

State of Hawaii  
Department of Health  
Family Health Services Division

## **Request for Proposals**

**HTH 560KC-02**

**Comprehensive Primary Care Services  
for the Kalihi-Palama, Sand Island, and  
Downtown/Chinatown Communities  
(Census Tracts 51 to 60) on the Island of  
Oahu**

January 19, 2009

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, you may download the [RFP Interest form](#), complete and e-mail or mail to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

January 19, 2009

## **REQUEST FOR PROPOSALS**

### **Comprehensive Primary Care Services RFP No. HTH 560KC-01**

The Department of Health, Family Health Services Division (“FHSD”), is requesting proposals from qualified applicants to provide comprehensive primary care services to uninsured and underinsured individuals and families residing in the Kalihi-Palama, Sand Island, and Downtown/Chinatown communities (census tracts 51-60) on the island of Oahu whose income falls within 250 percent of the Federal poverty guidelines. Services shall include medical and support services at a minimum. Medical services may include perinatal, pediatric and adult primary care. Other services applicants could apply for include behavioral health care, dental treatment and pharmaceutical services. The contract term will be from the July 1, 2009 through June 30, 2011 with an option to extend until June 30, 2013. A single contract will be awarded under this request for proposals.

Proposals shall be mailed, postmarked by the United States Postal Service on or before February 20, 2009, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time (HST), on February 20, 2009 at the drop-off site designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The FHSD will conduct an orientation on January 27, 2009 10:00 a.m. to 12:00 p.m. at the Family Health Services Division Conference Room, located at 3652 Kilauea Avenue, Honolulu, Hawaii 96816. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions via email is 4:30 p.m., HST, on January 30, 2009. All written questions will receive a written response via email from the State on or about February 6, 2009.

Inquiries regarding this RFP should be directed to the RFP contact person, Christine Miller-Perez, A.P.R.N., M.S.N, F.N.P., Primary Care Nurse Coordinator at 3652 Kilauea Avenue, Honolulu, Hawaii 96816, telephone: (808) 733-8364, fax: (808) 733-8369, e-mail: christine.miller-perez@doh.hawaii.gov.

## PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

**NUMBER OF COPIES TO BE SUBMITTED: 3**

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **February 20, 2009** and received by the state purchasing agency no later than **10 days from the submittal deadline.**

### All Mail-ins

Department of Health  
Family Health Services Division  
3652 Kilauea Avenue  
Honolulu, Hawaii 96816

### DOH RFP COORDINATOR

Christine Miller-Perez, A.P.R.N.,  
M.S.N., F.N.P.  
For further info. or inquiries  
Phone: (808) 733-8364  
Fax: (808) 733-8369

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **4:30 P.M., Hawaii Standard Time (HST), February 20, 2009.** Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., February 20, 2009.

### Drop-off Sites

#### **Oahu:**

Department of Health  
Family Health Services Division  
3652 Kilauea Avenue  
Honolulu, Hawaii 96816

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# **Section 1**

## **Administrative Overview**

# Section 1

## Administrative Overview

**Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.**

### I. Procurement Timetable

**Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.**

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	Jan. 19, 2009
Distribution of RFP	Jan. 19, 2009
RFP orientation session	Jan. 27, 2009
Closing date for submission of written questions for written responses	Jan. 30, 2009
State purchasing agency's response to applicants' written questions	Feb. 6, 2009
Discussions with applicant prior to proposal submittal deadline (optional)	Jan. – Feb. 2009
Proposal submittal deadline	Feb. 20, 2009
Discussions with applicant after proposal submittal deadline (optional)	Late Feb. 2009
Final revised proposals (optional)	Late Feb. 2009
Proposal evaluation period	Feb. 23-24, 2009
Provider selection	Feb. 27, 2009
Notice of statement of findings and decision	Mar. 2, 2009
Contract start date	July 1, 2009

## II. Website Reference

**The State Procurement Office (SPO) website is <http://hawaii.gov/spo/>**

	<b>For</b>	<b>Click</b>
1	Procurement of Health and Human Services	“Health and Human Services, Chapter 103F, HRS...”
2	RFP website	“Health and Human Services, Ch. 103F...” and “The RFP Website” (located under Quicklinks)
3	Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services	“Statutes and Rules” and “Procurement of Health and Human Services”
4	Forms	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Forms”
5	Cost Principles	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Cost Principles”
6	Standard Contract -General Conditions	“Health and Human Services, Ch. 103F...” “For Private Providers” and “Contract Template – General Conditions”
7	Protest Forms/Procedures	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Protests”

### Non-SPO websites

**(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at <http://hawaii.gov>)**

	<b>For</b>	<b>Go to</b>
8	Tax Clearance Forms (Department of Taxation Website)	<a href="http://hawaii.gov/tax/">http://hawaii.gov/tax/</a> click “Forms”
9	Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)	<a href="http://capitol.hawaii.gov/">http://capitol.hawaii.gov/</a> click “Bill Status and Documents” and “Browse the HRS Sections.”
10	Department of Commerce and Consumer Affairs, Business Registration	<a href="http://hawaii.gov/dcca">http://hawaii.gov/dcca</a> click “Business Registration”
11	Campaign Spending Commission	<a href="http://hawaii.gov/campaign">http://hawaii.gov/campaign</a>

## III. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

#### IV. RFP Organization

This RFP is organized into five sections:

**Section 1, Administrative Overview:** Provides applicants with an overview of the procurement process.

**Section 2, Service Specifications:** Provides applicants with a general description of the tasks to be performed, delineates provider responsibilities, and defines deliverables (as applicable).

**Section 3, Proposal Application Instructions:** Describes the required format and content for the proposal application.

**Section 4, Proposal Evaluation:** Describes how proposals will be evaluated by the state purchasing agency.

**Section 5, Attachments:** Provides applicants with information and forms necessary to complete the application.

#### V. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is: Department of Health, Family Health Services Division, 3652 Kilauea Avenue, Honolulu, HI 96816. Phone (808) 733-8364; Fax (808) 733-8369; E-mail: [christine.miller-perez@doh.hawaii.gov](mailto:christine.miller-perez@doh.hawaii.gov).

#### VI. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

**Date:** January 27, 2009      **Time:** 10:00 a.m. to 12:00  
p.m.

**Locations:** Family Health Services Division Conference Room,  
3652 Kilauea Avenue, Honolulu, Hawaii 96816

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the

orientation, but no later than the submittal deadline for written questions indicated in the paragraph VII. Submission of Questions.

## VII. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

**Date:** January 30, 2009 **Time:** 4:30 p.m., H.S.T.

State agency responses to applicant written questions will be provided by:

**Date:** February 6, 2009

## VIII. Submission of Proposals

**A. Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in II. Website Reference. Refer to the Proposal Application Checklist for the location of program specific forms.

- 1. Proposal Application Identification (Form SPO-H-200).** Provides applicant proposal identification.
- 2. Proposal Application Checklist.** Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
- 3. Table of Contents.** A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
- 4. Proposal Application (Form SPO-H-200A).** Applicant shall submit comprehensive narratives that address all of the proposal requirements contained in Section 3 of this RFP, including a cost proposal/budget if required.

**B. Program Specific Requirements.** Program specific requirements are included in Sections 2, Service Specifications and Section 3, Proposal Application Instructions, as applicable. If required, Federal and/or State certifications are listed on the Proposal Application Checklist located in Section 5.

- C. Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. Tax Clearance.** Pursuant to HRS Section 103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. Tax clearance applications may be obtained from the Department of Taxation website. (Refer to this section's part II. Website Reference.)
- E. Wages and Labor Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS Section 103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS Section 103-55, at the Hawaii State Legislature website. (See part II, Website Reference.)
- **Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations unincorporated associations and foreign insurance companies be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See part II, Website Reference.)
- F. Hawaii Compliance Express (HCE).** Providers may register with HCE for online proof of DOTAX and IRS tax clearance Department of Labor and Industrial Relations (DLIR) labor law compliance, and DCCA good standing compliance. There is a nominal annual fee for the service. The "Certificate of Vendor Compliance" issued online through HCE provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to this section's part II. Website Reference for HCE's website address.

**G. Campaign Contributions by State and County Contractors.** Contractors are hereby notified of the applicability of HRS Section 11-205.5, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. For more information, FAQs are available at the Campaign Spending Commission webpage. (See part II, Website Reference.)

**H. Confidential Information.** If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

*Note that price is not considered confidential and will not be withheld.*

**I. Proposal Submittal.** All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet. Proposals shall be rejected when:

- Postmarked after the designated date; or
- Postmarked by the designated date but not received within 10 days from the submittal deadline; or
- If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

Faxed proposals and/or submission of proposals on diskette/CD or transmission by e-mail, website or other electronic means is not permitted.

## **IX. Discussions with Applicants**

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline -** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance HAR Section 3-143-403.

## **X. Opening of Proposals**

Upon receipt of a proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

## **XI. Additional Materials and Documentation**

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

## **XII. RFP Amendments**

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

## **XIII. Final Revised Proposals**

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

**XIV. Cancellation of Request for Proposal**

The RFP may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

**XV. Costs for Proposal Preparation**

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

**XVI. Provider Participation in Planning**

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a RFP, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with HAR Sections 3-142-202 and 3-142-203.

**XVII. Rejection of Proposals**

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons:

- (1) Rejection for failure to cooperate or deal in good faith. (HAR Section 3-141-201)
- (2) Rejection for inadequate accounting system. (HAR Section 3-141-202)
- (3) Late proposals (HAR Section 3-143-603)
- (4) Inadequate response to request for proposals (HAR Section 3-143-609)
- (5) Proposal not responsive (HAR Section 3-143-610(a)(1))
- (6) Applicant not responsible (HAR Section 3-143-610(a)(2))

**XVIII. Notice of Award**

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

## **XIX. Protests**

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website. (See paragraph II, Website Reference.) Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Name: Chiyome Leinaala Fukino, M.D.	Name: Loretta Fuddy, A.C.S.W., M.P.H.
Title: Director of Health	Title: Chief, Family Health Services Division
Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801-3378	Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801-3378
Business Address: 1250 Punchbowl St., Honolulu, Hawaii 96813	Business Address: 1250 Punchbowl St., Honolulu, Hawaii 96813

**XX. Availability of Funds**

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to HRS Chapter 37, and subject to the availability of State and/or Federal funds.

**XXI. General and Special Conditions of Contract**

The general conditions that will be imposed contractually are on the SPO website. (See paragraph II, Website Reference). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

**XXII. Cost Principles**

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201, which is available on the SPO website (see paragraph II, Website Reference). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

# **Section 2**

## **Service Specifications**

## Section 2

# Service Specifications

### I. Introduction

#### A. Overview, purpose or need

The Department of Health (“DEPARTMENT”), Family Health Services Division (“FHSD”), is soliciting applications for purposes of providing comprehensive primary care services to uninsured and underinsured individuals and families residing in the Kalihi-Palama, Sand Island, and Downtown/Chinatown communities (census tracts 51 to 60) on the island of Oahu. Services include medical (perinatal, pediatric, adult primary care), behavioral health care, dental treatment, support services, and pharmaceutical services.

The immediate service area (census tracts 51 to 60) has approximately 63,820 residents and is designated as a Medically Underserved Population (“MUP”) and a mental health and dental Health Professional Shortage Area (“HPSA”) by the Health Resource Services Administration (“HRSA”).

According to the U.S. Census Bureau, ten percent or 123,000 of Hawaii’s population was uninsured in 2002. Approximately 78,949 uninsured individuals are at or below 250% of the Federal poverty level and are potentially eligible to receive services under this Request for Proposals (“RFP”). (These figures are based on the U.S. Census Bureau, Bureau of Labor Statistics data). The DEPARTMENT contracts with community-based providers to serve uninsured and underinsured individuals that are at or below 250% of the Federal poverty level.

Access to primary health care services will reduce morbidity and mortality by providing timely, appropriate, and less expensive care, and thereby prevent the development and exacerbation of serious health conditions.

