

**SIXTH AMENDMENT TO
AGREEMENT**

THIS SIXTH AMENDMENT, made and entered into as of the _____ day of _____, 2012, by and between the COUNTY OF SACRAMENTO, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and the COUNTY OF EL DORADO, a 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

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 entered 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 parties hereto entered into a retroactive FOURTH AMENDMENT to AGREEMENT, effective April 1, 2007, to increase the maximum total payment to CONTRACTOR by \$314,082.00, from \$465,704.00 to \$779,786.00, and to extend the term of the AGREEMENT from March 31, 2010 to June 30, 2012; and

WHEREAS, the parties hereto entered into a retroactive FIFTH AMENDMENT to AGREEMENT, effective April 1, 2007, to increase the maximum total payment to CONTRACTOR by \$52,772.00, from \$779,786.00 to \$832,558.00; and

WHEREAS, the parties hereto desire to enter into a retroactive SIXTH AMENDMENT to AGREEMENT, effective April 1, 2007, to decrease the maximum total payment to CONTRACTOR by \$2,453.00, from \$832,558.00 to \$830,105.00 with a corresponding decrease in the scope of services; 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. 2010-0172, approved March 23, 2010; and

WHEREAS, pursuant to the Resolution cited as providing authority to DHHS to execute this SIXTH AMENDMENT to AGREEMENT, the Department has amendment authority to execute non-monetary and administrative changes; make monetary increases and decreases, when necessary, for a shared contract authority not to exceed the total of the Ryan White CARE Act Part A and State AIDS Master Grant funding as set forth in Exhibit C; or assign, terminate, or further amend the above referenced AGREEMENT, when necessary, throughout the term of the AGREEMENT, and

WHEREAS, COUNTY may terminate or amend this Agreement immediately upon giving written notice to CONTRACTOR, 1) if advised that funds are not available from external sources for this AGREEMENT or any portion thereof, including if distribution of such funds to the COUNTY is suspended or delayed; 2) if funds for the services and/or programs provided pursuant to this AGREEMENT are not appropriated by the State; 3) if funds in COUNTY's yearly proposed and/or final budget are not appropriated by COUNTY for this AGREEMENT or any portion thereof; or 4) if funds that were previously appropriated for this AGREEMENT are reduced, eliminated, and/or re-allocated by COUNTY as a result of mid-year budget reductions.

NOW, THEREFORE, the AGREEMENT is amended as follows:

1. The maximum total payment of \$832,558.00 to CONTRACTOR is hereby decreased by \$2,453.00, for a maximum reimbursable amount of \$830,105.00 to allow for a corresponding decrease in Contractor's services.
2. Exhibit "A Amendment 5," and Exhibits "A-1 Amendment 5" through "A-6 Amendment 5" to AGREEMENT are replaced in entirety by Exhibit "A Amendment 6," and Exhibits "A-1 Amendment 6" through "A-6 Amendment 6," attached hereto and incorporated herein by reference.

3. Exhibit "C Amendment 5" to AGREEMENT is replaced in entirety by Exhibit "C Amendment 6," attached hereto and incorporated herein by reference.
4. Exhibit "E Amendment 5," Schedule of Federal Funds, is replaced in entirety by Exhibit "E Amendment 6," attached hereto and incorporated herein by reference.
5. "Attachment A Amendment 5" and "Attachment B Amendment 5" to AGREEMENT are replaced in entirety by "Attachment A Amendment 6" and Attachment B Amendment 6," attached hereto and incorporated herein by reference.
6. This SIXTH AMENDMENT shall be deemed retroactively effective as of April 1, 2007.
7. 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 SIXTH AMENDMENT to AGREEMENT as of the day and date first written above.

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

By: _____
ANN EDWARDS, Director
Department of Health and Human Services, "COUNTY"
Approval delegated pursuant to Sacramento County
Code Section 2.61.012 (h)

Date: _____

By: _____
JOHN R. KNIGHT, Chair
County of El Dorado Board of Supervisors
"CONTRACTOR"

Date: _____

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

Attest:
SUZANNE ALLEN DE SANCHEZ,
Clerk of the Board of Supervisors

Deputy Clerk

Date: _____

CONTRACT AND CONTRACTOR TAX STATUS
REVIEWED AND APPROVED BY COUNTY COUNSEL

By:  _____ Date: 5. 7. 12 _____

**EXHIBIT A AMENDMENT 6 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR"**

SPECIAL PROVISIONS

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

I. SERVICE LOCATION

Facility Name: Sierra Foothills AIDS Foundation
Street Address: 3053 Harrison Ave., Suite 203
City and Zip Code: South Lake Tahoe, CA 96151

Facility Name: Sierra Foothills AIDS Foundation
Street Address: 550 Pleasant Valley Road, Suite 2E
City and Zip Code: Diamond Springs, CA 95619

II. SERVICE PERFORMANCE MONITOR

Name and Title: Senior Health Program Coordinator (Adrienne Rogers)
Organization: County of Sacramento Department of Health and Human Services
Division of Public Health
Ryan White CARE Program
Street Address: 7001-A East Parkway, Suite 600
City and Zip Code: 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. SPECIAL PROVISIONS

A. County Residency

1. Only residents of the Sacramento Transitional Grant Area (TGA) which encompasses Sacramento, El Dorado, and Placer Counties qualify for services funded by this Agreement. A person qualifies as a Sacramento TGA resident if he/she is currently staying in Sacramento, El Dorado, or Placer County with the intent to remain and live in one of the specified counties. Any person who comes to the Sacramento TGA for the express purpose of qualifying to receive the services described in this Agreement and intends to leave the qualifying county after receipt of services is not considered a resident.
2. Proof of Sacramento TGA 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) A 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) A current State issued identification card reflecting Sacramento, El Dorado, or Placer County residency.

