



BOARD OF SUPERVISORS

Vacant, 1st District
Kevin Goss, Chair 2nd District
Sharon Thrall, Vice Chair 3rd District
Lori Simpson, 4th District
Jeff Engel, 5th District

**AGENDA FOR REGULAR MEETING OF JANUARY 7, 2020 TO BE HELD AT 11:00 A.M.
IN THE BOARD OF SUPERVISORS ROOM 308, COURTHOUSE, QUINCY, CALIFORNIA**

www.countyofplumas.com

AGENDA

The Board of Supervisors welcomes you to its meetings which are regularly held on the first three Tuesdays of each month, and your interest is encouraged and appreciated.

Any item without a specified time on the agenda may be taken up at any time and in any order. Any member of the public may contact the Clerk of the Board before the meeting to request that any item be addressed as early in the day as possible, and the Board will attempt to accommodate such requests.

Any person desiring to address the Board shall first secure permission of the presiding officer. For noticed public hearings, speaker cards are provided so that individuals can bring to the attention of the presiding officer their desire to speak on a particular agenda item.

Any public comments made during a regular Board meeting will be recorded. The Clerk will not interpret any public comments for inclusion in the written public record. Members of the public may submit their comments in writing to be included in the public record.

CONSENT AGENDA: These matters include routine financial and administrative actions. All items on the consent calendar will be voted on at some time during the meeting under "Consent Agenda." If you wish to have an item removed from the Consent Agenda, you may do so by addressing the Chairperson.



REASONABLE ACCOMMODATIONS: In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting please contact the Clerk of the Board at (530) 283-6170. Notification 72 hours prior to the meeting will enable the County to make reasonable arrangements to ensure accessibility. Auxiliary aids and services are available for people with disabilities.

STANDING ORDERS

11:00 A.M. **CALL TO ORDER/ROLL CALL**

PLEDGE OF ALLEGIANCE

ADDITIONS TO OR DELETIONS FROM THE AGENDA

PUBLIC COMMENT OPPORTUNITY

Matters under the jurisdiction of the Board, and not on the posted agenda, may be addressed by the general public at the beginning of the regular agenda and any off-agenda matters before the Board for consideration. However, California law prohibits the Board from taking action on any matter which is not on the posted agenda unless it is determined to be an urgency item by the Board of Supervisors. Any member of the public wishing to address the Board during the "Public Comment" period will be limited to a maximum of 3 minutes.

DEPARTMENT HEAD ANNOUNCEMENTS/REPORTS

Brief announcements by, or brief reports on their activities by County Department Heads

ACTION AGENDA

1. BOARD OF SUPERVISORS

Select Chair and Vice Chair of the Board of Supervisors for 2020

2. CONSENT AGENDA

These items are expected to be routine and non-controversial. The Board of Supervisors will act upon them at one time without discussion. Any Board members, staff member or interested party may request that an item be removed from the consent agenda for discussion. Additional budget appropriations and/or allocations from reserves will require a four/fifths roll call vote.

A) BOARD OF SUPERVISORS

Approve and authorize the Chair to sign letter to the Department of Transportation (Caltrans) for encroachment permit (Quincy Chamber of Commerce: 8th Annual Groundhog Fever Festival, Saturday, February 1, 2020, 1:00 p.m. – 5:00 p.m., Quincy, CA) **[View Item](#)**

B) CLERK OF THE BOARD

Approve Board minutes for December 2019

C) PLUMAS EARLY EDUCATION AND CHILD CARE COUNCIL

Approve and authorize the Chair to sign Certification of Plumas Early Education & Child Care Council (Local Planning Council) annual membership appointment for 2020 **[View Item](#)**

D) BEHAVIORAL HEALTH

- 1) Authorize payment of invoices of \$1,550 to Traditions Behavioral Health for psychiatry fees, without a contract, from FY 2018-2019 **[View Item](#)**
- 2) Authorize Behavioral Health to recruit and fill vacant, funded and allocated 1.0 FTE Behavioral Health Case Management Specialist I/II Senior position, created by resignation **[View Item](#)**

E) ELECTIONS

Adopt **RESOLUTION** Authorizing the County Clerk-Recorder, Registrar of Voters to Conduct an Election on May 5, 2020, Within the Boundaries of the Hamilton Branch Fire Protection District

[View Item](#)

F) SHERIFF

Approve and authorize the Chair to sign first amendment to contract, increasing maximum from \$40,000 to \$60,000, between County of Plumas and Dale Harris, DDS to provide dental services to inmates at the Plumas County Correctional Center; approved as to form by County Counsel

[View Item](#)

G) PUBLIC HEALTH AGENCY

Adopt **RESOLUTION** to accept Grant Contract #19-10499 from the California Department of Public Health, Injury and Violence Prevention Branch, for the Northern Sierra Opioid Safety Coalition Grant, and authorize the Director of Public Health to sign as the Board's designee [View Item](#)

H) PUBLIC WORKS

- 1) Authorize the purchase of a class 8 paint striper truck, not to exceed \$471,928, from M-B Companies (lowest responsible bidder); approved in the FY 2019-2020 budget [View Item](#)
- 2) Approve and authorize the Chair to sign purchase agreement, not to exceed \$600,000, between County of Plumas and Hunt & Sons, Inc. for fuel and furnace oil purchase delivery for the 2020 calendar year; approved as to form by County Counsel [View Item](#)
- 3) Approve and authorize the Chair to sign purchase agreement, not to exceed \$17,000, between County of Plumas and Hunt & Sons, Inc. for propane fuel delivery for the 2020 calendar year; approved as to form by County Counsel [View Item](#)

3. AFLAC – Melody Brubaker

Presentation regarding AFLAC and how it can protect you and your family

4. DEPARTMENTAL MATTERS

A) 11:15 A.M. ENVIRONMENTAL HEALTH – Jerry Sipe

PUBLIC HEARING: Adopt **RESOLUTION** Updating the Master Fee Schedule for Environmental Health Fees for Service. **Roll call vote** [View Item](#)

5. BOARD OF SUPERVISORS

- A. Correspondence
- B. Weekly report by Board members of meetings attended, key topics, project updates, standing committees and appointed Boards and Associations

6. CLOSED SESSION

ANNOUNCE ITEMS TO BE DISCUSSED IN CLOSED SESSION

- A. Personnel: Public employee performance evaluation – Chief Probation Officer
- B. Personnel: Public employee performance evaluation – Director of Environmental Health
- C. Personnel: Public employee performance evaluation – Museum Director
- D. Personnel: Public employee performance evaluation – Director of Facility Services/Airports (Board only)
- E. Personnel: Public employee performance evaluation – Director of Information Technology (Board only)
- F. Conference with Legal Counsel: Existing litigation pursuant to Subdivision (d) (1) of Government Code §54956.9 (Workers Compensation Case No. TIBU-600026)
- G. Conference with Legal Counsel: Pending litigation pursuant to Subdivision (d) (2) of Government Code §54956.9 County of Plumas, et al v. AmerisourceBergen Drug Corp., et al., United State District Court, Eastern District of California, Case No. 2:18-at-669, consolidated into In Re: National Prescription Opiate Litigation, United State District Court for the Northern District of Ohio, Eastern Division, Case No. 1:17-MD-2804
- H. Conference with Legal Counsel: Initiating litigation pursuant to Subdivision (c) of Government Code Section 54956.9 (one case)
- I. Conference with Legal Counsel: Significant exposure to litigation pursuant to Subdivision (d)(2) of Government Code Section 54956.9
- J. Conference with Labor Negotiator regarding employee negotiations: Sheriff's Administrative Unit; Sheriff's Department Employees Association; Operating Engineers Local #3; Confidential Employees Unit; Probation; Unrepresented Employees and Appointed Department Heads

REPORT OF ACTION IN CLOSED SESSION (IF APPLICABLE)

ADJOURNMENT

Adjourn meeting to Tuesday, January 14, 2020, Board of Supervisors Room 308, Courthouse, Quincy, California

BOARD OF SUPERVISORS

VACANT, DISTRICT 1
KEVIN GOSS, DISTRICT 2
SHARON THRALL, DISTRICT 3
LORI SIMPSON, DISTRICT 4
JEFF ENGEL, DISTRICT 5



January 7, 2020

Department of Transportation (Caltrans)
Attn: Permits Engineer
1000 Center Street
Redding, CA 96001

Attention: Permits Engineer

Subject: Encroachment Permit Request

QUINCY CHAMBER OF COMMERCE

8th Annual Groundhog Fever Festival, Saturday, February 1, 2020, 1:00 p.m. – 5:00 p.m., Quincy, CA

This letter acknowledges that the Plumas County Board of Supervisors has been notified of the above captioned event. The Board of Supervisors has no objection to issuance of an event permit by Caltrans.

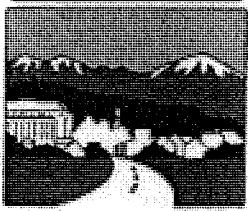
Sincerely,

Kevin Goss, Chair

Cc: Plumas County Director of Public Works

QUINCY

CHAMBER OF
COMMERCE



"Heart of Feather River Country"

PO Box 215

Quincy, CA 95971

(530) 394-0541

info@quincychamber.com • www.quincychamber.com

December 18, 2019

Board of Supervisors
Plumas County Courthouse, Third Floor
520 Main Street
Quincy, CA 95971

Re: 8th Annual Groundhog Fever Festival
Saturday, February 1, 2020 1:00 p.m. - 5:00 p.m.

Honorable Supervisors,

At the request of Plumas County Public Works, we are requesting your permission for the 8th Annual Groundhog Fever Festival on Saturday, February 1st, 2020 from 1:00 p.m. - 5:00 p.m.

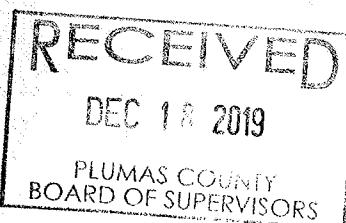
The Groundhog Fever Festival will be taking place at the Courthouse. The only road that will be affected by the Groundhog Fever Festival is Court Street, which we are requesting to have closed during the event this year.

Please contact me if you have any questions or need additional information.

Thank you for your consideration,

A handwritten signature in black ink that reads "Cheryl Kolb".

Cheryl Kolb
Director



JC

PLUMAS EARLY EDUCATION AND CHILD CARE COUNCIL
50 CHURCH ST., QUINCY CA 95971 – 530.283.6500 X 5335

TO: The Honorable Plumas County Board of Supervisors
FROM: Rachael Brothers, Council Coordinator
DATE: December 17, 2019
RE: Certification of Council Membership

Background

Education Code, Sections 8499.3 and 8499.4 requires that the County Board of Supervisors and the County Superintendent of Schools appoint members to the Local Planning Council. Locally the Council is known as the Plumas Early Education and Child Care Council. The County Board of Supervisor's is responsible for appointing half of the membership, and the Superintendent of Schools appoints the other half.

Discussion

In the past, the Council would wait until January to have each joint authority approve membership. This process is problematic when membership applications have been submitted to the Council during the course of the year. It has been the practice to have the Council vote on the membership. The member was then added to the roster and included in the quorum, although they had not yet been officially appointed by one of the joint authorities. To alleviate this issue, as members apply throughout the year, the Council will be submitting any applicable membership appointments to the County Board of Supervisors for appointment and will not consider the member appointed until the CBS takes action on the appointment.

Current Recommendation/Requested Action

The Council membership has been divided in half in order to designate half of the membership as being appointed by the CBS. The Council recommends that the following Plumas County residents be appointed by the County Board of Supervisors beginning January 1, 2020:

Debbie Guy	PRS-Child Care Resource & Referral
Lucie Kreth	Portola Kids, Inc.
Ellen Vieira	First 5 Plumas
Merle Rusky	FRC Early Childhood Education Program
Elisabeth Welch	PRS-First 5 IMPACT
Dorrie Philbeck	Plumas County Public Health – Family First

The Certification Statement has been signed by the Council Chair and is attached to this memo, with (CBS) indicating appointment by the County Board of Supervisors. Please sign where indicated and return the form to me at your earliest convenience. Thank you for your time and attention to this matter.

Sincerely,

Rachael Brothers

Rachael Brothers, Early Education and Child Care Coordinator

CERTIFICATION STATEMENT
REGARDING COMPOSITION OF LPC MEMBERSHIP

Return to:

California Department of Education
Child Development Division
Local Planning Council Consultant
1430 N. Street, Suite 3410
Sacramento, CA 95814

Due Date: January 15

Please complete all information requested below:

County Name: Plumas	County Coordinator Name and Telephone Number: Rachael Brothers (530)283-6500 x 5335	
Membership Categories		
20% Consumers (Defined as a parent or person who receives, or who has received within the past 36 months, child care services.)		
Name of Representative	Address/Telephone Number	Appointment Date and Duration
Jennine King (CSS)	(530) 927-8473 Jninemom3@gmail.com	January 1, 2020 through December 31, 2021
20% Child Care providers (Defined as a person who provides child care services or represents persons who provide child care services.)		
Name of Representative	Address/Telephone Number	Appointment Date and Duration
Debbie Guy (CBS)	Plumas Rural Services – R&R 711 East Main St. Quincy, CA (530) 283-4453 x 824	January 1, 2020 through December 31, 2021
Lucie Kreth (CBS)	Portola Kids, Inc. 420 N. Pine St. Portola, CA (530) 832-5678	January 1, 2020 through December 31, 2021
Maria Altamirano (CSS)	424 N. Mill Creek Rd. Quincy, CA 95971 (530) 257-1206	January 1, 2020 through December 31, 2021

20% Public Agency Representative (Defined as a person who represents a city, county or local education agency.)		
Name of Representative	Address/Telephone Number	Appointment Date and Duration
Inge Stock (CSS)	Plumas Charter School 546 Lawrence St. Quincy, CA (530) 283-9346	January 1, 2020 through December 31, 2021
Kathy Whitaker (CSS)	Plumas Unified School District 175 North Mill Creek Rd. Quincy, CA (530) 283-6550	January 1, 2020 through December 31, 2021
Kevin Bean (CSS)	Plumas County Office of Education 50 Church St. Quincy, CA (530) 283-6500	January 1, 2020 through December 31, 2021

Community Representative (Defined as a person who represents an agency or business that provides private funding for child care services, or who advocates for child care services through participation in civic or community-based organizations but is not a child care provider or CDE funded agency representative.)

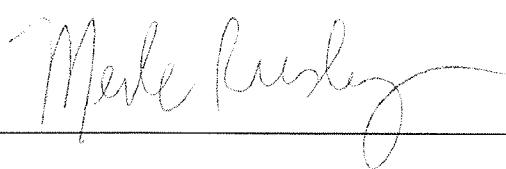
Name of Representative	Address/Telephone Number	Appointment Date and Duration
Elisabeth Welch (CBS)	Plumas Rural Services 711 East Main St. Quincy, CA (530) 283-4453 x 815	January 1, 2020 through December 31, 2021
Merle Rusky (CBS)	Feather River College – ECE 570 Golden Eagle Ave. Quincy, CA (530) 283-0202 x 311	January 1, 2020 through December 31, 2021
Erica Bryant (CSS)	186 Shelley Ln. Quincy, CA 95971 (650)430-9594	January 1, 2020 through December 31, 2021

20% Discretionary Appointees (Appointed from any of the above categories or outside of these categories at the discretion of the appointing agencies.)

Name of Representative	Address/Telephone Number	Appointment Date and Duration
Shelley Miller (CSS)	PO Box 3361 Quincy, CA 95971 (530)283-1265	January 1, 2020 through December 31, 2021
Dorrie Philbeck (CBS)	Plumas County Public Health 270 County Hospital Rd. Quincy, CA (530) 283-6330	January 1, 2020 through December 31, 2021
Ellen Vieira (CBS)	First 5 Plumas 270 County Hospital Rd. Quincy, CA (530) 394-7016	January 1, 2020 through December 31, 2021

Authorized Signatures

We hereby verify as the authorized representatives of the county board of supervisors (CBS), the county superintendent of schools (CSS), and the Local Planning and Advisory Council for Early Care and Education (LPC) chairperson that as of January 1, 2020, the above identified individuals meet the council representation categories as mandated in AB 1542 (Chapter 270, Statutes 1997; California Education Code Section 8499.3). Further, the CBS, CSS, and LPC chairperson verify that a good faith effort has been made by the appointing agencies to ensure that the ethnic, racial, and geographic composition of the LPC is reflective of the population of the county.

Authorized Representative - County Board of Supervisors	Telephone Number	Date
Authorized Representative - County Superintendent of Schools	Telephone Number	Date
 Local Child Care Planning Council Chairperson	530 283-6500 ext 5200	12-13-19
	(530) 283-0202 ext 311	12/12/19

2021

PLUMAS COUNTY BEHAVIORAL HEALTH SERVICES

270 County Hospital Road, Ste 109, Quincy, CA 95971
(530) 283-6307 FAX (530) 283-6045



Tony Hobson Ph.D., Director

DATE: January 7, 2020

TO: Honorable Board of Supervisors

FROM: Tony Hobson Ph.D., Behavioral Health Director *(Signature)*

SUBJECT: Consent Agenda

Recommendation

It is respectfully requested that the Board of Supervisors approve and authorize payment to Traditions Behavioral Health for Psychiatry fees, in the amount of \$ 1,550.00.

