Contractor's Copy

COUNTY OF SACRAMENTO **ORIGINAL** NEGOTIATED RATE AGREEMENT NO. 7275-07/10-709 A3

THIRD AMENDMENT TO AGREEMENT

THIS THIRD AMENDMENT TO AGREEMENT made and entered into as of the 14th day of January, 2009, by and between the COUNTY OF SACRAMENTO, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and EL DORADO COUNTY HEALTH SERVICES DEPARTMENT - PUBLIC HEALTH DIVISION, a non-profit California corporation, hereinafter referred to as "CONTRACTOR".

RECITALS

WHEREAS, the parties hereto entered into an agreement as of March 1, 2007, hereinafter referred to as "AGREEMENT", relating to the provision of direct services for people living with HIV/AIDS disease; and

WHEREAS, the parties hereto entered into a FIRST AMENDMENT to AGREEMENT on February 19, 2008 to increase the maximum payment to CONTRACTOR by $106,935.00 from $53,468.00 to $160,403.00; and

WHEREAS, the parties hereto entered into a SECOND AMENDMENT to AGREEMENT, effective April 1, 2007 to increase the maximum payment to CONTRACTOR by $262,868.00 from $160,403.00 to $423,271.00; and to extend the term of the AGREEMENT from February 29, 2008 to March 31, 2010, extending the contract from one year to three years; and

WHEREAS, the parties hereto desire to enter into a retroactive THIRD AMENDMENT, effective April 1, 2007, to increase the maximum total payment to CONTRACTOR by $42,433.00 from $423,271.00 to $465,704.00; and

WHEREAS, the Director of the Department of Health and Human Services, or her designee, is authorized to amend AGREEMENT pursuant to Board Resolution No. 2008-0115, approved February 5, 2008:

NOW, THEREFORE, the AGREEMENT is amended as follows:

1. The maximum total payment of $423,271.00 to CONTRACTOR is hereby increased by $42,433.00 for a maximum reimbursable amount of $465,704.00.

2. Exhibit "A Amendment 2," and Exhibits "A-1 Amendment 2" through "A-6 Amendment 2" to AGREEMENT are replaced in entirety by Exhibit "A Amendment 3," and Exhibits "A-1 Amendment 3" through "A-6 Amendment 3", attached hereto and incorporated herein by reference.

3. Exhibits "C Amendment 2" and "C-1 Amendment 2" to AGREEMENT are replaced in entirety by Exhibits "C Amendment 3" and "C-1 Amendment 3," attached hereto and incorporated herein by reference.

4. "Attachment A" and "Attachment B" to AGREEMENT are replaced in entirety by "Attachment A Amendment 3" and Attachment B Amendment 3," attached hereto and incorporated herein by reference.

5. In all other respects, the above-referenced AGREEMENT, as amended, remains in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this THIRD AMENDMENT to AGREEMENT as of the day and date first written above.

COUNTY OF SACRAMENTO, a political subdivision of the State of California

By: _____ Date: 1/14/08
Lynn Frank, Director, Department of Health and Human Services. Approval delegated pursuant to Sacramento County Code Section 2.61.012 (h)

By: _____ Date: 12-19-08
Neda West, Director, El Dorado County Health Services Department – Public Health Division

94-6000511
Contractor's Social Security or Employer's Tax Identification Number

REVIEWED AND APPROVED BY COUNTY COUNSEL

By: 2.61.014 (b) Date: _____

EXHIBIT A AMENDMENT 3 to Agreement
between the COUNTY OF SACRAMENTO
hereinafter referred to as "COUNTY", and
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,
hereinafter referred to as "CONTRACTOR"

SPECIAL PROVISIONS

The Special Provisions listed below will apply to Exhibits A-1 through A-6 of this Agreement.

I. SERVICE LOCATION(S)

Facility Name(s): El Dorado County Public Health Department
Street Address: 3053 Harrison Ave., Su. 203
City and Zip Code: South Lake Tahoe, CA 96151

Facility Name(s): El Dorado County Public Health Department
Street Address: 550 Pleasant Valley Road, Su. 2E
City and Zip Code: Diamond Springs, CA 95619

II. COUNTY SERVICE PERFORMANCE MONITOR

Name and Title: Health Program Coordinator (Adrienne Rogers)
Organization: Department of Health and Human Services, Public Health/Ryan White CARE Program
Street Address: 7001-A East Parkway, Suite 600
City and Zip Codes: Sacramento, CA 95823

III. CONTRACTOR CONTRACT ADMINISTRATOR

The El Dorado County officer or employee responsible for administering this agreement is:

Name and Title: Michael Ungeheuer, Deputy Director
Organization: El Dorado County Public Health Department
Street Address: 931 Spring Street, Suite 3
City and Zip Codes: Placerville, CA 95667

IV. COUNTY RESIDENCY

Funding provided under Exhibit A of this Agreement is for services to Sacramento, El Dorado and Placer County residents only. A person is a Sacramento, El Dorado or Placer County resident if he/she is currently staying in one of these counties with the intent to remain and live in one of the specified counties. Any person who comes to Sacramento, El Dorado or Placer County for the express purpose of qualifying to receive services from a COUNTY-funded program, and intends to leave the county after receipt of services, is not considered a resident. Proof of residency can be established by the following:

A. Any bill or correspondence current to within the previous two weeks showing the individual's name and a Sacramento, El Dorado or Placer County address

B. Written statement by homeless shelter staff verifying that the individual has been in shelter residence in Sacramento, El Dorado or Placer County continuously for the previous two weeks

C. Current state issued identification card reflecting a Sacramento, El Dorado or Placer County address

D. Other reliable evidence that establishes Sacramento, El Dorado or Placer County residency

EXHIBIT A-1 AMENDMENT 3 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
EL DORADO COUNTY HEALTH SERVICES DEPARTMENT - PUBLIC HEALTH DIVISION,
hereinafter referred to as "CONTRACTOR"

SCOPE OF SERVICES: AMBULATORY/OUTPATIENT MEDICAL CARE

I. PROJECT DESCRIPTION

A. **Type of Program:** CONTRACTOR will provide Ambulatory/Outpatient Medical Care to People Living with HIV/AIDS (PLWH/A). Contractor will provide comprehensive high quality, client-centered, timely and cost-effective outpatient primary medical services to HIV-infected persons at all stages of disease.

B. **Length of Treatment:** Discharge from Ambulatory/Outpatient Medical Care will terminate upon the client's voluntary departure, death, or by termination on the part of CONTRACTOR from its owned or operated treatment facility. Termination will only be used as a last resort. Alternatives to termination, including conflict resolution and mediation, will be sought. Behavior that is threatening, violent, or endangers self or others will not be tolerated and shall be grounds for termination from the program.

C. **Population:** HIV-infected adults residing in the Sacramento Transitional Grant Area (TGA) which encompasses Sacramento, El Dorado and Placer Counties, who meet the Ryan White CARE Program eligibility guidelines.

II. SERVICES

A. CONTRACTOR will maintain and enhance individual health care by providing Ambulatory/Outpatient Medical Services to adults living with HIV/AIDS in Sacramento TGA. CONTRACTOR shall establish and implement policies and procedures which:

1. Ensure that referred clients receive timely, effective, and quality Ambulatory/Outpatient Medical Care that meets his/her special needs.

2. Incorporates and ensures compliance of ethical standards as established for all health care providers and legal standards as defined by federal and state governments regulating confidentiality (Civil Codes 38.1, 38.2, 38.3, Evidence Code 1012).

3. Incorporates and ensures, to the extent possible, adherence to established HIV clinical practice standards and the most current Public Health Services (PHS) guidelines for treatment and care of adult HIV+ persons.

B. CONTRACTOR will provide access to Ambulatory/Outpatient Medical Services for People Living with HIV/AIDS in the Sacramento TGA. Ambulatory/Outpatient Medical Services will include the following services:

1. Lab Visits.

2. Primary care visits with a HIV health care provider.

3. Specialty care visits with other medical specialist health care providers.

4. Medication adherence sessions as part of medical visits.

C. CONTRACTOR shall maintain an individualized medical file for each client, which contains documentation of all services provided, appropriate signed release of information forms and case notes documenting client contact and resource and referral follow-up.

D. CONTRACTOR shall use best efforts to achieve the outcomes described in sections 2 to 7 below and provide the levels of service delivery as follows:

1. Number of Unduplicated Clients:

a) A minimum of 21 clients will receive Ambulatory/Outpatient Medical Services during Fiscal Year 2007-2008.

b) A minimum of 48 clients will receive Ambulatory/Outpatient Medical Services during Fiscal Year 2008-2009.

c) A minimum of 48 clients will receive Ambulatory/Outpatient Medical Services during Fiscal Year 2009-2010.

2. Number of Units of Service:

a) Primary Care Visit:

(1) A minimum of 1 unit of service per client and an overall maximum of 5,500 units of service will be provided during Fiscal Year 2007-2008.

(2) A minimum of 1 unit of service per client and an overall maximum of 5,109.09 units of service will be provided during Fiscal Year 2008-2009.

(3) A minimum of 1 unit of service per client and an overall maximum of 5,109.09 units of service will be provided during Fiscal Year 2009-2010.

b) Lab Visit:

(1) A minimum of 1 unit of service per client and an overall maximum of 302.73 units of service will be provided during Fiscal Year 2007-2008.

(2) A minimum of 1 unit of service per client and an overall maximum of 3,800.91 units of service will be provided during Fiscal Year 2008-2009.

(3) A minimum of 1 unit of service per client and an overall maximum of 3,800.91 units of service will be provided during Fiscal Year 2009-2010.

c) Specialty Care Visit:

(1) A minimum of 1 unit of service per client and an overall maximum of 121.82 units of service will be provided during Fiscal Year 2007-2008.

(2) A minimum of 1 unit of service per client and an overall maximum of 1,950.91 units of service will be provided during Fiscal Year 2008-2009.

(3) A minimum of 1 unit of service per client and an overall maximum of 1,950.91 units of service will be provided during Fiscal Year 2009-2010.

1 unit of service – 1 vendor paid dollar for primary care visit with Health Care Provider OR

1 vendor paid dollar for lab visit OR

1 vendor paid dollar for specialty care visit with Health Care Provider

3. Documentation of on-going medical care will be charted in case files for 100% of clients.
4. The number of Hospital admissions as a ratio of the annual unduplicated caseload will be tracked and trended.
5. The number of emergency room visits as a ratio of the annual unduplicated caseload will be tracked and trended.
6. CD4 Counts and Viral Load counts as a ratio of the annual unduplicated caseload will be tracked and trended.
7. Death Rates per year as a percentage of annual unduplicated clients will be tracked and trended.
8. 70% of clients will receive a minimum of one primary care visit per year (12 month period).
9. CONTRACTOR shall document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.
10. CONTRACTOR will provide screening and treatment to 95% of clients reporting opportunistic infections who remain in care.
11. 60% of clients on HAART therapy will show improved or stable CD4 and viral load counts.
12. 100% of primary care services offered will meet Public Health Standard guidelines.

**EXHIBIT A-2 AMENDMENT 3 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
EL DORADO COUNTY HEALTH SERVICES DEPARTMENT - PUBLIC HEALTH DIVISION,
hereinafter referred to as "CONTRACTOR"**

SCOPE OF SERVICES: MEDICAL CASE MANAGEMENT

I. PROJECT DESCRIPTION

A. **Type of Program:** CONTRACTOR will provide Medical Case Management services to HIV+ persons residing in the Sacramento Transitional Grant Area (TGA) which encompasses Sacramento, El Dorado and Placer Counties. The purpose of this program is to improve the overall health and well being of Persons Living with HIV/AIDS (PLWH/A) by ensuring that all the client's medical and psychosocial concerns are being adequately addressed within a case management system.

B. **Length of Treatment:** Discharge from Medical Case Management services will terminate upon the client's voluntary departure, death, or by termination on the part of CONTRACTOR. Termination will only be used as a last resort. Alternatives to termination, including conflict resolution and mediation, will be sought. Behavior that is threatening, violent, or endangers self or others will not be tolerated and shall be grounds for termination from the program.

C. **Population:** CONTRACTOR'S Medical Case Management program shall target HIV+ men, women, transsexuals, and children residing in the Sacramento TGA. All clients must meet the Ryan White CARE Program eligibility guidelines.

II. SERVICES

A. CONTRACTOR shall perform an intake process on each participant to evaluate client's suitability for CONTRACTOR's Medical Case Management Program. Clients who do not meet CONTRACTOR's eligibility criteria for Case Management will be referred to other providers that can meet their Medical Case Management needs. To be eligible for CONTRACTOR Medical Case Management Services, client must be an HIV+ person and must meet the Ryan White CARE Program eligibility guidelines.

B. CONTRACTOR'S Medical Case Management services will include but not be limited to a range of client-centered services that link clients with health care, psychosocial and other services to ensure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, and ongoing assessment of the client's and other family members' needs and personal support systems. CONTRACTOR'S Medical Case Management services shall be operated in compliance with the Sacramento HIV Health Planning Council adopted "Standards of Care for Medical Case Management", as amended and found in CONTRACTOR's Ryan White Resource Manual. Medical Case Management will include, but not be limited to:

1. Intake Process: CONTRACTOR shall perform an intake process on each client meeting eligibility criteria for Medical Case Management services. The intake process will include determining eligibility for Ryan White-funded services, completing the Ryan White Intake Form, and providing the participant with an orientation to CONTRACTOR's program. CONTRACTOR'S providing field-based medical case management services will offer clients the opportunity to have the intake process completed in their home or at a site more accessible for the client than the CONTRACTOR'S regular place of business.

2. Evaluation and Assessment: During the initial intake process, CONTRACTOR shall perform an assessment of medical and psychosocial needs of the participant using the adopted TGA Medical Case Management Service Standards as a guide to determine appropriate service and/or resource referrals.

3. Care Plan: During the initial intake process, CONTRACTOR shall provide a face-to-face interview with participant to develop a comprehensive individualized Care Plan that prioritizes client needs, identifies resources necessary to meet those needs, and documents mutually agreed-upon goals. The specific number of case management sessions with the client will be tailored by the CONTRACTOR to an individual's needs based upon the results of an assessment and Care Plan. Care Plans shall be up-dated a minimum of once every six months.

4. Information and Referral: CONTRACTOR shall make referrals to the most appropriate resource to meet needs prioritized in the client's Case Plan. CONTRACTOR will document referrals and provide follow-up action to ensure that services are provided.

5. Case Files: CONTRACTOR shall maintain an individualized case file for each client which contains documentation of all services provided, appropriate signed release of information forms and case notes documenting client contact and resource and referral follow-up.