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

B. Contractor Manual

1. CONTRACTOR shall keep an up-to-date copy of the *Ryan White Care Program Sacramento TGA Contractor's Orientation Manual* on site.
 2. CONTRACTOR shall comply with all applicable sections of the *Ryan White Care Program Sacramento TGA Contractor's Orientation Manual*.
- C. CONTRACTOR shall establish, maintain, and document referral relationships with entities in the TGA that provide HIV testing in order to facilitate rapid referral of and access to care for individuals testing positive for HIV as required by HRSA guidelines.

**EXHIBIT A-1 AMENDMENT 6 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR"**

**SCOPE OF SERVICES
AMBULATORY/OUTPATIENT MEDICAL CARE**

I. PROGRAM DESCRIPTION

- A. Type of Program: Provision of comprehensive, high quality, client-centered, timely, and cost-effective primary ambulatory/outpatient medical services to HIV+ persons at all stages of disease.
- B. Population: HIV+ adults that reside in the Sacramento TGA as described in Exhibit A Amendment 6 of this Agreement and qualify for Ryan White CARE Program services. The primary focus is on those persons who receive and/or enter and remain in primary medical care for their HIV/AIDS related condition(s).
- C. Length of Treatment: Ambulatory/outpatient medical care 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.

II. SERVICES

CONTRACTOR shall:

- A. Perform an intake process for each client meeting eligibility criteria for Ryan White services and shall reassess each client's eligibility for Ryan White funds every six months as required by HRSA. The intake process shall include determining the client's eligibility for Ryan White funded services, completing the Ryan White Intake Form, and providing the client with an orientation to CONTRACTOR's services. The intake process shall be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of lack of funding or available staff. Clients placed on a waiting list shall be provided with referrals to alternate Ryan White agencies if alternatives exist, and all waiting lists shall be reported to the Service Performance Monitor at the mandatory Service Provider Caucus meetings. Once funding or staff becomes available, clients placed on the waiting list shall be seen in order of need.
- B. Establish and implement policies and procedures which:
 - 1. Ensure that referred clients receive timely, effective, and quality ambulatory/outpatient medical care services that meets his/her special needs.
 - 2. Incorporate and ensure compliance with 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. Incorporate and ensure, to the extent possible, adherence to established HIV clinical practice standards and the most current Center for Disease Control (CDC) recommendations and guidelines for the treatment of HIV/AIDS located on the internet at: <http://www.cdc.gov/hiv/topics/treatment/guidelines.htm>.
- C. Maintain and enhance the individual health care of HIV+ persons by providing ambulatory/outpatient medical care services. Ambulatory/outpatient medical services shall include the following services:
 - 1. Lab visits.
 - 2. Primary care visits with a HIV health care provider.
 - 3. Specialty care visits with medical specialists at other health care providers.
 - 4. Medication adherence sessions as part of medical visits.

- D. Maintain an individual medical file for each client that contains documentation of all services provided, appropriate signed release of information forms, documentation of referrals to PCRS when appropriate, and case notes documenting client contact and resource and referral follow-up.
- E. Comply with “SSC 05 Eligibility & Fees for Ryan White Part A and S.A.M. Services” found in CONTRACTOR’s *Ryan White Care Program Sacramento TGA Contractor’s Orientation Manual*.
- F. Document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.
- G. Track and trend the following:
1. The number of hospital admissions as a ratio of the annual unduplicated caseload.
 2. The number of emergency room visits as a ratio of the annual unduplicated caseload.
 3. CD4 counts and viral load counts as a ratio of the annual unduplicated caseload.
 4. Death rates per year as a percentage of annual unduplicated clients.
- H. Provide the following level of services. One (1) unit of service equals one vendor paid dollar for primary care visit with health care provider or one (1) vendor paid dollar for specialty care visit with health care provider or one (1) vendor paid dollar for lab visit.

Contract Year	Units of Service			Unduplicated Clients
	Primary Care Visit	Specialty Care Visit	Lab Visit	
2007-2008	5,500.00	121.82	302.73	21
2008-2009	4,210.00	100.00	429.09	24
2009-2010	3,300.00		1,049.09	21
2010-2011	4,691.82	109.09	478.18	26
2011-2012	4,691.82	109.09	478.18	26
March – June 2012	1,571.82	36.36	160.00	26

III. OUTCOMES

CONTRACTOR shall use best efforts to achieve the outcomes:

- A. 100% of client case files will contain properly documented and/or charted on-going medical care.
- B. 95% of clients who remain in care and report opportunistic infections will receive screening and treatment.
- C. 100% of primary care services offered will meet applicable Center for Disease Control (CDC) recommendations and guidelines for the treatment of HIV/AIDS located on the internet at:
<http://www.cdc.gov/hiv/topics/treatment/guidelines.htm>.
- D. 70% of clients will receive a minimum of three primary care visits per year that include a CD4 count, viral load test, or antiretroviral therapy (ART).
- E. 60% of clients on HAART therapy will show improved or stable CD4 and viral load counts.

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

**SCOPE OF SERVICES
MEDICAL CASE MANAGEMENT**

I. PROGRAM DESCRIPTION

- A. Type of Service: Provision of medical case management services.
- B. Population: HIV+ men, women, children, and transsexuals that reside in the Sacramento TGA as described in Exhibit A Amendment 6 of this Agreement and qualify for Ryan White CARE Program services.
- C. Goal: The desired outcome of this program is to improve the overall health and well being of persons living with HIV/AIDS (PLWH/A) in the Sacramento TGA by ensuring that all the client's medical and psychosocial concerns are being adequately addressed within a medical case management system.
- D. Length of Treatment: 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.