**B. Planning activities conducted in preparation for this RFP**

The FHSD conducted a Request for Information (“RFI”) from January 9, 2009 to January 16, 2009 to assist in its planning activities related to the provision of comprehensive health care services in the Kalihi-Palama, Sand Island, and Downtown/Chinatown communities (census tracts 51 to 60) on the island of Oahu. Participants were provided with an electronic draft of the Service Specifications, and some of the comments/suggestions may have been incorporated into this section of the RFP.

**C. Description of the goals of the service**

The goals of the program are to: 1) provide the uninsured and underinsured population residing in the Kalihi-Palama, Sand Island, and Downtown/Chinatown communities with access to on-site comprehensive primary care services, including medical, behavioral health care, dental treatment, support and pharmaceutical services; and 2) to improve the health status of the residents residing in these communities.

**D. Description of the target population to be served**

The target population to be served includes individuals and families who are uninsured and/or underinsured. For purposes of this RFP, the term “uninsured” shall be defined as individuals and families who are not covered by health insurance, and whose income falls within two hundred fifty percent (250%) of the Federal poverty guidelines.

The term “underinsured” for purposes of this RFP shall be defined as individuals and families with limited health insurance coverage for services provided under this RFP, and whose income falls within two hundred fifty percent (250%) of the Federal poverty level. For example, QUEST-ACE currently pays for 12 (twelve) outpatient physician visits and six (6) mental health visits for individuals up to two hundred percent (200%) of the Federal poverty level. The DEPARTMENT will provide coverage beyond the QUEST-ACE limitations for these services, as long as the income criteria is met.

**E. Geographic coverage of service**

Kalihi-Palama, Sand Island, and Downtown/Chinatown communities on the island of Oahu. (Census tracts 51 to 60).

**F. Probable funding amounts, source, and period of availability**

The amount of State funds available each year in the base budget for the provision of comprehensive primary care services in the Kalihi-Palama, Sand

Island, and Downtown/Chinatown communities on the island of Oahu (census tracts 51 to 60) is \$608,638.

It is anticipated that the legislature may appropriate additional State funds for comprehensive primary care services of up to \$2,000,000 per year, statewide. In addition, monies collected from an increase in taxes on cigarettes commencing from September 30, 2008 will be deposited into a special fund to be used for the operations of federally qualified health centers pursuant to Act 316/2006, as amended by Act 102/2007, Session Laws of Hawaii. These monies may also be used for comprehensive primary care services. Therefore, applicants are encouraged to submit a proposal for their anticipated needs spanning the four year period and not limit their proposal to the funding currently available in the base budget.

## II. General Requirements

### A. Specific qualifications or requirements, including but not limited to licensure or accreditation

The applicant shall provide medical and support services at a minimum. Medical services may include perinatal, pediatric and adult primary care. Support services are defined under Section III, A.5, page 2-7. Other services applicants could apply to provide include behavioral health care, dental treatment, and pharmaceutical services.

For purposes of this RFP, all references to the term “on-site” shall mean the provision of services at the awardee’s main clinic, or any of its satellite clinics. Exceptions shall be approved in writing on a case by case basis by the DEPARTMENT’s Primary Care Nurse Coordinator.

### B. Secondary purchaser participation (Refer to HAR Section 3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases - None.

### C. Multiple or alternate proposals (Refer to HAR Section 3-143-605)

Allowed  Unallowed

### D. Single or multiple contracts to be awarded (Refer to HAR Section 3-143-206)

Single  Multiple  Single & Multiple

Criteria for multiple awards:

**E. Single or multi-term contracts to be awarded**

(Refer to HAR Section 3-149-302)

(2 years or less)       Multi-term (more than 2 years)

Contract terms:

Initial term of contract: July 1, 2009 to June 30, 2011

Length of each extension: 1 year

Number of possible extensions: two

Maximum length of contract: June 30, 2013

The initial period shall commence on July 1, 2009.

Conditions of extension: Contract modification.

**F. RFP contact person**

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Christine Miller-Perez, A.P.R.N., M.S.N., F.N.P., Primary Care Nurse Coordinator

Phone: (808) 733-8364 Fax: (808) 733-8369

E-mail: [christine.miller-perez@doh.hawaii.gov](mailto:christine.miller-perez@doh.hawaii.gov)

**III. Scope of Work**

The scope of work encompasses the following tasks and responsibilities:

**A. Service Activities**

(Minimum and/or mandatory tasks and responsibilities)

The awardee shall provide comprehensive primary care services by a multidisciplinary team which may include primary care physicians, psychiatrists, psychologists, certified mid-wives, nurse practitioners, physician assistants, nurses, social workers, community outreach workers, nutritionists, dieticians, and health educators. Each client visit shall address the physical, mental, emotional, and social concerns and needs of clients and their families in the context of their living conditions, family dynamics, cultural background and community. Services shall be culturally sensitive to the values and behavior of clients and their families, and be confidential, voluntary, and include health education and informed consent procedures.

The applicant shall provide medical and support services at a minimum. Medical services may include perinatal, pediatric and adult primary care. Other services applicants could apply for includes on-site behavioral health care, dental treatment, and pharmaceutical services.

## 1. Medical Services

- a) Provide on-site medical services that include, but are not limited to health assessments/physical examinations, acute/episodic care, chronic care, follow-up, and referral, which are not covered by insurance or other resources. Services shall be delivered by primary care physicians, certified nurse mid-wives, nurse practitioners, and physician assistants.
- b) Provide a comprehensive Physical Examination (“PE”) for children 0-18 years within 6 months of an initial episodic visit then at intervals following the Early and Periodic Screening, Diagnosis, and Treatment Program (“EPSDT”) periodicity schedule. The PE should include, but is not limited to:
  - i. Assessment of the child’s risk for being overweight, utilizing the height to weight growth percentile for children under two (2) years old, and the Body Mass Index for Age (“BMI-for-Age”) measurement for children two (2) years old and over, following the Centers for Disease Control (“CDC”) guidelines ([www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm](http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm)). If the child is at risk for overweight or is overweight, then include assessment, counseling and education of household members.
  - ii. Developmental screening (physical and social-emotional) of all children five (5) years old and under with the Parents’ Evaluation of Developmental Status (“PEDS”), see ([www.forepath.org](http://www.forepath.org)), and/or the Ages and Stages Questionnaire (“ASQ”) System which includes the ASQ - Hawaii version (compact disk will be provided by the Department of Health, Maternal and Child Health Branch (“MCHB”)) and the ASQ: Social-Emotional (“ASQ: SE”), see ([www.brookespublishing.com](http://www.brookespublishing.com)).

- iii. Completion of the Child Lead Risk Questionnaire from six (6) months to six (6) years of age.
- iv. Oral health assessment and education for all children.
- v. Age-appropriate recommended immunizations for all children, with emphasis on the completion of the basic series by two (2) years of age.
- vi. Developmentally appropriate anticipatory guidance and counseling.

Document above findings and refer as necessary. Technical Assistance will be provided by MCHB on request. Provide developmentally appropriate anticipatory guidance and counseling and document in record.

- c) Provide tuberculin testing/reading and immunizations as part of a comprehensive primary care visit and not bill separately for these services.

## **2. Behavioral Health Care Services**

The awardee may provide on-site behavioral health care services, as applicable. The awardee shall:

- a) Provide behavioral health care services which shall include psychiatric diagnostic or evaluative interview procedures; insight oriented, behavior modifying and/or supportive psychotherapy and pharmacologic management, as applicable.
- b) Ensure that services are provided by licensed psychiatrists, clinical psychologists, and clinical social workers (“LCSW”).
- c) Invoice the DEPARTMENT for behavioral health care services provided to individual clients only. (No reimbursements allowed for group therapy)
- d) Utilize the Current Procedural Terminology (“CPT”) codes for qualified behavioral health care services provided by licensed psychiatrists and psychologists for purposes of reimbursement.
- e) Utilize the Schedule of Allowable CPT codes for Licensed Clinical Social Workers Providing Behavioral Health Care Services for purposes of reimbursement. (Refer to Section 5, Attachment G)

### 3. Dental Treatment Services

The awardee may provide, as applicable, on-site clinical services that include basic comprehensive treatment services only. The awardee shall:

- a) Provide basic services that shall include treatment necessary for the reduction of pain and/or infection and the restoration of function and excludes services provided solely for the purpose of aesthetic enhancement.
- b) Ensure that services are provided by licensed dentists and dental hygienists.
- c) Utilize the Schedule of Eligible Dental Treatment Services for purposes of reimbursement. (Refer to Section 5, Attachment H)

### 4. Pharmaceutical Services

The awardee may provide pharmaceutical services, as applicable. The awardee shall:

- a) Be registered as a covered entity under the federal 340B Drug Pricing Program to receive reimbursement for pharmaceuticals. Applicants who anticipate registering as a covered entity are encouraged to submit an application for pharmaceutical services via this RFP process.
- b) Ensure that pharmaceuticals are only dispensed by licensed pharmacists or other legally authorized professionals.
- c) Invoice the DEPARTMENT for filled prescriptions only. (Pharmaceutical related supplies are excluded.)

The DEPARTMENT reserves the right to exclude any pharmaceuticals from this program. (Refer to Section 5, Attachment F for a current list of excluded medications.)

### 5. Support Services

The awardee shall provide support services as part of a comprehensive primary care visit and not bill separately for these services. Services may include, but are not limited to psychosocial assessment, care coordination, information, referral, education, and outreach. These services are further described in Section 5, Attachment C of this RFP.

**B. Management Requirements** (Minimum and/or mandatory requirements)**1. Personnel**

Unencumbered license (as applicable) to practice in the State of Hawaii for the following professions:

- a) Medical Services - primary care physicians, certified nurse midwives, nurse practitioners, physician assistants
- b) Behavioral Health Care Services – psychiatrists, licensed clinical psychologists, LCSWs
- c) Dental Treatment Services – dentist, dental hygienists
- d) Pharmaceutical Services – pharmacists or other legally authorized professionals
- e) Support Services – nurses, social workers, nutritionists, dieticians

**2. Administrative**

The awardee shall:

- a) Document income and insurance eligibility in client record on a permanent basis for each visit billed to the DEPARTMENT.
- b) Submit claims for medical services, behavioral health care services, dental treatment services and pharmaceutical services, as applicable, to all billable third-party health insurers and other resources for recoverable costs. All other sources of funds shall be utilized before using funds from the DEPARTMENT and consistent efforts shall be made to refer clients for any insurance, if eligible. Any uninsured client visits paid to the awardee by the DEPARTMENT for which subsequent reimbursement is received from Medicaid or QUEST due to confirmation of eligibility shall be returned to the DEPARTMENT. A final reconciliation of Medicaid or QUEST reimbursements shall be completed within one hundred twenty (120) calendar days after the termination of the contract.
- c) Ensure that all coverage limitations from third-party insurers have been met before billing for an underinsured visit. Reimbursements for underinsured visits shall only apply to individuals and families whose income falls within two hundred fifty percent (250%) of the Federal poverty guidelines.

- d) Invoice the DEPARTMENT for services covered under Section III, Scope of Work only. The DEPARTMENT shall not pay for specialty or any other services excluded from the Scope of Work.
- e) Invoice the DEPARTMENT for no more than one (1) medical visit per client per day based on primary diagnosis only. The only exceptions are same day referrals for behavioral health care services and/or dental treatment services.
- f) Maintain a schedule of fees which is designed to recover reasonable costs for providing services, including a corresponding schedule of adjustments based on the client's ability to pay.
- g) Assume responsibility for its own determination and compliance efforts in regards to the federal Health Insurance Portability and Accountability Act of 1996. ("HIPAA")
- h) Have written policies, procedures, and guidelines to address violence prevention among the awardee's target population, including child abuse and neglect, elder abuse, intimate partner violence, and sexual assault. The violence protocol shall address screening and assessment, intervention, documentation, and follow-up. The awardee shall also have written workplace violence guidelines to assure the safety of employees, clients, and visitors.
- i) Acknowledge the DEPARTMENT and the FHSD as the awardee's program sponsor. This acknowledgment shall appear on all printed materials for which the DEPARTMENT is a program sponsor.
- j) Comply with the DEPARTMENT's Directive Number 04-01 dated May 3, 2004 related to Interpersonal Relationships Between Staff and Clients/Patients. Please refer to Section 5, Attachment D of this RFP.
- k) Comply with Section 11-205.5, H.R.S., which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body.
- l) Comply, as a covered entity, with the provisions of Hawaii Revised Statutes Chapter 371 Part II, Language Access. This requires that families be linked with interpreter services if English is not the family's native or primary language.

