Sierra County
Board of Supervisors’ Agenda Transmittal & Record of Proceedings

MEETING DATE:  
June 18, 2019

TYPE OF AGENDA ITEM:
☐ Regular  ☐ Timed  ☒ Consent

DEPARTMENT: Behavioral Health
APPROVING PARTY: Lea Salas, Administrative Director
PHONE NUMBER: (530) 993-6746

AGENDA ITEM: Approval of County Certification of Network Adequacy Data and Documentation Submission

SUPPORTIVE DOCUMENTS ATTACHED:  ☒ Memo  ☐ Resolution  ☐ Agreement  ☐ Other

BACKGROUND INFORMATION: Please see attached Memo

FUNDING SOURCE:
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND:
AMOUNT: $ N/A

ARE ADDITIONAL PERSONNEL REQUIRED?
☐ Yes, -- --  ☒ No

IS THIS ITEM ALLOCATED IN THE BUDGET?  ☒ Yes  ☐ No

IS A BUDGET TRANSFER REQUIRED?  ☐ Yes  ☒ No

SPACED BELOW FOR CLERK’S USE

BOARD ACTION:
☐ Approved  
☐ Approved as amended  
☐ Adopted  
☐ Adopted as amended  
☐ Denied  
☐ Other  
☐ No Action Taken

☐ Set public hearing  
For: _____________________
☐ Direction to: ______________
☐ Referred to: ______________
☐ Continued to: ______________
☐ Authorization given to: _____________________

Resolution 2019- ____________  
Agreement 2019- ____________  
Ordinance ____________

Vote: 
Ayes: _____________________  
Noes: _____________________  
Abstain: _____________________  
Absent: _____________________  
☐ By Consensus

COMMENTS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CLERK TO THE BOARD _____________________  DATE _____________________
Memorandum

To: Sierra County Board of Supervisors
From: Lea Salas, Administrative Director
Reference: Agenda Item
Date of memo: June 7, 2019
Date of Board Meeting: June 18, 2019

Requested Action: Approval of County Certification of Network Adequacy Data and Documentation Submission

Mandated by: 42 C.F.R. §§ 438.640 and 468.6060

Funding

<table>
<thead>
<tr>
<th>Budgeted?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Revenue</td>
<td>Source(s)</td>
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<td>Expenses</td>
<td>Budget attached</td>
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<tr>
<td>Difference</td>
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</table>

Background Information: In accordance with Title 42 of the Code of Federal Regulations (C.F.R.), section 438.207, DHCS is required to certify to the Centers for Medicare and Medicaid Services that each Mental Health Plans network meets the Department of Health Care’s Network Adequacy Standards. Each County’s Chief Administrative Officer, or equivalent, must certify that the information submitted by the Mental Health Plan in their County is accurate, complete and truthful.

Potential Issues to consider: None

Alternatives or Impacts of disapproval: Sierra County would not be in compliance.
June 10, 2019

Department of Health Care Services

RE: NACT Supporting Documents related to Surveys

To Whom It May Concern:

From March 1, 2019 until May 31, 2019 Sierra County did not conduct any additional surveys other than the Consumer Perception Survey.

Jamie Franceschini
Quality Improvement/Quality Assurance
Sierra County Behavioral Health
June 10, 2019

Department of Health Care Services

RE: NACT Supporting Documents related to Grievances and Appeals

To Whom it May Concern:

From March 1, 2019 until May 31, 2019 Sierra County has not received any Grievances or appeals related to Access, Timely Access, or Availability of Services.

Jamie Franceschini
Quality Improvement/Quality Assurance
Sierra County Behavioral Health
<table>
<thead>
<tr>
<th></th>
<th>Language Line Utilization for 24/7 Access Line</th>
<th>Language Line Utilization for Face-to-Face Service encounters</th>
<th>Language Line Utilization for Telehealth or Telephonic Service Encounters</th>
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</thead>
<tbody>
<tr>
<td><strong>Exhibit Name:</strong></td>
<td>Language Line Utilization</td>
<td>Language Line Utilization</td>
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<td><strong>Plan Name:</strong></td>
<td>Telelanguage</td>
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<tr>
<td><strong>Sierra Mental Health Plan</strong></td>
<td>March 1, 2019 - May 31, 2019</td>
<td>Sierra Mental Health Plan</td>
<td>Sierra Mental Health Plan</td>
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<tr>
<td><strong>Total # encounters requiring language line services</strong></td>
<td>0</td>
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<tr>
<td><strong># of encounters requiring language line services, stratified by language</strong></td>
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<td><strong>Reason services could not be provided by bilingual provider/staff or contracted interpreter</strong></td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>
Sierra County Behavioral Health Provider Directory