C. CONTRACTOR shall use best efforts to achieve the outcomes described in sections 3, 4, 5, 6, 7 and 8 below and provide the level of service delivery as follows:

1. Number of Unduplicated Clients:

   a) A minimum of 1 and a maximum of 66 clients will receive medical case management services during Fiscal Year 2007-2008.

   b) A minimum of 1 and a maximum of 119 clients will receive medical case management services during Fiscal Year 2008-2009.

   c) A minimum of 1 and a maximum of 119 clients will receive medical case management services during Fiscal Year 2009-2010.

2. Number of Units of Service:

   a) A minimum of 8 units of service per client and an overall maximum of 7,600.65 units of service will be provided not to exceed the total contract award during Fiscal Year 2007-2008.

   b) A minimum of 8 units of service per client and an overall maximum of 5,864.60 units of service will be provided not to exceed the total contract award during Fiscal Year 2008-2009.

   c) A minimum of 8 units of service per client and an overall maximum of 5,864.60 units of service will be provided not to exceed the total contract award during Fiscal Year 2009-2010.

   1 unit of service = 15 minutes of field based face-to-face encounter or 15 minutes of field based other encounter

3. 100% of participants will have had an assessment of medical and psychosocial needs, which determined appropriate resource referrals.

4. 100% of program participants will have a Plan of Care prioritizing needs and identifying goals to meet those needs.

5. 70% of unduplicated clients will maintain/achieve their individual care plan objectives as measured over twelve months.

6. Documentation of assistance provided will be charted in case files for 100% of clients.

7. 100% of participants will be reassessed at least once during the project year.

8. Documentation of on-going medical care will be charted in case files for 100% of clients.

9. CONTRACTOR will document and track all service provision to clients through the SEMAS web-based database in order to identify clients who may withdraw from care.

10. 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.

11. 70% of clients receiving medical case management will maintain routine medical care (minimum one primary care visit per year that includes a CD4 count, viral load test or on ART).

EXHIBIT A-3 AMENDMENT 3 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
EL DORADO COUNTY HEALTH SERVICES DEPARTMENT - PUBLIC HEALTH DIVISION,
hereinafter referred to as "CONTRACTOR"

SCOPE OF SERVICE: MENTAL HEALTH TREATMENT SERVICES

I. PROJECT DESCRIPTION

A. **Type of Services:** CONTRACTOR shall provide outpatient mental health services to HIV+ adults, their family members and caregivers who meet the eligibility requirements for the Sacramento Transitional Grant Area (TGA) Ryan White CARE Program. Outpatient mental health services include crisis intervention sessions, individual evaluation and assessment sessions, and individual counseling sessions.

B. **Goal:** Desired outcome is to maintain adults in the lowest level of mental health care possible while improving their ability to enter into and remain in medical care.

C. **Population:** Women living with HIV/AIDS in the Sacramento TGA with a primary focus on those persons who receive and/or enter and remain in primary medical care for their HIV/AIDS related condition(s). Family members, significant others and caregivers of women with HIV are also eligible to receive mental health services.

D. **Length of Treatment:** The length/duration of specialized mental health services shall be determined by the individualized needs of each client in accordance with his/her Plan of Care. There are no minimum/maximum levels or amounts of mental health services required. However, CONTRACTOR shall provide clinically appropriate levels of mental health services in accordance with Title IX of the California Code of Regulations and shall strive to maintain and/or improve the client's well being, stability in the community, and reduce the need for inpatient hospitalization.

II. SERVICES

A. CONTRACTOR shall establish and implement policies and procedures which:

1. Ensure that referred clients receive timely, effective, and quality mental health services that meet his/her special needs.

2. Incorporate and ensure compliance of ethical standards as established by all mental health disciplines (e.g. social workers, counselors, psychologists) and legal standards as defined by federal and state governments regulating confidentiality (Civil Codes 38.1, 38.2, 38.3, Evidence Code 1012).

B. CONTRACTOR shall provide individualized therapeutic interventions that address the presenting problem and mental health diagnosis of the referred client as evidenced by client chart documentation and internal utilization review.

C. CONTRACTOR shall establish and implement clinical oversight and monitoring systems which:

1. Address treatment issues, discharge planning, and scope of practice.

2. Ensure that client cases and documentation of cases are opened and closed in a timely and appropriate manner.

3. Include regular internal utilization review meetings by which charts/documentation of referred clients are thoroughly reviewed by agency staff.

D. CONTRACTOR shall ensure quality care by providing agency staff with on-going training and supervision.

E. CONTRACTOR shall develop Plans of Care which, as evidenced by client chart documentation and internal utilization review:

1. Meet the individualized needs of the referred client.

2. Address client's presenting issues and mental health diagnosis

3. Include client involvement.

F. CONTRACTOR shall provide referral and linkages to other county and community based services when clinically appropriate.

G. CONTRACTOR shall ensure interagency coordination, communication, and/or collaboration of services with other agencies with which the referred client is involved as evidenced by client chart documentation and internal utilization review.

H. CONTRACTOR shall provide appropriate referral and linkage for clients who do not meet criteria, are transitioning out of services, or require services beyond the scope of the contracted program.

I. CONTRACTOR shall demonstrate program effectiveness through performance outcomes.

J. CONTRACTOR shall provide culturally competent services by:

1. Seeking staff that provides multi-cultural representation on all levels.

2. Providing services to referred clients in a manner that is sensitive and responsive to racial, ethnic, linguistic, and cultural differences as evidenced by client chart documentation and internal utilization review.

K. CONTRACTOR shall provide services at hours that are convenient and acceptable to the referred client.

III. SERVICE DELIVERY REQUIREMENTS

A. Service Eligibility: CONTRACTOR shall perform an intake process on each participant seeking Ryan White-funded mental health services. The intake process will include determining eligibility for Ryan White-funded services, completing the Ryan White Intake Form, and providing the participant with an orientation to CONTRACTOR's program. The Intake process should be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of a lack of funding or available staff. Clients placed on a waiting list must be provided with referrals to alternate available Ryan White Case Management agencies, and all waiting lists must be reported to the Ryan White Fiscal Agent. Once funding or staff becomes available, clients placed on the waiting list should be seen in order of need.

B. Service Eligibility for Non-Infected Clients: Non-infected individuals may be appropriate candidates for CARE Act services in limited situations, but these services must always have at least indirect benefit to a person with HIV. The Sacramento TGA's adopted Mental Health Service Standards outline these limited circumstances.

C. Evaluation and Assessment: During the initial intake process, CONTRACTOR shall perform an assessment of medical and psychosocial needs of the participant using the adopted TGA Case Management Service Standards as a guide to determine appropriate service and/or resource referrals.

D. CONTRACTOR shall document assessments, client plans, and progress notes, which accurately represent the mental health service provided and client progress.

E. CONTRACTOR shall meet all Ryan White program-staffing requirements. Staff clinicians who provide the services must meet all licensure and certification requirements as established by the State of California, Board of Behavioral Sciences. Registered interns may provide services if they have appropriate supervision by mental health professionals licensed within the State of California to provide mental health services and are employed directly by the applicant organization. It is understood that clinicians knowledgeable of HIV+ client needs will provide mental health services.

F. CONTRACTOR will document and track all service provision to clients through the SEMAS web-based database in order to identify clients who may withdraw from care.

G. CONTRACTOR shall use best efforts to achieve the outcomes described in sections 3, 4, 5, 6, 7 and 8 below and provide the level of service delivery as follows:

1. Number of Unduplicated Clients:

a) A minimum of 1 adult will receive individual psychological counseling services during Fiscal Year 2007-2008.

b) A minimum of 15 adults will receive individual psychological counseling services during Fiscal Year 2008-2009.

c) A minimum of 15 adults will receive individual psychological counseling services during Fiscal Year 2009-2010.

2. Number of Units of Service:

a) A maximum of 459.09 units of service will be provided at the maximum billing rate during Fiscal Year 2007-2008.

b) A maximum of 7,066.36 units of service will be provided at the maximum billing rate during Fiscal Year 2008-2009.

c) A maximum of 7,066.36 units of service will be provided at the maximum billing rate during Fiscal Year 2009-2010.

1 unit of service = 1vendor paid dollar for individual psychological counseling session

3. 100% of participants will have completed a pre-survey prior to or on their first mental health appointment at the agency or if the person is a continuing client they will have completed a pre-survey on their first appointment of each C.A.R.E. Program fiscal year commencing March 1.

4. 100% of participants will have completed a post-survey at the time they complete treatment at the agency or at the end of each C.A.R.E. Program fiscal year on February 28, whichever event comes first.

5. 100% of long-term ongoing clients will have completed a post-survey one-year after they began receiving treatment at the agency and again each year following to track the progress of treatment.

6. 100% of client survey responses will be reported to the Sacramento TGA Ryan White CARE Program.

7. 100% of clients who do not have an identified primary care provider at the time of Intake will receive a referral and access an appropriate physician or clinic during the program year.

8. 60% of HIV+ clients who receive mental health services will report increased functionality within 90 days of start of treatment.

EXHIBIT A-4 AMENDMENT 3 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
EL DORADO COUNTY HEALTH SERVICES DEPARTMENT - PUBLIC HEALTH DIVISION,
hereinafter referred to as "CONTRACTOR"

SCOPE OF SERVICES: SUPPORT SERVICE - MEDICAL TRANSPORTATION

I. PROJECT DESCRIPTION

A. **Type of Service:** CONTRACTOR will provide Support Services in the form of Medical Transportation to Persons Living with HIV/AIDS (PLWH/A). Many PLWH/A have multiple needs because of the numerous logistical barriers to accessing care and/or staying in care, including, but not limited to: poverty, isolation, trust of government systems, homelessness, mental health (including multiple diagnoses), ability to pay for medical services, and discrimination. Support Services – Medical Transportation shall provide assistance to promote quality of life and remove major barriers that prevent PLWH/A from accessing needed primary medical care.

B. **Population:** Persons living with HIV/AIDS in the Sacramento Transitional Grant Area (TGA), which encompasses El Dorado, Placer, and Sacramento Counties, with a primary focus on those persons who receive and/or enter and remain in primary medical care for their HIV/AIDS related condition(s).

C. **Goal:** Desired outcome is to provide basic Support Services - Medical Transportation to persons living with HIV/AIDS in the Sacramento TGA and to improve their ability to enter into and/or remain in primary medical care.

II. SERVICES

A. CONTRACTOR will maintain and enhance individual health care by providing Support Services to PLWH/A in the Sacramento TGA. CONTRACTOR shall establish and implement policies and procedures that ensure the referred client receives timely, effective, and quality Support Services - Medical Transportation that meet their individual needs as determined by a Plan of Care developed by a Sacramento TGA medical case management agency that is Ryan White CARE Program funded. Exceptions: clients receiving volunteer-based Transportation Services, Buddy/Companion Services, Peer/Support Groups and/or Service Outreach/Case Funding, do not require case management participation.

B. CONTRACTOR shall ensure Support Services – Medical Transportation are designed as coordinated services to facilitate access to primary medical care and to promote continuity of care. It is the intent of these services to improve the quality of life of persons living with HIV/AIDS in the Sacramento TGA.

C. CONTRACTOR shall perform an intake process for each client meeting eligibility criteria for Medical Transportation Support Services. The intake process will include determining eligibility for Ryan White-funded services, completing the Ryan White Intake Form, and providing the participant with an orientation to the Support Services CONTRACTOR provides. The Intake process should be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of a lack of funding or available staff. Clients placed on a waiting list must be provided with referrals to alternate available Ryan White Medical Case Management agencies, and all waiting lists must be reported to the Ryan White Fiscal Agent. Once funding or staff becomes available, clients placed on the waiting list should be seen in order of need.

D. CONTRACTOR shall make referrals to the most appropriate resources to meet the needs prioritized in the client's Plan of Care, will document referrals and provide follow-up action to ensure that referred services were/are provided.

E. CONTRACTOR shall provide a minimum level of service delivery as follows:

1. **SS-Medical Transportation:** Conveyance services provided to a client in order to access medical care or HIV-related psychosocial services and medical transportation to basic local, state, and federal entitlement program facility sites within the TGA only. Conveyance may be provided through joint-agency arrangement for volunteer-based transportation services, routinely or on an emergency basis via bus passes, or as a last resort, and clearly documented as an immediate need, taxicab services through an appropriate vendor.

2. Unduplicated Clients:

a) A minimum of 15 clients will receive transportation assistance during Fiscal Year 2007-2008.
b) A minimum of 38 clients will receive transportation assistance during Fiscal Year 2008-2009.
c) A minimum of 38 clients will receive transportation assistance during Fiscal Year 2009-2010.

3. Units of Service:

a) A maximum of 1,811.82 units of service will be provided at the maximum billing rate during Fiscal Year 2007-2008.

b) A maximum of 4,541.82 units of service will be provided at the maximum billing rate during Fiscal Year 2008-2009.

c) A maximum of 4,541.82 units of service will be provided at the maximum billing rate during Fiscal Year 2009-2010.

1 unit of service = 1 vendor paid transportation dollar

III. INTENDED OUTCOMES

A. CONTRACTOR shall strive to achieve the minimum and maximum service deliveries as described in Section II listed above.

B. CONTRACTOR shall ensure documentation of intake process be charted in case files for 100% of clients.

C. CONTRACTOR shall ensure that 100% of program participants have a Plan of Care developed by a Sacramento TGA Ryan White CARE Program funded case management agency. Exceptions: clients receiving Volunteer-based Transportation Services, Buddy/Companion Services, and/or Service Outreach/Case Finding, which do not require case management participation.

D. CONTRACTOR shall offer 100% of participants an array of transportation service options to overcome barriers to accessing primary medical care.

E. CONTRACTOR shall document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.

F. CONTRACTOR shall ensure documentation of on-going medical care will be charted in case files for 100% of clients.

G. CONTRACTOR shall document all other resources available to client and other private and community resources attempted and/or accessed prior to using Ryan White CARE Act funds (i.e. payer of last resort).

H. 70% of Medical Transportation clients will maintain routine medical care (minimum one primary care visit per year that includes a CD4 count, viral load or on ART).

I. 75% of clients showing evidence of need for medical transportation services will receive transportation for HIV/AIDS related care appointments.

EXHIBIT A-5 AMENDMENT 3 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
EL DORADO COUNTY HEALTH SERVICES DEPARTMENT - PUBLIC HEALTH DIVISION,
hereinafter referred to as "CONTRACTOR"

SCOPE OF SERVICES: EMERGENCY FINANCIAL ASSISTANCE

I. PROJECT DESCRIPTION

A. **Type of Service:** CONTRACTOR will provide Emergency Financial Assistance to Persons Living with HIV/AIDS (PLWH/A). Many PLWH/A have multiple needs because of the numerous logistical barriers to accessing care and/or staying in care, including, but not limited to: poverty, isolation, trust of government systems, homelessness, mental health (including multiple diagnoses), ability to pay for medical services, and discrimination. Support Services shall provide assistance to promote quality of life and remove major barriers that prevent PLWH/A from accessing needed primary medical care..

