

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

MEETING DATE: March 17, 2020	TYPE OF AGENDA ITEM: <input type="checkbox"/> Regular <input type="checkbox"/> Timed <input checked="" type="checkbox"/> Consent
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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
Certification Documents

BACKGROUND INFORMATION: Please see attached memo

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

ARE ADDITIONAL PERSONNEL REQUIRED? <input type="checkbox"/> Yes, -- -- <input checked="" type="checkbox"/> No	IS THIS ITEM ALLOCATED IN THE BUDGET? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IS A BUDGET TRANSFER REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SPACE BELOW FOR CLERK'S USE

BOARD ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken	<input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____	Resolution 2020- _____ Agreement 2020- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus
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COMMENTS:

CLERK TO THE BOARD

DATE

Memorandum

To: Sierra County Board of Supervisors
From: Lea Salas, Administrative Director
Reference: Agenda Item
Date of memo: March 06, 2020
Date of Board Meeting: March 17, 2020

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

Budgeted? Yes No

Revenue		Source(s)
Expenses		Budget attached
Difference		

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.



Sierra County Health and Human Services

Social Services

P.O. Box 1019
Loyalton, CA 96118
202 Front Street
(530) 993-6720
Fax (530) 993-6767
Vickie Clark- Director

Public Health

P.O. Box 7
Loyalton, CA 96118
202 Front Street
(530) 993-6700
Fax (530) 993-6790
Vickie Clark- Director

Behavioral Health

P.O. Box 265
Loyalton, CA 96118
704 Mill Street
(530) 993-6746
Fax (530) 993-6759
Lea Salas- Director
Kathryn Hill- Clinical Director

Human Services

Satellite Office
P.O. Box 38
Downieville, CA 95936
22 Maiden Lane
(530) 289-3711
Fax (530) 289-3716

COUNTY CERTIFICATION OF NETWORK ADEQUACY DATA AND DOCUMENTATION SUBMISSION

I, Jim Beard, 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 April 1, 2020:

- Network Adequacy Certification Tool (NACT)
- Grievance and Appeals
- Language Line Utilization Chart
- Provider Directory
- MAPS
- Continuity of Care Report
- Timely Access
- Organizational Chart

Printed Name: Jim Beard

Signature: _____

Title: Chairman, Sierra County Board of Supervisors

Date: March 17, 2020



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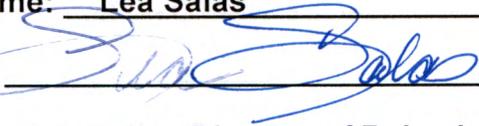
COUNTY CERTIFICATION OF NETWORK ADEQUACY DATA AND DOCUMENTATION SUBMISSION

I, Lea Salas, 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 April 1, 2020:

- Network Adequacy Certification Tool (NACT)
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- Organizational Chart

Printed Name: Lea Salas

Signature: 

Title: Administrative Director of Behavioral Health

Date: March 17, 2020

Network Adequacy Certification Tool

Purpose:

The Department of Health Care Services (DHCS) will review, validate and certify the provider network of each Mental Health Plan (MHP), herein referred to as Plans. DHCS must ensure adequate access to appropriate service providers in accordance with Title 42 of the Code of Federal Regulations parts 438.207, 438.68 and 438.206(c)(1). The information will be used in the assurance of compliance with network adequacy requirements DHCS must send to the Centers for Medicare and Medicaid Services (CMS). In order to demonstrate network adequacy, Plans must submit a completed Network Adequacy Certification Tool (NACT).

DO NOT alter the NACT, such as adding columns, changing formats, revising drop-down options. Since the DHCS database requires uniform submission of data, alteration of the NACT will result in the rejection of the MHP's submission.

Submission:

Plans must upload electronic submissions* of the NACT and supporting documentation into their BHIS - CSI system account 'data exchange' folder, by the submission deadline established in the Information Notice. When submitting files, each plan must use the following naming convention:

NACT_(County Code)_MHP_(Plan Name)_(Fiscal Year)_(Submission Date)

* Example: NACT_05_MHP_Alameda_2018_040119

*Please contact NACTData@DHCS.ca.gov with any questions or to troubleshoot technical errors regarding the submission of the NACT or supporting documentation.

Enter Plan/County Information Below

Enter Plan/County Information Below		Instructions:
Plan Name:	Placer-Sierra MHP	Enter the plan name associated with the Mental Health Plan
County:	Sierra	Select the appropriate County
Plan Contact Name:	Kathryn Hill, LMFT	Enter the name of plan's contact related to network adequacy certification
Plan Contact Phone:	530-993-6746	Enter the contact's phone number
Plan Contact Email:	khill@sierracounty.ca.gov	Enter the contact's e-mail address

Exhibit A-1: Organization

All Plans must complete and submit Exhibit A-1. For the purposes of network adequacy, Plans must complete Exhibit A-1 in reference to the county (Row #1) AND the Plan's subcontracted organizations. The term "Organization" refers to the parent organization and/or legal entity designation. Telehealth organizations must be included in this exhibit.

- Column B: Organizational Provider Name
- Column C: Legal Entity Number
- Column D: NPI Number - Type 2
- Column E: Tax ID
- Column F: Provider Group Name/Affiliation
- Column G: Contract Effective Date

Column H: Contract Expiration Date

- Column I: Address
- Column J: Suite
- Column K: City
- Column L: State
- Column M: Zip Code

- Column N: Maximum Number of Medi-Cal Beneficiaries
- Column O: Current Number of Medi-Cal Beneficiaries
- Column P: Ownership Type
- Column Q: Name of CEO
- Column R: Name of CFO

Instructions:

- Enter the Organizational Provider's Name
- Enter the 5-digit Legal Entity Number (Assigned to MHP Organizations)
- Enter the 10-digit National Provider Identification (NPI) number assigned to the organization
- Enter the organization's Tax ID
- Enter the organization's Provider Group Name (if applicable)
- Enter the contract effective date in the following format: mm/dd/yyyy. For the MHP, enter the term dates of the MHP's contract with DHCS. For the MHP's network providers, enter the term dates of the MHP's contract with the provider.
- Enter the contract expiration date in the following format: mm/dd/yyyy. For the MHP, enter the term dates of the MHP's contract with DHCS. For the MHP's network providers, enter the term dates of the MHP's contract with the provider.
- Enter the organization's address (exclude suite or room number)
- Enter the organization's suite number (if applicable)
- Enter the organization's city
- Enter the organization's state abbreviation (e.g. CA)
- Enter the organization's 5-digit zip code
- Enter the maximum number of beneficiaries the Organizational/Group Provider will accept
- Enter the current number beneficiaries assigned to the Organizational/Group Provider
- Select the appropriate ownership type
- Enter the chief executive officer's name (if applicable)
- Enter the chief financial officer's name (if applicable)

Exhibit A-2: Site

All Plans must complete and submit Exhibit A-2. The term "site" refers to the physical location (i.e., clinic sites or satellite sites) where services are rendered to Medi-Cal beneficiaries. The "site" information must include county-owned and operated facilities and contracted network provider sites.