Sierra County Behavioral Health
NPI: 1114145752
704 Mill Street
PO Box 265
Loyalton, CA  96118
(530)993-6747 Phone
(888)840-8418 24/7 Toll Free Access Line
(877) 332-2754 Sierra County Crisis Line
http://www.sierracounty.ca.gov/181/Behavioral-Health

Office Hours: Open Mon-Fri 8 am – 5 pm Closed 12 pm – 1 pm daily

Language: Translation services are available upon request at no charge to the beneficiary for preferred languages. Spanish Interpreter available on request. Telelanguage available.

Public Transportation: Sierra County does not have public transportation. However, the Loyalton Senior Center does have shuttle service available for a fee. Please call (530) 993-4770 for availability. If a beneficiary is in need of transportation to an appointment, they may qualify for transportation assistance.

Accepting New Beneficiaries
ADA Accessible

Providers available at this site:

Thomas Bittker, MD
Psychiatrist Service
NPI: 1861424988
License: C30013
Ages seen: 12 years to 99 years
Treatment Specialties: Board certified, forensic and clinical psychiatry
Cultural Specialties: None
Cultural Competency Training: Yes
Andrew Goddard, M.D.
Psychiatrist Service
NPI: 1346294725
License: C132659
Ages Seen: 20 years to 99 years
Treatment Specialties: Board certified
Cultural Specialties: None
Cultural Competency Trainings: Yes

Oliver Ocskay, Ph.D.
Psychologist Service
NPI: 1134140882
License: PSY6480
Ages Seen: 18 years to 99 years
Treatment Specialties: Attachment disorders, court assessments, depression, anxiety, trauma, domestic violence, dual diagnosis, personality disorders, chronic severe and persistent mental illness, behavior modification, CBT, PTSD, Awareness practices
Cultural Specialties: None
Cultural Competency Trainings: Yes

Not Accepting New Patients

Mary Lowe, LMFT
Licensed Marriage and Family Therapist
NPI: 1063534865
License: MFC36473
Ages Seen: 3 years to 99 years
Treatment Specialties: Play therapy, severely emotionally disturbed youth, children, adolescents, adults, dual diagnosis, attachment disorders, depression, anxiety, trauma, domestic violence, Child Protective Services, SUD
Cultural Specialties: LGBTQ
Cultural Competency Trainings: yes

Kathryn Hill, LMFT
Licensed Marriage and Family Therapist
NPI: 1336443852
License: MFC25653
Ages Seen: 12 years to 99 years
Treatment Specialties: Bereavement, grief, depression, anxiety, trauma, EDMR, Hospice: end of life issues, sexual abuse treatment-victim, PTSD, family therapy, EDMR, CBT, somatics and awareness practices, Substance Use Disorders
Cultural Specialties: LGBTQ
Cultural Competency Trainings: Yes

**Earl Daniel Henson, CAODC**  
Certified Alcohol and Other Drug Counselor  
NPI: 1528550530  
License: 6174  
Ages Seen: 12 years to 99 years  
Treatment Specialties: Perinatal, youth treatment, adult treatment, PC 1000, Drug Court, AB109, group and individual counseling  
Cultural Specialties: None  
Cultural Competency Training: Yes  
Not Accepting New Patients

**Robert Szopa. CADC II**  
Certified Alcohol and Drug Counselor  
NPI: 1457612996  
Certification: A052400218  
Ages Seen: 12 years to 99 years  
Treatment Specialties: Perinatal, youth treatment, adult treatment, PC 1000, Drug Court, AB109, group and individual counseling  
Cultural Specialties: None  
Cultural Competency Training: Yes

**Sierra County Behavioral Health**  
NPI: 1114145752  
22 Maiden Lane  
PO Box 38  
Downieville, CA  95936  
(530)289-3711 Phone  
(888)840-8418 24/7 Toll Free Access Line  
(877) 332-2754 Sierra County Crisis Line  
http://www.sierracounty.ca.gov/181/Behavioral-Health

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**Language:** Translation services are available upon request at no charge to the beneficiary for preferred languages. Spanish Interpreter available on request. Telelanguage available.
Public Transportation: Sierra County does not have public transportation. However, Golden Rays does have shuttle service available for a fee. Please call (530) 798-8555 for availability. If a beneficiary is in need of transportation to an appointment, they may qualify for transportation assistance.