II. SERVICES

CONTRACTOR shall:

- A. Evaluate each client's eligibility for CONTRACTOR's medical case management services. Clients who do not meet CONTRACTOR's eligibility criteria for medical case management services will be referred to other providers that can meet their medical case management needs.
- B. Provide medical case management services that include but are not 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.
- C. Provide medical case management services that are operated in compliance with "SSC 01 Medical Case Management Service Standards for Persons Living with HIV/AIDS", as found in CONTRACTOR's *Ryan White Care Program Sacramento TGA Contractor's Orientation Manual*.
- D. Perform an intake process for each client meeting eligibility criteria for Ryan White services and shall reassess each client's eligibility for Ryan White funds every six months as required by HRSA. The intake process shall include determining the client's eligibility for Ryan White funded services, completing the Ryan White Intake Form, and providing the client with an orientation to CONTRACTOR's services. The intake process shall be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of lack of funding or available staff. Clients placed on a waiting list shall be provided with referrals to alternate Ryan White agencies if alternatives exist, and all waiting lists shall be reported to the Service Performance Monitor at the mandatory Service Provider Caucus meetings. Once funding or staff becomes available, clients placed on the waiting list shall be seen in order of need.
- E. Offer to conduct the intake process at the client's home or at a site more accessible for the client when conducting field-based medical case management services.
- F. Perform an assessment, during the initial intake process, of the medical and psychosocial needs of the client using "SSC 01 Medical Case Management Service Standards for Persons Living with HIV/AIDS" found in CONTRACTOR's *Ryan White Care Program Sacramento TGA Contractor's Orientation Manual* as a guide to determine appropriate services and/or resource referrals.

- G. Conduct a face-to-face interview, during the initial intake process, with the client 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 medical case management sessions with the client will be tailored by the CONTRACTOR to each individual client's needs based upon the results of the assessment and Care Plan. Each Care Plan shall be updated a minimum of once every six months.
- H. Make referrals to the most appropriate resources to meet needs prioritized in the client's Care Plan.
- I. Document referrals and provide follow-up action to ensure that services are provided.
- J. Maintain an individualized case file for each client that contains documentation of all services provided, appropriate signed release of information forms, and case notes documenting client contact and resource and referral follow-up.
- K. Document and track all service provision to clients through the SEMAS web-based database in order to identify clients who may withdraw from care.
- L. Deliver services according to "SSC 01 Medical Case Management Service Standards for Persons Living with HIV/AIDS" and "SSC 05 Eligibility & Fees for Ryan White Part A and S.A.M. Services" found in CONTRACTOR's *Ryan White Care Program Sacramento TGA Contractor's Orientation Manual*.
- M. Use best efforts to provide the following medical case management services. One (1) unit of service equals fifteen (15) minutes of field based face-to-face encounter or fifteen (15) minutes of field based other encounter.

Contract Year	Units of Service	Unduplicated Clients
2007-2008	7,600.65	66
2008-2009	6,109.39	78
2009-2010	8,027.58	118
2010-2011	7,638.57	117
2011-2012	7,785.01	119
March – June 2012	2,608.00	119

III. OUTCOMES

CONTRACTOR shall use best efforts to achieve the following outcomes:

- A. 100% of clients will have received an assessment of medical and psychosocial needs, which determined appropriate resource referrals.
- B. 100% of clients will have an up-to-date Care Plan that prioritizes the client's needs and identifies goals to meet those needs.
- C. 100% of client case files will contain documentation of assistance provided and properly charted on-going medical care.
- D. 100% of clients will be reassessed for eligibility for Ryan White funds at six-month intervals, as required by HRSA.
- E. 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.
- F. 70% of unduplicated clients will maintain/achieve their individual care plan objectives as measured over twelve months.
- G. 70% of clients receiving medical case management services will maintain routine medical care at a minimum of three primary care visits per year that include a CD4 count, viral load test, or antiretroviral therapy (ART).

**EXHIBIT A-3 AMENDMENT 6 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR"**

**SCOPE OF SERVICES
MENTAL HEALTH TREATMENT SERVICES**

I. PROGRAM DESCRIPTION

- A. Type of Service: Provision of the following outpatient mental health services: Crisis intervention sessions, individual evaluation and assessment sessions, and individual counseling sessions.
- B. Population: HIV+ adults and family members, significant others, and caregivers of HIV+ persons that reside in the Sacramento TGA as described in Exhibit A Amendment 6 of this Agreement and qualify for Ryan White CARE Program services. The primary focus is on those persons who receive and/or enter and remain in primary medical care for their HIV/AIDS related condition(s).
- C. Goal: The desired outcome is to maintain HIV+ adults in the lowest level of mental health care possible while improving their ability to enter into and remain in medical care.
- D. Length of Treatment: The length/duration of mental health treatment services shall be determined by the individualized needs of each client and in accordance with his/her Care Plan. 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

CONTRACTOR shall:

- A. 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 with 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. 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. 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. Ensure quality care by providing agency staff with on-going training and supervision.

- E. Develop a Care Plan for each client which, as evidenced by client chart documentation and internal utilization review:
 - 1. Meets the individualized needs of the referred client.
 - 2. Addresses the client's presenting issues and mental health diagnosis
 - 3. Includes client involvement.
- F. Provide appropriate referrals and linkages to other county and community based services for clients who do not meet criteria, that are transitioning out of services, that require services beyond the scope of the CONTRACTOR, or when clinically appropriate
- G. 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. Provide culturally competent services by:
 - 1. Employing staff that provides multi-cultural representation at 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.
- I. Provide services at hours that are convenient for and acceptable to the referred client.
- J. Mental health treatment services shall include, but not be limited to:
- K. Perform an intake process for each client meeting eligibility criteria for Ryan White services and shall reassess each client's eligibility for Ryan White funds every six months as required by HRSA. The intake process shall include determining the client's eligibility for Ryan White funded services, completing the Ryan White Intake Form, and providing the client with an orientation to CONTRACTOR's services. The intake process shall be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of lack of funding or available staff. Clients placed on a waiting list shall be provided with referrals to alternate Ryan White agencies if alternatives exist, and all waiting lists shall be reported to the Service Performance Monitor at the mandatory Service Provider Caucus meetings. Once funding or staff becomes available, clients placed on the waiting list shall be seen in order of need.
- L. Provide mental health treatment services to eligible non-infected individuals. Non-infected individuals may qualify for CONTRACTOR's mental health services in limited situations, if these services have at least an indirect benefit to a person with HIV infection.
- M. Use "SSC 14 Mental Health Services" as amended and found in CONTRACTOR's Ryan White Care Program Sacramento TGA Contractor's Orientation Manual to determine eligibility for non-infected individuals.
- N. Perform an assessment, during the initial intake process, of medical and psychosocial needs of the client using "SSC 14 Mental Health Services" as amended and found in CONTRACTOR's Ryan White Care Program Sacramento TGA Contractor's Orientation Manual to determine appropriate services and/or resource referrals.
- O. Meet all Ryan White program staffing requirements. Staff clinicians who provide mental health services shall 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 CONTRACTOR. It is understood that clinicians knowledgeable of HIV+ clients will provide mental health services.
- P. Document assessments, client plans, and progress notes, which accurately represent the mental health service provided and client progress.
- Q. Comply with "SSC 14 Mental Health Services" and "SSC 05 Eligibility & Fees for Ryan White Part A and S.A.M. Services" as amended and found in CONTRACTOR's *Ryan White Care Program Sacramento TGA Contractor's Orientation Manual*.