B. **Population:** Persons living with HIV/AIDS in the Sacramento Transitional Grant Area (TGA), which encompasses El Dorado, Placer, and Sacramento Counties, with a primary focus on those persons who receive and/or enter and remain in primary medical care for their HIV/AIDS related condition(s).

C. **Goal:** Desired outcome is to provide basic Emergency Financial Assistance to persons living with HIV/AIDS in the Sacramento TGA and to improve their ability to enter into and/or remain in primary medical care.

II. SERVICES

A. CONTRACTOR will maintain and enhance individual health care by providing Emergency Financial Assistance to PLWH/A in the Sacramento TGA. CONTRACTOR shall establish and implement policies and procedures that ensure the referred client receives timely and effective Emergency Financial Assistance that meets their individual needs as determined by a Plan of Care developed by a Sacramento TGA case management agency that is Ryan White CARE Program funded.

B. CONTRACTOR shall ensure Emergency Financial Assistance is designed as a coordinated service to facilitate access to primary medical care and to promote continuity of care. It is the intent of these services to improve the quality of life of persons living with HIV/AIDS in the Sacramento TGA.

C. CONTRACTOR shall perform an intake process for each client meeting eligibility criteria for Emergency Financial Assistance. The intake process will include determining eligibility for Ryan White-funded services, completing the Ryan White Intake Form, and providing the participant with an orientation to the Emergency Financial Assistance CONTRACTOR provides. The Intake process should be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of a lack of funding or available staff. Clients placed on a waiting list must be provided with referrals to alternate available Ryan White Case Management agencies, and all waiting lists must be reported to the Ryan White Fiscal Agent. Once funding or staff becomes available, clients placed on the waiting list should be seen in order of need.

D. CONTRACTOR shall make referrals to the most appropriate resources to meet the needs prioritized in the client's Plan of Care, will document referrals and provide follow-up action to ensure that referred services were/are provided.

E. CONTRACTOR shall provide a minimum level of service delivery as follows:

Other Critical Needs: Services developed to meet the needs of clients not listed in other support service categories, such as short-term direct emergency financial assistance for health insurance premiums and other critical needs. Payment on behalf of client shall be made to the provider of said assistance or need directly. Ryan White CARE Program-funded clients shall not receive any direct financial assistance payments.

A. Unduplicated Clients:

1) A minimum of 32 clients will receive emergency financial assistance for other critical needs during Fiscal Year 2007-2008.

2) A minimum of 3 clients will receive emergency financial assistance for other critical needs during Fiscal Year 2008-2009.

3) A minimum of 3 clients will receive emergency financial assistance for other critical needs during Fiscal Year 2009-2010.

B. Units of Service:

1) A maximum of 15,841.82 units of service will be provided at the maximum billing rate during Fiscal Year 2007-2008.

2) A maximum of 1,513.64 units of service will be provided at the maximum billing rate during Fiscal Year 2008-2009.

3) A maximum of 1,513.64 units of service will be provided at the maximum billing rate during Fiscal Year 2009-2010.

1 unit of service = 1 vendor paid food dollar

III. INTENDED OUTCOMES

A. CONTRACTOR shall strive to achieve the minimum and maximum service deliveries as described in Section II listed above.

B. CONTRACTOR shall ensure documentation of intake process be charted in case files for 100% of clients.

C. CONTRACTOR shall ensure that 100% of program participants have a Plan of Care developed by a Sacramento TGA Ryan White CARE Program funded case management agency.

D. CONTRACTOR shall offer 100% of participants emergency financial assistance to overcome barriers to accessing primary medical care.

E. CONTRACTOR shall document in individualized case file for 100% of clients: Proof of need and payment (e.g. copy of utility/telephone cut-off notice/bill, vendor invoice, etc.); appropriate signed release of information forms; all contact with client; resource referrals; and case notes.

F. CONTRACTOR shall document all other resources available to client and other private and community resources attempted and/or accessed prior to using Ryan White CARE Act funds (i.e. payor of last resort)

G. CONTRACTOR shall document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.

H. Documentation of on-going medical care will be charted in case files for 100% of clients.

I. 70% of clients accessing Emergency Financial Assistance will continue to access routine medical care (Minimum one primary care visit per year that includes a CD4 count, viral load test or on ART).

J. CONTRACT shall adhere to service standards and directives as determined by the HIV Health Services Planning Council.

EXHIBIT A-6 AMENDMENT 3 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
EL DORADO COUNTY HEALTH SERVICES DEPARTMENT - PUBLIC HEALTH DIVISION,
hereinafter referred to as "CONTRACTOR"

SCOPE OF SERVICES: ORAL HEALTH CARE

I. PROJECT DESCRIPTION

A. **Type of Program:** CONTRACTOR will provide Oral Health Care to People Living with HIV/AIDS (PLWH). Under the Oral Health Care Program the CONTRACTOR will provide the following services: diagnostic, prophylactic and therapeutic services rendered by licensed dentists, dental hygienists, dental assistants and other appropriately licensed or certified professional practitioners.

B. **Length of Treatment:** Length of treatment will be determined based on the diagnostic assessment by a licensed dentist of emergency Oral Health Care required and authorized under the current adopted Ryan White HIV Dental Program Operations Manual attached as Attachment A.

C. **Population:** HIV infected persons in the Sacramento TGA with a primary focus on persons who need improvement in dental health.

II. SERVICES

A. CONTRACTOR will maintain and enhance individual health care by providing Oral Health Care to People Living with HIV/AIDS in the Sacramento TGA.

1. CONTRACTOR shall establish and implement policies and procedures that ensure that referred clients receive timely, effective, and quality Oral Health Care that meets his/her special needs.

2. CONTRACTOR shall establish and implement policies and procedures that incorporate and ensure compliance of ethical standards as established for all health care providers and legal standards as defined by federal and state governments regulating confidentiality (Civil Codes 38.1, 38.2, 38.3, Evidence Code 1012).

3. CONTRACTOR will provide access to Oral Health Care for People Living with HIV/AIDS in the Sacramento TGA. Oral Health Care will be limited to the services listed in the Sacramento County- Units of Services (UOS) Schedule 2007/2010 attached as Attachment B.

4. CONTRACTOR shall perform an intake process on each client meeting eligibility criteria for Oral Health Care services. The intake process will include determining eligibility for Ryan White-funded services, completing the Ryan White Intake Form, and providing the participant with an orientation to the CONTRACTOR'S SERVICE PROGRAM. The Intake process should be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of a lack of funding or available staff. Clients placed on a waiting list must be provided with referrals to alternate available Ryan White Medical Case Management agencies, and all waiting lists must be reported to the Ryan White Fiscal Agent. Once funding or staff becomes available, clients placed on the waiting list should be seen in order of need.

5. Documentation of on-going dental care will be charted in case files for 100% of clients.

6. CONTRACTOR shall document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.

7. CONTRACTOR shall use best efforts to achieve the outcomes described in sections a. through d. below:

a. The number of clients who receive actual definitive or emergency treatment will measure the improvement in dental health. Persons who receive diagnostic services, and who do not return for preventative or restorative services, will not be considered as having an improvement in their dental health. Persons who receive any type of definitive therapy, including emergency care for the relief of pain or infection, will have been considered to have benefited or experienced an improvement in their dental health.
b. To implement a client satisfaction survey to monitor the perception of quality through the consumer's perspective. This survey will be done once per year according to a schedule determined by the Ryan White CARE program.
c. Documentation of on-going dental care will be charted in case files for 100% of clients.
d. CONTRACTOR shall document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.

B. CONTRACTOR shall provide the level of service delivery as follows:

1. Number of Unduplicated Clients:
   i. A minimum of 1 client and a maximum of 2 clients will receive Oral Health Care during Fiscal Year 2007-2008.
   ii. A maximum of 1 client will receive Oral Health Care during Fiscal Year 2008-2009.
   iii. A maximum of 1 client will receive Oral Health Care during Fiscal Year 2009-2010.

2. Number of Units of Service:
   i. A minimum of 1 unit of service per client and an overall maximum of 2,450.00 units of service will be provided at the maximum billing rate during Fiscal Year 2007-2008.
   ii. A minimum of 1 unit of service per client and an overall maximum of 3,028.18 units of service will be provided at the maximum billing rate during Fiscal Year 2008-2009.
   iii. A minimum of 1 unit of service per client and an overall maximum of 3,028.18 units of service will be provided at the maximum billing rate during Fiscal Year 2009-2010.

   1 unit of service = 1 vendor paid dollar for dental visit

3. 70% of dental clients will maintain routine medical care (minimum one primary care visit per year that includes a CD4 count, viral load or on ART).

4. 100% of dental clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.

III. COUNTY RESIDENCY

Funding provided under Exhibit A-1 of this Agreement is for services to Sacramento, El Dorado and Placer County residents only. A person is a Sacramento, El Dorado or Placer County resident if he/she is currently staying in one of these counties with the intent to remain and live in one of the specified counties. Any person who comes to Sacramento, El Dorado or Placer County for the express purpose of qualifying to receive services from a COUNTY-funded program, and intends to leave the county after receipt of services, is not considered a resident. Proof of residency can be established by the following:

A. Any bill or correspondence current to within the previous two weeks showing the individual's name and a Sacramento, El Dorado or Placer County address.

B. Written statement by homeless shelter staff verifying that the individual has been in shelter residence in Sacramento, El Dorado or Placer County continuously for the previous two weeks.

C. Current state issued identification card reflecting a Sacramento, El Dorado or Placer County address.

D. Other reliable evidence that establishes Sacramento, El Dorado or Placer County residency.

EXHIBIT C AMENDMENT 3 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
EL DORADO COUNTY HEALTH SERVICES DEPARTMENT - PUBLIC HEALTH DIVISION,
hereinafter referred to as "CONTRACTOR"

BUDGET REQUIREMENTS

This contract was awarded according to Request For Proposal (RFP) No. PHPE/010-05/10.

I. MAXIMUM PAYMENT TO CONTRACTOR

The Total Maximum Payment Amount under this Agreement is: $465,704.00.

B. CONTRACTOR shall be reimbursed in accordance with the Budget set forth below and Exhibit C-1.

II. BUDGET

The Budget for this Agreement is outlined below.

RYAN WHITE DIRECT SERVICES

Line	Budget Item	FY07/08 Total Expenses per Budget Item Requested from CARE Program	FY08/09 Total Expenses per Budget Item Requested from CARE Program	FY09/10 Total Expenses per Budget Item Requested from CARE Program	Grand Totals
	Personnel Expenses				
1	Sr. Accountant (M.Raines) (FY07-08: 10% of $64,290 Annual Salary) (FY08-09: 8.4958% of $64,290 Annual Salary) (FY09-10: 8.4958% of $64,290 Annual Salary)	$6,429.00	$5,462.00	$5,462.00	$17,353.00
2	Benefits x 12 mos at 41.5% of Salaries FY07; 41.55% for FY08 and FY09	$2,671.00	$2,269.00	$2,269.00	$7,209.00
	Total Personnel	**$9,100.00**	**$7,731.00**	**$7,731.00**	**$24,562.00**
3	**Operating Expenses**				$0.00
4	Subcontract	$147,348.00	$146,897.00	$146,897.00	$441,142.00
5	**Total Operating Expense**	**$147,348.00**	**$146,897.00**	**$146,897.00**	**$441,142.00**
6	**Total Direct Expenses**	**$156,448.00**	**$154,628.00**	**$154,628.00**	**$465,704.00**
7	**Indirect Expenses**	$0.00	$0.00	$0.00	$0.00
	TOTAL SERVICE CATEGORY BUDGET	**$156,448.00**	**$154,628.00**	**$154,628.00**	**$465,704.00**

EXHIBIT C-1 AMENDMENT 3 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
EL DORADO COUNTY HEALTH SERVICES DEPARTMENT - PUBLIC HEALTH DIVISION,
hereinafter referred to as "CONTRACTOR"

RYAN WHITE SERVICES BUDGET NARRATIVE

Line Item	FY07-08 %/$ of FTE	FY07/08 Amount	FY08-09 %/$ of FTE	FY08/09 Amount	FY09-10 %/$ of FTE	FY09/10 Amount	Grand Totals
PERSONNEL							
Sr. Accountant - (Raines): 10% of FTE @ $64,290 per year FY07, 8.4958% FY 08 and FY09. Reviews and reconciles subcontractor claims for Ryan White Services for submission to Fiscal Agent.	10% of FTE @ $64,290	$6,429.00	8.1942% of FTE @ $64,290	$5,462.00	8.1942% of FTE @ $64,290	$5,462.00	$17,353.00
FRINGE BENEFITS: Includes insurance benefits, retirement, workman's compensation, parking or bus pass reimbursement, payroll taxes, etc. (41.55%) for FY07 and 41.55% for FY 08 and FY09	41.5500%	$2,671.00	41.5528%	$2,269.00	41.5528%	$2,269.00	$7,209.00
TOTAL PERSONNEL EXPENSES		**$9,100.00**		**$7,731.00**		**$7,731.00**	**$24,562.00**
OPERATING EXPENSES							
SUBCONTRACT: Subcontract with Sierra Foothills AIDS Foundation to provide Medical Case Management inlcuding intake/assessment, ambulatory care, mental health, medical transportation, dental services, and other critical need financial assistance.		$147,348.00		$146,897.00		$146,897.00	$441,142.00
TOTAL OPERATING EXPENSES		**$147,348.00**		**$146,897.00**		**$146,897.00**	**$441,142.00**
TOTAL DIRECT EXPENSES		**$156,448.00**		**$154,628.00**		**$154,628.00**	**$465,704.00**
INDIRECT COSTS: Includes but is not limited to, program oversight and administrative support services including, accounting services, maintenance of personnel files and procedures, and legal services associated with personnel and other operations; insurance, payroll services, pension plan administration, other benefits administration, audit and expenses, operating expenses associated with the administrative services. Calculated at 10% of direct costs.		$0.00		$0.00		$0.00	$0.00
TOTAL ANNUAL BUDGET		**$156,448.00**		**$154,628.00**		**$154,628.00**	**$465,704.00**

ATTACHMENT A AMENDMENT 3

RYAN WHITE HIV DENTAL PROGRAM OPERATIONS MANUAL

I. CRITERIA FOR DENTAL SERVICES UNDER THE TITLE I RYAN WHITE PROGRAM

This document is a compilation of criteria which apply to dental services. It is designated to provide assistance to dentists treating beneficiaries, in determining service authorization and payment. These criteria are designated to ensure that program funds are spent on services that are medically necessary and are in substantial compliance with the Ryan White HIV Dental Program Policy, and generally accepted standards of dental practice. However, these criteria are but guidelines with which to apply professional judgement in assuring that dental services are appropriate, necessary and of high quality. Professional judgement shall be applied in the determination of benefits and/or payment on the basis of these reliable and valid criteria, evaluation, and interpretation of diagnostic material. Providers and County consultants have established these criteria to standardize the exercise of professional judgement. However, it should be pointed out that this listing does not establish a requirement that consultants must authorize services which meet the criteria listed.