BACKGROUND AND DISCUSSION:

This charge of \$1,550.00 is for a medical inpatient mental health stay. Behavioral Health does not have a contract with Traditions Behavioral Health.

FINANCIAL IMPACT: There are no General Fund dollars involved in this matter. Any costs associated with this matter are covered by a combination of Federal and State funds.

Dec 12 2019 02:42pm P002/010

PLUMAS COUNTY MENTAL HEALTH
270 COUNTY HOSPITAL RD STE 109
QUINCY CA 95971

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

P01

PICA <input type="checkbox"/>		MEDICARE <input type="checkbox"/>		MEDICAID <input type="checkbox"/>		TRICARE <input type="checkbox"/>		CHAMPVA <input type="checkbox"/>		GROUP HEALTH PLAN <input type="checkbox"/>		FECA <input type="checkbox"/>		OTHER <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER <input type="checkbox"/>		(For Program In Item 1)	
<input type="checkbox"/> (Medicare) <input checked="" type="checkbox"/> (Medicaid) <input type="checkbox"/> (DUI/DoD) <input type="checkbox"/> (Member ID#)		<input type="checkbox"/> (Member ID#)		<input type="checkbox"/> (DUI/DoD) <input type="checkbox"/>		<input type="checkbox"/> (DUI/DoD)		<input type="checkbox"/> (DUI/DoD)		<input type="checkbox"/> (DUI/DoD)		<input type="checkbox"/> (DUI/DoD)		<input type="checkbox"/> (DUI/DoD)		90328572E			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE <input type="checkbox"/> MM 12 <input type="checkbox"/> DD 10 <input type="checkbox"/> YY 2004 <input type="checkbox"/> M <input type="checkbox"/> F <input checked="" type="checkbox"/>		SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial) <input type="checkbox"/> PA					
5. PATIENT'S ADDRESS <input type="checkbox"/> 8										6. PATIENT RELATIONSHIP TO INSURED <input type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED <input type="checkbox"/>							
CITY <input type="checkbox"/> 8					STATE <input type="checkbox"/> CA		CITY <input type="checkbox"/>					STATE <input type="checkbox"/> CA							
					TELEPHONE (Include Area Code) <input type="checkbox"/> ()							TELEPHONE (Include Area Code) <input type="checkbox"/> ()							
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER							
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		a. INSURED'S DATE OF BIRTH <input type="checkbox"/> MM 12 <input type="checkbox"/> DD 10 <input type="checkbox"/> YY 2004 <input type="checkbox"/> M <input type="checkbox"/> F <input checked="" type="checkbox"/>							
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PLACE (State) <input type="checkbox"/>		b. OTHER CLAIM ID (Designated by NUCC)							
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		c. INSURANCE PLAN NAME OR PROGRAM NAME							
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN?							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits, either to myself or to the party who accepts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		14. SIGNED <input type="checkbox"/> DATE <input type="checkbox"/>							
15. OTHER DATE <input type="checkbox"/> MM 01 <input type="checkbox"/> DD 01 <input type="checkbox"/> YY 2001 <input type="checkbox"/> QUAL <input type="checkbox"/> 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION <input type="checkbox"/> MM 01 <input type="checkbox"/> DD 01 <input type="checkbox"/> YY 2001 <input type="checkbox"/> FROM <input type="checkbox"/> TO <input type="checkbox"/>																			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <input type="checkbox"/> 17a. <input type="checkbox"/> 17b. NPI <input type="checkbox"/> 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES <input type="checkbox"/> MM 07 <input type="checkbox"/> DD 10 <input type="checkbox"/> YY 2018 <input type="checkbox"/> FROM <input type="checkbox"/> TO <input type="checkbox"/>																			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES <input type="checkbox"/>									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24e)) ICD Ind. <input type="checkbox"/> 0										22. RESUBMISSION CODE <input type="checkbox"/> ORIGINAL REF. NO. <input type="checkbox"/>									
A. <input type="checkbox"/> F33.9		B. <input type="checkbox"/>		C. <input type="checkbox"/>		D. <input type="checkbox"/>		E. <input type="checkbox"/>		F. <input type="checkbox"/>		G. <input type="checkbox"/>		H. <input type="checkbox"/>		23. PRIOR AUTHORIZATION NUMBER			
I. <input type="checkbox"/>		J. <input type="checkbox"/>		K. <input type="checkbox"/>		L. <input type="checkbox"/>		F. <input type="checkbox"/> \$ CHARGES		G. <input type="checkbox"/> DAYS OR UNITS		H. <input type="checkbox"/> EPSP/ Family Plan		I. <input type="checkbox"/> ID. QUAL.		J. <input type="checkbox"/> RENDERING PROVIDER ID. #			
1	07	11	18	07	11	18	51	99221											
2																			
3																			
4																			
5																			
6																			
25. FEDERAL TAX I.D. NUMBER <input type="checkbox"/> 680392037	SSN <input type="checkbox"/> EIN <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. <input type="checkbox"/> SR108389		27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (For govt. claims, see box)		28. TOTAL CHARGE <input type="checkbox"/> \$ 275.00		29. AMOUNT PAID <input type="checkbox"/> \$ 0.00		30. Rcvd for NUCC Use <input type="checkbox"/>								
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <input type="checkbox"/> DANA ARLIEN MD										32. SERVICE FACILITY LOCATION INFORMATION <input type="checkbox"/> AURORA SANTA ROSA HSPTL 1287 FULTON ROAD SANTA ROSA CA 954014923		33. BILLING PROVIDER INFO & PH # <input type="checkbox"/> (589) 6273000		TRADITIONS BEHAVIORAL HEALTH 1580 FIRST STREET NAPA CA 945592841					
34. SIGNED <input type="checkbox"/> DATE 07/13/18										a. <input type="checkbox"/> 1922378215 b. <input type="checkbox"/>		a. <input type="checkbox"/> 1083802979 b. <input type="checkbox"/>							

Dec 12 2019 02:42pm

P003/010

PLUMAS COUNTY MENTAL HEALTH
270 COUNTY HOSPITAL RD STE 109
QUINCY CA 95971

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

P01

PICA

1. MEDICARE (Medicare)	MEDICAID (Medicaid)	TRICARE (DOD/DoD)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FEDERAL BULKLING (ID#)	OTHER (ID#)	1a. INSURED'S I.D. NUMBER 90328572E	(For Program in Item 1)		
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)			3. PATIENT'S BIRTH DATE MM DD YY			SEX M <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial)			
4. PATIENT'S ADDRESS (No., Street, City ZIP CODE)			5. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSURED'S ADDRESS (No., Street, City ZIP CODE)				
8. RESERVED FOR NUCC USE CA			9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PLACE (State) c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER			12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.			a. INSURED'S DATE OF BIRTH MM DD YY			SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
b. RESERVED FOR NUCC USE			13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.			b. OTHER CLAIM ID (Designated by NUCC)			14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LIMP) MM DD YY QUAL	
c. RESERVED FOR NUCC USE			15. OTHER DATE QUAL			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY			17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. _____ 17b. NPI _____	
d. INSURANCE PLAN NAME OR PROGRAM NAME			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY			19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			20. OUTSIDE LAB? \$ CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
A. F33.9 B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____			21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0			22. RESUBMISSION CODE ORIGINAL REF. NO.			23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG	C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	D. MODIFIER	E. DIAGNOSIS PONTER	F. \$ CHARGES	G. DRGS OR UNITS	H. CPT/HCPCS PONTER	I. ID, QUAL.	J. RENDERING PROVIDER ID. #
1 07 12 18	2 07 12 18	3 51	4 99231	5	6 A	7 80 00	8 1	9 NPI	10 1760506927	
10	11	12	13	14	15	16	17	18	19	
20	21	22	23	24	25	26	27	28	29	
30	31	32	33	34	35	36	37	38	39	
40	41	42	43	44	45	46	47	48	49	
50	51	52	53	54	55	56	57	58	59	
60	61	62	63	64	65	66	67	68	69	
70	71	72	73	74	75	76	77	78	79	
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90	91	92	93	94	95	96	97	98	99	
100	101	102	103	104	105	106	107	108	109	
110	111	112	113	114	115	116	117	118	119	
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130	131	132	133	134	135	136	137	138	139	
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230	231	232	233	234	235	236	237	238	239	
240	241	242	243	244	245	246	247	248	249	
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390	391	392	393	394	395	396	397	398	399	
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410	411	412	413	414	415	416	417	418	419	
420	421	422	423	424	425	426	427	428	429	
430	431	432	433	434	435	436	437	438	439	
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450	451	452	453	454	455	456	457	458	459	
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620	621	622	623	624	625	626	627	628	629	
630	631	632	633	634	635	636	637	638	639	
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730	731	732	733	734	735	736	737	738	739	
740	741	742	743	744	745	746	747	748	749	
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810	811	812	813	814	815	816	817	818	819	
820	821	822	823	824	825	826	827	828	829	
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870	871	872	873	874	875	876	877	878	879	
880	881	882	883	884	885	886	887	888	889	
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900	901	902	903	904	905	906	907	908	909	
910	911	912	913	914	915	916	917	918	919	
920	921	922	923	924	925	926	927	928	929	
930	931	932	933	934	935	936	937	938	939	
940	941	942	943	944	945	946	947	948	949	
950	951	952	953	954	955	956	957	958	959	
960	961	962	963	964	965	966	967	968	969	
970	971	972	973	974	975	976	977	978	979	
980	981	982	983	984	985	986	987	988	989	
990	991	992	993	994	995	996	997	998	999	

CARRIER

PHYSICIAN OR SUPPLIER INFORMATION

Dec 12 2019 02:42pm

004/010

PLUMAS COUNTY MENTAL HEALTH
270 COUNTY HOSPITAL RD STE 109
QUINCY CA 95971

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

P01

PICA

1. MEDICARE <input type="checkbox"/> Medicare# <input checked="" type="checkbox"/> Medicaid# <input type="checkbox"/> ID#/ DOD# <input type="checkbox"/> (Mariner ID#)		TRICARE <input type="checkbox"/> (Medicare#) <input checked="" type="checkbox"/> Medicaid# <input type="checkbox"/> ID#/ DOD# <input type="checkbox"/> (Mariner ID#)		CHAMPVA <input type="checkbox"/> (Medicare#) <input checked="" type="checkbox"/> Medicaid# <input type="checkbox"/> ID#/ DOD# <input type="checkbox"/> (Mariner ID#)		GROUP HEALTH PLAN <input type="checkbox"/> FECA BUKLUND <input type="checkbox"/> OTHER <input type="checkbox"/> (ID#)		1a. INSURED'S I.D. NUMBER 90328572E		(For Program in Item 1)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE MM DD YY				4. INSURED'S NAME (Last Name, First Name, Middle Initial) QUINCY					
5. PATIENT'S ADDRESS (No., Street)				6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				7. INSURED'S ADDRESS (No., Street)					
CITY QUINCY		STATE CA		8. RESERVED FOR NUCC USE		CITY QUINCY		STATE CA					
ZIP CODE 95971		TELEPHONE (Include Area Code) (530) 283-2111				ZIP CODE 95971		TELEPHONE (Include Area Code) (530) 283-2111					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				11. INSURED'S POLICY GROUP OR FECA NUMBER					
b. RESERVED FOR NUCC USE				b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				a. INSURED'S DATE OF BIRTH MM DD YY 12 10 2004 M <input type="checkbox"/> F <input checked="" type="checkbox"/>					
c. RESERVED FOR NUCC USE				c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				b. OTHER CLAIM ID (Designated by NUCC)					
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. CLAIM CODES (Designated by NUCC)				c. INSURANCE PLAN NAME OR PROGRAM NAME					
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.													
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.													
SIGNED				DATE				SIGNED					
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 07 13 18			15. OTHER DATE QUAL. 17a.			MM DD YY 17b.			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 17c.				
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17d.				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 17e.									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)													
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-J to services line below (24E)) ICD Ind. 0													
A. F33.9		B. <input type="checkbox"/>		C. <input type="checkbox"/>		D. <input type="checkbox"/>		E. <input type="checkbox"/>		F. <input type="checkbox"/>			
G. <input type="checkbox"/>		H. <input type="checkbox"/>		I. <input type="checkbox"/>		J. <input type="checkbox"/>		K. <input type="checkbox"/>		L. <input type="checkbox"/>			
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMR		C. OPT/HOPCS		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. MODIFIER		F. DIAGNOSIS POINTER			
1 07 13 18 07 13 18 51													
2													
3													
4													
5													
6													
25. FEDERAL TAX I.D. NUMBER 680392037		SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. SR108389		27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (for gov. claim, add back)		28. TOTAL CHARGE \$ 80.00		29. AMOUNT PAID \$ 0.00		30. FUND FOR NUCC USE NPI 1760506927	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) DANA ARIEN MD													
32. SERVICE FACILITY LOCATION INFORMATION AURORA SANTA ROSA HSPTL 1287 FULTON ROAD SANTA ROSA CA 954014923													
33. BILLING PROVIDER INFO & PH# (559) 6273000 TRADITIONS BEHAVIORAL HEALTH 1580 FIRST STREET NAPA CA 945592841													
SIGNED 07/13/18		DATE		a. 1922378215		b.		a. 1083802979		b.			

Dec 12 2019 02:43pm P005/010

PLUMAS COUNTY MENTAL HEALTH
270 COUNTY HOSPITAL RD STE 109
QUINCY CA 95971

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

P01

PICA

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input type="checkbox"/> (Medigap#) <input checked="" type="checkbox"/> (Medicaid#) <input type="checkbox"/> (DOD/DODH) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> (ID#) <input type="checkbox"/> (ID#) <input type="checkbox"/> (ID#)										1a. INSURED'S I.D. NUMBER (For Program In Item 1) 90328572E			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) [REDACTED]										3. PATIENT'S BIRTH DATE MM DD YY SEX F <input checked="" type="checkbox"/>			
5. PATIENT'S ADDRESS (No., Street) [REDACTED]										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			
CITY [REDACTED]					STATE [REDACTED]					8. RESERVED FOR NUCC USE			
ZIP CODE [REDACTED]					TELEPHONE (Include Area Code) () [REDACTED]					10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) [REDACTED]					b. INSURED'S DATE OF BIRTH MM DD YY 12 10 2004 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>			
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					c. OTHER CLAIM ID (Designated by NUCC)			
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. CLAIM CODES (Designated by NUCC)					d. INSURANCE PLAN NAME OR PROGRAM NAME			
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # yes, complete items 9, 9a, and 9d.			
SIGNED _____ DATE _____										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (I.M.P.) MM DD YY QUAL.					15. OTHER DATE MM DD YY					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. [REDACTED]					17b. NPI [REDACTED]					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM 07 10 2018 TO			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LABY \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Circle A-L to service line below (24E)) ICD IND. 0										22. RESUBMISSION CODE ORIGINAL REF. NO.			
A. F33.9		B. [REDACTED]		C. [REDACTED]		D. [REDACTED]		E. [REDACTED]		F. [REDACTED]		G. [REDACTED]	
E. [REDACTED]		F. [REDACTED]		G. [REDACTED]		H. [REDACTED]		I. [REDACTED]		J. [REDACTED]			
I. [REDACTED]		J. [REDACTED]		K. [REDACTED]		L. [REDACTED]		F. [REDACTED]		G. [REDACTED]			
24. A. DATE(S) OF SERVICE From DD YY To DD YY		B. PLACE OF SERVICE EMG		C. OPT/HOPCS		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. MODIFIER		F. \$ CHARGES		G. DAYS OR UNITS	
07 14 18 07 14 18 51		99231		A		80 00		1		NPI		H. FEE FOR FAMILY PRT	
1		2		3		4		5		6		I. ID. QUAL.	
25. FEDERAL TAX I.D. NUMBER SSN EIN 680392037 <input type="checkbox"/> X		26. PATIENT'S ACCOUNT NO. SR108389		27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 80 00		29. AMOUNT PAID \$ 0 00		30. Revd for NUCC Use		J. RENDERING PROVIDER ID. #	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereto.) DANA ARIEN MD										32. SERVICE FACILITY LOCATION INFORMATION AURORA SANTA ROSA HSPTL 1287 FULTON ROAD SANTA ROSA CA 954014923			
SIGNED 07/15/18 DATE										33. BILLING PROVIDER INFO & PH# (559 8273000 TRADITIONS BEHAVIORAL HEALTH 1580 FIRST STREET NAPA CA 945592841			

Dec 12 2019 02:43pm P007/010

PLUMAS COUNTY MENTAL HEALTH
270 COUNTY HOSPITAL RD STE 109
QUINCY CA 95971

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

P01

PICA

1. MEDICARE (Medicare)		MEDICAID (Medicaid)		TRICARE (ID#/DoD#)		CHAMPVA (Member ID#)		GROUP HEALTH PLAN (ID#)		FECA BLK/LUNG (ID#)		OTHER (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY		SEX M <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)													
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT'S RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)															
CITY ZIP CODE		8. RESERVED FOR NUCC USE		CITY ZIP CODE		STATE		TELEPHONE (Include Area Code) ()											
9. PATIENT INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S GROUP OR FECA NUMBER															
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		a. INSURED'S DATE OF BIRTH MM DD YY															
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. OTHER CLAIM ID (Designated by NUCC)															
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		c. INSURANCE PLAN NAME OR PROGRAM NAME															
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO															
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.												13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.												SIGNED _____ DATE _____							
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.		15. OTHER DATE QUAL.		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY															
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. _____ 17b. NPI _____		17c. _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY															
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)												20. OUTSIDE LABS \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0												22. RESUBMISSION CODE ORIGINAL REF. NO.							
A. F33.9		B. _____		C. _____		D. _____		E. _____		F. _____		G. DAYS OF UNITS		H. PAYMENT PLAN		I. IO. QUA.		J. RENDERING PROVIDER ID. #	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG		C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. MODIFIER		F. DIAGNOSIS POINTER		G. \$ CHARGES		H. PAYMENT PLAN		I. IO. QUA.		J. RENDERING PROVIDER ID. #			
1 07 16 18 07 16 18 51	99233	A	220 00	1	NPI	1497019806													
2					NPI														
3					NPI														
4					NPI														
5					NPI														
6					NPI														
25. FEDERAL TAX ID. NUMBER 680392037		SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. SR108389		27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO or govt. claims, see back		28. TOTAL CHARGE \$ 220 00		29. AMOUNT PAID \$ 0 00		30. Revd for NUCC Use							
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) NASER AHMADI MD		32. SERVICE FACILITY LOCATION INFORMATION AURORA SANTA ROSA HSPTL 1287 FULTON ROAD SANTA ROSA CA 954014923		33. BILLING PROVIDER INFO & PH # 559 6273000 TRADITIONS BEHAVIORAL HEALTH 1580 FIRST STREET NAPA CA 945592841															
07/18/18		34. 1922378215		35. 1083802979															
SIGNED DATE		b.		b.															

