NETWORK ADEQUACY CERTIFICATION APPLICATION
FREQUENTLY ASKED QUESTIONS

The Network Adequacy Certification Application (NACA) is a web-based portal developed by LA County Substance Abuse Prevention and Control (SAPC) to ensure broad and equitable access to substance use treatment and services. The direction provided in these FAQs is taken, in large part, from the Department of Mental Health and is based upon the latest information available from State Department of Health Care Services (DHCS). It is subject to change in future submissions. (Updated 05/27/22).

Please note the term service location and site location are used interchangeably and refer to the physical location where services are provided.

NETWORK ADEQUACY REQUIRED:

1. **Which providers (agencies) are required to complete the network adequacy information?**
   All providers (directly operated and contracted with SAPC) that provide **residential, opioid treatment and outpatient** (including intensive outpatient) **Medi-Cal** services **must** complete the network adequacy information regardless of funding source (e.g., SAPT BG, etc.). **NOTE:** Client Engagement and Navigation Services (CENS) do not need to submit information.

2. **Which practitioners (rendering service providers) are included in the network adequacy information?**
   All practitioners listed in the Network Adequacy Certification Application (NACA) who **currently provide direct services** must be included in the network adequacy information regardless of the amount of time (e.g. a supervisor who rarely sees clients) and/or whether or not they carry a "caseload" (e.g. a housing coordinator, group counselor, etc.). New practitioners can be added (or "associated") with specific service locations; and practitioners who are not longer offering services can be disassociated.

3. **What is the difference between the NACT and the NACA?**
   The Network Adequacy Certification Tool (NACT) is the annual submission required by the California Department of Health Care Services.

   The Network Adequacy Certification Application (NACA) is the SAPC database and web-based portal used to collect detailed information from all SAPC contracted providers in its network offering substance use treatment and services in Los Angeles County. Data collected are stored and examined for the purposes of tracking network adequacy for the State and County.

SITE LOCATION REQUIREMENTS

4. **What do I do if I believe there is a discrepancy in my listing of site locations?**
   Service or site locations come directly from our Contract Database, as of 04/28/22. Site locations are excluded from the NACA if sites are closed, decertified, or have not billed for DMC-services during the reporting period of July 01, 2021 – May 31, 2022. You are not required to submit a NACT for these sites.

If you notice inconsistencies in your associated service or site locations, please contact your SAPC assigned technical assistant ASAP or e-mail sapc_nact@ph.lacounty.gov.

5. **If I have multiple locations, will they all have their own log-in or will they be on tabs in the same NACA?**
   There is one universal log-in for each agency or provider and it used to access the agency NACA, including multiple service or site locations. Each agency can determine with whom to share the log-in.

6. **How does an OTP with multiple service locations or sites need to report the total number of Medi-Cal beneficiaries enrolled?**
   An OTP needs to report the current and maximum number of Medi-Cal beneficiaries AT EACH SITE (not cumulative for all sites).

   The maximum number of beneficiaries must not be higher than the licensed number of slots allocated for the site (see "Number of Beneficiaries" section below for more information).

7. **What qualifies as a telehealth station/equipment?**
   During this public health emergency period, allowable telehealth platforms include the use of electronic communications (both an audio AND/OR video component) to provide direct client outpatient or OTP services. See SAPC Telehealth policy for more information. Providers must use approved platforms that meet all HIPAA requirements for privacy, and that are located in an environment where there is a reasonable expectation of the absence of intrusion and distraction for both the patient and the SUD counselor/LPHA.

8. **If we are certified for Intensive Outpatient but not currently enrolling or offering services for this modality, what would be entered?**
   If you are certified AND contracted with SAPC to offer IOP, then you should complete the information for the site including what the maximum number of beneficiaries that CAN be served for IOP. If you have neither billed nor served any patients for a specific modality, then enter "0" in the current number of beneficiaries' field.

PRACTITIONER (RENDERING PROVIDER)

9. **I have counselors and case managers assigned to the same patient. In order not to double dip, how do we separate the caseload?**
   You do not need to worry about double-dipping between practitioners. For example, if a counselor provides 1:1 services to 15 people, including John Smith, and a case manager conducts assessments for 15 people, including the same John Smith, you would still report each person's maximum number as 15.

10. **Who are the Practitioners for whom we are required to enter information?** Any treatment provider, substance use counselor and service provider that offers ***direct services*** to a patient are considered Practitioners for the NACA and need to be associated with your service location or site. This includes any LPHA supervisors/program managers whose primary responsibility is to supervise and may provide direct service to patients at any time.

