.	
<b>Category 3 Upgrade Report:</b> <ul style="list-style-type: none"> <li>o <b>Percentage of Cat 3's converted to Cat 1 or 2: 94%</b>                      (That were willing and/or available for treatment)</li> <li>o Total Number of Cat 3's presented to clinic: 192</li> <li>o Total Number of Cat 3's upgraded at clinic: 169</li> <li>o Total Number of Cat 3's not upgraded due to circumstances beyond contracted capabilities: 11                             <ul style="list-style-type: none"> <li>o 3 Cat 3 Soldiers refused treatment and requested to have treatment by their civilian dentist</li> <li>o 1 Cat 3 Soldier taking Coumadin; not able to discontinue for oral surgery</li> <li>o 1 Cat 3 Soldier needed apicoectomy (specialized endodontic surgery)</li> <li>o 1 Cat 3 Soldier awaiting lip biopsy</li> <li>o 1 Cat 3 Soldier needs full upper and lower dentures (all extractions were done on-site)</li> <li>o 4 Cat 3 Soldiers need specialized IV sedation at oral surgery clinic (determined by oral surgeon on-site)</li> </ul> </li> <li>o 12 Soldiers were not upgraded</li> </ul>	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/24/2010

PRODUCER (505) 344-2747 FAX (505) 344-4247 (b) (4)		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
Albuquerque NM 87107 INSURED ACC Consultants, Inc. 9008 Washington NE Albuquerque NM 87113	INSURERS AFFORDING COVERAGE INSURER A (b) (4) INSURER B INSURER C INSURER D INSURER E		NAIC #

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSDY	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE (b) (4) <input checked="" type="checkbox"/> Professional <input type="checkbox"/> Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ (b) (4) DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	(b) (4)	(b) (4)		WC STATU-TORY LIMITS \$ OTH-ER \$ EL EACH ACCIDENT \$ (b) (4) EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

<b>CERTIFICATE HOLDER</b>  For Bid Purposes Only	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	---

ACORD 25 (2009/01)  
INS025 (2009/01)  
1988-2009 ACORD CORPORATION. All rights reserved.  
The ACORD name and logo are registered marks of ACORD

(b) (6)

SSG NGKY

---

From: (b) (6)  
Sent: Friday, July 02, 2010 4:49 PM  
To: Todd Bower  
Cc: carly@accidental.com; Ginny Berger; (b) (6) LTC NGKY  
Subject: RE: Any word on Dental Services for KYARNG?

All,

Due to the dollar amount this award has to be sent to NGB for approval. You are the apparent low bidder but I cannot tell you to proceed until we get conformation back from NGB. We hope to have an answer Tuesday and award will follow very soon. Thanks for your patience.

(b) (6)

Contract Specialist

---

From: Todd Bower [mailto:Todd@accidental.com]  
Sent: Fri 7/2/2010 3:10 PM  
To: (b) (6)  
Cc: carly@accidental.com; Ginny Berger  
Subject: Any word on Dental Services for KYARNG?

SSG. Valentine,

Can you please give me a status on the Dental Services solicitation?

Thank you,

Todd Bower  
ACC Consultants

(b) (6) [REDACTED] SSG NGKY

From: (b) (6)  
Sent: Tuesday, July 06, 2010 11:40 AM  
To: (b) (6)  
Subject: FW: Request for PARC Review (UNCLASSIFIED)

Attachments: 20100702103223313.pdf



2010070210322331  
3.pdf (839 KB)..

Classification: UNCLASSIFIED

Caveats: FOUO

(b) [REDACTED]

(6)  
(b) (5)

[REDACTED]

(b) (6) [REDACTED]

LTC, AR, KyARNG  
Supervisory Contract Specialist  
USPFO for KY

Comm: 502-607-1367  
DSN: 667-1367  
Cell: (b) (6)  
FAX: 502-607-1424

-----Original Message-----

From: (b) (6)  
Sent: Friday, July 02, 2010 10:59 AM  
To: (b) (6)  
Subject: Request for PARC Review (UNCLASSIFIED)

Classification: UNCLASSIFIED  
Caveats: FOUO

(b) (5)  
[REDACTED]

(b) (6) [REDACTED]

(b) (6) [REDACTED]

LTC, AR, KyARNG  
Supervisory Contract Specialist  
USPFO for KY

Comm: 502-607-1367  
DSN: 667-1367  
Cell: (b) (6)

FAX: 502-607-1424

Classification: UNCLASSIFIED  
Caveats: FOUO

Classification: UNCLASSIFIED  
Caveats: FOUO

**ACC Consultants, Inc**  
 9008 Washington NE  
 Albuquerque, NM 87113  
 USA

# INVOICE

Invoice Number: 17717  
 Invoice Date: Aug 13, 2010  
 Page: 1

Voice: 505-323-1300  
 Fax: 505-323-1400

<b>Bill To:</b>
USPFO for Kentucky 120 Minuteman Pkwy BNGC, Bldg 120 Frankfort, KY 40601-6192

<b>Ship to:</b>
USPFO for Kentucky 120 Minuteman Pkwy BNGC, Bldg 120 Frankfort, KY 40601-6192

<b>Customer ID</b>	<b>Customer PO</b>	<b>Payment Terms</b>	
USPFOKY	W912KZ-10-F-0055	Net 7 Days	
<b>Sales Rep ID</b>	<b>Shipping Method</b>	<b>Ship Date</b>	<b>Due Date</b>
	Courier		8/20/10

Quantity	Item	Description	Unit Price	Amount
1.00		WEEK FIVE OF FIVE, GREENVILLE KY. AUGUST 9-13-2010 EXAM PORTION	(b) (4)	
1.00		WEEK FIVE OF FIVE TREATMENT PORTION GREENVILLE KY CIN # W900D1013101030002 DISCOUNT-AVAIL .5% (\$783)		

RECEIVED  
 AUG 13 2010  
 USPFO-P

Subtotal	156,600.00
Sales Tax	
Total Invoice Amount	156,600.00
Payment/Credit Applied	
<b>TOTAL</b>	<b>156,600.00</b>

Check/Credit Memo No:

ACC Consultants, Inc  
 9008 Washington NE  
 Albuquerque, NM 87113  
 USA

# INVOICE

Invoice Number: 17714  
 Invoice Date: Aug 9, 2010  
 Page: 1

Voice: 505-323-1300  
 Fax: 505-323-1400

Duplicate

**Bill To:**  
 USPFO for Kentucky  
 120 Minuteman Pkwy  
 BNGC, Bldg 120  
 Frankfort, KY 40301-6192

**Ship to:**  
 USPFO for Kentucky  
 120 Minuteman Pkwy  
 BNGC, Bldg 120  
 Frankfort, KY 40301-6192

Customer ID	Customer PO	Payment Terms	
USPFOKY	W912KZ-10-F-0055	Net 7 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Courier		8/16/10

Quantity	Item	Description	Unit Price	Amount
1.00		WEEK FOUR OF FIVE, GREENVILLE KY, AUGUST 1- 8-2010. EXAM PORTION CIN # W900D1013101030001	(b) (4)	
1.00		TREATMENT PORTION OF WEEK FOUR OF FIVE, GREENVILLE KY. AUGUST 1-8-2010. CIN# W900D1013101030002 DISCOUNT .5% 10 DAYS		
Subtotal				156,600.00
Sales Tax				
Total Invoice Amount				156,600.00
Payment/Credit Applied				
<b>TOTAL</b>				<b>156,600.00</b>

Check/Credit Memo No:

*Recommend for payment - USFB*

2102065 18-1015 135692R3 26EB  
 NGLH M4 8A2AA 01505B KMOE  
 W900D1-0131-0103

ACC Consultants, Inc  
 9008 Washington NE  
 Albuquerque, NM 87113  
 USA

# INVOICE

Invoice Number: 17682  
 Invoice Date: Jul 30, 2010  
 Page: 1

Voice: 505-323-1300  
 Fax: 505-323-1400

**Bill To:**  
 USPFO for Kentucky  
 120 Minuteman Pkwy  
 BNGC, Bldg 120  
 Frankfort, KY 40601-6192

**Ship to:**  
 USPFO for Kentucky  
 120 Minuteman Pkwy  
 BNGC, Bldg 120  
 Frankfort, KY 40601-6192

<b>Customer ID</b> USPFOKY	<b>Customer PO</b> W912KZ-10-F-0055	<b>Payment Terms</b> Net 7 Days	
<b>Sales Rep ID</b>	<b>Shipping Method</b> Courier	<b>Ship Date</b>	<b>Due Date</b> 8/6/10

Quantity	Item	Description	Unit Price	Amount
1.00		MINIMUM EXAMS DENTAL RICHMOND KY JULY 28,29,2010. CIN# W900D1013101040001	(b) (4)	
1.00		MINIMUM TREATMENTS DENTAL RICHMOND KY JULY 28,29,2010. CIN# W900D1013101040002 DISCOUNT AVAILABLE .5% 10 DAYS (\$428.25)		

RECEIVED  
 AUG 03 2010  
 USPFO-P

Subtotal	85,650.00
Sales Tax	
Total Invoice Amount	85,650.00
Payment/Credit Applied	
<b>TOTAL</b>	<b>85,650.00</b>

Check/Credit Memo No:

*Recommend for payment - ASTB*

2102065 18-1015 13564800 26EB  
 UFRE MV 8A2AA 015058 KM26  
 W900D1-0131-0104



ACC Consultants, Inc  
 9008 Washington NE  
 Albuquerque, NM 87113  
 USA

# INVOICE

Invoice Number: 17662  
 Invoice Date: Jul 26, 2010  
 Page: 1  
 Duplicate

Voice: 505-323-1300  
 Fax: 505-323-1400

**Bill To:**  
 USPFO for Kentucky  
 120 Minuteman Pkwy  
 BNGC, Bldg 120  
 Frankfort, KY 40601-6192

**Ship to:**  
 USPFO for Kentucky  
 120 Minuteman Pkwy  
 BNGC, Bldg 120  
 Frankfort, KY 40601-6192

Customer ID	Customer PO	Payment Terms	
USPFOKY	W912KZ-10-F-0055	Net 7 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Courier		8/2/10

Quantity	Item	Description	Unit Price	Amount
1.00		WEEK ONE OF FIVE, GREENVILLE KY CIN # W900D1013101030001, EXAM PORTION, JULY 10-17-2010	(b) (4)	
1.00		WEEK ONE OF TREATMENT GREENVILLE, CIN # W900D1013101030002, JULY 10-17-2010.		
1.00		WEEK TWO OF FIVE, CIN#W900D1013101030001 EXAM PORTION, GREENVILLE KY JULY 18-25-2010		
1.00		WEEK TWO OF FIVE TREATMENT PORTION CIN # W900D1013101030002, JULY 18-25-2010. GREENVILLE KY DISCOUNT AVAILABLE .5 % 10 DAYS (\$1566)		
Subtotal				313,200.00
Sales Tax				
Total Invoice Amount				313,200.00
Payment/Credit Applied				
<b>TOTAL</b>				<b>313,200.00</b>

Check/Credit Memo No:

RECEIVED  
 AUG 5 2010  
 USPFO-P

2102065 18-1015 1336-9223 26EB  
 N66H 14 8A2AA 015078 KHOE  
 W90001-0131-0103

Recommend for payment - USPO

ACC Consultants, Inc  
 9008 Washington NE  
 Albuquerque, NM 87113  
 USA

# INVOICE

Invoice Number: 17681  
 Invoice Date: Jul 31, 2010  
 Page: 1  
 Duplicate

Voice: 505-323-1300  
 Fax: 505-323-1400

**Bill To:**  
 USPFO for Kentucky  
 120 Minuteman Pkwy  
 BNGC, Bldg 120  
 Frankfort, KY 40601-6192

**Ship to:**  
 USPFO for Kentucky  
 120 Minuteman Pkwy  
 BNGC, Bldg 120  
 Frankfort, KY 40601-6192

Customer ID	Customer PO	Payment Terms	
USPFOKY	W912KZ-10-F-0055	Net 7 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Courier		8/7/10

Quantity	Item	Description	Unit Price	Amount
1.00		WEEK THREE OF FIVE, CIN #W900D1013101030001 EXAM PORTION, JULY 26-JULY 31, 2010 GREENVILLE KY	(b) (4)	
1.00		WEEK THREE OF FIVE, CIN#W900D1013101030002, JULY 26-31, 2010. GREENVILLE KY, TREATMENT PORTION DISCOUNT AVAILABLE, .5% 10 DAY.		

RECEIVED  
 AUG 13 2010  
 USPFO-P

Subtotal	156,600.00
Sales Tax	
Total Invoice Amount	156,600.00
Payment/Credit Applied	
<b>TOTAL</b>	<b>156,600.00</b>

Check/Credit Memo No:

*Recommend for payment - CLS/PL*

*2102065 18-1015 1336-92R3 24EB  
 N66H HY 8A2AA 015058 K40E*

1265

ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. V797P-7134A	2. DELIVERY ORDER/ CALL NO. W912KZ-10-F-6P02	3. DATE OF ORDER/CALL (YYYYMMDD) 2010 Jun 04	4. REQ. / PURCH. REQUEST NO. W900D101310101	5. PRIORITY
--	---	---	--	-------------

6. ISSUED BY USPFO FOR KENTUCKY BNGC, BLDG 120 120 MINUTEMAN PARKWAY FRANKFORT KY 40601-6192	CODE W912KZ	7. ADMINISTERED BY (if other than 6) <b>SEE ITEM 6</b>	CODE	8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER  (See Schedule if other)
--	-------------	---	------	---

9. CONTRACTOR A C C CONSULTANTS INC TODD BOWER 9008 WASHINGTON ST NE ADDRESS ALBUQUERQUE NM 87113-2704	CODE 4HZ92	FACILITY	10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <b>SEE SCHEDULE</b>	11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED
			12. DISCOUNT TERMS 10 Days - .5%; Net 30 Days	
			13. MAIL INVOICES TO THE ADDRESS IN BLOCK *****SEE BLOCK 6*****	

14. SHIP TO WENDELL FORD REGIONAL TRAINING CENTER WILLIAM GOSSOM 4765 STATE ROUTE 181 NORTH BUILDING 332 GREENVILLE KY 42345	CODE W22MQV	15. PAYMENT WILL BE MADE BY USPFO ACCOUNTS PAYABLE 120 MINUTEMAN PKWY FRANKFORT KY 40601	CODE W22QW6	MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.
---	-------------	---	-------------	---

16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.
	PURCHASE		Reference your quote dated Furnish the following on terms specified herein. REF:

ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)
--------------------	-----------	----------------------	------------------------

If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE  
**See Schedule**

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/ SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
<b>SEE SCHEDULE</b>					

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.	24. UNITED STATES OF AMERICA TEL: 502-607-1390 EMAIL: (b) (6) BY: (b) (6)	(b) (6)	25. TOTAL \$159,450.00	26. DIFFERENCES
--	--	---------	---------------------------	-----------------

27a. QUANTITY IN COLUMN 20 HAS BEEN  
 INSPECTED  RECEIVED  ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	c. DATE (YYYYMMDD)	d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
--	--------------------	---

e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	28. SHIP NO.	29. DO VOUCHER NO.	30. INITIALS
--	--------------	--------------------	--------------

f. TELEPHONE NUMBER	g. E-MAIL ADDRESS	<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY	33. AMOUNT VERIFIED CORRECT FOR
---------------------	-------------------	--	-------------	---------------------------------

36. I certify this account is correct and proper for payment.		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	34. CHECK NUMBER
a. DATE (YYYYMMDD)	b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		35. BILL OF LADING NO.

37. RECEIVED AT	38. RECEIVED BY	39. DATE RECEIVED (YYYYMMDD) Posted to NGB Reading Room	40. TOTAL CONTAINERS	41. S/R ACCOUNT NO. FOIA Requested Record #FA-11-0070	42. S/R VOUCHER NO.
-----------------	-----------------	--	----------------------	--	---------------------

Section B - Supplies or Services and Prices

PROPOSAL

(b) (6)

Department of the Army

(b) (6)

Mr. (b) (6)

Thank you for this opportunity to submit a quote for dental treatment for the Kentucky Army National Guard to be provided at WHFTRC in Greenville Kentucky from June 7th- 13th.

ACC Consultants, Inc brings 19 years of providing support services to government agencies. ACC offers a thorough understanding of individual medical readiness (IMR) and fully medical ready (FMR) requirements and standards. ACC understands the training demands placed on soldiers and individual units, and has developed time-tested and fully documented policies and procedures to ensure maximum support with minimal impact on the unit training assembly. ACC also has an ongoing working relationship and excellent rapport with ASM Research, the developer and maintainer of MEDPROS, DENCLASS, and other related support applications. ACC is GSA certified. ACC has the availability of the items and services indicated in the SOW and is prepared to begin the contract on the delivery date indicated in the SOW.

Included in our proposal is our technical response, an explanation of how we will deliver services, licensing and certification information, portable equipment and portable building capabilities, pricing information, and detailed past performances related to the dental needs for KYARNG.

Should you have any further questions, please contact:

Ginny Berger  
CEO  
ACC Consultants, Inc  
9008 Washington NE  
Albuquerque, NM 87113  
(505)323-1300 X 681  
[ginny@accdental.com](mailto:ginny@accdental.com)

(b) (6)

Manager of Business Development  
ACC Consultants, Inc

(b) (6)

June 1, 2010  
11:00 AM

RFQ464244-XXX  
Dental Treatment  
Kentucky Army National Guard

ACC Consultants, Inc.  
9008 Washington NE  
Albuquerque, NM 87113  
(505)323-1300  
[accidental.com](http://accidental.com)

ACC Consultants, Inc. is registered with CCR  
CAGE/NCAGE Code: 4HZ92  
DUNS #: 624343463  
GSA Contract #: V797P-7134A  
Expires: 11/30/2012

Woman Owned  
Small Business

## Table of Contents

Dental Technical Description	4
Mobile/Portable Dental Capabilities	7
Representations and Certifications	8
Case Management Capabilities (Dental)	8
Dental Licensing and Certification	9
Personnel Qualifications	10
Dental Radiation Compliance	10
Dental Itemized Pricing	13
Dental Treatment Fee Schedule (Appendix A)	18
Past Performances	21
Certificate of Liability	26

### Dental Technical Description

(b) (4)



(b) (4)





(b) (4)



(b) (4)



**Size(s)**

- 60' Long
- 12' Wide
- 8' Ceiling height

**Interior Finish**

- Paneled walls
- Vinyl tile floors
- Pre-finished ceiling

**Electric**

- Fluorescent ceiling lights
- 100 amp Breaker panel

**Windows/Doors**

- Horizontal slider windows
- Steel door with commercial grade lock

**Heating and Cooling**

- Thermostatically controlled central HVAC unit
- Supply ducted

**Exterior Finish/Frame**

- Wood siding
- I-Beam frame
- Standard drip rail gutters

*Should an event require unforeseen materials, additional supplies or equipment failure, ACC Consultants, Inc works closely with Henry Schein Dental to expedite materials, supplies and service technicians to the event site within a timely manner for successful completion of events.*

## Offeror Representations and Certifications

### 52.212-3 Offeror Representations and Certifications – Commercial Items (JUN 2008)

(b) (1) *Annual Representations and Certifications.* Any changes provided by the offeror in paragraph (b) (2) of this provision do not automatically change the representations and certifications posted on the Online Representations and Certifications Application (ORCA) website.