- R. Document and track all service provision to clients through the SEMAS web-based database in order to identify clients who may withdraw from care.
- S. Use best efforts to provide mental health services as follows. One (1) unit of service equals one (1) dollar vendor paid individual psychological counseling.

Contract Year	Units of Service	Unduplicated Clients
2007-2008	459.09	1
2008-2009	1,583.64	2
2009-2010	969.09	1
2010-2011	1,764.55	2
2011-2012	1,764.55	2
March – June 2012	590.91	2

III. OUTCOMES

CONTRACTOR shall use best efforts to achieve the following outcomes:

- A. 100% of clients will be reassessed for eligibility for Ryan White funds at six-month intervals, as required by HRSA.
- B. 100% of clients will complete a pre-survey prior to or on their first mental health appointment with the CONTRACTOR or if the person is a continuing client they will complete a pre-survey on their first appointment of each C.A.R.E. Program year commencing March 1.
- C. 100% of clients will complete a post-survey at the time they complete treatment with the CONTRACTOR or if they are long-term ongoing clients, annually at the end of each C.A.R.E. Program year on February 28 or at the time they complete treatment with the CONTRACTOR, whichever event comes first.
- D. 100% of client survey responses will be reported to the Service Performance Monitor.
- E. 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 contract year.
- F. 60% of HIV+ clients who receive mental health services will report increased functionality within 90 days of start of treatment.

**EXHIBIT A-4 AMENDMENT 6 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR"**

**SCOPE OF SERVICES
SUPPORT SERVICE - MEDICAL TRANSPORTATION**

I. PROGRAM DESCRIPTION

- A. Type of Service: Provision of medical transportation services.
- B. Population: Persons living with HIV/AIDS that reside in the Sacramento TGA as described in Exhibit A Amendment 6 of this Agreement and qualify for Ryan White CARE Program services. The primary focus is 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 medical transportation services to persons living with HIV/AIDS (PLWH/A) in the Sacramento TGA and to improve their ability to enter into and/or remain in primary medical care.

II. SERVICES

CONTRACTOR shall:

- A. Maintain and enhance individual health care by providing medical transportation to PLWH/A in the Sacramento TGA.
- B. Establish and implement policies and procedures to ensure that the referred client receives timely, effective, and quality medical transportation services that meet their individual needs as determined by a Care Plan developed by a Ryan White CARE Program funded case management agency in the Sacramento TGA. Exceptions: Clients receiving volunteer-based transportation services do not require case management participation.
- C. Comply with "SSC 11 Medical Transportation Services" and "SSC 05 Eligibility & Fees for Ryan White Part A and S.A.M. Services," available at the following website:
http://www.sacramento-tga.com/uploads/3/8/1/0/3810919/section_11_-_service_standards_-_quality_advisory_committee.pdf
- D. Ensure medical transportation services facilitate access to primary medical care, promote continuity of care, and remove major barriers that prevent PLWH/A from accessing needed primary medical care. It is the intent of these services to improve the quality of life of PLWH/A in the Sacramento TGA.
- E. Perform an intake process for each client meeting eligibility criteria for Ryan White services and shall reassess each client's eligibility for Ryan White funds every six months as required by HRSA. The intake process shall include determining the client's eligibility for Ryan White funded services, completing the Ryan White Intake Form, and providing the client with an orientation to CONTRACTOR's services. The intake process shall be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of lack of funding or available staff. Clients placed on a waiting list shall be provided with referrals to alternate Ryan White agencies if alternatives exist, and all waiting lists shall be reported to the Service Performance Monitor at the mandatory Service Provider Caucus meetings. Once funding or staff becomes available, clients placed on the waiting list shall be seen in order of need.
- F. Provide a minimum level of transportation services as follows. 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 Sacramento 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.
- G. Document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.
- H. Document all other resources available to client and other private and community resources attempted and/or accessed prior to using Ryan White funds (i.e. payer of last resort).

- I. Provide the following level of medical transportation services. One (1) unit of service equals one (1) vendor paid transportation dollar.

Contract Year	Units of Service	Unduplicated Clients
2007-2008	1,811.82	15
2008-2009	3,178.18	35
2009-2010	2,714.55	30
2010-2011	3,540.91	42
2011-2012	3,540.91	42
March – June 2012	1,186.36	42

III. OUTCOMES

CONTRACTOR shall use best efforts to achieve the outcomes:

- A. 100% of client case files will contain properly documented and/or charted:
1. Intake process and proof of need.
 2. Signed release of information forms.
 3. Client contact, resource referrals, and case notes.
 4. On-going medical care.
- B. 100% of clients will be reassessed for eligibility for Ryan White funds at six-month intervals, as required by HRSA.
- C. 100% of clients will have an up-to-date Care Plan developed by a Ryan White CARE Program funded medical case management agency in the Sacramento TGA. Exceptions: Clients receiving volunteer-based transportation services do not require case management participation
- D. 100% of clients will be offered an array of transportation service options to overcome barriers to accessing primary medical care contingent upon available funding.
- E. 70% of clients receiving transportation assistance will maintain routine medical care at a minimum of three primary care visits per year that include a CD4 count, viral load test, or antiretroviral therapy (ART).
- F. 75% of clients showing evidence of need for transportation services will receive transportation for HIV/AIDS related care appointments contingent upon available funding.