Accepting New Beneficiaries
ADA Accessible

Providers available at this site:

**Thomas Bittker, MD**
Psychiatrist Service  
NPI: 1861424988  
License: C30013  
Ages seen: 12 years to 99 years  
Treatment Specialties: Board certified, forensic and clinical psychiatry  
Cultural Specialties: None  
Cultural Competency Training: Yes

**Andrew Goddard, M.D.**
Psychiatrist Service  
NPI: 1346294725  
License: C132659  
Ages Seen: 20 years to 99 years  
Treatment Specialties: Board Certified  
Cultural Specialties: None  
Cultural Competency Trainings: Yes

**Barbara Coffman, LMFT**
Licensed Marriage and Family Therapist  
NPI: 1740420777  
License: 33434  
Ages Seen: 13 years to 99 years  
Treatment Specialties: Childhood abuse recovery, with specific training in sexual abuse recovery, Trauma, PTSD, Victims of Crime  
Cultural Specialties: Has worked with many different cultures and ethnic groups but no special training in any one culture  
Cultural Competency Trainings: Yes
Earl Daniel Henson, CAODC
Certified Alcohol and Other Drug Counselor
NPI: 1528550530
License: 6174
Ages Seen: 12 years to 99 years
Treatment Specialties: Perinatal, youth treatment, adult treatment, PC 1000, Drug Court, AB109, group and individual counseling
Cultural Specialties: None
Cultural Competency Training: Yes
Not Accepting New Patients

Robert Szopa, CADC II
Certified Alcohol and Drug Counselor
NPI: 1457612996
Certification: A052400218
Ages Seen: 12 years to 99 years
Treatment Specialties: Perinatal, youth treatment, adult treatment, PC 1000, Drug Court, AB109, group and individual counseling
Cultural Specialties: None
Cultural Competency Training: Yes

Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waivered, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan’s provider directory.
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-840-8418 (TTY: 711).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call 1-888-840-8418. (TTY: 711)

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-530-993-6747 / 1-888-840-8418] (TTY: [711 / 1-800-855-7100]).

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [1-530-993-6747 / 1-888-840-8418] (TTY: [711 / 1-800-855-7100]).

Tagalog (Tagalog—Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa [1-530-993-6747 / 1-888-840-8418] (TTY: [711 / 1-800-855-7100]).
한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [1-530-993-6747 / 1-888-840-8418] (TTY: [711 / 1-800-855-7100]).번으로 전화해 주십시오.

繁體中文 (Chinese)
注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電[1-530-993-6747 / 1-888-840-8418] (TTY: [711 / 1-800-855-7100])。

日本語 (Japanese)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。[1-530-993-6747 / 1-888-840-8418] (TTY: [711 / 1-800-855-7100])まで、お電話にてご連絡ください。

Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau[1-530-993-6747 / 1-888-840-8418] (TTY: [711 / 1-800-855-7100]).

ภาษาไทย (Thai)
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ที่ [1-530-993-6747 / 1-888-840-8418] (TTY: [711 / 1-800-855-7100]).
Cambodian (Cambodian)

If you are using Khmer script, please note that the telephone numbers are in English. Call [1-530-993-6747 / 1-888-840-8418] (TTY: [711 / 1-800-855-7100]).

Lao (Lao)

Please call: 1-800-840-8418.

Armenian (Armenian)

Call [1-530-993-6747 / 1-888-840-8418] (TTY: [711 / 1-800-855-7100]).

Russian (Russian)

Call [1-530-993-6747 / 1-888-840-8418] (TTY: [711 / 1-800-855-7100]).
تowel (Farsi)

زبان‌های فارسی و اکثر زبان‌های دیگر باید با کمک دیکشنری و یا به صورت به‌کارگیری نام‌بندی انجام شوند.

TTY: [711 / 1-800-855-7100] (TTY: [711 / 1-800-855-7100]). دیرو ریگ تماس(()

punjabi (Punjabi)

پنجابی: ناگهان بگویید، نه دوباره. من اینجا نیستم. 

TTY: [711 / 1-800-855-7100]). ٹے وکھ وکھے।

عربية (Arabic)

اللغة العربية المساعدة خدمات في اللغة العربية لا تلتزم بكلمة، بل تحتاج إلى ملاحظة رقم الاتصال. بالمجيد للحالة لتلفت 

TTY: [711 / 1-800-855-7100]).

Hindi (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। [1-530-993-6747 / 1-888-840-8418] (TTY: [711 / 1-800-855-7100]). पर कॉल करें।
C-1 Provider Counts

Use the table below to enter the total/sum of existing number of rendering providers in the network. Provider counts should be based on full-time equivalents (FTE) and a FTE equates to one provider who works 40-hours per week. FTE includes administrative hours, assessment, treatment, etc. corresponding to the age group served.