Dec 12 2019 02:43pm 008/010

PLUMAS COUNTY MENTAL HEALTH
270 COUNTY HOSPITAL RD STE 109
QUINCY CA 95971

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA P01

PICA

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input type="checkbox"/> (Medicare) <input checked="" type="checkbox"/> (Medicaid) <input type="checkbox"/> (ID#s/DoD#) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> (ID#) <input type="checkbox"/> B&L LUNG <input type="checkbox"/> (ID#) <input type="checkbox"/> (ID#)												1a. INSURED'S I.D. NUMBER (For Program in Item 1)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <input type="checkbox"/> 3. PATIENT'S BIRTH DATE SEX MM DD YY <input type="checkbox"/> M <input checked="" type="checkbox"/> F												4. INSURED'S NAME (Last Name, First Name, Middle Initial) <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
5. PATIENT'S ADDRESS (No., Street) <input type="checkbox"/> 6. PATIENT'S CITY TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>												7. CITY STATE <input type="checkbox"/> CA			
8. RESERVED FOR NUCC USE ZIP CODE <input type="checkbox"/> TELEPHONE (Include Area Code) () <input type="checkbox"/>												ZIP CODE <input type="checkbox"/> TELEPHONE (Include Area Code) () <input type="checkbox"/>			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) <input type="checkbox"/> 10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) <input type="checkbox"/> c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>												a. INSURED'S DATE OF BIRTH SEX MM DD YY <input type="checkbox"/> M <input type="checkbox"/> F <input checked="" type="checkbox"/> 12 10 2004			
b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME												b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME			
11. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.												13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ DATE _____			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.				15. OTHER DATE MM DD YY QUAL.				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO MM DD YY							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. _____ 17b. NPI _____				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 07 10 2018											
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (21E) ICD Ind. 0												20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
A. F33.9 B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____				22. RESUBMISSION CODE ORIGINAL REF. NO.											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY				B. PLACE OF SERVICE <input type="checkbox"/> EMG C. C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/MCPCS D. MODIFIER E. DIAGNOSIS POINTER				F. \$ CHARGES G. DAYS OR UNITS H. OUT/PRI I. ID. QUAL. J. RENDERING PROVIDER ID. #							
1	07	17	18	07	17	18	51	99233	A	220 00	1	NPI	1760506927		
2												NPI			
3												NPI			
4												NPI			
5												NPI			
6												NPI			
25. FEDERAL TAX I.D. NUMBER SSN EIN 680392037 <input type="checkbox"/> X				26. PATIENT'S ACCOUNT NO. SR108389				27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$ 220 00		29. AMOUNT PAID \$ 0 00	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) DANA AARLIEN MD				32. SERVICE FACILITY LOCATION INFORMATION AURORA SANTA ROSA HSPTL 1287 FULTON ROAD SANTA ROSA CA 954014923				33. BILLING PROVIDER INFO & PH # (559) 6273000 TRADITIONS BEHAVIORAL HEALTH 1580 FIRST STREET NAPA CA 945592841				30. Rev'd for NUCC Use			
SIGNED 07/18/18 DATE				a. 1922378215 b.				a. 1083802979 b.							

Dec 12 2019 02:43pm P009/010

PLUMAS COUNTY MENTAL HEALTH
270 COUNTY HOSPITAL RD STE 109
QUINCY CA 95971

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

P01

PICA

1. MEDICARE (Medicare)		MEDICAID (Medicaid#)		THICARE (DOD/DaD#)		CHAMPVA (Member ID#)		GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)						3. PATIENT'S BIRTH DATE MM DD YY		SEX M <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)				
5. ADDRESS (No., Street)						6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. ADDRESS (No., Street)		8. RESERVED FOR NUCC USE				
CITY			STATE			CITY			STATE					
ZIP CODE		TELEPHONE (Include Area Code) ()				ZIP CODE		TELEPHONE (Include Area Code) ()						
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)						10. IS PATIENT'S CONDITION RELATED TO:								
a. OTHER INSURED'S POLICY OR GROUP NUMBER						a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
b. RESERVED FOR NUCC USE						b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)								
c. RESERVED FOR NUCC USE						c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
d. INSURANCE PLAN NAME OR PROGRAM NAME						10d. CLAIM CODES (Designated by NUCC)								
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.)						11. INSURED'S POLICY GROUP OR FECA NUMBER MM DD YY SEX 12 10 2004 M <input type="checkbox"/> F <input checked="" type="checkbox"/>								
SIGNED _____ DATE _____						SIGNED _____								
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.			15. OTHER DATE QUAL. MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY								
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. _____ 17b. NPI _____						18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 07 10 2018								
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						20. OUTSIDE LABS 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-C to service line below (24e)) A. F33.9 B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____ ICD Ind. 0								
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. CPT/HCPCS D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)						E. MODIFIER		F. DIAGNOSIS POINTER		G. DAYS ON UNITS		H. EPSPY Per Day Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 07 18 18 07 18 18 51	99231					A	80 00	1	NPI	1760506927				
2									NPI					
3									NPI					
4									NPI					
5									NPI					
6									NPI					
25. FEDERAL TAX I.D. NUMBER 680392037		SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. SR108389		27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (For govt. claims, see back)		28. TOTAL CHARGE \$ 80 00		29. AMOUNT PAID \$ 0 00		30. Prod for NUCC Use		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) DANA ARLIEN MD						32. SERVICE FACILITY LOCATION INFORMATION AURORA SANTA ROSA HSPTL 1287 FULTON ROAD SANTA ROSA CA 954014923						33. BILLING PROVIDER INFO & PH# (559) 6273000 TRADITIONS BEHAVIORAL HEALTH 1580 FIRST STREET NAPA CA 945592841		
34. SIGNED 07/18/18 DATE						35. 1922378215 b. a. 1083802979 b.								

Dec 12 2019 02:44pm

P010/010

PLUMAS COUNTY MENTAL HEALTH
270 COUNTY HOSPITAL RD STE 109
QUINCY CA 95971

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

P01

PICA

<input type="checkbox"/> PICA		<input checked="" type="checkbox"/> MEDICAID		<input type="checkbox"/> TRICARE		<input type="checkbox"/> CHAMPVA		<input type="checkbox"/> GROUP HEALTH PLAN		<input type="checkbox"/> FECA		<input type="checkbox"/> B&L LUNG		<input type="checkbox"/> OTHER		1a. INSURED'S I.D. NUMBER 90328572E		(For Program in Item 1)	
<input type="checkbox"/> (Medicare#)		<input checked="" type="checkbox"/> (Medicaid#)		<input type="checkbox"/> (DOD/DODH)		<input type="checkbox"/> (Member ID#)		<input type="checkbox"/> (ID#)		<input type="checkbox"/> (ID#)		<input type="checkbox"/> (ID#)		<input type="checkbox"/> (ID#)					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)								3. PATIENT'S BIRTH DATE		SEX		4. INSURED'S NAME (Last Name, First Name, Middle Initial)							
<u> </u>								MM DD YY		<input type="checkbox"/> M <input checked="" type="checkbox"/> F <input type="checkbox"/> X		<u> </u>							
5. PATIENT'S ADDRESS (No., Street)								6. PATIENT'S RELATIONSHIP TO INSURED		7. INSURER'S ADDRESS									
<u> </u>								<input type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		<u> </u>									
CITY				STATE				CITY				STATE							
<u> </u>				<u> </u>				<u> </u>				<u> </u>							
TELEPHONE (Include Area Code)				<u> </u>				TELEPHONE (Include Area Code)				<u> </u>							
<u> </u>				<u> </u>				<u> </u>				<u> </u>							
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)								10. IS PATIENT'S CONDITION RELATED TO:											
<u> </u>								a. EMPLOYMENT? (Current or Previous)											
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								b. AUTO ACCIDENT? PLACE (State)											
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								c. OTHER ACCIDENT? <u> </u>											
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								d. OTHER CLAIM ID (Designated by NUCC)											
d. INSURANCE PLAN NAME OR PROGRAM NAME								11. INSURED'S POLICY GROUP OR FECA NUMBER											
<u> </u>								<u> </u>											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.								13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.											
SIGNED _____ DATE _____								SIGNED _____											
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY QUAL.				15. OTHER DATE QUAL. MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY											
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. _____ 17b. NPI _____								18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY											
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)								20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-H to service line below (24E) ICD Ind. 0								22. RESUBMISSION CODE ORIGINAL REF. NO.											
A. F33.9		B. _____		C. _____		D. _____		23. PRIOR AUTHORIZATION NUMBER											
E. _____		F. _____		G. _____		H. _____		F. _____ G. DAYS OR UNITS H. EXPDT/PMTY/FLW I. ID. QUAL. J. RENDERING PROVIDER ID. #											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) D. OPT/HCPB E. MODIFIER F. DIAGNOSIS POINTER								25. FEDERAL TAX I.D. NUMBER SSN EIN 680392037 <input type="checkbox"/> <input checked="" type="checkbox"/> 26. PATIENT'S ACCOUNT NO. SR108389 27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 28. TOTAL CHARGE \$ 300.00 29. AMOUNT PAID \$ 0.00 30. Revd for NUCC Use											
1 07 19 18 07 19 18 51 99238 A 300.00 1 NPI 1760506927								2 07 19 18 07 19 18 51 99238 A 300.00 1 NPI											
3 07 19 18 07 19 18 51 99238 A 300.00 1 NPI								4 07 19 18 07 19 18 51 99238 A 300.00 1 NPI											
5 07 19 18 07 19 18 51 99238 A 300.00 1 NPI								6 07 19 18 07 19 18 51 99238 A 300.00 1 NPI											
28. FEDERAL TAX I.D. NUMBER SSN EIN 680392037 <input type="checkbox"/> <input checked="" type="checkbox"/> 29. SERVICE FACILITY LOCATION INFORMATION AURORA SANTA ROSA HSPTL 1287 FULTON ROAD SANTA ROSA CA 954014923 30. REV'D FOR NUCC USE								31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) DANA ARIEN MD 32. BILLING PROVIDER INFO & PH # (559) 6273000 TRADITIONS BEHAVIORAL HEALTH 1580 FIRST STREET NAPA CA 945592841											
33. PATIENT AND INSURED INFORMATION								34. DATE 07/21/18 35. SIGNATURE											
36. PATIENT'S SIGNATURE								37. INSURER'S SIGNATURE											

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

PLUMAS COUNTY BEHAVIORAL HEALTH SERVICES

270 County Hospital Road, Ste 109, Quincy, CA 95971
(530) 283-6307 FAX (530) 283-6045



Tony Hobson, Ph.D., Director

DATE: January 7, 2019

TO: Honorable Board of Supervisors

FROM: Tony Hobson, Behavioral Health Director 

SUBJECT: Request for approval to recruit and fill fully funded vacant 1.0 FTE Behavioral Health Case Management Specialist I/II/Senior

Recommendation

Approve the filling of the funded and allocated position of 1.0 FTE Behavioral Health Case Management Specialist I/II/Senior in Department 70570. This position was approved and funded in the 2019-2020 budget.

Background and Discussion

The Behavioral Health Department is requesting approval to refill the allocated and funded, 1.0 FTE Behavioral Health position which will be vacated due to resignation on January 10, 2020. The position was approved and funded in the 2019-2020 budget.

This position would be filled without the use of any additional General Fund monies. It would respectfully be recommended that the Board of Supervisors approve the positions outlined in this letter.

QUESTIONS FOR STAFFING CRITICAL POSITIONS WHICH ARE CURRENTLY ALLOCATED.

- Is there a legitimate business, statutory or financial justification to fill the position? Yes.
- Why is it critical that this position be filled at this time? With the loss of the Case Management Specialists, delivery of services to the at-risk population will be severely delayed.
- How long has the position been vacant? The position will become vacant due to a resignation on January 10, 2020.
- Can the department use other wages until the next budget cycle? The department is currently using other wages; however, due to training requirements and timely delivery of critical services, the Case Management Specialist must be a permanent FTE.
- What are staffing levels at other counties for similar departments and/or positions? The same or greater.
- What core function will be impacted without filling the position prior to July 1?
- Lack of service provisions as required in the Mental Health department's contract with the State for Medi-Cal as well as Full- Service Partnership provisions in MHSA are core functions at risk. Lack of compliance, loss of funds/reimbursements, billing and administration exceptions are all possible negative impacts if the vacancy continues.
- What negative fiscal impact will the County suffer if the position is not filled prior to July 1? The inability to recoup Medi-Cal reimbursements for undelivered services as well as a potential increase in crises.
- A non-general fund department head need to satisfy that he/she has developed a budget reduction plan in the event of the loss of future state, federal or local funding? What impact will this reduction plan have to other County departments? None.
- Does the department expect other financial expenditures which will impact the general fund and are not budgeted such as audit exceptions? No.
- Does the budget reduction plan anticipate the elimination of any of the requested positions? No.
- Departments shall provide an estimate of future general fund support for the next two years and how the immediate filling of this position may impact, positively or negatively, the need for general fund support? There is no fiscal impact on the general fund.

- Does the department have a reserve? If yes, provide the activity of the department's reserve account for the last three years? Yes. Behavioral Health does have a reserve and the balance fluctuates depending on the number of factors including whether the State receives the base amount of collection for each budget year. The current projection is approximately 3 million.

