

**Pacific Rim Community Health**  
900 Heath Street  
PO Box 12345  
Seattle, WA 98104-2345

March 27, 2009

Health Care Authority  
Community Health Services  
PO Box 42721  
Olympia, WA 98504-2721

Dear Community Health Services:

We are applying for Community Health Services funding for State Fiscal Year 2010. We are sending the Application, Parts 1, 2, and 3 via e-mail also, hard copies of the documents required as per the enclosure list below.

We are requesting the following grant funding:

Dental	548,050
Medical	334,650
Migrant	17,300
<hr/> Total	<hr/> \$900,000

If you have any questions about this application, please call Wilma Writealot, Grants Coordinator, at (206) 000-9876.

Sincerely,

**Mark Director**

Mark Director  
Executive Director

Enclosures:  
Agency Information and Signature Page  
Sliding Fee Scale  
Sliding Fee Application  
Independent Auditors' Report  
Updated Institutional File Materials

## Funding Application

For State Fiscal Year 2010 (July 1, 2009 through June 30, 2010)

### Part 1

Agency Information and Signature Page  
Agency Assurance Checklist  
Narrative

#### Instructions:

The first two sections of this form contain electronic form fields. **Enter the appropriate information in these fields, which are highlighted in gray.** Use the following keys to move through these sections: TAB, PAGE UP, PAGE DOWN, and the LEFT and RIGHT ARROWS.

The third section of this form is not protected and may be edited as any MS-Word document.

Begin by typing the name of your organization.

Agency Name: Pacific Rim Community Health

#### Instructions for submitting your application

1. Refer to the CHS Application Instructions booklet for a complete set of instructions.
2. Applications should be submitted in electronic format via e-mail. See the list below for items that must be submitted in hard copy. If you are unable to submit an electronic application, contact us no later than March 9, 2009.
3. **Application deadline:** 4:00 PM, PST, Friday, April 3, 2009.
4. **Submit the following items in electronic format:**
  - Part 1
  - Part 2
  - Part 3
5. Submit the following items in hard copy with **original signatures** as appropriate:
  - Transmittal Letter (**original signature required**)
  - Agency Information and Signature Page (**original signatures required and all fields completed**)
  - Sliding Fee Schedule
  - Sliding Fee Application
  - Independent Auditors' Report (*with Financial Statements and Letters to Management*) (**due every two years**)
  - Updated Institutional File materials (**see Part 3, Tab T.3**) (**Original signature required**)
  - Agency Assurance Checklist (**Original signature required**)

#### 6. Delivery Addresses:

E-Mail Address: [chs107@hca.wa.gov](mailto:chs107@hca.wa.gov)

#### US Postal Service Mailing Address:

Health Care Authority  
Community Health Services  
PO Box 42721  
Olympia, Washington 98504-2721

#### Street Address for FedEx, DHL, or UPS Deliveries:

Health Care Authority  
Community Health Services  
676 Woodland Square Loop, SE  
Lacey, WA 98503

7. Telephone numbers: Voice: (360) 923-2777 Fax: (360) 923-2605
8. Internet web address: [www.chs.hca.wa.gov](http://www.chs.hca.wa.gov).

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## Agency Information and Signature Page

Agency Name: Pacific Rim Community Health

Agency Information	Mailing Address:	PO Box 12345
		Seattle, WA 98104-2345
	Street Address:	900 Heath Street
		Seattle, WA 98105-5678
	Agency main phone:	(206) 000-9876
	Fax:	(206) 000-9877
	Web site:	(206) 000-9875
	Employer (IRS) Identification Number:	91-00000000

Chief Executive Officer  
(Agency Director)

**Signature:** Mark Director

Name: Mark Director

Title: Executive Director

Phone: (206) 000-9876 Ext: 101 e-Mail: mdirector@prch.org

Chief Financial Officer

**Signature:** Mary Dollars

Name: Mary Dollars

Title: Director of Finance

Phone: (206) 000-9876 Ext: 102 e-Mail: mdollars@prch.org

Board President

**Signature:** Gary Gavel

Name: Gary Gavel

Phone: (206) 000-8765 Expiration Date: 04/30/10

Authorized Signature  
For Contract

**Signature:** Mark Director

Name: Mark Director

Title: Executive Director

Phone: (206) 000-9876 Ext: 101 e-Mail: mdirector@prch.org

Authorized Backup/  
Contact Person

**Signature:** Sharon Doublecheck

Name: Sharon Doublecheck

Title: Director of Development

Phone: (206) 000-9876 Ext: 104 e-Mail: sdoublecheck@prch.org

Grant Writer

Name: Wilma Writealot

Title: Grants Coordinator

Phone: (206) 000-9876 Ext: 105 e-Mail: wwritelot@prch.org

**Certification:** All information provided in Parts 1, 2, and 3 are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application or removal from the list of eligible contractors.

**Signature:** Mark Director Date: March 27, 2009  
CEO or Board Chairperson

## Agency Assurance Checklist

Agency Name: Pacific Rim Community Health

Instructions: Use the space bar to mark all pertinent statements with an "X"

### A. Administrative Services:

#### 1. Agency Status:

- Agency is a private, nonprofit organization, government entity, tribal government, or a public organization under the jurisdiction of a city or county.
- Agency is in compliance with the Department of Health and Human Services Regulation under Title VI of the Civil Rights Act of 1964.
- Agency is in compliance with the Department of Health and Human Services Section 504 of the Rehabilitation Act of 1973.
- Agency currently receives and there is no change in eligibility to apply for future funding from at least one of the following sources:
  - Section 329 Public Health Services Act
  - Section 330 Public Health Services Act
  - Community Development Funding
  - Title V Urban Indian Health Services Funds
  - Homeless Funding
  - Other Federal Funding (state name of funding)
  - Section 638 Tribal Funding
  - Public Hospital District

#### 2. Governing Board:

- The Board has the responsibility to establish general policies, determine the services to be provided, set the hours of operation, approve the annual budget, approve the selection of Chief Executive Officer/Administrator, evaluate the clinic activities, and assure that the clinic operation is in accordance with all applicable laws and regulations.
- The Board holds regularly scheduled meetings.
- At least 30 percent of the board membership are users of agency services and are representative of the population served.
- None of the board members is an employee of the contractor, or the spouse, child, parent, brother or sister by blood, marriage, or adoption of an employee of the contractor (exception for tribes).

#### 3. Management:

- Agency has an administrative structure appropriate for its size that includes accounting and internal control systems, and information reporting systems.
- Agency has a single Chief Executive Officer/Administrator who will serve as primary point of contact between the Health Care Authority (HCA) and the contractor.
- Agency maintains appropriate source documentation for the Community Health Services (CHS) application which includes sliding fee and other payment source information.

CHS Medical, Dental, & Migrant Grants  
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- Agency has instituted financial planning represented by the development of annual budgets that reflect all the functions and resources to be used in carrying out reimbursable activities.
- Agency has billing and collection policies and procedures that make every reasonable effort to collect revenues from:
  - 1) Titles XVIII and XIX, and other public and private health insurance programs, undiscounted, and
  - 2) Patients for services in accordance with a schedule of fees and sliding discount schedule.
- Services are not denied because of inability to pay.
- Clients whose income is above 200% of the federal poverty level are charged full fee.
- Clients whose income is below 200% of the federal poverty level and who are on the sliding fee schedule have a signed and dated sliding fee application on file at the clinic.
- Submit current independent financial audits, including any management letters if applicable.

4. Facilities:

- The clinic setting(s) ensure(s) respect for privacy and the dignity of individuals.
- The clinic's dental and medical records area is secure and lockable.
- The facilities are handicap accessible.

B. Clinical Service Priorities:

- Equal access is given to low-income clients.
- Services are offered to any person without requiring legal residence and without discrimination as to race, religion, gender, national origin, maternity, marital status, age, or disabling condition.

