

ARLINGTON COUNTY, VIRGINIA  
OFFICE OF THE PURCHASING AGENT  
2100 CLARENDON BOULEVARD SUITE 500  
ARLINGTON, VIRGINIA 22201

**NOTICE OF CONTRACT AMENDMENT**

TO:	DATE ISSUED:	January 4, 2019
Northern Virginia Dental Clinic		
8221 Willow Oaks Corporate Drive – Suite 450	AGREEMENT NO:	16-392-M
Fairfax, Virginia 22031		
	AGREEMENT TITLE:	Dental Clinic for Indigent Adults

**THIS IS A NOTICE OF A CONTRACT AMENDMENT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS**

The contract term covered by this Notice of Amendment is effective **December 31, 2018** thru **June 30, 2023**.

The above referenced contract is amended as follows:

The contract documents consist of the Memorandum of Agreement #MOA20141003 dated December 31, 2018 (Exhibit 1) and Amendments 1-2.

**EMPLOYEES NOT TO BENEFIT:**

NO COUNTY EMPLOYEE SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE GENERAL PUBLIC.

VENDOR CONTACT: Thomas Wilson	TELEPHONE NO.:	(703) 820-7170
	EMAIL ADDRESS:	TWilson@nvdcaadmin.org
COUNTY CONTACT: Arogya Singh	TELEPHONE NO.:	(703) 228-1603
	EMAIL ADDRESS:	asingh1@arlingtonva.us

**CONTRACT AUTHORIZATION**

NAME: Vanessa Moorehead  
TITLE: Procurement Officer  
Email Address: vmoorehead@arlingtonva

Distribution: Contractor: 1 Contract Folder: 1 Administrative Officer: 1 Purchasing Admin: 1

ARLINGTON COUNTY, VIRGINIA

AGREEMENT NO. 16-392-M  
AMENDMENT NUMBER 3

This Amendment Number 3 is made on the date of execution by the County and amends Agreement Number 16-392-M dated August 1, 2013, ("Main Agreement") between Northern Virginia Dental Clinic ("Contractor") and the County Board of Arlington County, Virginia ("County").

The County and the Contractor amend Memorandum #MOA20141003 as follows:

**Term of Extension**

The County has elected to extend the agreement for the period beginning 12/31/2018 and ending 6/30/2023.

**Contract Amount**

Funding shall not exceed \$25,250.00 each fiscal year for Dental Services for Indigent Adults residing in Arlington County. Of the amount, \$250.00 shall be used for annual contribution to the Dentist's Retirement Account.

**Revised Memorandum of Agreement**

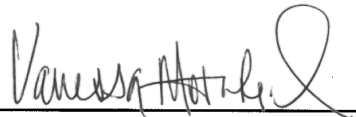
See Exhibit 1 (attached).

All other terms and conditions of the Agreement remain in effect.

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON  
COUNTY, VIRGINIA

AUTHORIZED  
SIGNATURE:



NAME: Vanessa Moorehead  
TITLE: Procurement Officer

DATE: 1/4/19

NORTHERN VIRGINIA DENTAL  
CLINIC

AUTHORIZED  
SIGNATURE:



NAME: Thomas Wilson  
TITLE: Executive Director

DATE: 1/4/2019

**MEMORANDUM OF AGREEMENT FOR CONTRACTING SERVICES FROM  
THE NORTHERN VIRGINIA DENTAL CLINIC**

WHEREAS, in 2013 Arlington and Fairfax Counties, and the Cities of Alexandria, Fairfax, and Falls Church entered into a Memorandum of Agreement with the Northern Virginia Dental Clinic (NVDC) for Indigent Adults (Fairfax County MOA 20141003); and

WHEREAS, Arlington County and the Cities of Alexandria, Fairfax, and Falls Church (the Participating Jurisdictions) wish to continue to make oral health care from the NVDC available for low-income, uninsured residents of our communities;

THEREFORE, BE IT RESOLVED, this Memorandum of Agreement enumerates below the responsibilities of the Participating Jurisdictions and NVDC.

**The participating local governments shall:**

1. Designate and authorize certain public and/or community social service or health agencies to make patient referrals to the NVDC.
2. Participate with the NVDC in developing eligibility, referral, and reimbursement policies and procedures and designate a point-of-contact staff person to which local issues involving the NVDC can be referred for disposition and who shall receive copies of the annual report and any interim communications regarding NVDC.
3. Initiate staff work groups or hold periodic meetings through the Northern Virginia Regional Commission (NVRC) of all referring agencies, and NVDC staff where appropriate, to address NVDC issues requiring regional coordination.
4. Make timely payment of NVDC invoices consistent with the attached NVDC Fee Schedule, through the authorized referring agencies, to ensure payment of patient service fees and any subsidies to those fees.