Plumas County Behavioral Health Department
September 2019

Director
Tony Hobson

Administrative Services Officer Shelley Evans	Behavioral Health QA/Q Manager Jessica McGill	MHSA Coordinator Aimee Heaney	Unit Supervisor Adult Kathy Schwartz	Unit Supervisor Children Sharon Souza	Unit Supervisor SMI Pam Schaffer	Continuing Care Coordinator Julie Mergen-Rutledge
Management Analyst Che Shannon	Supervisor Site Coordinator Liz Brunton	BH Site Coordinator Records Vacant	BH Therapist I/I Matt Ward	BH Therapist I/I Carmie Little	BH Therapist I/I Kristi Reed	DRC Office Supervisor Vicki Adamson
Fiscal Officer Vacant	BH Site Coordinator Records Vacant	Care Management Specialist I/I/I Rebeca McCall	Care Management Specialist I/I/I Gary Sanderson	BH Therapist I/I Kegan Blood*	BH Therapist I/I Tayler Stacey	DRC Case Management Specialist I/I/I Linda Treadie
Administrative Assistant Michelle Ellor	BH Site Coordinator Chester Nina Peny	Care Management Specialist I/I/I Jeff Abilities	BH Therapist I/I James Bachelder	BH Therapist I/I Dian Merrill	BH Therapist I/I Megan Lannisters	DRC Case Management Specialist I/I/I Page Council
Administrative Assistant Amy Miller	Care Management Specialist I/I/I Tom Brown	Care Management Specialist I/I/I Natalie Davis	BH Therapist I/I Kegan Blood*	BH Therapist I/I Dian Merrill	BH Therapist I/I Megan Lannisters	DRC Case Management Specialist I/I/I Distro Fribal
Administrative Assistant I/I Trish Noland	Care Management Specialist I/I/I Nicole Lovell	Care Management Specialist I/I/I Reid Johnson	BH Therapist I/I James Bachelder	BH Therapist I/I Dian Merrill	BH Therapist I/I Megan Lannisters	DRC Case Management Specialist I/I/I Distro Fribal
Support Services Coordinator Vacant	Care Management Specialist I/I/I Krisy Purdon	Care Management Specialist I/I/I Reid Johnson	BH Case Management Specialist I/I/I Reid Johnson	BH Case Management Specialist I/I/I Reid Johnson	BH Case Management Specialist I/I/I Reid Johnson	DRC Case Management Specialist I/I/I Reid Johnson
Support Services Technician Sam Chandler	Care Management Specialist I/I/I Tammie Wilson	Care Management Specialist I/I/I Reid Johnson	BH Case Management Specialist I/I/I Reid Johnson	BH Case Management Specialist I/I/I Reid Johnson	BH Case Management Specialist I/I/I Reid Johnson	DRC Case Management Specialist I/I/I Reid Johnson
Support Services Technician Wayne Lowry	Care Management Specialist I/I/I Tammie Wilson	Care Management Specialist I/I/I Reid Johnson	BH Case Management Specialist I/I/I Reid Johnson	BH Case Management Specialist I/I/I Reid Johnson	BH Case Management Specialist I/I/I Reid Johnson	DRC Case Management Specialist I/I/I Reid Johnson

49- Funded and Allocated
45- Filled Positions
04- Vacant Positions as of
1/10/2020

JE

RESOLUTION NO. 2020-
A RESOLUTION AUTHORIZING THE COUNTY CLERK
TO CONDUCT AN ALL MAILED BALLOT ELECTION
WITHIN THE BOUNDARIES OF THE HAMILTON BRANCH FIRE PROTECTION DISTRICT
ON MAY 5, 2020

WHEREAS, on November 13, 2019, the Board of Directors of the Hamilton Branch Fire Protection District has requested by Resolution 11-13-2019-01, hereto attached as Exhibit "A", that the Plumas County Board of Supervisors authorize the Plumas County Clerk to conduct an all mailed ballot election on May 5, 2020, for the purpose of increasing the special tax to \$283.00 per year on each parcel subject to an indeterminate period of time with no predetermined expiration date.

NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors, County of Plumas, as follows:

1. The Plumas County Clerk is authorized to conduct an all mailed ballot election within the boundaries of the Hamilton Branch Fire Protection District, on May 5, 2020, for the purpose of obtaining voter approval by a two-thirds majority vote of the following measure:

"Upon a two-thirds vote of approval, shall the Hamilton Branch Fire Protection District be authorized to levy a special tax of \$283.00 per year per parcel to an indeterminate period of time with no predetermined expiration date within the District, excluding those parcels exempt from County property tax, to replace the current special tax of \$108.00 per year per parcel authorized by the voters in 2007, to be collected and apportioned with the Plumas County property taxes beginning in fiscal year 2020/2021 and continuing each year thereafter with the proceeds from such taxes to be used for the sole purposes of supplementing the funding of services for emergency medical services, fire protection and prevention; with approval of the special tax also being for the purpose of raising the District's appropriations limits (spending limit) by the amount of the annual proceeds from this special tax, shall continue to be deposited into a specially-created account on which an annual report shall be made as required by Government Code Section 50075.3?"

2. NOW, THEREFORE, BE IT RESOLVED by the Plumas County Board of Supervisors as follows:

The Plumas County Clerk, Registrar of Voters is authorized to conduct an all mailed ballot election within the boundaries of the Hamilton Branch Fire Protection District, including preparation and publication of all legal notices, preparation of official ballots, canvassing the returns and taking all other necessary steps required under state and local law in conducting an election. The Plumas County Clerk, Registrar of Voters is authorized to recover expenses for any election service performed, by deposit, advance payment, or reimbursement.

The forgoing resolution was adopted at a regular meeting of the Plumas County Board of Supervisors held on January 7, 2020, by the following vote:

AYES: Supervisors
NOES: Supervisors
ABSENT: Supervisors

Chair of the Board of Supervisors

ATTEST:

Nancy L. DaForno, Clerk to the Board of Supervisors

Exhibit "A"
RESOLUTION NUMBER 11-13-2019-01

A Resolution of the Board of Directors of the Hamilton Branch Fire Protection District requesting that the County Board of Supervisors authorize the County Clerk to conduct an election to consider a Special Tax for Emergency Medical Services, Fire Protection and Prevention.

WHEREAS, the Board of Directors of the Hamilton Branch Fire Protection District recommends that an election be held for the purpose of increasing the existing special tax to \$283.00 per year on each parcel subject to an indeterminate period of time with no predetermined expiration date. If it is determined that an increase in a variance of the current special taxes as stated herein is needed, said additional increase in funding would require the District to have the matter go to an election by the voter for either a dollar amount or percentage amount increase. If the increase request does not receive voter approval then the current fee status would remain.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Hamilton Branch Fire Protection District as follows:

1. An election is called for the purpose of approving increasing a special tax for an indeterminate time period to insure adequate emergency medical services, fire protection and prevention. The District requests that this election be held on May 5, 2020 and conducted by mail ballot, at the discretion of the County Clerk. The County Clerk is authorized to recover expenses for any election service performed, by advance payment or reimbursement from the District
2. The measure submitted to the voters within the boundaries of the District shall read as follows:

“Upon a two-thirds vote of approval, shall the Hamilton Branch Fire Protection District be authorized to levy a special tax of \$283.00 per year per parcel to an indeterminate period of time with no predetermined expiration date within the District, excluding those parcels exempt from County property tax, to replace the current special tax of \$108.00 per year per parcel authorized by the voters in 2007, to be collected and apportioned with the Plumas County property taxes beginning in fiscal year 2020/2021 and continuing each year thereafter with the proceeds from such taxes to be used for the sole purposes of supplementing the funding of services for emergency medical services, fire protection and prevention; with approval of the special tax also being for the purpose of raising the District’s appropriations limits (spending limit) by the amount of the annual proceeds from this special tax, shall continue to be deposited into a specially-created account on which an annual report shall be made as required by Government Code Section 50075.3?”

The foregoing resolution was duly passed and adopted by the Board of Directors of the Hamilton Branch Fire Protection District, at a meeting of said Board held on the 13th day of November 2019 by the following vote:

Directors: Gary Hinshaw, Norman Sollid & Ronald Damsen

AYES: *Hinshaw, Sollid & Damsen*

NOES: *0*

ABSENT: *0*

ATTESTED BY:

Holly C. Coons

Holly C. Coons
Administrative Assistant

APPROVED BY:

Gary Hinshaw

Gary Hinshaw
Chairperson,
Board of Directors



Office of the Sheriff

Office of Emergency Services

JK

1400 E. Main Street, Quincy, California 95971 • (530) 283-6375 • Fax 283-6344

TODD JOHNS
SHERIFF/CORONER
DIRECTOR

Memorandum

DATE: December 31st, 2019
TO: Honorable Board of Supervisors
FROM: Sheriff Todd Johns *✓*
RE: Agenda Item for the meeting of January 14th, 2020

RECOMMENDATION:

Sign and Authorize the Sheriff to sign contract amendment with Dale Harris DDS from Forty Thousand Dollars, (\$40,000.00) to Sixty Thousand Dollars, (\$60,000.00).

BACKGROUND & DISCUSSION:

The Plumas County Correctional Facility is required to provide dental treatment to include check-ups, dental exams, extractions and or dentures. Over the course of the past few years, the costs for dental treatment has increased as have the number of inmates requiring dental care.

PCSO00015

FIRST AMENDMENT TO AGREEMENT

BY AND BETWEEN

PLUMAS COUNTY AND DALE HARRIS DDS

This First Amendment to Agreement ("Amendment") is made on January 7th, 2020 between the COUNTY OF PLUMAS, a political subdivision of the State of California by and through its Sheriff's Office ("COUNTY"), and Dale Harris DDS, an individual, ("CONTRACTOR"), who agrees the following:

1. **Recitals:** This Amendment is made with reference to the following facts and objectives:
 - a. COUNTY and CONTRACTOR have entered into a written services agreement for the period of March 16, 2019 – March 15, 2020, (the "Agreement"), in which the CONTRACTOR agreed to provide dental exams and dental care services to COUNTY.
 - b. Because the COUNTY requires a greater amount of services from CONTRACTOR than originally anticipated, the parties desire to change the Agreement.
2. **Amendments:** The parties agree to amend the Agreement as follows:
 - a. Section 2.1 is amended in its entirety to read as follows:

2.1 Compensation. County shall pay Contractor for services provided to County pursuant to the Agreement in the manner set forth in Exhibit A attached hereto and made part of this agreement, (the "Fee Schedule"). The total amount paid by the County to Contractor under this Agreement shall not exceed Sixty Thousand Dollars and 00/100 (\$60,000.00).

3. **Effectiveness of Agreement:** Except as set forth in the First Amendment to the Agreement, all provisions of the Agreement dated March 16, 2019 – March 15, 2020 shall remain unchanged and in full force and effect.

CONTRACTOR:

Dale Harris, DDS

By: _____
Name: Dale Harris
Title

COUNTY:

County of Plumas, a political
Subdivision of the State of California

By: 
Name: Todd Johns
Title: Sheriff

By: _____
Name: Kevin Goss
Chair, Board of Supervisors

Attest By: _____
Nancy DaForno

Approved to form:
Plumas County Counsel

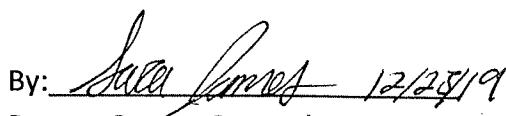
By: 
Sara James 12/28/19
Deputy County Counsel

EXHIBIT A

SCOPE OF WORK AND FEE SCHEDULE

1. Provide dental services to inmates at the Plumas County Correctional Center. Such services shall be on an as-needed basis upon request of the County. County shall contact Contractor's office to schedule services under this Agreement. Inmates will be transported to the Contractor's office at the expense of the County.
2. The following dental services shall be provided at the fees listed, each such fee being a flat, all-inclusive fee for that particular service:

Oral evaluation (exam): \$65
Intra Oral X-Rays (each): \$26
Panographic X-Ray (whole mouth): \$95
Simple extraction: \$149
Surgical extraction: \$235
Silver filling: \$155
Composite filling (white): not to exceed \$242
Mouth debridement (scale) of teeth: \$86
Root canal treatment: \$773
Emergency after hours (office visit): \$130

3. Contractor shall provide an estimate for denture work and tooth replacement upon request of the County.



PCPHA

PLUMAS COUNTY PUBLIC HEALTH AGENCY



Growing Healthy Communities

26

Date: December 17, 2019
To: Honorable Board of Supervisors
From: Andrew Woodruff
Agenda: Consent Item for January 7, 2020

Recommendation: Approve a Resolution to accept Grant Contract #19-10499 from the California Department of Public Health, Injury and Violence Prevention Branch, for the Northern Sierra Opioid Safety Coalition Grant, and authorize the Director of Public Health to sign as the Board's designee.

Background Information: The California Department of Public Health, Injury and Violence Prevention Branch have awarded Public Health funding for the Northern Sierra Opioid Safety Coalition in the amount of \$255,000 for the term of January 1, 2020 through August 31, 2022.

In 2015, Plumas County had the highest rate of prescription related opiate overdose deaths in the state. Lassen County ranked number three. A close analysis of death certificates at that time showed this rate steadily increasing over the last ten years. As the Board may recall, the California HealthCare Foundation, an agency that informs policymakers and invests in innovations to create a more responsive, patient-centered health care system, offered one-time funding to support the creation of an Opiate Safety Coalition. The coalition has since been supported by the California Department of Public Health.

Plumas County Public Health Agency, along with hospital, behavioral health and law enforcement partners from Plumas, Sierra, Modoc and Lassen Counties created the Northern Sierra Opioid Safety Coalition. The coalition identifies activities within defined priority areas to reduce the number of preventable deaths from opiate overdose and misuse. These nine areas include: translating data into action, expanding medication assisted treatment access, developing and adopting local opioid policies and procedures, promoting public education and awareness, increasing access to care and services for high-risk populations, promoting harm reduction services, increasing access to naloxone, promoting safe prescribing, and implementing drug prevention activities.

Please contact me if you have any questions or need additional information. Thank you.

C:\Documents and Settings\rosieolney\My Documents\BOS\Northern Sierra Opioid Coalition 19-10499 Resolution.doc



530-283-6337 OFFICE
530-283-6425 FAX



270 County Hospital Rd, Suite 206
Quincy, California 95971



<http://countyofplumas.com/publichealth>

RESOLUTION NO. 20-_____

RESOLUTION TO ACCEPT AGREEMENT NUMBER 19-10499, FROM THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, INJURY AND VIOLENCE PREVENTION BRANCH FOR THE NORTHERN SIERRA OPIOID COALITION GRANT.

WHEREAS, The California Department of Public Health, Injury and Violence Prevention Branch has awarded Plumas County Public Health Agency the amount of \$255,000 for the Northern Sierra Opioid Safety Coalition Grant, and

WHEREAS, the California Department of Public Health issued Grant Contract Number 19-10499 to PCPHA to provide funding for the Northern Sierra Opioid Safety Coalition through August 31, 2022, and

WHEREAS, the purpose of this Agreement is to improve prescribing practices, increased access to medication assisted treatment, and increased access to the life-saving opiate antagonist medicine naloxone through first responder, community program and pharmacy partnership.

NOW, THEREFORE, BE IT RESOLVED by the Plumas County Board of Supervisors, County of Plumas, State of California, as follows:

1. Accept a Grant Agreement from the California Department of Public Health, Injury and Violence Prevention Branch in the amount of \$255,000.00 beginning January 1, 2020 through August 31, 2022 to fund the Northern Sierra Opioid Safety Coalition.
2. Authorize the Director of Public Health to sign the Agreement and any future Amendments pertaining to Grant Agreement Number 19-10499.

The forgoing Resolution was duly passed and adopted by the Board of Supervisors, County of Plumas, State of California, at a regular meeting of said Board held on the 7th day of January 2020, by the following vote:

Ayes:

Noes:

Absent:

Abstain:

Chair, Plumas County Board of Supervisors

Attest:

Clerk, Plumas County Board of Supervisors



PLUMAS COUNTY DEPARTMENT OF PUBLIC WORKS

1834 East Main Street, Quincy, CA 95971 – Telephone (530) 283-6268 Facsimile (530) 283-6323
Robert A. Perreault Jr., P.E., Director John Mannle, P.E., Asst. Director Joe Blackwell, Deputy Director

2020

CONSENT AGENDA REQUEST

For the January 7, 2020 meeting of the Plumas County Board of Supervisors

December 30, 2019

To: Honorable Board of Supervisors

From: Robert Perreault, Director of Public Works

Subject: Request the Board of Supervisors to approve the purchase of a class 8 paint stiper truck in an amount not to exceed \$471,927.88.

Robert A. Perreault Jr.

Background:

This Agenda Request pertains to the need by the Department of Public Works to purchase a paint stiper truck, as identified in the FY19/20 annual budget.

On September 17, 2019, the Board of Supervisors adopted a Resolution to adopt the final budget for Plumas County and the Dependent Special Districts Therein for Fiscal Year 2019-2020. The FY19-20 approved budget contains funds sufficient to purchase the recommended equipment.

The paint truck is requested and required by Public Works because the current truck, which currently paints and stripes more than 470 miles of County roads annually, is 25 years old and is no longer CARB compliant. With no retrofit technology currently available, Public Works will no longer be able to continue to use this piece of equipment beyond mid-year 2020.

Public Works has performed studies to assess the costs of using contract services to paint and stripe County roads and has determined it to be more cost effective to perform the work itself using its own employees and equipment.

Staff from the Department of Public Works solicited, and received, two (2) responses to request for a new class 8 paint stiper truck. The two bids were submitted by vendors located in Wisconsin and Iowa; both of which market reputable brands of equipment.

Of the competing proposals, M-B Companies, located in New Holstein, Wisconsin, had the lowest responsible cost for the paint stiper truck. The other proposal was received from EZ Liner, located in Orange City, Iowa.

Consent Agenda Request

For the January 7, 2020 meeting of the Plumas County Board of Supervisors

Subject: Request the Board of Supervisors to approve the purchase of a
class 8 paint striper truck in an amount not to exceed \$471,927.88.

December 30, 2019

Page 2

Accordingly, a proposed "Purchase Order," dated January 7, 2020, for the class 8 paint striper truck has been prepared and is attached for consideration.

It should be noted that the attached quote from M-B Companies is higher than the amount specified in this Agenda Request. The reason for this difference is that this original quote is calculated with an estimated sales tax amount based on 7.5%, not the 7.25% tax rate in Plumas County. Contact has been initiated with the company to retain a quote with the correct sales tax rate.

Public Works staff has coordinated with the Auditor's Office and a Budget Transfer form is not required.

Recommendation:

The Director of Public Works respectfully recommends that the Board of Supervisors vote to authorize the Chair of the Board of Supervisors and the Director of Public Works to execute the attached purchase order in an amount not to exceed \$471,927.88.

Attachment: Proposed "Purchase Order," dated January 7, 2019, for the
class 8 paint striper truck

PRICE QUOTATION



M-B Companies, Inc.