- Column B: Site Name
- Column C: Legal Entity Number
- Column D: NPI Number - Type 2
- Column E: DEA Number
- Column F: Site County Location
- Column G: Address
- Column H: Suite
- Column I: City
- Column J: State
- Column K: Zip Code
- Column L: Provider Number
- Column M: Service Type - Mental Health Services
- Column N: Service Type - Targeted Case Management
- Column O: Service Type - Crisis Intervention
- Column P: Service Type - Medication Support
- Column Q: Service Type - Intensive Care Coordination
- Column R: Service Type - Intensive Home Based Services
- Column S: Service Type - Short Term Residential Therapeutic Programs
- Column T: Hours of Operation
- Column U: ADA Compliant for Physical Plant
- Column V: TDD/TTY Equipment Available
- Column W: Distance Between Site and Closest Public Transportation
- Column X: Telehealth Station/Equipment Available at Site
- Column Y: Language Capacity - Arabic

- Column Z: Language Capacity - Armenian
- Column AA: Language Capacity - Cambodian
- Column AB: Language Capacity - Cantonese
- Column AC: Language Capacity - English
- Column AD: Language Capacity - Farsi
- Column AE: Language Capacity - Hmong
- Column AF: Language Capacity - Korean
- Column AG: Language Capacity - Mandarin
- Column AH: Language Capacity - Other Chinese
- Column AI: Language Capacity - Russian
- Column AJ: Language Capacity - Spanish
- Column AK: Language Capacity - Tagalog
- Column AL: Language Capacity - Vietnamese
- Column AM: Language Capacity - American Sign Language (ASL)
- Column AN: Language Line Available
- Column AO: Other Language Services Available

Instructions:

- Enter the Site's Name
- Enter the 5-digit Legal Entity Number (Assigned to MHP Organizations)
- Enter the 10-digit National Provider Identification (NPI) number assigned to the site
- Enter the site's Drug Enforcement Administration (DEA) Number (if applicable)
- Select the appropriate County
- Enter the site's address (exclude suite or room number)
- Enter the site's suite number (if applicable)
- Enter the site's city
- Enter the site's state abbreviation (e.g. CA)
- Enter the site's 5-digit zip code
- Enter the Site's Provider Number
- Select Yes or No to indicate if the site offers this SMHS service type
- Select Yes or No to indicate if the site offers this SMHS service type
- Select Yes or No to indicate if the site offers this SMHS service type
- Select Yes or No to indicate if the site offers this SMHS service type
- Select Yes or No to indicate if the site offers this SMHS service type
- Select Yes or No to indicate if the site offers this SMHS service type
- Select Yes or No to indicate if this site is a licensed STRTP provider
- Enter the number of hours the site is available to serve Medi-Cal beneficiaries per week
- Select Yes or No. If no, please submit proof of exemption
- Select Yes or No
- Select the appropriate distance
- Select Yes or No to indicate if the site has appropriate telehealth equipment available
- Select Yes or No to indicate if the site makes services available in a beneficiary's preferred language via a certified bilingual provider or certified interpreter.
- Select Yes or No to indicate if the site makes services available in a beneficiary's preferred language via a certified bilingual provider or certified interpreter.
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- Select Yes or No to indicate if the site makes services available in a beneficiary's preferred language via a certified bilingual provider or certified interpreter.
- Select Yes or No to denote if the site has the capability to utilize a language line service to screen and/or render services in a non-English language
- Enter any other language services available

Exhibit A-3: Rendering Service Providers

All Plans must complete and submit Exhibit A-3. The term "rendering service provider" refers to the individual practitioner, acting within his or her scope of practice, who is rendering services directly to the beneficiaries. This includes individuals employed by the Plan, individuals employed by a contracted organization, individual members of a provider group, and individual practitioners rendering services through "fee-for-service" contracts with the Plan. Telehealth practitioners must be included in this exhibit.

- Column B: Provider's Last Name
- Column C: Provider's First Name
- Column D: NPI Number - Type 1
- Column E: NPI Number - Type 2
- Column F: DEA Number
- Column G: Contract Effective Date

- Column H: Contract Expiration Date

Instructions:

- Enter the provider's last name
- Enter the provider's first name
- Enter the rendering provider's 10-digit National Provider Identifier (NPI) - Type 1
- Enter the site's 10-digit National Provider Identifier (NPI) - Type 2
- Enter the rendering provider's Drug Enforcement Administration (DEA) Number (if applicable)
- Enter the contract effective date in the following format: mm/dd/yyyy. For the MHP's employees, enter the term dates of the MHP's contract with DHCS. For the MHP's network providers, enter the term dates of the MHP's contract with the provider.
- Enter the contract expiration date in the following format: mm/dd/yyyy. For the MHP's employees, enter the term dates of the MHP's contract with DHCS. For the MHP's network providers, enter the term dates of the MHP's contract with the provider.

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Column I: Address	Enter the provider's address (exclude suite or room number). NOTE: If a rendering provider operates at more than one site, enter the rendering provider for each site. The provider's FTE MUST be divided up by site.
Column J: Suite	Enter the provider's suite number (if applicable)
Column K: City	Enter the provider's city
Column L: State	Enter the provider's state abbreviation (e.g. CA)
Column M: Zip Code	Enter the provider's 5-digit zip code
Column N: Provider Type - Licensed Psychiatrists	Select Yes or No to indicate provider type/discipline of each rendering provider
Column O: Provider Type - Licensed Physicians	Select Yes or No to indicate provider type/discipline of each rendering provider
Column P: Provider Type - Licensed Psychologists	Select Yes or No to indicate provider type/discipline of each rendering provider
Column Q: Provider Type - Licensed Clinical Social Workers	Select Yes or No to indicate provider type/discipline of each rendering provider
Column R: Provider Type - Licensed Marriage and Family Therapists	Select Yes or No to indicate provider type/discipline of each rendering provider
Column S: Provider Type - Registered Nurses	Select Yes or No to indicate provider type/discipline of each rendering provider
Column T: Provider Type - Certified Nurse Specialists	Select Yes or No to indicate provider type/discipline of each rendering provider
Column U: Provider Type - Nurse Practitioners	Select Yes or No to indicate provider type/discipline of each rendering provider
Column V: Provider Type - Licensed Vocational Nurses	Select Yes or No to indicate provider type/discipline of each rendering provider
Column W: Provider Type - Psychiatric Technicians	Select Yes or No to indicate provider type/discipline of each rendering provider
Column X: Provider Type - Mental Health Rehabilitation Specialists	Select Yes or No to indicate provider type/discipline of each rendering provider
Column Y: Provider Type - Physician Assistants	Select Yes or No to indicate provider type/discipline of each rendering provider
Column Z: Provider Type - Pharmacists	Select Yes or No to indicate provider type/discipline of each rendering provider
Column AA: Provider Type - Occupational Therapists	Select Yes or No to indicate provider type/discipline of each rendering provider
Column AB: Provider Type - Licensed Professional Clinical Counselor	Select Yes or No to indicate provider type/discipline of each rendering provider
Column AC: Provider Type - Associate Clinical Social Worker	Select Yes or No to indicate provider type/discipline of each rendering provider
Column AD: Provider Type - Associate Marriage Family Therapist	Select Yes or No to indicate provider type/discipline of each rendering provider
Column AE: Provider Type - Associate Professional Clinical Counselor	Select Yes or No to indicate provider type/discipline of each rendering provider
Column AF: Provider Type - Waivered Psychologist	Select Yes or No to indicate provider type/discipline of each rendering provider
Column AG: Provider Type - Other Qualified Providers	Select Yes or No to indicate provider type/discipline of each rendering provider
Column AH: Service Type - Mental Health Services	Select Yes or No to indicate if each rendering provider offers this SMHS service
Column AI: Service Type - Case Management	Select Yes or No to indicate if each rendering provider offers this SMHS service
Column AJ: Service Type - Crisis Intervention	Select Yes or No to indicate if each rendering provider offers this SMHS service
Column AK: Service Type - Medication Support	Select Yes or No to indicate if each rendering provider offers this SMHS service