(2) The offeror has completed the annual representations and certifications electronically via the ORCA website at <http://orca/bpn.gov>. After reviewing the

ORCA data base information, the offeror verifies by submission of this offer that the representation and certifications currently posted electronically at FAR

52.212-3, Offeror Representations and Certifications—Commercial Items, have been entered or updated in the last 12 months, are current, accurate, complete, and applicable to this solicitation (including the business size standard applicable to the NAICS code referenced for this solicitation), as of the date of this offer and are incorporated in this offer by reference (see FAR 4.1201), except for paragraphs N/A. [Offeror to identify the applicable paragraphs at (c) through (m) of this provision that the offeror has completed for the purposes of this solicitation only, if any. These amended representation(s) and/or certification(s) are also incorporated in this offer and are current, accurate, and complete as of the date of this offer. Any changes provided by the offeror are applicable to this solicitation only, and do not result in an update to the representations and certifications posted on ORCA.]

### Dental Licensing and certification

(b) (4)



(b) (4)

## Personnel Qualifications

ACC Consultants is a dental oral healthcare provider that only practices with on-site care. ACC Consultants has approximately 750 dental professionals throughout the United States who are trained to provide care with mobile portable equipment in a caring professional way. ACC has dental professionals in 40 states. Twenty (20) of our team leads have undergone the ACC "Train the trainer" program and are extremely well versed on how to manage and have quality standardized outcomes at mass events in order to train new employees so that our results are standardized.

ACC Consultants has written protocols to assure standardized care for our military service members. The "ACC Protocol for Military Site events" answers every question that has come up since starting the SRP programs in 2003. This document is the "bible" for our operations.

## ACC Consultants Purpose Statement

*It is ACC Consultants purpose to continually improve our model and delivery of quality oral healthcare in settings with demanding logistical requirements, in a way that our patients receive competent and compassionate care regardless of their circumstances, so that they have healthier smiles, healthier bodies and a healthier quality of life.*

### ACC Consultants Core Values

- Honesty, Integrity and trustworthiness
- Listening, hearing, and understanding our co workers, patients, and communities in order to establish paths for improvement
- Ethical decisions based on individualized circumstances
- Encourage Creativity – in solving problems, making improvements and working toward our purpose
- Empower patients to improve their health
- Compassion as a mind set
- Practicing non-judgmental attitudes

## ACC Consultants, Inc Dental Mobile/Portable Radiation compliance

### **Radiation Safety Standard**

#### *Company Policy*

To ensure that information about the dangers that may occur during exposure by dental x-ray equipment, *ACC Dental* has established the following program. Under this program, all employees participating in Logistic Trips, Restorative Services, Temping Services, Private Pay Services and Contract Agreements, will be informed of the contents of the Radiation Standard. Safe exposure practices for patient and provider and New Mexico Safety Regulations for x-ray technicians and (in applicable) Logistic regulations for Logistic Personal.

The Safety Manager is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.

*ACC Dental* will comply with the New Mexico State Regulations for the use of x-ray equipment. This certificate is displayed in the garage. A copy of this license will be in each of the MSDS books that travel on logistic trips.

X-ray equipment will be repaired by a certified repairman and maintained as required by the manufacturer and the Safety Manager.

#### *Employee Information and Responsibility*

All x-ray technicians will be responsible to upkeep their licenses current to comply with the standards of the *New Mexico Department of Dental Health* and/or state that they reside in and keep copies with them.

X-ray technicians will be provided an exposure safety monitor dosimeter badge. A 3-month waiting period may occur, as the billing/monitoring cycle is renewed.

A lead apron will be placed over each patient receiving any radiation exposure. All x-ray technicians will be required to wear an operator lead apron and thyroid collar when any x-rays are being taken.

All x-ray technicians will stand behind the cone head and at least 6 ft away from the patient. Situations of multiple x-rays (Logistic Trips), indicator markers will mark off 6 ft around work area. The patient must always be in sight of the operator when taking an x-ray.

In situations that an x-ray processor is used, the processor should be outside of the x-ray exposure room.

All cords left out in the open, will be secured to the floor with tape to prevent obstruction of foot traffic.

***Workplace Analysis***

ACC Dental will comply with State regulations in the operations of x-ray equipment.

Employees working off site will notify the Team Leader or ACC Office if the workplace they are assigned to is not consistent with ACC safety standards.

In temporary work sites, in which x-ray exposure will occur, caution radiation signs will be posted accordingly.

***Radiation Safety Control***

Personal Protective Equipment (PPE's) listed below, will be provided for employees working in such areas listed below, any additional PPE's requested or needed will be put in writing and submitted to the Safety Manager.

Gloves	}	Contract Services
Masks		
Lead Apron		
Thyroid Collar		

\* On April 29, 2009, a medical physics survey was performed by a Certified Medical Nuclear Physicist and member of the American Board of Radiology on ACC Consultants portable X-ray dental units. The units meet the Food and Drug Administration, 21 CFR, Subchapter J, medical X-ray equipment requirements. The results of the medical physics survey can be viewed upon request.

Dental Itemized Pricing

Exams:

Item NO	SUPPLIES/SERVICES	MINIMUM NET	UNIT	UNIT PRICE	Price
0001	Dental Exam	193 Service Members	Service Member	(b) (4)	(b) (4)
	Total for Minimum				(b) (4)
	***Prompt Payment Discount within 10 days of completion of event at .5%				(b) (4)
	Total Price for 183 Service Member Exams Less Early Payment Discount				(b) (4)

\*\*ACC requires a minimum of 193 service member guarantee for exam services\*\*

Treatment:

Item NO	SUPPLIES/SERVICES	MINIMUM NET	UNIT	UNIT PRICE	Price
0002	Dental Treatment	145 Service Members	Service Member	(b) (4)	(b) (4)
<b>Total for Minimum</b>					(b) (4)
<b>***Prompt Payment Discount within 10 days of completion of event at .5%</b>					(b) (4)
<b>Total Price for 183 Service Member Exams Less Early Payment Discount</b>					(b) (4)

\*\*ACC requires a minimum of 145 service member guarantee for treatment services\*\*

\*\*145 service members was calculated by taking the previously identified 87 category 3 service members and adding in the estimated (30%) resulting category 3 service members that will result from the exams-this adds an additional 58 service members. This results in a total of 145 service members who will require treatment.

\*\*

**APPENDIX A**

**AUTHORIZED DENTAL TREATMENT**

1. The following dental procedures are authorized:

A. Diagnostic Services which are funded through NG6H 2065 Medical Readiness Funding:

- 1. D0120-Periodic Oral Evaluation
- 2. D0150-Comprehensive Oral Evaluation
- 3. D0330-Panoramic Film
- 4. D0272-Bitewings-Two Films
- 5. D0274-Bitewings-Four Films
- 6. D0220-First Periapical Xray
- 6a. D0230-Each Additional Periapical

**FEE**  
(b) (4)

B. Restorative Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to soldiers alerted to an OCOCNUS Mission):

- 1. D2140-Amalgam-One Surface
- 2. D2150-Amalgam-Two Surfaces
- 3. D2160-Amalgam-Three Surfaces
- 4. D2161-Amalgam-Four or More Surfaces
- 5. D2330-Composite-One Surface
- 6. D2331-Composite-Two Surfaces
- 7. D2332-Composite-Three Surfaces

**FEE**  
(b) (4)

Posterior composites will be authorized only when a posterior composite is necessary to provide a quality restoration and no other alternative is available.

- 8. D2335-Composite-Four or More Surfaces

**FEE**  
(b) (4)



- 9. D2391-Composite-One Surface
- 10. D2392-Composite-Two Surfaces
- 11. D2393-Composite-Three Surfaces
- 12. D2394-Composite-Four or More Surfaces
- 13. D2799-Provisional Crown
- 14. D2931-Prefabricated Stainless Steel Crown
- 15. D2950-Core Buildup, including any pins
- 16. D2954-Prefabricated Post and Core

(b) (4)

C. Endodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

- 1. D3310-Anterior Root Canal Therapy
- 2. D3320-Bicuspid Root Canal Therapy
- 3. D3330-Molar Root Canal Therapy
- 4. D3346-Anterior Root Canal Retreatment
- 5. D3347-Bicuspid Root Canal Retreatment
- 6. D3348-Molar Root Canal Retreatment

FEE  
(b) (4)

D. Periodontal Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

- 1. D4355-Full Mouth Debridement
- 2. D4342-Periodontal Scaling and Root Planning, 1 to 3 teeth per quadrant

FEE  
(b) (4)

Periodontal scaling and root planning is authorized only when a periodontal abscess is present

E. Prosthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

- 1. D5110-Complete Denture-Maxillary
- 2. D5120-Complete Denture-Mandibular
- 3. D5211-Maxillary Partial Denture-Resin Base
- 4. D5212-Mandibular Partial Denture-Resin Base

FEE  
(b) (4)

F. Oral Surgery Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

- 1. D7140-Extraction, Erupted Tooth or Exposed Root
- 2. D7210-Surgical Removal of Erupted Tooth
- 3. D7220-Removal of Impacted Tooth, Soft Tissue
- 4. D7230-Removal of Impacted Tooth, Partial Bony
- 5. D7240-Removal of Impacted Tooth, Completely Bony

FEE  
(b) (4)

G. Orthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

- 1. D8680-Orthodontic Retention

FEE  
(b) (4)

The following dental procedures are not authorized:

- A. Bridges and/or implants

- B. Removal of Asymptomatic third molars
- C. Routine Prophylaxes (cleanings)
- D. Restorations for aesthetics only
- E. Restorations for small (non-class 3) caries
- F. Extensive Root plane/scaling
- G. Osseous Surgery
- H. Other diagnostic services

**The above listings are guides to assist the State Dental Officer or his/her designee in determining treatment to be authorized. The treatment provided by the ARNG is to get the Soldier from a dental class 3 to a dental class 2 only. Comprehensive Treatment (to dental class I) is not authorized.**

3. If a Soldier needs all of his/her remaining teeth in an arch extracted and a denture placed, the Soldier will not be available for deployment for at least 6 months and shall be disqualified from immediate deployment. However, if the Soldier is otherwise deployable (passes all medical, personnel and training requirements) and, after extraction and placement of prosthesis, would be deployable, the dental treatment could be provided and the Soldier could be considered as a replacement at a later date.
4. If a Soldier will have a number of teeth extracted to the extent mastication and speech are adversely affected, then an acrylic removable partial denture will be authorized if there is sufficient time for healing and construction of the partial denture prior to departure to Mobilization Station.
5. Soldiers requiring extensive periodontal treatment will be disqualified from deployment and educated on the TRICARE Dental Program. If he/she obtains the required therapy (from his/her private dental provider) and reaches a maintenance level, then he/she would become deployable.
6. The State Dental Officer (or designated representative) will review any dental treatment plan for dental care which exceeds \$2000 to insure that the above clinical guidelines are met. Exceptions can be made, but they must be coordinated with the State Surgeon.

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)  
5/20/2010

Product: (800) 950-6236 FAX: (505) 797-1430

**(b) (4)**

**(b) (4)**

INSURERS AFFORDING COVERAGE: ACC Consultants, Inc. 9000 Washington NE Albuquerque NM 87113

INSURER: **(b) (4)**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

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 ANY FEDERAL, TERRITORIAL OR MUNICIPAL LAW, THE POLICIES DESCRIBED HEREIN ARE SUBJECT TO ALL THE TERMS, LIMITS, COVERAGES AND CONDITIONS OF EACH POLICY. ADDITIONAL LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CLASSIFICATION	TYPE OF INSURANCE	POLICY NUMBER	ISSUANCE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> DOMESTIC <input checked="" type="checkbox"/> OTHER LOCUS: 1720		5/20/2009	5/20/2010	BODILY DAMAGE \$ 1,000,000 LIABILITY (LIMIT TO PREMIUM/ACCIDENT) \$ N/A MEDICAL EXPENSE \$ 25,000 PERSONAL & ADVERTISING \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS & COMPLETED OPERATIONS \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> AUTO <input type="checkbox"/> ALL OTHER CARS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> IRVOT AUTOS <input type="checkbox"/> NONINSURED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per Occurrence) \$
	GENERAL LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY EXCESS \$ OTHER THAN AUTO ONLY \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> EXCESS <input type="checkbox"/> UMBRELLA <input type="checkbox"/> COLLUSIVE <input checked="" type="checkbox"/> RETENTION \$				LIMIT UMBRELLA \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input checked="" type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> EMPLOYERS LIABILITY <input type="checkbox"/> EMPLOYERS LIABILITY EXCLUSIVE BENEFIT PER \$ PERIOD OF COVERAGE \$				MAXIMUM ANNUAL OCCIDENTAL LIMITS \$ PER EACH ACCIDENT \$ PER DISEASE - FATALITY \$ PER DISEASE - NON-FATALITY \$
A	Other Professional Liability	730931720	5/20/2005	5/20/2010	\$1,000,000 per Occ \$5,000,000 Agg per Policy Agg Aggregate Limit \$ Agg

DESCRIPTION OF OPERATIONS, LOCATIONS (VEHICLES) EXCLUSIONS AFFORDED BY ENDORSEMENT, SPECIAL PROVISIONS

**CERTIFICATE HOLDER** For Bid Purposes Only

**CANCELLATION** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL CHECK AND MAIL 10 DAYS WRITING NOTICE TO THE CERTIFICATE HOLDER BY MAIL TO THE LEFT. FAILURE TO DO SO WILL IMPOSE NO OBLIGATION OR LIABILITY UPON ANY OF THE INSURER, ITS AGENTS OR REPRESENTATIVES.

*Thelma J. Morales*

ACORD 25 (2009/04)  
INST 25 (2009)

The ACORD name and logo are registered marks of ACORD

© 1980-2009 ACORD CORPORATION. All rights reserved.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	Dental Exam FFP Dental Exam for 193 Class 4 Soldiers Per Proposal #RFQ464244 Minimum of 193 soldiers Not to Exceed 5% more than contracted amount. FOB: Destination PURCHASE REQUEST NUMBER: W900D101310101	193	Job	(b) (4)	(b) (4)

---

NET AMT (b) (4)

ACRN AA  
CIN: W900D1013101010001

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0002	Dental Treatment FFP Dental Treatment for estimated 145 Class 4 Soldiers Per Proposal #RFQ464244 Minimum of 145 soldiers Not to Exceed 5% more than contracted amount. FOB: Destination PURCHASE REQUEST NUMBER: W900D101310101	145	Job	(b) (4)	(b) (4)

---

NET AMT (b) (4)

ACRN AA  
CIN: W900D1013101010002

## Section E - Inspection and Acceptance

## INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

CLIN	INSPECT AT	INSPECT BY	ACCEPT AT	ACCEPT BY
0001	N/A	N/A	N/A	Government
0002	N/A	N/A	N/A	Government

## Section F - Deliveries or Performance

## DELIVERY INFORMATION

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	UIC
0001	POP 07-JUN-2010 TO 11-JUN-2010	N/A	WENDELL FORD REGIONAL TRAINING CENTER (b) (6) 4765 STATE ROUTE 181 NORTH BUILDING 332 GREENVILLE KY 42345 270-338-8947 FOB: Destination	W22MQV
0002	POP 07-JUN-2010 TO 11-JUN-2010	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	W22MQV

Section G - Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AA: 210206500000181015133G92R300026EB44KM0EW900D101310101KMOE44015058

AMOUNT: (b) (4)

CIN W900D1013101010001: (b) (4)

CIN W900D1013101010002: (b) (4)

## STATEMENT OF WORK FOR DENTAL READINESS

Introduction: Individual Medical Readiness (IMR) and Fully Medically Ready (FMR) are the basic principals of a ready force for Kentucky Army National Guard. Failure to maintain dental standards could preclude a soldier from deploying. Dental readiness is a command and soldier responsibility. This statement of work covers the dental components of IMR/FMR to include: DENCLASS data entry of all dental records, treatment of all Class 3 soldiers on alert orders and/or in conjunction with the ANG Selected Reserve Dental Readiness System. Services are to be completed on site at KYARNG armories. The SOW identifies the purpose of the work to be performed by the contractor and provides a description of the work to be completed and the required outcomes. The contractor shall provide qualified personnel, material to perform the services, and /or OSHA, HIPPA and Privacy Act Compliant Mobile depending on the individual site needed for the KYARNG.

DoD established a uniform dental classification in HA Policy 02-11. DoD policy requires dental screening examinations to be accomplished and documented on 90% of service members. Members of the KYARNG shall receive an annual dental screening exam to determine their dental classification. Soldiers alerted and/or sourced are eligible for dental treatment if they are class 3 status from examination. Dental treatment that may be required is essential to be provided at the SRP site to ensure the highest Dental Deployment Rate for the mobilizing soldiers. Objective: The contractor shall provide all management, labor, material, equipment, certifications and supplies necessary to provide dental services at designated locations for the KY Army National Guard. These services will provide mandated dental treatment and proper documentation into the Soldier's dental record and data entry of all records into the DENCLASS system, as necessary to meet Department of the Army standards of dental readiness and deployability. The contractor will insure that their agents are appropriately trained and have access to the DENCLASS system.

Scope of Practice: **Who:** contracting personnel to support dental treatment mission in order to convert class 3 soldiers to class 2 soldiers in order to reach deployability standards IAW Appendix B, utilizing mobile treatment vans. **What, When, and Where:** See attached spreadsheet of layout of events.

Health Services POC will be (b) (6) Deputy State Surgeon. 502-545-8281  
Dental treatment requirements as listed below.

A) Class 3 dental treatments for Soldiers and/ or soldiers who are categorized in SELRES program. Dental treatment authorized is outlined in Appendix E. Any treatment plan greater than \$2,000.00 requires prior approval from SDO. These services will be completed by using contractor provided mobile dental van (unless otherwise specified in a separate written agreement).

B) Specified Dental Specialty Services that requires SDO approval to include

- 1) Oral and Maxillofacial Surgery (to include pathology reports if indicated)
- 2) Endodontics



- 3) Periodontics
- 4) Prosthodontics
- 5) Other (specify)

C) Prescriptions for pharmaceuticals and controlled substances necessary for the care and treatment to Soldiers throughout the event, to include but not limited to analgesics and antibiotics. Prescriptions for maintenance pharmaceuticals for Soldiers with high caries risk or periodontal disease, as indicated will be provided by contractor on site. Emphasis on pain control after topical analgesic has resolved.