- m) Obtain a minimum of \$1 million per occurrence and \$2 million in the aggregate of general liability insurance and \$1 million per accident in automobile insurance. On a case by case basis, the State may require the per occurrence and aggregate amounts to be higher, depending on criteria set in the request for proposal or negotiation between the State and the awardee. The State may also allow for professional liability insurance or other types of insurance coverage, such as an umbrella policy which total \$1 million per occurrence and \$2 million in the aggregate.
- n) Comply with the DEPARTMENT's provisions to protect the use and disclosure of personal information administered by the AWARDEE. These provisions will be incorporated into the General Conditions of the contract. For the specific language, go to <http://www4.hawaii.gov/StateForms/Internal/ShowInternal.cfm>.

### **3. Quality assurance and evaluation specifications**

The awardee shall conform to established community standards of care and practice which include, but are not limited to the following:

- a) Early Periodic Screening, Diagnosis and Treatment (“EPSDT”)
- b) American College of Obstetricians and Gynecologists (“ACOG”)
- c) American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org))
- d) Department of Health Statewide Perinatal Guidelines
- e) Put Prevention into Practice Guidelines (U.S. Preventive Services Task Force)
- f) Standards of care as addressed within policies and positions of the American Dental Association and the American Academy of Pediatric Dentistry

The awardee shall have a quality assurance plan in place to evaluate their adherence to the standards.

### **4. Output and performance/outcome measurements**

As a means toward achieving the goal of improving the health status of the population in areas of the state designated as in need of services, the FHSD will require the reporting of performance measures. This approach proposes that the awardee take responsibility for achieving short term performance objectives for specific health indicators, given available resources and other external factors affecting the organization. These short term performance objectives are linked to long-term state-

wide objectives that measure conditions in their entirety, e.g., the Healthy People 2010 objectives. Defined performance objectives are addressed in the Service Delivery section of the POS Proposal Application. (Refer to Section 3, Item IV.B.)

The DEPARTMENT reserves the right to modify the performance measures during the term of the contract to incorporate measures for all service activities under the Scope of Work.

**5. Experience**

The awardee shall have experience in providing comprehensive primary care services to low income individuals and families.

**6. Coordination of services**

The awardee shall coordinate services with other agencies and resources in the community as necessary.

**7. Reporting requirements for program and fiscal data**

Program Reporting Requirements. The awardee shall submit the Annual Variance Report within sixty (60) calendar days after the end of the fiscal year in the format requested by the DEPARTMENT, documenting the organization's achievement towards the planned performance objectives for the budget period (as submitted under their application proposal) and explaining any significant variances (+/-10%).

Fiscal Reporting Requirements. The awardee shall:

- a. Submit monthly client encounter reports in hardcopy format for medical, behavioral health care, dental treatment, and pharmaceutical services (filled prescriptions only).
- b. Upon notification by the DEPARTMENT, upload monthly client encounter reports electronically to "CHCPoint," the DEPARTMENT's primary care electronic billing system, and reconcile any rejected transactions within the time period specified by the DEPARTMENT.
- c. Submit monthly invoices in the format specified by the DEPARTMENT.

**C. Facilities**

Facilities must be adequate in relation to the proposed services.

**IV. Compensation and Method of Payment****A. Pricing structure or pricing methodology to be used**

Fixed unit of service rate.

**B. Units of service and unit rate**

- a. *Medical services.* The unit of service is an uninsured and/or underinsured medical visit. The unit rate is NINETY-FIVE AND NO/100 DOLLARS (\$95.00) per medical visit.
- b. *Behavioral health care services.* The unit of service is an uninsured and/or underinsured behavioral health care visit provided to an individual only (no reimbursement is allowed for group therapy). The unit rate is NINETY-FIVE AND NO/100 DOLLARS (\$95.00) per uninsured behavioral health care visit provided by licensed psychiatrists and licensed clinical psychologists and FIFTY AND NO/100 DOLLARS (\$50.00) per uninsured and/or underinsured behavioral health care visit provided by LCSWs.
- c. *Dental treatment services.* The unit of service is an uninsured and/or underinsured dental treatment visit. The unit rate is NINETY-FIVE AND NO/100 DOLLARS (\$95.00) per uninsured and/or underinsured dental treatment visit.
- d. *Pharmaceutical services.* The unit of service is a *filled* prescription order for pharmaceuticals issued by a licensed health professional for an uninsured and/or underinsured client. The unit rate is FIFTEEN AND NO/100 DOLLARS (\$15.00) per filled prescription, which also includes any relevant dispensing and/or administrative fees. Certain exclusions may apply. Applicants shall be registered as a covered entity under the federal 340B Drug Pricing Program to receive reimbursement for pharmaceuticals.

The DEPARTMENT reserves the right to review and adjust the unit rates above. The DEPARTMENT also reserves the right to modify the pricing structure used for pharmaceutical services.

## **Section 3**

# **Proposal Application Instructions**

## Section 3

# Proposal Application Instructions

### General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (see Section 1, paragraph II, Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

### The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

#### **I. Program Overview**

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

## **II. Experience and Capability**

### **A. Necessary Skills**

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

### **B. Experience**

The applicant shall provide a description of projects/contracts pertinent to the proposed services. Applicant shall include points of contact, addresses, e-mail address and telephone numbers. The State reserves the right to contact references to verify experience.

### **C. Quality Assurance and Evaluation**

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

### **D. Coordination of Services**

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

### **E. Facilities**

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

## **III. Project Organization and Staffing**

### **A. Staffing**

#### **1. Proposed Staffing**

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.)

## **2. Staff Qualifications**

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

### **B. Project Organization**

#### **1. Supervision and Training**

The applicant shall describe its ability to supervise, train, and provide administrative direction relative to the delivery of the proposed services.

#### **2. Organization Chart**

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

## **IV. Service Delivery**

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

### **A. Service Activities**

Applicants are responsible to address only those bullets that are related to the services they are applying for. Applicants shall:

- Describe plan for providing on-site medical services to uninsured and underinsured individuals and families utilizing a multidisciplinary team approach. The plan shall delineate the type of medical services the applicant is intending to provide, and also include estimates of target population size and projected program capacity.
- Describe plan for providing support services (e.g. psychosocial assessment, care coordination, information, referral, education and outreach services) to uninsured and underinsured individuals and families, and also describe the kinds of professional(s) responsible for providing these services.
- Specify whether on-site behavioral health care services will be provided for uninsured and underinsured individuals and families and describe their

plan for implementing these services within the context of comprehensive primary care services. The plan shall include estimates of target population size and projected program capacity.

- Specify whether on-site dental treatment services will be provided for uninsured and underinsured individuals and families and describe their plan for implementing these services. The plan shall include target population size and projected program capacity.
- Specify whether they will be seeking reimbursement for pharmaceuticals as a covered entity under the federal 340B Drug Pricing Program and describe their process for dispensing pharmaceuticals, e.g. in-house pharmacy versus private pharmacy and methodology for verification of filled prescriptions for fiscal accountability. If not a covered entity, describe plans for registering to become a covered entity under the federal 340B Drug Pricing Program, process for dispensing pharmaceuticals under this plan and methodology for verification of filled prescriptions for fiscal accountability.

## **B. Management Requirements**

Applicants shall identify their baseline for the national year 2010 and Family Health Services Division performance measures. Given available resources and other external factors, the applicant shall formulate both reasonable and achievable performance objectives, and the approach to be taken in meeting these objectives for the multi-year contract period. Table A (Performance Measures) shall be completed and attached to the POS Application Proposal. (Refer to Section 5, Attachment I).

## **V. Financial**

### **A. Pricing Structure Based on Fixed Unit of Service Rate**

The applicant is requested to furnish a reasonable estimate of the maximum number of service units it can provide for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff). The following form(s) shall be submitted with the POS Proposal Application:

- Form C-3 - Performance Based Budget for fiscal years 2010 through 2013. (Refer to Attachment E, Section 5 of this RFP) Applicants shall only provide estimates related to the services they are applying for under this RFP.

**VI. Other**

**A. Litigation**

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

# **Section 4**

## **Proposal Evaluation**

## Section 4

# Proposal Evaluation

### I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

### II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

#### Evaluation Categories and Thresholds

<u>Evaluation Categories</u>	<u>Possible Points</u>
<i>Administrative Requirements</i>	
<i>Proposal Application</i>	
Program Overview	0 points
Experience and Capability	30 points
Project Organization and Staffing	15 points
Service Delivery	45 points
Financial	10 Points
<b>TOTAL POSSIBLE POINTS</b>	<b>100 Points</b>

**III. Evaluation Criteria**

**A. Phase 1 - Evaluation of Proposal Requirements**

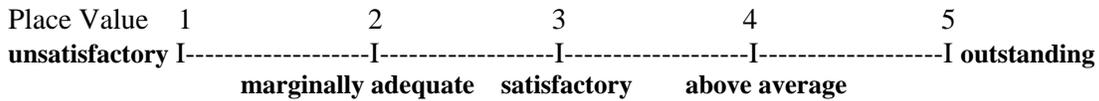
**1. Administrative Requirements**

**2. Proposal Application Requirements**

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

**B. Phase 2 - Evaluation of Proposal Application  
(100 Points)**

A 5-point rating scale will be used to rate the proposal content. Only whole numbers will be assigned (1, 2, 3, 4, or 5), half numbers are not utilized in this 5-point rating scale.



<b>5 - Outstanding</b>	<ul style="list-style-type: none"> <li>▪ Each bullet identified and addressed clearly.</li> <li>▪ Consistently exceeded required elements by clearly proposing additional services or strategies for implementation to achieve the RFP requirements.</li> </ul>
<b>4 – Above Average</b>	<ul style="list-style-type: none"> <li>▪ Bullets addressed clearly in subheading under the appropriate numbered heading.</li> <li>▪ .More than met expectations by providing additional details or specific examples of the services or strategies for implementation.</li> </ul>
<b>3 - Satisfactory</b>	<ul style="list-style-type: none"> <li>▪ Competent; general description of “what we do” for all required elements.</li> <li>▪ No additional details, specific examples, or additional services or strategies to achieve RFP.</li> </ul>
<b>2 – Marginally Adequate</b>	<ul style="list-style-type: none"> <li>▪ Not all bullets or all components of a bullet were evident under the appropriate numbered heading of the RFP.</li> <li>▪ Did not answer the question completely in terms of approach, strategies, services, or descriptions.</li> </ul>

<b>1 – Unsatisfactory</b>	<ul style="list-style-type: none"> <li>▪ <i>Not all bullets or components of a bullet were addressed or evident in the proposal.</i></li> <li>▪ <i>Only reiterated the wording of RFP or other attached DOH materials.</i></li> </ul>
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**Program Overview:** No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

**1. Experience and Capability (30 Points)**

The State will evaluate the applicant’s experience and capability relevant to the proposal contract, which shall include:

- |   |           |             |
|---|-----------|-------------|
| <b>A. Necessary Skills</b>  | <b>10</b> | <hr/> <hr/> |
| <ul style="list-style-type: none"> <li>• Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.</li> </ul>        |           |             |
| <b>B. Experience</b>  | <b>10</b> | <hr/> <hr/> |
| <ul style="list-style-type: none"> <li>• Demonstrated experience in proposed services.</li> </ul>   |           |             |
| <b>C. Quality Assurance and Evaluation</b>  | <b>5</b>  | <hr/> <hr/> |
| <ul style="list-style-type: none"> <li>• Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.</li> </ul> |           |             |
| <b>D. Coordination of Services</b>  | <b>3</b>  | <hr/> <hr/> |
| <ul style="list-style-type: none"> <li>• Demonstrated capability to coordinate services with other agencies and resources in the community.</li> </ul>      |           |             |
| <b>E. Facilities</b>  | <b>2</b>  | <hr/> <hr/> |
| <ul style="list-style-type: none"> <li>• Adequacy of facilities relative to the proposed services.</li> </ul>   |           |             |

**2. Project Organization and Staffing (15 Points)**

The State will evaluate the applicant’s overall staffing approach to the service that shall include:

**A. Staffing 10**

- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services. \_\_\_\_\_
- Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program. \_\_\_\_\_

**B. Project Organization 5**

- Supervision and Training: Demonstrated ability to supervise, train, and provide administrative direction to staff relative to the delivery of the proposed services. \_\_\_\_\_
- Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks. \_\_\_\_\_

**3. Service Delivery (45 Points)**

*Evaluation criteria for this section will assess the applicant’s approach to the service activities and management requirements outlined in the Proposal Application.*

- Adequacy of plan for providing on-site medical services to uninsured/underinsured individuals and families. Does the plan delineate the type of medical services the applicant is intending to provide, and also include estimates of target population size and projected program capacity? \_\_\_\_\_
- Adequacy of plan for providing support services (e.g. psychosocial assessment, care coordination, information, referral, education and outreach services) to uninsured/underinsured individuals and \_\_\_\_\_

families. Does the plan describe the kinds of professional(s) responsible for providing these services?