C. Clinical Management and Supervision:

- The dental and/or medical care component of the program operates under the supervision of a licensed Dental and/or Medical professional. Responsibilities include the establishment of standing orders and general coordination of dental and/or medical providers.
- Appropriate primary health care services will be provided by a Physician, an Advanced Registered Nurse Practitioner, a Physician's Assistant, a Licensed Mid-Wife, a Dentist, or a Dental Hygienist who is licensed to practice in Washington State.
- Patient care policies, procedures, and standing orders are reviewed and updated regularly by the Medical/Dental Director.
- Agency has a well-organized, comprehensive quality improvement (QI) program that is accountable to the program's administration and the Board of Directors; the scope of services offered is broad enough to cover the full spectrum of health care provided through the program's delivery system. Included in the QI program are elements such as: improvement program and description, annual work plan, annual report, complaints and appeals, tracking, credentialing and re-credentialing.
- The QI program coordinates with other management activities throughout the organization to produce improvement in both health care and administrative services.
- Written policies are in place for provision of professional coverage at all times, provision of health care services to hospitalized patients, and terms of employment for health care workers.
- A dental/medical records system is in place that provides systematic organization of the records, facilitates record storage and retrieval, and assures the confidentiality of client records.

D. Agency/Clinic Accreditation: (Informational only)

Does the Agency/Clinic currently have any national accreditation?

CHS Medical, Dental, & Migrant Grants  
Application for SFY 2010, Part 1

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Yes  No

If yes, what is the name of the accrediting body?

If no, do you plan to pursue accreditation?

Yes  No

**Certification:** I hereby certify that the preceding information is true.

**Signature:**

*Mark Director*

Date: March 27, 2009

\_\_\_\_\_  
CEO or Board Chairperson

Agency Name: Pacific Rim Community Health

Agency Name: Pacific Rim Community Health

You have reached the end of the electronic form field (protected) section. Use your arrow keys or mouse to move down to the blank area **below item 1a**. "Mission Statement" to continue entering your information.

## Narrative

Briefly describe the agency, its activities, the populations it serves, the need for CHS funding, and quality of care. This description must be presented in the format and with the headings as shown below. Enter specific information below each heading. Limit your narrative to no more than 7 pages.

### 1. Program Description

**a. Mission Statement:**

To provide comprehensive health care to families and individuals who have difficulty accessing care, to respond with sensitivity to the needs of our culturally diverse communities and to advocate and work with others to improve the overall health status of the communities we serve.

**b. When and Why Established (if new applicant or change):**

Established in 1972, PRCH was formed to respond to the primary health care needs of low-income, uninsured populations.

**c. Service Area (in addition to describing current service area, highlight expansion projects):**

Our primary service area is Seattle and King County, Washington. Geographically this represents the area from the south King County line to the Snohomish County line, and east to west from Lake Washington to the Puget Sound.

**d. Services Provided, General:**

Dental services include a full range of preventive and restorative services including hygiene services and education, oral cancer screenings; periodontics, endodontics and limited removable prosthodontics, oral surgery and emergency care. We also operate specialized programs for people living with HIV/AIDS and homeless veterans. PRCH's dental clinics work to connect patients needing specialty care to other dental providers willing to see patients who have limited ability to pay for their care.

Medical services include, but are not limited to, diagnosis and treatment of acute illness, chronic disease management, preventive care and health education, obstetrics, limited emergency services, a WIC program, family planning, social work, mental health and chemical dependency counseling, support groups, acupuncture, services for victims of domestic violence and specialized programs for homeless and street involved youth and homeless families. Lab, x-ray and pharmacy services are also provided. PRCH's medical clinics are able to connect patients to specialty and inpatient care through referral arrangements with several area hospitals.

Migrant Health services include all of the services identified above. These services are provided with a family health focus.

Our medical and dental clinics provide walk-in care, early morning, evening and/or weekend hours to make it easier for patients to access care. We also offer consultation services after hours. We provide services in the more than 30 different languages spoken by our patients using our bilingual staff (nearly 60%), staff interpreters and community interpretation services.

**e. Characteristics of population:**

i) General Population

King County is the 13<sup>th</sup> most populated county in the nation with 1.8 million people<sup>1</sup>. 22% of the population speaks a language other than English as compared to 19.4% nation-wide. Median household income is \$53,414 with majority of the working population employed in professional, management, service and manufacturing sectors<sup>2</sup>. 9% of the population in King County is poor, 15% of adults are uninsured, and 4% of children still go without health insurance<sup>3</sup>.

ii) Applicant demonstrates that the services are culturally competent and linguistically appropriate.

Pacific Rim Health Center provides medical and dental services to a culturally diverse population originating from 20 different countries and speaking 30 different dialects. Since 2004, staff and key community members have met once a month to network and promote culturally appropriate services. As a result, 4,500 people (34% of our culturally diverse population) have participated in the program. Additionally, to meet the needs of the Hispanic (40%) and Somali (30%) populations, we provide Diabetic foot clinic education by instructors from their respective communities trained by PRCH staff.

iii) Services provided specifically to special populations (*HIV, Homeless, Mental Health Consumer, and People with Developmental Disabilities*)

In collaboration with Pacific Rim University, we have developed a program in which students, professors, and clinic staff conducts site visits to the homeless shelters, halfway houses, and other locations, to provide screenings, education and referrals. In 2007 we provided services to approximately 300 individuals resulting in 50+ referrals to mental health services and 100 referrals to the clinic. We have been successful in providing continuity of care and assisting this population in enrolling in eligible programs. Feedback received from patients, states that if we did not have this program they would not seek medical services.

**f. Services Provided Specific to Current CHS Dental Award:**

**(Existing contractors only)**

Current funding enables our five dental clinics to continue providing comprehensive, high quality and culturally sensitive dental services to low-income individuals and families. Funds specific to our current contract help support more than 5,700 sliding fee dental users at our First Street, Second Street, Third Street, Fourth Street, and Eighth Street Clinics. Funding supports current dental salaries and a portion of the dental operating costs associated with sliding fee patients.

**g. Services Provided Specific to Current CHS Medical Award:**

**(Existing contractors only)**

Current funding from CHS enables our five medical clinics to continue providing comprehensive, technically excellent and culturally appropriate medical services. Funds are supporting over 5,000 sliding fee medical users at our Fifth Street, Sixth Street, Seventh Street, and Eighth Street Clinics. CHS grant funding supports current medical salaries and a portion of the medical operating costs associated with sliding fee patients.

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<sup>1</sup> King County website

<sup>2</sup> U.S Census Bureau, 2008 American Community Survey

<sup>3</sup> Ron Sims, Executive Speeches, 2008

**h. Services Provided Specific to Current CHS Migrant Award:**

**(Existing contractors only)**

Current migrant funding is helping cover the cost of providing health care support for over 140 migrant workers and their family members.

**2. Need**

**a. Socioeconomic Data of Users vs. General Population:**

A narrative explanation is **required**, along with the following table:

The poverty data below demonstrates that PRCH patients are disproportionately low-income compared with the general King County population. (Source: PRCH's unduplicated medical and dental patients by poverty level, CY 2007. King County percentage of poverty: U.S. Census data from the Seattle-King County Department of Public Health, February 2008.)

In the King County planning areas most closely tied to PRCH's service area, 13% of all residents are without insurance coverage of any kind. Within our medical program, 22% lack insurance. In King County, 32% of residents lack dental insurance, while among PRCH's population, 46% of patients do not have coverage. (Source: Seattle-King County, February 2008 and PRCH's unduplicated medical and dental patient payer source data for CY 2008)

Income By Federal Income Guidelines	% Users	% General Population
More Than 200 Percent	10.30%	80%
100 - 200 Percent	18.49%	12%
Less Than 100 Percent	70.40%	8%
Unknown	0.82%	0%
<b>TOTAL (must add to 100%)</b>	<b>100%</b>	<b>100%</b>

**Note: Percentage in user column must reflect users Income by FIG reported in Part 2-T.2**

**b. Barriers to Health Care**

Identify and describe the most significant barriers to care, gap in services, significant health disparities, and major health care problems in the community that will be addressed by the Community Health Center/Clinic. This should include a description of:

- Any culturally specific characteristics that impact access to and the delivery of health care services.
- Any relevant geographic barriers to care and other factors impacting access to care.
- Any major or unique health care needs of the target population(s).