Upon completion of services, medical information will be documented in accordance with Department of the Army Policy and be updated in the approved Army National Guard automated system. The contractor shall also ensure the requirements of Occupational Safety and Health Administration (OSHA) and applicable Federal regulations are met. The contractor shall develop and maintain records that fully document services performed and names of soldiers referred to dental specialists. These records will be made available to the State/Territory Medical representative.

**Documentation.** All Soldiers must have a complete military dental record. The contractor shall provide electronic documentation (to include radiographs) in the ARNG approved system (within 24 hours of exam completion) and a paper copy as outlined below. A complete record includes the following:

- A. Military dental record jacket, DA Form 8005 through 8005-9
- B. The automated Health History Form or DA Form 5570 (with notations to “yes” answers and signed by both the Soldier and reviewing Doctor), Health Questionnaire envelope
- C. DD Form 2005 (signed), Privacy Act Statement
- D. SF 603/603A, Record of Dental Treatment
- E. Supporting radiographs (panoramic and diagnostic bitewing radiographs ((see 1.3.F)) documenting existing conditions) if necessary for treatment purposes

(1) All radiographs will be uploaded into the ARNG automated system.

(2) A **diagnostic** quality copy of all radiographs must be placed in the Dental Record.

F. The entries on the SF 603/603A will include the following: date, location, comprehensive oral treatment completed, notation of current Dental Fitness Classification, listing of current oral condition (class 2 issues identified and a listing of class 3 treatment needs, if any), printed name of examining dentist or dental officer and the dentist’s or dental officer’s signature/initials. These required dental documentation elements will be entered in the approved ARNG automated system, DENCLASS and printed and placed into the dental record.

**Record Evaluation.** Prior to dental treatment all service members who have a current dental exam and have been identified as a class 3, a record review will need to be performed to determine the amount of work hours required for those service members. A by name and time schedule will be given to state POC to allow for the commanders to better plan for the event.

**Work Guarantee.** After completion of dental treatment, all dental work will be guaranteed by company completing work for up to one year for minor restorations and two years for major restorations. The SDO will coordinate with the general dentist performing treatment for any arbitration claims to determine if the problems relating to the dental treatment are in need of correction. Health services will be notified of all initial problems to coordinate with SDO.

#### **GENERAL INFORMATION.**

**QUALITY CONTROL.** The contractor shall adopt a quality assurance program that monitors all service activities and ensures the highest quality customizable dental services available. It is the responsibility of the ARNG to review and approve dental treatment plans before treatment is performed based on the guidelines provided by NGB and the SDO.

**QUALITY ASSURANCE.** The government will periodically evaluate the contractor's performance in accordance with the Quality Assurance Surveillance Plan.

**GOVERNMENT REMEDIES.** The contracting officer shall follow the requirements of FAR 52.212-4, Contract Terms and Conditions for Commercial Items (May 1997), for contractor's failure to correct nonconforming services.

**HOURS OF OPERATION.** The contractor shall have the capability of providing dental services seven days a week. The contractor will be able to work flexible hours to accommodate the commander's training plan.

**SECURITY REQUIREMENTS.** Security will be in accordance with DD Form 254 (Department of Defense Contract Security Classification Specification).

**SPECIAL QUALIFICATIONS.** Contractor must maintain appropriate credentialing files on all employees to include but not limited to Licensure, National Provider Data Base Query results and HIPPA certification.

**PARTNERING AGREEMENT.** The contracting officer may require a partnering agreement between the government and the contractor to ensure joint cooperation and a sound partnership of all parties involved in the execution of this contract.

**Contractors will ensure compliance with the following requirements prior to utilizing any x-ray producing device on Soldiers;**

A. Have established written policies and procedures to assure compliance with applicable Federal, State, DOD, and Army radiation safety regulations and directives. These

documents include staff emergency reaction plans, as necessary, and procedures for investigating and reporting radiation accidents or incidents, possible radiation overexposures to Soldier patients or contractor staff, and provisions to ensure the safe use of x-ray producing devices on humans.

B. Upon request by the State/Territory representative, the contractor will provide documentation regarding the Contractor's employee radiation safety training commensurate with potential radiation hazards with the x-ray producing devices they are using.

C. Upon request by the State/Territory representative, the contractor will provide copies of a Qualified Health Physics Expert's acceptance test and most recent health physics survey of each diagnostic x-ray machine. The acceptance test and the most recent survey include tests of electrical, mechanical, image quality and radiation (output) dose tests or measurements. This also includes verification of the adequacy of radiation protection shielding in and around the X-ray machine and x-ray facility (e.g., mobile van).

#### **APPENDICES.**

**A. Estimated Workload Data**

**B. Dental Classification**

**C. SF 603A and DA Form 5570 (Dental Classification Module Version)**

**D. Government Furnished Property/Services/Equipment**

**E. Authorized Dental Treatment**

## APPENDIX A

### ESTIMATED WORKLOAD DATA

The following data elements will be reported at the end of an event:

Date

Location

List of contract employees (providers, dental technicians and administrative staff)

Total number of patients scheduled

Total number of patients examined

Total number of Soldiers by dental classification: 1, 2, 3

Total number of bitewing radiographic sets taken

Total number of panoramic radiographs taken

Verification of entry into DA or ARNG automated systems

A by name listing of all Soldiers examined and the dental classification of the Soldier

## APPENDIX B

### Department of Defense Oral Health and Readiness Classification System

The oral health status of uniformed personnel shall be classified as follows:

A. Class 1 (Oral Health): Patients with a current dental examination, who do not require dental treatment or reevaluation. Class 1 patients are worldwide deployable.

b. Class 2: Patients with a current dental examination, which require non-urgent dental treatment or reevaluation for oral conditions, which are unlikely to result in dental emergencies within 12 months. Class 2 patients are worldwide deployable. Patients in dental class 2 may exhibit the following:

(1) Treatment or follow-up indicated for dental caries or minor defective restorations that can be maintained by the patient.

(2) Interim restorations or prosthesis that can be maintained for a 12 month period. This includes teeth that have been restored with permanent restorative materials for which protective cuspal coverage is indicated.

(3) Edentulous areas requiring prostheses but not on an immediate basis.

(4) Periodontium that:

(a) requires oral prophylaxis

(b) requires maintenance therapy

(c) requires treatment for slight to moderate periodontitis and stable cases of more advanced periodontitis

(5) Unerupted partially erupted or malposed teeth that are without historical, clinical or radiographic signs or symptoms of pathosis, but which are recommended for prophylactic removal.

(6) Active orthodontic treatment. The provider should consider placing the patient in passive appliances for deployment up to six months. For longer periods of deployment, the provider should consider removing active appliances and placing the patient in passive retention.

(7) Temporomandibular disorder patients in remission. The provider anticipates the patient can perform duties while deployed without ongoing care and any medications or appliances required for maintenance will not interfere with duties.

c. Class 3: Patients who require urgent or emergent dental treatment. Class 3 patients normally are not considered to be worldwide deployable.

(1) Treatment or follow-up indicated for dental caries, symptomatic tooth fracture or defective restorations that cannot be maintained by the patient.

(2) Interim restorations or prostheses that cannot be maintained for a 12 month period.

(3) Patients requiring treatment for the following periodontal conditions that may result in dental emergencies within the next 12 months.

(a) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or communication or acceptable esthetics.

(b) Active progressive moderate or advanced periodontitis.

(c) Periodontal abscess

(d) Progressive mucogingival condition

(e) Periodontal manifestations of systemic disease or hormonal disturbances

(f) Heavy subgingival calculus

(4) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or communication or acceptable esthetics.

(5) Unerupted, partially erupted or malposed teeth with historical, clinical or radiographic signs or symptoms of pathosis that are recommended for removal.

(6) Chronic oral infections or other pathologic lesions including:

(a) Pulpal, periapical or resorptive pathology requiring treatment.

(b) Lesions requiring biopsy or awaiting biopsy report.

(7) Emergency situations requiring therapy to relieve pain, treat trauma, treat acute oral infections or provide timely follow-up care (e.g., drain or suture removal) until resolved.

(8) Acute Temporomandibular disorders requiring active treatment that may interfere with duties.

d. Class 4. Patients who require periodic dental examinations or patients with unknown dental classifications. Class 4 patients normally are not considered to be worldwide deployable.

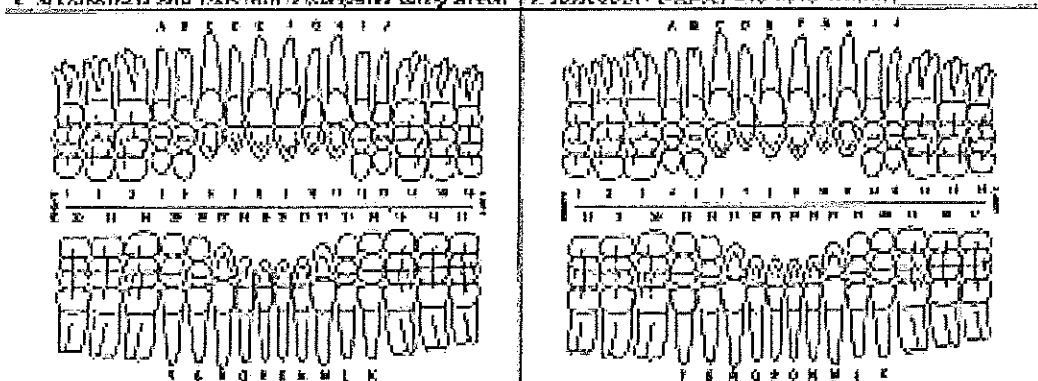
## APPENDIX C

HEALTH QUESTIONNAIRE FOR DENTAL TREATMENT			
For use of this form, see AF 42-88, the proponent agency is the Office of the Surgeon General			
NAME DOE JOHN		SSN 111111111	
UNIT WFD6AA		HOME TELEPHONE	OFFICE TELEPHONE
PLACE A CHECK IN THE YES OR NO COLUMN		YES	NO
1. Have you been under Health Care Provider's care in the last 2 years?			X
2. Have you had any serious illness, operation or hospitalization in the past?			X
3. Are you allergic to any drugs or medications?			X
4. Are you presently taking any drugs or medications (do include birth control pills)?			X
5. Have you ever had hepatitis or jaundice?			X
6. Has there been a change in your teeth in the last 2 years?			X
7. Do you use tobacco?		X	
8. Do you drink alcoholic beverages?		X	
9. Have you ever been sick because of dental treatment?			X
10. Are you a "bleeder" or have you had excessive bleeding following dental treatment?			X
11. Do you get short of breath when climbing 1 flight of stairs?			X
12. Have you ever taken Fen-Phen, Fenfluramine, or Procter to weight loss?			X
13. Have you ever had a joint replacement?			X
14. Are you allergic to latex?			X
15. Are you pregnant?			
CHECK CONDITIONS IF THEY APPLY TO YOU			
<input type="checkbox"/> Heart Trouble/Chest Pain	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Hives or Skin Rash	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Allergic to Food	<input type="checkbox"/> Ulcers/Stomach
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Anemia (Thin Blood)
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Arthritis/Rheumatism	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Stroke	<input type="checkbox"/> Sinus Disease	<input type="checkbox"/> Tuberculosis (TB)	<input type="checkbox"/> Cancer
Explain any unusual medical problems: Question 7: smokes Question 8: light			
DATE	SIGNATURE OF PATIENT		
DATE	SIGNATURE OF DOCTOR		
RECHECK			
DATE	DOCTOR SIGNATURE	REMARKS	

CA FORM 8700



SECTION II CHRONOLOGICAL RECORD OF DENTAL CARE PAGE 1



Block 1  
Block 2  
Class 3/2 dental needs identified in block 10 below

10 DENTAL HISTORY

DATE	SYMPTOMS, INDICATION, TREATMENT, DENTAL TREATMENT FACILITY (Sign each entry)	CLASS
12 JAN 2000	Class 3 Dental needs No Services Provided Class 2 Dental needs No Services Provided  Remarks	

Dental Classification: 3

PERIODIC ORAL EVALUATION

BP / PSR

BUN 6.140300 PAN PANX 121442008 2 2 2

SOFT TISSUE WNL: YES No 2 2 2

CARIES RISK: Low Mod High

TOBACCO: NG Smoke Chew Both

Signature  
MARTIN POWELL EOS  
MAJ, DC  
Office of the State Surgeon, VA ARNG

PATIENT'S NAME: DOE, JOHN SSN: 111111111

SI 403A

U.S. GPO: 1980-311-000/000

## APPENDIX D

### GOVERNMENT FURNISHED PROPERTY/SERVICES/EQUIPMENT

1. **General.** The Government will provide the following resources:
2. **Facilities, Supplies, and Services.** Space for set-up of an administrative area and utilities. Mobile units, provided by the contractor, will be utilized for dental treatment unless otherwise specified in the contract.
3. **Information.** The Government will provide the following information:
  - a. Soldier's dental records if applicable.
4. **The User Agency will provide initial familiarization/orientation.** Standard Operational Procedures will be available to the contractor at the place of performance.

## APPENDIX E

### AUTHORIZED DENTAL TREATMENT

1. The following dental procedures are authorized:

(a) Diagnostic Services which are funded through NG6H 2065 Medical Readiness Funding:

D0120-Periodic Oral Evaluation  
D0150-Comprehensive Oral Evaluation  
D0330-Panoramic Film  
D0272-Bitewings-Two Films  
D0274-Bitewings-Four Films  
D0220/D0230- Periapical (limited)

(b) Restorative Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to soldiers alerted to an OCONUS Mission):

D2140-Amalgam-One Surface  
D2150-Amalgam-Two Surfaces  
D2160-Amalgam-Three Surfaces  
D2161-Amalgam-Four or More Surfaces  
D2330-Composite-One Surface  
D2331-Composite-Two Surfaces  
D2332-Composite-Three Surfaces

**Posterior composites will be authorized only when a posterior composite is necessary to provide a quality restoration and no other alternative is available.**

D2335-Composite-Four or More Surfaces  
D2391-Composite-One Surface  
D2392-Composite-Two Surfaces  
D2393-Composite-Three Surfaces  
D2394-Composite-Four or More Surfaces  
D2799-Provisional Crown  
D2931-Prefabricated Stainless Steel Crown  
D2950-Core Buildup, including any pins  
D2954-Prefabricated Post and Core

(c) Endodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D3310-Anterior Root Canal Therapy  
D3320-Bicuspid Root Canal Therapy  
D3330-Molar Root Canal Therapy

D3346-Anterior Root Canal Retreatment  
D3347-Bicuspid Root Canal Retreatment  
D3348-Molar Root Canal Retreatment

(d) Periodontal Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D4355-Full Mouth Debridement  
D4342-Periodontal Scaling and Root Planing, 1 to 3 teeth per quadrant

**Periodontal scaling and root planing is authorized only when a periodontal abscess is present and SDO approves**

(e) Prosthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D5110-Complete Denture-Maxillary  
D5120-Complete Denture-Mandibular  
D5211-Maxillary Partial Denture-Resin Base  
D5212-Mandibular Partial Denture-Resin Base

(f) Oral Surgery Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D7140-Extraction, Erupted Tooth or Exposed Root  
D7210-Surgical Removal of Erupted Tooth  
D7220-Removal of Impacted Tooth, Soft Tissue  
D7230-Removal of Impacted Tooth, Partial Bony  
D7240-Removal of Impacted Tooth, Completely Bony

(g) Orthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D8680-Orthodontic Retention

2. The following dental procedures are not authorized:

Bridges and/or implants  
Removal of Asymptomatic third molars  
Routine Prophylaxes (cleanings)  
Restorations for aesthetics only  
Restorations for small (non-class 3) caries  
Extensive Root plane/scaling  
Osseous Surgery  
Other diagnostic services

The above listings are guides to assist the State Dental Officer or his/her designee in determining treatment to be authorized. The treatment provided by the ARNG is to get the Soldier from a dental class 3 to a dental class 2 only. Comprehensive Treatment (to dental class I) is not authorized.

3. If a Soldier needs all of his/her remaining teeth in an arch extracted and a denture placed, the Soldier will not be available for deployment for at least 6 months and shall be disqualified from immediate deployment. However, if the Soldier is otherwise deployable (passes all medical, personnel and training requirements) and, after extraction and placement of prosthesis, would be deployable, the dental treatment could be provided and the Soldier could be considered as a replacement at a later date.

4. If a Soldier will have a number of teeth extracted to the extent mastication and speech are adversely affected, then an acrylic removable partial denture will be authorized if there is sufficient time for healing and construction of the partial denture prior to departure to Mobilization Station.

5. Soldiers requiring extensive periodontal treatment will be disqualified from deployment and educated on the TRICARE Dental Program. If he/she obtains the required therapy (from his/her private dental provider) and reaches a maintenance level, then he/she would become deployable.

6. The State Dental Officer (or designated representative) will review any dental treatment plan for dental care which exceeds \$2000 to insure that the above clinical guidelines are met. Exceptions can be made, but they must be coordinated with the State Surgeon.



- Home
- Prepare an RFQ
- My RFQS
- Profile
- Buy Guidance
- Buy Training
- Log Off

# RFQ Summary

[▶ Forward RFQ](#)

Selected vendor(s) were notified

RFQ ID <b>RFQ464244</b>		Reference # W900D1-0131-0101			
RFQ Title DENTAL TREATMENT					
RFQ Status Closed		Delivery Days Deliver <b>0</b> Days After Receipt Of Order			
RFQ Issue Date 05/26/2010 10:15:25 AM EDT		RFQ Close Date 06/01/2010 11:00:00 AM EDT			
<b>Line Items</b>					
Mfr. part No/NSN/Item	Manufacturer	Product/Service Name	Qty	Unit	Ship Address
Dental Treatment class 3			87	EA	2
Dental Treatment class 4			193	EA	2
<b>Description</b>					
<p>This is a Request for proposal for dental treatment for 87 Class 3 soldiers and 193 Class 4 soldiers. Work is to be performed at WHFTRC in Greenville Ky from June 7th- 13th. Soldiers will be onsite training during that week selected offeror will provide schedule for soldiers to receive treatment. All treatment/services will be completed in a mobile vehicle or trailer provide by the offeror. See attachment for SOW. Award will be made to the lowest price technically acceptable. There will be a 5% +/- varriance in quantity of soldiers.</p>					
<b>Attached Documents:</b>					
STATEMENT OF WORK FOR DENTAL WORK.doc					
<b>Shipping Address</b>					
<b>(1) USPFO for Kentucky:</b> Kentucky National Guard BOONE NATIONAL GUARD CENTER			<b>(2) WHFRTC:</b> WHFRTC HWY 181 N		
<i>Individual Receiving Shipment</i>			<i>Individual Receiving Shipment</i>		

FOIA Requested Record #FA-11-0070  
 Released by Army National Guard  
 Page 150 of 223

Posted to NGB Reading Room  
 June 22, 2011

120 MINUTEMAN PKWY Frankfort, KY 40601	502-607-1522 (b) (6)	GREENVILLE, KY 42345	502-607-7947 (b) (6)
---	-------------------------	----------------------	-------------------------

FOIA Requested Record #FA-11-0070  
Released by Army National Guard  
Page 151 of 223

Posted to NGB Reading Room  
June 22, 2011

(b) (6)

Department of the Army

(b) (6)

Mr. (b) (6)

Thank you for this opportunity to submit a quote for dental treatment for the Kentucky Army National Guard to be provided at WHFTRC in Greenville Kentucky from June 7th- 13th.