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- Does the applicant specify whether on-site behavioral health care services will be provided to uninsured/underinsured individuals and families? How adequate is the plan for implementing these services within the context of comprehensive primary care services? Does the plan include estimates of target population size and projected program capacity?
- Does applicant specify whether on-site dental treatment services will be provided to uninsured/underinsured individuals and families? Does the plan include estimates of target population size and projected program capacity?

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- Does applicant specify whether they will be seeking reimbursement for pharmaceuticals as a covered entity under the federal 340B Drug Pricing Program? Does the applicant describe the process used for dispensing pharmaceuticals under the federal 340B Drug Pricing Program, e.g. in-house pharmacy versus private pharmacy? How sound is the applicant's methodology for verification of filled prescriptions for fiscal accountability?
- If the applicant is not a covered entity under the federal 340B Drug Pricing Program, how realistic is the applicant's plan for registering as a covered entity under the program? Does the applicant describe the process they plan to use for dispensing pharmaceuticals once they are registered under the federal 340B Drug Pricing Program, e.g. in-house pharmacy versus private pharmacy? How sound is the applicant's methodology for verification of filled prescriptions for fiscal accountability?

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**4. Financial (10 Points)**

**Pricing structure based on fixed unit of service rate.**

Is the applicant's proposal budget reasonable, given program resources and operational capacity?

**C. Phase 3 - Recommendation for Award**

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

## **Section 5**

### **Attachments**

- A. Proposal Application Checklist
- B. Sample Proposal Table of Contents
- C. Description of Support Services
- D. DOH Directive Number 04-01 dated May 3, 2004 related to Interpersonal Relationships Between Staff and Clients/Patients
- E. Form C-3 – Performance Based Budget
- F. Excluded Medications
- G. Schedule of Allowable CPT codes for Licensed Clinical Social Workers Providing Behavioral Health Care Services
- H. Schedule of Eligible Dental Treatment Services
- I. Table A – Performance Measures

## Proposal Application Checklist

Applicant: \_\_\_\_\_

RFP No.: \_\_\_\_\_

The applicant's proposal must contain the following components in the order shown below. **This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application.** SPOH forms are on the SPO website. See Section 1, paragraph II Website Reference.\*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<b>General:</b>				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Attachment B	<b>X</b>	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Form C-3 - Performance Based Budget	Section 3, RFP	Section 5, RFP (Attachment E)	<b>X</b>	
SPO-H-205	Section 3, RFP	SPO Website*		
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*		
SPO-H-206B	Section 3, RFP	SPO Website*		
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
<b>Certifications:</b>				
<b>Federal Certifications</b>				
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
<b>Program Specific Requirements:</b>				

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Date

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## DESCRIPTION OF SUPPORT SERVICES

- Individual client needs assessment which include a plan of care developed in collaboration with the client and/or family. This plan of care shall specify outcomes to be achieved, timelines, linkages to appropriate resources, and follow-up services as necessary.
- Care coordination, under the direction of an identified care coordinator, to clients who are determined to be at high risk for poor medical outcomes by established protocols. Services shall be outcome-based, coordinated, and planned with clients and/or families, and shall include individual and/or family counseling and support services, linkage to appropriate resources, and monitoring of clients' progress toward planned outcomes.
- Assistance to clients in securing and/or maintaining a health care home which provides continuity in well, acute, and chronic health care.
- Information and referral services regarding appropriate resources and needed services. Referrals shall be timely and include, but not be limited to referrals to family support and home visitor programs, QUEST, Women, Infants and Children nutrition program, dental services, and other health and social agencies.
- Individual outreach and educational services which are integrated with appropriate health services and specific to the individual's identified needs, which shall include, but not be limited to health promotion, immunization, family planning, and prenatal care.



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

INTRA-DEPARTMENTAL DIRECTIVE 04-01  
May 3, 2004 Page 1 of 5

TO: All Deputies, Division and Branch Chiefs, Staff Officers, District Health Officers, and Administrators of Attached Agencies

FROM: Chiyome Leinaala Fukino, M.D.  
Director of Health *Chiyome Leinaala Fukino*

SUBJECT: INTERPERSONAL RELATIONSHIPS BETWEEN STAFF AND CLIENTS/PATIENTS

04-1.1 PURPOSE

This directive provides the policy for the State of Hawaii, Department of Health on interpersonal relationships between staff and clients/patients.

04-1.2 POLICY

- A. Staff shall not use their professional position to exploit others for any reason.
- B. Staff shall avoid engaging in dual/multiple relationships with clients/patients or former clients/patients. When dual/multiple relationships are unavoidable, staff shall take steps ensure that the nature of the dual/multiple relationship shall neither harm nor exploit the client/patient.
- C. Sexual relationships with any client/patient or former client/patient are prohibited. Staff shall not have financial relationships with clients/patients or former clients/patients.

- D. Staff are prohibited from engaging in sexual relationships with clients/patients' relatives or other individuals with whom clients/patients maintain close personal relationships, or to whom clients/patients are reliant upon. Staff are required to set clear, appropriate and culturally sensitive boundaries.
- E. Staff shall neither initiate, assume, nor maintain a treatment relationship to individuals with whom they have had prior sexual relationships. Staff shall inform their supervisor if there have been past relationships with potential clients/patients and arrange to have the care of such patients/clients provided by another qualified staff person.
- F. Staff shall not engage in physical contact with clients/patients when there is a possibility of psychological harm to the clients/patients as a result of the contact (such as cradling or caressing clients/patients). In providing services, staff who are required to have physical contact with clients/patients are responsible for setting clear, appropriate and culturally sensitive boundaries that govern such physical contact.
- G. Staff who anticipate the potential for sexual relationships with former clients/patients shall consult in depth with their supervisors, exploring the various risks and concerns.

04-1.3 **SCOPE**

This directive applies to all Department of Health employees, including volunteers, who provide treatment and/or services and individuals or agencies that are contracted to provide treatment and/or services on behalf of the Department of Health.

04-1.4 **DEFINITIONS**

Clients/Patients: Persons under observation, care, treatment, or receiving services.

Department: Department of Health

Director: Director of Health

Dual/multiple relationships:	When an employee has, or has had, more than one relationship with a patient or client, either presently or in the past. These may include professional, business, social, or personal relationships. Dual/multiple relationships can occur simultaneously or consecutively.
Staff:	Department employees, including volunteers, and individuals or agencies that are contracted to provide services on behalf of the Department.
Health:	Includes physical and mental health.
Providers:	Any persons, public or private vendors, agencies, or business concerns authorized by the department to provide health care, services, or activities.
Services:	Appropriate assistance provided to a person with a medical illness, developmental disability, mental illness, substance abuse or dependency disorder, or mental retardation. These services include, but are not restricted to assessment, case management, care coordination, treatment, training, vocational support, testing, day treatment, dental treatment, residential treatment, hospital treatment, developmental support, respite care, domestic assistance, attendant care, habilitation, rehabilitation, speech therapy, physical therapy, occupational therapy, nursing counseling, family therapy or counseling, interpretation, transportation, psychotherapy, and counseling to the person and/or to the person's family, guardian or other appropriate representative.
Treatment:	The broad range of services and care, including diagnostic valuation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, career counseling, and other special services which may be extended to a person in need or with a disabling condition.

04-1.5 **RESPONSIBILITIES**

- A. **Director:** Insure this policy is maintained, interpreted, updated, and communicated to all program managers.
- B. **Deputy Directors:** Insure this policy is communicated to, understood and implemented by program managers within their administrations, and insure needed revisions of this policy are communicated to the Director.
- C. **Program Managers:**
  - (1) Insure this policy is communicated to and understood by all vendors, providers, or contractors, and insert a reference to this policy in appropriate contracts.
  - (2) Insure this policy is enforced.
  - (3) Investigate alleged or reported infractions of this policy and take corrective actions as may be indicated.
  - (4) Recommend needed changes to this policy to their Deputy Directors.
- D. **Employees:** Comply with this policy and report alleged infractions of this policy to their supervisors or superiors.
- E. **Providers:** Insure this policy is communicated, understood, and implemented.

04-1.6 **PROVISO**

If there is a conflict between this policy and a collective bargaining agreement, the collective bargaining agreement shall prevail.

04-1.7

**REFERENCES**

- A. Discrimination in Public Accommodations, Chapter 489, Hawaii Revised Statutes, as amended.
- B. Fair treatment, Section 84-13, Hawaii Revised Statutes, as amended.
- C. Rights of persons with developmental or mental retardation, Section 333F-8, Hawaii Revised Statutes, as amended.
- D. Rights of recipients of mental health services, Chapter 334E, Hawaii Revised Statutes, as amended.
- E. Sex Discrimination, Title 12, Chapter 46, Subchapter 4, Hawaii Administrative Rules, as amended.
- F. Disability Discrimination, Chapter 46, Subchapter 9, Hawaii Administrative Rules.

**This document should be placed in the Personnel Manual of Policies and Procedures under Section 11, SUBJECT: EMPLOYEE RELATIONS.**



**PERFORMANCE BASED BUDGET  
(FISCAL YEAR 2010)**

**RFP# HTH 560KC-01  
Page 2 of 5**

**Applicant/Provider** \_\_\_\_\_

(a)	(b)	(c)	(d)	(e)	(f)
Modality/Unit of Service to be Provided	Number of Unduplicated, Uninsured/ Underinsured Clients	Frequency (Estimated Number of <sup>1</sup> Service Units per Client per Fiscal Year)	<sup>2</sup> Total Service Units (b x c)	Unit Cost	Total FY 2007 (d x e)
Medical Visit				95.00	\$
Dental Treatment Visit				95.00	\$
Behavioral Health Care Visits Psychiatrists, Psychologists				95.00	\$
Behavioral Health Care Visits LCSW				50.00	\$
Pharmaceuticals				15.00	\$
				<b>Less:</b>	
				Revenues	
				Used to	
				Provide	
				Services	
				To the	
				Uninsured	
				Identify	
				Sources:	
				_____	< >
				_____	< >
				_____	< >
				<b>Amount Requested</b>	\$

<sup>1</sup> A service unit is defined as the quantitative measurement of the service being purchased. This quantitative measure could be in units of time, e.g. bed-day or a counseling hour, or in units of tangible services. For comprehensive primary care services, the service unit is defined as an uninsured/underinsured medical, dental treatment, or behavioral health care visit. For pharmaceuticals, the service unit is defined as a filled prescription.