Major barriers to health care within our service area are low family incomes, lack of experience in accessing services and receiving preventive services, lack of familiarity with the concept of insurance, transportation, child care and access barriers due to language and culture. These barriers in the lives of our patients often make scheduling appointments and keeping appointments a challenge. The diversity of our service area makes the reduction of linguistic and cultural barriers ongoing work for PRCH, particularly as immigrant and refugee populations grow and change.

**c. Applicants demonstrate the extent to which it will address the priority health care needs and reduce health disparities for the medically underserved in the community/target population to be served.**

PRCH provides services to a number of special populations, including people living with HIV/AIDS, the homeless, mental health and chemical dependency service consumers and migrant workers and their families. We have added additional staff to include Spanish and

Somali interpreters, mental health counselors, and 3 additional bilingual health care providers to meet the needs of our diverse populations.

- d. **Needs specific for Special Populations:** (HIV, Homeless, Mental Health Consumers, and People with Developmental Disabilities)

PRCH special populations include people with HIV/AIDS, the homeless, mental health consumers, and developmental disabilities. These special populations require additional support services and specialized primary health services. To better support our special populations we have added additional staff to include, one doctor, dentist, and dental hygienist for special needs patients, two mental health counselors, and two social services counselors to ensure that these patients receive additional community support services as needed.

- e. **Need Specific to CHS Dental Funds:**  
(If applying for dental funds)

CHS funds are critically needed to support services for our large volume of adult sliding fee patients. A significant share of the dental safety-net providers in King County focuses on providing Medicaid reimbursable services for children. Over the years this has severely restricted the safety net services available for adult populations, particularly those without any insurance. PRCH has maintained open access for patients of all ages at most of our dental sites, and continues to experience a high demand for adult sliding fee care. This care is often complex and costly to provide. Currently 68% of our patients are over age 19. We anticipate that the demand for adult sliding fee care at our sites will continue to grow as long as there continues to be shrinkage in the numbers of other clinics willing to care for this patient group.

- f. **Need Specific to CHS Medical Funds:**  
(If applying for medical funds)

Despite limited Medicaid programs, we continue to provide care to over 5,030 children and adults who have no insurance coverage. The need for CHS Medical funds at PRCH is increasing as we have opened our new Eighth Street Clinic located at 888 Eighth Street, which is providing a new population of sliding fee patients with medical care. Our multi-lingual Patient Representatives work to educate patients who may be eligible for public insurance and to assist individuals and families in the enrollment process. Some patients, however, still choose not to enroll because they remain unsure about the importance of insurance or have other concerns. We work to address these issues and to provide ongoing education on the benefits of insurance coverage. CHS funds help to support the care of our sliding fee patients, who have few places to turn for high quality, culturally appropriate care.

- g. **Need Specific to CHS Migrant Funds:**  
(If applying for migrant funds)

State CHS funding is needed to support medical and dental services for migrant workers and their families. Like our non-migrant medical and dental patients, migrant workers have difficulty accessing services because of limited resources, lack of experience in accessing services and cultural and linguistic barriers. Migrant workers also face additional challenges around continuity of health care and health coverage, and may experience elevated environmental health risks due to pesticide exposure and other living conditions. 60% of our current migrant workers and their families are receiving care on a sliding fee basis. CHS funds are a key source of financial support for the medical and dental services provided to these children and adults.

### 3. Plan

- a. **Projected Use of New CHS Dental Award:**  
(If applying for dental funds)

State CHS funds are critically needed to help support the growing costs of services to adult sliding fee patients. These funds help make it possible for PRCH to provide comprehensive, high quality and culturally appropriate sliding fee dental services to patients who otherwise often delay

care until they experience an oral health emergency. On-site services will be provided at each of our 5 dental clinics. CHS funds will be used to help support (salaries) of our dental providers and other operating costs associated with dental service delivery for sliding fee patients.

**b. Projected Use of New CHS Medical Award:**

**(If applying for medical funds)**

CHS funds are needed to help support the costs of medical services for low-income, uninsured children and adults at our 5 medical clinics who are on a sliding fee schedule. Comprehensive, high quality and culturally appropriate services will be provided on site that responds to the diversity and life experiences of our patients. Services will be provided through all five of PRCH's medical clinics. CHS funds will help support (salaries) of our medical providers and other operating expenses associated with the provision of medical services for sliding fee patients.

**c. Projected Use of New CHS Migrant Award:**

**(If applying for migrant funds)**

Next year's funding will enable our 5 dental clinics and 5 medical clinics to continue to provide migrant sliding fee patients with comprehensive, high quality and culturally sensitive dental services. These on-site services will be provided in a way that responds to the diverse communities we serve. Funds requested in this application will pay for approximately 144 medical and dental visits.

#### **4. Quality of Care**

**a. Address top 3 chronic medical diseases; include initiatives to improve quality of care and quality of life.**

PRCH's top 3 chronic medical diseases are Asthma, DM Uncontrolled Type 2, and Depression. PRCH's tobacco cessation, diabetes foot care, and depression screenings/referral programs are making a positive impact for our patients and their families. 210 asthma patients have completed the tobacco cessation program and have stayed tobacco free for 6 months or more. During the past 12 months we have seen a 35% decline in patient visits due to asthma related complications.

Our diabetic foot care program has educated over 400 diabetic patients on proper foot care. With early provider identification of diabetes related foot conditions we had zero diabetic related foot complications for PRCH patients in 2007.

PRCH had 1,151 mental health consumers in 2007 and approximately 75% were diagnosed with various types of depression related conditions. Since May 2007 we have added 3 mental health counselors to our staff and implemented depression screening and referral programs integrating depression screening and referrals as a part of regular patient visits. The depression screening and referral program trained our 63 health care providers on signs of depression, treatment options, and the referral process to PRCH mental health counselors.

**b. Describe your process/system to identify new sliding fee patients. Also, in your response address the following:**

- Number of new patients in 2008 and of those how many were sliding fee
- What numerical goals were established for new sliding fee patients in 2008
- What is your action plan in order to maintain open access for sliding fee patients

All new uninsured patients fill out our sliding fee application forms when they come into our clinic for their first visit. PRCH's sliding fee application includes information on family size, income, and type of income. Patients turn in the sliding fee application on their first clinic visit with a \$15 co-pay and are given 30 days to supply income documentation to verify their income. Patients who are unable to pay the co-pay at the time of their visit are still seen but will receive a bill for the co-pay. If PRCH does not receive the income documentation within 30 days the patients are billed as full fee and mailed a bill. Our finance person reviews the sliding fee form and documentation then documents the results on our form and then

forwards it to the clinic manager for final approval. After the final approval the patient's record is updated and a copy is sent to billing.

PRCH had 850 new patients in 2008 and 400 were sliding fee. Due to constraints in funding our practice is able to add no more than 500 new sliding fee patients per year providing that our total sliding fee patient population does not exceed 11,000 patients.

In 2008 our medical, dental, and migrant sliding fee patient population served was 10,925. As we near our sliding fee patient capacity PRCH is continuing to pursue additional Federal, State, and local funding so that we can expand the number of sliding fee patients served by our clinics. PRCH is engaging in an initiative to assist our established sliding fee patients in applying for long term coverage in the state Medicaid and Medicare programs. Our goal is to transition 20% of our current established sliding fee patients to long term coverage that will allow our clinic to increase the number of new sliding fee patients without compromising the quality of care. In the event that PRCH reaches our sliding fee patient capacity we have also made arrangements with South Community Health Clinic for referrals for new sliding fee patients needing immediate care.