II. REASONABLE AND NECESSARY CONCEPT

A. Outpatient dental services which are reasonable and necessary for the diagnosis and treatment of dental disease, injury, or defect are covered.

B. The underlying principle of whether a service is reasonable and necessary is whether or not the requested service or item is in accord with generally accepted standards of dental practice and is indispensable to the oral health of the beneficiary. Treatment shall be granted or reimbursement made only for covered services appropriate to the present adverse condition which has been approved according to program requirements.

III. EMERGENCY DENTAL SERVICES

A. Within the scope of dental care benefits under the program, emergency dental services may comprise those diverse professional services required in the event of unforeseen medical conditions such as hemorrhage, infection, or trauma. Emergency service shall conform to acceptable standards within our community. Examples of emergency conditions may include, but are not limited to the following:

1. High risk-to life or minimally disabling conditions, *e.g.*, painful oral-dental infections, pulpal exposures, and fractured teeth.

B. Possible emergency dental treatment may include, but is not limited to: antibiotics administrations; prescriptions of analgesics or antibiotics; temporary or permanent filling; pulpal treatment, where sedative holding measures are not effective; biopsy; denture adjustment; treatment of evulsed teeth; control of post-operative bleeding; treatment for acute periodontitis.

IV. DENTIST PARTICIPATION INFORMATION

The fee payable to providers is at the negotiated rate, as stated in the provider's contracted fee schedule, for covered services.

V. PRIOR AUTHORIZATION

A. Prior authorization by a County representative may be required for dental services including but not limited to endodontic and periodontic treatment, cast partials, castings, dentures, and referrals to outside dental specialty providers (see covered services for specifics).

B. The cost of hospitalization is **not** covered. The dental procedures performed during hospitalization will be covered at the same rate specified in the provider's contracted fee schedule. No other hospital related costs are covered.

VI. UNLISTED PROCEDURES (9999)

A. Complete description of the proposed treatment and the need for service must be documented.

B. The fee requested must be listed and is subject to review by County representatives.

C. Non-emergency unlisted procedures require prior authorization.

VII. COVERED PROCEDURES

A. DIAGNOSTIC

Procedure 0110	Examination, initial episode of treatment only. Radiographs are covered when taken in compliance with state and federal regulations for radiation hygiene, and when they fully depict subject teeth and associated structures by standard illumination, and are appropriate to the symptoms and conditions of the patient.
Procedure 0120	Periodic oral examination limited to any two examinations (0110, 0120, 0130) per contract year.
Procedure 0210	Intraoral, complete series when medically necessary and in accepted standards of dental practice. Limited to once in a three (3) year period.
Procedure 0230	Intraoral periapical, each additional film (maximum ten films).
Procedure 0240	Intraoral, occlusal film.
Procedure 0272	Bitewings, two films. Limited to once per contract year.
Procedure 0274	Bitewings, four films. Limited to once per contract year.
Procedure 0330	Panographic-type film, single film. Limited to once every three (3) years.
Procedure 0470	Diagnostic casts.

B. PREVENTIVE – Covered only when in conjunction with restorative procedures and limited to two (2) times per contract year.

Procedure 1110	Prophylaxis – adult, limited to two (2) times per contract year.
Procedure 1120	Prophylaxis – child, limited to two (2) times per contract year.
Procedure 1201	Topical application of fluoride (including prophylaxis) – child.
Procedure 1203	Topical application of fluoride (prophylaxis not included) – child.
Procedure 1204	Topical application of fluoride (including prophylaxis) – adult.
Procedure 1205	Topical application of fluoride (prophylaxis not included) – adult.
Procedure 1351	Sealant – per tooth, children only.

C. RESTORATIVE DENTISTRY

1. The program provides temporary restoration, amalgam, composite, or plastic restorations for treatment of caries. If the tooth can be restored with such material, any crown or jacket is not covered.

2. Laboratory processed crowns are benefits for permanent anterior teeth and permanent posterior teeth once in a five (5) year period.

3. When a crown is placed on a posterior molar tooth, porcelain, resin and similar materials are optional. An allowance will be made based on the fee for a full metal crown.

4. Authorization may be granted for the lowest cost item or service that meets the patient's medical needs. When acting upon request for approval for laboratory processed crowns, these regulations as well as the overall condition of the mouth, patient's receptivity toward treatment and willingness to comply with maintaining good oral hygiene, oral health status, arch integrity, and prognosis of remaining teeth shall be considered.

5. Laboratory processed crowns may be granted where longevity is essential and a lesser service will not suffice, when extensive coronal destruction is radiographically demonstrated and treatment is beyond intercoronal restoration.

6. Cast or performed posts are covered for devitalized teeth only.

7. Laboratory process crowns on endodontically treated teeth are covered only after satisfactory completion of the root canal therapy.

Procedure 2110	Amalgam restoration, primary tooth, one surface.
Procedure 2120	Amalgam restoration primary tooth, two surfaces.
Procedure 2130	Amalgam restoration, primary tooth, three surfaces.
Procedure 2131	Amalgam restoration, primary tooth, four or more surfaces.
Procedure 2140	Amalgam restoration, permanent tooth, one surface.
Procedure 2150	Amalgam restoration, permanent tooth, two surfaces.
Procedure 2160	Amalgam restoration, permanent tooth, three surfaces.
Procedure 2161	Amalgam restoration, permanent tooth, four or more surfaces.
Procedure 2330	Composite restoration, one surface – anterior tooth.
Procedure 2331	Composite restoration, two surfaces – anterior tooth.
Procedure 2332	Composite restoration, three surfaces – anterior tooth.
Procedure 2335	Composite restoration, four or more surfaces or involving incisal angle – anterior.
Procedure 2750	Crown, porcelain fused to metal (anterior teeth only).
Procedure 2790	Crown, full case high noble metal.
Procedure 2910	Re-cement inlay, facing, pontic.
Procedure 2920	Re-cement crown.
Procedure 2930	Crown stainless steel, primary.
Procedure 2931	Crown stainless steel, permanent.
Procedure 2950	Core buildup, including any pins.
Procedure 2951	Pin retention (per pin), maximum three pins per tooth.
Procedure 2952	Cast post and core, in addition to crown.

Procedure 2954 Prefabricated post and core, in addition to crown.

Procedure 2970 Temporary crown or stainless steel band.

D. ENDODONTICS – GENERAL POLICIES

1. Includes those procedures when complete root canal filling on permanent teeth:

   a. Root canal therapy is a covered benefit, if medically necessary – tooth is non-vital. The prognosis of the affected tooth and other remaining teeth will be evaluated in considering root canal therapy.

   b. Authorization and payment for root canal treatment includes, but is not limited to, any of the following procedures:

      Any incision and drainage necessary on relation to the root canal therapy.

      Vitality test.

      Radiographs required during treatment.

      Culture.

      Medicated treatment.

      Final filling of canals.

      Final treatment radiographs.

   c. Necessary retreatment and postoperative care within a 90-day period is included in the reimbursement fee for the root canal therapy.

   d. Root canal therapy must be completed prior to payment. Date of service on the claim for payment must reflect the final completion date.

2. Emergency root canal treatment may be done when any of the following conditions exist and **documentation substantiates the need:**

   a. Failure of a palliative treatment to relieve the acute distress of the patient.

   b. When a tooth has been accidentally evulsed.

   c. When there has been a fracture of the crown of a tooth exposing the pulpal tissue.

3. The prognosis of the affected tooth, other remaining teeth, and the type of restorations allowable will be evaluated in considering requested root canal therapy.

4. Extraction may be suggested for a tooth with a fractured root, external or internal resorption, or one that is easily replaced by addition to an existing removable dental appliance.

Procedure 3110 Pulp cap – direct (excluding final restoration).

Procedure 3120 Pulp cap – indirect (excluding final restoration).

Procedure 3220 Therapeutic pulpotomy (excluding final restoration).

Procedure 3310 Anterior root canal therapy (excluding final restoration).

Procedure 3320 Bicuspid root canal therapy (excluding final restoration).

Procedure 3330 Molar root canal therapy (excluding final restoration).

Procedure 3410 — Apicoectomy (separate surgical procedure) per tooth: This procedure when there is severe apical curvature, blockage of the canal by calcific deposits, dentinal shavings or pulp chamber debris, and when a canal wall has been perforated or "shelved" during canal enlargement.

E. PERIODONTICS

1. PERIODONTICS – GENERAL POLICIES

Accepted dental practice indicates that periodontal treatment should use therapeutic measures on an ordered schedule limited to the direct, least invasive measures necessary to achieve the result.

Procedure 4210 — Gingivectomy or gingivoplasty – per quadrant.

Procedure 4211 — Gingivectomy or gingivoplasty, treatment per tooth (fewer than six teeth): May be authorized when an isolated pocket has not responded to conservative treatment.

Procedure 4220 — Gingival curettage, surgical, per quadrant, by report.

Procedure 4240 — Gingival flap procedure, including root planning – per quadrant.

Procedure 4341 — Subgingival curettage and root planning, per treatment: Root planing includes the removal of calculus deposits on the tooth and root, the smoothing of the root and surface; subgingival curettage – the removal of granulation tissue and pocket lining epithelium. Treatment is limited to those areas requiring immediate attention.

Procedure 4910 — Periodontal maintenance procedures (following active therapy).

F. PROSTHETICS - REMOVABLE

1. Full dentures are covered when medically necessary using standard procedures which exclude precision attachments, implants or other specialized techniques. These services are covered only once in a five year period

   a. Prevent a significant disability.

   b. Replace a covered removable dental prosthesis which has been lost or destroyed due to circumstances beyond the beneficiary's control.

2. Request for the extraction of all remaining teeth in preparation for complete immediate dentures and the immediate full dentures following full mouth extractions (both anterior and posterior) is a covered benefit.

3. Construction of new dentures shall not be authorized if conditions including but not limited to the following exist:

   a. It would be impossible or highly improbable for a beneficiary to adjust to a new prosthetic appliance. This is particularly applicable in those cases where the patient has been without dentures for an extended period of time or where the beneficiary may exhibit a poor adaptability due to psychological and/or motor deficiencies.

   b. The dental history shows that any or all dentures made in recent years have been unsatisfactory for reasons that are not remediable (psychological).

   c. Repair, relining, or reconstruction of the recipient's present denture will make it serviceable.

   d. The denture, in the patient's opinion only, is loose or ill-fitting but is recently enough constructed to indicate deficiencies limited to those inherent in all dentures.

   e. Where the request for the denture(s) is primarily cosmetic, the authorization shall be denied.

f. The patient has been without dentures for at least five (5) years and is currently functioning without dentures.

4. Immediate dentures may be authorized when conditions including but not limited to the following exist:

   a. Extensive or rampant caries are exhibited.

   b. Severe periodontal involvement is indicated.

      i. When the clinical exam shows excessive mobility and severe gingivitis.

      ii. When tooth mobility is not grossly evident and when the gingival tissues are not severely involved, consideration should be given to a more conservative treatment and denture request denied.

   c. Numerous teeth are missing and masticating ability has been diminished.

      i. Where there is not capability of any posterior occlusion with existing dentition.

      ii. When a functional, although minimal, occlusion exists, the urgent need for prosthesis should be carefully evaluated.

5. Requests for replacement dentures shall include adequate supportive documentation and shall be preauthorized. Replacement dentures may be authorized more often than once in a five (5) year period when:

   a. Catastrophic loss of denture.

   b. Surgical or traumatic loss of oral-facial anatomic structures.

   c. Replacement of existing dentures.

      i. When there has been a complete deterioration of the denture base or teeth.

      ii. When there has been a complete loss of retentive ability, vertical dimension, or balanced occlusion of existing dentures.

6. Requests for dentures for the long-standing edentulous patient will be denied.

7. A removable Partial denture is covered when necessary for the replacement of anterior teeth only.

8. A covered removable partial denture may be authorized only once in a five (5) year period except to:

   a. Prevent a significant disability.

   b. Replace a covered removable dental prosthesis which has been lost or destroyed due to circumstances beyond the beneficiary's control.

Procedure 5110	Complete denture - maxillary.
Procedure 5120	Complete denture – mandibular.
Procedure 5130	Immediate denture – maxillary.
Procedure 5140	Immediate denture – mandibular.
Procedure 5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth).
Procedure 5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth).

Procedure 5213	Maxillary partial denture – predominantly base metal (including any conventional clasps, rests and teeth).
Procedure 5214	Mandibular partial denture – predominantly base metal (including any conventional clasps, rests and teeth).
Procedure 5410	Denture adjustment – maxillary denture.
Procedure 5411	Denture adjustment – mandibular denture.
Procedure 5421	Denture adjustment – maxillary partial.
Procedure 5422	Denture adjustment – mandibular partial.
Procedure 5510	Repair broken denture base only (complete or partial).
Procedure 5520	Replace broken denture teeth only.
Procedure 5610	Repair resin denture base.
Procedure 5620	Repair cast framework.
Procedure 5630	Repair or replace clasp.
Procedure 5640	Replace broken teeth – per tooth
Procedure 5650	Add tooth to partial denture to replace newly extracted natural tooth.
Procedure 5660	Add clasp to existing partial denture.
Procedure 5710	Rebase complete maxillary denture.
Procedure 5711	Rebase complete mandibular denture.
Procedure 5720	Rebase maxillary partial denture.
Procedure 5721	Rebase mandibular partial denture.
Procedure 5730	Reline complete maxillary denture – chairside.
Procedure 5731	Reline complete mandibular denture – chairside.
Procedure 5740	Reline partial maxillary denture – chairside.
Procedure 5741	Reline partial mandibular denture – chairside.
Procedure 5750	Reline complete maxillary denture – lab.
Procedure 5751	Reline complete mandibular denture – lab.
Procedure 5760	Reline partial maxillary denture – lab.
Procedure 5761	Reline partial mandibular denture – lab.
Procedure 5810	Interim complete denture (maxillary).
Procedure 5811	Interim complete denture (mandibular).
Procedure 5820	Interim partial denture (maxillary).

Procedure 5821	Interim partial denture (mandibular).
Procedure 5850	Tissue conditioning – maxillary.
Procedure 5851	Tissue conditioning – mandibular.