<sup>2</sup> Total service units should be based on a reasonable annual operating capacity for the program. Operating capacity is defined as adequate, planned and budgeted space, equipment and staff.

**PERFORMANCE BASED BUDGET  
(FISCAL YEAR 2011)**

**RFP# HTH 560KC-01  
Page 3 of 5**

**Applicant/Provider** \_\_\_\_\_

(a)	(b)	(c)	(d)	(e)	(f)
Modality/Unit of Service to be Provided	Number of Unduplicated, Uninsured/ Underinsured Clients	Frequency (Estimated Number of <sup>3</sup> Service Units per Client per Fiscal Year)	<sup>4</sup> Total Service Units (b x c)	Unit Cost	Total FY 2008 (d x e)
Medical Visit				95.00	\$
Dental Treatment Visit				95.00	\$
Behavioral Health Care Visits Psychiatrists, Psychologists				95.00	\$
Behavioral Health Care Visits LCSW				50.00	\$
Pharmaceuticals				15.00	\$
				<b>Less:</b>	
				Revenues	
				Used to	
				Provide	
				Services	
				To the	
				Uninsured	
				Identify	
				Sources:	
				_____	< >
				_____	< >
				_____	< >
				<b>Amount Requested</b>	\$

<sup>3</sup> A service unit is defined as the quantitative measurement of the service being purchased. This quantitative measure could be in units of time, e.g. bed-day or a counseling hour, or in units of tangible services. For comprehensive primary care services, the service unit is defined as an uninsured/underinsured medical, dental treatment, or behavioral health care visit. For pharmaceuticals, the service unit is defined as a filled prescription.

<sup>4</sup> Total service units should be based on a reasonable annual operating capacity for the program. Operating capacity is defined as adequate, planned and budgeted space, equipment and staff.

**PERFORMANCE BASED BUDGET  
(FISCAL YEAR 2012)**

**RFP# HTH 560KC-01  
Page 4 of 5**

**Applicant/Provider** \_\_\_\_\_

(a)	(b)	(c)	(d)	(e)	(f)
Modality/Unit of Service to be Provided	Number of Unduplicated, Uninsured/ Underinsured Clients	Frequency (Estimated Number of <sup>5</sup> Service Units per Client per Fiscal Year)	<sup>6</sup> Total Service Units (b x c)	Unit Cost	Total FY 2009 (d x e)
Medical Visit				95.00	\$
Dental Treatment Visit				95.00	\$
Behavioral Health Care Visits Psychiatrists, Psychologists				95.00	\$
Behavioral Health Care Visits LCSW				50.00	\$
Pharmaceuticals				15.00	\$
				<b>Less:</b>	
				Revenues	
				Used to	
				Provide	
				Services	
				To the	
				Uninsured	
				Identify	
				Sources:	
				_____	< >
				_____	< >
				_____	< >
				<b>Amount Requested</b>	\$

<sup>5</sup> A service unit is defined as the quantitative measurement of the service being purchased. This quantitative measure could be in units of time, e.g. bed-day or a counseling hour, or in units of tangible services. For comprehensive primary care services, the service unit is defined as an uninsured/underinsured medical, dental treatment, or behavioral health care visit. For pharmaceuticals, the service unit is defined as a filled prescription.

<sup>6</sup> Total service units should be based on a reasonable annual operating capacity for the program. Operating capacity is defined as adequate, planned and budgeted space, equipment and staff.

**PERFORMANCE BASED BUDGET  
(FISCAL YEAR 2013)**

**RFP# HTH 560KC-01  
Page 5 of 5**

**Applicant/Provider** \_\_\_\_\_

(a)	(b)	(c)	(d)	(e)	(f)
Modality/Unit of Service to be Provided	Number of Unduplicated, Uninsured/Underinsured Clients	Frequency (Estimated Number of <sup>7</sup> Service Units per Client per Fiscal Year)	<sup>8</sup> Total Service Units (b x c)	Unit Cost	Total FY 2009 (d x e)
Medical Visit				95.00	\$
Dental Treatment Visit				95.00	\$
Behavioral Health Care Visits Psychiatrists, Psychologists				95.00	\$
Behavioral Health Care Visits LCSW				50.00	\$
Pharmaceuticals				15.00	\$
				<b>Less:</b>	
				Revenues	
				Used to	
				Provide	
				Services	
				To the	
				Uninsured	
				Identify	
				Sources:	
				_____	< >
				_____	< >
				_____	< >
				<b>Amount Requested</b>	\$

<sup>7</sup> A service unit is defined as the quantitative measurement of the service being purchased. This quantitative measure could be in units of time, e.g. bed-day or a counseling hour, or in units of tangible services. For comprehensive primary care services, the service unit is defined as an uninsured/underinsured medical, dental treatment, or behavioral health care visit. For pharmaceuticals, the service unit is defined as a filled prescription.

<sup>8</sup> Total service units should be based on a reasonable annual operating capacity for the program. Operating capacity is defined as adequate, planned and budgeted space, equipment and staff.

## **EXCLUDED MEDICATIONS**

The following medications are excluded from the comprehensive primary care services contract:

- Anti-leprotic medications (e.g., Dapsone, Lamprone) for leprosy are not covered.
- Drugs used to treat pulmonary tuberculosis are not covered (rifampin, ethambutol, pyrazinamide).
- Fertility agents.
- Rogaine/Minoxidil/Propecia/Renova/Cosmetic and agents for cosmetic purposes. (Retin-A and acne medications are covered when used for acne/dermatoses.)
- Smoking cessation products with the exception of Zyban.
- Vaccines for travel. (Japanese encephalitis, typhoid, yellow fever, cholera)
- Drugs used to treat impotence (e.g. Viagra, Cialis)

**SCHEDULE OF ALLOWABLE CURRENT PROCEDURAL TERMINOLOGY CODES FOR  
LICENSED CLINICAL SOCIAL WORKERS PROVIDING BEHAVIORAL HEALTH CARE  
SERVICES**

<b>CPT-4 Codes</b>		<b>Description</b>
90801	LCSW	Psychiatric diagnostic interview examination.
90804	LCSW	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient.
90806	LCSW	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient.
90808	LCSW	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient.
90810	LCSW	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient.
90812	LCSW	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient.
90814	LCSW	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient.

## *Current Dental Terminology* *CDT 2007-08*

(Note: The shaded CDT Codes are Excluded Procedures)

### Exam

- D0120 periodic oral evaluation
- D0140 limited oral evaluation
- D0145 oral evaluation of pt. under 3 yo and counseling of care giver
- D0150 comprehensive oral evaluation - new or established patients
- D0160 detailed and extensive oral evaluation - problem, focused by report
- D0170 re-evaluation-limited, problem focused (established patient, not post-operative visit)
- D0180 comprehensive periodontal evaluation

### Intraoral film

- D0210 intraoral - complete series (including bitewings)
- D0220 intraoral - periapical first film
- D0230 intraoral - periapical each additional film
- D0240 intraoral - occlusal film
- D0250 extraoral - first film
- D0260 extraoral - each additional film
- D0270 bitewing - single film
- D0272 bitewings - two films
- D0273 bitewings - three films
- D0274 bitewings - four films
- D0277 vertical bitewings - 7-8 films
- D0290 posterior-anterior or lateral skull and facial bone survey film

### Extraoral film

- D0310 sialography
- D0320 tmj arthrogram, by report
- D0321 other temporomandibular joint films, by report
- D0322 tomographic survey
- D0330 panoramic film
- D0340 cephalometric film
- D0350 oral/facial photo images (includes intra and extraoral images)
- D0360 cone beam CT
- D0362 cone beam - 2 dimensional, includes multiple images
- D0363 cone beam - 3 dimensional, includes multiple images

### Testing

- D0415 bacteriologic studies for determination of pathologic agents
- D0416 viral culture
- D0421 genetic test for oral disease susceptibility
- D0425 caries susceptibility tests
- D0431 pre-diagnostic test for mucosal abnormality susceptibility, not to include cytology or biopsy
- D0460 pulp vitality tests
- D0470 diagnostic casts
- D0472 accession of tissue, gross examination, preparation and transmission of written report
- D0473 accession of tissue, gross and microscopic examination, preparation and transmission of written report
- D0474 accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease
- D0475 decalcification procedure
- D0476 special stain for microorganisms
- D0477 special stain, not for microorganisms
- D0478 immunohistochemical stains
- D0479 tissue in-situ hybridization, including interpretation
- D0480 processing and interpretation of cytologic smear, including the preparation and transmission of written report
- D0481 electron microscopy, diagnostic
- D0482 direct immunofluorescence
- D0483 indirect immunofluorescence

- D0484 consultation on slides prepared elsewhere
- D0485 consultation, including preparation of slides
- D0486 accession of brush biopsy sample, microscopic examination and report

#### Histology

- D0501 histopathologic examinations
- D0502 other oral pathology procedures, by report
- D0999 unspecified diagnostic procedure, by report

#### Prophy

- D1110 prophylaxis - adult
- D1120 prophylaxis - child
- D1203 topical application of fluoride (prophylaxis not included) - child
- D1204 topical application of fluoride (prophylaxis not included) - adult
- D1206 fluoride varnish, therapeutic and not for desensitization

- D1310 nutritional counseling for control of dental disease
- D1320 tobacco counseling for the control and prevention of oral disease
- D1330 oral hygiene instructions
- D1351 sealant - per tooth

#### Space Maintenance

- D1510 space maintainer - fixed - unilateral
- D1515 space maintainer - fixed - bilateral
- D1520 space maintainer - removable - unilateral
- D1525 space maintainer - removable - bilateral
- D1550 recementation of space maintainer
- D1555 removal of fixed space maintainer

#### Alloy

- D2140 amalgam - one surface, primary or permanent
- D2150 amalgam - two surfaces, primary or permanent
- D2160 amalgam - three surfaces, primary or permanent
- D2161 amalgam - four or more surfaces, primary or permanent

#### Composite

- D2330 resin-based composite - one surface, anterior
- D2331 resin-based composite - two surfaces, anterior
- D2332 resin-based composite - three surfaces, anterior
- D2335 resin-based composite - four or more surfaces or involving incisal angle (anterior)
- D2390 resin-based composite crown, anterior
- D2391 resin-based composite - one surface, posterior
- D2392 resin-based composite - two surfaces, posterior
- D2393 resin-based composite - three surfaces, posterior
- D2394 resin-based composite - four or more surfaces, posterior

#### Gold Foil

- D2410 gold foil - one surface
- D2420 gold foil - two surfaces
- D2430 gold foil - three surfaces

#### Cast Inlay/Onlay

- D2510 inlay - metallic - one surface
- D2520 inlay - metallic - two surfaces
- D2530 inlay - metallic - three or more surfaces
- D2542 onlay-metallic-two surfaces
- D2543 onlay-metallic-three surfaces
- D2544 onlay-metallic-four or more surfaces

#### Porc. Inlay/Onlay

- D2610 inlay - porcelain/ceramic - one surface

D2620 inlay - porcelain/ceramic - two surfaces  
D2630 inlay - porcelain/ceramic - three or more surfaces  
D2642 onlay - porcelain/ceramic - two surfaces  
D2643 onlay - porcelain/ceramic - three surfaces  
D2644 onlay - porcelain/ceramic - four or more surfaces  
D2650 inlay - resin-based composite - one surface  
D2651 inlay - resin-based composite - two surfaces  
D2652 inlay - resin-based composite - three or more surfaces  
D2662 onlay - resin-based composite - two surfaces  
D2663 onlay - resin-based composite - three surfaces  
D2664 onlay - resin-based composite - four or more surfaces

Crowns (single units)

D2710 crown - resin (indirect)  
D2712 crown - ¾ resin-based composite (indirect)  
D2720 crown - resin with high noble metal  
D2721 crown - resin with predominantly base metal  
D2722 crown - resin with noble metal  
D2740 crown - porcelain/ceramic substrate  
D2750 crown - porcelain fused to high noble metal  
D2751 crown - porcelain fused to predominantly base metal  
D2752 crown - porcelain fused to noble metal  
D2780 crown - ¾ cast high noble metal  
D2781 crown - ¾ cast predominantly base metal  
D2782 crown - ¾ cast noble metal  
D2783 crown - ¾ porcelain/ceramic  
D2790 crown - full cast high noble metal  
D2791 crown - full cast predominantly base metal  
D2792 crown - full cast noble metal  
D2794 crown - titanium  
D2799 provisional crown

D2910 recement inlay  
D2915 recement cast or pre-fab post and core  
D2920 recement crown  
D2930 prefabricated stainless steel crown - primary tooth  
D2931 prefabricated stainless steel crown - permanent tooth  
D2932 prefabricated resin crown  
D2933 prefabricated stainless steel crown with resin window  
D2944 prefabricated esthetic coated stainless steel crown - primary tooth  
D2940 sedative filling  
D2950 core buildup, including any pins  
D2951 pin retention - per tooth, in addition to restoration  
D2952 post and core in addition to crown, indirect (cast)  
D2953 each additional cast post - same tooth  
D2954 prefabricated post and core in addition to crown  
D2955 post removal (not in conjunction with endodontic therapy)  
D2957 each additional prefabricated post - same tooth (with D2954)  
D2960 labial veneer (resin laminate) - chairside  
D2961 labial veneer (resin laminate) - laboratory  
D2962 labial veneer (porcelain laminate) - laboratory  
D2970 temporary crown (fractured tooth)  
D2971 additional procedures to construct crown under existing partial denture  
D2975 coping  
D2980 crown repair, by report  
D2999 unspecified restorative procedure, by report

Endo.