95 Blessing Dr.
Muncy, PA 17756
Phone (570) 547-1621
Fax (570) 431-6641

QUOTATION NO. BID4913

Please refer to this number when submitting an order

To: Plumas County, CA

Date: 12/19/19

Attn: Purchasing

F.O.B. Plumas County, CA

We appreciate the opportunity to submit the following quotation:

M-B Companies, Inc. Maxi-500 with additional options

The following is included in the price shown below:

Product Code	Item Description	
Maxi-500	M-B Companies, Inc. Maxi-500 PER Specification 1119-2097	\$433,669.00
	Zinc coated anti corrosion treated frame rails	\$306.00
	Full steel inner liner	\$463.00
	Battery disconnect switch	\$116.00
	Engine protection shutdown	\$10.00
	Removable bug screen	\$132.00
	Curved exhaust tip	\$70.00
	Auto neutral activates w/parking brake	\$19.00
	Pull cords all air tanks	\$10.00
	Cab tilt air assist	\$267.00
	Warning light battery disconnect, switch engaged	\$15.00
	DEDUCT pre-construction meeting held at Plumas County Public Works	-\$1,900.00
	Rear Fenders	\$1,857.00
	Rear Strobes	\$643.00
	Additional diaphragm pumps for white and yellow paint	\$4,349.00
	TOTAL FOR ABOVE:	\$440,026.00
	ESTIMATED STATE SALES TAX (7.50%) NOT COLLECTED BY M-B:	\$33,001.95
	TOTAL:	\$473,027.95

*M-B Companies, Inc. optioned two (2) additional diaphragm pumps for white and yellow, if the County wanted to re-fill their totes instead of changing them out. We do not recommend running white/yellow paint through any pumps/lines that had black paint run through them.

CUSTOMER IS RESPONSIBLE FOR ALL APPLICABLE SALES TAXES

PAYMENT TERMS: Net 20

This quotation is valid for 60 Days
Delivery: 120 TO 210 DAYS ARO

Unless otherwise Stated, prices quoted are for the above listed quantities shipped at one time. Prices may change if quantities differ from those shown above.

M-B Companies, Inc.

By: Elizabeth Fry, Assistant Secretary
Pavement Marking Equipment Division

Customer Acceptance of Order

Signature

Date

THIS QUOTATION IS NOT AN OFFER AND IS NOT LEGALLY BINDING ON M-B. ALL SALES BY M-B SHALL BE SUBJECT EXCLUSIVELY TO M-B'S TERMS AND CONDITIONS OF SALES SET FORTH ON THE BACK HEREOF.

Standard Terms and Condition of Sale

M-B Companies, Inc. of Wisconsin ("Seller") agrees to sell products, parts or components to ("Buyer") on the terms and conditions set out in these Terms and Conditions (the "Terms and Conditions").

Placement of Orders: Processing of an order will not commence until Seller has received written confirmation. If Buyer does not issue a formal purchase order, written confirmation must include the following information: M-B model, size, other options (if applicable), prime mover model to which skid will be mounted, quantity, price, expected discount, expected delivery date, and shipping instructions. This information should appear on Buyer's letterhead, and be signed by an authorized representative of Buyer.

Acceptance: All orders are subject to final written acceptance by Seller at its home office. These Terms and Conditions constitute the final agreement between Seller and Buyer, and shall apply to all sales by Seller to Buyer. Seller's acceptance of this order is expressly conditioned on Buyer's agreement to these Terms and Conditions. Buyer shall be deemed to have consented to these Terms and Conditions in the event it accepts the shipment of any products from Seller. These Terms and Conditions supersede any and all conditions contained in Buyer's purchase order or other document furnished by Buyer. Any attempt by Buyer to vary these terms is hereby expressly objected to and rejected.

Price: Unless otherwise stated, all prices and deliveries are FOB Muncy, Pennsylvania. Prices do not include any taxes. All prices, specifications, terms and conditions are subject to change without notice. All orders will be invoiced at the price in effect when the order is received by Seller. All quotations shall be valid for a period of ninety (90) days unless otherwise noted.

Delivery Dates / Delays: Delivery date quoted shall be FOB shipping point date unless otherwise specified. Delivery dates are only estimations by Seller. In the event of delay attributable to Buyer, Buyer shall compensate Seller for delay costs. Seller shall not be liable for delays in delivery or failure to perform due to causes beyond its reasonable control, including but not limited to, acts of nature, acts of war or terrorism, Buyer's acts or failures to act, acts of government or military authority, delays in transportation or shortages, or inability due to causes beyond Seller's reasonable control to obtain necessary labor, materials, utilities, components, parts or manufacturing facilities.

Payment Terms: Payment terms are Net 20 days after invoice date (special terms may apply). Seller reserves the right to require cash payment if Seller develops doubt as to Buyer's ability to pay. Seller may charge Buyer interest at the rate of one percent (1.0%) over current prime rate per annum on past due accounts. In addition, in the event of late payment or default by Buyer, Seller shall be entitled to collect its attorneys' fees, expenses and other costs incurred in pursuing collection. Buyer shall not take any credit against payment due Seller without a written credit memorandum authorizing such credit issued in advance by Seller. Payments due to Seller, whether for the purchase of products or otherwise, shall be paid without deduction, set-off, or recoupment by Buyer.

Returns: Buyer shall not return any products unless authorized in writing by Seller with Seller's "returned materials authorization" number (RMA). The RMA must be prominently displayed on the outside of the return packaging. Any request to return products must be made within ten (10) days from the receipt of the products by Buyer. Returned products must be in first class saleable condition, in their original container, shipment prepaid. The issuance of an RMA number is not an admission of liability on Seller's part for reimbursement of any type. The returned products will be examined upon receipt, at which time proper disposition will be determined. Buyer will be advised at that time of any adjustments or credits that may be made. All products that are returned for any reason other than defective material will be subject to inspection to ensure the item's resaleable condition. In any event, a 30% restocking fee, as well as the freight charges both ways will be deducted from any credit. Nonstandard or used material, and components designed to meet Buyer's unique requirements or specifications, are not returnable. Unless otherwise expressly agreed, an order for equivalent value must accompany returned products and all such products are accepted for credit only after factory inspection. Buyer returning products must pay transportation charges and bear risks of loss or damage to goods while in transit.

Warranty: Seller provides a limited warranty pursuant to the terms of its separate Limited Warranty Policy. The Warranty is Buyer's exclusive remedy.

Limitation of Liability: Seller shall not be liable to Buyer or any Customer of Buyer for any incidental, consequential, special or punitive damages. In no event shall Seller be liable for damages which exceed the purchase price for the products.

Indemnification / Insurance: Buyer shall indemnify and hold Seller harmless from any loss, including, but not limited to, attorneys' fees and expenses, which Seller may sustain as the result of any claim arising out of or relating to use or sale of the products by Buyer, Buyer's customer, or any third party. If Buyer maintains insurance which may be applied to any liability it has to Seller pursuant to these Terms and Conditions, then Buyer agrees to take whatever actions are necessary to perfect said insurance coverage for the benefit of Seller.

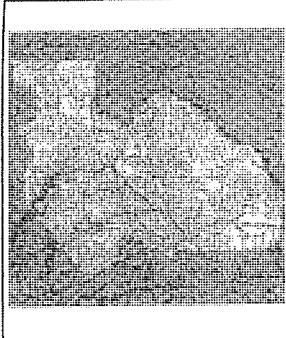
Changes / Cancellation: Buyer may request changes in its order provided that Seller receives written notice of and accepts the desired changes and that Buyer accepts the additional charges as determined by Seller. Seller's refusal of Buyer's request to change its purchase order shall not be cause for Buyer's cancellation of its order except upon payment of a cancellation charge to be determined by Seller. Seller shall have the absolute right to cancel any undelivered orders upon breach thereof by Buyer, failure by Buyer to make any payment required hereunder, or insolvency or bankruptcy of Buyer. A purchase order or any part thereof which is accepted by Seller may not be cancelled by Buyer until Seller receives written notice of the cancellation, has determined reasonable additional charge to be made and the charge has been paid by Buyer.

Infringement: With respect to the products which are made by Seller based on any specifications, directions, models, or samples furnished by Buyer or commercial standards of Buyer's industry, Buyer will defend and hold Seller harmless from any and all liability and expenses arising out of or relating to any claims based on infringement or alleged infringement of patents, trademarks or copyrights from the use or sale of products made by Seller either as such or as part of complete items.

Notices: Any notice given pursuant to these Terms and Conditions shall be sent by means providing proof of delivery and: (1) if to Buyer, to its regular place of business; and (2) if to Seller: PO Box 200, 1615 Wisconsin Avenue, New Holstein, Wisconsin 53061.

Entire Agreement. The parties agree that there are no understandings, agreements or representations, express or implied not specified in these Terms and Conditions and that this instrument contains the entire agreement between Seller and Buyer, and that, consequently, no course of prior dealings and no usage of the trade shall be relevant to supplement or explain any of the terms used in these Terms and Conditions.

Governing Law: These Terms and Conditions shall be construed and interpreted under the laws of the State of Wisconsin. Any disputes arising hereunder or relating to the products shall be brought in Calumet County, Wisconsin.



Ship and Bill to same address

Plumas County Department of Public Works

1834 East Main St – Quincy, CA 95971

Quincy Office - Phone: (530) 283-6268 Fax: (530) 283-6323
Mechanic's Shop - Phone: (530) 283-6496 Fax: (530) 283-6017



PURCHASE ORDER

Pursuant to Plumas County Purchasing Policy
(See Reverse or Attachment for Terms and Conditions)

DATE: JANUARY 7, 2020

PO No 2210

District: Main Office Mechanic Shop D1 D2 D3 D4 D5 LP

Purchaser: PRINT: JOE BLACKWELL
PHONE: 530-283-6491

SIGNATURE: Joe Blackwell
E-MAIL: JOE BLACKWELL@COUNTYOFFLAMMHS.COM

Vendor : NAME: M-B COMPANIES, INC.
ADDRESS: 95 BLESSING DR.
MUNLEY, PA. 17756

CONTACT: ELIZABETH ERY
PHONE #: 570-547-1621
FAX #: 570-431-6641
EMAIL:

Freight Charges: No Yes \$ FOB 18345. MAIN ST. DURRY CA 95971

Date: _____

Approval by Department Purchase Agent Designee:

Date: _____

over \$5,000)

Approval by County Purchase Agent Designee:(If over \$5,000)

ROS Chair, Acting as Purchasing Officer

Subtotal	440,026.00
7.25% Tax	31,001.95
Freight	Bob Murray
Total	471,927.88

Vendor #2: EZ LINER 543,457.20

Vendor #3: _____

Frank, Damien

From: Blackwell, Joe
Sent: Friday, December 27, 2019 3:09 PM
To: Frank, Damien
Cc: Mannle, John
Subject: additional info for paint truck

Hi Damien,

Some info for the paint truck agenda request;

The truck that Public Works is replacing is 25 years old and is no longer CARB compliant, there are no retrofit technology available to allow continued use beyond mid-year 2020 (half the paint season).

The truck is used to apply approximately 12,000 gallons of waterborne traffic paint.

The truck applies approximately 22,000 lbs. of glass beads to maintain retro-reflectivity of paint for visibility of the stripes.

Public Works re-stripes approximately 470 miles of road (at least four stripes with fog and center lines) and re-paints stenciling including stop bars each year to maintain MUTCD standards.

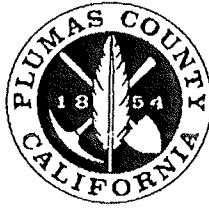
The paint season starts in May and ends by October each year.

Public Works has performed studies to assess the costs of contract services and determined it to be more cost effective to perform the work by force account.

Joe Blackwell
Deputy Director
Plumas County Public Works
1834 E. Main St.
Quincy Ca. 95971
530-283-6491 direct
530-394-7964 cell
joeblackwell@countyofplumas.com

PLUMAS COUNTY • DEPARTMENT OF PUBLIC WORKS

1834 East Main Street, Quincy, CA 95971 – Telephone (530) 283-6268 – Facsimile (530) 283-6323
Robert A. Perreault, Jr., P.E., Director John Mannle, P.E., Asst. Director Joe Blackwell, Deputy Director



Date: December 20, 2019
To: Joe Blackwell
From: Eric Braswell *EB*
Subject: Bid Award Recommendation Paint Truck

Public Works opened bids on November 26, 2019 for the Class 8 Paint Striper Truck. Joe Blackwell and Pamela Andrews reviewed the Bids. There were two (2) bids;

Vendor 1	M-B Companies, Inc. New Holstein, WI	\$465,110.00 (Including 7.25% tax)
Vendor 2	EZ Liner Orange City, IA	\$543,457.20 (Including 7.25% tax)

After reviewing the bids it was determined M-B Companies did not include options that EZ liner included in their bid. After clarification and obtaining prices for the same options it was determined that M-B Companies is still the lowest qualified bid.

M-B Companies Bid with the same options as EZ Liner is \$471,927.88

I recommend proceeding with M-B Companies, Inc. New Holstein, WI in the amount of \$471,927.88

In concurrence:

Blackwell
Joe Blackwell
Deputy Director

12-26-19
Date

In concurrence:

Robert A. Perreault
Bob Perreault
Director of Public Works

12/27/2019
Date

** Subject to Approval by
the Board of Supervisors
R.A.P.*

PLUMAS COUNTY DEPARTMENT OF PUBLIC WORKS

1834 East Main Street, Quincy, CA 95971 – Telephone (530) 283-6268 Facsimile (530) 283-6323
Robert A. Perreault Jr., P.E., Director John Mannle, P.E., Asst. Director Joe Blackwell, Deputy Director



CONSENT AGENDA REQUEST

For the January 7, 2020 meeting of the Plumas County Board of Supervisors

December 30, 2019

To: Honorable Board of Supervisors

From: Robert Perreault, Director of Public Works

Subject: Contract Award of Purchase Agreement for Fuel and Furnace Oil Purchase
Delivery from Hunt and Sons, Inc. in the amount of Six Hundred Thousand Dollars
and 00/100 (\$600,000.00).

A handwritten signature in black ink that reads "Robert A. Perreault".

Background:

This Agenda Request pertains to the need by the Department of Public Works to purchase fuel and heating oil as identified in the FY19/20 annual budget.

On September 17, 2019, the Board of Supervisors adopted a Resolution to adopt the final budget for Plumas County and the Dependent Special Districts Therein for Fiscal Year 2019-2020.

The anticipated cost of the fuel and heating oil, following staff reviews of the submitted bids received on October 31, 2019 is not expected to exceed \$600,000 for the 2020 calendar year as outlined in the attached contract.

The attached contract has been reviewed and approved as to form by County Counsel.

Funding for this contract is included in the Budget adopted by the Board of Supervisors on September 17, 2019.

Public Works staff has coordinated with the Auditor's Office and a Budget Transfer Form will not be required at this time.

Recommendation:

The Director of Public Works respectfully recommends that the Board of Supervisors authorize the Chair of the Board of Supervisors and the Director of Public Works to execute a contract with Hunt & Sons, Inc., using FY2019-20 budget funds, not to exceed \$600,000.00 for the purchase of fuel and furnace oil.

Attachment:

HUNT & SONS, INC.
FUEL & FURNACE OIL#2
PURCHASE AGREEMENT – 2020

Summary of Terms

A. PURCHASER: County of Plumas – Department of Public Works; 1834 E. Main Street, Quincy, CA 95971

DELIVER TO:

Beckwourth Maintenance Yard, 240 Beckwourth-Genesee Road Beckwourth, CA 96129
Greenville Maintenance Yard, 36 Williams Valley Road Greenville, CA 95947
Chester Maintenance Yard, 1033 Main Street – Hwy 36 Chester, CA 96020
Quincy Maintenance Yard, 1834 East Main Street Quincy, CA 95971
Graeagle Maintenance Yard, 1091 Maricopa Trail Graeagle, CA 96103
LaPorte Maintenance Yard, 2020 Church Street La Porte, CA 95981

SELLER: Hunt & Sons, Inc.
188 Crescent Street.
Quincy, CA 95971

B. TYPE OF FUEL (“Fuel”):

- Clear Diesel Fuel
- Gasoline Fuel
- High Sulphur Burner Fuel (“Burner”)

C. BRANDED & UNBRANDED PRODUCT QUANTITY: Seller agrees to sell to Purchaser, and Purchaser agrees to purchase exclusively from Seller, all of Purchaser's requirements for Clear Diesel Fuel, Gasoline Fuel, and High Sulphur Burner Fuel at the Maintenance Yards referenced above in Section A. Purchaser's projected requirements for Branded and Unbranded Fuel purchases during the Initial Term are set forth on Attachment A to this Agreement. The start date will be January 1, 2020.

D. PRICE:

1. **Clear Diesel Fuel:** Seller's delivered price on date of lifting, which Seller shall establish from time to time, in its discretion, based on market conditions or other information deemed pertinent by Seller, plus (a) all applicable taxes, assessments, fees, duties, tariffs or other charges of whatever kind or nature, levied or imposed by any third party, whether directly or indirectly, on Fuel furnished to Purchaser, and (b) all delivery charges, fees and related costs incurred by Seller in delivering Fuel to Purchaser.