ACC Consultants, Inc brings 19 years of providing support services to government agencies. ACC offers a thorough understanding of individual medical readiness (IMR) and fully medical ready (FMR) requirements and standards. ACC understands the training demands placed on soldiers and individual units, and has developed time-tested and fully documented policies and procedures to ensure maximum support with minimal impact on the unit training assembly. ACC also has an ongoing working relationship and excellent rapport with ASM Research, the developer and maintainer of MEDPROS, DENCLASS, and other related support applications. ACC is GSA certified. **ACC has the availability of the items and services indicated in the SOW and is prepared to begin the contract on the delivery date indicated in the SOW.**

Included in our proposal is our technical response, an explanation of how we will deliver services, licensing and certification information, portable equipment and portable building capabilities, pricing information, and detailed past performances related to the dental needs for KYARNG.

Should you have any further questions, please contact:

Ginny Berger  
CEO  
ACC Consultants, Inc  
9008 Washington NE  
Albuquerque, NM 87113  
(505)323-1300 X 681  
[ginny@accdental.com](mailto:ginny@accdental.com)

Todd Bower  
Manager of Business Development  
ACC Consultants, Inc  
(505)323-1300 X 682  
[todd@accdental.com](mailto:todd@accdental.com)



*ACC Consultants, Inc.*

*Kentucky Army National Guard  
Dental Readiness  
RFQ464244-XXX*

June 1, 2010  
11:00 AM

RFQ464244-XXX  
Dental Treatment  
Kentucky Army National Guard

ACC Consultants, Inc.  
9008 Washington NE  
Albuquerque, NM 87113  
(505)323-1300  
[accidental.com](http://accidental.com)

ACC Consultants, Inc. is registered with CCR  
CAGE/NCAGE Code: 4HZ92  
DUNS #: 624343463  
GSA Contract #: V797P-7134A  
Expires: 11/30/2012

Woman Owned  
Small Business

## Table of Contents

Dental Technical Description	4
Mobile/Portable Dental Capabilities	7
Representations and Certifications	8
Case Management Capabilities (Dental)	8
Dental Licensing and Certification	9
Personnel Qualifications	10
Dental Radiation Compliance	10
Dental Itemized Pricing	13
Dental Treatment Fee Schedule (Appendix A)	18
Past Performances	21
Certificate of Liability	26

Dental Technical Description

(b) (4)



(b) (4)



(b) (4)



(b) (4)



**Size(s)**

- 60' Long
- 12' Wide
- 8' Ceiling height

**Interior Finish**

- Paneled walls
- Vinyl tile floors
- Pre-finished ceiling

**Electric**

- Fluorescent ceiling lights
- 100 amp Breaker panel

**Windows/Doors**

- Horizontal slider windows
- Steel door with commercial grade lock

**Heating and Cooling**

- Thermostatically controlled central HVAC unit
- Supply ducted

**Exterior Finish/Frame**

- Wood siding
- I-Beam frame
- Standard drip rail gutters

*Should an event require unforeseen materials, additional supplies or equipment failure, ACC Consultants, Inc works closely with Henry Schein Dental to expedite materials, supplies and service technicians to the event site within a timely manner for successful completion of events.*

**Offeror Representations and Certifications**

**52.212-3 Offeror Representations and Certifications – Commercial Items (JUN 2008)**

(b) (1) *Annual Representations and Certifications.* Any changes provided by the offeror in paragraph (b) (2) of this provision do not automatically change the representations and certifications posted on the Online Representations and Certifications Application (ORCA) website.

(2) The offeror has completed the annual representations and certifications electronically via the ORCA website at <http://orca/bpn.gov>. After reviewing the ORCA data base information, the offeror verifies by submission of this offer that the representation and certifications currently posted electronically at FAR 52.212-3, Offeror Representations and Certifications—Commercial Items, have been entered or updated in the last 12 months, are current, accurate, complete, and applicable to this solicitation (including the business size standard applicable to the NAICS code referenced for this solicitation), as of the date of this offer and are incorporated in this offer by reference (see FAR 4.1201), except for paragraphs N/A. [Offeror to identify the applicable paragraphs at (c) through (m) of this provision that the offeror has completed for the purposes of this solicitation only, if any. These amended representation(s) and/or certification(s) are also incorporated in this offer and are current, accurate, and complete as of the date of this offer. Any changes provided by the offeror are applicable to this solicitation only, and do not result in an update to the representations and certifications posted on ORCA.]

(b) (4)





## Personnel Qualifications

ACC Consultants is a dental oral healthcare provider that only practices with on-site care. ACC Consultants has approximately 750 dental professionals throughout the United States who are trained to provide care with mobile portable equipment in a caring professional way. ACC has dental professionals in 40 states. Twenty (20) of our team leads have undergone the ACC "Train the trainer" program and are extremely well versed on how to manage and have quality standardized outcomes at mass events in order to train new employees so that our results are standardized.

ACC Consultants has written protocols to assure standardized care for our military service members. The "ACC Protocol for Military Site events" answers every question that has come up since starting the SRP programs in 2003. This document is the "bible" for our operations.

## ACC Consultants Purpose Statement

*It is ACC Consultants purpose to continually improve our model and delivery of quality oral healthcare in settings with demanding logistical requirements, in a way that our patients receive competent and compassionate care regardless of their circumstances, so that they have healthier smiles, healthier bodies and a healthier quality of life.*

## ACC Consultants Core Values

- Honesty, Integrity and trustworthiness
- Listening, hearing, and understanding our co workers, patients, and communities in order to establish paths for improvement
- Ethical decisions based on individualized circumstances
- Encourage Creativity – in solving problems, making improvements and working toward our purpose
- Empower patients to improve their health
- Compassion as a mind set
- Practicing non-judgmental attitudes

## ACC Consultants, Inc Dental Mobile/Portable Radiation compliance

### **Radiation Safety Standard**

#### *Company Policy*

To ensure that information about the dangers that may occur during exposure by dental x-ray equipment, ACC Dental has established the following program. Under this program, all employees participating in Logistic Trips, Restorative Services, Temping Services, Private Pay Services and Contract Agreements, will be informed of the contents of the Radiation Standard. Safe exposure practices for patient and provider and New Mexico Safety Regulations for x-ray technicians and (in applicable) Logistic regulations for Logistic Personal.

The Safety Manager is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.

*ACC Dental* will comply with the New Mexico State Regulations for the use of x-ray equipment. This certificate is displayed in the garage. A copy of this license will be in each of the MSDS books that travel on logistic trips.

X-ray equipment will be repaired by a certified repairman and maintained as required by the manufacturer and the Safety Manager.

### ***Employee Information and Responsibility***

All x-ray technicians will be responsible to upkeep their licenses current to comply with the standards of the *New Mexico Department of Dental Health* and/or state that they reside in and keep copies with them.

X-ray technicians will be provided an exposure safety monitor dosimeter badge. A 3-month waiting period may occur, as the billing/monitoring cycle is renewed.

A lead apron will be placed over each patient receiving any radiation exposure. All x-ray technicians will be required to wear an operator lead apron and thyroid collar when any x-rays are being taken.

All x-ray technicians will stand behind the cone head and at least 6 ft away from the patient. Situations of multiple x-rays (Logistic Trips), indicator markers will mark off 6 ft around work area. The patient must always be in sight of the operator when taking an x-ray.

In situations that an x-ray processor is used, the processor should be outside of the x-ray exposure room.

All cords left out in the open, will be secured to the floor with tape to prevent obstruction of foot traffic.

### ***Workplace Analysis***

*ACC Dental* will comply with State regulations in the operations of x-ray equipment.

Employees working off site will notify the Team Leader or ACC Office if the workplace they are assigned to is not consistent with ACC safety standards.

In temporary work sites, in which x-ray exposure will occur, caution radiation signs will be posted accordingly.

### ***Radiation Safety Control***

Personal Protective Equipment (PPE's) listed below, will be provided for employees working in such areas listed below, any additional PPE's requested or needed will be put in writing and submitted to the Safety Manager.

Gloves  
Masks



Lead Apron  
Thyroid Collar

Contract Services

\* On April 29, 2009, a medical physics survey was performed by a Certified Medical Nuclear Physicist and member of the American Board of Radiology on ACC Consultants portable X-ray dental units. The units meet the Food and Drug Administration, 21 CFR, Subchapter J, medical X-ray equipment requirements. The results of the medical physics survey can be viewed upon request.

Dental Itemized Pricing

Exams:

Item NO	SUPPLIES/SERVICES	MINIMUM NET	UNIT	UNIT PRICE	Price
0001	Dental Exam	193 Service Members	Service Member	(b) (4)	(b) (4)
Total for Minimum					(b) (4)
***Prompt Payment Discount within 10 days of completion of event at .5%					(b) (4)
Total Price for 183 Service Member Exams Less Early Payment Discount					(b) (4)

\*\*ACC requires a minimum of 193 service member guarantee for exam services\*\*

Treatment:

Item NO	SUPPLIES/SERVICES	MINIMUM NET	UNIT	UNIT PRICE	Price
0002	Dental Treatment	145 Service Members	Service Member	(b) (4)	(b) (4)
Total for Minimum					(b) (4)
***Prompt Payment Discount within 10 days of completion of event at .5%					(b) (4)
Total Price for 183 Service Member Exams Less Early Payment Discount					(b) (4)

\*\*ACC requires a minimum of 145 service member guarantee for treatment services\*\*

\*\*145 members was calculated by taking the previously identified 87 category 3 service members and adding in the estimated (30%) resulting category 3 service members that will result from the exams-this adds an additional 58 service members. This results in a total of 145 service members who will require treatment. \*\*

**APPENDIX A**

**AUTHORIZED DENTAL TREATMENT**

1. The following dental procedures are authorized:

A. Diagnostic Services which are funded through NG6H 2065 Medical Readiness Funding:

1. D0120-Periodic Oral Evaluation
2. D0150-Comprehensive Oral Evaluation
3. D0330-Panoramic Film
4. D0272-Bitewings-Two Films
5. D0274-Bitewings-Four Films
6. D0220-First Periapical Xray
- 6a. D0230-Each Additional Periapical

FEE  
(b) (4)

B. Restorative Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to soldiers alerted to an OCONUS Mission):

1. D2140-Amalgam-One Surface
2. D2150-Amalgam-Two Surfaces
3. D2160-Amalgam-Three Surfaces
4. D2161-Amalgam-Four or More Surfaces
5. D2330-Composite-One Surface
6. D2331-Composite-Two Surfaces
7. D2332-Composite-Three Surfaces

FEE  
(b) (4)

**Posterior composites will be authorized only when a posterior composite is necessary to provide a quality restoration and no other alternative is available.**

8. D2335-Composite-Four or More Surfaces
9. D2391-Composite-One Surface
10. D2392-Composite-Two Surfaces
11. D2393-Composite-Three Surfaces
12. D2394-Composite-Four or More Surfaces
13. D2799-Provisional Crown
14. D2931-Prefabricated Stainless Steel Crown
15. D2950-Core Buildup, including any pins
16. D2954-Prefabricated Post and Core

FEE  
(b) (4)

C. Endodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

1. D3310-Anterior Root Canal Therapy
2. D3320-Bicuspid Root Canal Therapy
3. D3330-Molar Root Canal Therapy
4. D3346-Anterior Root Canal Retreatment
5. D3347-Bicuspid Root Canal Retreatment
6. D3348-Molar Root Canal Retreatment

FEE  
(b) (4)

D. Periodontal Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCOCNUS Mission):

1. D4355-Full Mouth Debridement
2. D4342-Periodontal Scaling and Root Planning, 1 to 3 teeth per quadrant

FEE

(b) (4)

**Periodontal scaling and root planning is authorized only when a periodontal abscess is present**

E. Prosthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

1. D5110-Complete Denture-Maxillary
2. D5120-Complete Denture-Mandibular
3. D5211-Maxillary Partial Denture-Resin Base
4. D5212-Mandibular Partial Denture-Resin Base

FEE

(b) (4)

F. Oral Surgery Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

1. D7140-Extraction, Erupted Tooth or Exposed Root
2. D7210-Surgical Removal of Erupted Tooth
3. D7220-Removal of Impacted Tooth, Soft Tissue
4. D7230-Removal of Impacted Tooth, Partial Bony
5. D7240-Removal of Impacted Tooth, Completely Bony

FEE

(b) (4)

G. Orthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

1. D8680-Orthodontic Retention

FEE

(b) (4)

The following dental procedures are not authorized:

- A. Bridges and/or implants
- B. Removal of Asymptomatic third molars
- C. Routine Prophylaxes (cleanings)
- D. Restorations for aesthetics only
- E. Restorations for small (non-class 3) caries
- F. Extensive Root plane/scaling
- G. Osseous Surgery
- H. Other diagnostic services

**The above listings are guides to assist the State Dental Officer or his/her designee in determining treatment to be authorized. The treatment provided by the ARNG is to get the Soldier from a dental class 3 to a dental class 2 only. Comprehensive Treatment (to dental class I) is not authorized.**

3. If a Soldier needs all of his/her remaining teeth in an arch extracted and a denture placed, the Soldier will not be available for deployment for at least 6 months and shall be disqualified from immediate deployment. However, if the Soldier is otherwise deployable (passes all medical, personnel and training requirements) and, after extraction and placement of prosthesis, would be deployable, the dental treatment could be provided and the Soldier could be considered as a replacement at a later date.

4. If a Soldier will have a number of teeth extracted to the extent mastication and speech are adversely affected, then an acrylic removable partial denture will be authorized if there is sufficient time for healing and construction of the partial denture prior to departure to Mobilization Station.
5. Soldiers requiring extensive periodontal treatment will be disqualified from deployment and educated on the TRICARE Dental Program. If he/she obtains the required therapy (from his/her private dental provider) and reaches a maintenance level, then he/she would become deployable.
6. The State Dental Officer (or designated representative) will review any dental treatment plan for dental care which exceeds \$2000 to insure that the above clinical guidelines are met. Exceptions can be made, but they must be coordinated with the State Surgeon.

<b>Georgia Army National Guard (Dental)</b>	
1. Contract Title:	Operation Healthy Smiles January 2010-Oglethorpe
2. Contract Number:	RFQ 362135
3. Name, Address and Telephone Number of Government Contracting Organization:	Georgia Army National Guard 935 East Confederate Ave SE BLDG 3 RM 141 Atlanta, GA 30316
4. Procuring Contracting Officer's name, telephone number and Email:	(b) (6) 678-569-6216 (b) (6)
5. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	(b) (6) 5019 HWY 42 JFHQ-G1-MED CMD/B18 Oglethorpe Armory, Ellenwood, GA 30924 678-569-5090 (b) (6)
6. Date of Contract Award and Period of Performance, including Options:	January 8-10, 2010
7. Contract Type:	BPA
8. Contract Award Amount:	\$450,000.00
9. Final Contract Price/Cost to Date:	\$450,000.00
10. Brief Description of the contract:	
The state of Georgia awarded ACC Consultants Inc the 5 year contract to provide dental treatment to the Georgia Army National Guard at Ogelthorpe Armory in Ellenwood, GA. ACC Consultants, Inc. furnished all labor, tools, equipment, material, transportation and supervision for Dental Treatments for approximately 391 service members	
11. Description of contract performance, including a brief explanation of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.	
Category 3 Upgrade Report: <ul style="list-style-type: none"> <li>o Percentage of Cat 3's converted to Cat 1 or 2: 100%</li> <li>o 391 Service Members seen during event</li> <li>o 327 Converted to Class 1 or 2 status</li> <li>o 64 Were not converted onsite                             <ul style="list-style-type: none"> <li>o Unless these patients refused treatment (1) or are seeing their own private dentist (7), ACC is case managing them and they will be converted and their 2813 uploaded to DENCLASS.</li> </ul> </li> <li>o Overall Exam + Treatment Conversion Rate not including 3C's: 100%                             <ul style="list-style-type: none"> <li>o 326 conversions/327 Cat 3's (not including 3C's, no-shows, refusals/prefer civilian dentist, high blood pressure, future event scheduling</li> </ul> </li> <li>o Number of Cat 4's presented to clinic that were examined and given new readiness dates: 291                             <ul style="list-style-type: none"> <li>o Automatic converted/identified as Cat 1 or 2: 242</li> </ul> </li> <li>o The following is a breakdown of the soldiers that presented to clinic as Cat 3 that were not able to be converted on site. These soldiers will be case managed or invited back to future events and all should be upgraded to Cat 1 or 2 after case management is completed.                             <ul style="list-style-type: none"> <li>o Number of Cat 3's requiring oral surgery referrals due to needing oral sedation in oral surgery office: 9</li> <li>o Cat 3's not converted due to endodontic specialty needs (retreatment of existing RCTs, calcified canals): 7</li> <li>o Cat 3 not converted due to prosthetic lab case need: 8</li> <li>o Cat 3 not converted due to extreme high blood pressure: 1</li> <li>o Cat 3 not converted due to pending appointment with civilian DDS (approved by event POC): 7</li> <li>o Number of Cat 3's identified that will be scheduled to be converted at next OHS or Dobbins event: 26</li> <li>o Cat 3 patients identified as Cat 3 during exam that no-showed or did not have time for treatment appointments: 3</li> <li>o Cat 3 patient that became to shaky to complete treatment: 1</li> </ul> </li> </ul> All Cat 3 patients are being case managed and appointed with the appropriate specialists to complete their Cat 3 needs. All patients will be converted to Cat 1 or 2 status after case management is through. All DENCLASS patient data has been uploaded by COB 1/15/2010	