Agency Name: **Pacific Rim Community Health**

## Funding Application

For SFY 2010 (July 1, 2009 through June 30, 2010)

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### Part 2

User Data  
Financial Data

**Use Microsoft Excel to complete this form.**

(Do not use Microsoft Word)

#### Instructions:

This is an electronic form. **Enter the appropriate information in the fields highlighted in green.** Help buttons are provided on each page to take you to instructions and sample forms. **Help pages have red tabs. Use the following keys to move through the form: TAB and the UP, Down, LEFT and RIGHT ARROWS.**

**Begin by typing the name of your organization.**

Agency Name:

Pacific Rim Health Center

**Use your mouse to click on the page tabs at the bottom of your screen to continue with the remaining pages.**

The **deadline** for submitting applications is **4:00 PM, PST, Friday, April 3, 2009.**

Submit this Part 2 of the application along with Parts 1 and 3 as instructed on page 3 of the Application Instruction booklet.

Refer to the CHS Application Instruction booklet for additional details and instructions.

For assistance in completing these forms you may contact us as follows:

- Via e-mail: [chs107@hca.wa.gov](mailto:chs107@hca.wa.gov)
- Via telephone: (360) 923-2777

Internet web address: [www.chs.hca.wa.gov](http://www.chs.hca.wa.gov).

**Actual User Data**  
**Use Data from Calendar Year 2008**

*Please save your detailed source data for future CHS staff review*

Pacific Rim Health Center	Unduplicated Dental Users	Unduplicated Medical Users	Unduplicated Migrant Users*		
I. Age and Gender of Users					
Females					
A. 0 - 4:	298	1,188	3		
B. 5 - 19:	1,788	3,206	12		
C. 20 - 64:	4,389	8,913	120		
D. 65 and over:	400	738	2		
E. Subtotal:	<b>6,875</b>	<b>14,045</b>	<b>137</b>		
Males					
A. 0 - 4:	283	1,110	3		
B. 5 - 19:	1,614	2,533	6		
C. 20 - 64:	3,447	4,445	95		
D. 65 and over:	321	377	0		
E. Subtotal:	5,665	8,465	104		
II. Total Female and Male Users	<b>12,540</b>	<b>22,510</b>	<b>241</b>		
III. Assigned Source of Payment					
A. Medicare:	N/A	997	2		
B. Medicaid:	5,344	6,539	45		
C. Private Insurance and/or Other 3rd Party:	969	6,508	14		
D. Basic Health:	N/A	1,605	19		
E. Full Fee (above 200% FIG with no insurance):	475	1,831	18		
F. Sliding Fee (200% & below FIG with no insurance):	5,752	5,030	143		
G. Other:	0	0	0		
H. Total:	<b>12,540</b>	<b>22,510</b>	<b>241</b>		
IV. Users Income by Federal Income Guidelines				Total FIG Users	% of Total FIG Users
A. More Than 200 Percent:	671	2,946	17	3,634	10.30%
B. From 100 – 200 Percent:	2,442	3,991	91	6,524	18.49%
C. Less Than 100 Percent:	9,386	15,335	122	24,843	70.39%
D. Unknown:	41	238	11	290	0.82%
E. TOTAL:	<b>12,540</b>	<b>22,510</b>	<b>241</b>	<b>35,291</b>	<b>100.00%</b>

*Actual User Data is continued on the next page.*

\* Unduplicated Migrant/Farmworker users is a subset of Dental and Medical users.

**Actual User Data (continued)**  
**Use Data from Calendar Year 2008**

*Please save your detailed source data for future CHS staff review*

<b>Pacific Rim Health Center</b>	Unduplicated Dental Users	Unduplicated Medical Users	Unduplicated Migrant Users*
<b>V. Ethnicity and Race</b>			
A. White:	4,218	6,935	49
B. Black or African American:	3,028	4,785	6
C. American Indian or Alaska Native:	235	298	0
D. Hispanic Origin:	1,738	3,859	141
E. Asian, Native Hawaiian or Pacific Islander:	2,529	4,563	7
F. Other:	792	2,070	38
G. Total:	<b>12,540</b>	<b>22,510</b>	<b>241</b>
<b>VI. Special Populations</b>			
A. Homeless:	158	1,136	0
B. HIV/Aids:	66	6	0
C. Mental Health Consumers:	0	1,151	0
D. People with Developmental Disabilities:	15	15	0
F. Total	<b>239</b>	<b>2,308</b>	<b>0</b>

**Actual User Utilization**  
**Use Data from Calendar Year 2008**

*Please save your detailed source data for future CHS staff review*

	Dental Encounters	Medical Encounters	Migrant Encounters
<b>I. Number of Medical Service Encounters</b>			
A. Primary Care Physician Encounters:		42,864	571
B. Other Physician Medical/Surgical Encounters:		6,029	100
C. Mid-Level Practitioner Encounters:		29,174	199
D. Total:		<b>78,067</b>	<b>870</b>
<b>II. Sliding Fee Medical Encounters (new)</b>		<b>26,022</b>	
<b>III. Number of Dental Service Encounters</b>			
A. Dentists:	32,761		52
B. Dental Hygienist:	2,161		0
C. Total:	<b>34,922</b>		<b>52</b>
<b>IV. Number of Dental Relative Value Units (RVUs)</b>	<b>Total Dental RVUs</b>		<b>Sliding Fee RVUs</b>
A. Diagnosis:	28,692		11,828
B. Prevention:	21,913		9,505
C. Restorative:	28,061		11,400
D. Endodontic:	4,597		660
E. Periodontic:	5,079		2040
F. Removable Prosthetics:	6,024		0
G. Oral Surgery:	7,997		1111
H. Adjunctive:	4,914		844
I. Total:	<b>107,276</b>		<b>37,388</b>

\* Unduplicated Migrant/Farmworker users is a subset of Dental and Medical users.

## Actual Revenue/Collection Summary

**Use Data from Your Agency's Most Recently Completed Fiscal Year.**

Pacific Rim Health Center	Column A	Column B
Category	Subcategory Total	Category Total
I. Federal Government		
A. 330 Public Health Services Act	1,500,000	
D. Homeless Funding	0	
E. Community Development Funding	0	
F. Other Federal	2,000	<b>1,502,000</b>
II. State Government		
A. HCA Community Health Services Funds	477,000	
B. Other State Funds	72,900	<b>549,900</b>
<b>III. Tribal Funding (new)</b>		
A. Tribal 638 Funding		
B. Title V Urban Indian Funding		
C. Other Tribal Funding		<b>0</b>
IV. Local Government		
A. All Local Government Funds	3,944,000	<b>3,944,000</b>
V. Other Payments		
A. Medicare	500,800	
B. Medicaid	6,379,600	
C. Private Insurance/Other 3rd Party	659,900	
D. Basic Health (BH)	446,900	
E. Client Fees Paid	1,565,600	
F. Donations	826,600	
G. Other	1,857,100	<b>12,236,500</b>
VI. Volunteer and In-Kind		
A. All Volunteer and In-Kind Funds	1,988,000	<b>1,988,000</b>
VII. Other Funds		
A. All Other Funds	430,000	<b>430,000</b>
VIII. Total Actual Revenue/Collections	<b>20,650,400</b>	<b>20,650,400</b>

## Actual Expenditure Summary

Use Data from Your Agency's Most Recently Completed Fiscal Year.