2. **Gasoline Fuel:** Seller's delivered price on date of lifting, plus (a) all applicable taxes, fees, duties, or other charges levied or imposed, whether directly or indirectly, on Fuel furnished to Purchaser, and (b) all delivery charges, fees and related costs incurred by Seller in delivering fuel to Purchaser.

3. **High Sulphur Burner Fuel:** Seller's delivered price on date of lifting, plus (a) all applicable taxes, fees, duties, or other charges levied or imposed, whether directly or indirectly, on Fuel furnished to Purchaser, and (b) all delivery charges, fees and related costs incurred by Seller in delivering fuel to Purchaser.

Total paid by County to Contractor under this Agreement shall not exceed Six hundred thousand dollars (\$600,000.00).

E. DELIVERY: FOB Purchaser's storage tanks at the Maintenance Yards, freight prepay and add. Unless otherwise agreed in writing, the minimum delivery of gas and clear diesel fuel shall be a full standard transport tanker load equivalent to approximately 2,000 gross gallons, with the exception of La Porte gas is 200 gallons. High Sulphur burner fuel shall be a full standard transport tanker load equivalent to approximately 1,000 gross gallons, with the exception of Chester which is 1,500 gallons, and the equipment repair shop which is 2,000 gallons. Seller reserves the right to impose a surcharge for deliveries of less than a full tanker load.

F. EFFECTIVE DATE: January 1, 2020 (the "Effective Date")

G. TERM: One (1) year from the Effective Date.

H. PAYMENT TERMS: Net Fifteen (15) days EFT, as modified from time to time by Seller in accordance with Section 4 of the Terms and Conditions.

I. NOTICES:

If to Seller:

Address: 188 Crescent Street.
Quincy, CA 95971
Attention: Ken Macklin
Phone: 530-283-1080
Fax: 530-283-0215
E-mail: kmacklin@huntnsons.com

If to Purchaser:

Address: 1834 East Main Street
Quincy, CA 95971
Attention: Joe Blackwell, Deputy Director
Phone: 530-283-6268
Fax: 530-283-6323
E-mail: joeblackwell@countyofplumas.com

- Attachment A: Projected Fuel Requirements

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IN WITNESS WHEREOF, Seller and Purchaser have executed this Agreement as of the Effective Date.

FOR HUNT & SONS, INC.

Name: Joe Hunt
Title: President

Date: _____

Name: Dan Maue
Title: CFO

Date: _____

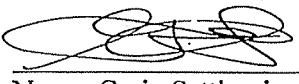
FOR PLUMAS COUNTY

APPROVED AS TO SCOPE OF WORK:

Name: Robert A. Perreault, Jr., P.E.
Title: Director of Public Works

Date: _____

APPROVED AS TO FORM:


Name: Craig Settemire
Title: County Counsel

Deputy

Date: 12/10/19

**CONCURRENCE BY:
THE BOARD OF SUPERVISORS**

Name: Kevin Goss
Title: Chair, Board of Supervisors

Date: _____

Attest:


Nancy DaForno
Clerk of the Board of Supervisors

Date: _____

ATTACHMENT A

PROJECTED FUEL REQUIREMENTS

Purchaser estimates that its requirements for Fuel during the Initial Term are as follows (all quantities in gallons):

Fuel (Gallons)

	<u>Clear Diesel</u>	<u>Gasoline</u>	<u>Burner</u>
Beckwourth	12,000	3,000	4,000
Greenville	11,000	2,000	4,000
Chester	22,000	4,000	6,000
Quincy	36,000	7,000	14,300
Graeagle	14,000	1,500	0
La Porte	15,000	200	0

Purchaser represents and warrants that the quantities listed above are its best estimates of its requirements for Fuel during the Initial Term, and that Seller will rely on such projections to plan for adequate supply of Fuel for Purchaser and Seller's other customers. Purchaser and Seller may mutually agree to increase volumes for any year in the term. If, at any time during the term of this Agreement, Purchaser expects its Fuel requirements to be greater than the estimates set forth above, Purchaser shall give Seller thirty (30) days advance written notice of its request to increase the quantities listed above to reflect its revised projected annual requirements. Seller shall attempt to accommodate any request by Purchaser to increase the volume of its Fuel purchases; provided, however, that Seller cannot guarantee to accommodate any request by Purchaser to increase its fuel quantity by more than 20% in any given month.

If, during any twelve month period in the Term (or any extended Term) of this Agreement Purchaser fails to purchase estimated requirements of Fuel set forth above, Seller may reduce the quantity estimate for the following year by an amount equal to the difference between Purchaser's actual Fuel purchases and the estimates set forth herein. If, during any twelve-month period in the Term (or any extended Term) of this Agreement Purchaser fails to purchase at least eighty percent (80%) of its estimated requirements of Fuel set forth above, Seller may, at its option, terminate this Agreement upon thirty (30) days written notice to Purchaser.

Hunt & Sons, Inc. ("Seller")

(Initial)

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County of Plumas ("Purchaser")

(Initial)

PLUMAS COUNTY DEPARTMENT OF PUBLIC WORKS

1834 East Main Street, Quincy, CA 95971 – Telephone (530) 283-6268 Facsimile (530) 283-6323
Robert A. Perreault Jr., P.E., Director John Mannle, P.E., Asst. Director Joe Blackwell, Deputy Director



CONSENT AGENDA REQUEST

For the January 7, 2020 meeting of the Plumas County Board of Supervisors

December 30, 2019

To: Honorable Board of Supervisors

From: Robert Perreault, Director of Public Works

A handwritten signature in black ink that reads "Robert Perreault".

Subject: Contract Award of Purchase Agreement for Propane Fuel Purchase Delivery from Hunt and Sons, Inc. in the amount of Seventeen Thousand Dollars and 00/100 (\$17,000.00).

Background:

This Agenda Request pertains to the need by the Department of Public Works to purchase propane fuel as identified in the FY19/20 annual budget.

On September 17, 2019, the Board of Supervisors adopted a Resolution to adopt the final budget for Plumas County and the Dependent Special Districts Therein for Fiscal Year 2019-2020.

The anticipated cost of the propane fuel, following staff reviews of the submitted bids received on October 31, 2019 is not expected to exceed \$17,000 for the 2020 calendar year as outlined in the attached contract.

The attached contract has been reviewed and approved as to form by County Counsel.

Funding for this contract is included in the Budget adopted by the Board of Supervisors on September 17, 2019.

Public Works staff has coordinated with the Auditor's Office and a Budget Transfer Form will not be required at this time.

Recommendation:

The Director of Public Works respectfully recommends that the Board of Supervisors authorize the Chair of the Board of Supervisors and the Director of Public Works to execute a contract with Hunt & Sons, Inc., using FY2019-20 budget funds, not to exceed \$17,000.00 for the purchase of propane fuel.

Attachments:

**HUNT PROPANE
PROPANE FUEL PURCHASE AGREEMENT – 2020**

Summary of Terms

A. PURCHASER: County of Plumas – Department of Public Works; 1834 E. Main Street, Quincy, CA 95971

DELIVER TO:

Chester Maintenance Yard, 1033 Main Street – Hwy 36 Chester, CA 96020
Quincy Administration Office, 1834 East Main Street Quincy, CA 95971
Graeagle Maintenance Yard, 1091 Maricopa Trail Graeagle, CA 96103

SELLER: Hunt Propane, LLC.
188 Crescent Street
Quincy, CA 95971

B. TYPE OF FUEL (“Fuel”):

Propane Fuel

C. BRANDED & UNBRANDED PRODUCT QUANTITY: Seller agrees to sell to Purchaser, and Purchaser agrees to purchase exclusively from Seller, all of Purchaser’s requirements for Propane Fuel at the Maintenance Yards referenced above in Section A. The start date will be January 1, 2020.

D. PRICE: Seller’s delivered price on date of lifting, plus (a) all applicable taxes, fees, duties, or other charges levied or imposed, whether directly or indirectly, on Fuel furnished to Purchaser, and (b) all delivery charges, fees and related costs incurred by Seller in delivering fuel to Purchaser. Total paid by County to Contractor under this Agreement shall not exceed seventeen thousand dollars (\$17,000.00).

E. DELIVERY: FOB Purchaser’s storage tanks at the Maintenance Yards, freight prepay and add. Unless otherwise agreed in writing, the delivery of propane gas will be delivered in amounts required to keep the Purchaser’s tank on a ‘keep full’ basis. Tank sizes are as follows: Chester and Graeagle are 500 gallons each, and Quincy is 1,000 gallons.

F. EFFECTIVE DATE: January 1, 2020 (the “Effective Date”)

G. TERM: One (1) year from the Effective Date.

H. PAYMENT TERMS: Net Fifteen (15) days EFT, as modified from time to time by Seller in accordance with Section 4 of the Terms and Conditions.

I. NOTICES:

If to Seller:

Address: 188 Crescent Street
Sacramento, CA 95829
Attention: Curt Neiman
Phone: 530-283-1080
E-mail: cneiman@huntnsons.com

If to Purchaser:

Address: 1834 East Main Street
Quincy, CA 95971
Attention: Joe Blackwell, Deputy Director
Phone: 530-283-6268
E-mail: joeblackwell@countyofplumas.com

IN WITNESS WHEREOF, Seller and Purchaser have executed this Agreement as of the Effective Date.

FOR HUNT PROPANE, LLC.

Date: _____

Name: Josh Hunt
Title: Member

Date: _____

Name: Dustin Kaiser
Title: Member

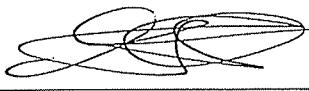
FOR PLUMAS COUNTY

APPROVED AS TO SCOPE OF WORK:

Date: _____

Name: Robert A. Perreault, Jr., P.E.
Title: Director of Public Works

APPROVED AS TO FORM:

 *Deputy*

Date: 12/10/19

Name: Craig Settemire
Title: County Counsel

**CONCURRENCE BY:
THE BOARD OF SUPERVISORS**

Date: _____

Name: Kevin Goss
Title: Chair, Board of Supervisors

Attest:

Date: _____

Nancy DaForno
Clerk of the Board of Supervisors



Plumas County Environmental Health

270 County Hospital Road, Ste. 127, Quincy CA 95971

Phone: (530) 283-6355 ~ Fax: (530) 283-6241

4

Date: December 13, 2019

To: Honorable Board of Supervisors

From: Jerry Sipe

Agenda: Agenda Item for January 7, 2020

Recommendation: Adopt a Resolution Updating the Master Fee Schedule for Environmental Health.

Background and Discussion: In accordance with Board policy, County departments should periodically review and recommend updates to their service fees. Since Environmental Health's fees were last updated in April 2017, they need to be updated to reflect the current cost to provide the service. In addition, a few new fees for service are also recommended.

The methodology used to calculate the recommended fee is one that has been used by Environmental Health and other county departments for many years. It includes computations of the department overhead costs, direct employee cost, service and supplies costs, and the county's indirect costs. To calculate each individual fee, every service activity has a separate worksheet which is based on the department's expenses, the number of services performed, and the department's time accounting records. Summary sheets describing the service, and an assessment sheet showing the current fee, the updated cost, and proposed fee is attached for your consideration.

The entire methodology, worksheets and basis for all updated calculations are on file with the Clerk of the Board and are available at the Environmental Health Office. The attached fee amendment resolution includes the updated and recommended fees for Environmental Health as Exhibit "A".

At this time, it is recommended that the Board adopt the resolution updating the master fee schedule for Environmental Health.

If you have any questions, please do not hesitate to contact me at 283-6367.

Thank you.

Enclosures:

2019-20 Proposed Fee, Charge and Assessment Update
Description of Environmental Health Fees for Service
Master Fee Schedule Resolution for Environmental Health

PLUMAS COUNTY ENVIRONMENTAL HEALTH
2019/2020 FEE, CHARGE AND
ASSESSMENT UPDATE

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Dept. No Revenue Account Number	Authorization Resolution/ Ordinance Number	Common Name of Service Number	Current Fee	Date of Last Adjustment	Service Unit/Yr	Current Estimated Cost	Proposed Fee	Foot Note	Approx Revenue for FY 20-21
20550 - 45160	17-8231	Food-Beverage Large Facility Permit	\$294	YR	Apr-17	100	\$315		\$31,500
20550 - 45160	17-8231	Food-Beverage Small Facility Permit	\$193	YR	Apr-17	63	\$208		\$13,104
20550 - 45160	17-8231	Food-Beverage Non-Prep Facility Permit	\$92	YR	Apr-17	38	\$97		\$3,686
20551 - 45160	17-8231	Food-Cottage "A" Registration	\$29	YR	Apr-17	6	\$31	\$31	\$186
20552 - 45160	17-8231	Food-Cottage "B" Permit	\$94	YR	Apr-17	7	\$99	\$99	\$693
20553 - 45160	17-8231	Food-Satellite Permit	\$74	YR	Apr-17	1	\$76	\$76	\$76
20550 - 45160	17-8231	Community Event Coordinator Permit	\$79	EA	Apr-17	22	\$84	\$84	\$1,848
20551 - 45160	17-8231	Community Event Coordinator Expedited Permit	\$168	EA	Apr-17	2	\$179	\$179	\$358
20552 - 45160	17-8231	Mobile/Temporary/Snack Bar Food Prep Permit	\$112	YR	Apr-17	98	\$121	\$121	\$1,858
20553 - 45160	17-8231	Mobile/Temporary/Snack Bar Food Prep Expedited Permit	\$198	YR	Apr-17	1	\$207	\$207	\$207
20550 - 45160	17-8231	Food Facility Plan Check & Preopening Consultation Large Facility	\$318	Fac	Apr-17	1	\$342	3	\$342
20550 - 45160	17-8231	Food Facility Plan Check & Preopening Consultation Small Facility	\$180	Fac	Apr-17	1	\$190	3	\$190
20550 - 45160	17-8231	Food/Beverage Produce Stand Permit	\$62	YR	Apr-17	5	\$66	\$66	\$330
20550 - 45160	17-8231	Food/Beverage Vehicle Non Prep Permit	\$61	YR	Apr-17	4	\$64	\$64	\$256
20550 - 45160	17-8231	Perishable Food/Beverage Vending Machine Permit	\$60	YR	Apr-17	1	\$64	\$64	\$64
20550 - 45160	17-8231	Food Facility Reinspection	\$121	EA	Apr-17	1	\$132	\$132	\$132
20550 - 45160	17-8231	Tattooing, Body Piercing or Permanent Cosmetics Permit	\$178	YR	Apr-17	1	\$186	\$186	\$186
20550 - 45160	17-8231	Tattooing, Body Piercing or Permanent Cosmetics Plan Check	\$238	Fac	Apr-17	1	\$215	\$215	\$215
20550 - 45160	17-8231	Recreational Health Swimming Pool/Spa/Hot Tub Permit	\$219	YR	Apr-17	31	\$238	\$238	\$7,378
20550 - 45160	17-8231	Recreational Health Swimming Pool/Spa/Hot Tub Plan Check	\$397	EA	Apr-17	1	\$419	3	\$419
20550 - 45160	17-8231	Recreational Health Swimming Pool/Spa/Hot Tub Reinspection	\$218	EA	Apr-17	1	\$229	\$229	\$229
20550 - 45160	17-8231	Animal Bite Investigation	\$74	EA	Apr-17	2	\$81	\$81	\$162
20550 - 45160	17-8231	Large Animal Rabies Testing	\$211	Unit	Apr-17	2	\$230	\$230	\$460
20550 - 45160	17-8231	Small Animal Rabies Testing	\$129	Unit	Apr-17	5	\$141	\$141	\$705
20550 - 45160	17-8231	Assist CUPA Facility CERS Submittal	\$100	EA	Apr-17	1	\$107		\$107
20550 - 45160	17-8231	CUPA Underground Storage Tank Installation/Plan Check	\$337	Fac	Apr-17	1	\$360	\$360	\$360
20550 - 45160	17-8231	CUPA Underground Storage Tank Temporary Closure Permit	\$195	Unit	Apr-17	1	\$205	\$205	\$205
20550 - 45160	17-8231	CUPA Underground Storage Tank Permanent Closure Permit	\$291	Unit	Apr-17	1	\$314	\$314	\$314
20550 - 45160	17-8231	CUPA Element Underground Storage Tank Permit to Operate	\$177	YR	Apr-17	59	\$192	\$192	\$11,328
20550 - 45160	17-8231	CUPA Underground Storage Tank System Repair/Plan Check	\$215	EA	Apr-17	1	\$58	\$158	\$158
20550 - 45160	New	CUPA Underground Storage Tank System Reinspection	New	EA	New	1	\$211	1	\$211
20550 - 45160	17-8231	CUPA Facility Hazardous Materials Business Plan-Standard	\$165	YR	Apr-17	220	\$178	\$178	\$39,160
20550 - 45160	17-8231	CUPA Facility Hazardous Materials Business Plan-Expedited	\$302	YR	Apr-17	1	\$330	\$330	\$330
20550 - 45160	17-8231	CUPA Element Aboveground Petroleum Storage Act (APSA)	\$93	YR	Apr-17	56	\$99	\$99	\$5,544
20550 - 45160	New	CUPA Aboveground Petroleum Storage Act Tank Install/Plan Check	New	EA	New	1	\$264	1	\$264
20550 - 45160	17-8231	CUPA Element Hazardous Waste Large Quantity Generator	\$141	YR	Apr-17	1	\$147	\$147	\$147
20550 - 45160	17-8231	CUPA Element Hazardous Waste Small Quantity Generator	\$106	YR	Apr-17	95	\$115	\$115	\$10,925