<b>California Army National Guard (Dental)</b>	
1. Contract Title:	Dental Treatment and Exam Services for Camp Roberts
2. Contract Number:	W912LA-09-A-0006
3. Name, Address and Telephone Number of Government Contracting Organization:	USPFO for California P.O. Box 8104 San Luis Obispo, CA 93403-8104
4. Procuring Contracting Officer's name, telephone number and Email:	(b) (6)
5. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	(b) (6) Procurement Technician USPFO for CA 805-594-6287
6. Date of Contract Award:	December 15, 2009
7. Contract Performance dates:	January 19-31, 2010
8. Final Contract Price/Cost to Date:	\$314,200.00
9. Brief Description of the contract, including a brief explanation of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.	
<p>The California Army National Guard( CA ARNG) requirement was to provide on location, all management, labor, examination materials, equipment, certifications and supplies required to provide dental exams and treatments per identified treatment plan to upgrade Class 3 soldiers to a Class 2 status January 19-21, 2010.</p> <p>All dental treatment that was identified in the patient's treatment plan was accomplished based on the National Gurads Bureau's statistics that 30% of soldiers examined were classification 3. Contract was awarded on December 15, 2009; ACC personnel and mobile equipment arrived on site January 18, 2010.</p>	
10. Description of contract performance	
<p>Dental Event Numbers and Data:</p> <ul style="list-style-type: none"> <li>o <u>Percentage of Cat 3's converted to Cat 1 or 2: 100%</u></li> <li>o 1031 Service Members seen during event</li> <li>o 911 Converted to Class 1 or 2 status</li> <li>o 120 Were not converted onsite                             <ul style="list-style-type: none"> <li>o See below for information regarding these patients.</li> </ul> </li> <li>o Overall Exam + Treatment Conversion Rate not including 3C's: 100%                             <ul style="list-style-type: none"> <li>o 911 conversions/911 Cat 3's (not including 3C's, no-shows, refusals/prefer civilian dentist, vouchers for treatment that was not allowed by contract)</li> </ul> </li> <li>o Cat 4 soldiers that were identified as Cat 1 or 2: 710</li> <li>o There was about a 63% conversion of Cat 3 soldiers (after examination) at the event site. Had the contract allowed ACC's providers to treat more conditions and have an oral surgeon included, the conversion rate of Cat 3 patients would have been around 90% by the end of the event.</li> <li>o The following is a breakdown of the soldiers that presented to clinic as Cat 3 that were not able to be converted on site. These soldiers will be case managed or invited back to future events and all should be upgraded to Cat 1 or 2 after case management is completed.                             <ul style="list-style-type: none"> <li>o The contract did not allow ACC to treat many of the Cat 3 conditions present. There were 65 3C's, 7 Full Ortho patients, 1 woman was pregnant, 47 were approved for vouchers by POC as they had conditions that the contract did not allow ACC to treat.</li> </ul> </li> </ul> <p>All DENCLASS patient data was uploaded during the event.</p>	

New Mexico National Guard	
1. Contract Title:	Dental treatment for 87 Service Members
2. Contract Number:	W912J3-09-P-0022
3. Name, Address and Telephone Number of Government Contracting Organization:	New Mexico National Guard USPFO for New Mexico Contracting Office 47 Bataan Blvd. Santa Fe, NM 87508-4695
4. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	(b) (6) 600 Wyoming NE Albuquerque, NM 87123 (505) 271-7153 office (b) (6) cell
5. Date of Contract Award and Period of Performance, including Options:	March 20, 2010 and March 25, 2010
6. Contract Award Amount:	\$28,500.00
7. Final Contract Price/Cost to Date:	\$28,500.00
8. Brief Description of the contract:	The New Mexico awarded ACC Consultants Inc the contract to provide dental treatment to the New Mexico Army National Guard at armories in both Albuquerque and Santa Fe, NM. ACC Consultants, Inc. furnished all labor, tools, equipment, material, transportation and supervision for dental treatment for approximately 87 service members on two separate days and locations.
9. Description of contract performance, including a brief explanation of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.	<p><b>Category 3 Upgrade Report:</b></p> <ul style="list-style-type: none"> <li>o Percentage of Cat 3's converted to Cat 1 or 2: 98%                      (That were willing and/or available for treatment and had conditions that needed treatment outlined in the contract requirements)</li> <li>o 87 Service Members seen during event</li> <li>o 78 Converted to Class 1 or 2 status</li> <li>o 9 Were not converted onsite                     <ul style="list-style-type: none"> <li>o These patients are either:                             <ul style="list-style-type: none"> <li>▪ Seeing their own private dentist (OK'd by event POC) (2),</li> <li>▪ Blood Pressure was too high to have oral surgery done (1),</li> <li>▪ 3C's (4):                                     <ul style="list-style-type: none"> <li>• Need a Root Canal ReTreatment (1)</li> <li>• Need removable prosthetics (2)</li> <li>• Need to see an Orthodontist to have fixed appliance removed (1)</li> </ul> </li> <li>▪ Had extensive full mouth treatment that requires another day of treatment (2).</li> </ul> </li> <li>o These patients could all be case managed by ACC to ensure their conversion if funding is procured by DSS for private office dental fees.                             <ul style="list-style-type: none"> <li>▪ Please let us know if you would like to utilize this service</li> </ul> </li> </ul> </li> <li>o Overall Exam + Treatment Conversion Rate not including 3C's: 98%                     <ul style="list-style-type: none"> <li>o 78 conversions/80 Cat 3's (not including "prefer civilian dentist", "blood pressure high" or 3C's)</li> </ul> </li> <li>o Overall Exam + Treatment Conversion Rate including 3 C's (8): 94%</li> </ul> <p>All DENCLASS patient data was uploaded by COB 3/25/2010.                      This 2 day restorative event was carried out without any problems or delays or any corrective actions taken in regards to cost, schedule or technical performance</p>

<b>Kentucky Army National Guard (Dental)</b>	
1. Contract Title:	Dental Treatment Services for KYARNG in Indiantown Gap, PA
2. Contract Number:	RFQ 371688
3. Name, Address and Telephone Number of Government Contracting Organization:	Kentucky Army National Guard USPFO for Kentucky Frankfort, KY 40601 502-507-1390
4. Procuring Contracting Officer's name, telephone number and Email:	(b) (6) Contract Specialist 502-507-1390 (b) (6) (b) (6)
5. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	USPFO for Kentucky BNGC Bldg 120 120 Minuteman Parkway Frankfort, KY 40601-6192 502-545-8281 (b) (6)
6. Date of Contract Award and Period of Performance, including Options:	July 12-19, 2009
7. Contract Type:	BPA
8. Contract Award Amount:	\$240,000.00
9. Final Contract Price/Cost to Date:	\$242,000.00
10. Brief Description of the contract:	
The state of Kentucky awarded ACC Consultants Inc the contract to provide dental treatment to the Kentucky Army National Guard at Fort Indiantown Gap in Annsville, PA. ACC Consultants, Inc. furnished all labor, tools, equipment, material, transportation and supervision for Dental Treatments for approximately 250 service members	
11. Description of contract performance, including a brief explanation of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.	
<b>Category 3 Upgrade Report:</b> <ul style="list-style-type: none"> <li>o <u>Percentage of Cat 3's converted to Cat 1 or 2: 94%</u>                      (That were willing and/or available for treatment)</li> <li>o Total Number of Cat 3's presented to clinic: 192</li> <li>o Total Number of Cat 3's upgraded at clinic: 169</li> <li>o Total Number of Cat 3's not upgraded due to circumstances beyond contracted capabilities: 11                             <ul style="list-style-type: none"> <li>o 3 Cat 3 Soldiers refused treatment and requested to have treatment by their civilian dentist</li> <li>o 1 Cat 3 Soldier taking Coumadin; not able to discontinue for oral surgery</li> <li>o 1 Cat 3 Soldier needed apicoectomy (specialized endodontic surgery)</li> <li>o 1 Cat 3 Soldier awaiting lip biopsy</li> <li>o 1 Cat 3 Soldier needs full upper and lower dentures (all extractions were done on-site)</li> <li>o 4 Cat 3 Soldiers need specialized IV sedation at oral surgery clinic (determined by oral surgeon on-site)</li> </ul> </li> <li>o 12 Soldiers were not upgraded</li> </ul>	

<b>Yakima Training Center (Dental)</b>	
1. Contract Title:	Dental treatment for 69 Service Members
2. Contract Number:	W912K3-09-P-0010
3. Name, Address and Telephone Number of Government Contracting Organization:	Washington National Guard USPFO for Washington Building 32 Camp Murray, Tacoma WA 98430-5170
4. Procuring Contracting Officer's name, telephone number and Email:	(b) (6) 253-512-8313 (b) (6)
5. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	USPFO For Washington Building 32 Camp Murray, Tacoma WA 984-430-5170 253-512-8993 (b) (6)
6. Date of Contract Award and Period of Performance, including Options:	January 9-10 2009
7. Contract Type:	IDIQ Task Order
8. Contract Award Amount:	\$32,999.94
9. Final Contract Price/Cost to Date:	\$90,000.00
<b>10. Brief Description of the contract:</b>	
<p>The state of Washington Army National Guard awarded ACC Consultants Inc the contract to provide dental treatment to the Washington Army National Guard at the Yakima Readiness Center. The Yakima readiness Center required a mobile van all labor, tools, equipment, material, transportation and supervision for approximately 69 dental treatments.</p>	
<b>11. Description of contract performance, including a brief explanation of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.</b>	
<p>This 2 day restorative event was carried out without any problems or delays or any corrective actions taken in regards to cost, schedule or technical performance.</p> <p><b>Category 3 Upgrade Report:</b></p> <ul style="list-style-type: none"> <li>o <u>Percentage of Cat 3's converted to Cat 1 or 2: 96%</u>                      (That were willing and/or available for treatment)</li> <li>o Total Number of Cat 3's presented to clinic: 27</li> <li>o Total Number of Cat 3's upgraded at clinic: 21</li> <li>o Number of Cat 3's refusing treatment offered at SRP: 5</li> <li>o Cat 3's not converted due to other reasons: 1                      (need prosth tx to complete cat 3 needs/unable to return to clinic/etc.)</li> </ul> <p>All DENCLASS patient data-both exam and treatment-are entered.</p>	

ACC Consultants, Inc  
 9008 Washington NE  
 Albuquerque, NM 87113  
 USA

# INVOICE

Invoice Number: 17560  
 Invoice Date: Jun 14, 2010  
 Page: 1

Voice: 505-323-1300  
 Fax: 505-323-1400

Duplicate

Bill To:
USPFO for Kentucky 120 Minuteman Pkwy BNGC, Bldg 120 Frankfort, KY 40601-6192

Ship to:
USPFO for Kentucky 120 Minuteman Pkwy BNGC, Bldg 120 Frankfort, KY 40601-6192

Customer ID	Customer PO	Payment Terms	
USPFOKY	W912KZ-10-F-6PO2	Net 7 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Courier		6/21/10

Quantity	Item	Description	Unit Price	Amount
1.00		Dental Exams: Wendell Ford Regional Training Center , Greenville KY event 07 June-13 June , 2010.	(b) (4)	
1.00	TXTEAMS-NG	Treatment Teams , same event Greenville KY 07 June-13 June, 2010. .5 % discount 10 day THANK YOU KY GUARD		
Subtotal				159,450.00
Sales Tax				
Total Invoice Amount				159,450.00
Payment/Credit Applied				
<b>TOTAL</b>				<b>159,450.00</b>

Check/Credit Memo No:

*Recommend for payment - CUB 75*

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

I. CONTRACT ID CODE: **J** PAGE OF PAGES: **1** | **2**

2. AMENDMENT/MODIFICATION NO. **P00001** 3. EFFECTIVE DATE **10-Jul-2009** 4. REQUISITION/PURCHASE REQ. NO. **W9XOD190370100** 5. PROJECT NO. (If applicable)

6. ISSUED BY CODE **W912KZ** 7. ADMINISTERED BY (If other than item 6) CODE **See Item 6**

USPFO FOR KENTUCKY  
BNGC, BLDG 120  
120 MINUTEMAN PARKWAY  
FRANKFORT KY 40601-6192

8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code)  
**A C C CONSULTANTS INC  
TODD BOWER  
9008 WASHINGTON ST NE  
ALBUQUERQUE NM 87113-2704**

9A. AMENDMENT OF SOLICITATION NO.  
9B. DATED (SEE ITEM 11)  
X 10A. MOD. OF CONTRACT/ORDER NO. **W912KZ-09-F-0063**  
X 10B. DATED (SEE ITEM 13) **08-Jul-2009**

CODE **4HZ92** FACILITY CODE

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of offer  is extended,  is not extended.

Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods:  
(a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)  
**See Schedule**

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS  
IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

X A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) **THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. Changes clause 52.243-1**

B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor  is not,  is required to sign this document and return **1** copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  
Modification Control Number: **hutchd1509163**

1. Line item # 1 is changed to read **1 (b) (4) (b) (4) (b) (4)** This increase covers the use of 4 treatment teams for the period of performance to provide treatment of 250 soldiers to bring them from CAT 3 to CAT 2. Option three - use of Mobile RV is deleted.

2. Block # 25, total is changed to read **(b) (4)**

3. Total contract price is increased by **(b) (4)**

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)  
**(b) (6)**  
TEL: **502.507.1300** EMAIL: **(b) (6)**

15B. CONTRACTOR/OFFEROR 15C. DATE SIGNED 16B. BY **(b) (6)** 16C. DATE SIGNED **10-Jul-2009**  
(Signature of person authorized to sign) (Signature of Contracting Officer)

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION A - SOLICITATION/CONTRACT FORM

The total cost of this contract was increased by (b) (4)

SECTION B - SUPPLIES OR SERVICES AND PRICES

CLIN 0001

The CLIN extended description has changed from Performance per Statement of Work Option Three "Mobile Dental RV" selected from options offered on RFQ 371688. to Performance per Statement of Work.

The unit price amount has increased by (b) (4)

The total cost of this line item has increased by (b) (4)

SECTION G - CONTRACT ADMINISTRATION DATA

Accounting and Appropriation

Summary for the Payment Office

As a result of this modification, the total funded amount for this document was increased by (b) (4)

(b) (4)

CLIN 0001:

AA: 2192065181015133G92RL2512NG6HM48A2AA015058KM0EW900D1090370100KM0E4444KM0E (CIN W900D1903701000001) was increased by (b) (4)

(End of Summary of Changes)

(b) (6)

---

From: (b) (6)  
Sent: Tuesday, June 30, 2009 4:35 PM  
To: (b) (6) NGKY; (b) (6) NGKY  
Subject: ACC Proposal Dental Treatment (UNCLASSIFIED)  
  
Attachments: ACC Proposal.doc



ACC Proposal.doc  
(298 KB)

Classification: UNCLASSIFIED

Caveats: NONE

I will need one or both of you to review the attached proposal submitted by ACC Consultants in response to the request for quote issued for the Dental Class III treatment in PA.

As the price offered is considerably lower than the funded amount, please insure the contractor presents a clear understanding of the requirement. I will need a written response that you feel the contractor is capable of performing and has an understanding of the requirement.

Thank you,

(b) (6)

Contract Specialist  
USPFO for Kentucky  
Frankfort, KY 40601  
502-607-1390, fax 502-607-1424  
Classification: UNCLASSIFIED  
Caveats: NONE



(b) (6)

---

**From:** ebuy\_admin@gsa.gov  
**Sent:** Tuesday, June 30, 2009 2:02 PM  
**To:** (b) (6) NGKY  
**Subject:** GSA E-Buy Request For Quote RFQ371688 has CLOSED

Dear (b) (6)

Subject RFQ for: "Class III Dental Restoration Team" is now closed. 1 quotes were received.

To view and evaluate quotes, please login at [www.ebuy.gsa.gov](http://www.ebuy.gsa.gov). Once logged-in, click on the e-Buy logo to proceed to e-Buy then click on "My RFQs". As a courtesy to sellers, please evaluate all quotes so that all sellers who made an offer are notified.

e-Buy will provide information to contact sellers if needed.

You may contact GSA at [gsa.advantage@gsa.gov](mailto:gsa.advantage@gsa.gov) or call 1-877-472-3777 (select option 2) if there are questions concerning e-Buy operation.

NOTE: PLEASE DO NOT REPLY TO THIS E-MAIL.

Thank you!

ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. V797P-7134A	2. DELIVERY ORDER/ CALL NO. W912KZ-09-F-0063	3. DATE OF ORDER/ CALL (YYYYMMDD) 2009 Jul 08	4. REQ./ PURCH. REQUEST NO. W900D180370100	5. PRIORITY
--	---	--	---	-------------

6. ISSUED BY USPFO FOR KENTUCKY BNGC, BLDG 120 120 MINUTEMAN PARKWAY FRANKFORT KY 40601-6192	CODE W912KZ	7. ADMINISTERED BY (if other than 6) <b>SEE ITEM 6</b>	CODE	8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER  (See Schedule if other)
--	-------------	---	------	---

9. CONTRACTOR A C C CONSULTANTS INC NAME TODD BOWER AND 9008 WASHINGTON ST NE ADDRESS ALBUQUERQUE NM 87113-2704	CODE 4HZ92	FACILITY	10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <b>SEE SCHEDULE</b>	11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input checked="" type="checkbox"/> WOMEN-OWNED
			12. DISCOUNT TERMS 10 Days - .5%	13. MAIL INVOICES TO THE ADDRESS IN BLOCK ***** # 6 *****

14. SHIP TO <b>SEE SCHEDULE</b>	CODE	15. PAYMENT WILL BE MADE BY DEFENSE FINANCE & ACCOUNTING OFFICE-IN DO NOT SEND INVOICES HERE ATTN: DFAS-IN INDIANAPOLIS IN 46249	CODE 015058	MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.
------------------------------------	------	--	-------------	---

16. TYPE OF ORDER	DELIVERY/ CALL <input checked="" type="checkbox"/>	PURCHASE <input type="checkbox"/>	X This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.  Reference your quote dated Furnish the following on terms specified herein. REF: RFQ # 371688
-------------------	--	-----------------------------------	--

ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)
--------------------	-----------	----------------------	------------------------

If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE  
**See Schedule**

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/ SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
<b>SEE SCHEDULE</b>					

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.	24. UNITED STATES OF AMERICA TEL: 502-607-1390 EMAIL: (b) (6) BY: (b) (6)	(b) (6)	25. TOTAL \$92,500.00
			26. DIFFERENCES

27a. QUANTITY IN COLUMN 20 HAS BEEN  
 INSPECTED  RECEIVED  ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	c. DATE (YYYYMMDD)	d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
--	--------------------	---

e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	28. SHIP NO.	29. DO VOUCHER NO.	30. INITIALS
--	--------------	--------------------	--------------

f. TELEPHONE NUMBER	g. E-MAIL ADDRESS	<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY	33. AMOUNT VERIFIED CORRECT FOR
---------------------	-------------------	--	-------------	---------------------------------

36. I certify this account is correct and proper for payment.		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	34. CHECK NUMBER	35. BILL OF LADING NO.
a. DATE (YYYYMMDD)	b. SIGNATURE AND TITLE OF CERTIFYING OFFICER			

37. RECEIVED AT	38. RECEIVED BY	39. DATE RECEIVED (YYYYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NO.	42. S/R VOUCHER NO.
-----------------	-----------------	------------------------------	----------------------	---------------------	---------------------

Posted to NGB Reading Room June 22, 2011  
FOIA Requested Record #FA-11-0070  
Released by Army National Guard

STATEMENT OF WORK

STATEMENT OF WORK FOR DENTAL READINESS

. Introduction: Individual Medical Readiness (IMR) and Fully Medically Ready (FMR) are the basic principals of a ready force for KYARNG. Failure to maintain dental standards could preclude a soldier from deploying. Dental readiness is a command and soldier responsibility. This statement of work covers the dental components of IMR/FMR to include: annual dental exams, digital bitewing xrays, digital panoramic xrays, DENCLASS data entry of all xrays and dental records, identification and treatment of all Class 3 soldiers on alert orders and/or in conjunction with the ANG Selected Reserve Dental Readiness System. Services are to be completed on site at Fort Indiantown Gap, Annville, PA. The SOW identifies the purpose of the work to be performed by the contractors and provides a description of the work to be completed and the required outcomes. The contractor shall provide qualified personnel, material to perform the services, and /or OSHA, HIPPA and Privacy Act Compliant Mobile depending on the individual site needed for the KYARNG.