**The Northern Virginia Dental Clinic, Inc. shall:**

1. Leverage its relationships with the Northern Virginia Dental Society and the Northern Virginia Dental Hygienists' Association to recruit licensed dental professionals (dentists & dental hygienists) from throughout Northern Virginia to serve as professional volunteers and/or subcontractors at NVDC facilities.
2. Provide sufficient volunteer/subcontracted resources to offer a full range of oral health care services to low-income and uninsured adults for an estimated 4,000 hours of patient treatment per year. NVDC will offer an average of 35 hours of dentistry per week.
3. Equip, staff, and operate NVDC facilities at no cost to the Participating Jurisdictions other than subsidies provided by public and private agencies making referrals to the NVDC for patients unable to pay the full visit charge and other negotiated contracts and/or funding agreements as may occur from time to time.
4. Develop and maintain a simple referral, payment, and billing process with referring agencies. Maintain an open dialogue and/or periodically meet with designated referring agency representatives to discuss policies, referral procedures, and outcomes.
5. Obtain prior authorization for services and/or fees which would be in excess of the routine forty-five minute service fee.
6. Accept the appointment of up to two representatives to the NVDC Board of Directors selected by majority vote of and representing the Participating Jurisdictions.
7. Provide an annual report, by January 31st of each year, to the Northern Virginia Association of Human Service Officials on the number of patients served (unduplicated), total number of visits, number and type of treatments provided, jurisdiction of origin, referral source of origin, number of volunteers and volunteer hours by type, estimated dollar value of services donated, value of contributed service hours by professional volunteers, and a revenue and expenditures. Reports

are to be sent to the Northern Virginia Regional Commission, Director of Human Services, 3040 Williams Drive, Suite 200, Fairfax, Virginia 22031.

8. Pursue funding opportunities such as private and governmental grants and undertake other fund-raising activities to ensure the economic viability and service levels of the NVDC. In addition, the NVDC Board of Directors will establish an equitable charge for routine appointments and services, in consultation with the Northern Virginia Association of Human Services Officials, to ensure the financial stability of NVDC operations.
9. Pursue opportunities to supplement NVDC paid and volunteer dental professionals with the placement and supervision of dental interns.
10. Deliver comprehensive oral health care services at NVDC facilities in a non-discriminatory manner and comply with all applicable federal, state and local laws and ordinances.
11. Make professional interpretation (landline or in person) available to ensure limited English proficient clients understand procedures and can participate appropriately in decisions about their oral health care.
12. Require that all NVDC professional staff members and professional volunteers (dentists and dental hygienists) maintain all licensure and credentialing as required to practice in the Commonwealth of Virginia by the Virginia State Board of Dentistry.
13. Maintain Medical Malpractice Liability coverage in accordance with the Local Government Risk Management Plan of the Commonwealth of Virginia and the Code of Virginia, § 2.2-1839 administered by the Virginia Dept. of Treasury, and register all professional volunteers (dentists and dental hygienists) with the Division of Risk Management to ensure medical malpractice liability coverage while serving as a professional volunteers at NVDC facilities.
14. Require NVDC paid professionals (dentist and dental hygienists) to maintain medical malpractice liability coverage at levels consistent with those required by the Commonwealth of Virginia.

15. Indemnify and hold harmless the Participating Jurisdictions, their officers, and employees from any and all claims for bodily injury, personal injury, and property damage which result from the negligent acts, errors, or omissions of the NVDC, Inc., its employees and/or agents.
16. Maintain the confidentiality of any personal medical information obtained by the NVDC regarding clients pursuant to this Memorandum. Use and/or disclosure of such information by the NVDC shall be limited to purposes directly connected with the NVDC's responsibilities for services under this Memorandum. The NVDC shall have in place appropriate administrative, technical, and physical safeguards to ensure the privacy and confidentiality of client information as required by the Health Insurance Portability and Accountability Act of 1996, as amended and other applicable statutes.

**Term of the Memorandum of Agreement:**

This Memorandum of Agreement shall remain in effect from date of signature by all parties through June 30, 2023 unless amended or terminated by any or all parties. Any party involved wishing to withdraw must notify the Chairperson of the Northern Virginia Human Service Officials and all other parties, in writing, at least (3) months prior to termination. Amendments to this Memorandum may be proposed by providing the suggested change(s), in writing, to the Chairperson of the Northern Virginia Association of Human Services Officials'. No amendment would be effective in less than (3) months, unless approved unanimously. Any amendment must be approved by three-fourths majority of Participating Jurisdictions as well as the NVDC's Board of Directors.