Dept. No Revenue Account Number	Authorization/ Resolution/ Ordinance Number	Common Name of Service Number	Current Fee	Date of Last Adjustment	Service Unit/Yr	Current Estimated Fee	Proposed Fee	Foot Note	Appro Revenue for FY 20-21	
									Cost	
20550 - 45160	17-8231	CUPA Element Hazardous Waste Very Small Quantity Generator	\$23	YR	Apr-17	7	\$36	\$36	Yr	\$252
20550 - 45160	17-8231	CUPA Element Hazardous Waste Permit By Rule Generator	\$122	YR	Apr-17	1	\$128	\$128	Yr	\$128
20550 - 45160	17-8231	CUPA Element Accidental Release Plan (Cal ARP)	\$340	YR	Apr-17	3	\$397	\$397	Yr	\$1,191
20550 - 45160	17-8231	Inspection/Posting of Dangerous Property (Illegal Drug Lab)	\$387	EA	Apr-17	1	\$393	\$393	Ea	\$393
20550 - 45160	17-8231	Hazardous Materials Work Plan Review	\$228	EA	Apr-17	1	\$233	\$233	Ea	\$233
20550 - 45160	New	Emergency Response and Cleanup Oversight	New	Hi	New	2	\$137	\$135	1	\$270
20550 - 45160	17-8231	OWTS Installation Permit	\$441	EA	Apr-17	67	\$457	\$457	2,3	Ea
20550 - 45160	17-8231	OWTS Tank-Only Installation Permit	\$294	EA	Apr-17	33	\$294	\$294	2,3	Ea
20550 - 45160	17-8231	OWTS Engineered System Installation Permit	\$546	EA	Apr-17	5	\$589	\$589	2,3	Ea
20550 - 45160	17-8231	OWTS Individual Operating Permit	\$81	5 YR	Apr-17	2	\$58	\$58	5 Yr	\$116
20550 - 45160	New	OWTS Community System Operating Permit	New	5 YR	New	2	\$119	\$119	1	\$238
20550 - 45160	17-8231	OWTS Installation Permit Renewal	\$117	Once	Apr-17	12	\$126	\$126	Once	\$1,512
20550 - 45160	17-8231	OWTS Work Without Permit Investigation Fee	\$400	Unit	Apr-17	1	\$223	\$223	Unit	\$423
20550 - 45160	17-8231	Piezometer Permit	\$96	Per 5	Apr-17	4	\$106	\$106	Per 5	\$424
20550 - 45160	17-8231	Sewage Pumpers Vehicle Permit	\$62	EA	Apr-17	30	\$65	\$65	Ea	\$1,950
20550 - 45160	17-8231	GeoThermal Heat Exchange Well Installation Permit	\$495	Per 5	Apr-17	1	\$223	\$223	Per 5	\$423
20550 - 45160	17-8231	Monitoring Well Installation Permit	\$307	EA	Apr-17	4	\$196	\$196	Ea	\$784
20550 - 45160	17-8231	Water Well Installation Permit	\$481	EA	Apr-17	43	\$514	\$514	2,3	Ea
20550 - 45160	17-8231	Water Well Installation Permit Renewal	\$119	Once	Apr-17	1	\$127	\$127	Once	\$127
20550 - 45160	New	Water Well Deepening Permit	New	EA	New	6	\$34	\$34	1	Ea
20550 - 45160	17-8231	Water Well Installation Work Without Permit Investigation Fee	\$439	Unit	Apr-17	1	\$51	\$51	Unit	\$451
20550 - 45160	17-8231	Water Well Destruction Permit	\$158	EA	Apr-17	1	\$167	\$167	Ea	\$167
20550 - 45160	New	Alternative Domestic Water Supply Review and Approval	New	EA	New	1	\$238	\$238	1	Ea
20550 - 45160	17-8231	Permit to Mine/Reclamation Review	\$105	EA	Apr-17	1	\$113	\$113	3	Ea
20550 - 45160	17-8231	Lot Line Adjustment Review	\$110	EA	Apr-17	11	\$121	\$121	3	Ea
20550 - 45160	17-8231	Special Use Permit Review	\$84	EA	Apr-17	5	\$95	\$95	3	Ea
20550 - 45160	17-8231	Tentative Map Evaluation	\$70	per Lot	Apr-17	6	\$74	\$74	3 per lot	\$444
20550 - 45160	17-8231	Planned Development Permit Review	\$144	EA	Apr-17	1	\$148	\$148	3	Ea
20550 - 45160	17-8231	General Plan Amendment/Zone Change Review	\$91	Unit	Apr-17	2	\$96	\$96	3	Unit
20550 - 45160	17-8231	Negative Declaration/Environmental Impact Report Review	\$102	EA	Apr-17	1	\$118	\$118	3	Ea
20550 - 45160	17-8231	Final Map Review	\$50	EA	Apr-17	1	\$54	\$54	4	Ea
20550 - 45160	17-8231	Local, State, Small or Cal Code Water System Application	\$128	YR	Apr-17	60	\$140	\$140	Yr	\$8,400
20550 - 45160	17-8231	Local, State, Small or Cal Code Water System Application	\$83	EA	Apr-17	2	\$91	\$91	Ea	\$182
20550 - 45160	17-8231	Non Community Water System Application	\$288	EA	Apr-17	1	\$297	\$297	Ea	\$297
20550 - 45160	17-8231	Non Community Water System Treated Permit	\$505	YR	Apr-17	10	\$517	\$517	Yr	\$5,170
20550 - 45160	17-8231	Non Community Water System Untreated Permit	\$423	YR	Apr-17	72	\$444	\$444	Yr	\$31,968
20550 - 45160	17-8231	Community Water System Application	\$471	EA	Apr-17	1	\$501	\$501	Ea	\$501
20550 - 45160	17-8231	Community Water System 15-24 Treated Permit	\$411	YR	Apr-17	1	\$437	\$437	Yr	\$437
20550 - 45160	17-8231	Community Water System 15-24 Untreated Permit	\$320	YR	Apr-17	2	\$346	\$346	Yr	\$692
20550 - 45160	17-8231	Community Water System 25-99 Treated Permit	\$577	YR	Apr-17	2	\$615	\$615	Yr	\$1,230
20550 - 45160	17-8231	Community Water System 25-99 Untreated Permit	\$503	YR	Apr-17	8	\$516	\$516	Yr	\$4,128
20550 - 45160	17-8231	Community Water System 100-199 Treated Permit	\$708	YR	Apr-17	1	\$739	\$739	Yr	\$739

Dept. No Revenue Account Number	Authorization Resolution/ Ordinance Number	Common Name of Service	Current Fee	Date of Last Adjustment	Service Unit/Yr	Current Estimated Cost	Proposed Fee	Foot Note	Approx Revenue for FY 20-21	
20550 - 45160	17-8231	Community Water System 100-199 Untreated Permit	\$623	YR	Apr-17	1	\$632	\$632	Yr	\$632
20550 - 45160	17-8231	Public Water System Permit Amendment or Ownership Change	\$292	EA	Apr-17	2	\$302	\$302	Ea	\$604
20550 - 45160	17-8231	Office Hearing	\$234	Unit	Apr-17	1	\$245	\$245	Unit	\$245
20550 - 45160	17-8231	Photo Copies	\$0.20	Unit	Apr-17	100	\$0.25	\$0.25	Unit	\$25
20550 - 45160	17-8231	Consultation/Hourly Rate	\$123	Hr	Apr-17	5	\$135	\$135	Hr	\$675
										\$ 257,084

1. New Permit Fee this year
2. Includes \$61 Planning and Building Services One-Stop Permit Processing Fee
3. Fee Collected by Planning and Building Services
4. Fee Collected by Engineering

DESCRIPTION OF ENVIRONMENTAL HEALTH FEES FOR SERVICE BY PROGRAM AREA JANUARY 2019 UPDATE

COMMUNITY ENVIRONMENTAL HEALTH

TATTOOING, BODY PIERCING, OR PERMANENT COSMETICS PERMIT—The permit required for anyone practicing tattooing, body piercing or permanent cosmetics. This fee covers the state-required permit and inspection activities.

TATTOOING, BODY PIERCING, OR PERMANENT COSMETICS PREOPENING CONSULTATION AND PLAN CHECK— Provides for plan review, office and field consultation and inspection prior to opening a tattooing, body piercing or permanent cosmetics business.

FOOD

FOOD OR BEVERAGE LARGE FACILITY PERMIT—The annual permit to operate a large retail food preparation facility. Large facilities are those over 500 square feet of kitchen/preparation area or seating more than 25 customers. Permit includes routine inspections as required by Cal Code.

FOOD OR BEVERAGE SMALL FACILITY PERMIT—The annual permit to operate a small retail food preparation facility. Small facilities have less than 500 square feet of kitchen/preparation area or seat less than 25 customers. Permit includes routine inspections as required by Cal Code.

FOOD OR BEVERAGE NON-PREPARATION FACILITY PERMIT—The annual permit to operate a convenience market or other retail facility that sells prepackaged food only. Permit includes routine inspections as required by Cal Code.

FOOD COTTAGE “A” REGISTRATION – The annual registration to operate a home-based, non-potentially hazardous food business that sells food directly to its customers. Additional definitions and restrictions can be found in Cal Code.

FOOD COTTAGE “B” PERMIT – The annual permit to operate a home-based, non-potentially hazardous food operation that may sell food directly to its customers or may also sell through a permitted retail facility as specified in Cal Code. Permit includes routine inspections.

FOOD SATELLITE – The annual permit for remote food service and preparation that is operated in conjunction with a permitted food facility as defined in Cal Code. Permit includes routine inspections.

COMMUNITY EVENT COORDINATOR—The annual permit issued to the food vendor coordinator at a community event lasting 2 or more days. As required by Cal Code, event coordinators are required to obtain permits at least 2 weeks in advance of their event.

COMMUNITY EVENT COORDINATOR EXPEDITED—The annual permit issued to the food vendor coordinator at a community event lasting 2 or more days, when the permit must be expedited. Charged only if the coordinator fails to request the required permit at least 2 weeks in advance of their event.

MOBILE, TEMPORARY, OR SNACK BAR FOOD PREPARATION PERMIT—The annual permit to operate a mobile or temporary food preparation facility. These are usually food vehicles, carts or booths and are defined in the California Health and Safety Code.

MOBILE, TEMPORARY, OR SNACK BAR FOOD PREPARATION PERMIT EXPEDITED—The annual permit to operate a mobile or temporary food preparation facility when the permit must be expedited. Charged only if the food vendor fails to request the required permit at least 2 weeks in advance of their event.

FOOD FACILITY PLAN CHECK AND PRE-OPENING CONSULTATION FOR LARGE FOOD FACILITY—Provides for plan review, office and field consultation and inspection prior to opening a large retail food facility.

FOOD FACILITY PLAN CHECK AND PRE-OPENING CONSULTATION FOR SMALL FOOD FACILITY—Provides for plan review, office and field consultation and inspection prior to opening a small retail food facility.

FOOD/BEVERAGE PRODUCE STAND PERMIT—The annual permit to operate a produce stand.

FOOD/BEVERAGE VEHICLE NON-PREPARED PERMIT—The annual permit to operate a food or beverage vehicle or cart which serves prepackaged or certain non-prepackaged food or drink as specified in the California Health and Safety Code.

FOOD/BEVERAGE VENDING MACHINE PERMIT—The annual permit to operate a vending machine which provides perishable or potentially hazardous foods.

FOOD FACILITY REINSPECTION—A fee charged to a food facility that requires multiple visits by an inspector to correct Cal Code violations. This fee is charged only if the violation persists after the routine inspection and follow up inspections are completed.

HAZARDOUS MATERIALS-CUPA (Certified Unified Program Agency)

ASSIST CUPA FACILITY WITH CERS SUBMITTAL—An optional service to business owners that need help with the state-required California Electronic Reporting Database. Includes site visit as necessary.

CUPA: FACILITY HAZARDOUS MATERIALS BUSINESS PLAN—The annual registration fee for a facility subject to the unified hazardous materials business plan program requirements.

CUPA: FACILITY HAZARDOUS MATERIALS BUSINESS PLAN—The annual registration fee for a facility needing expedited processing (as specified in state law) of the unified hazardous material business plan program requirements.

CUPA: UNDERGROUND STORAGE TANK INSTALLATION/PLAN CHECK—The permit to install an underground storage tank at a unified program facility. The permit includes plan check as well as field inspections prior to operation.

CUPA: UNDERGROUND STORAGE TANK TEMPORARY CLOSURE PERMIT—The permit to temporarily close an underground storage tank at a hazardous materials management facility. By state law, temporarily closed tanks must either be permanently closed or tested and returned to service after a maximum of 24 months of temporary closure.

CUPA: UNDERGROUND STORAGE TANK PERMANENT CLOSURE PERMIT—The permit to permanently close (removal or closure in place) an underground storage tank at a hazardous materials management facility.

CUPA ELEMENT: UNDERGROUND STORAGE TANK PERMIT TO OPERATE—The annual permit to operate an underground storage tank as part of the unified hazardous materials management program. Includes required annual tank inspection and ongoing leak prevention oversight.

CUPA ELEMENT: UNDERGROUND STORAGE TANK SYSTEM REPAIR Permit – Includes plan check and field work review for work on an underground storage tank system (tank and/or piping) that requires a permit or otherwise involves construction work.

CUPA ELEMENT: UNDERGROUND STORAGE TANK REINSPECTION (New)— A fee charged to an underground storage tank facility when multiple visits by an inspector are required to confirm violations or deficiencies have been properly corrected.

CUPA ELEMENT: ABOVE GROUND STORAGE TANK—The annual permit to operate an above ground storage tank as part of the unified hazardous materials management program.

CUPA ELEMENT: ABOVE GROUND STORAGE TANK INSTALLATION/PLAN CHECK (New) – The permit to install an above ground storage tank at a unified program facility. The permit includes plan check as well as field inspections prior to operation.

CUPA ELEMENT: HAZARDOUS WASTE LARGE QUANTITY GENERATOR—The annual permit to operate a hazardous materials generator facility that generates 1,000 kilograms (270 gallons) or more each month.

CUPA ELEMENT: HAZARDOUS WASTE SMALL QUANTITY GENERATOR—The annual permit to operate a hazardous materials generator facility that generates more than 100 kilograms (27 gallons) but less than 1,000 kilogram (1,000 gallons) each month.

CUPA ELEMENT: HAZARDOUS WASTE VERY SMALL QUANTITY GENERATOR—The annual permit to operate a hazardous materials generator facility that generates 100 kilograms (27 gallons) or less each month.

CUPA ELEMENT: HAZARDOUS WASTE PERMIT BY RULE GENERATOR—The annual permit to operate a hazardous materials permit by rule generator facility in accordance with state law.

CUPA ELEMENT: ACCIDENTAL RELEASE PLAN (Cal ARP)—The annual fee to register a facility which stores, uses or otherwise handles acutely or extremely hazardous materials. These facilities are subject to the risk management planning requirements of the unified hazardous materials management program.

HAZARDOUS MATERIALS-Miscellaneous

INSPECTION AND POSTING OF DANGEROUS PROPERTY (DRUG LABS)—Includes initial inspection, assessment and posting of property used for clandestine drug lab manufacturing, storage, or disposal.

HAZARDOUS MATERIALS WORK PLAN REVIEW—Review, approval, and site inspection of work needed to characterize and remediate hazardous materials sites.

EMERGENCY RESPONSE AND CLEANUP OVERSIGHT (New)— The hourly fee charged to cover time and materials costs for responding to hazardous materials incidents and overseeing cleanup.

LAND USE

PERMIT TO MINE/RECLAMATION PERMIT—Environmental Health review of Permit to Mine or Reclamation Permit applications processed by Planning and Building Services.

LOT LINE ADJUSTMENT—Environmental Health review of Lot Line Adjustment land use applications processed by Planning and Building Services.

SPECIAL USE PERMIT—Environmental Health review of Special Use Permit applications processed by Planning and Building Services.

TENTATIVE MAP EVALUATION—Environmental Health review of tentative map applications processed by Planning and Building Services.

PLANNED DEVELOPMENT PERMIT REVIEW—Environmental Health review of Planned Development Permit Applications processed by Planning and Building Services.

GENERAL PLAN AMENDMENT/ZONE CHANGE—Environmental Health review of General Plan Amendment or Zone Change applications processed by Planning and Building Services.

NEGATIVE DECLARATION/ENVIRONMENTAL IMPACT REPORT REVIEW—Environmental Health review of Negative Declaration or Environmental Impact Reports processed by Planning and Building Services.

FINAL MAP REVIEW—Environmental Health review and approval of Final Maps processed by the Engineering Department.