G. PROSTHETICS - FIXED

Procedure 6210	Pontic-cast with high noble metal.
Procedure 6240	Pontic-porcelain with high noble metal.
Procedure 6250	Pontic-resin with high noble metal.
Procedure 6750	Bridge crown-porcelain with high noble metal.
Procedure 6790	Bridge crown-full case with high noble metal.
Procedure 6930	Re-cement bridge.
Procedure 6940	Stress breaker.
Procedure 6970	Cast post and core in addition to bridge crown (endodontically treated tooth).
Procedure 6971	Cast post as part of bridge crown.
Procedure 6972	Prefabricated post and core in addition to bridge crown (endodontically treated tooth).
Procedure 6980	Repair fixed bridge.
Procedure 6999	Unspecified fixed prosthodontic procedure, by report.

H. ORAL SURGERY

1. EXTRACTIONS – GENERAL POLICIES

a. Diagnostic x-rays fully depicting subject tooth (teeth) are usually required for all intraoral surgical procedures. (See specific procedure code for details)

b. The extraction of asymptomatic teeth is not a benefit.

The following instances may be justified as being symptomatic:

i. Teeth which are involved with a cyst, tumor, or neoplasm.

ii. The extraction of all remaining teeth in preparation for a full prosthesis.

iii. A malaligned tooth that causes intermittent gingival inflammation.

iv. Perceptible radiologic pathology that fails to elicit symptoms.

c. By repot procedures may be used when the provider has encountered unforeseen complications which are not usually considered normal to the particular procedure listed.

Procedure 7110	Removal of erupted tooth, uncomplicated, first tooth
Procedure 7120	Removal of erupted tooth (teeth), uncomplicated, each additional tooth.
Procedure 7130	Removal of root or root tip.

Procedure 7210	Removal of erupted tooth, surgical.
Procedure 7220	Removal of impacted tooth – soft tissue: Removal of any permanent tooth by the open method which may or may not include removal of bone in those cases where the major portion of all of the crown of the tooth was covered by mucogingival tissue and not alveolar bone.
Procedure 7230	Removal of impacted tooth – partially bony.
Procedure 7240	Removal of impacted tooth – totally bony: Removal of any tooth by the open method where it is necessary to expose any portion of the crown of the tooth by removal of alveolar bone.
Procedure 7250	Surgical removal of residual tooth roots (cutting procedure).
Procedure 7285	Biopsy and pathology reports of oral tissue – hard: Refer to oral surgeon.
Procedure 7286	Biopsy and pathology reports of oral tissue – soft: Refer to oral surgeon.
Procedure 7310	Alveolectomy (Alveoloplasty): Is a collective term for the operation by which the shape and condition of the alveolar process is improved for preservation of the residual bone.
Procedure 7430	Excision of benign tumor – lesion diameter up to 1.25 cm.
Procedure 7431	Excision of benign tumor – lesion diameter greater than 1.25 cm.
Procedure 7440	Excision of malignant tumor – lesion diameter up to 1.25 cm.
Procedure 7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm.
Procedure 7465	Destruction of lesion(s) by physical or chemical methods, by report.
Procedure 7510	Incision and drainage of abscess, intraoral soft tissue.
Procedure 7520	Incision and drainage of abscess, extraoral soft tissue.
Procedure 7550	Sequestrectomy for osteomyelitis or bone abscess, superficial.
Procedure 7970	Excision of hyperplastic tissue, per arch: A benefit when inflammatory hyperplastic tissue interferes with normal use of function of a prosthetic appliance.
Procedure 7971	Excision pericoronal gingiva, operculectomy.

I. ADJUNCTIVE GENERAL SERVICES

Must be pre-authorized. Claim must be accompanied by documentation from primary care physician as to the medical necessity.

1. General anesthesia as used for dental pain control means the elimination of all sensation accompanied by a state of unconsciousness.

2. Office (outpatient) general anesthesia may be payable when the provider indicates local anesthesia is contraindicated.

Procedure 9110	Emergency treatment, palliative, per visit.
Procedure 9220	General anesthesia – first thirty (30) minutes.
Procedure 9221	General anesthesia – each additional 15 minutes.
Procedure 9430	Office visit during regular office hours for treatment and/or observation of teeth and supporting structures.

Procedure 9440	Professional visit after regular office hours or to bedside.
Procedure 9930	Post-operative visit, complications (post surgical *e.g.*, osteitis).
Procedure 9940	Occlusal guard, by report.
Procedure 9951	Occlusal adjustment – limited.
Procedure 9952	Occlusal adjustment – complete.

J. UNLISTED PROCEDURES

Procedure 9999	Unlisted procedures; requires definition and requires prior authorization by County for non-emergency procedures..

VIII. NOT COVERED PROCEDURES

The following are not benefits under the program:

A. DIAGNOSTIC and PREVENTIVE

1. Preventive control program, including fissure sealant, prophylactic fillings, oral hygiene instruction, dietary instruction and prophylaxis when not in conjunction with restorative treatment. (Prophy's can be obtained at Sacramento City College Dental Hygiene Department).

B. ORAL SURGERY

1. Experimental procedures.
2. Asymptomatic extractions.
3. Surgical correction of the maxilla and mandible by grafts for denture retention.
4. Surgical treatment of temporomandibular joint disturbances.
5. Surgical treatment of prognathism or retrognathism.
6. Surgical treatment to correct congenital or developmental malformation.

C. PRESCRIBED DRUGS – Reimbursement for prescription drugs is not covered unless there is no other payor source and is limited to only those drugs that are currently prescribed by the dental community for dental related needs.

D. ORTHODONTIC SERVICES

E. RESTORATIVE DENTISTRY

1. Full mouth reconstruction procedure.
2. Cosmetic procedure and restorations (other than those for replacement of structure loss from caries) that are necessary to alter, restore or maintain occlusion. These include:
   a. Increasing vertical dimension.
   b. Replacing or stabilizing tooth structure loss by attrition.
   c. Realignment of teeth.
   d. Periodontal splinting.
   e. Gnathologic recordings.

f. Equilibration.

g. Surgical treatment of disturbances of temporomandibular joint.

h. Services for the surgical treatment of prognathism or retrognathism.

3. Treatment of incipient or non-active caries as demonstrated radiographically.

F. PROSTHETICS

The program provides for replacement of missing teeth with full dentures or partials using standard procedures, when "medically necessary" by the dentist. A service is "medically necessary" or is a "medical necessity" when it is reasonable to protect life, to prevent significant illness or significant disability, or to alleviate sever pain.

Medically necessary dentures or partials must be preauthorized and are limited to once in a five (5) year period, unless rendered totally unfunctionable and not repairable.

Treatment involving the following is not covered:

- Specialized techniques
- Precious metal for removable appliances
- Overlays, implants and associated appliances
- Personalization or characterization

COUNTY OF SACRAMENTO NEGOTIATED RATE AGREEMENT NO. 7275-07/10-709 A3

ATTACHMENT B AMENDMENT 3

Fee Schedule FY 2007-FY2009

CODE	DESCRIPTION	UOS	FEE
00110	Initial oral examination	0.4	$46.00
00120	Periodic oral examination	0.3	$34.50
00210	Intraoral-complete series (including bitewings)	0.7	$80.50
00220	Intraoral-periapical-first film	0.2	$23.00
00230	Intraoral-periapical-each additional film	0.1	$11.50
00240	Intraoral-occlusal film	0.3	$34.50
00270	Bitewing-single film	0.2	$23.00
00272	Bitewing-two films	0.3	$34.50
00274	Bitewing-four films	0.4	$46.00
00330	Panoramic film	0.6	$69.00
00470	Diagnostic casts	0.6	$69.00
01110	Prophylaxis-adult	0.6	$69.00
01120	Prophylaxis-child	0.5	$57.50
01201	Topical application of fluoride (including prophylaxis)-child	0.6	$69.00
01203	Topical application of fluoride (prophylaxis not included)-child	0.2	$23.00
01204	Topical application of fluoride (prophylaxis not included)-adult	0.3	$34.50
01205	Topical application of fluoride (including prophylaxis)-adult	0.7	$80.50
01351	Sealant-per tooth	0.3	$34.50
02110	Amalgam-one surface, primary	0.6	$69.00
02120	Amalgam-two surfaces, primary	0.7	$80.50
02130	Amalgam-three surfaces, primary	0.9	$103.50
02131	Amalgam-four or more surfaces, primary	1.0	$115.00
02140	Amalgam-one surface, permanent	0.7	$80.50
02150	Amalgam-two surfaces, permanent	0.9	$103.50
02160	Amalgam-three surfaces, permanent	1.0	$115.00
02161	Amalgam-four or more surfaces, permanent	1.2	$138.00
02330	Resin-one surface, anterior	0.9	$103.50
02331	Resin-two surfaces, anterior	1.0	$115.00
02332	Resin-three surfaces, anterior	1.2	$138.00
02335	Resin-four or more surfaces or involving incisal angle (anterior)	1.7	$195.50
02750	Crown-porcelain fused to high noble metal	7.8	$897.00
02751	Crown-porcelain fused to predominantly base metal	6.7	$770.50
02752	Crown-porcelain fused to noble metal	7.1	$816.50
02790	Crown-full cast high noble metal	7.0	$805.00
02791	Crown-full cast predominantly base metal	6.1	$701.50

02792	Crown-full cast noble metal	7.0	$805.00
02910	Recement inlay	0.8	$92.00
02920	Recement crown	0.8	$92.00
02930	Prefabricated stainless steel crown - primary tooth	1.8	$207.00
02931	Prefabricated stainless steel crown - permanent tooth	2.1	$241.50
02950	Core buildup, including any pins	1.3	$149.50
02951	Pin retention-per tooth, in addition to restoration	0.4	$46.00
02952	Cast post and core in addition to crown	2.1	$241.50
02954	Prefabricated post and core in addition to crown	1.9	$218.50
02970	Temporary crown (fractured tooth)	1.1	$126.50
02980	Crown repair, by report	2.8	$322.00
03110	Pulp cap-direct (excluding final restoration)	0.4	$46.00
03120	Pulp cap-indirect (excluding final restoration)	0.6	$69.00
03220	Therapeutic pulpotomy (excluding final restoration)	0.8	$92.00
03310	Anterior root canal (excluding final restoration)	4.1	$471.50
03320	Bicuspid root canal (excluding final restoration)	4.4	$506.00
03330	Molar root canal (excluding final restoration)	5.9	$678.50
03410	Apicoectomy/Periradicular surgery- anterior	3.4	$391.00
04210	Gingivectomy or gingivoplasty-per quadrant	3.0	$345.00
04211	Gingivectomy or gingivoplasty-per tooth	0.8	$92.00
04220	Gingival curettage, surgical, per quadrant, by report	1.5	$172.50
04240	Gingival flap procedure, including root planing- per quadrant	3.6	$414.00
04341	Periodontal scaling and root planing per quad	1.4	$161.00
04910	Periodontal maintenance procedure (following active therapy)	0.8	$92.00
05110	Complete denture - maxillary	8.1	$931.50
05120	Complete denture - mandibular	8.1	$931.50
05130	Immediate denture - maxillary	8.4	$966.00
05140	Immediate denture - mandibular	8.4	$966.00
05211	Maxillary partial denture-resin base (including clasps, rests, teeth)	7.1	$816.50
05212	Mandibular partial denture-resin base (including clasps, rests, teeth)	7.1	$816.50
05213	Maxillary partial denture-cast metal framework (including clasps, rests, teeth)	9.2	$1,058.00
05214	Mandibular partial denture - cast metal framework (including clasps, rests, teeth)	9.8	$1,127.00
05410	Adjust complete denture - maxillary	0.5	$57.50
05411	Adjust complete denture - mandibular	0.5	$57.50
05421	Adjust partial denture - maxillary	0.5	$57.50
05422	Adjust partial denture - mandibular	0.5	$57.50
05510	Repair broken complete denture base	1.0	$115.00
05520	Replace missing or broken teeth-complete denture (each tooth)	0.9	$103.50
05610	Repair resin denture base	1.0	$115.00
05620	Repair cast framework	1.5	$172.50
05630	Repair or replace broken clasp	1.5	$172.50
05640	Replace broken teeth-per tooth	0.9	$103.50
05650	Add tooth to existing partial denture	1.4	$161.00
05660	Add clasp to existing partial denture	1.8	$207.00

05710	Rebase complete maxillary denture	3.4	$391.00
05711	Rebase complete mandibular denture	3.4	$391.00
05720	Rebase maxillary partial denture	3.4	$391.00
05721	Rebase mandibular partial denture	3.5	$402.50
05730	Reline complete maxillary denture (chairside)	1.7	$195.50
05731	Reline complete mandibular denture (chairside)	1.7	$195.50
05740	Reline maxillary partial denture (chairside)	1.7	$195.50
05741	Reline mandibular partial denture (chairside)	1.7	$195.50
05750	Reline complete maxillary denture (laboratory)	2.6	$299.00
05751	Reline complete mandibular denture (laboratory)	2.5	$287.50
05760	Reline maxillary partial denture (laboratory)	2.5	$287.50
05761	Reline mandibular partial denture (laboratory)	2.5	$287.50
05810	Interim complete denture (maxillary)	4.3	$494.50
05811	Interim complete denture (mandibular)	4.3	$494.50
05820	Interim partial denture (maxillary)	3.7	$425.50
05821	Interim partial denture (mandibular)	3.7	$425.50
05850	Tissue conditioning (maxillary)	1.0	$115.00
05851	Tissue conditioning (mandibular)	1.0	$115.00
06210	Pontic-cast high noble metal	7.0	$805.00
06211	Pontic-cast predominantly base metal	6.1	$701.50
06212	Ponic-cast noble metal	6.7	$770.50
06240	Pontic-porcelain fused to high noble metal	7.9	$908.50
06241	Pontic-porcelain fused to predominantly base metal	6.7	$770.50
06242	Pontic-porcelain fused to noble metal	7.0	$805.00
06750	Crown-porcelain fused to high noble metal	7.9	$908.50
06751	Crown-porcelain fused to predominantly base metal	6.6	$759.00
06752	Crown-porcelain fused to noble metal	7.0	$805.00
06790	Crown-full cast high noble metal	7.1	$816.50
06791	Crown-full cast predominantly base metal	6.3	$724.50
06792	Crown-full cast noble metal	7.0	$805.00
06930	Recement fixed partial denture	1.0	$115.00
06940	Stress breaker	2.6	$299.00
06970	Cast post and core in addition to fixed partial denture retainer	2.9	$333.50
06971	Cast post and core as part of a fixed partial denture retainer	2.9	$333.50
06972	Prefabricated post and core in addition to fixed partial denture retainer	2.3	$264.50
06973	Core build up for retainer, including any pins	1.8	$207.00
06980	Fixed partial denture repair, by report	5.5	$632.50
07110	Single tooth extraction	0.8	$92.00
07120	Each additional tooth extraction	0.8	$92.00
07130	Root removal-exposed roots	1.0	$115.00
07210	Surgical removal of erupted tooth requiring elevation of flap and/or removal of bone	1.3	$149.50
07220	Removal of impacted tooth-soft tissue	1.5	$172.50
07230	Removal of impacted tooth-partial bony	2.0	$230.00
07240	Removal of impacted tooth-complete bony	3.0	$345.00