**EXHIBIT A-5 AMENDMENT 6 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR"**

**SCOPE OF SERVICES
EMERGENCY FINANCIAL ASSISTANCE**

I. PROGRAM DESCRIPTION

- A. Type of Service: Provision of emergency financial assistance.
- B. Population: Persons living with HIV/AIDS that reside in the Sacramento TGA as described in Exhibit A Amendment 6 of this Agreement and qualify for Ryan White CARE Program services. The primary focus is on those persons who receive and/or enter and remain in primary medical care for their HIV/AIDS related condition(s).
- C. Goal: The desired outcome is to provide basic emergency financial assistance to persons living with HIV/AIDS (PLWH/A) in the Sacramento TGA and to improve their ability to enter into and/or remain in primary medical care.

II. SERVICES

CONTRACTOR shall:

- A. Maintain and enhance individual health care by providing emergency financial assistance to PLWH/A in the Sacramento TGA.
- B. Establish and implement policies and procedures that ensure that the referred client receives timely and effective emergency financial assistance that meets their individual needs as determined by a Care Plan developed by a Ryan White CARE Program funded case management agency in the Sacramento TGA
- C. Emergency financial assistance is designed to promote quality of life and remove major barriers that prevent PLWH/A from accessing needed primary medical care in order to facilitate access to primary medical care and to promote continuity of care.
- D. Perform an intake process for each client meeting eligibility criteria for Ryan White services and shall reassess each client's eligibility for Ryan White funds every six months as required by HRSA. The intake process shall include determining the client's eligibility for Ryan White funded services, completing the Ryan White Intake Form, and providing the client with an orientation to CONTRACTOR's services. The intake process shall be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of lack of funding or available staff. Clients placed on a waiting list shall be provided with referrals to alternate Ryan White agencies if alternatives exist, and all waiting lists shall be reported to the Service Performance Monitor at the mandatory Service Provider Caucus meetings. Once funding or staff becomes available, clients placed on the waiting list shall be seen in order of need.
- E. Make referrals to the most appropriate resources to meet the needs prioritized in the client's Care Plan, document referrals, and provide follow-up action to ensure that referred services were/are provided.
- F. Document all other resources available to client and other private and community resources attempted and/or accessed prior to using Ryan White funds (i.e. payer of last resort).
- G. Document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.
- H. Provide a minimum level of other critical needs as follows. 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 directly to the provider of said assistance or need. Ryan White CARE Program funded clients shall not receive any direct financial assistance payments

- I. Comply with “SSC 04 Support Services”, SSC 10 Utilities Assistance”, and “SSC 05 Eligibility & Fees for Ryan White Part A and S.A.M. Services” found in CONTRACTOR’s *Ryan White Care Program Sacramento TGA Contractor’s Orientation Manual*.
- J. Provide the following level of emergency financial assistance. One (1) unit of service equals one (1) other critical need dollar.

Contract Year	Units of Service	Unduplicated Clients
2007-2008	15,841.82	32
2008-2009	8,750.91	46
2009-2010	8,693.64	46
2010-2011	9,752.73	48
2011-2012	9,752.73	48
March – June 2012	3,267.27	48

III. OUTCOMES

CONTRACTOR shall use best efforts to achieve the following outcomes:

- A. 100% of clients will have an up-to-date Care Plan developed by a Ryan White CARE Program funded medical case management agency in the Sacramento TGA.
- B. 100% of clients will be offered emergency financial assistance to overcome barriers to accessing primary medical care contingent upon available funding.
- C. 100% of clients will be reassessed for eligibility for Ryan White funds at six-month intervals, as required by HRSA.
- D. 100% of client case files will contain properly documented and/or charted:
 1. Intake process and proof of need (e.g. copy of utility/telephone cut-off notice/bill, vendor invoice, etc.) and receipts for vendor paid services (rental agreement, lease, etc.),
 2. Signed release of information forms.
 3. Client contact, resource referrals, and case notes.
 4. On-going medical care.
- E. 70% of emergency financial assistance clients will maintain routine medical care at a minimum of three primary care visits per year that include a CD4 count, viral load test, or antiretroviral therapy (ART).

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

**SCOPE OF SERVICES
ORAL HEALTH CARE**

I. PROGRAM DESCRIPTION

- A. Type of Service: Provision of oral health care such as diagnostic, prophylactic, and therapeutic services by licensed dentists, dental hygienists, dental assistants, and other appropriately licensed or certified professional practitioners.
- B. Population: People living with HIV/AIDS (PLWH/A) that reside in the Sacramento TGA as described in Exhibit A Amendment 6 of this Agreement and qualify for Ryan White CARE Program services. The primary focus is on PLWH/A that need improvement in dental health.
- C. Length of Treatment: Length of treatment will be determined based on the diagnostic assessment of the client by a licensed dentist of emergency oral health care required and authorized under the current adopted "Part A - Ryan White HIV Dental Program Operations Manual" attached hereto as Attachment A Amendment 6.

II. SERVICES

CONTRACTOR shall:

- A. Maintain and enhance individual health care by providing oral health care to PLWH/A in the Sacramento TGA.
- B. Establish and implement policies and procedures that ensure referred clients receive timely, effective, and quality oral health care that meets his/her special needs.
- C. 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).
- D. Provide access to oral health care for PLWH/A in the Sacramento TGA. Oral health care shall be limited to the services listed in the "Sacramento TGA Oral Health Care Fee Schedule" attached hereto as Attachment B Amendment 6.
- E. Perform an intake process for each client meeting eligibility criteria for Ryan White services and shall reassess each client's eligibility for Ryan White funds every six months as required by HRSA. The intake process shall include determining the client's eligibility for Ryan White funded services, completing the Ryan White Intake Form, and providing the client with an orientation to CONTRACTOR's services. The intake process shall be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of lack of funding or available staff. Clients placed on a waiting list shall be provided with referrals to alternate Ryan White agencies if alternatives exist, and all waiting lists shall be reported to the Service Performance Monitor at the mandatory Service Provider Caucus meetings. Once funding or staff becomes available, clients placed on the waiting list shall be seen in order of need.
- F. Document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.
- G. Comply with "SSC 03 Dental Services" and "SSC 05 Eligibility & Fees for Ryan White Part A and S.A.M. Services" found in CONTRACTOR's *Ryan White Care Program Sacramento TGA Contractor's Orientation Manual*.
- H. Conduct a client satisfaction survey to monitor the perception of quality through the consumer's perspective. This survey will be conducted once per contract year according to a schedule determined by the Ryan White CARE Program.