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Column AL: Service Type - Intensive Care Coordination	Select Yes or No to indicate if each rendering provider offers this SMHS service
Column AM: Service Type - Intensive Home Based Services	Select Yes or No to indicate if each rendering provider offers this SMHS service
Column AN: California Practitioner License Number	Enter the provider's California practitioner license number (if applicable)
Column AO: Age Group Served	Select the appropriate age group (0-20 OR 21+) - Select only one group per provider entry. If the rendering provider serves both age groups, enter the provider detail in multiple rows. Please note: the FTE for each rendering provider must be entered BY AGE GROUP and/or BY SITE. The FTE sum for one rendering provider shall not exceed 100.
Column AP: Full-Time Equivalent	For each age group served by the provider, enter the percentage of a full-time equivalent (FTE) position each rendering provider is available, by site, to serve beneficiaries. Enter the percentage as a numeric three digit value that is greater than or equal to "000" and less than or equal to "100". For example, 20 hours per week or 0.5 full-time equivalents would equate to "050". The maximum FTE value is 100 for each rendering provider. The sum of percentages for one rendering provider located at different sites and/or serving multiple age groups shall not exceed 100. If a provider serves adults and children/youth, the provider's FTE percentage should be reported for each age group. For example, if one FTE rendering provider serves children/youth 30% of the time and adults 70% of the time, enter the respective FTE value for that age group (i.e., 030 for 0-20; 070 for 21+).
Column AQ: Maximum Number of Medi-Cal Beneficiaries rendering provider will accept	Enter the maximum caseload
Column AR: Current Number of Medi-Cal Beneficiaries assigned to provider	Enter the current caseload
Column AS: Language Capacity - Arabic	Select the appropriate value for each rendering provider: Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing. Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter. N/A - The individual does not meet criteria for "Excellent" or "Good"
Column AT: Language Capacity - Armenian	Select the appropriate value for each rendering provider: Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing. Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter. N/A - The individual does not meet criteria for "Excellent" or "Good"
Column AU: Language Capacity - Cambodian	Select the appropriate value for each rendering provider: Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing. Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter. N/A - The individual does not meet criteria for "Excellent" or "Good"
Column AV: Language Capacity - Cantonese	Select the appropriate value for each rendering provider: Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing. Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter. N/A - The individual does not meet criteria for "Excellent" or "Good"
Column AW: Language Capacity - English	Select the appropriate value for each rendering provider: Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing. Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter. N/A - The individual does not meet criteria for "Excellent" or "Good"
Column AX: Language Capacity - Farsi	Select the appropriate value for each rendering provider: Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing. Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter. N/A - The individual does not meet criteria for "Excellent" or "Good"
Column AY: Language Capacity - Hmong	Select the appropriate value for each rendering provider: Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing. Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter. N/A - The individual does not meet criteria for "Excellent" or "Good"
Column AZ: Language Capacity - Korean	Select the appropriate value for each rendering provider: Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing. Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter. N/A - The individual does not meet criteria for "Excellent" or "Good"
Column BA: Language Capacity - Mandarin	Select the appropriate value for each rendering provider: Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing. Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter. N/A - The individual does not meet criteria for "Excellent" or "Good"
Column BB: Language Capacity - Other Chinese	Select the appropriate value for each rendering provider: Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing. Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter. N/A - The individual does not meet criteria for "Excellent" or "Good"

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Column BC: Language Capacity - Russian

Select the appropriate value for each rendering provider:

Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing.

Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter.

N/A - The individual does not meet criteria for "Excellent" or "Good"

Column BD: Language Capacity - Spanish

Select the appropriate value for each rendering provider:

Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing.

Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter.

N/A - The individual does not meet criteria for "Excellent" or "Good"

Column BE: Language Capacity - Tagalog

Select the appropriate value for each rendering provider:

Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing.

Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter.

N/A - The individual does not meet criteria for "Excellent" or "Good"

Column BF: Language Capacity - Vietnamese

Select the appropriate value for each rendering provider:

Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing.

Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter.

N/A - The individual does not meet criteria for "Excellent" or "Good"

Column BG: Language Capacity - American Sign Language (ASL)

Select the appropriate value for each rendering provider:

Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing.

Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter.

Column BH: Cultural Competence Training

Select Yes or No to indicate if the rendering provider received cultural competence training within the past 12 months

Column BI: Hours of Cultural Competence Training Completed

Enter the hours of cultural competence training completed in the past 12 months

Column BJ: Telehealth Provider

Select Yes or No if the rendering provider delivers services via telehealth. Please note: all telehealth psychiatry service providers should be included in the NACT Exhibit A-3.

Column BK: Field-Based Services

Select Yes or No to indicate if the rendering provider travels to beneficiaries (e.g., beneficiary's home) and/or community settings to deliver covered services.

Column BL: Distance Provider Travels to Field-Based Services

If yes, enter the distance (i.e., actual mileage) the provider will travel to deliver services.

Exhibit B-1: Field-Based Services

(This section only applies to providers who provide mobile or telehealth/satellite services)

All Plans must complete Exhibit B-1, if rendering providers routinely travel to a satellite site or a fixed-location community setting (e.g., school, community center) and/or the Plan utilizes field-based, mobile, and/or community-based services (e.g., mobile units, satellite sites, community centers) to deliver services to beneficiaries in community-based settings (**NOT** including a beneficiary's home).

Column B: Provider Name
Column C: Satellite Address Site
Column D: Suite
Column E: City
Column F: State
Column G: Zip Code
Column H: Site Used to Meet Time and Distance Standards
Column I: Frequency of Provider using Satellite Site

Instructions:

Enter the name of the rendering provider who delivers services at satellite site
Enter the address of the satellite site where services are rendered (exclude suite or room number)
Enter the suite number of the satellite site where services are rendered (if applicable)
Enter the city of the satellite site where services are rendered.
Enter the state abbreviation of the satellite site where services are rendered (e.g. CA)
Enter the 5-digit zip code of the satellite site where services are rendered
Select Yes or No
Select the frequency that the provider travels to the satellite site to render services

Exhibit B-2: American Indian Health Facilities

Plans must complete Exhibit B-2 to demonstrate compliance with Federal regulations addressing protections for American Indians and American Indian Health Services provided within a managed care system (42 CFR 438.14). American Indians and American Indian Health Facilities (IHF) are not required to maintain MHP affiliation; however, they retain the option to join a MHP at any time. In the exhibit, Plans must to document any and all efforts to contract with American Indian Health Facilities in the Plan's service area.

If the Plan does not have a contract with any AIHFs, the Plan must submit an explanation to DHCS that includes supporting documentation, to justify the absence of the mandatory provider type in the Plan's network. DHCS will review the Plan's submission to determine compliance.

- Column B: Provider, Health Center, or Facility Name
- Column C: Organization NPI (Type 2)
- Column D: County
- Column E: Address
- Column F: Suite
- Column G: City
- Column H: State
- Column I: Zip Code
- Column J: Does your plan provide beneficiaries access to this provider, health center, or facility which does not contract with your MHP?
- Column K: Does your plan have a current contract in place with this provider, health center, or facility?
- Column L: Contact Date Reporting Month
- Column M: Contact Date Reporting Year
- Column N: Outcome of the Efforts or Reason for Declining Request to Contract with the MHP

Instructions:

- Enter the name of the provider, health center, or facility
- Enter the Organization's 10-digit National Provider Identifier (NPI) - Type 2
- Select the appropriate County
- Enter the provider, health center, or facility address (exclude suite or room number)
- Enter the provider, health center, or facility suite number (if applicable)
- Enter the provider, health center, or facility city
- Enter the provider, health center, or facility state abbreviation (e.g. CA)
- Enter the provider, health center, or facility 5-digit zip code
- From the drop down menu, select whether the MHP provides access to non-plan provider, health center, or facility. If answer is "No or Other", complete Column L.
- From the drop down menu, select if MHP has contract with provider, health center, or facility. If answer is "No", complete Columns M and N.
- From the drop down menu, select the corresponding month MHP contacted provider, health center, or facility for the data reported.
- From the drop down menu, select the corresponding year MHP contacted provider, health center, or facility for the data reported.
- Enter the reason, provide steps or an explanation including date of last communication as to why the MHP either has not contracted or reached a contractual agreement with provider, health center or facility.