07250	Surgical removal of residual tooth roots (cutting procedure)	1.4	$161.00
07285	Biopsy of oral tissue-hard	2.0	$230.00
07286	Biopsy of oral tissue-soft	1.5	$172.50
07310	Alveoloplasty in conjunction with extractions-per quadrant	1.3	$149.50
07311	Alveoloplasty not in conjunction with extractions-per quadrant	1.3	$149.50
07430	Excision of benign tumor-lesion diameter up to 1.25 cm	1.4	$161.00
07431	Excision of benign tumor-lesion diameter greater than 1.25 cm	2.0	$230.00
07440	Excision of malignant tumor-lesion diameter up to 1.25 cm	2.9	$333.50
07441	Excision of malignant tumor-lesion diameter greater than 1.25 cm	4.8	$552.00
07465	Destruction of lesion(s) by physical or chemical methods, by report	2.3	$264.50
07510	Incision and drainage of abscess-intraoral soft tissue	0.8	$92.00
07520	Incision and drainage of abscess-extraoral soft tissue	2.1	$241.50
07550	Sequestrectomy for osteomyelitis	2.9	$333.50
07970	Excision of hyperplastic tissue-per arch	2.3	$264.50
07971	Excision of pericoronal gingiva	0.9	$103.50
09110	Palliative (emergency) treatment of dental pain-minor procedure	0.7	$80.50
09430	Office visit for observation (during office hours, no other service performed)	0.4	$46.00
09440	Office visit after regularly scheduled hours	1.0	$115.00
09930	Treatment of complication (post surgical) unusual circumstances, by report	0.4	$46.00
09940	Occlusal guard, by report	3.8	$437.00
09951	Occlusal adjustment-limited	1.0	$115.00
09952	Occlusal adjustment-complete	3.8	$437.00
09999	Unspecified adjunctive procedure, by report		$0.00

Reference
Copy

Original Contract
Amendment I
Amendment II X

10.1183.C-Part1.35

SECOND AMENDMENT TO AGREEMENT

THIS SECOND AMENDMENT, made and entered into as of the 3rd day of July, 2008, by and between the COUNTY OF SACRAMENTO, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT, political subdivision of the State of California, hereinafter referred to as "CONTRACTOR".

RECITALS

WHEREAS, the parties hereto entered into an agreement as of March 1, 2007, hereinafter referred to as "AGREEMENT", relating to the provision of direct services for people living with HIV disease; and

WHEREASE, the parties hereto entered into a first AMENDMENT to AGREEMENT on February 19, 2008 to increase the maximum payment to CONTRACTOR by $106,935.00 from $53,468.00 to $160,403.00; and

WHEREAS, the parties hereto desire to enter into a second AMENDMENT, effective April 1, 2007, to increase the maximum total payment to CONTRACTOR by $262,868.00 from $160,403.00 to $423,271.00; and

WHEREAS, the parties further desire to amend AGREEMENT to extend the term of the AGREEMENT from February 29, 2008 to March 31, 2010, extending the contract from one year to three years; and

WHEREAS, the Director of the Department of Health and Human Services, or her designee, is authorized to amend AGREEMENT pursuant to Board Resolution No. 2008-0115, approved February 5, 2008;

NOW, THEREFORE, the AGREEMENT is amended as follows:

1. The maximum total payment of $160,403.00 to CONTRACTOR is hereby increased by $262,868.00, for a maximum reimbursable amount of $423,271.00.

2. Exhibits "A Amd 1", "A-1 Amd 1", "A-2 Amd 1", "A-3 Amd 1", "A-4 Amd 1", "A-5 Amd 1" and "A-6 Amd 1" are replaced in entirety by Exhibits "A Amendment 2", "A-1 Amendment 2", "A-2 Amendment 2", "A-3 Amendment 2", A-4 Amendment 2", "A-5 Amendment 2" and "A-6 Amendment 2" attached hereto and incorporated herein by reference.

3. Exhibits "C Amd 1" and "C-1 Amd 1" to AGREEMENT are replaced in entirety by Exhibits "C Amendment 2", and "C-1 Amendment 2" attached hereto and incorporated herein by reference.

4. AGREEMENT is amended to extend the term end date from February 29, 2008 to March 31, 2010.

5. In all other respects, the above-referenced AGREEMENT, as amended, remains in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Second Amendment to AGREEMENT as of the day and date first written above.

COUNTY OF SACRAMENTO, a political subdivision of the State of California

By: _____ Date: 7/3/08

Lynn Frank, Director, Department of Health and Human Services. Approval delegated pursuant to Sacramento County Board Resolution 2008-0115.

EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT

By: _____ Date: 6/12/08

Gayle Erbe-Hamlin, Director of Public Health

94-6000511

Contractor's Employer's Tax Identification Number

REVIEWED AND APPROVED BY COUNTY COUNSEL

By: _____ Date: 4-14-08

EXHIBIT A AMENDMENT 2 to Agreement
between the COUNTY OF SACRAMENTO
hereinafter referred to as "COUNTY", and
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,
hereinafter referred to as "CONTRACTOR"

SPECIAL PROVISIONS

The Special Provisions listed below will apply to Exhibits A-1 through A-6 of this Agreement.

I. SERVICE LOCATION(S)

Facility Name(s): El Dorado County Public Health Department
Street Address: 3053 Harrison Ave., Su. 203
City and Zip Code: South Lake Tahoe, CA 96151

Facility Name(s): El Dorado County Public Health Department
Street Address: 550 Pleasant Valley Road, Su. 2E
City and Zip Code: Diamond Springs, CA 95619

II. COUNTY SERVICE PERFORMANCE MONITOR

Name and Title: Health Program Coordinator (Adrienne Rogers)
Organization: Department of Health and Human Services, Public Health/Ryan White CARE Program
Street Address: 7001-A East Parkway, Suite 600
City and Zip Codes: Sacramento, CA 95823

III. CONTRACTOR CONTRACT ADMINISTRATOR

The El Dorado County officer or employee responsible for administering this agreement is:

Name and Title: Michael Ungeheuer, Deputy Director
Organization: El Dorado County Public Health Department
Street Address: 931 Spring Street, Suite 3
City and Zip Codes: Placerville, CA 95667

IV. COUNTY RESIDENCY

Funding provided under Exhibit A of this Agreement is for services to Sacramento, El Dorado and Placer County residents only. A person is a Sacramento, El Dorado or Placer County resident if he/she is currently staying in one of these counties with the intent to remain and live in one of the specified counties. Any person who comes to Sacramento, El Dorado or Placer County for the express purpose of qualifying to receive services from a COUNTY-funded program, and intends to leave the county after receipt of services, is not considered a resident. Proof of residency can be established by the following:

A. Any bill or correspondence current to within the previous two weeks showing the individual's name and a Sacramento, El Dorado or Placer County address

B. Written statement by homeless shelter staff verifying that the individual has been in shelter residence in Sacramento, El Dorado or Placer County continuously for the previous two weeks

C. Current state issued identification card reflecting a Sacramento, El Dorado or Placer County address

D. Other reliable evidence that establishes Sacramento, El Dorado or Placer County residency

EXHIBIT A-1 AMENDMENT 2 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,
hereinafter referred to as "CONTRACTOR"

SCOPE OF SERVICES: AMBULATORY/OUTPATIENT MEDICAL CARE

I. PROJECT DESCRIPTION

A. **Type of Program:** CONTRACTOR will provide Ambulatory/Outpatient Medical Care to People Living with HIV/AIDS (PLWH/A). Contractor will provide comprehensive high quality, client-centered, timely and cost-effective outpatient primary medical services to HIV-infected persons at all stages of disease.

B. **Length of Treatment:** Discharge from Ambulatory/Outpatient Medical Care will terminate upon the client's voluntary departure, death, or by termination on the part of CONTRACTOR from its owned or operated treatment facility. Termination will only be used as a last resort. Alternatives to termination, including conflict resolution and mediation, will be sought. Behavior that is threatening, violent, or endangers self or others will not be tolerated and shall be grounds for termination from the program.

C. **Population:** HIV-infected adults residing in the Sacramento Transitional Grant Area (TGA) which encompasses Sacramento, El Dorado and Placer Counties, who meet the Ryan White CARE Program eligibility guidelines.

II. SERVICES

A. CONTRACTOR will maintain and enhance individual health care by providing Ambulatory/Outpatient Medical Services to adults living with HIV/AIDS in Sacramento TGA. CONTRACTOR shall establish and implement policies and procedures which:

1. Ensure that referred clients receive timely, effective, and quality Ambulatory/Outpatient Medical Care that meets his/her special needs.

2. Incorporates and ensures compliance of ethical standards as established for all health care providers and legal standards as defined by federal and state governments regulating confidentiality (Civil Codes 38.1, 38.2, 38.3, Evidence Code 1012).

3. Incorporates and ensures, to the extent possible, adherence to established HIV clinical practice standards and the most current Public Health Services (PHS) guidelines for treatment and care of adult HIV+ persons.

B. CONTRACTOR will provide access to Ambulatory/Outpatient Medical Services for People Living with HIV/AIDS in the Sacramento TGA. Ambulatory/Outpatient Medical Services will include the following services:

1. Lab Visits.

2. Primary care visits with a HIV health care provider.

3. Specialty care visits with other medical specialist health care providers.

4. Medication adherence sessions as part of medical visits.

C. CONTRACTOR shall maintain an individualized medical file for each client, which contains documentation of all services provided, appropriate signed release of information forms and case notes documenting client contact and resource and referral follow-up.

D. CONTRACTOR shall use best efforts to achieve the outcomes described in sections 2 to 7 below and provide the levels of service delivery as follows:

1. Number of Unduplicated Clients:

a) A minimum of 15 clients will receive Ambulatory/Outpatient Medical Services during Fiscal Year 2007-2008.

b) A minimum of 12 clients will receive Ambulatory/Outpatient Medical Services during Fiscal Year 2008-2009.

c) A minimum of 12 clients will receive Ambulatory/Outpatient Medical Services during Fiscal Year 2009-2010.

2. Number of Units of Service.

a) Primary Care Visit:

(1) A minimum of 1 unit of service per client and an overall maximum of 6,005.45 units of service will be provided during Fiscal Year 2007-2008.

(2) A minimum of 1 unit of service per client and an overall maximum of 4,920.91 units of service will be provided during Fiscal Year 2008-2009.

(3) A minimum of 1 unit of service per client and an overall maximum of 4,920.91 units of service will be provided during Fiscal Year 2009-2010.

b) Lab Visit:

(1) A minimum of 1 unit of service per client and an overall maximum of 500.00 units of service will be provided during Fiscal Year 2007-2008.

(2) A minimum of 1 unit of service per client and an overall maximum of 410.00 units of service will be provided during Fiscal Year 2008-2009.

(3) A minimum of 1 unit of service per client and an overall maximum of 410.00 units of service will be provided during Fiscal Year 2009-2010.

c) Specialty Care Visit:

(1) A minimum of 1 unit of service per client and an overall maximum of 257.27 units of service will be provided during Fiscal Year 2007-2008.

(2) A minimum of 1 unit of service per client and an overall maximum of 210.91 units of service will be provided during Fiscal Year 2008-2009.

(3) A minimum of 1 unit of service per client and an overall maximum of 210.91 units of service will be provided during Fiscal Year 2009-2010.

1 unit of service – 1 vendor paid dollar for primary care visit with Health Care Provider OR

1 vendor paid dollar for lab visit OR

1 vendor paid dollar for specialty care visit with Health Care Provider

3. Documentation of on-going medical care will be charted in case files for 100% of clients.
4. The number of Hospital admissions as a ratio of the annual unduplicated caseload will be tracked and trended.
5. The number of emergency room visits as a ratio of the annual unduplicated caseload will be tracked and trended.
6. CD4 Counts and Viral Load counts as a ratio of the annual unduplicated caseload will be tracked and trended.
7. Death Rates per year as a percentage of annual unduplicated clients will be tracked and trended.
8. 70% of clients will receive a minimum of one primary care visit per year (12 month period).
9. CONTRACTOR shall document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.
10. CONTRACTOR will provide screening and treatment to 95% of clients reporting opportunistic infections who remain in care.
11. 60% of clients on HAART therapy will show improved or stable CD4 and viral load counts.
12. 100% of primary care services offered will meet Public Health Standard guidelines.

**EXHIBIT A-2 AMENDMENT 2 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,
hereinafter referred to as "CONTRACTOR"**

SCOPE OF SERVICES: MEDICAL CASE MANAGEMENT

I. PROJECT DESCRIPTION

A. **Type of Program:** CONTRACTOR will provide Medical Case Management services to HIV+ persons residing in the Sacramento Transitional Grant Area (TGA) which encompasses Sacramento, El Dorado and Placer Counties. The purpose of this program is to improve the overall health and well being of Persons Living with HIV/AIDS (PLWH/A) by ensuring that all the client's medical and psychosocial concerns are being adequately addressed within a case management system.

B. **Length of Treatment:** Discharge from Medical Case Management services will terminate upon the client's voluntary departure, death, or by termination on the part of CONTRACTOR. Termination will only be used as a last resort. Alternatives to termination, including conflict resolution and mediation, will be sought. Behavior that is threatening, violent, or endangers self or others will not be tolerated and shall be grounds for termination from the program.

C. **Population:** CONTRACTOR'S Medical Case Management program shall target HIV+ men, women, transsexuals, and children residing in the Sacramento TGA. All clients must meet the Ryan White CARE Program eligibility guidelines.

II. SERVICES

A. CONTRACTOR shall perform an intake process on each participant to evaluate client's suitability for CONTRACTOR's Medical Case Management Program. Clients who do not meet CONTRACTOR's eligibility criteria for Case Management will be referred to other providers that can meet their Medical Case Management needs. To be eligible for CONTRACTOR Medical Case Management Services, client must be an HIV+ person and must meet the Ryan White CARE Program eligibility guidelines.

B. CONTRACTOR'S Medical Case Management services will include but not be limited to a range of client-centered services that link clients with health care, psychosocial and other services to ensure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, and ongoing assessment of the client's and other family members' needs and personal support systems. CONTRACTOR'S Medical Case Management services shall be operated in compliance with the Sacramento HIV Health Planning Council adopted "Standards of Care for Medical Case Management", as amended and found in CONTRACTOR's Ryan White Resource Manual. Medical Case Management will include, but not be limited to:

1. Intake Process: CONTRACTOR shall perform an intake process on each client meeting eligibility criteria for Medical Case Management services. The intake process will include determining eligibility for Ryan White-funded services, completing the Ryan White Intake Form, and providing the participant with an orientation to CONTRACTOR's program. CONTRACTOR'S providing field-based medical case management services will offer clients the opportunity to have the intake process completed in their home or at a site more accessible for the client than the CONTRACTOR'S regular place of business.