- I. Improve client's dental health. The number of clients who receive actual definitive or emergency treatment will be used as an indicator to measure the improvement in dental health. Clients 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. Clients that 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.
- J. Provide the following level of service delivery. One (1) unit of service equals one (1) vendor paid dollar for dental visit.

Contract Year	Units of Service	Unduplicated Clients
2007-2008	2,450.00	2
2008-2009	3,880.00	5
2009-2010	865.45	1
2010-2011	4,323.64	2
2011-2012	4,323.64	2
March – June 2012	1,448.18	2

III. OUTCOMES

CONTRACTOR shall use best efforts to achieve the outcomes:

- A. 100% of active clients will be reassessed for eligibility for Ryan White funds at six-month intervals, as required by HRSA.
- B. 100% of dental client's on-going medical care and dental care will be documented and charted in their case file.
- C. 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.
- D. 70% of dental clients will maintain routine medical care of a minimum of three primary care visits per year that include a CD4 count, viral load test, or antiretroviral therapy (ART).
- E. 60% of clients receiving oral health care will report improved oral health through self-report.

**EXHIBIT C AMENDMENT 6 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR"**

BUDGET REQUIREMENTS

This contract was awarded according to Request For Proposal (RFP) No. PHPE/010-07/12,
which was extended to June 30, 2012 by Board Resolution 2010-0172 dated 3/10/10.

I. MAXIMUM PAYMENT TO CONTRACTOR

The maximum payment under this Agreement \$830,105

II. BUDGET

The CONTRACTOR shall be reimbursed in accordance with the Budget set forth below.

Budget Item	FY 07/08	FY 08/09	FY 09/10	FY 10/11	FY 11/12	March - June 2012	TOTAL
Personnel Expenses							
Sr. Accountant	\$6,429	\$5,462	\$5,462	\$0	\$0	\$0	\$17,353
Benefits	\$2,671	\$2,269	\$2,269	\$0	\$0	\$0	\$7,209
Total Personnel	\$9,100	\$7,731	\$7,731	\$0	\$0	\$0	\$24,562
Operating Expenses							
Subcontract: Sierra Foothills AIDS Foundation for medical case management and direct service voucher program.	\$147,347	\$146,744	\$146,082	\$155,073	\$149,650	\$50,258	\$795,154
Total Operating Expenses	\$147,347	\$146,744	\$146,082	\$155,073	\$149,650	\$50,258	\$795,154
TOTAL DIRECT EXPENSES	\$156,447	\$154,475	\$153,813	\$155,073	\$149,650	\$50,258	\$819,716
Indirect Expenses	\$0	\$0	\$0	\$0	\$7,876	\$2,513	\$10,389
TOTAL BUDGET	\$156,447	\$154,475	\$153,813	\$155,073	\$157,526	\$52,771	\$830,105

**EXHIBIT E AMENDMENT 6 to Agreement
between the COUNTY OF SACRAMENTO,
hereinafter referred to as "COUNTY", and
COUNTY OF EL DORADO,
hereinafter referred to as "CONTRACTOR"**

SCHEDULE OF FEDERAL FUNDS

- I. ☐ If box is checked, there are no Federal funds in this contract.
- II. ☒ If box is checked, there are Federal funds in this contract. Federal funding details for this contract are as follows:

A.	Catalog of Federal Domestic Assistance (CFDA) number:	93.914
	CFDA Title:	HIV Emergency Relief Project Grants
	Award Name and Number:	Part A, 6 H89HA00048-12-03
	Award Year:	3/1/07 – 2/29/08
	Were funds awarded for research and development activities?	No
	Name of the Federal awarding agency:	Department of Health and Human Services - Health Resources and Services Administration
	Amount in this contract:	\$156,447

B.	Catalog of Federal Domestic Assistance (CFDA) number:	93.914
	CFDA Title:	HIV Emergency Relief Project Grants
	Award Name and Number:	Part A, 6 H89HA00048-13-03
	Award Year:	3/1/08 – 2/28/09
	Were funds awarded for research and development activities?	No
	Name of the Federal awarding agency:	Department of Health and Human Services - Health Resources and Services Administration
	Amount in this contract:	\$154,475

C.	Catalog of Federal Domestic Assistance (CFDA) number:	93.914
	CFDA Title:	HIV Emergency Relief Project Grants
	Award Name and Number:	Part A, 6 H89HA00048-14-02
	Award Year:	3/1/09 – 2/28/10
	Were funds awarded for research and development activities?	No
	Name of the Federal awarding agency:	Department of Health and Human Services - Health Resources and Services Administration
	Amount in this contract:	\$153,813

D.	Catalog of Federal Domestic Assistance (CFDA) number:	93.914
	CFDA Title:	HIV Emergency Relief Project Grants
	Award Name and Number:	Part A, 6 H89HA00048-15-05
	Award Year:	3/1/10 – 2/28/11
	Were funds awarded for research and development activities?	No
	Name of the Federal awarding agency:	Department of Health and Human Services - Health Resources and Services Administration
	Amount in this contract:	\$155,073

E.	Catalog of Federal Domestic Assistance (CFDA) number:	93.914
	CFDA Title:	HIV Emergency Relief Project Grants
	Award Name and Number:	Part A, 6 H89HA00048-16-05
	Award Year:	3/1/11 – 2/29/12
	Were funds awarded for research and development activities?	No
	Name of the Federal awarding agency:	Department of Health and Human Services - Health Resources and Services Administration
	Amount in this contract:	\$157,526