1. DoD established a uniform dental classification in HA Policy.02-11. DoD policy requires dental screening examinations to be accomplished and documented on 90% of service members. Members of the KYARNG shall receive an annual dental screening exam to determine their dental classification. As well, soldiers alerted and/or sourced are eligible for dental treatment if they are class III status from examination. The results of that screening exam should be entered into denclass no later than 5 days from the date of the exam. The DENCLASS database updates the Army Medical Protection System, Medpros. Dental treatment that may be required is essential to be provided at the SRP site to ensure the highest Dental Deployment Rate for the mobilizing soldier.

2. Objective: The contractor shall provide all management, labor, material, equipment, certifications and supplies necessary to provide dental services at designated locations for the Army National Guard. These services will provide mandated dental examinations and/or radiographic studies and /or dental treatment, proper documentation into the Soldier's record, and data entry of all records into the DENCLASS system, as necessary to meet Department of the Army standards of medical readiness and deployability, to ensure mission capability of the Army National Guard. The contractor will insure that their agents are appropriately trained and have access to the DENCLASS system.

3. Scope of Practice: The contractor shall provide customized comprehensive dental readiness services to the KYARNG in conjunction with their training schedule to include site location and time to accommodate unit: Event to be held 12-19 July at Ft Indiantown Gap, PA for an estimated 250 soldiers. Any incomplete treatment will need to be case managed and completed by company awarded contract when service members return to home of record if required.

A) Comprehensive dental examinations (exams) as per CDA Code D0150 and clinically indicated radiologic studies (to include panoramic) and oral health education.

B) Class III dental treatments for alerted Soldiers and/ or soldiers who are categorized in SELRES program (as identified by the state/territory). Dental treatment authorized is outlined in Appendix E. Any treatment plan greater than \$2000.00 requires prior approval from State Dental Officer (SDO). These services will be completed by using contractor provided portable/mobile dental equipment (unless otherwise specified in a separate written agreement).

C) Specified Dental Specialty Services that requires SDO approval to include

- 1) Oral and Maxillofacial Surgery (to include pathology reports if indicated)
- 2) Endodontics
- 3) Periodontics
- 4) Prosthodontics
- 5) Other (specify)

D) Prescriptions for pharmaceuticals and controlled substances necessary for the care and treatment to Soldiers throughout the event, to include but not limited to analgesics and antibiotics. Prescriptions for maintenance pharmaceuticals for Soldiers with high caries risk or periodontal disease, as indicated will be provided by contractor on site. Emphasis on pain control after topical analgesic has resolved.

3.1. Upon completion of services, medical information will be documented in accordance with Department of the Army Policy and be updated in the approved Army National Guard automated system. The contractor shall also ensure the requirements of Occupational Safety and Health Administration (OSHA) and applicable Federal regulations are met. The contractor shall develop and maintain records that fully document services performed, examination results, and names of soldiers referred to dental specialists. These records will be made available to the State/Territory Medical representative.

3.2. Exam. A comprehensive oral evaluation shall assess the current state of oral health, risk for future dental disease as well as assessing general health factors that relate to the treatment of the patient. The following measures are required for each comprehensive oral evaluation:

A. Blood pressure assessment – Screen Soldiers for hypertension, appropriately refer hypertensive patients to the state/territory medical authority.

B. Caries risk assessment – Classify Soldiers as low, moderate or high risk for caries as described by the American Dental Association's 1995 Special Supplement. This assessment will allow the ADCS to identify those at high risk for future disease and appropriately manage their care.

C. Periodontal assessment – Periodontal Screening and Recording (PSR), a screening procedure endorsed by the American Dental Association and the American Academy of Periodontology, should be utilized to determine the need for periodontal treatment.

D. Tobacco risk assessment – Classify Soldiers as a smoker, user of smokeless tobacco or as both.

E. Oral cancer screening – Perform a thorough oral cancer screening on all patients as part of all annual examinations.

F. Radiographs should be taken only for clinical reasons according to FDA and DENCOM guidelines as determined by the patient’s dentist. Radiographs should be of diagnostic quality, properly identified and dated. A panoramic radiograph of adequate quality for diagnostic/identification purposes is required to be part of the dental record. There is no time requirement on updating panoramic radiographs. However, the panoramic radiograph will adequately represent the current oral condition of the Soldier. Bitewing (or “bitewing slice” at the discretion of the State Dental Officer) radiographs are also required to be part of the dental record. All radiographs provided under this contract will be digital (unless specified in a separate written agreement) and transferred to the Denclass module within 24 hours of exposure.

G. A listing of all DFC 3 conditions

H. Any condition of significance that is not readily apparent on the radiographs.

3.3. Documentation. All Soldiers must have a complete military dental record. No dental record is considered complete unless the documentation is complete and in the proper order as outlined in TB MED 250. The contractor shall provide electronic documentation (to include radiographs) in the ARNG approved system (within 24 hours of exam completion) and a paper copy as outlined below. A complete record includes the following:

A. Military dental record jacket, DA Form 8005 through 8005-9

B. The automated Health History Form or DA Form 5570 (with notations to “yes” answers and signed by both the Soldier and reviewing Doctor), Health Questionnaire envelope

C. DD Form 2005 (signed), Privacy Act Statement

D. SF 603/603A, Record of Dental Exam

E. Supporting radiographs (panoramic and diagnostic bitewing radiographs ((see 1.3.F)) documenting existing conditions)

(1) All radiographs will be uploaded into the ARNG automated system.

(2) A diagnostic quality copy of all radiographs must be placed in the Dental Record.

F. The entries on the SF 603/603A will include the following: date, location, “comprehensive oral evaluation” (as defined in current CDT as D0150), indication/date of x-rays taken,

indication/date of x-rays consulted, oral cancer screening, caries risk assessment (based upon caries incidence), Periodontal Screening and Reporting (PSR), notation of current Dental Fitness Classification, listing of current oral condition (class 2 issues identified and a listing of class 3 treatment needs, if any), printed name of examining dentist or dental officer and the dentist's or dental officer's signature/initials. These required dental documentation elements will be entered in the approved ARNG automated system and printed and placed into the dental record.

**3.4 Record Evaluation.** Prior to dental treatment all service members who have a current dental exam and have been identified as a class III a record review needs to be done to determine the amount of work hours will be needed for those service members. A by name and time schedule will be given to state POC to allow for the commanders to better plan for the event.

**3.5 Work Guarantee.** After completion of dental treatment all dental work will be guaranteed by company completing work for up to one year for minor restorations and two years for major restorations. The SDO will coordinate with the general dentist performing treatment for any arbitration claims to determine if the problems relating to the dental treatment are in need of correction. Health services will be notified of all initial problems to coordinate with SDO.

## **2. GENERAL INFORMATION.**

**2.1. QUALITY CONTROL.** The contractor shall adopt a quality assurance program that monitors all service activities and ensures the highest quality customizable dental services available. It is the responsibility of the ARNG to review and approve dental treatment plans before treatment is performed based on the guidelines provided by NGB and the SDO.

**2.2. QUALITY ASSURANCE.** The government will periodically evaluate the contractor's performance in accordance with the Quality Assurance Surveillance Plan.

**2.3. GOVERNMENT REMEDIES.** The contracting officer shall follow the requirements of FAR 52.212-4, Contract Terms and Conditions for Commercial Items (May 1997), for contractor's failure to correct nonconforming services.

**2.4. HOURS OF OPERATION.** The contractor shall have the capability of providing dental services seven days a week. The contractor will be able to work flexible hours to accommodate the commander's training plan.

**2.5. SECURITY REQUIREMENTS.** Security will be in accordance with DD Form 254 (Department of Defense Contract Security Classification Specification).

**2.6. SPECIAL QUALIFICATIONS.** Contractor must maintain appropriate credentialing files on all employees to include but not limited to Licensure, National Provider Data Base Query results and HIPPA certification.

**2.7. PARTNERING AGREEMENT.** The contracting officer may require a partnering agreement between the government and the contractor to ensure joint cooperation and a sound partnership of all parties involved in the execution of this contract. Partnering is the creation of a government-contractor relationship that promotes achievement of mutually beneficial goals. It involves an agreement in principle to share the risks involved in completing the project and to establish and promote a nurturing partnership environment. Representatives from each organization are encouraged to participate in developing the partnering agreement. Suggested representation is the Deputy State Surgeon, the State Dental Officer, the government contract administrator, the contractor's manager and the contractor's quality control person. All costs for the partnership agreement should be agreed upon in advance. This group is responsible for developing a formal partnering agreement that should be signed by all parties involved. The agreement should contain as a minimum: specific goals to be reached and a list of objectives to reach the goals, a set of metrics to evaluate the objectives, a frequency for meetings to review the metrics, and a statement of cooperation to execute the terms of the agreement.

**2.8 Contractors will ensure compliance with the following requirements prior to utilizing any x-ray producing device on Soldiers;**

A. Have established written policies and procedures to assure compliance with applicable Federal, State, DOD, and Army radiation safety regulations and directives. These documents include staff emergency reaction plans, as necessary, and procedures for investigating and reporting radiation accidents or incidents, possible radiation overexposures to Soldier patients or contractor staff, and provisions to ensure the safe use of x-ray producing devices on humans.

B. Upon request by the State/Territory representative, the contractor will provide documentation regarding the Contractor's employee radiation safety training commensurate with potential radiation hazards with the x-ray producing devices they are using.

C. Upon request by the State/Territory representative, the contractor will provide copies of a Qualified Health Physics Expert's acceptance test and most recent health physics survey of each diagnostic x-ray machine. The acceptance test and the most recent survey include tests of electrical, mechanical, image quality and radiation (output) dose tests or measurements. This also includes verification of the adequacy of radiation protection shielding in and around the X-ray machine and x-ray facility (e.g., mobile van).

## **5. APPENDICES.**

**A. Estimated Workload Data**

**B. Dental Classification**

**C. SF 603A and DA Form 5570 (Dental Classification Module Version)**

D. Government Furnished Property/Services/Equipment

E. Authorized Dental Treatment



APPENDIX A

ESTIMATED WORKLOAD DATA

The following data elements will be reported at the end of an event:

Date

Location

List of contract employees (providers, dental technicians and administrative staff)

Total number of patients scheduled

Total number of patients examined

Total number of Soldiers by dental classification: 1, 2, 3

Total number of bitewing radiographic sets taken

Total number of panoramic radiographs taken

Verification of entry into DA or ARNG automated systems

A by name listing of all Soldiers examined and the dental classification of the Soldier

**APPENDIX B****Department of Defense  
Oral Health and Readiness Classification System**

The oral health status of uniformed personnel shall be classified as follows:

A. Class 1 (Oral Health): Patients with a current dental examination, who do not require dental treatment or reevaluation. Class 1 patients are worldwide deployable.

b. Class 2: Patients with a current dental examination, which require non-urgent dental treatment or reevaluation for oral conditions, which are unlikely to result in dental emergencies within 12 months. Class 2 patients are worldwide deployable. Patients in dental class 2 may exhibit the following:

(1) Treatment or follow-up indicated for dental caries or minor defective restorations that can be maintained by the patient.

(2) Interim restorations or prosthesis that can be maintained for a 12 month period. This includes teeth that have been restored with permanent restorative materials for which protective cuspal coverage is indicated.

(3) Edentulous areas requiring prostheses but not on an immediate basis.

(4) Periodontium that:

(a) requires oral prophylaxis

(b) requires maintenance therapy

(c) requires treatment for slight to moderate periodontitis and stable cases of more advanced periodontitis

(5) Unerupted partially erupted or malposed teeth that are without historical, clinical or radiographic signs or symptoms of pathosis, but which are recommended for prophylactic removal.

(6) Active orthodontic treatment. The provider should consider placing the patient in passive appliances for deployment up to six months. For longer periods of deployment, the provider should consider removing active appliances and placing the patient in passive retention.

(7) Temporomandibular disorder patients in remission. The provider anticipates the patient can perform duties while deployed without ongoing care and any medications or appliances required for maintenance will not interfere with duties.

c. Class 3: Patients who require urgent or emergent dental treatment. Class 3 patients normally are not considered to be worldwide deployable.

(1) Treatment or follow-up indicated for dental caries, symptomatic tooth fracture or defective restorations that cannot be maintained by the patient.

(2) Interim restorations or prostheses that cannot be maintained for a 12 month period.

(3) Patients requiring treatment for the following periodontal conditions that may result in dental emergencies within the next 12 months.

(a) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or communication or acceptable esthetics.

(b) Active progressive moderate or advanced periodontitis.

(c) Periodontal abscess

(d) Progressive mucogingival condition

(e) Periodontal manifestations of systemic disease or hormonal disturbances

(f) Heavy subgingival calculus

(4) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or communication or acceptable esthetics.

(5) Unerupted, partially erupted or malposed teeth with historical, clinical or radiographic signs or symptoms of pathosis that are recommended for removal.

(6) Chronic oral infections or other pathologic lesions including:

(a) Pulpal, periapical or resorptive pathology requiring treatment.

(b) Lesions requiring biopsy or awaiting biopsy report.

(7) Emergency situations requiring therapy to relieve pain, treat trauma, treat acute oral infections or provide timely follow-up care (e.g., drain or suture removal) until resolved.

(8) Acute Temporomandibular disorders requiring active treatment that may interfere with duties.

d. Class 4. Patients who require periodic dental examinations or patients with unknown dental classifications. Class 4 patients normally are not considered to be worldwide deployable.

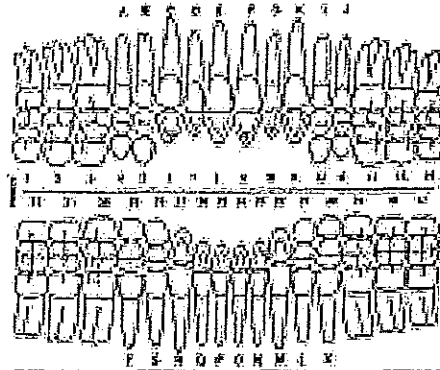
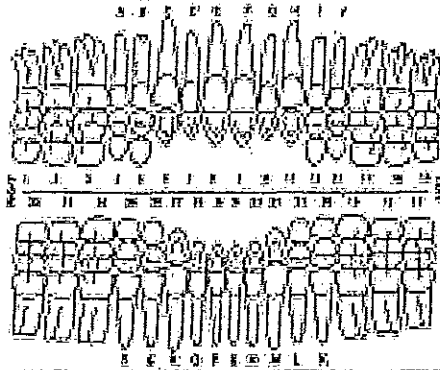
APPENDIX C

HEALTH QUESTIONNAIRE FOR DENTAL TREATMENT			
For use of this form, see AF 93-65; the proponent agency is the Office of the Surgeon General			
NAME <b>DOE JOHN</b>		SSN <b>111111111</b>	
UNIT <b>WFDCAA</b>		HOME TELEPHONE	OFFICE TELEPHONE
PLACE A CHECK IN THE YES OR NO COLUMN		YES	NO
1. Have you been under a Health Care Provider's care in the last 2 years?			X
2. Have you had any serious illness, operation or hospitalization in the past?			X
3. Are you allergic to any drugs or medications?			X
4. Are you presently taking any drugs or medications (do include birth control pills)?			X
5. Have you ever had hepatitis or jaundice?			X
6. Has there been a change in your health in the last 2 years?			X
7. Do you use tobacco?		X	
8. Do you drink alcoholic beverages?		X	
9. Have you ever been sick because of dental treatment?			X
10. Are you a "bleeder" or have you had excessive bleeding following dental treatment?			X
11. Do you get short of breath when climbing a flight of stairs?			X
12. Have you ever taken Fen-Phen, Phen-Phen, or Ritalin for weight loss?			X
13. Have you ever had a joint replaced?			X
14. Are you able to hear?			X
15. Are you pregnant?			
CHECK CONDITIONS IF THEY APPLY TO YOU			
<input type="checkbox"/> Heart Trouble/Chest Pain	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Nausea or Skin Rash	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Arthritis/Joint Pain	<input type="checkbox"/> Menstrual Pain
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Anemia (Thin Blood)
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Arthritis/Rheumatism	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Stroke	<input type="checkbox"/> Sinus Disease	<input type="checkbox"/> Tuberculosis (TB)	<input type="checkbox"/> Cancer
Explain any unusual medical problems: Question 7: smokes Question 8: flight			
DATE	SIGNATURE OF PATIENT		
DATE	SIGNATURE OF DOCTOR		
RECHECK			
DATE	DOCTOR'S SIGNATURE	REMARKS	

DA FORM 8709



**SECTION II CHRONOLOGICAL RECORD OF DENTAL CARE** PAGES  
**1. EXAMINATIONS AND TREATMENTS Completed dates listed in 19. SUBSEQUENT DEXA'S AND ABNORMALITIES**



19. 0000

20. 0000

Class 202 dental needs identified in block 10 below

**10. DENTAL PROCEDURES**

DATE	SURVEYS, INSURANCE, INVESTMENT, FAVORABLE TREATMENT FACTORS (2-practice entry)	CLASS
------	--	-------

12 JAN 2009	Class 2 Dental Needs No Devices Prescribed Class 2 Dental Needs No Devices Prescribed  Remarks:	
-------------	--	--

Dental Classification: 3

**PERIODIC ORAL EVALUATION**

BP   /   PSR  
 DWN    /    MAX    /    2 2 2  
 SOFT TISSUE WNL:  YES / No 2 2 2  
 CARIES RISK: Low / Med / High  
 TOBACCO:  No / Smoke / Chew / Both

Signature  
 MARTIN POWELL DDS  
 MAJ, DC  
 Chief of the Staff Surgeon, MN ARNG

PATIENT'S NAME: DOE, JOHN

SSN: 11111111

DF 603 A

U.S. GOVERNMENT PRINTING OFFICE: 2008

## APPENDIX D

### GOVERNMENT FURNISHED PROPERTY/SERVICES/EQUIPMENT

1. **General.** The Government will provide the following resources:
2. **Facilities, Supplies, and Services.** Space for set-up of a dental exam, radiology and administrative area and utilities.
3. **Information.** The Government will provide the following information:
  - a. Soldier's medical records if applicable.
4. **The User Agency will provide initial familiarization/orientation.** Standard Operational Procedures will be available to the contractor at the place of performance.