2. Evaluation and Assessment: During the initial intake process, CONTRACTOR shall perform an assessment of medical and psychosocial needs of the participant using the adopted TGA Medical Case Management Service Standards as a guide to determine appropriate service and/or resource referrals.

3. Care Plan: During the initial intake process, CONTRACTOR shall provide a face-to-face interview with participant to develop a comprehensive individualized Care Plan that prioritizes client needs, identifies resources necessary to meet those needs, and documents mutually agreed-upon goals. The specific number of case management sessions with the client will be tailored by the CONTRACTOR to an individual's needs based upon the results of an assessment and Care Plan. Care Plans shall be up-dated a minimum of once every six months.

4. Information and Referral: CONTRACTOR shall make referrals to the most appropriate resource to meet needs prioritized in the client's Case Plan. CONTRACTOR will document referrals and provide follow-up action to ensure that services are provided.

5. Case Files: CONTRACTOR shall maintain an individualized case file for each client which contains documentation of all services provided, appropriate signed release of information forms and case notes documenting client contact and resource and referral follow-up.

C. CONTRACTOR shall use best efforts to achieve the outcomes described in sections 3, 4, 5, 6, 7 and 8 below and provide the level of service delivery as follows:

1. Number of Unduplicated Clients:

   a) A minimum of 1 and a maximum of 81 clients will receive medical case management services during Fiscal Year 2007-2008.

   b) A minimum of 1 and a maximum of 66 clients will receive medical case management services during Fiscal Year 2008-2009.

   c) A minimum of 1 and a maximum of 66 clients will receive medical case management services during Fiscal Year 2009-2010.

2. Number of Units of Service:

   a) A minimum of 8 units of service per client and an overall maximum of 7,912.96 units of service will be provided not to exceed the total contract award during Fiscal Year 2007-2008.

   b) A minimum of 8 units of service per client and an overall maximum of 6,483.82 units of service will be provided not to exceed the total contract award during Fiscal Year 2008-2009.

   c) A minimum of 8 units of service per client and an overall maximum of 6,483.82 units of service will be provided not to exceed the total contract award during Fiscal Year 2009-2010.

   1 unit of service = 15 minutes of field based face-to-face encounter or 15 minutes of field based other encounter

3. 100% of participants will have had an assessment of medical and psychosocial needs, which determined appropriate resource referrals.

4. 100% of program participants will have a Plan of Care prioritizing needs and identifying goals to meet those needs.

5. 70% of unduplicated clients will maintain/achieve their individual care plan objectives as measured over twelve months.

6. Documentation of assistance provided will be charted in case files for 100% of clients.

7. 100% of participants will be reassessed at least once during the project year.

8. Documentation of on-going medical care will be charted in case files for 100% of clients.

9. CONTRACTOR will document and track all service provision to clients through the SEMAS web-based database in order to identify clients who may withdraw from care.

10. 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.

11. 70% of clients receiving medical case management will maintain routine medical care (minimum one primary care visit per year that includes a CD4 count, viral load test or on ART).

EXHIBIT A-3 AMENDMENT 2 to Agreement between the COUNTY OF SACRAMENTO, hereinafter referred to as "COUNTY", and EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT, hereinafter referred to as "CONTRACTOR"

SCOPE OF SERVICE: MENTAL HEALTH TREATMENT SERVICES

I. PROJECT DESCRIPTION

A. **Type of Services:** CONTRACTOR shall provide outpatient mental health services to HIV+ adults, their family members and caregivers who meet the eligibility requirements for the Sacramento Transitional Grant Area (TGA) Ryan White CARE Program. Outpatient mental health services include crisis intervention sessions, individual evaluation and assessment sessions, and individual counseling sessions.

B. **Goal:** Desired outcome is to maintain adults in the lowest level of mental health care possible while improving their ability to enter into and remain in medical care.

C. **Population:** Women living with HIV/AIDS in the Sacramento TGA with a primary focus on those persons who receive and/or enter and remain in primary medical care for their HIV/AIDS related condition(s). Family members, significant others and caregivers of women with HIV are also eligible to receive mental health services.

D. **Length of Treatment:** The length/duration of specialized mental health services shall be determined by the individualized needs of each client in accordance with his/her Plan of Care. There are no minimum/maximum levels or amounts of mental health services required. However, CONTRACTOR shall provide clinically appropriate levels of mental health services in accordance with Title IX of the California Code of Regulations and shall strive to maintain and/or improve the client's well being, stability in the community, and reduce the need for inpatient hospitalization.

II. SERVICES

A. CONTRACTOR shall establish and implement policies and procedures which:

1. Ensure that referred clients receive timely, effective, and quality mental health services that meet his/her special needs.

2. Incorporate and ensure compliance of ethical standards as established by all mental health disciplines (e.g. social workers, counselors, psychologists) and legal standards as defined by federal and state governments regulating confidentiality (Civil Codes 38.1, 38.2, 38.3, Evidence Code 1012).

B. CONTRACTOR shall provide individualized therapeutic interventions that address the presenting problem and mental health diagnosis of the referred client as evidenced by client chart documentation and internal utilization review.

C. CONTRACTOR shall establish and implement clinical oversight and monitoring systems which:

1. Address treatment issues, discharge planning, and scope of practice.

2. Ensure that client cases and documentation of cases are opened and closed in a timely and appropriate manner.

3. Include regular internal utilization review meetings by which charts/documentation of referred clients are thoroughly reviewed by agency staff.

D. CONTRACTOR shall ensure quality care by providing agency staff with on-going training and supervision.

E. CONTRACTOR shall develop Plans of Care which, as evidenced by client chart documentation and internal utilization review:

1. Meet the individualized needs of the referred client.

2. Address client's presenting issues and mental health diagnosis

3. Include client involvement.

F. CONTRACTOR shall provide referral and linkages to other county and community based services when clinically appropriate.

G. CONTRACTOR shall ensure interagency coordination, communication, and/or collaboration of services with other agencies with which the referred client is involved as evidenced by client chart documentation and internal utilization review.

H. CONTRACTOR shall provide appropriate referral and linkage for clients who do not meet criteria, are transitioning out of services, or require services beyond the scope of the contracted program.

I. CONTRACTOR shall demonstrate program effectiveness through performance outcomes.

J. CONTRACTOR shall provide culturally competent services by:

1. Seeking staff that provides multi-cultural representation on all levels.

2. Providing services to referred clients in a manner that is sensitive and responsive to racial, ethnic, linguistic, and cultural differences as evidenced by client chart documentation and internal utilization review.

K. CONTRACTOR shall provide services at hours that are convenient and acceptable to the referred client.

III. SERVICE DELIVERY REQUIREMENTS

A. Service Eligibility: CONTRACTOR shall perform an intake process on each participant seeking Ryan White-funded mental health services. The intake process will include determining eligibility for Ryan White-funded services, completing the Ryan White Intake Form, and providing the participant with an orientation to CONTRACTOR's program. The Intake process should be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of a lack of funding or available staff. Clients placed on a waiting list must be provided with referrals to alternate available Ryan White Case Management agencies, and all waiting lists must be reported to the Ryan White Fiscal Agent. Once funding or staff becomes available, clients placed on the waiting list should be seen in order of need.

B. Service Eligibility for Non-Infected Clients: Non-infected individuals may be appropriate candidates for CARE Act services in limited situations, but these services must always have at least indirect benefit to a person with HIV. The Sacramento TGA's adopted Mental Health Service Standards outline these limited circumstances.

C. Evaluation and Assessment: During the initial intake process, CONTRACTOR shall perform an assessment of medical and psychosocial needs of the participant using the adopted TGA Case Management Service Standards as a guide to determine appropriate service and/or resource referrals.

D. CONTRACTOR shall document assessments, client plans, and progress notes, which accurately represent the mental health service provided and client progress.

E. CONTRACTOR shall meet all Ryan White program-staffing requirements. Staff clinicians who provide the services must meet all licensure and certification requirements as established by the State of California, Board of Behavioral Sciences. Registered interns may provide services if they have appropriate supervision by mental health professionals licensed within the State of California to provide mental health services and are employed directly by the applicant organization. It is understood that clinicians knowledgeable of HIV+ client needs will provide mental health services.

F. CONTRACTOR will document and track all service provision to clients through the SEMAS web-based database in order to identify clients who may withdraw from care.

G. CONTRACTOR shall use best efforts to achieve the outcomes described in sections 3, 4, 5, 6, 7 and 8 below and provide the level of service delivery as follows:

1. Number of Unduplicated Clients:

a) A minimum of 2 adults will receive individual psychological counseling services during Fiscal Year 2007-2008.

b) A minimum of 2 adults will receive individual psychological counseling services during Fiscal Year 2008-2009.

c) A minimum of 2 adults will receive individual psychological counseling services during Fiscal Year 2009-2010.

2. Number of Units of Service:

a) A maximum of 1,494.55 units of service will be provided at the maximum billing rate during Fiscal Year 2007-2008.

b) A maximum of 1,224.55 units of service will be provided at the maximum billing rate during Fiscal Year 2008-2009.

c) A maximum of 1,224.55 units of service will be provided at the maximum billing rate during Fiscal Year 2009-2010.

1 unit of service = 1vendor paid dollar for individual psychological counseling session

3. 100% of participants will have completed a pre-survey prior to or on their first mental health appointment at the agency or if the person is a continuing client they will have completed a pre-survey on their first appointment of each C.A.R.E. Program fiscal year commencing March 1.

4. 100% of participants will have completed a post-survey at the time they complete treatment at the agency or at the end of each C.A.R.E. Program fiscal year on February 28, whichever event comes first.

5. 100% of long-term ongoing clients will have completed a post-survey one-year after they began receiving treatment at the agency and again each year following to track the progress of treatment.

6. 100% of client survey responses will be reported to the Sacramento TGA Ryan White CARE Program.

7. 100% of clients who do not have an identified primary care provider at the time of Intake will receive a referral and access an appropriate physician or clinic during the program year.

8. 60% of HIV+ clients who receive mental health services will report increased functionality within 90 days of start of treatment.

**EXHIBIT A-4 AMENDMENT 2 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,
hereinafter referred to as "CONTRACTOR"**

SCOPE OF SERVICES: SUPPORT SERVICE - MEDICAL TRANSPORTATION

I. PROJECT DESCRIPTION

A. **Type of Service:** CONTRACTOR will provide Support Services in the form of Medical Transportation to Persons Living with HIV/AIDS (PLWH/A). Many PLWH/A have multiple needs because of the numerous logistical barriers to accessing care and/or staying in care, including, but not limited to: poverty, isolation, trust of government systems, homelessness, mental health (including multiple diagnoses), ability to pay for medical services, and discrimination. Support Services – Medical Transportation shall provide assistance to promote quality of life and remove major barriers that prevent PLWH/A from accessing needed primary medical care.

B. **Population:** Persons living with HIV/AIDS in the Sacramento Transitional Grant Area (TGA), which encompasses El Dorado, Placer, and Sacramento Counties, with a primary focus on those persons who receive and/or enter and remain in primary medical care for their HIV/AIDS related condition(s).

C. **Goal:** Desired outcome is to provide basic Support Services - Medical Transportation to persons living with HIV/AIDS in the Sacramento TGA and to improve their ability to enter into and/or remain in primary medical care.

II. SERVICES

A. CONTRACTOR will maintain and enhance individual health care by providing Support Services to PLWH/A in the Sacramento TGA. CONTRACTOR shall establish and implement policies and procedures that ensure the referred client receives timely, effective, and quality Support Services - Medical Transportation that meet their individual needs as determined by a Plan of Care developed by a Sacramento TGA medical case management agency that is Ryan White CARE Program funded. Exceptions: clients receiving volunteer-based Transportation Services, Buddy/Companion Services, Peer/Support Groups and/or Service Outreach/Case Funding, do not require case management participation.

B. CONTRACTOR shall ensure Support Services – Medical Transportation are designed as coordinated services to facilitate access to primary medical care and to promote continuity of care. It is the intent of these services to improve the quality of life of persons living with HIV/AIDS in the Sacramento TGA.

C. CONTRACTOR shall perform an intake process for each client meeting eligibility criteria for Medical Transportation Support Services. The intake process will include determining eligibility for Ryan White-funded services, completing the Ryan White Intake Form, and providing the participant with an orientation to the Support Services CONTRACTOR provides. The Intake process should be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of a lack of funding or available staff. Clients placed on a waiting list must be provided with referrals to alternate available Ryan White Medical Case Management agencies, and all waiting lists must be reported to the Ryan White Fiscal Agent. Once funding or staff becomes available, clients placed on the waiting list should be seen in order of need.

D. CONTRACTOR shall make referrals to the most appropriate resources to meet the needs prioritized in the client's Plan of Care, will document referrals and provide follow-up action to ensure that referred services were/are provided.

E. CONTRACTOR shall provide a minimum level of service delivery as follows:

1. **SS-Medical Transportation:** Conveyance services provided to a client in order to access medical care or HIV-related psychosocial services and medical transportation to basic local, state, and federal entitlement program facility sites within the TGA only. Conveyance may be provided through joint-agency arrangement for volunteer-based transportation services, routinely or on an emergency basis via bus passes, or as a last resort, and clearly documented as an immediate need, taxicab services through an appropriate vendor.

2. Unduplicated Clients:

a) A minimum of 72 clients will receive transportation assistance during Fiscal Year 2007-2008.
b) A minimum of 59 clients will receive transportation assistance during Fiscal Year 2008-2009.
c) A minimum of 59 clients will receive transportation assistance during Fiscal Year 2009-2010.

3. Units of Service:

a) A maximum of 5,217.27 units of service will be provided at the maximum billing rate during Fiscal Year 2007-2008.

b) A maximum of 4,275.45 units of service will be provided at the maximum billing rate during Fiscal Year 2008-2009.

c) A maximum of 4,275.45 units of service will be provided at the maximum billing rate during Fiscal Year 2009-2010.

1 unit of service = 1 vendor paid transportation dollar

III. INTENDED OUTCOMES

A. CONTRACTOR shall strive to achieve the minimum and maximum service deliveries as described in Section II listed above.

B. CONTRACTOR shall ensure documentation of intake process be charted in case files for 100% of clients.

C. CONTRACTOR shall ensure that 100% of program participants have a Plan of Care developed by a Sacramento TGA Ryan White CARE Program funded case management agency. Exceptions: clients receiving Volunteer-based Transportation Services, Buddy/Companion Services, and/or Service Outreach/Case Finding, which do not require case management participation.

D. CONTRACTOR shall offer 100% of participants an array of transportation service options to overcome barriers to accessing primary medical care.