F.	Catalog of Federal Domestic Assistance (CFDA) number:	93.914
	CFDA Title:	HIV Emergency Relief Project Grants
	Award Name and Number:	Part A, 6 H89HA00048-17-05
	Award Year:	3/1/12 – 2/28/13
	Were funds awarded for research and development activities?	No
	Name of the Federal awarding agency:	Department of Health and Human Services - Health Resources and Services Administration
	Amount in this contract:	\$52,771

- III.** CONTRACTOR shall comply with the requirements of the Single Audit Act Amendments of 1996 and OMB Circular A-133, in addition to COUNTY audit requirements for the purposes of contract monitoring as stated in Exhibit D of this agreement, as applicable.
- IV.** At the sole discretion of COUNTY, the dollar amount payable under each Federal funding source in paragraph II of this Exhibit E may be changed upon written notice from the COUNTY to CONTRACTOR so long as payments do not exceed the maximum total payment amount in accordance with Exhibit C of this agreement.

ATTACHMENT A AMENDMENT 6
PART A – RYAN WHITE HIV DENTAL PROGRAM
OPERATIONS MANUAL

I. CRITERIA FOR DENTAL SERVICES UNDER THE PART A 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 judgment in assuring that dental services are appropriate, necessary and of high quality. Professional judgment 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 judgment. 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: 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, and attached hereto as Attachment B, Amendment 6.

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	DESCRIPTION – DIAGNOSTIC
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.
0120	Periodic oral examination limited to any two examinations (0110, 0120, 0130) per contract year.
0210	Intraoral, complete series when medically necessary and in accepted standards of dental practice. Limited to once in a three (3) year period.
0230	Intraoral periapical, each additional film (maximum ten films).
0240	Intraoral, occlusal film.
0272	Bitewings, two films. Limited to once per contract year.
0274	Bitewings, four films. Limited to once per contract year.
0330	Panographic-type film, single film. Limited to once every three (3) years.
0470	Diagnostic casts.

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

PROCEDURE	DESCRIPTION - PREVENTIVE
1110	Prophylaxis – adult, limited to two (2) times per contract year.
1120	Prophylaxis – child, limited to two (2) times per contract year.
1201	Topical application of fluoride (including prophylaxis) – child.
1203	Topical application of fluoride (prophylaxis not included) – child.
1204	Topical application of fluoride (including prophylaxis) – adult.
1205	Topical application of fluoride (prophylaxis not included) – adult.
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	DESCRIPTION - RESTORATIVE DENTISTRY
2110	Amalgam restoration, primary tooth, one surface.
2110	Amalgam restoration, primary tooth, one surface.
2120	Amalgam restoration primary tooth, two surfaces.
2130	Amalgam restoration, primary tooth, three surfaces.
2131	Amalgam restoration, primary tooth, four or more surfaces.
2140	Amalgam restoration, permanent tooth, one surface.
2150	Amalgam restoration, permanent tooth, two surfaces.
2160	Amalgam restoration, permanent tooth, three surfaces.
2161	Amalgam restoration, permanent tooth, four or more surfaces.
2330	Composite restoration, one surface – anterior tooth.
2331	Composite restoration, two surfaces – anterior tooth.
2332	Composite restoration, three surfaces – anterior tooth.
2335	Composite restoration, four or more surfaces or involving incisal angle – anterior.
2750	Crown, porcelain fused to metal (anterior teeth only).
2790	Crown, full case high noble metal.
2910	Re-cement inlay, facing, pontic.
2920	Re-cement crown.
2930	Crown stainless steel, primary.
2931	Crown stainless steel, permanent.
2950	Core buildup, including any pins.
2951	Pin retention (per pin), maximum three pins per tooth.
2952	Cast post and core, in addition to crown.
2954	Prefabricated post and core, in addition to crown.
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:
 - (1) Any incision and drainage necessary on relation to the root canal therapy.
 - (2) Vitality test.
 - (3) Radiographs required during treatment.
 - (4) Culture.
 - (5) Medicated treatment.
 - (6) Final filling of canals.
 - (7) 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	DESCRIPTION - ENDODONTICS
3110	Pulp cap – direct (excluding final restoration).
3120	Pulp cap – indirect (excluding final restoration).
3220	Therapeutic pulpotomy (excluding final restoration).
3310	Anterior root canal therapy (excluding final restoration).
3320	Bicuspid root canal therapy (excluding final restoration).
3330	Molar root canal therapy (excluding final restoration).
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

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	DESCRIPTION - PERIODONTICS
4210	Gingivectomy or gingivoplasty – per quadrant.
4211	Gingivectomy or gingivoplasty, treatment per tooth (fewer than six teeth): May be authorized when an isolated pocket has not responded to conservative treatment.
4220	Gingival curettage, surgical, per quadrant, by report.
4240	Gingival flap procedure, including root planning – per quadrant.
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.
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.
 - (1) When the clinical exam shows excessive mobility and severe gingivitis.
 - (2) 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.
 - (1) Where there is not capability of any posterior occlusion with existing dentition.
 - (2) 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.
 - (1) When there has been a complete deterioration of the denture base or teeth.
 - (2) 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:
 - (1) Prevent a significant disability.
 - (2) Replace a covered removable dental prosthesis which has been lost or destroyed due to circumstances beyond the beneficiary's control.