C-1 Provider Counts

All MHPs should complete and submit Exhibit C-1. In the table provided on Exhibit C-1, enter the number of provider full-time equivalents (FTE) within the existing network, separated by provider type and the age group(s) served.

Enter the number of provider FTEs for the following provider types: Licensed Psychiatrists, Licensed Physicians, Licensed Psychologists, Licensed Clinical Social Workers, Marriage and Family Therapists, Registered Nurses, Certified Nurse Specialists, Nurse Practitioners, Licensed Vocational Nurses, Psychiatric Technicians, Mental Health Rehabilitation Specialists, Physician Assistants, Pharmacists, Occupational Therapists, Licensed Professional Clinical Counselor, Associate Clinical Social Worker, Associate Marriage Family Therapist, Associate Professional Clinical Counselor, and Other Qualified Providers.

A-1 Organization	Organizational Provider Name	Legal Entity Number	NPI Number - Type 2	Tax ID	Provider Group Name/Affiliation	Contract Effective Date	Contract Expiration Date	Address	Suite	City	State	Zip Code	Maximum Number of Medical Beneficiaries	Current Number of Medical Beneficiaries
	<i>Enter the Organizational Provider's Name</i>	<i>Enter the 5-digit Legal Entity Number (Assigned to MHP Organizations)</i>	<i>Enter the 10-digit National Provider Identification (NPI) number assigned to the organization</i>	<i>Enter the organization's Tax ID</i>	<i>Enter the organization's Provider Group Name (if applicable)</i>	<i>Enter the contract effective date in the following format: mm/dd/yyyy</i>	<i>Enter the contract expiration date in the following format: mm/dd/yyyy</i>	<i>Enter the organization's address (exclude suite or room number)</i>	<i>Enter the organization's suite number (if applicable)</i>	<i>Enter the organization's city</i>	<i>Enter the organization's state abbreviation (e.g. CA)</i>	<i>Enter the organization's 5-digit zip code</i>	<i>Enter the maximum number of beneficiaries the Organizational/Group Provider will accept</i>	<i>Enter the current number of beneficiaries assigned to the Organizational/Group Provider</i>
1	Sierra County Behavioral Health	00046	1114145752	94-6000536	Sierra County Behavioral Health			704 Mill Street		Loyalton	CA	96118	95	60

A-2 Site	Site Name	Legal Entity Number	NPI Number - Type 2	DEA Number	Site County Location
	<i>Enter the Site's Name</i>	<i>Enter the 5-digit Legal Entity Number (Assigned to MHP Organizations)</i>	<i>Enter the 10-digit National Provider Identification (NPI) number assigned to the site</i>	<i>Enter the site's Drug Enforcement Administration (DEA) Number (if applicable)</i>	<i>Select the appropriate county</i>
1	Sierra County Behavioral Health - Loyalton	00046	1114145752	NA	Sierra
2	Sierra County Behavioral Health - Downieville Satellite Office	00046	1114145752	NA	Sierra

Address	Suite	City	State	Zip Code
<i>Enter the site's address (exclude suite or room number)</i>	<i>Enter the site's suite number (if applicable)</i>	<i>Enter the site's city</i>	<i>Enter the site's state abbreviation (e.g. CA)</i>	<i>Enter the site's 5-digit zip code</i>
704 Mill Street		Loyalton	CA	96118
22 Maiden Lane		Downieville	CA	95936

Service Type - Mental Health Services	Service Type - Case Management	Service Type - Crisis Intervention	Service Type - Medication Support	Service Type - Intensive Care Coordination
<i>Select Yes or No to indicate if the site offers this SMHS service type</i>	<i>Select Yes or No to indicate if the site offers this SMHS service type</i>	<i>Select Yes or No to indicate if the site offers this SMHS service type</i>	<i>Select Yes or No to indicate if the site offers this SMHS service type</i>	<i>Select Yes or No to indicate if the site offers this SMHS service type</i>
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes

Service Type - Short Term Residential Therapeutic Programs	Hours of Operation	ADA Compliant for Physical Plant	TDD/TTY Equipment Available	Distance Between Site and Closest Public Transportation
<i>Select Yes or No to indicate if the site is a licensed STRTP provider</i>	<i>Enter the number of hours the site is available to serve Medical beneficiaries per week</i>	<i>Select Yes or No. If no, please submit proof of exemption</i>	<i>Select Yes or No</i>	<i>Select the appropriate distance</i>
No	40	Yes	No	Greater than 1.0 miles
No	40	Yes	No	Greater than 1.0 miles

Language Capacity - Arabic	Language Capacity - Armenian	Language Capacity - Cambodian	Language Capacity - Cantonese	Language Capacity - English
<i>Select Yes or No to indicate if the site makes services available in a beneficiary's preferred language via a certified bilingual provider or certified interpreter.</i>	<i>Select Yes or No to indicate if the site makes services available in a beneficiary's preferred language via a certified bilingual provider or certified interpreter.</i>	<i>Select Yes or No to indicate if the site makes services available in a beneficiary's preferred language via a certified bilingual provider or certified interpreter.</i>	<i>Select Yes or No to indicate if the site makes services available in a beneficiary's preferred language via a certified bilingual provider or certified interpreter.</i>	<i>Select Yes or No to indicate if the site makes services available in a beneficiary's preferred language via a certified bilingual provider or certified interpreter.</i>
No	No	No	No	Yes
No	No	No	No	Yes

Language Capacity - Hmong	Language Capacity - Korean	Language Capacity - Mandarin	Language Capacity - Other Chinese	Language Capacity - Russian
<i>Select Yes or No to indicate if the site makes services available in a beneficiary's preferred language via a certified bilingual provider or certified interpreter.</i>	<i>Select Yes or No to indicate if the site makes services available in a beneficiary's preferred language via a certified bilingual provider or certified interpreter.</i>	<i>Select Yes or No to indicate if the site makes services available in a beneficiary's preferred language via a certified bilingual provider or certified interpreter.</i>	<i>Select Yes or No to indicate if the site makes services available in a beneficiary's preferred language via a certified bilingual provider or certified interpreter.</i>	<i>Select Yes or No to indicate if the site makes services available in a beneficiary's preferred language via a certified bilingual provider or certified interpreter.</i>
No	No	No	No	No
No	No	No	No	No

Language Capacity - Tagalog	Language Capacity - Vietnamese	Language Capacity - American Sign Language (ASL)	Language Line Available	Other Language Services Available
<i>Select Yes or No to indicate if the site makes services available in a beneficiary's preferred language via a certified bilingual provider or certified interpreter.</i>	<i>Select Yes or No to indicate if the site makes services available in a beneficiary's preferred language via a certified bilingual provider or certified interpreter.</i>	<i>Select Yes or No to indicate if the site makes services available in a beneficiary's preferred language via a certified bilingual provider or certified interpreter.</i>	<i>Select Yes or No to denote if the site has the capability to utilize a language line service to screen and/or render services in a non-English language</i>	<i>Enter any other language services available</i>
No	No	No	Yes	Telelanguage
No	No	No	Yes	Telelanguage