## ATTACHMENT

### Northern Virginia Dental Clinic Fee Description:

Effective: July 1, 2017

### Routine Dental Services:

**\$ 50 per visit**

- Examinations with digital radiographs, oral cancer screening and development of a detail treatment plan
- Restorative (fillings)
- Oral Surgery (extractions, tori reduction, cyst/tumor removal, alveoplasty, etc.)
- Endodontics (root canal therapy)
- Periodontics (soft tissue management)
- Oral Prophylaxis (cleanings)
- Emergency Services (alleviate pain and elimination of infection)

**Biopsies:** (hard & soft tissue biopsies)

**\$ 150 avg. cost**

(This fee includes payment for an appointment during which the specimen is collected and the average laboratory costs charged by the pathology lab for conducting the exam/analysis. This fee could be higher if any special dissection, staining or examination of the tissue sample is required).

### Prosthetics Appliances & Services:

### See List Below

(Pricing reflected below include the fabricated appliance and all associated appointments throughout the fabrication process. It also includes a 45 day period during which patients can schedule appointments for appliance adjustments at no charge / maximum of 3 appointments).

- |                                    |   |        |
|------------------------------------|---|--------|
| • Complete Dentures:               | Maxillary (upper) & Mandibular (lower)                      | \$ 800 |
|                                    | Single Arch (upper or lower only)                           | \$ 550 |
| • Partial Dentures:                | Full Acrylic 1-3 teeth (includes 2 clasps)                  | \$ 375 |
|                                    | Full Acrylic 3-4 teeth (includes 2 clasps)                  | \$ 425 |
|                                    | Full Acrylic 5-7 teeth (includes 2 clasps)                  | \$ 450 |
|                                    | Full Acrylic 8-10 teeth (includes 2 clasps)                 | \$ 475 |
|                                    | Full Acrylic 11 + teeth (includes 2 clasps)                 | \$ 500 |
|                                    | Valplast (flexible acrylic) (regardless of number of teeth) | \$ 525 |
|                                    | Cast Metal Framework (regardless of number of teeth)        | \$ 550 |
|                                    | Combo Cast Flexible (regardless of number of teeth)         | \$ 575 |
|                                    | Note: Additional fees apply for premium teeth (prices vary) |        |
| • Denture Reline:                  | Soft Reline - per arch with impression                      | \$ 225 |
| • Denture/Partial Denture Repairs: | (per appliance, dependent on extent of repair needed)       | \$ 150 |
|                                    | and ↑   |        |
| • Occlusal Guard (night guard)     | Soft (polyvinyl)  | \$ 150 |

	Hard (clear acrylic)	\$ 175
	Combo Hard/Soft	\$ 200
• Crowns:	Single Units (posterior only)	\$ 350
	(NVDC will only crown posterior teeth endodontically treated by the NVDC. NVDC will not crown anterior teeth or non-endodontically treated teeth).	



**SIGNATURES:**



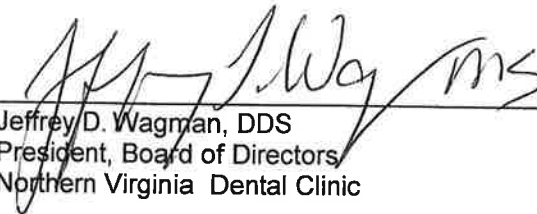
Melanie Hartman, DMD,  
President  
Northern Virginia Dental  
Society

12/31/2018  
Date



Thomas Wilson, Executive  
Director Northern Virginia Dental  
Clinic

12/31/18  
Date



Jeffrey D. Wagman, DDS  
President, Board of Directors  
Northern Virginia Dental Clinic

12/31/2018  
Date

City of Alexandria:

Carol Layer  
(Signature)

Director, DCHS Center for Adult Services  
(Title)

Carol Layer  
(Printed)

12-27-18  
(Date)

Arlington County:

Sherah Warren Lead

(Signature)

Sgt. Luedke, S&S

(Title)

Sherah Warren

(Printed)

12/27/18

(Date)

City of Fairfax:

*Louise Armitage*  
(Signature)

Louise Armitage  
(Printed)

Human Services Coordinator  
(Title)

December 28, 2018  
(Date)

City of Falls Church:

  
(Signature)

Nancy Vincent

(Printed)

Director  
Department of Housing and Human Services

\_\_\_\_\_  
(Title)

12-27-2018

\_\_\_\_\_  
(Date)