Pacific Rim Health Center	Column A	Column B	Column C
Category	Total Agency Expenditures	Total Category	<u>Total CHS Expenditures</u>
I. Personnel			
A. Salaries	12,762,500	<b>12,762,500</b>	351,700
II. Contractual			
A. Professional Services	401,300		
B. Other	1,348,300	<b>1,749,600</b>	30,800
III. Equipment (Non CHS Funds*)			
A. Purchases (\$1,000 & over)	212,400		N/A
B. Other	187,800	<b>400,200</b>	N/A
IV. Supplies			
A. Administrative	104,100		
B. Other	925,100	<b>1,029,200</b>	51,500
V. Facilities	920,400	<b>920,400</b>	14,600
VI. Administration			
A. Travel	41,100		
B. Marketing	51,900		
C. Audit	55,000		
D. Communication	275,000		
E. Other	954,700	<b>1,377,700</b>	28,400
VII. Other			
A. Transportation	19,700		
B. Translator Services	231,600		N/A
C. Other	270,500	<b>521,800</b>	
VIII. Volunteer and In-Kind	1,889,000	<b>1,889,000</b>	
IX. Total Actual Expenditures	<b>20,650,400</b>	<b>20,650,400</b>	<b>477,000</b>

\* CHS funds may not be used to purchase equipment

## Actual Revenue and Expenditure Reconciliation Summary

<b>Pacific Rim Health Center</b>	
<b>1. Actual Revenue for Period</b>	20,650,400
(Total Actual Revenue/Collections from the bottom of page 4):	
<b>2. Actual Expenditures for Period:</b>	20,650,400
(Total Actual Expenditures from the bottom of page 5)	
<b>3. Difference</b> (line 1 minus line 2):	0
<b>4. Percent Difference</b> (line 3 divided by line 1):	<b>0.00%</b>
5. If <b>line 4</b> varies by five percent ( <b>5.00%</b> ) or more, briefly answer either the following <b>gain</b> or <b>loss</b> question.	
a. If line 4 had a <b>gain</b> of five percent (5.00%) or more, <b>briefly describe how this excess will be used:</b>	
	Note: Limit your text to 255 characters (including spaces); this is the maximum text allowed per cell.
b. If line 4 had a <b>loss</b> of five percent (5.00%) or more, <b>briefly describe how your organization plans to address this deficit:</b>	
	Note: If you desire to edit a previous entry, highlight the cell and press the F2 key.

**Community Health Services Funds  
 Combined Budget Projection  
 July 1, 2009 through June 30, 2010**

Pacific Rim Health Center	<u>Totals must agree with Transmittal Letter</u>
<b>Dental Services</b>	
I. Personnel	446,000
II. Contractual	18,800
III. Supplies	20,900
IV. Facilities	27,000
V. Administration	35,350
<b>Total Dental Only:</b>	<b>548,050</b>
<b>Medical Services</b>	
I. Personnel	239,700
II. Contractual	37,900
III. Supplies	20,800
IV. Facilities	11,600
V. Administration	24,650
<b>Total Medical Only:</b>	<b>334,650</b>
<b>Migrant Services</b>	
I. Personnel	13,200
II. Contractual	1,300
III. Supplies	1,200
IV. Facilities	700
V. Administration	900
<b>Total Migrant Only:</b>	<b>17,300</b>
<b>Grand Total Dental, Medical, And Migrant</b>	<b>900,000</b>

**Washington State Health Care Authority  
Community Health Services**

Part 3

**Application**

Dental, Medical, & Migrant

For State Fiscal Year 2010 (July 1, 2009 through June 30, 2010)

**Part 3 - Institutional File**

Institutional File and Programmatic Assurance

Dental and Medical Professionals' Licensure

Agency Profile Forms

**Use Microsoft Excel to complete this form.  
(Do not use Microsoft Word)**

**Instructions:**

This electronic form contains selected data from your previous year's application.

Please edit, update, or enter current data in the fields highlighted in green.

Please use the following keys to move through the form:

TAB and the UP, Down, LEFT and RIGHT ARROWS.

Please include information current as of the date of preparation.

Please begin by typing the name of your organization.

**Agency Name:**

**Pacific Rim Community Health**

Use your mouse to click on the page tabs at the bottom of your screen to continue with the remaining pages.

The deadline for submitting applications is 4:00 PM, PST, Friday, **April 3, 2009**.

Please submit this Part 3 of the application along with Parts 1 and 2 as instructed on page 3 of the Application Instruction booklet.

Please refer to the CHS Application Instruction booklet for additional details and instructions.

For assistance in completing these forms you may contact us as follows:

- By e-mail: [chs107@hca.wa.gov](mailto:chs107@hca.wa.gov)

- By telephone: (360) 923-2777

Internet web address: [www.chs.hca.wa.gov](http://www.chs.hca.wa.gov).

## Index

<b><u>Form</u></b>	<b><u>Tab</u></b>
Institutional File and Programmatic Assurance	T.3
Dental Professionals' Licensure	T.4 & T.4.2 ( <b>continuation</b> )
Medical Professionals' Licensure	T.5 & T.5.2 ( <b>continuation</b> )
Profile Form: Delivery Sites	T.6 & T.6.2 ( <b>continuation</b> )
Profile Form: Hours of Operation	T.7 & T.7.2 ( <b>continuation</b> )
Profile Form: After-Hours Coverage	T.8 & T.8.2 ( <b>continuation</b> )
Profile Form: Staffing Patterns in FTEs	T.9 & T.9.2 ( <b>continuation</b> )
Profile Form: Services	T.10
Profile Form: Top 3 Diagnosis	T.11
Profile Form: Hospital Arrangements	T.12 & T.12.2 ( <b>continuation</b> )

**Institutional File and Programmatic Assurance**

**Instructions:**

1. Enter the date of the latest revision in the "Latest Revision Date" column for all items (green squares).
2. SUBMIT A COPY OF EACH ITEM INDICATED WITH A RED "XX" IN YOUR GRANT SUBMISSION (as applicable see comments column).
3. CHS needs to receive a complete set of the documents listed under the CHS column (as applicable).

Required Components	Location of file		Latest Revision Date (MM/YY)	Comments
	Contractor Site	CHS		
<b>I. Health Services</b>				
A. Patient confidentiality policy and/or procedures		XX	12/08	Send Annually
B. Patient grievance policy and/or procedures	XX		12/08	At Contractor Site Do Not Send
C. Quality Assurance (QA/CQI) plan	XX		12/08	At Contractor Site Do Not Send
D. Malpractice coverage and subcontracts		XX	01/09	Send Annually
<b>II. Management and Finance</b>				
A. Organizational chart		XX	01/09	Send Annually
B. Personnel policies and procedures	XX		01/09	At Contractor Site Do Not Send
C. Data collection and information system(s)	XX		01/09	At Contractor Site Do Not Send
D. Accounting policies and/or procedures manual(s)	XX		01/09	At Contractor Site Do Not Send
E. Agreements with Basic Health Plan(s)		XX	12/08	Send if a new applicant or if there was a change
F. Agreements with Medicaid managed care plan(s)	XX		12/08	At Contractor Site Do Not Send
G. Billing and collection policies and/or procedures	XX		01/09	At Contractor Site Do Not Send
H. Independent Auditors' Report		XX	03/08	Send every two years
I. Sliding Fee Schedule		XX	01/09	Send Annually
J. Sliding Fee Application		XX	01/09	Send Annually
<b>III. Governance</b>				
A. Board Roster	XX		05/88	At Contractor Site Do Not Send
B. Board by-laws		XX	02/74	Send if a new applicant or if there was a change
C. Articles of Incorporation		XX	02/74	Send if a new applicant or if there was a change
D. IRS proof of not-for-profit status		XX	02/74	Send if a new applicant or if there was a change

**Certification:**

I have submitted all updates and revisions to documents in the Institutional File held in the Community Health Services (CHS) office, and I maintain up-to-date copies of the above listed documents accessible on-site which are available for HCA review.

*Mark Director*

Contract Signature Authority

3/27/2009

Date

# Pacific Rim Community Health

## Dental Professionals' Licensure

### Instructions:

To enter the table, use the TAB key or the Mouse.

To move around the table, use the Arrow or Tab keys.

Professional Designation (Prof. Des.): enter DDS, DMD, or RDH.