A-3 Rendering Service Providers	Provider's Last Name	Provider's First Name	NPI Number - Type 1	NPI Number - Type 2	DEA Number	Contract Effective Date	Contract Expiration Date	Address	
	<i>Enter the provider's last name</i>	<i>Enter the provider's first name</i>	<i>Enter the rendering provider's 10-digit National Provider Identifier (NPI) - Type 1</i>	<i>Enter the site's 10-digit National Provider Identifier (NPI) - Type 2</i>	<i>Enter the rendering provider's Drug Enforcement Administration (DEA) Number (if applicable)</i>	<i>Enter the contract effective date in the following format: mm/dd/yyyy. For the MHP, enter the term dates of the MHP's contract with DHCS. For the MHP's employees, enter the term dates of the MHP's contract with the provider</i>	<i>Enter the contract expiration date in the following format: mm/dd/yyyy. For the MHP, enter the term dates of the MHP's contract with DHCS. For the MHP's employees, enter the term dates of the MHP's contract with the provider</i>	<i>Enter the provider's address (exclude suite or room number). NOTE: If a rendering provider operates at more than one site, enter the rendering provider for each site. The provider's FTE MUST be divided up by site.</i>	<i>Enter the number</i>
1	Bittker	Thomas	1861424988	1114145752	FB5566192	7/1/2019	6/30/2020	704 Mill Street	
2	Bittker	Thomas	1861424988	1114145752	FB5566192	7/1/2019	6/30/2020	704 Mill Street	
3	Coffman	Barbara	1740420777	1114145752		5/1/2019	6/30/2020	22 Maiden Lane	
4	Coffman	Barbara	1740420777	1114145752		5/1/2019	6/30/2020	22 Maiden Lane	
5	Goddard	Andrew	1346294725	1114145752	BG5179898	7/1/2019	6/30/2020	22 Maiden Lane	
6	Lowe	Mary	1063534865	1114145752		7/1/2019	6/30/2020	704 Mill Street	
7	Lowe	Mary	1063534865	1114145752		7/1/2019	6/30/2020	704 Mill Street	
8	Ocskay	Oliver	1134140882	1114145752		9/1/2019	6/30/2020	704 Mill Street	
9	Ocskay	Oliver	1134140882	1114145752		9/1/2019	6/30/2020	704 Mill Street	

State	Zip Code	Provider Type (SMHS) - Licensed Psychiatrists	Provider Type (SMHS) - Licensed Physicians	Provider Type (SMHS) - Licensed Psychologists	Provider Type (SMHS) - Licensed Clinical Social Workers	Provider Type - Licensed Marriage and Family Therapists	Provider Type (SMHS) - Registered Nurses	Provider Type (SMHS) - Certified Nurse Specialists
<i>Enter the provider's state abbreviation (e.g. CA)</i>	<i>Enter the provider's 5-digit zip code</i>	<i>Select Yes or No to indicate provider type/discipline of each rendering provider</i>	<i>Select Yes or No to indicate provider type/discipline of each rendering provider</i>	<i>Select Yes or No to indicate provider type/discipline of each rendering provider</i>	<i>Select Yes or No to indicate provider type/discipline of each rendering provider</i>	<i>Select Yes or No to indicate provider type/discipline of each rendering provider</i>	<i>Select Yes or No to indicate provider type/discipline of each rendering provider</i>	<i>Select Yes or No to indicate provider type/discipline of each rendering provider</i>
CA	96118	Yes	No	No	No	No	No	No
CA	96118	Yes	No	No	No	No	No	No
CA	95936	No	No	No	No	Yes	No	No
CA	95936	No	No	No	No	Yes	No	No
CA	95936	Yes	No	No	No	No	No	No
CA	96118	No	No	No	No	Yes	No	No
CA	96118	No	No	No	No	Yes	No	No
CA	96118	No	No	Yes	No	No	No	No
CA	96118	No	No	Yes	No	No	No	No

Provider Type (SMHS) - Waivered Psychologist	Provider Type (SMHS) - Other Qualified Providers	Service Type (SMHS) - Mental Health Services	Service Type (SMHS) - Case Management	Service Type (SMHS) - Crisis Intervention	Service Type (SMHS) - Medication Support	Service Type (SMHS) - Intensive Care Coordination	Service Type (SMHS) - Intensive Home Based Services	California Practitioner License Number
<i>Select Yes or No to indicate provider type/discipline of each rendering provider</i>	<i>Select Yes or No to indicate provider type/discipline of each rendering provider</i>	<i>Select Yes or No for the type of SMHS service available</i>	<i>Select Yes or No for the type of SMHS service available</i>	<i>Select Yes or No for the type of SMHS service available</i>	<i>Select Yes or No for the type of SMHS service available</i>	<i>Select Yes or No for the type of SMHS service available</i>	<i>Select Yes or No for the type of SMHS service available</i>	<i>Enter the provider's practitioner license number (if applicable)</i>
No	No	No	No	No	Yes	No	No	C30013
No	No	No	No	No	Yes	No	No	C30013
No	No	Yes	Yes	Yes	No	No	No	LMFT33434
No	No	Yes	Yes	Yes	No	No	No	LMFT33434
No	No	No	No	No	Yes	No	No	C132659
No	No	Yes	Yes	Yes	No	No	No	LMFT36473
No	No	Yes	Yes	Yes	No	No	No	LMFT36473
No	No	Yes	Yes	Yes	No	No	No	PSY6480
No	No	Yes	Yes	Yes	No	No	No	PSY6480

Full-Time Equivalent	Maximum Number of Medi-Cal Beneficiaries rendering provider will accept	Current Number of Medi-Cal Beneficiaries assigned to provider	Language Capacity - Arabic	Language Capacity - Armenian	Language Capacity - Cambodian
<p>For each age group served by the provider, enter the percentage of a full-time equivalent (FTE) position each rendering provider is available, by site, to serve beneficiaries. Enter the percentage as a numeric three digit value that is greater than or equal to "000" and less than or equal to "100". For example, 20 hours per week or 0.5 full-time equivalents would equate to "050".</p> <p>The maximum FTE value is 100 for each rendering provider. The sum of percentages for one rendering provider located at different sites and/or serving multiple age groups shall not exceed 100.</p> <p>If a provider serves adults and children/youth, the provider's FTE percentage should be reported for each age group. For example, if one FTE rendering provider serves children/youth 30% of the time and adults 70% of the time, enter the respective FTE value for that age group (i.e., 030 for 0-20; 070 for 21+).</p>	Enter the maximum caseload	Enter the current caseload	<p>Select the appropriate value for each rendering provider: Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing. Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter. N/A - The individual does not meet criteria for "Excellent" or "Good"</p>	<p>Select the appropriate value for each rendering provider: Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing. Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter. N/A - The individual does not meet criteria for "Excellent" or "Good"</p>	<p>Select the appropriate value for each rendering provider: Certified - The individual is a certified bilingual provider or certified interpreter who possesses certain qualifications or meets standards based on formal testing. Fluent - The individual possesses oral and/or written proficiency equivalent to that of a native speaker but is not a certified bilingual provider or interpreter. N/A - The individual does not meet criteria for "Excellent" or "Good"</p>
002	6	3	N/A	N/A	N/A
018	49	14	N/A	N/A	N/A
012	5	3	N/A	N/A	N/A
048	19	27	N/A	N/A	N/A
010	32	11	N/A	N/A	N/A
018	12	6	N/A	N/A	N/A
042	28	20	N/A	N/A	N/A
006	2	0	N/A	N/A	N/A
034	14	12	N/A	N/A	N/A

Cultural Competence Training	Hours of Cultural Competence Training Completed	Telehealth Provider	Field-Based Services	Distance Provider Travels to Field-Based Services
<i>Select Yes or No to indicate if the rendering provider received cultural competence training within the past 12 months</i>	<i>Enter the hours of cultural competence training completed in the past 12 months</i>	<i>Select Yes or No if the rendering provider delivers services via telehealth. Please note: all telehealth psychiatry service providers should be included in the NACT Exhibit A-3.</i>	<i>Select Yes or No to indicate if the rendering provider travels to beneficiaries (e.g., beneficiary's home) and/or community settings to deliver covered services.</i>	<i>If yes, enter the distance (i.e., actual mileage) the provider will travel to deliver services.</i>
Yes	2	Yes	No	
Yes	2	Yes	No	
Yes	10	Yes	No	
Yes	8	Yes	No	
Yes	2	Yes	No	
Yes	10	No	No	
Yes	8	No	No	
Yes	10	No	No	
Yes	8	No	No	

Contract Effective Date	Contract Expired Date	Outcome of the Efforts or Reason for Declining Request to Contract with the MHP
<i>Enter the contract effective date in the following format: mm/dd/yyyy</i>	<i>Enter the contract effective date in the following format: mm/dd/yyyy</i>	<i>Enter the reason, provide steps or an explanation including date of last communication as to why the MHP either has not contracted or reached a contractual agreement with provider, health center or facility.</i>

Age Group Served	Licensed Psychiatrist	Licensed Physicians	Licensed Psychologists	Licensed Clinical Social Workers	Marriage and Family Therapists	Registered Nurses	Certified Nurse Specialists	Nurse Practitioners	Licensed Vocational Nurses
0-20	0.0	0.0	0.1	0.0	0.3	0.0	0.0	0.0	0.0
21+	0.3	0.0	0.3	0.0	0.9	0.0	0.0	0.0	0.0
All Ages	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total FTEs	0.3	0.0	0.4	0.0	1.2	0.0	0.0	0.0	0.0

* FTEs should include all county and contracted providers. To prevent duplicate counts, only select one age group served per rendering provider.