E. CONTRACTOR shall document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.

F. CONTRACTOR shall ensure documentation of on-going medical care will be charted in case files for 100% of clients.

G. CONTRACTOR shall document all other resources available to client and other private and community resources attempted and/or accessed prior to using Ryan White CARE Act funds (i.e. payer of last resort).

H. 70% of Medical Transportation clients will maintain routine medical care (minimum one primary care visit per year that includes a CD4 count, viral load or on ART).

I. 75% of clients showing evidence of need for medical transportation services will receive transportation for HIV/AIDS related care appointments.

EXHIBIT A-5 AMENDMENT 2 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,
hereinafter referred to as "CONTRACTOR"

SCOPE OF SERVICES: EMERGENCY FINANCIAL ASSISTANCE

I. PROJECT DESCRIPTION

A. **Type of Service:** CONTRACTOR will provide Emergency Financial Assistance to Persons Living with HIV/AIDS (PLWH/A). Many PLWH/A have multiple needs because of the numerous logistical barriers to accessing care and/or staying in care, including, but not limited to: poverty, isolation, trust of government systems, homelessness, mental health (including multiple diagnoses), ability to pay for medical services, and discrimination. Support Services shall provide assistance to promote quality of life and remove major barriers that prevent PLWH/A from accessing needed primary medical care..

B. **Population:** Persons living with HIV/AIDS in the Sacramento Transitional Grant Area (TGA), which encompasses El Dorado, Placer, and Sacramento Counties, with a primary focus on those persons who receive and/or enter and remain in primary medical care for their HIV/AIDS related condition(s).

C. **Goal:** Desired outcome is to provide basic Emergency Financial Assistance to persons living with HIV/AIDS in the Sacramento TGA and to improve their ability to enter into and/or remain in primary medical care.

II. SERVICES

A. CONTRACTOR will maintain and enhance individual health care by providing Emergency Financial Assistance to PLWH/A in the Sacramento TGA. CONTRACTOR shall establish and implement policies and procedures that ensure the referred client receives timely and effective Emergency Financial Assistance that meets their individual needs as determined by a Plan of Care developed by a Sacramento TGA case management agency that is Ryan White CARE Program funded.

B. CONTRACTOR shall ensure Emergency Financial Assistance is designed as a coordinated service to facilitate access to primary medical care and to promote continuity of care. It is the intent of these services to improve the quality of life of persons living with HIV/AIDS in the Sacramento TGA.

C. CONTRACTOR shall perform an intake process for each client meeting eligibility criteria for Emergency Financial Assistance. The intake process will include determining eligibility for Ryan White-funded services, completing the Ryan White Intake Form, and providing the participant with an orientation to the Emergency Financial Assistance CONTRACTOR provides. The Intake process should be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of a lack of funding or available staff. Clients placed on a waiting list must be provided with referrals to alternate available Ryan White Case Management agencies, and all waiting lists must be reported to the Ryan White Fiscal Agent. Once funding or staff becomes available, clients placed on the waiting list should be seen in order of need.

D. CONTRACTOR shall make referrals to the most appropriate resources to meet the needs prioritized in the client's Plan of Care, will document referrals and provide follow-up action to ensure that referred services were/are provided.

E. CONTRACTOR shall provide a minimum level of service delivery as follows:

Other Critical Needs: Services developed to meet the needs of clients not listed in other support service categories, such as short-term direct emergency financial assistance for health insurance premiums and other critical needs. Payment on behalf of client shall be made to the provider of said assistance or need directly. Ryan White CARE Program-funded clients shall not receive any direct financial assistance payments.

A. Unduplicated Clients:

1) A minimum of 19 clients will receive emergency financial assistance for other critical needs during Fiscal Year 2007-2008.

2) A minimum of 15 clients will receive emergency financial assistance for other critical needs during Fiscal Year 2008-2009.

3) A minimum of 15 clients will receive emergency financial assistance for other critical needs during Fiscal Year 2009-2010.

B. Units of Service:

1) A maximum of 7,851.82 units of service will be provided at the maximum billing rate during Fiscal Year 2007-2008.

2) A maximum of 6,433.64 units of service will be provided at the maximum billing rate during Fiscal Year 2008-2009.

3) A maximum of 6,433.64 units of service will be provided at the maximum billing rate during Fiscal Year 2009-2010.

1 unit of service = 1 vendor paid food dollar

III. INTENDED OUTCOMES

A. CONTRACTOR shall strive to achieve the minimum and maximum service deliveries as described in Section II listed above.

B. CONTRACTOR shall ensure documentation of intake process be charted in case files for 100% of clients.

C. CONTRACTOR shall ensure that 100% of program participants have a Plan of Care developed by a Sacramento TGA Ryan White CARE Program funded case management agency.

D. CONTRACTOR shall offer 100% of participants emergency financial assistance to overcome barriers to accessing primary medical care.

E. CONTRACTOR shall document in individualized case file for 100% of clients: Proof of need and payment (e.g. copy of utility/telephone cut-off notice/bill, vendor invoice, etc.); appropriate signed release of information forms; all contact with client; resource referrals; and case notes.

F. CONTRACTOR shall document all other resources available to client and other private and community resources attempted and/or accessed prior to using Ryan White CARE Act funds (i.e. payor of last resort)

G. CONTRACTOR shall document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.

H. Documentation of on-going medical care will be charted in case files for 100% of clients.

I. 70% of clients accessing Emergency Financial Assistance will continue to access routine medical care (Minimum one primary care visit per year that includes a CD4 count, viral load test or on ART).

J. CONTRACT shall adhere to service standards and directives as determined by the HIV Health Services Planning Council.

EXHIBIT A-6 AMENDMENT 2 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,
hereinafter referred to as "CONTRACTOR"

SCOPE OF SERVICES: ORAL HEALTH CARE

I. PROJECT DESCRIPTION

A. **Type of Program:** CONTRACTOR will provide Oral Health Care to People Living with HIV/AIDS (PLWH). Under the Oral Health Care Program the CONTRACTOR will provide the following services: diagnostic, prophylactic and therapeutic services rendered by licensed dentists, dental hygienists, dental assistants and other appropriately licensed or certified professional practitioners.

B. **Length of Treatment:** Length of treatment will be determined based on the diagnostic assessment by a licensed dentist of emergency Oral Health Care required and authorized under the current adopted Ryan White HIV Dental Program Operations Manual attached as Attachment A.

C. **Population:** HIV infected persons in the Sacramento TGA with a primary focus on persons who need improvement in dental health.

II. SERVICES

A. CONTRACTOR will maintain and enhance individual health care by providing Oral Health Care to People Living with HIV/AIDS in the Sacramento TGA.

1. CONTRACTOR shall establish and implement policies and procedures that ensure that referred clients receive timely, effective, and quality Oral Health Care that meets his/her special needs.

2. CONTRACTOR shall establish and implement policies and procedures that incorporate and ensure compliance of ethical standards as established for all health care providers and legal standards as defined by federal and state governments regulating confidentiality (Civil Codes 38.1, 38.2, 38.3, Evidence Code 1012).

3. CONTRACTOR will provide access to Oral Health Care for People Living with HIV/AIDS in the Sacramento TGA. Oral Health Care will be limited to the services listed in the Sacramento County- Units of Services (UOS) Schedule 2007/2010 attached as Attachment B.

4. CONTRACTOR shall perform an intake process on each client meeting eligibility criteria for Oral Health Care services. The intake process will include determining eligibility for Ryan White-funded services, completing the Ryan White Intake Form, and providing the participant with an orientation to the CONTRACTOR'S SERVICE PROGRAM. The Intake process should be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of a lack of funding or available staff. Clients placed on a waiting list must be provided with referrals to alternate available Ryan White Medical Case Management agencies, and all waiting lists must be reported to the Ryan White Fiscal Agent. Once funding or staff becomes available, clients placed on the waiting list should be seen in order of need.

5. Documentation of on-going dental care will be charted in case files for 100% of clients.

6. CONTRACTOR shall document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.

7. CONTRACTOR shall use best efforts to achieve the outcomes described in sections a. through d. below:

a. The number of clients who receive actual definitive or emergency treatment will measure the improvement in dental health. Persons who receive diagnostic services, and who do not return for preventative or restorative services, will not be considered as having an improvement in their dental health. Persons who receive any type of definitive therapy, including emergency care for the relief of pain or infection, will have been considered to have benefited or experienced an improvement in their dental health.
b. To implement a client satisfaction survey to monitor the perception of quality through the consumer's perspective. This survey will be done once per year according to a schedule determined by the Ryan White CARE program.
c. Documentation of on-going dental care will be charted in case files for 100% of clients.
d. CONTRACTOR shall document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.

B. CONTRACTOR shall provide the level of service delivery as follows:

1. Number of Unduplicated Clients:
   i. A minimum of 1 client and a maximum of 3 clients will receive Oral Health Care during Fiscal Year 2007-2008.
   ii. A minimum of 1 client and a maximum of 2 clients will receive Oral Health Care during Fiscal Year 2008-2009.
   iii. A minimum of 1 client and a maximum of 2 clients will receive Oral Health Care during Fiscal Year 2009-2010.

2. Number of Units of Service:
   i. A minimum of 1 unit of service per client and an overall maximum of 4,001.82 units of service will be provided at the maximum billing rate during Fiscal Year 2007-2008.
   ii. A minimum of 1 unit of service per client and an overall maximum of 3,279.09 units of service will be provided at the maximum billing rate during Fiscal Year 2008-2009.
   iii. A minimum of 1 unit of service per client and an overall maximum of 3,279.09 units of service will be provided at the maximum billing rate during Fiscal Year 2009-2010.

   1 unit of service = 1 vendor paid dollar for dental visit

3. 70% of dental clients will maintain routine medical care (minimum one primary care visit per year that includes a CD4 count, viral load or on ART).

4. 100% of dental clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.

III. COUNTY RESIDENCY

Funding provided under Exhibit A-1 of this Agreement is for services to Sacramento, El Dorado and Placer County residents only. A person is a Sacramento, El Dorado or Placer County resident if he/she is currently staying in one of these counties with the intent to remain and live in one of the specified counties. Any person who comes to Sacramento, El Dorado or Placer County for the express purpose of qualifying to receive services from a COUNTY-funded program, and intends to leave the county after receipt of services, is not considered a resident. Proof of residency can be established by the following:

A. Any bill or correspondence current to within the previous two weeks showing the individual's name and a Sacramento, El Dorado or Placer County address.

B. Written statement by homeless shelter staff verifying that the individual has been in shelter residence in Sacramento, El Dorado or Placer County continuously for the previous two weeks.

C. Current state issued identification card reflecting a Sacramento, El Dorado or Placer County address.

D. Other reliable evidence that establishes Sacramento, El Dorado or Placer County residency.

EXHIBIT C AMENDMENT 2 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,
hereinafter referred to as "CONTRACTOR"

BUDGET REQUIREMENTS

I. MAXIMUM PAYMENT TO CONTRACTOR

The Total Maximum Payment Amount under this Agreement is: $423,271.00.

B. CONTRACTOR shall be reimbursed in accordance with the Budget set forth below and Exhibit C-1.

II. BUDGET

The Budget for this Agreement is outlined below.

RYAN WHITE DIRECT SERVICES

Line	Budget Item	FY07/08 Total Expenses per Budget Item Requested from CARE Program	FY08/09 Total Expenses per Budget Item Requested from CARE Program	FY09/10 Total Expenses per Budget Item Requested from CARE Program	Grand Totals
	Personnel Expenses				
1	Sr. Accountant (M.Raines) (FY07-08: 10% of $64,290 Annual Salary) (FY08-09: 8.2% of $64,290 Annual Salary) (FY09-10: 8.2% of $64,290 Annual Salary)	$6,429.00	$5,268.00	$5,268.00	$16,965.00
2	Benefits x 12 mos at 41.5% of Salaric	$2.671.00	$2,189.00	$2,189.00	$7,049.00
	Total Personnel	**$9,100.00**	**$7,457.00**	**$7,457.00**	**$24,014.00**
3	**Operating Expenses**				$0.00
4	Subcontract	$151,303.00	$123,977.00	$123,977.00	$399,257.00
5	**Total Operating Expense**	**$151,303.00**	**$123,977.00**	**$123,977.00**	**$399,257.00**
6	**Total Direct Expenses**	**$160,403.00**	**$131,434.00**	**$131,434.00**	**$423,271.00**
7	**Indirect Expenses**	$0.00	$0.00	$0.00	$0.00
	TOTAL SERVICE CATEGORY BUDGET	**$160,403.00**	**$131,434.00**	**$131,434.00**	**$423,271.00**

EXHIBIT C-1 AMENDMENT 2 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,
hereinafter referred to as "CONTRACTOR"

RYAN WHITE SERVICES BUDGET NARRATIVE

Line Item	FY07-08 %/$ of FTE	FY07/08 Amount	FY08-09 %/$ of FTE	FY08/09 Amount	FY09-10 %/$ of FTE	FY09/10 Amount	Grand Totals
PERSONNEL							
Sr. Accountant - (Raines): 10% of FTE @ $64,290 per year FY07, 8.1942% FY 08 and FY09. Reviews and reconciles subcontractor claims for Ryan White Services for submission to Fiscal Agent.	10% of FTE @ $64,290	$6,429.00	8.1942% of FTE @ $64,290	$5,268.00	8.1942% of FTE @ $64,290	$5,268.00	$16,965.00
FRINGE BENEFITS: Includes insurance benefits, retirement, workman's compensation, parking or bus pass reimbursement, payroll taxes, etc. (41.5462%) for FY07 and 41.4428% for FU 08 and FY09	41.5462%	$2,671.00	41.5528%	$2,189.00	41.5528%	$2,189.00	$7,049.00
TOTAL PERSONNEL EXPENSES		**$9,100.00**		**$7,457.00**		**$7,457.00**	**$24,014.00**
OPERATING EXPENSES							**$0.00**
SUBCONTRACT: Subcontract with Sierra Foothills AIDS Foundation to provide Medical Case Management inlcuding intake/assessment, ambulatory care, mental health, medical transportation, dental services, and other critical need financial assistance.		$151,303.00		$123,977.00		$123,977.00	$399,257.00
TOTAL OPERATING EXPENSES		**$151,303.00**		**$123,977.00**		**$123,977.00**	**$399,257.00**
TOTAL DIRECT EXPENSES		**$160,403.00**		**$131,434.00**		**$131,434.00**	**$423,271.00**
INDIRECT COSTS: Includes but is not limited to, program oversight and administrative support services including, accounting services, maintenance of personnel files and procedures, and legal services associated with personnel and other operations; insurance, payroll services, pension plan administration, other benefits administration, audit and expenses, operating expenses associated with the administrative services. Calculated at 10% of direct costs.		$0.00		$0.00		$0.00	$0.00
TOTAL ANNUAL BUDGET		**$160,403.00**		**$131,434.00**		**$131,434.00**	**$423,271.00**