**Please include employees as well as contractors.**

**NOTE: Licenses expiring April 30, 2009 or earlier should be updated.**

Verify status of license renewal at:

[DOH - Online Credential Search \(click\)](#)

	Name							<b>CURRENT</b>	
	Last	First	MI	Prof. Des.	FTE Value	License #	St. Lic.	License Expiration Date	Medicaid Billing #
1	Dentist	One		DDS	0.75	DE00000001	WA	8/27/09	7000001
2	Dentist	Two		DDS	1.00	DE00000002	WA	12/18/09	7000002
3	Dentist	Three		DDS	0.60	DE00000003	WA	8/31/09	7000003
4	Hygienist	One		RDH	0.23	DH00000004	WA	8/19/09	7000004
5	Dentist	Four		DDS	1.00	DE00000005	WA	7/24/09	7000005
6	Dentist	Five		DDS	0.10	DE00000006	WA	6/30/09	7000006
7	Dentist	Six		DDS	0.75	DE00000007	WA	8/27/09	7000007
8	Dentist	Seven		DMD	1.00	DE00000008	WA	12/18/09	7000008
9	Dentist	Eight		DDS	1.00	DE00000009	WA	8/31/09	7000009
10	Dentist	Nine		DDS	1.00	DE00000010	WA	8/19/09	7000010
11	Dentist	Ten		DDS	1.00	DE00000011	WA	7/24/09	7000011
12	Dentist	Eleven		DDS	0.75	DE00000012	WA	6/30/09	7000012
13	Dentist	Twelve		DDS	0.50	DE00000013	WA	8/27/09	7000013
14	Dentist	Thirteen		DDS	1.00	DE00000014	WA	12/18/09	7000014
15	Dentist	Fourteen		DMD	0.19	DE00000015	WA	8/31/09	7000015
16	Dentist	Fifteen		DDS	1.00	DE00000016	WA	8/19/09	7000016
17	Dentist	Sixteen		DDS	1.00	DE00000017	WA	7/24/09	7000017
18	Dentist	Seventeen		DDS	0.60	DE00000018	WA	6/30/09	7000018
19	Hygienist	Two		RDH	1.00	DH00000019	WA	5/30/09	7000019
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Pacific Rim Community Health

Dental Professionals' Licensure (continuation page)

Instructions:

To enter the table, use the TAB key or the Mouse.

To move around the table, use the Arrow or Tab keys.

Professional Designation (Prof. Des.): enter DDS, DMD, or RDH.

Please include employees as well as contractors.

NOTE: Licenses expiring April 30, 2009 or earlier should be updated.

Verify status of license renewal at:

[DOH - Online Credential Search \(click\)](#)

	Name							CURRENT	
	Last	First	MI	Prof. Des.	FTE Value	License #	St. Lic.	Expiration Date	Medicaid Billing #
51	Dentist	Eighteen		DDS	0.60	DE00000020	WA	8/31/09	7000020
52	Hygienist	Three		RDH	0.23	DH00000021	WA	8/19/09	7000021
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Pacific Rim Community Health

Medical Professionals' Licensure

Instructions:

To enter the table, use the TAB key or the Mouse.

To move around the table, use the Arrow or Tab keys.

Professional Designation (Prof. Des.): enter MD, ARNP, or PA.

Please include employees as well as contractors.

NOTE: Licenses expiring April 30, 2009 or earlier should be updated.

Verify status of license renewal at:

[DOH - Online Credential Search \(click\)](#)

	Name								CURRENT		
	Last	First	MI	Prof. Des.	FTE Value	License #	St. Lic.	Expiration Date		Medicare Provider Billing #	Medicaid Provider Billing #
1	Physician	One		MD	0.60	MD00000000	WA	8/27/09		AB 111111-1111	5000001
2	Physician	Two		MD	0.71	MD00000001	WA	12/18/09		AB 111111-1112	5000002
3	Physician	Three		MD	0.60	MD00000002	WA	8/31/09		AB 111111-1113	5000003
4	Physician	Four		MD	1.00	MD00000003	WA	8/19/09		AB 111111-1114	5000004
5	Nurse Practitioner	One		ARNP	0.83	RN00000004	WA	7/24/09		AB 111111-1115	5000005
6	Licensed Midwife	One		LM	0.85	MW00000005	WA	6/30/09		AB 111111-1116	5000006
7	Nurse Practitioner	Two		ARNP	0.53	RN00000006	WA	8/27/09		AB 111111-1117	5000007
8	Physician	Five		MD	0.90	MD00000007	WA	12/18/09		AB 111111-1118	5000008
9	Physician Assistant	One		PA	1.00	PA00000008	WA	8/31/09		AB 111111-1119	5000009
10	Nurse Practitioner	Three		ARNP	0.55	RN00000009	WA	8/19/09		AB 111111-1110	5000010
11	Physician	Six		MD	0.70	MD00000010	WA	7/24/09		AB 111111-2110	5000011
12	Physician	Seven		MD	0.07	MD00000011	WA	6/30/09		AB 111111-2111	5000012
13	Physician	Eight		MD	0.85	MD00000012	WA	8/27/09		AB 111111-2112	5000013
14	Physician	Nine		MD	1.00	MD00000013	WA	12/18/09		AB 111111-2113	5000014
15	Physician Assistant	Two		PA	0.98	PA00000014	WA	8/31/09		AB 111111-2114	5000015
16	Nurse Practitioner	Four		ARNP	0.83	RN00000016	WA	8/19/09		AB 111111-2115	5000016
17	Nurse Practitioner	Five		ARNP	0.06	RN00000017	WA	7/24/09		AB 111111-2116	5000017
18	Nurse Practitioner	Six		ARNP	0.10	RN00000018	WA	6/30/09		AB 111111-2117	5000018
19	Physician Assistant	Three		PA	1.00	PA00000019	WA	7/30/09		AB 111111-2118	5000019
20	Physician	Ten		MD	0.60	MD00000020	WA	8/27/09		AB 111111-2119	5000020
21	Physician	Eleven		MD	0.57	MD00000021	WA	12/18/09		AB 111111-2120	5000021
22	Nurse Practitioner	Seven		ARNP	0.50	RN00000022	WA	8/31/09		AB 111111-2121	5000022
23	Physician	Twelve		MD	1.00	MD00000023	WA	8/19/09		AB 111111-2122	5000023
24	Nurse Practitioner	Eight		ARNP	0.75	AP00000024	WA	7/24/09		AB 111111-2123	5000024
25	Physician	Thirteen		MD	0.80	MD00000025	WA	6/30/09		AB 111111-2124	5000025
26	Nurse Practitioner	Nine		ARNP	0.84	AP00000026	WA	8/27/09		AB 111111-2125	5000026
27	Physician Assistant	Four		PA	0.56	PA00000027	WA	12/18/09		AB 111111-2126	5000027
28	Nurse Practitioner	Ten		ARNP	0.78	RN00000028	WA	8/31/09		AB 111111-2127	5000028
29	Licensed Midwife	Two		LM	0.80	MW00000029	WA	8/19/09		AB 111111-2128	5000029
30	Physician	Fourteen		MD	1.00	MD00000030	WA	7/24/09		AB 111111-2129	5000030
31	Physician	Fifteen		MD	0.50	MD00000031	WA	6/30/09		AB 111111-2130	5000031
32	Physician Assistant	Five		PA	1.00	PA00000032	WA	8/27/09		AB 111111-2131	5000032
33	Physician	Sixteen		MD	0.80	MD00000033	WA	12/18/09		AB 111111-2132	5000033
34	Physician Assistant	Six		PA	0.75	PA00000034	WA	8/31/09		AB 111111-2133	5000034
35	Physician	Seventeen		MD	1.00	MD00000035	WA	8/19/09		AB 111111-2134	5000035
36	Physician	Eighteen		MD	0.60	MD00000036	WA	8/27/09		AB 111111-2135	5000036
37	Physician	Nineteen		MD	0.71	MD00000037	WA	12/18/09		AB 111111-2136	5000037
38	Physician	Twenty		MD	0.60	MD00000038	WA	8/31/09		AB 111111-2137	5000038
39	Physician	Twenty one		MD	1.00	MD00000039	WA	8/19/09		AB 111111-2138	5000039
40	Nurse Practitioner	Eleven		ARNP	0.83	RN00000040	WA	7/24/09		AB 111111-2139	5000040
41	Licensed Midwife	Three		LM	0.85	MW00000041	WA	6/30/09		AB 111111-2140	5000041
42	Nurse Practitioner	Twelve		ARNP	0.53	RN00000042	WA	8/27/09		AB 111111-2141	5000042
43	Physician	Twenty two		MD	0.90	MD00000043	WA	12/18/09		AB 111111-2142	5000043
44	Physician Assistant	Seven		PA	1.00	PA00000044	WA	8/31/09		AB 111111-2143	5000044
45	Nurse Practitioner	Thirteen		ARNP	0.55	RN00000045	WA	8/19/09		AB 111111-2144	5000045
46	Physician	Twenty three		MD	0.70	MD00000046	WA	7/24/09		AB 111111-2145	5000046
47	Physician	Twenty four		MD	0.07	MD00000047	WA	6/30/09		AB 111111-2146	5000047
48	Physician	Twenty five		MD	0.85	MD00000048	WA	8/27/09		AB 111111-2147	5000048
49	Physician	Twenty six		MD	1.00	MD00000049	WA	12/18/09		AB 111111-2148	5000049
50	Physician Assistant	Eight		PA	0.98	PA00000050	WA	8/31/09		AB 111111-2149	5000050
51	Nurse Practitioner	Fourteen		ARNP	0.83	RN00000051	WA	8/19/09		AB 111111-2150	5000051
52	Nurse Practitioner	Fifteen		ARNP	0.06	RN00000052	WA	7/24/09		AB 111111-2151	5000052
53	Nurse Practitioner	Sixteen		ARNP	0.10	RN00000053	WA	6/30/09		AB 111111-2152	5000053
54	Physician Assistant	Nine		PA	1.00	PA00000054	WA	7/30/09		AB 111111-2153	5000054
55	Physician	Twenty seven		MD	0.60	MD00000055	WA	8/27/09		AB 111111-2154	5000055
56	Physician	Twenty eight		MD	0.57	MD00000056	WA	12/18/09		AB 111111-2155	5000056
57	Nurse Practitioner	Seventeen		ARNP	0.50	RN00000057	WA	8/31/09		AB 111111-2156	5000057
58	Physician	Twenty nine		MD	1.00	MD00000058	WA	8/19/09		AB 111111-2157	5000058
59	Nurse Practitioner	Eighteen		ARNP	0.75	AP00000059	WA	7/24/09		AB 111111-2158	5000059
60	Physician	Thirty		MD	0.80	MD00000060	WA	6/30/09		AB 111111-2159	5000060