D3110 pulp cap - direct (excluding final restoration)  
D3120 pulp cap - indirect (excluding final restoration)

- D3220 therapeutic pulpotomy (excluding final restoration)
- D3221 pulpal debridement, primary and permanent teeth**
- D3230 pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)
- D3240 pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)
  
- D3310 anterior (excluding final restoration)
- D3320 bicuspid (excluding final restoration)
- D3330 molar (excluding final restoration)
- D3331 treatment of root canal obstruction; non-surgical access
- D3332 incomplete endodontic therapy; inoperable or fractured tooth
- D3333 internal root repair of perforation defects
- D3346 retreatment of previous root canal therapy - anterior
- D3347 retreatment of previous root canal therapy - bicuspid
- D3348 retreatment of previous root canal therapy - molar
- D3351 apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
- D3352 apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)
- D3353 apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)
  
- D3410 apicoectomy/periradicular surgery - anterior
- D3421 apicoectomy/periradicular surgery - bicuspid (first root)
- D3425 apicoectomy/periradicular surgery- molar (first root)
- D3426 apicoectomy/periradicular surgery (each additional root)
- D3430 retrograde filling - per root
- D3450 root amputation - per root
- D3460 endodontic endosseous implant
- D3470 intentional reimplantation (including necessary splinting)
  
- D3910 surgical procedure for isolation of tooth with rubber dam
- D3920 hemisection (including any root removal), not including root canal therapy
- D3950 canal preparation and fitting of preformed dowel or post
- D3999 unspecified endodontic procedure, by report**

Perio.

- D4210 gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant
- D4211 gingivectomy or gingivoplasty - one to three teeth, per quadrant
- D4230 anatomical crown exposure, four or more contiguous teeth per quadrant
- D4240 gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant
- D4241 gingival flap procedure, including root planing - one to three teeth, per quadrant
- D4245 apically positioned flap
- D4249 clinical crown lengthening - hard tissue
- D4260 osseous surgery (including flap entry and closure) -four or more contiguous teeth or bounded teeth spaces per quadrant
- D4261 osseous surgery (including flap entry and closure) - one to three contiguous teeth, per quadrant
- D4263 bone replacement graft - first site in quadrant
- D4264 bone replacement graft - each additional site in quadrant
- D4265 biologic materials to aid in soft and osseous tissue regeneration
- D4266 guided tissue regeneration - resorbable barrier, per site
- D4267 guided tissue regeneration - nonresorbable barrier, per site, (includes membrane removal)
- D4268 surgical revision procedure, per tooth
- D4270 pedicle soft tissue graft procedure
- D4271 free soft tissue graft procedure (including donor site surgery)
- D4273 subepithelial connective tissue graft procedures
- D4274 distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)
- D4275 soft tissue allograft
- D4276 combined connective tissue and double pedicle graft
  
- D4320 provisional splinting - intracoronal
- D4321 provisional splinting - extracoronal
- D4341 periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant

D4342 periodontal scaling and root planing - one to three teeth, per quadrant  
D4355 full mouth debridement to enable comprehensive evaluation and diagnosis  
D4381 localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report  
D4910 periodontal maintenance  
D4920 unscheduled dressing change (by someone other than treating dentist)  
D4999 unspecified periodontal procedure, by report

Removable Pros.

D5110 complete denture - maxillary  
D5120 complete denture - mandibular  
D5130 immediate denture - maxillary  
D5140 immediate denture - mandibular  
  
D5211 maxillary partial denture - resin base (including any conventional clasps, rests and teeth)  
D5212 mandibular partial denture - resin base (including any conventional clasps, rests and teeth)  
D5213 maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  
D5214 mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  
D5225 maxillary partial denture, flexible base  
D5226 mandibular partial denture, flexible base  
D5281 removable unilateral partial denture - one piece cast metal (including clasps and teeth)  
  
D5410 adjust complete denture - maxillary  
D5411 adjust complete denture - mandibular  
D5421 adjust partial denture - maxillary  
D5422 adjust partial denture - mandibular  
  
D5510 repair broken complete denture base  
D5520 replace missing or broken teeth - complete denture (each tooth)  
  
D5610 repair resin denture base  
D5620 repair cast framework  
D5630 repair or replace broken clasp  
D5640 replace broken teeth - per tooth  
D5650 add tooth to existing partial denture  
D5660 add clasp to existing partial denture  
D5670 replace all teeth and acrylic on cast metal framework (maxillary)  
D5671 replace all teeth and acrylic on cast metal framework (mandibular)  
  
D5710 rebase complete maxillary denture  
D5711 rebase complete mandibular denture  
D5720 rebase maxillary partial denture  
D5721 rebase mandibular partial denture  
D5730 reline complete maxillary denture (chairside)  
D5731 reline complete mandibular denture (chairside)  
D5740 reline maxillary partial denture (chairside)  
D5741 reline mandibular partial denture (chairside)  
D5750 reline complete maxillary denture (laboratory)  
D5751 reline complete mandibular denture (laboratory)  
D5760 reline maxillary partial denture (laboratory)  
D5761 reline mandibular partial denture (laboratory)  
  
D5810 interim complete denture (maxillary)  
D5811 interim complete denture (mandibular)  
D5820 interim partial denture (maxillary)  
D5821 interim partial denture (mandibular)  
D5850 tissue conditioning, maxillary  
D5851 tissue conditioning, mandibular

- D5860 overdenture - complete, by report
- D5861 overdenture - partial, by report
- D5862 precision attachment, by report
- D5867 replacement of replaceable part of semi-precision or precision attachment (male or female component)
- D5875 modification of removable prosthesis following implant surgery
- D5899 unspecified removable prosthodontic procedure, by report**

Maxillofacial Pros.

- D5911 facial moulage (sectional)
- D5912 facial moulage (complete)
- D5913 nasal prosthesis
- D5914 auricular prosthesis
- D5915 orbital prosthesis
- D5916 ocular prosthesis
- D5919 facial prosthesis
- D5922 nasal septal prosthesis
- D5923 ocular prosthesis, interim
- D5924 cranial prosthesis
- D5925 facial augmentation implant prosthesis
- D5926 nasal prosthesis, replacement
- D5927 auricular prosthesis, replacement
- D5928 orbital prosthesis, replacement
- D5929 facial prosthesis, replacement
- D5931 obturator prosthesis, surgical
- D5932 obturator prosthesis, definitive
- D5933 obturator prosthesis, modification
- D5934 mandibular resection prosthesis with guide flange
- D5935 mandibular resection prosthesis without guide flange
- D5936 obturator prosthesis, interim
- D5937 trismus appliance (not for TMD treatment)
- D5951 feeding aid
- D5952 speech aid prosthesis, pediatric
- D5953 speech aid prosthesis, adult
- D5954 palatal augmentation prosthesis
- D5955 palatal lift prosthesis, definitive
- D5958 palatal lift prosthesis, interim
- D5959 palatal lift prosthesis, modification
- D5960 speech aid prosthesis, modification
- D5982 surgical stent
- D5983 radiation carrier
- D5984 radiation shield
- D5985 radiation cone locator
- D5986 fluoride gel carrier
- D5987 commissure splint
- D5988 surgical splint
- D5999 unspecified maxillofacial prosthesis, by report**

Implant

- D6010 surgical placement of implant body: endosteal implant
- D6012 surgical placement of interim implant body for transitional pros., endosteal implant
- D6040 surgical placement: eosteal implant
- D6050 surgical placement: transosteal implant
- D6053 implant/abutment supported removable denture for completely edentulous arch
- D6054 implant/abutment supported removable denture for partially edentulous arch
- D6055 dental implant supported connecting bar
- D6056 prefabricated abutment
- D6057 custom abutment
- D6058 abutment supported porcelain/ceramic crown
- D6059 abutment supported porcelain fused to metal crown (high noble metal)
- D6060 abutment supported porcelain fused to metal crown (predominantly base metal)
- D6061 abutment supported porcelain fused to metal crown (noble metal)

- D6062 abutment supported cast metal crown (high noble metal)
- D6063 abutment supported cast metal crown (predominantly base metal)
- D6064 abutment supported cast metal crown (noble metal)
- D6065 implant supported porcelain/ceramic crown
- D6066 implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
- D6067 implant supported metal crown (titanium, titanium alloy, high noble metal)
- D6068 abutment supported retainer for porcelain/ceramic FPD
- D6069 abutment supported retainer for porcelain fused to metal FPD (high noble metal)
- D6070 abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
- D6071 abutment supported retainer for porcelain fused to metal FPD (noble metal)
- D6072 abutment supported retainer for cast metal FPD (high noble metal)
- D6073 abutment supported retainer for cast metal FPD (predominantly base metal)
- D6074 abutment supported retainer for cast metal FPD (noble metal)
- D6075 implant supported retainer for ceramic FPD
- D6076 implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
- D6077 implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
- D6080 implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis
- D6090 repair implant supported prosthesis, by report
- D6091 replacement of semi-precision or precision implant attachment
- D6092 recement implant/abutment support crown
- D6093 recement implant/abutment supported fixed partial denture
- D6094 abutment supported crown, titanium
- D6095 repair implant abutment, by report
  
- D6100 implant removal, by report
- D6194 abutment support retainer crown for FPD, titanium
- D6199 unspecified implant procedure, by report**

Fixed Pros.