Other Qualified Providers	Total
0.0	0.4
0.0	1.6
0.0	0.0
0.0	1.9



Sierra County Health and Human Services

Social Services

P.O. Box 1019
Loyalton, CA 96118
202 Front Street
(530) 993-6720
Fax (530) 993-6767
Vickie Clark- Director

Public Health

P.O. Box 7
Loyalton, CA 96118
202 Front Street
(530) 993-6700
Fax (530) 993-6790
Vickie Clark- Director

Behavioral Health

P.O. Box 265
Loyalton, CA 96118
704 Mill Street
(530) 993-6746
Fax (530) 993-6759
Lea Salas- Director
Kathryn Hill- Clinical Director

Human Services

Satellite Office
P.O. Box 38
Downieville, CA 95936
22 Maiden Lane
(530) 289-3711
Fax (530) 289-3716

March 3, 2020

Department of Health Care Services

RE: NACT Supporting Documents related to Grievances and Appeals

To Whom It May Concern:

From December 1, 2019 until February 29, 2020 Sierra County has not received any Grievances or appeals related to Access, Timely Access, or Availability of Services.

A handwritten signature in blue ink that reads "Jamie Franceschini".

Jamie Franceschini
Quality Improvement/Quality Assurance
Sierra County Behavioral Health

	Language Line Utilization for 24/7 Access Line	Language Line Utilization for Face-to-Face Service encounters	Language Line Utilization for Telehealth or Telephonic Service Encounters
Exhibit Name: Language Line Utilization	Telelanguage	Telelanguage	Telelanguage
Plan Name	Sierra Mental Health Plan	Sierra Mental Health Plan	Sierra Mental Health Plan
Reporting Period	December 1, 2019 - February 29, 2020	December 1, 2019 - February 29, 2020	December 1, 2019 - February 29, 2020
Total # encounters requiring language line services	0	0	0
# of encounters requiring language line services, stratified by language	0	0	0
Reason services could not be provided by bilingual provider/staff or contracted interpreter	NA	NA	NA

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

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>

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, 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, waived, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan's provider directory.

"Language Assistance"

LANGUAGE ASSISTANCE

English

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

ខ្មែរ (Cambodian)

ប្រយ័ត្ន៖ វេ រើសិនជាអ្នកនិយាយ ភាសាខ្មែរ ,
រសវាជំនួយមននកភាសា រោយមិនគិតថ្លៃ
គឺអាចមានសំរាប់ វេ រើអ្នក។ ចូ ទូ ស័ព្ទ [1-530-993-6747 / 1-888-840-8418] (TTY: [711 / 1-800-855-7100]).។

ພາສາລາວ (Lao)

ໂບດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ,
ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ,
ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ [1-530-993-6747 / 1-888-840-8418] (TTY: [711 / 1-800-855-7100]).

Հայերեն (Armenian)

ՈՒՇԱՂԴՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ
անվճար կարող են տրամադրվել լեզվական
աջակցություն ծառայություններ: Չանգահարեք [1-530-993-6747 / 1-888-840-8418] (TTY (հեռատիպ)՝ [711 / 1-800-855-7100]).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [1-530-993-6747 / 1-888-840-8418] (телетайп: (TTY: [711 / 1-800-855-7100]).

ی فارسی (Farsi)

ی زبان لاتیتسه، دیکن یم گفتگو ی فارسی زبان به اگر: توجه
شما ی براگان یرا بصورت
[1-530-993-6747 / 1-888-840-8418] (TTY:
[711 / 1-800-855-7100]). دی ری بگ تماس.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਿ ਰੋ, ਤਾੀਂ ਭਾਸ਼ਾ ਧ ਿੱਚ
ਸਹਾਇਤਾ ਸੇ ਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। [1-530-993-6747 / 1-
888-840-8418] (TTY: [711 / 1-800-855-7100]). 'ਤੇ ਕਾਲ ਕਰੋ।

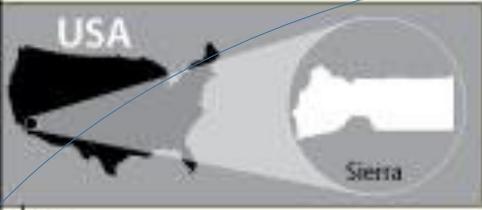
العربية (Arabic)

اللغوية المساعدة خدمات فإن، اللغة اذكر تتحدث كنت إذا: ملحوظة
[1-530-993-6747 / 1-888-
840-8418] برقم اتصل. بالمجان لك تتوافر
(TTY: [711 / 1-800-855-7100]). والىكم الصم هاتف رقم

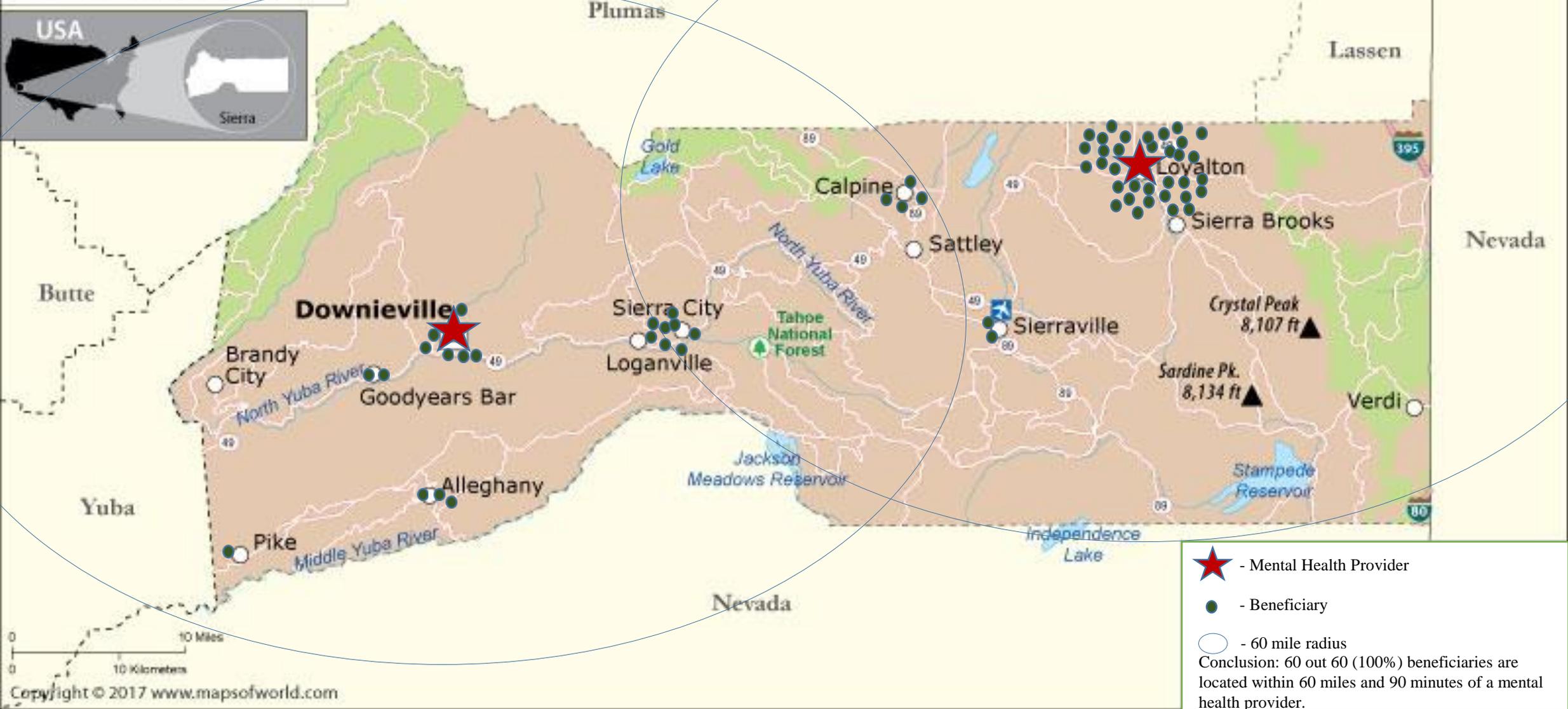
हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त
में भाषा सहायता सेवाएं उपलब्ध हैं। [1-530-993-6747 / 1-888-
840-8418] (TTY: [711 / 1-800-855-7100]). पर कॉल करें।