**Pacific Rim Community Health**

**Medical Professionals' Licensure (continuation page)**

**Instructions:**

To enter the table, use the TAB key or the Mouse.

To move around the table, use the Arrow or Tab keys.

Professional Designation (Prof. Des.): enter MD, ARNP, or PA.

Please include employees as well as contractors.

**NOTE: Licenses expiring April 30, 2009 or earlier should be updated.**

Verify status of license renewal at:

[DOH - Online Credential Search \(click\)](#)

	Name							CURRENT		
	Last	First	MI	Prof. Des.	FTE Value	License #	St. Lic.	Expiration Date	Medicare Provider Billing #	Medicaid Provider Billing #
61	Physician	Thirty one		MD	1.00	MD00000061	WA	8/19/09	AB 111111-1121	5000061
62	Nurse Practitioner	Nineteen		ARNP	0.75	AP00000062	WA	7/24/09	AB 111111-1122	5000062
63	Physician	Thirty two		MD	0.80	MD00000063	WA	6/30/09	AB 111111-1133	5000063
64	Mental Health Counselor	One		MA	1.00	LH00000001	WA	08/01/09	AB 111111-1134	5000064
65	Mental Health Counselor	Two		MA	1.00	LH00000002	WA	09/01/10	AB 111111-1135	5000065
66	Mental Health Counselor	Three		MA	1.00	LH00000003	WA	07/01/11	AB 111111-1136	5000066
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Pacific Rim Community Health

Profile Form: Delivery Sites (Dental and Medical Clinics only)

Site Name - self explanatory

Street Address - self explanatory

City, State, Zip - self explanatory

Clinic Manager - enter the name of the Clinic Manager

Clinic Mgr Phone - enter the Clinic Manager's telephone number

County - self explanatory

Type of Service - choose one of the following four types of services:

USE a SEPARATE LINE for EACH DENTAL or MEDICAL CLINIC or OTHER(if neither Dental or Medical please state service type)

Dental or Medical Clinic telephone numbers - enter the telephone numbers patients use to request appointments

Remarks - enter "MOBILE" if a mobile clinic, "SCHOOL" if located in a school, or other pertinent description

	Site Name	Street Address	City	State	Zip	Clinic Manager	Clinic Mgr Phone	County	Type of Service	Dental Clinic Phone	Medical Clinic Phone	Remarks
A	Pacific Rim Community Health First Street Clinic	111 First Street	Seattle	WA	98111	Linda Manager	(206) 000-8191	King	Dental	(206) 000-8111		
B	Pacific Rim Community Health Second Street Clinic	222 Second Street	Seattle	WA	98112	Laura Manager	(206) 000-8192	King	Dental	(206) 000-8112		
C	Pacific Rim Community Health Third Street Clinic	333 Third Street	Seattle	WA	98113	Pam Manager	(206) 000-8193	King	Dental	(206) 000-8113		
D	Pacific Rim Community Health Fourth Street Clinic	444 Fourth Street	Seattle	WA	98114	Cindy Manager	(206) 000-8194 x101	King	Dental	(206) 000-8114		
E	Pacific Rim Community Health Fifth Street Clinic	555 Fifth Street	Seattle	WA	98115	Ima Manager	(206) 000-8195	King	Medical		(206) 000-8115	
F	Pacific Rim Community Health Sixth Street Clinic	666 Sixth Street	Seattle	WA	98116	Dave Manager	(206) 000-8196	King	Medical		(206) 000-8116	
G	Pacific Rim Community Health Seventh Street Clinic	777 Seventh Street	Seattle	WA	98117	Don Manager	(206) 000-8197	King	Medical		(206) 000-8117	
H	Pacific Rim Community Health Eighth Street Clinic	888 Eighth Street	Seattle	WA	98118	Tiffany Manager	(206) 000-8198 x 102	King	Medical		(206) 000-8118	School
I	Pacific Rim Community Health Ninth Street Clinic	999 Ninth Street	Seattle	WA	98119	Ruth Manager	(206) 000-8199	King	Medical		(206) 000-8119	
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												

Pacific Rim Community Health

Profile Form: Delivery Sites - Dental and Medical Clinics only (continuation page)

Site Name - self explanatory

Street Address - self explanatory

City, State, Zip - self explanatory

Clinic Manager - enter the name of the Clinic Manager

Clinic Mgr Phone - enter the Clinic Manager's telephone number

County - self explanatory

Type of Service - choose one of the following four types of services:

**USE a SEPARATE LINE for EACH DENTAL or MEDICAL CLINIC or OTHER (if neither Dental or Medical please state service type)**

Dental or Medical Clinic telephone numbers - enter the telephone numbers patients use to request appointments

Remarks - enter "MOBILE" if a mobile clinic, "SCHOOL" if located in a school, or other pertinent description

	Site Name	Street Address	City	State	Zip	Clinic Manager	Clinic Mgr Phone	County	Type of Service	Dental Clinic Phone	Medical Clinic Phone	Remarks
V												
W												
X												
Y												
Z												
AA												
AB												
AC												
AD												
AE												
AF												
AG												
AH												
AI												
AJ												
AK												
AL												
AM												
AN												
AO												
AP												

# Pacific Rim Community Health

## Profile Form: Hours of Operation

DAY	SITES						
	A	B	C	D	E	F	G
Monday	7:15 - 6:00	7:15 - 6:00	6:45 - 5:30	6:45 - 5:30	8:00 - 6:00	8:00 - 8:00	8:00 - 8:00
Tuesday	7:15 - 6:00	7:15 - 6:00	6:45 - 5:30	6:45 - 5:30	8:00 - 6:00	8:00 - 8:00	8:00 - 8:00
Wednesday	7:15 - 6:00	7:15 - 6:00	6:45 - 5:30	6:45 - 5:30	10:00 - 6:00	10:30 - 8:00	10:30 - 8:00
Thursday	7:15 - 6:00	7:15 - 6:00	6:45 - 5:30	6:45 - 5:30	8:00 - 7:30	8:00 - 8:00	8:00 - 8:00
Friday	7:15 - 6:00	7:15 - 6:00	6:45 - 5:30	6:45 - 5:30	8:00 - 5:00	8:00 - 5:00	8:00 - 5:00
Saturday					8:30 - 1:30	8:30 - 4:00	8:30 - 4:00
Sunday							