## APPENDIX E

## AUTHORIZED DENTAL TREATMENT

1. The following dental procedures are authorized:

(a) Diagnostic Services which are funded through NG6H 2065 Medical Readiness Funding:

D0120-Periodic Oral Evaluation  
D0150-Comprehensive Oral Evaluation  
D0330-Panoramic Film  
D0272-Bitewings-Two Films  
D0274-Bitewings-Four Films  
D0220/D0230- Periapical (limited)

(b) Restorative Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to soldiers alerted to an OCONUS Mission):

D2140-Amalgam-One Surface  
D2150-Amalgam-Two Surfaces  
D2160-Amalgam-Three Surfaces  
D2161-Amalgam-Four or More Surfaces  
D2330-Composite-One Surface  
D2331-Composite-Two Surfaces  
D2332-Composite-Three Surfaces

**Posterior composites will be authorized only when a posterior composite is necessary to provide a quality restoration and no other alternative is available.**

D2335-Composite-Four or More Surfaces  
D2391-Composite-One Surface  
D2392-Composite-Two Surfaces  
D2393-Composite-Three Surfaces  
D2394-Composite-Four or More Surfaces  
D2799-Provisional Crown  
D2931-Prefabricated Stainless Steel Crown  
D2950-Core Buildup, including any pins  
D2954-Prefabricated Post and Core

(c) Endodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D3310-Anterior Root Canal Therapy  
D3320-Bicuspid Root Canal Therapy

D3330-Molar Root Canal Therapy  
D3346-Anterior Root Canal Retreatment  
D3347-Bicuspid Root Canal Retreatment  
D3348-Molar Root Canal Retreatment

(d) Periodontal Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D4355-Full Mouth Debridement  
D4342-Periodontal Scaling and Root Planing, 1 to 3 teeth per quadrant

**Periodontal scaling and root planing is authorized only when a periodontal abscess is present and SDO approves**

(e) Prosthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D5110-Complete Denture-Maxillary  
D5120-Complete Denture-Mandibular  
D5211-Maxillary Partial Denture-Resin Base  
D5212-Mandibular Partial Denture-Resin Base

(f) Oral Surgery Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D7140-Extraction, Erupted Tooth or Exposed Root  
D7210-Surgical Removal of Erupted Tooth  
D7220-Removal of Impacted Tooth, Soft Tissue  
D7230-Removal of Impacted Tooth, Partial Bony  
D7240-Removal of Impacted Tooth, Completely Bony

(g) Orthodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D8680-Orthodontic Retention

2. The following dental procedures are not authorized:

Bridges and/or implants  
Removal of Asymptomatic third molars  
Routine Prophylaxes (cleanings)  
Restorations for aesthetics only  
Restorations for small (non-class 3) caries  
Extensive Root plane/scaling

Osseous Surgery  
Other diagnostic services

The above listings are guides to assist the State Dental Officer or his/her designee in determining treatment to be authorized. The treatment provided by the ARNG is to get the Soldier from a dental class 3 to a dental class 2 only. Comprehensive Treatment (to dental class I) is not authorized.

3. If a Soldier needs all of his/her remaining teeth in an arch extracted and a denture placed, the Soldier will not be available for deployment for at least 6 months and shall be disqualified from immediate deployment. However, if the Soldier is otherwise deployable (passes all medical, personnel and training requirements) and, after extraction and placement of prosthesis, would be deployable, the dental treatment could be provided and the Soldier could be considered as a replacement at a later date.

4. If a Soldier will have a number of teeth extracted to the extent mastication and speech are adversely affected, then an acrylic removable partial denture will be authorized if there is sufficient time for healing and construction of the partial denture prior to departure to Mobilization Station.

5. Soldiers requiring extensive periodontal treatment will be disqualified from deployment and educated on the TRICARE Dental Program. If he/she obtains the required therapy (from his/her private dental provider) and reaches a maintenance level, then he/she would become deployable.

6. The State Dental Officer (or designated representative) will review any dental treatment plan for dental care which exceeds \$2000 to insure that the above clinical guidelines are met. Exceptions can be made, but they must be coordinated with the State Surgeon.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	Dental Restoration Team FFP Performance per Statement of Work Option Three "Mobile Dental RV" selected from options offered on RFQ 371688. FOB: Destination PURCHASE REQUEST NUMBER: W900D190370100	1	Job	(b) (4)	(b) (4)

NET AMT

(b) (4)

ACRN AA  
CIN: W900D1903701000001

Section E - Inspection and Acceptance

INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

CLIN	INSPECT AT	INSPECT BY	ACCEPT AT	ACCEPT BY
0001	Destination	Government	Destination	Government

Section F - Deliveries or Performance

DELIVERY INFORMATION

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	UIC
0001	POP 12-JUL-2009 TO 19-JUL-2009	N/A	N/A FOB: Destination	

Section G - Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AA: 2192065181015133G92RL2512NG6HM48A2AA015058KM0EW900D1090370100KM0E4444KM0E

AMOUNT: (b) (4)

CIN W900D1903701000001: (b) (4)

## STATEMENT OF WORK FOR DENTAL READINESS

. Introduction: Individual Medical Readiness (IMR) and Fully Medically Ready (FMR) are the basic principals of a ready force for KYARNG. Failure to maintain dental standards could preclude a soldier from deploying. Dental readiness is a command and soldier responsibility. This statement of work covers the dental components of IMR/FMR to include: annual dental exams, digital bitewing xrays, digital panoramic xrays, DENCLASS data entry of all xrays and dental records, identification and treatment of all Class 3 soldiers on alert orders and/or in conjunction with the ANG Selected Reserve Dental Readiness System. Services are to be completed on site at Fort Indiantown Gap, Annville, PA. The SOW identifies the purpose of the work to be performed by the contractors and provides a description of the work to be completed and the required outcomes. The contractor shall provide qualified personnel, material to perform the services, and /or OSHA, HIPPA and Privacy Act Compliant Mobile depending on the individual site needed for the KYARNG.

1. DoD established a uniform dental classification in HA Policy 02-11. DoD policy requires dental screening examinations to be accomplished and documented on 90% of service members. Members of the KYARNG shall receive an annual dental screening exam to determine their dental classification. As well, soldiers alerted and/or sourced are eligible for dental treatment if they are class III status from examination. The results of that screening exam should be entered into denclass no later than 5 days from the date of the exam. The DENCLASS database updates the Army Medical Protection System, Medpros. Dental treatment that may be required is essential to be provided at the SRP site to ensure the highest Dental Deployment Rate for the mobilizing soldier.

2. Objective: The contractor shall provide all management, labor, material, equipment, certifications and supplies necessary to provide dental services at designated locations for the Army National Guard. These services will provide mandated dental examinations and/or radiographic studies and /or dental treatment, proper documentation into the Soldier's record, and data entry of all records into the DENCLASS system, as necessary to meet Department of the Army standards of medical readiness and deployability, to ensure mission capability of the Army National Guard. The contractor will insure that their agents are appropriately trained and have access to the DENCLASS system.

3. Scope of Practice: The contractor shall provide customized comprehensive dental readiness services to the KYARNG in conjunction with their training schedule to include site location and time to accommodate unit: Event to be held 12-19 July at Ft Indiantown Gap, PA for an estimated 250 soldiers. Any incomplete treatment will need to be case managed and completed by company awarded contract when service members return to home of record if required.

A) Comprehensive dental examinations (exams) as per CDA Code D0150 and clinically indicated radiologic studies (to include panoramic) and oral health education.

B) Class III dental treatments for alerted Soldiers and/ or soldiers who are categorized in SELRES program (as identified by the state/territory). Dental treatment authorized is outlined in Appendix E. Any treatment plan greater than \$2000.00 requires prior approval from State Dental



F. Radiographs should be taken only for clinical reasons according to FDA and DENCOM guidelines as determined by the patient's dentist. Radiographs should be of diagnostic quality, properly identified and dated. A panoramic radiograph of adequate quality for diagnostic/identification purposes is required to be part of the dental record. There is no time requirement on updating panoramic radiographs. However, the panoramic radiograph will adequately represent the current oral condition of the Soldier. Bitewing (or "bitewing slice" at the discretion of the State Dental Officer) radiographs are also required to be part of the dental record. All radiographs provided under this contract will be digital (unless specified in a separate written agreement) and transferred to the Denclass module within 24 hours of exposure.

G. A listing of all DFC 3 conditions

H. Any condition of significance that is not readily apparent on the radiographs.

3.3. Documentation. All Soldiers must have a complete military dental record. No dental record is considered complete unless the documentation is complete and in the proper order as outlined in TB MED 250. The contractor shall provide electronic documentation (to include radiographs) in the ARNG approved system (within 24 hours of exam completion) and a paper copy as outlined below. A complete record includes the following:

A. Military dental record jacket, DA Form 8005 through 8005-9

B. The automated Health History Form or DA Form 5570 (with notations to "yes" answers and signed by both the Soldier and reviewing Doctor), Health Questionnaire envelope

C. DD Form 2005 (signed), Privacy Act Statement

D. SF 603/603A, Record of Dental Exam

E. Supporting radiographs (panoramic and diagnostic bitewing radiographs ((see 1.3.F)) documenting existing conditions)

(1) All radiographs will be uploaded into the ARNG automated system.

(2) A diagnostic quality copy of all radiographs must be placed in the Dental Record.

F. The entries on the SF 603/603A will include the following: date, location, "comprehensive oral evaluation" (as defined in current CDT as D0150), indication/date of x-rays taken, indication/date of x-rays consulted, oral cancer screening, caries risk assessment (based upon caries incidence), Periodontal Screening and Reporting (PSR), notation of current Dental Fitness Classification, listing of current oral condition (class 2 issues identified and a listing of class 3 treatment needs, if any), printed name of examining dentist or dental officer and the dentist's or dental officer's signature/initials. These required dental documentation elements will

organization are encouraged to participate in developing the partnering agreement. Suggested representation is the Deputy State Surgeon, the State Dental Officer, the government contract administrator, the contractor's manager and the contractor's quality control person. All costs for the partnership agreement should be agreed upon in advance. This group is responsible for developing a formal partnering agreement that should be signed by all parties involved. The agreement should contain as a minimum: specific goals to be reached and a list of objectives to reach the goals, a set of metrics to evaluate the objectives, a frequency for meetings to review the metrics, and a statement of cooperation to execute the terms of the agreement.

## **2.8 Contractors will ensure compliance with the following requirements prior to utilizing any x-ray producing device on Soldiers;**

A. Have established written policies and procedures to assure compliance with applicable Federal, State, DOD, and Army radiation safety regulations and directives. These documents include staff emergency reaction plans, as necessary, and procedures for investigating and reporting radiation accidents or incidents, possible radiation overexposures to Soldier patients or contractor staff, and provisions to ensure the safe use of x-ray producing devices on humans.

B. Upon request by the State/Territory representative, the contractor will provide documentation regarding the Contractor's employee radiation safety training commensurate with potential radiation hazards with the x-ray producing devices they are using.

C. Upon request by the State/Territory representative, the contractor will provide copies of a Qualified Health Physics Expert's acceptance test and most recent health physics survey of each diagnostic x-ray machine. The acceptance test and the most recent survey include tests of electrical, mechanical, image quality and radiation (output) dose tests or measurements. This also includes verification of the adequacy of radiation protection shielding in and around the X-ray machine and x-ray facility (e.g., mobile van).

## **5. APPENDICES.**

**A. Estimated Workload Data**

**B. Dental Classification**

**C. SF 603A and DA Form 5570 (Dental Classification Module Version)**

**D. Government Furnished Property/Services/Equipment**

**E. Authorized Dental Treatment**

## APPENDIX B

### Department of Defense Oral Health and Readiness Classification System

The oral health status of uniformed personnel shall be classified as follows:

A. Class 1 (Oral Health): Patients with a current dental examination, who do not require dental treatment or reevaluation. Class 1 patients are worldwide deployable.

b. Class 2: Patients with a current dental examination, which require non-urgent dental treatment or reevaluation for oral conditions, which are unlikely to result in dental emergencies within 12 months. Class 2 patients are worldwide deployable. Patients in dental class 2 may exhibit the following:

(1) Treatment or follow-up indicated for dental caries or minor defective restorations that can be maintained by the patient.

(2) Interim restorations or prosthesis that can be maintained for a 12 month period. This includes teeth that have been restored with permanent restorative materials for which protective cuspal coverage is indicated.

(3) Edentulous areas requiring prostheses but not on an immediate basis.

(4) Periodontium that:

(a) requires oral prophylaxis

(b) requires maintenance therapy

(c) requires treatment for slight to moderate periodontitis and stable cases of more advanced periodontitis

(5) Unerupted partially erupted or malposed teeth that are without historical, clinical or radiographic signs or symptoms of pathosis, but which are recommended for prophylactic removal.

(6) Active orthodontic treatment. The provider should consider placing the patient in passive appliances for deployment up to six months. For longer periods of deployment, the provider should consider removing active appliances and placing the patient in passive retention.

(7) Temporomandibular disorder patients in remission. The provider anticipates the patient can perform duties while deployed without ongoing care and any medications or appliances required for maintenance will not interfere with duties.

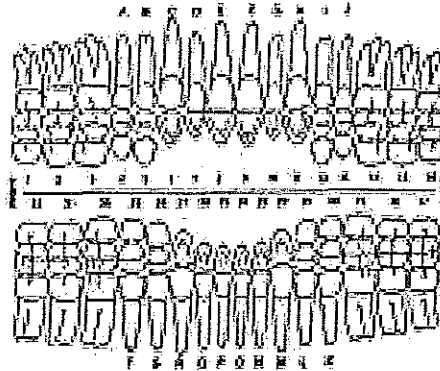
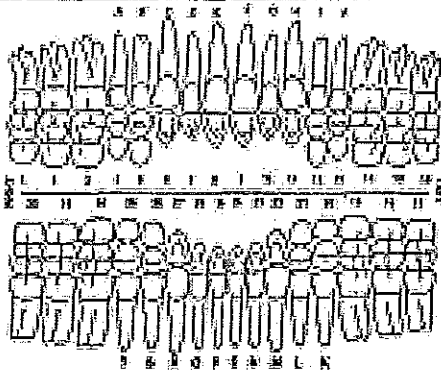
d. Class 4. Patients who require periodic dental examinations or patients with unknown dental classifications. Class 4 patients normally are not considered to be worldwide deployable.

SECTION II CHRONOLOGICAL RECORD OF DENTAL CARE

PAGE:

1. IMPRESSIONS AND TREATMENT RECOMMENDATIONS

2. SURROUNDING DENTAL AND ORGANOLOGICAL



REMARKS:

REMARKS:

Class 3/2 dental needs identified in block 10 below

10. DENTAL SERVICES

DATE SERVICE, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Specify Army) CLASS

12 JAN 2009 Class 3 Dental Needs  
No Services Provided  
Class 2 Dental Needs  
No Services Provided

REMARKS:

Dental Classification: 3

PERIODIC ORAL EVALUATION

BP   /  /   FEET  
 BUN    / SERUM PAX    / PAX    /    /    /     
 SOFT TISSUE WNL:  No  
 CARIES RISK:  Low  Med  High  
 TOBACCO:  No  Smoke  Chew  Both

Signature  
 MARTIN POWELL DDB  
 MAJ, DC  
 Chief of the Clinic Surgeon, WY ARSG

PATIENT'S NAME: DOE, JOHN

SSN: 11111111

5F 403 A

U.S. GPO: 1984-011-6072-00

## APPENDIX E

### AUTHORIZED DENTAL TREATMENT

1. The following dental procedures are authorized:

(a) Diagnostic Services which are funded through NG6H 2065 Medical Readiness Funding:

D0120-Periodic Oral Evaluation  
D0150-Comprehensive Oral Evaluation  
D0330-Panoramic Film  
D0272-Bitewings-Two Films  
D0274-Bitewings-Four Films  
D0220/D0230- Periapical (limited)

(b) Restorative Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to soldiers alerted to an OCONUS Mission):

D2140-Amalgam-One Surface  
D2150-Amalgam-Two Surfaces  
D2160-Amalgam-Three Surfaces  
D2161-Amalgam-Four or More Surfaces  
D2330-Composite-One Surface  
D2331-Composite-Two Surfaces  
D2332-Composite-Three Surfaces

**Posterior composites will be authorized only when a posterior composite is necessary to provide a quality restoration and no other alternative is available.**

D2335-Composite-Four or More Surfaces  
D2391-Composite-One Surface  
D2392-Composite-Two Surfaces  
D2393-Composite-Three Surfaces  
D2394-Composite-Four or More Surfaces  
D2799-Provisional Crown  
D2931-Prefabricated Stainless Steel Crown  
D2950-Core Buildup, including any pins  
D2954-Prefabricated Post and Core

(c) Endodontic Services which are funded through the VFRE 2020 Dental Treatment Funding (provided only to Soldiers alerted to an OCONUS Mission):

D3310-Anterior Root Canal Therapy  
D3320-Bicuspid Root Canal Therapy  
D3330-Molar Root Canal Therapy

The above listings are guides to assist the State Dental Officer or his/her designee in determining treatment to be authorized. The treatment provided by the ARNG is to get the Soldier from a dental class 3 to a dental class 2 only. Comprehensive Treatment (to dental class I) is not authorized.

3. If a Soldier needs all of his/her remaining teeth in an arch extracted and a denture placed, the Soldier will not be available for deployment for at least 6 months and shall be disqualified from immediate deployment. However, if the Soldier is otherwise deployable (passes all medical, personnel and training requirements) and, after extraction and placement of prosthesis, would be deployable, the dental treatment could be provided and the Soldier could be considered as a replacement at a later date.

4. If a Soldier will have a number of teeth extracted to the extent mastication and speech are adversely affected, then an acrylic removable partial denture will be authorized if there is sufficient time for healing and construction of the partial denture prior to departure to Mobilization Station.

5. Soldiers requiring extensive periodontal treatment will be disqualified from deployment and educated on the TRICARE Dental Program. If he/she obtains the required therapy (from his/her private dental provider) and reaches a maintenance level, then he/she would become deployable.

6. The State Dental Officer (or designated representative) will review any dental treatment plan for dental care which exceeds \$2000 to insure that the above clinical guidelines are met. Exceptions can be made, but they must be coordinated with the State Surgeon.