SIERRA

County Map, California



Beneficiaries Receiving Service in County

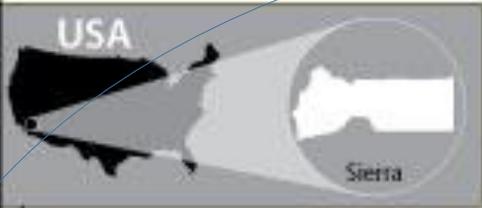


0 10 Miles
0 10 Kilometers

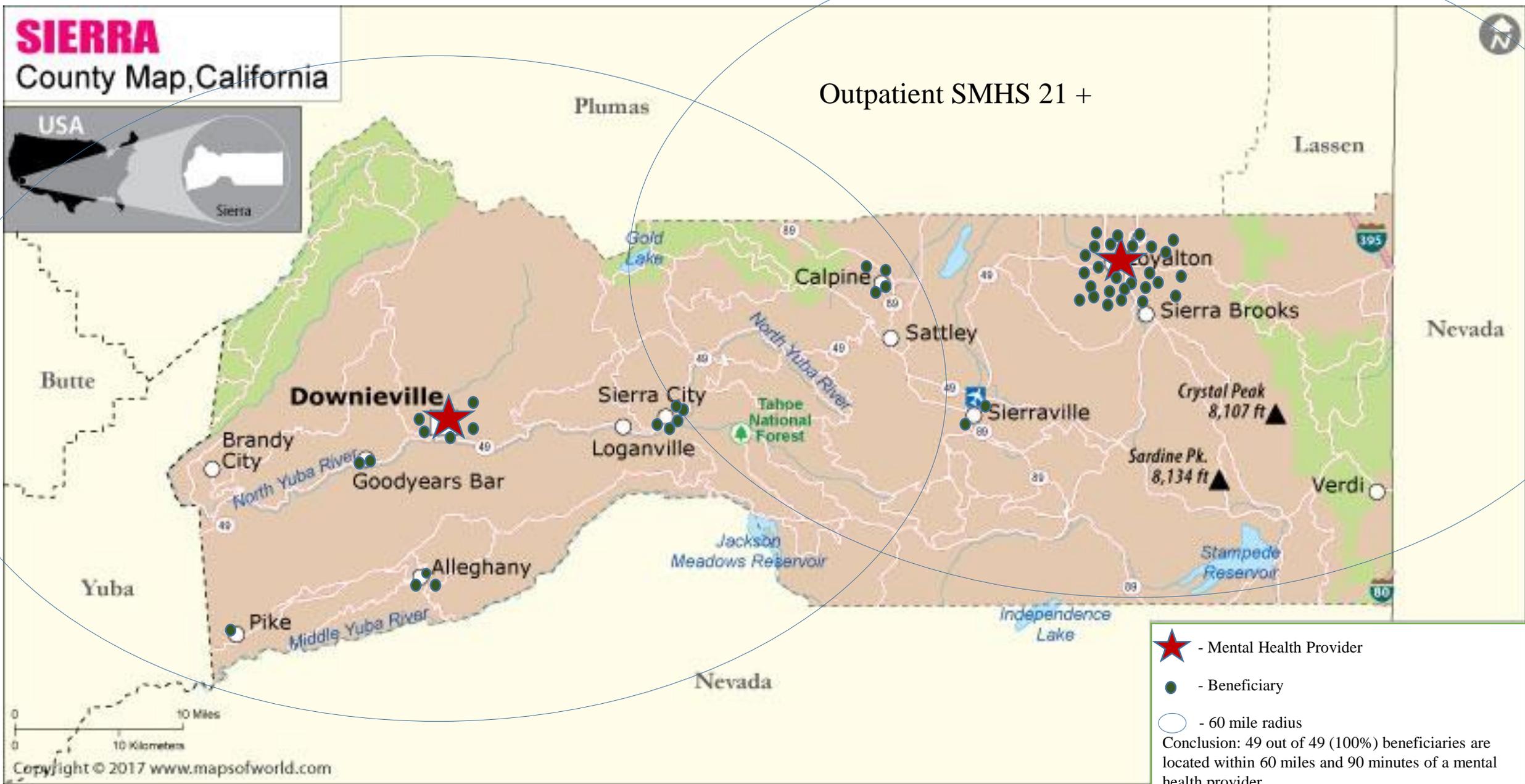
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SIERRA