DAY	SITES						
	H	I	J	K	L	M	N
Monday	8:30 - 8:30	10:30 - 6:30					
Tuesday	8:30 - 5:30	10:30 - 6:30					
Wednesday	8:30 - 5:30	9:30 - 5:00					
Thursday	8:30 - 5:30	10:30 - 6:30					
Friday	8:30 - 5:30	8:30 - 5:00					
Saturday	10:00 - 2:00						
Sunday							

DAY	SITES						
	O	P	Q	R	S	T	U
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

**Pacific Rim Community Health**

**Profile Form: Hours of Operation (continuation page)**

DAY	SITES						
	V	W	X	Y	Z	AA	AB
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

DAY	SITES						
	AC	AD	AE	AF	AG	AH	AI
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

DAY	SITES						
	AJ	AK	AL	AM	AN	AO	AP
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							





**Pacific Rim Community Health**

**Profile Form: Staffing Patterns in FTEs**

Instructions:

**Enter the FTE value for each type of staff by site.**

Note: the table will round to 2 decimal places.

For example, if you enter 1.155, the table will display 1.16

TYPE OF STAFF	SITES																				
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
Primary MD, DO					1.81	3.21	3.35	3.33	1.00												
ARNP, PA					2.88	2.71	2.25	3.53	1.00												
CNM/LM						0.80		0.85													
RN					4.04	7.92	5.86	3.51	2.00												
LPN/LVN																					
Medical Assistants					4.39	7.28	5.81	5.35	2.00												
Aides																					
Pharmacists								1.00													
Lab. Technicians							1.25	1.24													
Radiation Technicians							1.00														
Dentists (DDS, DMD)	2.00	2.50	3.10	3.00																	
Dental Hygienists (RDH)	0.25	0.25	0.25	0.48																	
Dental Assistants	4.00	4.00	4.00	7.00																	
Administration	3.50	3.25	4.12	5.50	6.40	13.45	9.50	19.05	3.00												
Other	1.00			0.75	2.78	5.80	0.80	4.21													

**Pacific Rim Community Health**

**Profile Form: Staffing Patterns in FTEs (continuation page)**

Instructions:

**Enter the FTE value for each type of staff by site.**

Note: the table will round to 2 decimal places.

For example, if you enter 1.155, the table will display 1.16

TYPE OF STAFF	SITES																					
	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	
Primary MD, DO																						
ARNP, PA																						
CNM/LM																						
RN																						
LPN/LVN																						
Medical Assistants																						
Aides																						
Pharmacists																						
Lab. Technicians																						
Radiation Technicians																						
Dentists (DDS, DMD)																						
Dental Hygienists (RDH)																						
Dental Assistants																						
Administration																						
Other																						

# Pacific Rim Community Health

## Profile Form: Services

This table is intended to distinguish the primary health care services that are provided directly by your health clinic(s) **ONSITE** from those that are provided **OFFSITE** through referrals to other providers/specialists including facilities like mobile clinics, community centers, schools, senior centers, migrant camps, etc.

Please mark the Location column with either Onsite or Offsite and enter the names of referrals in the green spaces.

**Onsite** - (onsite services)

**Offsite** - (offsite services or referrals)

Medical specialties or acute care referrals (enter the referral type in the green spaces below).

Primary Health Care Services	Location
<b>Preventative health services onsite or elsewhere</b>	Onsite
<b>Well child care</b>	Onsite
Eye and ear examinations for children	Onsite
Periodic screening of children and adults	Onsite
<b>Family planning services</b>	Onsite
<b>Perinatal services</b>	Onsite
<b>Maternity services</b>	Onsite
<b>Acute/episodic medical care</b>	Onsite
<b>Management of chronic disease</b>	Onsite
<b>Emergency medical services onsite or elsewhere</b>	Offsite
<b>Emergency/after-hours medical services</b>	Offsite
<b>Diagnostic services onsite or elsewhere</b>	Onsite
Basic diagnostic lab	Onsite
Diagnostic x-ray	Onsite
<b>Dental services onsite or elsewhere</b>	Onsite
Preventive dental care	Onsite
Emergency dental services	Onsite
Diagnostic & restorative dental	Onsite
<b>Supplemental Health Services</b>	Offsite
Arrangements for transportation services	Offsite
Mental health	Offsite
Outreach	Offsite
Health education	Onsite
Pharmaceutical services, as appropriate, onsite or elsewhere	Onsite
<b>Referrals to medical specialties (PLEASE LIST)</b>	
Internal Medicine	
Cardiology	
Dermatology	
Oncology	
<b>Referrals to acute care (PLEASE LIST)</b>	
Emergency Room	

## Pacific Rim Community Health

### Profile Form: Top 3 Medical Diagnosis & 5 Dental Relative Value Unit (RVU) Categories

**Instructions: Please input the top diagnosis or RVU category and the corresponding range of ADA Dental codes.**

This information is for statistical use.

	Top 3 Diagnosis (Medical)	ICD9 Code
1	Asthma	493.90
2	DM Uncontrolled Type 2	250.02
3	Depression	311
	<b>Programs Addressing Top 3 Medical Diagnosis</b>	
	Tobacco cessation programs to reduce Asthma complications	
	Diabetes - foot care program	
	Depression screenings and referrals	

	Top 5 Dental RVU Categories (not procedures must match Part 2 T.3)	ADA RVU Code/Range
1	Diagnosis	D0100-D999
2	Oral Surgery	D7000-D7999
3	Restorative	D2000-D2999
4	Prevention	D1000-D1999
5	Removable Prosthetics	D5000-D5899

**Pacific Rim Community Health**  
**Profile Form: Hospital Arrangements**

**Instructions:**

Enter the primary hospital arrangement made for each delivery site.

(only one hospital per delivery site, please)

Indicate whether or not the arrangement includes Admitting Privileges and/or Attending Responsibility by typing an "X" in either the "Yes" or the "No" columns.

SITE	Hospital Street Address City, State Zip	Admitting Privileges		Attending Responsibility	
		Yes	No	Yes	No
		A.	City Center Hospital 123 E. Main Street Seattle, WA 98101		X
B.	East Side Medical Center 6543 E. Washington Blvd. Seattle, WA 98110	X		X	
C.	West Memorial Hospital 87654 N. First Avenue Seattle, WA 98191	X		X	
D.	City Center Hospital 123 E. Main Street Seattle, WA 98101		X		X
E.	East Side Medical Center 6543 E. Washington Blvd. Seattle, WA 98110	X		X	
F.	West Memorial Hospital 87654 N. First Avenue Seattle, WA 98191	X		X	
G.	City Center Hospital 123 E. Main Street Seattle, WA 98101		X		X
H.	East Side Medical Center 6543 E. Washington Blvd. Seattle, WA 98110	X		X	
I.	West Memorial Hospital 87654 N. First Avenue Seattle, WA 98191	X		X	
J.					
K.					
L.					
M.					
N.					
O.					
P.					
Q.					
R.					
S.					
T.					
U.					

**Pacific Rim Community Health**

**Profile Form: Hospital Arrangements (continuation page)**

**Instructions:**

Enter the primary hospital arrangement made for each delivery site.

(only one hospital per delivery site, please)

Indicate whether or not the arrangement includes Admitting Privileges and/or Attending Responsibility by typing an "X" in either the "Yes" or the "No" columns.

SITE	Hospital	Admitting Privileges		Attending Responsibility	
	Street Address	Yes	No	Yes	No
	City, State Zip				
V.					
V.					
V.					
W.					
W.					
W.					
X.					
X.					
X.					
Y.					
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