*ACC Consultants, Inc.*

*Kentucky Army National Guard*

*June 30, 2009*

*RFQ 371688*

June 30, 2009

(b) (6)

Department of the Army

(b) (6)

Thank you for this opportunity to submit our response to **RFQ ID: RFQ371688** Dental Treatment and Exam Services for service members at Fort Indiantown Gap, Annville, PA.

ACC Consultants, Inc brings 19 years of providing support services to government agencies. ACC offers a thorough understanding of individual medical readiness (IMR) and fully medical ready (FMR) requirements and standards, under the guidance of advice of a recognized expert in medical and dental readiness. ACC understands the training demands placed on soldiers and individual units, and has developed time-tested and fully documented policies and procedures to ensure maximum support with minimal impact on the unit training assembly. ACC also has an ongoing working relationship and excellent rapport with ASM Research, the developer and maintainer of MEDPROS, DENCLASS, and other related support applications.

Included in our proposal is our technical response, an explanation of how we will deliver services in Fort Indiantown Gap, licensing and certification information, mobile equipment capabilities, pricing for the event and detailed past performances related to the dental needs for KYARNG. We have also included an overview of our company.

Should you have any further questions, please contact:

Ginny Berger  
9008 Washington NE  
Albuquerque, NM 87113  
(505)323-1300 X 14  
[larry@accdental.com](mailto:larry@accdental.com)  
Kind regards,

Todd Bower  
Business Development  
ACC Consultants, Inc  
[todd@accdental.com](mailto:todd@accdental.com)



*ACC Consultants, Inc.*

*Kentucky Army National Guard*

*June 30, 2009*

*RFQ 371688*

June 30, 2009  
2:00 P.M. (EST)

RFQ

371688

Dental Treatment and EXAM Services  
Fort Indiantown Gap  
Anville, PA

ACC Consultants, Inc.  
9008 Washington NE  
Albuquerque, NM 87113  
(505)323-1300  
[accidental.com](http://accidental.com)

ACC Consultants, Inc. is registered with CCR  
CAGE/NCAGE Code: 4HZ92  
DUNS #: 624343463  
Woman Owned  
Small Business

Dental Technical Description

(b) (4)



(b) (4)



(b) (4)



(b) (4)



PRICING

Dental Itemized Pricing

Item NO	SUPPLES/SERVICES	MINIMUM NET	UNIT	UNIT PRICE	MINIMUM AMOUNT
	Military Screenings Exam, bitewings and Panograph	250	Each	(b) (4)	(b) (4)
	Portable supplies equipment / Staff	1	Each		
	Portable digital bitewing stations	1	Each		
	Portable digital panoramic stations	1	Each		
	DENCLASS ENTRY	250	Each	(b) (4)	(b) (4)
	Minimum Screening Net Event	250	Each	(b) (4)	(b) (4)
	Military Restorative CAT 3 to CAT 2	1	EACH	(b) (4)	
	Portable Equipment, supplies/Staff				
	Minimum Restorative Net Amount				(b) (4)
	1 Treatment team daily for 8 days				
	Portable Supplies Equipment / Staff				

OR Fee for Service whichever is greater

APPENDIX E

Minimum Net Amount

(b) (4)

Military Screening/Restorative Event  
1 Treatment Team, 1 Exam team daily for 8 days  
July 12-19, 2009

(b) (4)

\*\*\*Prompt Payment Discount within 10 days of completion of event at (b) (4)

(b) (4)

Total minimum price less early payment discount

(b) (4)

\*\*\*Any incomplete treatment will need to be case managed and completed by ACC Consultants when service members return to home of record if required. ACC will be reimbursed by government at cost.

APPENDIX E

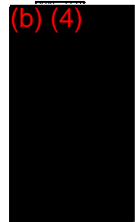
AUTHORIZED DENTAL TREATMENT  
FEE SCHEDULE

1. The following dental procedures are authorized:

(a) Diagnostic Services:

- D0120-Periodic Oral Evaluation
- D0150-Comprehensive Oral Evaluation
- D0330-Panorex Film
- D0272-Bitewings-Two Films
- D0274-Bitewings-Four Films
- D0220-First Periapical Xray
- D0230-Each Additional Periapical

FEE  
(b) (4)



(b) Restorative Services:

- D2140-Amalgam-One Surface
- D2150-Amalgam-Two Surfaces
- D2160-Amalgam-Three Surfaces
- D2161-Amalgam-Four or More Surfaces
- D2330-Composite 1 Surface
- D2331-Composite 2 Surfaces
- D2332-Composite 3 Surfaces

FEE  
(b) (4)



Posterior composites will be authorized only when a posterior composite is necessary to provide a quality restoration and no other alternative is available.

- D2335-Composite-Four or More Surfaces
- D2391-Composite-One Surface
- D2392-Composite-Two Surfaces
- D2393-Composite-Three Surfaces
- D2394-Composite-Four or More Surfaces
- D2799-Provisional Crown
- D2931-Prefabricated Stainless Steel Crown
- D2950-Core Buildup, including any pins
- D2954-Prefabricated Post and Core


FEE  
(b) (4)



(c) Endodontic Services:

- D3310-Anterior Root Canal Therapy
- D3320-Bicuspid Root Canal Therapy
- D3330-Molar Root Canal Therapy
- D3346-Anterior Root Canal Retreatment
- D3347-Bicuspid Root Canal Retreatment
- D3348-Molar Root Canal Retreatment

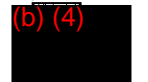
FEE  
(b) (4)



(d) Periodontal Services:

- D4355-Full Mouth Debridement
- D4342-Periodontal Scaling and Root Planing,  
1 to 3 teeth per quadrant

FEE  
(b) (4)



Periodontal scaling and root planning is authorized only when a periodontal abscess is present and SDO approves

(e) Prosthodontic Services:

D5110-Complete Denture-Maxillary  
D5120-Complete Denture-Mandibular  
D5211-Maxillary Partial Denture-Resin Base  
D5212-Mandibular Partial Denture-Resin Base

FEE

(b) (4)

(f) Oral Surgery Services:

D7140-Extraction, Erupted Tooth or Exposed Root  
D7210-Surgical Removal of Erupted Tooth  
D7220-Removal of Impacted Tooth, Soft Tissue  
D7230-Removal of Impacted Tooth, Partial Bony  
D7240-Removal of Impacted Tooth, Completely Bony

FEE

(b) (4)

(g) Orthodontic Services:

D8680-Orthodontic Retention

FEE

(b) (4)

2. The following dental procedures are not authorized:

Bridges and/or implants  
Removal of Asymptomatic third molars  
Routine Prophylaxes (cleanings)  
Restorations for aesthetics only  
Restorations for small (non-class 3) caries  
Extensive Root plane/scaling  
Osseous Surgery & Other diagnostic services



ACC Consultants, Inc Similar Dental Past performances

Military Dental Past Performance

<b>California Army National Guard Dental</b>	
1. Contract Title:	Dental Treatment and Exam Services for Camp Roberts
2. Contract Number:	W912LA-09-T-0015
3. Name, Address and Telephone Number of Government Contracting Organization:	USPFO for California P.O. Box 8104 San Luis Obispo, CA 93403-8104
4. Procuring Contracting Officer's name, telephone number and Email:	(b) (6)
5. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	(b) (6) Procurement Technician USPFO for CA 805-594-6287
6. Date of Contract Award:	March 20, 2009
7. Contract Performance dates:	March 25-30, 2009
8. Contract Award Amount:	\$ 228,000.00
9. Final Contract Price/Cost to Date:	\$197,000.00
10. Brief Description of the contract, including a brief explanatin of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.	<p>The California Army National Guard( CA ARNG) requirement was to provide on location, all management, labor, examination materials, equipment, certifications and supplies required to provide dental exams and treatments per identified treatment plan to upgrade Class 3 soldiers to a Class 2 status March 25-30/09. Contract required all soldiers be seen daily by 1300, and all lines to be kept to a minimum. ACC Consultants, Inc. provided customized comprehensive dental readiness services that included dental examinations (ADA Code 0120) at a rate of 12 soldiers per hour and clinically indicated radiologic studies done digitally and specified treatment outlined in the patients treatment plan. Denclass was entered and completed into database no later than 5 days from examination.</p> <p>All dental treatment that was identified in the patient's treatment plan was accomplished based on the National Gurads Bureau's statistics that 30% of soldiers examined were classification 3. Contract was awarded on March 20, 2009; ACC personnel and mobile equipment arrived on site 3/23/09. Equipped to begin treatment and exams on contract start date of 3/25/09; this start date was susequently changed by POC to 3/26/09</p>

<p><b>11. Description of contract performance</b></p> <p style="text-align: center;"><b>After Action Report: SRP Camp Roberts, CA 3/26-3/31/09</b></p> <p><b>Dental Event Numbers and Data:</b></p> <ul style="list-style-type: none"> <li>o Percentage of Cat 3's converted to Cat 1 or 2: 90%</li> <li>o Total Number of Dental Cat 3's presented to ACC Clinic: 101</li> <li>o Total Number of Dental Cat 3's upgraded: 18</li> <li>o Total Number of Cat 3's sunaailable for necessary treatment (no show): 1</li> <li>o Number of Cat 3's that were categorized as such due to active full orthodontic treatment in progress: 3</li> <li>o Number of Cat 3's refusing treatment offered at SRP: 7</li> <li>o Cat 3's not converted due to other reasons: 9 (referred to oral surgeon for bony impacted wisdom teeth-no on site oral surgeon requested in contract)</li> </ul> <p>All DENCLASS patient data- both exam and treatment entered and sent for State Dental Surgeon approval as of</p>
---

April 4, 2009. INDIVIDUAL Procedure Counts by Date and Total for Event:

Date	Restorations	Full mouth Debridement's	RCT TX	Extractions	Pano	BWX	Exam
3/26/2009	No TX	No TX	No TX	No TX	115	115	115
3/27/2009	42	2	0	11	85	115	115
3/28/2009	34	1	1	7	99	99	99
3/29/2009	37	5	0	3	135	135	135
3/30/2009	43	1	0	8	89	89	89
3/31/2009	20	1	0	6	None	None	None
TOTALS:	176	10	1	35	523	553	553

<b>Yakima Training Center</b>	
1. Contract Title:	Dental treatment for 69 Service Members
2. Contract Number:	W912K3-09-P-0010
3. Name, Address and Telephone Number of Government Contracting Organization:	Washington National Guard USPFO for Washington Building 32 Camp Murray, Tacoma WA 98430-5170
4. Procuring Contracting Officer's name, telephone number and Email:	(b) (6) 253-512-8313 (b) (6)
5. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	USPFO For Washington Building 32 Camp Murray, Tacoma WA 98430-5170 253-512-8993 (b) (6)
6. Date of Contract Award and Period of Performance, including Options:	January 9-10 2009
7. Contract Type:	IDIQ Task Order
8. Contract Award Amount:	\$32,999.94
9. Final Contract Price/Cost to Date:	\$90,000.00
10. Brief Description of the contract:	The state of Washington Army National Guard awarded ACC Consultants Inc the contract to provide dental treatment to the Washington Army National Guard at the Yakima Readiness Center. ACC Consultants, Inc. furnished all labor, tools, equipment, material, transportation and supervision for Dental Treatments for approximately 69 service members
11. Description of contract performance, including a brief explanation of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.	<p><b>Category 3 Upgrade Report:</b></p> <ul style="list-style-type: none"> <li>o Percentage of Cat 3's converted to Cat 1 or 2: 96% (That were willing and/or available for treatment)</li> <li>o Total Number of Cat 3's presented to clinic: 27</li> <li>o Total Number of Cat 3's upgraded at clinic: 21</li> <li>o Number of Cat 3's refusing treatment offered at SRP: 5</li> <li>o Cat 3's not converted due to other reasons: 1 (need prosth tx to complete cat 3 needs/unable to return to clinic/etc.)</li> </ul> <p>All DENCLASS patient data-both exam and treatment-are entered.</p> <p>This 2 day restorative event was carried out without any problems or delays or any corrective actions taken in regards to cost, schedule or technical performance</p>

**UTAH Army National Guard Dental**

1. Contract Title:	Dental Screenings for 710 Service Members
2. Contract Number:	W911YP-09-R-0001
3. Name, Address and Telephone Number of Government Contracting Organization:	USPFO for Utah P.O. Box 2000 Draper, UT 84020-2000
4. Procuring Contracting Officer's name, telephone number and Email:	(b) (6)
5. Project Officer's Name, Address, Telephone Number, Fax Number and Email Address:	ARNG Medical Clinic (b) (6) 17800 South Camp Williams Road Building 9000 Riverton, UT 84065
6. Date of Contract Award and Period of Performance, including Options:	January 8, 2009 one time contract
7. Contract Type:	One Time
8. Contract Award Amount:	\$96,800.00
9. Final Contract Price/Cost to Date:	

**10. Brief Description of the contract, including a brief explanatin of any problems or delays encountered and any corrective actions taken in regards to cost, schedule or technical performance.**

The USPFO for Utah issued a requirement to contract for Medical/Dental services for January 23-25 2009 for the Utah Army National Guard. This contract was issued as part of a 5 year IDIQ request that resulted in a one time contract. The issuing office requested a quote to accommodate 400 soldiers for individual medical readiness (IMR) and Fully Medically Ready (FMR).  
 ACC Consultants, Inc partnered with Comprehensive Health Care Services (CHS) to provide all medical requirements. On January 10, 2009 1LT Puro decreased orginal working days from 3 days to 2 days. ACC Consultants, Inc was able to accommodate the Utah Army National Guard by adding additional portable dental/medical buildings and switch over to an accelarated schedule to accommodate the 400 service members in a 2 day period rather than in 3 days.  
 January 14, 2009 1LT Puro requested services for an additional 100 Service Members to receive dental screenings and ACC Consultants was able to provide additional work force to accommodate the Utah Army National Guard.

**11. Description of contract performance**

**After Action Report: SRP Mass Event Riverton, UT 1/24-25/09**

**Dental Event Numbers and Data:**

- o Total Number of Dental Categorization Exams and Bitewing Radiographs: 690
- o Total Number of Pano Radiographs: 194

**Medical Event Numbers and Data:**

- o Total Number of Medical Exams: 391
- o Total Number of Immunizations: 302
- o Total Number of Audio Exams: 117
- o Total Number of Referrals: 46

All DENCLASS and MEDPROS patient data are entered as of 2/9/09.

Almost 700 service members were processed through both medical and dental combined. All service members present at event had their medical and dental charts inspected for their individual medical/dental needs. The services were performed using 6 portable buildings and 3 vehicles equipped for treatments. We provided dental exams, bitewings, panos, PHA's (including immunizations, blood draws, hearing and vision exams).

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 06/15/2007
PRODUCER (b)(4)	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED ACC Consultants, Inc. 9008 Washington NE Albuquerque, NM 87113	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: (b)(4)	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**  
 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADDL LTR. DESCR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional	(b)(4)			EACH OCCURRENCE \$ (b)(4) DAMAGE TO RENTED PREMISES (EA occurrence) \$ (b)(4) MED EXP (Any one person) \$ (b)(4) PERSONAL & ADV INJURY \$ (b)(4) GENERAL AGGREGATE \$ (b)(4) PRODUCTS - COMP/OP AGG \$ (b)(4)
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER  FOR BID PURPOSES ONLY	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE <i>Daniel M. Walker</i>

ACC Consultants, Inc  
 9008 Washington NE  
 Albuquerque, NM 87113  
 USA

RECEIVED

JUL 21 2009

USPFO-P

INVOICE

Invoice Number: 16541  
 Invoice Date: Jul 19, 2009  
 Page: 1  
 Duplicate

Voice: 505-323-1300  
 Fax: 505-323-1400

**Bill To:**  
 USPFO for Kentucky  
 120 Minuteman Pkwy  
 BNGC, Bldg 120  
 Frankfort, KY 40601-6192

**Ship to:**  
 Indiantown Gap, PA

<b>Customer ID</b>	<b>Customer PO</b>	<b>Payment Terms</b>	
USPFOKY	W900D190370100	<del>Net 7 Days</del> <i>10 Days</i>	
<b>Sales Rep ID</b>	<b>Shipping Method</b>	<b>Ship Date</b>	<b>Due Date</b>
	Courier		7/26/09

Quantity	Item	Description	Unit Price	Amount
4.00	CONT-RESTORE	4 Treatment Teams Daily for 8 Days per Modification #W912KZ-09-F-0063 - Indiantown Gap PA - 7/12/09	(b) (4)	(b) (4)
4.00	CONT-RESTORE	4 Treatment Teams Daily for 8 Days per Modification #W912KZ-09-F-0063 - Indiantown Gap PA - 7/13/09	(b) (4)	(b) (4)
4.00	CONT-RESTORE	4 Treatment Teams Daily for 8 Days per Modification #W912KZ-09-F-0063 - Indiantown Gap PA - 7/14/09	(b) (4)	(b) (4)
4.00	CONT-RESTORE	4 Treatment Teams Daily for 8 Days per Modification #W912KZ-09-F-0063 - Indiantown Gap PA - 7/15/09	(b) (4)	(b) (4)
4.00	CONT-RESTORE	4 Treatment Teams Daily for 8 Days per Modification #W912KZ-09-F-0063 - Indiantown Gap PA - 7/16/09	(b) (4)	(b) (4)
4.00	CONT-RESTORE	4 Treatment Teams Daily for 8 Days per Modification #W912KZ-09-F-0063 - Indiantown Gap PA - 7/17/09	(b) (4)	(b) (4)
4.00	CONT-RESTORE	4 Treatment Teams Daily for 8 Days per Modification #W912KZ-09-F-0063 - Indiantown Gap PA - 7/18/09	(b) (4)	(b) (4)
Subtotal				Continued
Sales Tax				Continued
Total Invoice Amount				Continued
Payment/Credit Applied				
<b>TOTAL</b>				<b>Continued</b>

Check/Credit Memo No:

ACC Consultants, Inc  
 9008 Washington NE  
 Albuquerque, NM 87113  
 USA

# INVOICE

Invoice Number: 16541  
 Invoice Date: Jul 19, 2009  
 Page: 2

Voice: 505-323-1300  
 Fax: 505-323-1400

Duplicate

Bill To:
USPFO for Kentucky 120 Minuteman Pkwy BNGC, Bldg 120 Frankfort, KY 40601-6192

Ship to:
Indiantown Gap, PA

Customer ID	Customer PO	Payment Terms	
USPFOKY	W900D190370100	Net 7 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Courier		7/26/09

Quantity	Item	Description	Unit Price	Amount
4.00	CONT-RESTORE	4 Treatment Teams Daily for 8 Days per Modification #W912KZ-09-F-0063 - Indiantown Gap PA - 7/19/09  Please apply the discount of 0.5% for early payment. Thank you.	(b) (4)	
Subtotal				(b) (4)
Sales Tax				
Total Invoice Amount				
Payment/Credit Applied				
<b>TOTAL</b>				<b>248,000.00</b>

Check/Credit Memo No:

*DSH*