- D6205 pontic – indirect resin based composite
- D6210 pontic - cast high noble metal
- D6211 pontic - cast predominantly base metal
- D6212 pontic - cast noble metal
- D6214 pontic - titanium
- D6240 pontic - porcelain fused to high noble metal
- D6241 pontic - porcelain fused to predominantly base metal
- D6242 pontic - porcelain fused to noble metal
- D6245 pontic - porcelain/ceramic
- D6250 pontic - resin with high noble metal
- D6251 pontic - resin with predominantly base metal
- D6252 pontic - resin with noble metal
- D6253 provisional pontic
  
- D6545 retainer - cast metal for resin bonded fixed prosthesis
- D6548 retainer - porcelain/ceramic for resin bonded fixed prosthesis
  
- D6600 inlay - porcelain/ceramic, two surfaces
- D6601 inlay - porcelain/ceramic, three or more surfaces
- D6602 inlay - cast high noble metal, two surfaces
- D6603 inlay - cast high noble metal, three or more surfaces
- D6604 inlay - cast predominantly base metal, two surfaces
- D6605 inlay - cast predominantly base metal, three or more surfaces
- D6606 inlay - cast noble metal, two surfaces
- D6607 inlay - cast noble metal, three or more surfaces
- D6608 onlay -porcelain/ceramic, two surfaces
- D6609 onlay - porcelain/ceramic, three or more surfaces
- D6610 onlay - cast high noble metal, two surfaces
- D6611 onlay - cast high noble metal, three or more surfaces
- D6612 onlay - cast predominantly base metal, two surfaces
- D6613 onlay - cast predominantly base metal, three or more surfaces

- D6614 onlay - cast noble metal, two surfaces
- D6615 onlay - cast noble metal, three or more surfaces
- D6624 inlay - titanium
- D6634 onlay - titanium

Crowns (abutments, retainers for fixed bridges/multiple units)

- D6710 crown – indirect resin based composite
- D6720 crown - resin with high noble metal
- D6721 crown - resin with predominantly base metal
- D6722 crown - resin with noble metal
- D6740 crown - porcelain/ceramic
- D6750 crown - porcelain fused to high noble metal
- D6751 crown - porcelain fused to predominantly base metal
- D6752 crown - porcelain fused to noble metal
- D6780 crown - 3/4 cast high noble metal
- D6781 crown - 3/4 cast predominantly base metal
- D6782 crown - 3/4 cast noble metal
- D6783 crown - 3/4 porcelain/ceramic
- D6790 crown - full cast high noble metal
- D6791 crown - full cast predominantly base metal
- D6792 crown - full cast noble metal
- D6793 provisional retainer crown
- D6794 crown - titanium

- D6920 connector bar
- D6930 recement fixed partial denture
- D6940 stress breaker
- D6950 precision attachment
- D6970 indirect (cast) post and core in addition to fixed partial denture retainer
- D6972 prefabricated post and core in addition to fixed partial denture retainer
- D6973 core build up for retainer, including any pins
- D6975 coping - metal
- D6976 each additional cast post - same tooth
- D6977 each additional prefabricated post - same tooth
- D6980 fixed partial denture repair, by report
- D6985 pediatric partial denture, fixed
- D6999 unspecified, fixed prosthodontic procedure, by report

Oral & Maxillofacial Surgery

- D7111 coronal remnants - deciduous tooth
- D7140 extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Extractions

- D7210 surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
- D7220 removal of impacted tooth - soft tissue
- D7230 removal of impacted tooth - partially bony
- D7240 removal of impacted tooth - completely bony
- D7241 removal of impacted tooth - completely bony, with unusual surgical complications
- D7250 surgical removal of residual tooth roots (cutting procedure)
- D7260 oroantral fistula closure
- D7261 primary closure of a sinus perforation
- D7270 tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth
- D7272 tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
- D7280 surgical access of an unerupted tooth
- D7282 mobilization of erupted or malpositioned tooth to aid eruption
- D7285 biopsy of oral tissue - hard (bone, tooth)
- D7286 biopsy of oral tissue - soft (all others)
- D7287 cytology sample collection
- D7288 brush biopsy – transepithelial sample collection
- D7290 surgical repositioning of teeth

- D7291 transseptal fiberotomy/supra crestal fiberotomy by report
- D7292 surgical placement of temporary anchorage device requiring flap [screw retained plate]
- D7293 surgical placement of temporary anchorage device requiring flap
- D7294 surgical placement of temporary anchorage device without flap

#### Alveoplasty

- D7310 alveoplasty in conjunction with extractions – four or more teeth per quadrant
- D7311 alveoplasty in conjunction with extractions – one to three teeth per quadrant
- D7320 alveoplasty not in conjunction with extractions – four or more teeth per quadrant
- D7321 alveoplasty not in conjunction with extractions – one to three teeth per quadrant
- D7340 vestibuloplasty - ridge extension (secondary epithelialization)
- D7350 vestibuloplasty - ridge extension

#### Excisional procedures

- D7410 excision of benign lesion up to 1.25 cm
- D7411 excision of benign lesion greater than 1.25 cm
- D7412 excision of benign lesion, complicated
- D7413 excision of malignant lesion up to 1.25 cm
- D7414 excision of malignant lesion greater than 1.25 cm
- D7415 excision of malignant lesion, complicated
- D7440 excision of malignant tumor - lesion diameter up to 1.25 cm
- D7441 excision of malignant tumor - lesion diameter greater than 1.25 cm
- D7450 removal of benign odontogenic cyst or tumor -lesion diameter up to 1.25 cm
- D7451 removal of benign odontogenic cyst or tumor -lesion diameter greater than 1.25 cm
- D7460 removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm
- D7461 removal of benign nonodontogenic cyst or tumor -lesion diameter greater than 1.25 cm
- D7465 destruction of lesion(s) by physical or chemical method, by report
- D7471 removal of lateral exostosis (maxilla or mandible)
- D7472 removal of torus palatinus
- D7473 removal of torus mandibularis
- D7485 surgical reduction of osseous tuberosity
- D7490 radical resection of mandible with bone graft

#### I&D

- D7510 incision and drainage of abscess - intraoral soft tissue
- D7511 incision and drainage of abscess - intraoral soft tissue, complicated, multiple spaces
- D7520 incision and drainage of abscess - extraoral soft tissue
- D7521 incision and drainage of abscess - extraoral soft tissue, complicated, multiple spaces
- D7530 removal of foreign body from mucosa, skin or subcutaneous alveolar tissue
- D7540 removal of reaction producing foreign bodies, musculoskeletal system
- D7550 partial ostectomy/sequestrectomy for removal of non vital bone
- D7560 maxillary sinusotomy for removal of tooth fragment or foreign body

#### Fracture management

- D7610 maxilla - open reduction (teeth immobilized, if present)
- D7620 maxilla - closed reduction (teeth immobilized, if present)
- D7630 mandible - open reduction (teeth immobilized, if present)
- D7640 mandible - closed reduction (teeth immobilized, if present)
- D7650 malar and/or zygomatic arch - open reduction
- D7660 malar and/or zygomatic arch - closed reduction
- D7670 alveolus - closed reduction, may include stabilization of teeth
- D7671 alveolus - open reduction, may include stabilization of teeth
- D7680 facial bones - complicated reduction with fixation and multiple surgical approaches

- D7710 maxilla open reduction
- D7720 maxilla - closed reduction
- D7730 mandible - open reduction
- D7740 mandible - closed reduction
- D7750 malar and/or zygomatic arch - open reduction
- D7760 malar and/or zygomatic arch - closed reduction
- D7770 alveolus open reduction stabilization of teeth

- D7771 alveolus, closed reduction stabilization of teeth
- D7780 facial bones - complicated reduction with fixation and multiple surgical approaches

#### Joint management

- D7810 open reduction of dislocation
- D7820 closed reduction of dislocation
- D7830 manipulation under anesthesia
- D7840 condylectomy
- D7850 surgical discectomy, with/without implant
- D7852 disc repair
- D7854 synovectomy
- D7856 myotomy
- D7858 joint reconstruction
- D7860 arthrotomy
- D7865 arthroplasty
- D7870 arthrocentesis
- D7871 non-arthroscopic lysis and lavage
- D7872 arthroscopy - diagnosis, with or without biopsy
- D7873 arthroscopy - surgical: lavage and lysis of adhesions
- D7874 arthroscopy - surgical: disc repositioning and stabilization
- D7875 arthroscopy - surgical: synovectomy
- D7876 arthroscopy - surgical: discectomy
- D7877 arthroscopy - surgical: debridement
- D7880 occlusal orthotic device, by report
- D7899 unspecified TMD therapy, by report

#### Wound & Osteotomy

- D7910 suture of recent small wounds up to 5 cm
- D7911 complicated suture - up to 5 cm
- D7912 complicated suture - greater than 5 cm
- D7920 skin graft (identify defect covered, location and type of graft)
- D7940 osteoplasty - for orthognathic deformities
- D7941 osteotomy - mandibular rami
- D7943 osteotomy - mandibular rami with bone graft; includes obtaining the graft
- D7944 osteotomy - segmented or subapical - per range of teeth
- D7945 osteotomy - body of mandible
- D7946 LeFort I (maxilla - total)
- D7947 LeFort I (maxilla - segmented)
- D7948 LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft
- D7949 LeFort II or LeFort III - with bone graft
- D7950 osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones - autogenous or nonautogenous, by report
- D7951 sinus augmentation with bone or bone substitutes
- D7953 bone replacement graft for ridge preservation – per site
- D7955 repair of maxillofacial soft and hard tissue defect
- D7960 frenulectomy (frenectomy or frenotomy) - separate procedure
- D7963 frenuloplasty
- D7970 excision of hyperplastic tissue - per arch
- D7971 excision of pericoronal gingiva
- D7972 surgical reduction of fibrous tuberosity
- D7980 sialolithotomy
- D7981 excision of salivary gland, by report
- D7982 sialodochoplasty
- D7983 closure of salivary fistula
- D7990 emergency tracheotomy
- D7991 coronoidectomy
- D7995 synthetic graft - mandible or facial bones, by report
- D7996 implant-mandible for augmentation purposes (excluding alveolar ridge), by report
- D7997 appliance removal (not by dentist who placed appliance), includes removal of arch-bar
- D7998 intraoral placement of a fixation device not in conjunction with a fracture
- D7999 unspecified oral surgery procedure, by report

Ortho.

D8010 limited orthodontic treatment of the primary dentition  
D8020 limited orthodontic treatment of the transitional dentition  
D8030 limited orthodontic treatment of the adolescent dentition  
D8040 limited orthodontic treatment of the adult dentition  
D8050 interceptive orthodontic treatment of the primary dentition  
D8060 interceptive orthodontic treatment of the transitional dentition  
D8070 comprehensive orthodontic treatment of the transitional dentition  
D8080 comprehensive orthodontic treatment of the adolescent dentition  
D8090 comprehensive orthodontic treatment of the adult dentition  
D8210 removable appliance therapy  
D8220 fixed appliance therapy  
D8660 pre-orthodontic treatment visit  
D8670 periodic orthodontic treatment visit (as part of contract)  
D8680 orthodontic retention (removal of appliances, construction and placement of retainer(s))  
D8690 orthodontic treatment (alternative billing to a contract fee)  
D8691 repair of orthodontic appliance.  
D8692 replacement of lost or broken retainer  
D8693 rebonding or recementing and/or repair of fixed retainer  
D8999 unspecified orthodontic procedure, by report

Adjunctive

D9110 palliative (emergency) treatment of dental pain - minor procedure  
D9120 fixed partial denture sectioning  
D9210 local anesthesia not in conjunction with operative or surgical procedures  
D9211 regional block anesthesia  
D9212 trigeminal division block anesthesia  
D9215 local anesthesia  
D9220 deep sedation/general anesthesia first 30 minutes  
D9221 deep sedation/general anesthesia each additional 15 minutes  
D9230 analgesia, anxiolysis, inhalation of nitrous oxide  
D9241 intravenous conscious sedation/analgesia first 30 minutes  
D9242 sedation/analgesia -intravenous conscious each additional 15 minutes  
D9248 non-intravenous conscious sedation  
D9310 consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)  
D9410 house/extended care facility call  
D9420 hospital call  
D9430 office visit for observation (during regularly scheduled hours) - no other services performed  
D9440 office visit - after regularly scheduled hours  
D9450 case presentation, detailed and extensive treatment planning  
D9610 therapeutic parenteral drug injection, single administration, by report  
D9612 therapeutic parenteral drug injection, two or more administrations, by report  
D9630 other drugs and/or medicaments, by report  
D9910 application of desensitizing medicament  
D9911 application of desensitizing resin for cervical and/or root surface, per tooth  
D9920 behavior management, by report  
D9930 treatment of complications (post-surgical) - unusual circumstances, by report  
D9940 occlusal guard, by report  
D9941 fabrication of athletic mouthguard  
D9942 repair and/or relining of occlusal guard  
D9950 occlusion analysis - mounted case  
D9951 occlusal adjustment - limited  
D9952 occlusal adjustment - complete  
D9970 enamel microabrasion  
D9971 odontoplasty 1 - 2 teeth; includes removal of enamel projections  
D9972 external bleaching - per arch  
D9973 external bleaching - per tooth  
D9974 internal bleaching - per tooth  
D9999 unspecified adjunctive procedure, by report