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

5213	Maxillary partial denture – predominantly base metal (including any conventional clasps, rests and teeth).
5214	Mandibular partial denture – predominantly base metal (including any conventional clasps, rests and teeth).
5410	Denture adjustment – maxillary denture.
5411	Denture adjustment – mandibular denture.
5421	Denture adjustment – maxillary partial.
5422	Denture adjustment – mandibular partial.
5510	Repair broken denture base only (complete or partial).
5520	Replace broken denture teeth only.
5610	Repair resin denture base.
5620	Repair cast framework.
5630	Repair or replace clasp.
5640	Replace broken teeth – per tooth
5650	Add tooth to partial denture to replace newly extracted natural tooth.
5660	Add clasp to existing partial denture.
5710	Rebase complete maxillary denture.
5711	Rebase complete mandibular denture.
5720	Rebase maxillary partial denture.
5721	Rebase mandibular partial denture.
5730	Reline complete maxillary denture – chairside.
5731	Reline complete mandibular denture – chairside.
5740	Reline partial maxillary denture – chairside.
5741	Reline partial mandibular denture – chairside.
5750	Reline complete maxillary denture – lab.
5751	Reline complete mandibular denture – lab.
5760	Reline partial maxillary denture – lab.
5761	Reline partial mandibular denture – lab.
5810	Interim complete denture (maxillary).
5811	Interim complete denture (mandibular).
5820	Interim partial denture (maxillary).
5821	Interim partial denture (mandibular).
5850	Tissue conditioning – maxillary.
5851	Tissue conditioning – mandibular.

G. PROSTHETICS - FIXED

PROCEDURE	DESCRIPTION - PROSTHETICS - FIXED
6210	Pontic-cast with high noble metal.
6240	Pontic-porcelain with high noble metal.
6250	Pontic-resin with high noble metal.
6750	Bridge crown-porcelain with high noble metal.
6790	Bridge crown-full case with high noble metal.
6930	Re-cement bridge.

6940	Stress breaker.
6970	Cast post and core in addition to bridge crown (endodontically treated tooth).
6971	Cast post as part of bridge crown.
6972	Prefabricated post and core in addition to bridge crown (endodontically treated tooth).
6980	Repair fixed bridge.
6999	Unspecified fixed prosthodontic procedure, by report.

H. ORAL SURGERY

EXTRACTIONS – GENERAL POLICIES

1. Diagnostic x-rays fully depicting subject tooth (teeth) are usually required for all intraoral surgical procedures. (See specific procedure code for details)
2. The extraction of asymptomatic teeth is not a benefit.
3. The following instances may be justified as being symptomatic:
 - a) Teeth which are involved with a cyst, tumor, or neoplasm.
 - b) The extraction of all remaining teeth in preparation for a full prosthesis.
 - c) A malaligned tooth that causes intermittent gingival inflammation.
 - d) Perceptible radiologic pathology that fails to elicit symptoms.
4. By report procedures may be used when the provider has encountered unforeseen complications which are not usually considered normal to the particular procedure listed.

PROCEDURE	DESCRIPTION – ORAL SURGERY
7110	Removal of erupted tooth, uncomplicated, first tooth
7120	Removal of erupted tooth (teeth), uncomplicated, each additional tooth.
7130	Removal of root or root tip.
7210	Removal of erupted tooth, surgical.
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.
7230	Removal of impacted tooth – partially bony.
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.
7250	Surgical removal of residual tooth roots (cutting procedure).
7285	Biopsy and pathology reports of oral tissue – hard: Refer to oral surgeon.
7286	Biopsy and pathology reports of oral tissue – soft: Refer to oral surgeon.
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.
7430	Excision of benign tumor – lesion diameter up to 1.25 cm.
7431	Excision of benign tumor – lesion diameter greater than 1.25 cm.
7440	Excision of malignant tumor – lesion diameter up to 1.25 cm.
7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm.
7465	Destruction of lesion(s) by physical or chemical methods, by report.
7510	Incision and drainage of abscess, intraoral soft tissue.
7520	Incision and drainage of abscess, extraoral soft tissue.
7550	Sequestrectomy for osteomyelitis or bone abscess, superficial.

7970	Excision of hyperplastic tissue, per arch: A benefit when inflammatory hyperplastic tissue interferes with normal use of function of a prosthetic appliance.
7971	Excision pericoronal gingiva, operculectomy.

I. ADJUNCTIVE GENERAL SERVICES

1. Must be pre-authorized. Claim must be accompanied by documentation from primary care physician as to the medical necessity.
2. General anesthesia as used for dental pain control means the elimination of all sensation accompanied by a state of unconsciousness.
3. Office (outpatient) general anesthesia may be payable when the provider indicates local anesthesia is contraindicated.

PROCEDURE	DESCRIPTION – ADJUNCTIVE GENERAL SERVICES
9110	Emergency treatment, palliative, per visit.
9220	General anesthesia – first thirty (30) minutes.
9221	General anesthesia – each additional 15 minutes.
9430	Office visit during regular office hours for treatment and/or observation of teeth and supporting structures.
9440	Professional visit after regular office hours or to bedside.
9930	Post-operative visit, complications (post surgical e.g., osteitis).
9940	Occlusal guard, by report.
9951	Occlusal adjustment – limited.
9952	Occlusal adjustment – complete.

J. UNLISTED PROCEDURES

PROCEDURE	DESCRIPTION – UNLISTED PROCEDURES
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

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

F. PROSTHETICS

1. 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 severe pain.
2. 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.
3. Treatment involving the following is not covered:
 - a) Specialized techniques
 - b) Precious metal for removable appliances
 - c) Overlays, implants and associated appliances
 - d) Personalization or characterization

COUNTY OF SACRAMENTO

COST REIMBURSEMENT AGREEMENT NO. 7275-07/12-709 A6

ATTACHMENT B AMENDMENT 6

Sacramento TGA Oral Health Care Fee Schedule

Rate = \$115 Per Unit of Service

FY 2007 - FY 2012

CODE	DESCRIPTION	Units of Service	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

ATTACHMENT B AMENDMENT 6
Sacramento TGA Oral Health Care Fee Schedule
Rate = \$115 Per Unit of Service
FY 2007 - FY 2012

CODE	DESCRIPTION	Units of Service	FEE
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

ATTACHMENT B AMENDMENT 6
Sacramento TGA Oral Health Care Fee Schedule
Rate = \$115 Per Unit of Service
FY 2007 - FY 2012

CODE	DESCRIPTION	Units of Service	FEE
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	Pontic-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

ATTACHMENT B AMENDMENT 6
Sacramento TGA Oral Health Care Fee Schedule
Rate = \$115 Per Unit of Service
FY 2007 - FY 2012

CODE	DESCRIPTION	Units of Service	FEE
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