<table>
<thead>
<tr>
<th>Age Group Served</th>
<th>Licensed Psychiatrist</th>
<th>Licensed Physicians</th>
<th>Licensed Psychologists</th>
<th>Licensed Clinical Social Workers</th>
<th>Marriage and Family Therapists</th>
<th>Registered Nurses</th>
<th>Certified Nurse Specialists</th>
<th>Nurse Practitioners</th>
<th>Licensed Vocational Nurses</th>
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<tbody>
<tr>
<td>0-20</td>
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<td>21+</td>
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<td>All Ages</td>
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<tr>
<td>Total FTEs</td>
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</table>

* FTEs should include all county and contracted providers. To prevent duplicate counts, only select one age group served per rendering provider.
<table>
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<tr>
<th>Psychiatric Technicians</th>
<th>Mental Health Rehabilitation Specialists</th>
<th>Physician Assistants</th>
<th>Pharmacists</th>
<th>Occupational Therapists</th>
<th>Licensed Professional Clinical Counselor</th>
<th>Associate Clinical Social Worker</th>
<th>Associate Marriage Family Therapist</th>
<th>Associate Professional Clinical Counselor</th>
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<td>Other Qualified Providers</td>
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<td><strong>0.0</strong></td>
<td><strong>1.1</strong></td>
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</tr>
</tbody>
</table>
Beneficiaries Receiving Mental Health Services in County

Conclusion: 56 out of 56 (100%) beneficiaries are located within 60 miles and 90 minutes of a mental health provider.
Conclusion: 36 out of 36 (100%) beneficiaries are located within 60 miles and 90 minutes of a mental health provider.
Conclusion: 6 out of 6 (100%) beneficiaries are located within 60 miles and 90 minutes of a mental health provider.
Conclusion: 33 out of 33 (100%) beneficiaries are located within 60 miles and 90 minutes of a mental health provider.
Psychiatry 0-20

- Mental Health Provider
- Beneficiary
- 60 mile radius

Conclusion: 2 out of 2 (100%) beneficiaries are located within 60 miles and 90 minutes of a mental health provider.
Conclusion: 0 out 0 (100%) beneficiaries are located within 60 miles and 90 minutes of a mental health provider.
COUNTY CERTIFICATION OF NETWORK ADEQUACY DATA AND DOCUMENTATION SUBMISSION

I, _______________________________, hereby certify that I am the Director of Sierra County, or the Director's designee, for Sierra County. In accordance with Title 42 of the Code of Federal Regulations, sections 438.604 and 438.606, I attest on behalf of Sierra County Mental Health Plan (MHP) that the submission of data, information and documentation to the Department of Health Care Services (DHCS) in support of assurances as required in 438.207 is accurate, complete, and truthful based upon best information, knowledge, and belief. I understand that the documentation submitted will form the basis for DHCS' certification that the MHP has complied with the State's requirements for the availability and accessibility of services, including the adequacy of the provider network.

I certify to the accuracy of the following data, information and documentation, submitted to DHCS, on July 1, 2019:

- Network Adequacy Certification Tool (NACT)
- Additional Surveys
- Grievance and Appeals
- Language Line Utilization Chart
- Native Services
- Provider Directory
- MAPS

Printed Name: _______________________________
Signature: _______________________________
Title: _______________________________
Date: _______________________________
COUNTY CERTIFICATION OF NETWORK ADEQUACY DATA AND DOCUMENTATION SUBMISSION

I, _______________________________________________________________, hereby certify that I am the County Administrative Officer (CAO), or equivalent, for Sierra County. In accordance with Title 42 of the Code of Federal Regulations, sections 438.604 and 438.606, I attest on behalf of Sierra County Mental Health Plan (MHP) that the submission of data, information and documentation to the Department of Health Care Services (DHCS) in support of assurances as required in 438.207 is accurate, complete, and truthful based upon best information, knowledge, and belief. I understand that the documentation submitted will form the basis for DHCS’ certification that the MHP has complied with the State’s requirements for the availability and accessibility of services, including the adequacy of the provider network.

I certify to the accuracy of the following data, information and documentation, submitted to DHCS, on July 1, 2019:

- Network Adequacy Certification Tool (NACT)
- Additional Surveys
- Grievance and Appeals
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- Native Services
- Provider Directory
- MAPS

Printed Name: ____Paul Roen_____________________

Signature: _____________________________

Title: __Chairman, Sierra County Board of Supervisors__

Date: _June 18, 2019___________________