**Table A – Performance Measures**

**Applicant Organization** \_\_\_\_\_  
**RFP No.** \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Performance Measure	Baseline for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2010	Annual Performance Objective for Fiscal Year 2011	Annual Performance Objective for Fiscal Year 2012	Annual Performance Objective for Fiscal Year 2013	Applicant’s approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
<p>1. At least 95% of children will have completed the basic immunization series (4 DTaP, 3 Polio, 1 MMR, 3 HIB, and 3 Hep B) by age 2 years old.</p> <p>(Include children who turned 2 years old during the measurement year and were continuously enrolled for 12 months immediately preceding their second birthday.)</p>	<p>a) # of children receiving services who turned 2 years old during the measurement year and who were continuously enrolled for 12 months immediately preceding their second birthday was ____.</p> <p>b) The # of charts randomly selected from a) is ____. (Number should be 10% of a) or 100 charts, whichever is greater)</p> <p>c) From the charts selected, the # of children who received their basic immunization series was ____.</p> <p>d) Percentage (c divided by b) of children who received their basic immunization series by 2 yrs. old was ____%.</p>	<p>a) The estimated proportion of children who will have received their basic immunization series (4 DTaP, 3 Polio, 1 MMR, 3 HIB, and 3 Hep B) completed by age 2 years old is ____%.</p>	<p>a) The estimated proportion of children who will have received their basic immunization series (4 DTaP, 3 Polio, 1 MMR, 3 HIB, and 3 Hep B) completed by age 2 years old is ____%.</p>	<p>a) The estimated proportion of children who will have received their basic immunization series (4 DTaP, 3 Polio, 1 MMR, 3 HIB, and 3 Hep B) completed by age 2 years old is ____%.</p>	<p>a) The estimated proportion of children who will have received their basic immunization series (4 DTaP, 3 Polio, 1 MMR, 3 HIB, and 3 Hep B) completed by age 2 years old is ____%.</p>	

**Table A – Performance Measures**

**Applicant Organization** \_\_\_\_\_  
**RFP No.** \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E	Column F	Column G
<b>Performance Measure</b>	<b>Baseline for Fiscal Year 2008</b>	<b>Annual Performance Objective for Fiscal Year 2010</b>	<b>Annual Performance Objective for Fiscal Year 2011</b>	<b>Annual Performance Objective for Fiscal Year 2012</b>	<b>Annual Performance Objective for Fiscal Year 2013</b>	<b>Applicant’s approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).</b>
2. At least 80% of all children 5 years old and under will have received a developmental screening with a standardized tool.	<p>a) Number of children 5 years old and under receiving services was ____.</p> <p>b) The number of charts randomly selected from a) is ____. (Number should be 10% of a) or 100 charts, whichever is greater)</p> <p>c) From the charts selected, the number of children 5 years old and under who received a developmental screening with a standardized tool was ____.</p> <p>d) Percentage (c divided by b) of children 5 years old and under who received a developmental screening with a standardized tool was ____%. Name of standardized tool used: _____</p>	a) The estimated proportion of all children 5 years old and under who will receive a developmental screening with a standardized tool is ____%.	a) The estimated proportion of all children 5 years old and under who will receive a developmental screening with a standardized tool is ____%.	a) The estimated proportion of all children 5 years old and under who will receive a developmental screening with a standardized tool is ____%.	a) The estimated proportion of all children 5 years old and under who will receive a developmental screening with a standardized tool is ____%.	

**Table A – Performance Measures**

**Applicant Organization** \_\_\_\_\_  
**RFP No.** \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Performance Measure	Baseline for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2010	Annual Performance Objective for Fiscal Year 2011	Annual Performance Objective for Fiscal Year 2012	Annual Performance Objective for Fiscal Year 2013	Applicant’s approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
<p>3. At least 90% of all children 0-18 years of age will have received an oral health assessment.</p>	<p>a) Number of children receiving services was ____.</p> <p>b) The number of charts randomly selected from a) is ____. (Number should be 10% of a) or 100 charts, whichever is greater)</p> <p>c) From the charts selected, the number of children 0-18 years of age who received an oral health assessment was ____.</p> <p>d) Percentage (c divided by b) of all children who received an oral health assessment was ____%.</p>	<p>a) The estimated proportion of all children 0-18 years of age who will receive an oral health assessment is ____%.</p>	<p>a) The estimated proportion of all children 0-18 years of age who will receive an oral health assessment is ____%.</p>	<p>a) The estimated proportion of all children 0-18 years of age who will receive an oral health assessment is ____%.</p>	<p>a) The estimated proportion of all children 0-18 years of age who will receive an oral health assessment is ____%.</p>	

**Table A – Performance Measures**

**Applicant Organization** \_\_\_\_\_  
**RFP No.** \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E	Column F	Column G
<b>Performance Measure</b>	<b>Baseline for Fiscal Year 2008</b>	<b>Annual Performance Objective for Fiscal Year 2010</b>	<b>Annual Performance Objective for Fiscal Year 2011</b>	<b>Annual Performance Objective for Fiscal Year 2012</b>	<b>Annual Performance Objective for Fiscal Year 2013</b>	<b>Applicant’s approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).</b>
4. At least 80% of all children 0-18 years of age receiving services will be assessed for risk of being overweight.	<p>a) Number of children 0-18 years of age receiving services was _____.</p> <p>b) The number of charts randomly selected from a) is _____. (Number should be 10% of a) or 100 charts, whichever is greater.)</p> <p>c) From the charts selected, the number of children assessed for risk of being overweight was _____.</p> <p>d) Percentage (c divided by b) of all children 0-18 years of age receiving services who were assessed for risk of being overweight was _____%.</p>	a) The estimated proportion of all children 0-18 years of age receiving services who will be assessed for risk of being overweight is _____%.	a) The estimated proportion of all children 0-18 years of age receiving services who will be assessed for risk of being overweight is _____%.	a) The estimated proportion of all children 0-18 years of age receiving services who will be assessed for risk of being overweight is _____%.	a) The estimated proportion of all children 0-18 years of age receiving services who will be assessed for risk of being overweight is _____%.	

**Table A – Performance Measures**

**Applicant Organization** \_\_\_\_\_  
**RFP No.** \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Performance Measure	Baseline for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2010	Annual Performance Objective for Fiscal Year 2011	Annual Performance Objective for Fiscal Year 2012	Annual Performance Objective for Fiscal Year 2013	Applicant’s approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
<p>5. At least 80% of all children below 6 years old receiving services will have at least one Child Lead Risk Screening Questionnaire completed.</p>	<p>a) # of children below 6 years old receiving services was ____.</p> <p>b) The number of charts randomly selected from a) is ____. (Number should be 10% of a) or 100 charts, whichever is greater)</p> <p>c) From the charts selected, the number of children below 6 years old receiving services who had at least one Child Lead Risk Screening Questionnaire completed was ____.</p> <p>d) Percentage (c divided by b) of all children below 6 years old receiving services who had at least one Child Lead Risk Screening Questionnaire completed was ____%.</p>	<p>a) The estimated proportion of all children below 6 years old receiving services who will have at least one Child Lead Risk Screening Questionnaire completed is ____%.</p>	<p>a) The estimated proportion of all children below 6 years old receiving services who will have at least one Child Lead Risk Screening Questionnaire completed is ____%.</p>	<p>a) The estimated proportion of all children below 6 years old receiving services who will have at least one Child Lead Risk Screening Questionnaire completed is ____%.</p>	<p>a) The estimated proportion of all children below 6 years old receiving services who will have at least one Child Lead Risk Screening Questionnaire completed is ____%.</p>	

**Table A – Performance Measures**

**Applicant Organization** \_\_\_\_\_  
**RFP No.** \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Performance Measure	Baseline for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2010	Annual Performance Objective for Fiscal Year 2011	Annual Performance Objective for Fiscal Year 2012	Annual Performance Objective for Fiscal Year 2013	Applicant’s approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
<p>6. At least 60% of people 65 years or older will have a pneumococcal immunization.</p>	<p>a) Number of clients aged 65 yrs. or older was ____.</p> <p>b) The number of charts randomly selected from a) is ____.                      (Number should be 10% of a) or 100 charts, whichever is greater)</p> <p>c) From the charts selected, the number of clients aged 65 years or older who received a pneumococcal immunization was ____.</p> <p>d) Percentage (c divided by b) of clients aged 65 years or older who received a pneumococcal immunization was ____%.</p>	<p>a) The estimated proportion of clients aged 65 yrs. or older who will receive a pneumococcal immunization is ____%.</p>	<p>a) The estimated proportion of clients aged 65 yrs. or older who will receive a pneumococcal immunization is ____%.</p>	<p>a) The estimated proportion of clients aged 65 yrs. or older who will receive a pneumococcal immunization is ____%.</p>	<p>a) The estimated proportion of clients aged 65 yrs. or older who will receive a pneumococcal immunization is ____%.</p>	

**Table A – Performance Measures**

**Applicant Organization** \_\_\_\_\_  
**RFP No.** \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Performance Measure	Baseline for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2010	Annual Performance Objective for Fiscal Year 2011	Annual Performance Objective for Fiscal Year 2012	Annual Performance Objective for Fiscal Year 2013	Applicant’s approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
<p>7. At least 60% of people 65 years or older will have an influenza immunization.</p>	<p>a) Actual number of clients aged 65 years or older was ____.</p> <p>b) The number of charts randomly selected from a) is ____.                      (Number should be 10% of a) or 100 charts, whichever is greater)</p> <p>c) From the charts selected, the number of clients aged 65 years or older who received an influenza immunization was ____.</p> <p>d) Percentage (c divided by b) of clients aged 65 years or older who received an influenza immunization was ____%.</p>	<p>a) The estimated proportion of clients aged 65 years or older who will receive an influenza immunization is ____%.</p>	<p>a) The estimated proportion of clients aged 65 years or older who will receive an influenza immunization is ____%.</p>	<p>a) The estimated proportion of clients aged 65 years or older who will receive an influenza immunization is ____%.</p>	<p>a) The estimated proportion of clients aged 65 years or older who will receive an influenza immunization is ____%.</p>	

**Table A – Performance Measures**

**Applicant Organization** \_\_\_\_\_  
**RFP No.** \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Performance Measure	Baseline for Fiscal Year 2008	Annual Performance Objective for Fiscal Year 2010	Annual Performance Objective for Fiscal Year 2011	Annual Performance Objective for Fiscal Year 2012	Annual Performance Objective for Fiscal Year 2013	Applicant’s approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary).
8. Increase to at least 50% the proportion of people with high blood pressure whose blood pressure is under control.	<p>a) Number of clients with high blood pressure was ____.</p> <p>b) The number of charts randomly selected from a) is ____.                      (Number should be 10% of a) or 100 charts, whichever is greater)</p> <p>c) From the charts selected, the number of clients with high blood pressure whose high blood pressure was under control was ____.</p> <p>d) Percentage (c divided by b) of clients with high blood pressure, whose high blood pressure was under control was ____%.</p>	a) The estimated proportion of clients with high blood pressure, whose high blood pressure will be under control is ____ %.	a) The estimated proportion of clients with high blood pressure, whose high blood pressure will be under control is ____ %.	a) The estimated proportion of clients with high blood pressure, whose high blood pressure will be under control is ____ %.	a) The estimated proportion of clients with high blood pressure, whose high blood pressure will be under control is ____ %.	