LIQUID WASTE

ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) INSTALLATION PERMIT—The permit to install a standard onsite wastewater treatment system (OWTS). The permit process ensures the location, construction and installation of the system satisfies applicable state and local requirements and Environmental Health maintains a permanent record of the system.

OWTS TANK ONLY INSTALLATION PERMIT—The permit to install an OWTS septic tank including an effluent pumping station (if needed).

OWTS ENGINEERED SYSTEM INSTALLATION PERMIT—The permit to install an OWTS which requires an engineer design. Engineer designed systems require review and inspection beyond the scope of a standard sewage disposal system.

OWTS INDIVIDUAL SYSTEM PERMIT TO OPERATE—The permit to operate an individual sewage holding, treatment, or disposal system only if a permit is required by county code or state law. Examples include sewage holding vaults, advanced treatment systems, or other systems. This permit does not include effluent sampling and laboratory analysis if required.

OWTS COMMUNITY SYSTEM PERMIT TO OPERATE (New)—The permit to operate a community wastewater system, defined as serving five (5) or more residences, when a permit to operate is required by county code or state law. This permit does not include effluent sampling and laboratory analysis if required.

OWTS INSTALLATION PERMIT RENEWAL—When requested, allows a permit holder to extend the expiration date of an OWTS installation permit.

OWTS WORK WITHOUT PERMIT INVESTIGATION FEE—Fee covering the cost to investigate OWTS installations that were performed without the required permit.

PIEZOMETER PERMIT—The permit to install up to 5 groundwater monitoring devices on one parcel to ensure proper OWTS design and placement or suitability for new land development.

SEWAGE PUMPER VEHICLE—The annual permit to operate a sewage pumper vehicle for proper removal and disposal of portable toilet, septic tank and other sewer wastes.

RABIES/VECTOR

ANIMAL BITE INVESTIGATION—The fee for Environmental Health to investigate animal bites that pose a risk of rabies transmission to humans. Charged to the owner of the biting animal when the animal is not properly licensed by Animal Control.

LARGE ANIMAL RABIES TESTING—If requested, an individual may have a large animal tested for rabies. This testing is often in lieu of quarantine for unvaccinated pets or when no human exposure has occurred.

SMALL ANIMAL RABIES TESTING—If requested, an individual may have a small animal tested for rabies. This testing is typically not associated with human exposure, or for animals not known to transmit rabies.

RECREATIONAL HEALTH

RECREATIONAL HEALTH SWIMMING POOL/SPA PERMIT—The annual operating permit for a public swimming pool or spa. Includes routine field inspection and one follow up inspection if health and safety corrections are required.

RECREATIONAL HEALTH SWIMMING POOL/SPA CLOSURE AND REINSPECTION—The fee to close and re-inspect a public pool or spa due to non-compliance with health and safety standards.

RECREATIONAL HEALTH SWIMMING POOL/SPA PLAN CHECK—The permit to install a public swimming pool or spa. Covers construction plan review and approval as well as site inspections prior to operation.

WATER SUPPLY—Water Systems

LOCAL OR STATE SMALL WATER SYSTEM PERMIT TO OPERATE—The annual permit to operate a local water system or state small water system as defined in County Code and the California Health and Safety Code.

LOCAL OR STATE SMALL WATER SYSTEM APPLICATION—The one-time fee to process and evaluate new local or state small water systems and to ensure compliance with appropriate regulations.

NON-COMMUNITY WATER SYSTEM PERMIT APPLICATION—The one-time fee to process and evaluate a non-community water supply system to ensure compliance with appropriate regulations. As defined in state law, non-community water systems serve at least 25 individuals at least 60 days per year.

NON-COMMUNITY TREATED WATER SYSTEM PERMIT TO OPERATE—The annual permit to operate a non-community water system as defined in the California Health and Safety Code which serves treated water.

NON-COMMUNITY UNTREATED WATER SYSTEM PERMIT TO OPERATE—The annual permit to operate a non-community water system as defined in the California Health and Safety Code which serves water that is not treated.

COMMUNITY WATER SYSTEM APPLICATION—The one-time fee to process and evaluate a community water supply system to ensure compliance with appropriate regulations. As defined in state law, community water systems have at least 15 service connections.

COMMUNITY TREATED WATER SYSTEM 15-24 CONNECTIONS PERMIT TO OPERATE—The annual permit to operate a community water system serving treated water to 15-24 service connections.

COMMUNITY UNTREATED WATER SYSTEM 15-24 CONNECTIONS PERMIT TO OPERATE—The annual permit to operate a community water system serving untreated water to 15-24 service connections.

COMMUNITY TREATED WATER SYSTEM 25-99 CONNECTIONS PERMIT TO OPERATE—The annual permit to operate a community water system serving treated water to 25-99 service connections.

COMMUNITY UNTREATED WATER SYSTEM 25-99 CONNECTIONS PERMIT TO OPERATE—The annual permit to operate a community water system serving untreated water to 25-99 service connections.

COMMUNITY TREATED WATER SYSTEM 100-199 CONNECTIONS PERMIT TO OPERATE—The annual permit to operate a community water system serving treated water to 100-199 service connections.

COMMUNITY UNTREATED WATER SYSTEM 100-199 CONNECTIONS PERMIT TO OPERATE—The annual permit to operate a community water system serving untreated water to 100-199 service connections.

PUBLIC WATER SYSTEM PERMIT AMENDMENT OR CHANGE OF OWNER—The permit to process changes to the water supply permit for a public water system including change of ownership, changes in treatment methods, changes in source water for the system, etc.

WATER SUPPLY – Water Quality Protection Services

WATER WELL INSTALLATION PERMIT—The permit to install a water supply well. The permit process ensures the location, construction and installation of the well satisfies applicable state and local requirements and Environmental Health maintains a permanent record of the well.

WATER WELL INSTALLATION PERMIT RENEWAL—When requested, allows an extension of the expiration date of a water well installation permit.

WATER WELL DEEPENING (New) – The permit to deepen an existing water supply well that is in good condition and suitable for continued use.

WATER WELL WORK WITHOUT PERMIT INVESTIGATION FEE—Fee to cover the cost to investigate water well installations that were performed without the required permit.

ALTERNATIVE DOMESTIC WATER SUPPLY REVIEW AND APPROVAL (New) – The fee to review the suitability of an alternative water supply source for domestic use. If approved, alternative sources such as springs or surface water may be proposed by an applicant in lieu of drilling a groundwater well.

GEOTHERMAL HEAT EXCHANGE WELL PERMIT (5 wells or less)—Permit to install up to 5 geothermal heat exchange wells on one property at one time.

MONITORING WELL PERMIT—Permit to install a groundwater monitoring well.

WATER WELL DESTRUCTION PERMIT—Permit to destroy a groundwater well.

MISCELLANEOUS SERVICES

OFFICE HEARING—Office Hearings are a specified enforcement tool used by Environmental Health to achieve compliance with conditions of a permit to operate.

PHOTO COPIES—When requested, Environmental Health provides copies of records to the public. This fee covers the cost to provide those copies.

CONSULTATION/HOURLY RATE—When requested, Environmental Health provides field consultation. Charged at an hourly rate, these consultations consist of a records search, site visit, an evaluation of site conditions, and a written report of findings and/or the conditions observed.

Plumas County Resolution Number _____

**A RESOLUTION UPDATING THE MASTER FEE SCHEDULE FOR
ENVIRONMENTAL HEALTH FEES FOR SERVICE**

WHEREAS, the Board of Supervisors has previously adopted a Master Fee Schedule establishing service fees for County departments including Environmental Health by Resolution 17-8231; and

WHEREAS, the Board of Supervisors has determined that these fees need to be amended and revised from time-to-time to account for the actual cost of providing the service; and

WHEREAS, these fees have not been revised since April 2017 and are in need of updating; and

WHEREAS, the updated fees for Environmental Health are attached as Exhibit "A" to this resolution.

NOW, THEREFORE, BE IT RESOLVED by the Plumas County Board of Supervisors that Resolution 17-8231 is hereby amended to incorporate the fees set forth in Exhibit "A" for Environmental Health. Be it further resolved that the Board of Supervisors reserves authority to waive all or a portion of any of these fees in the public interest when the fee is charged to a local public entity.

The forgoing resolution was duly passed and adopted by the Board of Supervisors of the County of Plumas, State of California at a regular meeting of the Board of Supervisors on January 7, 2020 by the following vote:

Ayes:

Noes:

Absent:

Abstain:

Chair, Board of Supervisors

Attest:

Clerk of the Board of Supervisors

Approved as to form:


Sara James
Deputy Plumas County Counsel

PLUMAS COUNTY ENVIRONMENTAL HEALTH
"EXHIBIT A" PROPOSED FEE SCHEDULE

CODE	SECTION	DESCRIPTION	AMOUNT
<i>Food</i>			
Cal H&S	114387	Food-Beverage Large Facility Permit	\$315.00 Yr
Cal H&S	114387	Food-Beverage Small Facility Permit	\$208.00 Yr
Cal H&S	114387	Food-Beverage Non-Prep Facility Permit	\$97.00 Yr
Cal H&S	114387	Food-Cottage "A" Registration	\$31.00 Yr
Cal H&S	114387	Food-Cottage "B" Permit	\$99.00 Yr
Cal H&S	114387	Food-Satellite Permit	\$76.00 Yr
Cal H&S	114381	Community Event Coordinator Permit	\$84.00 Ea
Cal H&S	114381	Community Event Coordinator Expedited Permit	\$179.00 Ea
Cal H&S	114381	Mobile/Temporary/Snack Bar Food Prep Permit	\$121.00 Yr
Cal H&S	114381	Mobile/Temporary/Snack Bar Food Prep Expedited Permit	\$207.00 Yr
Cal H&S	114380	Food Facility Plan Check & Preopening Consultation Large Facility	\$342.00 Fac
Cal H&S	114380	Food Facility Plan Check & Preopening Consultation Small Facility	\$190.00 Fac
Cal H&S	114387	Food/Beverage Produce Stand Permit	\$66.00 Yr
Cal H&S	114387	Food/Beverage Vehicle Non Prep Permit	\$64.00 Yr
Cal H&S	114387	Perishable Food/Beverage Vending Machine Permit	\$64.00 Yr
Cal H&S	114405	Food Facility Reinspection	\$132.00 Ea
<i>Occupational Health</i>			
Cal H&S	119300	Tattooing, Body Piercing or Permanent Cosmetics Permit	\$186.00 Yr
Cal H&S	119300	Tattooing, Body Piercing or Permanent Cosmetics Plan Check	\$215.00 Fac
<i>Recreational Health</i>			
22 CCR	65511	Recreational Health Swimming Pool/Spa/Hot Tub Permit	\$238.00 Yr
Cal H&S	116038	Recreational Health Swimming Pool/Spa/Hot Tub Plan Check	\$419.00 Ea
22 CCR	65511	Recreational Health Swimming Pool/Spa/Hot Tub Reinspection	\$229.00 Ea
<i>Rabies/Vector</i>			
17 CCR	2606	Animal Bite Investigation	\$81.00 Ea
17 CCR	2606	Large Animal Rabies Testing	\$230.00 Unit
17 CCR	2606	Small Animal Rabies Testing	\$141.00 Unit
<i>CUPA/Hazardous Materials</i>			
27 CCR	15187	Assist CUPA Facility CERS Submittal	\$107.00 Ea
Cal H&S	25283	CUPA Underground Storage Tank Installation/Plan Check	\$360.00 Fac
Cal H&S	25298	CUPA Underground Storage Tank Temporary Closure Permit	\$205.00 Unit
Cal H&S	25298	CUPA Underground Storage Tank Permanent Closure Permit	\$314.00 Unit
Cal H&S	25284	CUPA Element Underground Storage Tank Permit to Operate	\$192.00 Yr
Cal H&S	25283	CUPA Underground Storage Tank System Repair Plan Check	\$158.00 Ea
Cal H&S	25283	CUPA Underground Storage Tank System Reinspection	\$211.00 Ea
27 CCR	15190	CUPA Facility Hazardous Materials Business Plan-Standard	\$178.00 Yr
27 CCR	15190	CUPA Facility Hazardous Materials Business Plan-Expedited	\$330.00 Yr
27 CCR	15190	CUPA Element Aboveground Petroleum Storage Act (APSA)	\$99.00 Yr
27 CCR	15190	CUPA Aboveground Petroleum Storage Act Tank Install/Plan Check	\$264.00 Ea
27 CCR	15190	CUPA Element Hazardous Waste Large Quantity Generator	\$147.00 Yr
27 CCR	15190	CUPA Element Hazardous Waste Small Quantity Generator	\$115.00 Yr
27 CCR	15190	CUPA Element Hazardous Waste Very Small Quantity Gen.	\$36.00 Yr
27 CCR	15190	CUPA Element Hazardous Waste Permit By Rule Generator	\$128.00 Yr
27 CCR	15190	CUPA Element Accidental Release Plan (Cal ARP)	\$397.00 Yr
H&S	25400.10	Inspection/Posting of Dangerous Property (Illegal Drug Lab)	\$393.00 Ea
H&S	25400	Hazardous Materials Work Plan Review	\$233.00 Ea
H&S	25400	Emergency Response and Cleanup Oversight	\$135.00 Hr

PLUMAS COUNTY ENVIRONMENTAL HEALTH
"EXHIBIT A" PROPOSED FEE SCHEDULE

CODE	SECTION	DESCRIPTION	AMOUNT
<i>Liquid Waste</i>			
PCC	Sec 6-6.06	OWTS Installation Permit	\$457.00 Ea
PCC	Sec 6-6.06	OWTS Tank-Only Installation Permit	\$294.00 Ea
PCC	Sec 6-6.06	OWTS Engineered System Installation Permit	\$589.00 Ea
PCC	Sec 6-6.18	OWTS Individual Operating Permit	\$58.00 5 Yr
PCC	Sec 6-6.15	OWTS Community System Operating Permit	\$119.00 5 Yr
PCC	Sec 6-6.06	OWTS Installation Permit Renewal	\$126.00 Once
PCC	Sec 6-6.06	OWTS Work Without Permit Investigation Fee	\$423.00 Unit
PCC	Sec 6-6.10	Piezometer Permit	\$106.00 Per 5
Cal H&S	117405	Sewage Pumper Vehicle Permit	\$65.00 Ea
<i>Water Supply</i>			
CWC	13700	GeoThermal Heat Exchange Well Installation Permit	\$423.00 Per 5
CWC	13700	Monitoring Well Installation Permit	\$196.00 Ea
CWC	13700	Water Well Installation Permit	\$514.00 Ea
PCC	6-8.01	Water Well Installation Permit Renewal	\$127.00 Once
CWC	13700	Water Well Deepening Permit	\$134.00 Ea
PCC	6-8.01	Water Well Installation Work Without Permit Investigation Fee	\$451.00 Unit
CWC	13700	Water Well Destruction Permit	\$167.00 Ea
PCC	6-9.01	Alternative Domestic Water Supply Review and Approval	\$238.00 Ea
<i>Land Use</i>			
PCC	6-11	Permit to Mine/Reclamation Review	\$113.00 Ea
PRC	21069	Lot Line Adjustment Review	\$121.00 Ea
PCC	6-11	Special Use Permit Review	\$95.00 Ea
PCC	6-11	Tentative Map Evaluation	\$74.00 per lot
PRC	21069	Planned Development Permit Review	\$148.00 Ea
PRC	21069	General Plan Amendment/Zone Change Review	\$96.00 Unit
PRC	21069	Negative Declaration/Environmental Impact Report Review	\$118.00 Ea
PCC	6-11.15	Final Map Review	\$54.00 Ea
<i>Public Drinking Water</i>			
PCC	Sec 6-9.05	Local, State Small Cal Code System Permit	\$140.00 Yr
PCC	Sec 6-9.05	Local, State Small Cal Code Water System Permit Application	\$91.00 Ea
PCC	Sec 6-9.05	Non Community Water System Application	\$297.00 Ea
PCC	Sec 6-9.05	Non Community Water System Treated Permit	\$517.00 Yr
PCC	Sec 6-9.05	Non Community Water System Untreated Permit	\$444.00 Yr
PCC	Sec 6-9.05	Community Water System Application	\$501.00 Ea
PCC	Sec 6-9.05	Community Water System 15-24 Treated Permit	\$437.00 Yr
PCC	Sec 6-9.05	Community Water System 15-24 Untreated Permit	\$346.00 Yr
PCC	Sec 6-9.05	Community Water System 25-99 Treated Permit	\$615.00 Yr
PCC	Sec 6-9.05	Community Water System 25-99 Untreated Permit	\$516.00 Yr
PCC	Sec 6-9.05	Community Water System 100-199 Treated Permit	\$739.00 Yr
PCC	Sec 6-9.05	Community Water System 100-199 Untreated Permit	\$632.00 Yr
PCC	Sec 6-9.05	Public Water System Permit Amendment or Ownership Change	\$302.00 Ea
<i>Miscellaneous</i>			
H&S	114405	Office Hearing	\$245.00 Unit
Co. Res	17-8231	Photo Copies	\$0.25 Unit
Co. Res	17-8231	Consultation/Hourly Rate	\$135.00 Hr