County Map, California



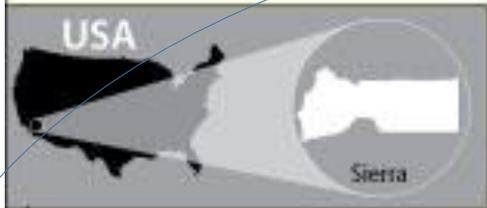
Outpatient SMHS 21 +



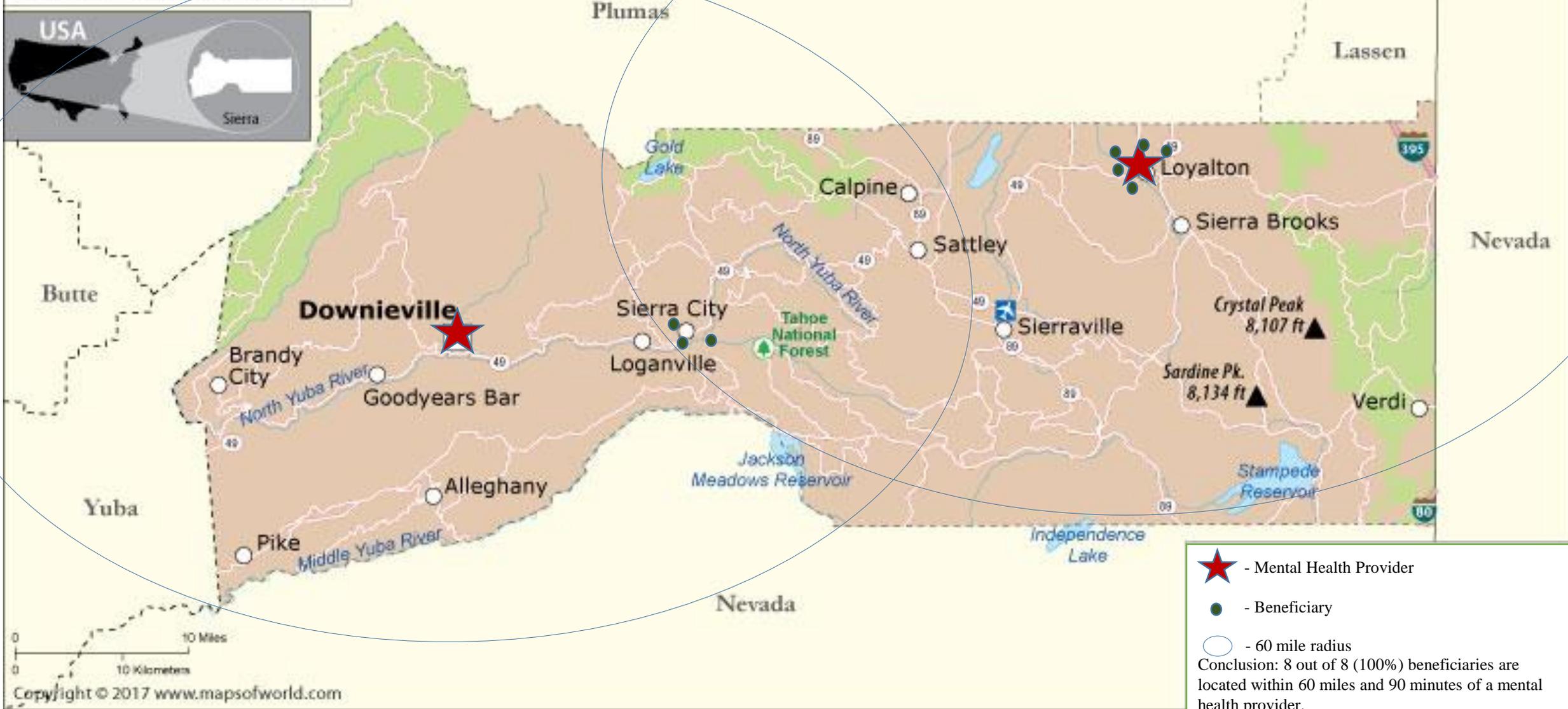
- ★ - Mental Health Provider
- - Beneficiary
- - 60 mile radius

Conclusion: 49 out of 49 (100%) beneficiaries are located within 60 miles and 90 minutes of a mental health provider.

SIERRA County Map, California



Outpatient SMHS 0-20

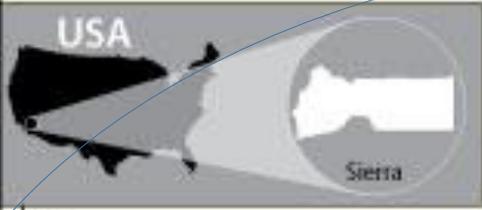


-  - Mental Health Provider
-  - Beneficiary
-  - 60 mile radius

Conclusion: 8 out of 8 (100%) beneficiaries are located within 60 miles and 90 minutes of a mental health provider.

SIERRA

County Map, California



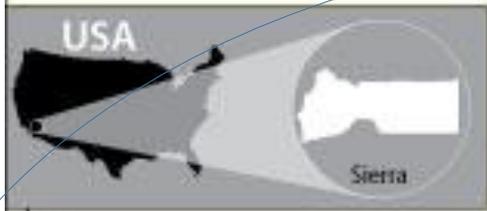
Psychiatry 21+



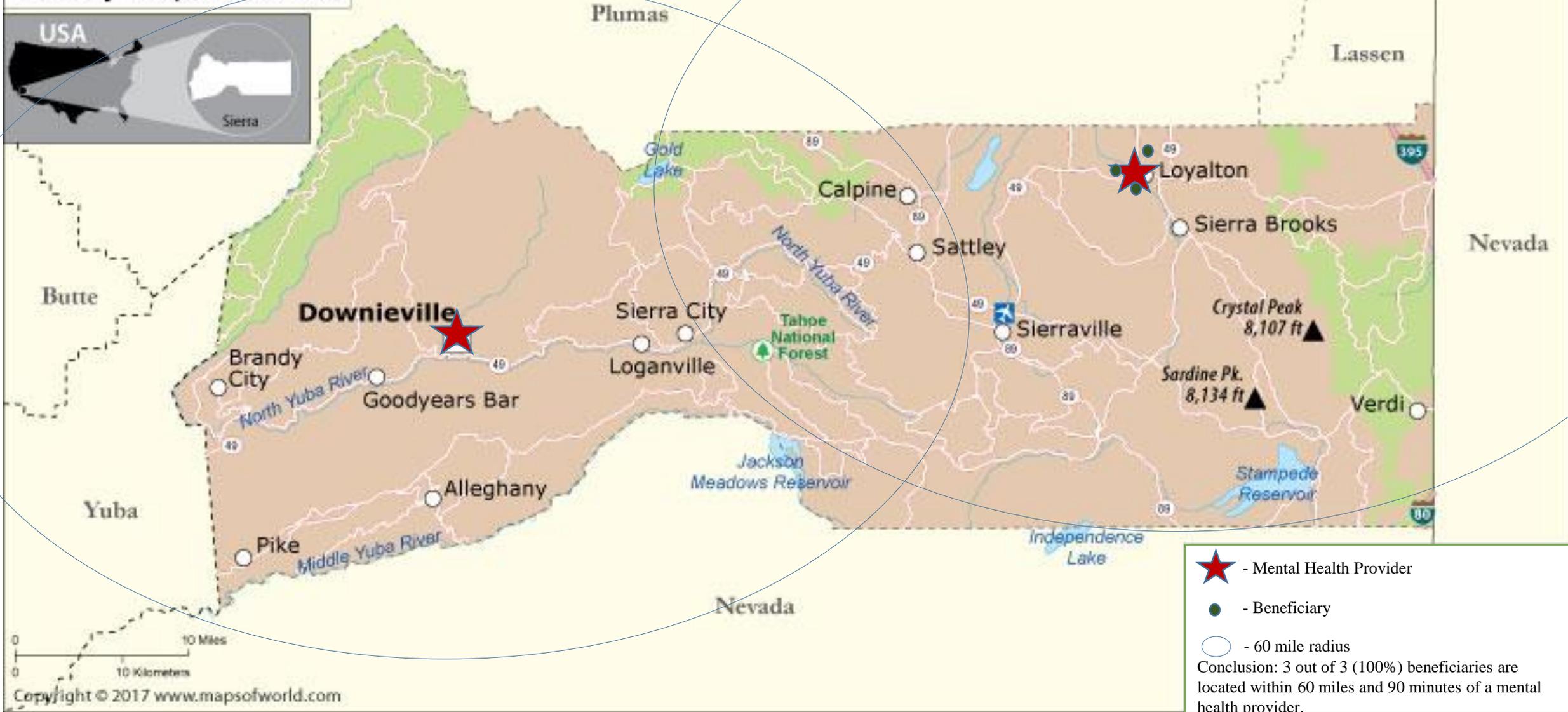
0 10 Miles
0 10 Kilometers

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SIERRA County Map, California



Psychiatry 0-20



 - Mental Health Provider

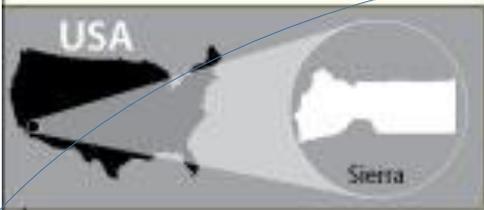
 - Beneficiary

 - 60 mile radius

Conclusion: 3 out of 3 (100%) beneficiaries are located within 60 miles and 90 minutes of a mental health provider.

SIERRA

County Map, California



Sierra County Behavioral Health