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11. Who should be associated with the site? Some of the practitioners that are pre-populated in NACA do not provide direct treatment services to clients or did not work during the reporting period. Do we still need to include them, or can we disassociate?

All Practitioners who offered direct services during the reporting period (July 1 - May 31st) and is employed or "associated" with the specific service location or site at the time of completing the NACA (e.g., as of May 31, 2022) should be included.

If a practitioner never provided direct treatment (e.g., no crisis intervention, no groups, etc.), then they should be disassociated with the specific service location in the system. Disassociating them for one service location or site does not disassociate them from the agency, in the case that they work at other locations.

12. If a practitioner worked part of the FY but has been terminated, do you still want them included as a practitioner?

Network Adequacy only applies to **CURRENT** practitioners as of May 31st, 2022. If practitioners are no longer with your agency, DO NOT include them in the NACA.

13. What number of current and unique beneficiaries do we enter for the practitioners that do not necessarily interact with the patients?

Only practitioners that provide *direct services* to patients during the FY should be included in your NACT reporting. Any LPHA supervisors/program managers whose primary responsibility is to supervise, and may at any time or have provided any direct service to patients should be included.

14. Also what do we put for our case managers or LPHAs who serve all the patients?

One option for staff that serve all patients or fill in when needed is to report the practitioner's maximum number equivalent to the maximum number reported for that site.

15. What is a "registered practitioner"? Do we place information for registered counselors here?

A registered provider is a practitioner who is accruing hours toward licensure. These individuals must be registered with a licensing board. This includes Associate Clinical Social Worker (ACSW), Associate Marriage and Family Therapist (AMFT), Associate Professional Clinical Counselor (APCC), registered psychologists, and psychological assistants. Typically, if a practitioner is a registered provider, then they are also waivered.

NOTE: Registered Practitioner **DOES NOT** refer to registered SUD counselor.

16. For a registered practitioner, do we include their registration number under "license number"? Or do we leave it blank?

Yes, if the registered practitioner is an LPHA, place the registration number in the license number data field.

17. What do we do if a practitioner is not listed on the site location or in the Associated practitioner search list?

Because data in the NACA were pulled from Sage, the NACA only includes practitioners who are registered on Sage. If a practitioner is not registered on Sage **AND** they provide direct services to Medi-Cal patients, then they will not be on the Associated practitioner search list. You must Add a New Practitioner using the Practitioner Look-up Function (refer to the NACT Guidebook for more information – "Service Location: Associated Practitioners – Add a New Practitioner").

NOTE: If a practitioner who provides direct services is not registered in Sage, you must contact SAPC's Sage Unit to correct this issue to prevent billing discrepancies.

18. Some staff engage clients and have different titles from those listed on the NACT (i.e., techs, medical assistants, office managers, etc.). Should they still be included?

If any of the titles require that the practitioner be registered/certified counselors or an LPHA **AND** they provide *direct treatment-related services*, then they should be included under the relevant discipline type. Frontline staff or individuals that support agency operations and administration and do not provide direct services are not to be included in the NACT.

19. What do I do if I do not see a practitioner that is associated with a site location?

Use the search icon on the "associated practitioner" tab as outlined in the NACA User Guide to locate the practitioner. If you are unable to locate the practitioner, you can Add a New Practitioner using the Practitioner Look-up Function (refer to the NACT Guidebook for more information – "Service Location: Associated Practitioners – Add a New Practitioner").

NOTE: If a practitioner who provides direct services is not registered in Sage, you must contact SAPC's Sage Unit to correct this issue to prevent billing discrepancies.

20. Do graduate student interns/trainees need to be added to the NACA as a rendering provider?

Yes, if anyone providing *direct services* must be included in the NACA. If they are not onboarded to Sage, you can Add a New Practitioner using the Practitioner Look-up Function (refer to the NACT Guidebook for more information – "Service Location: Associated Practitioners – Add a New Practitioner").

NOTE: If a practitioner who provides direct services is not registered in Sage, you must contact SAPC's Sage Unit to correct this issue to prevent billing discrepancies.

21. How do I input current and maximum beneficiaries for a physician only signs off client's physicals for medical clearance?

If the physician has NO contact with the patient and did not provide any direct service (is only signing off on a physical) then, they should not be included in the NACA.

If the physician conducts the physical directly with the patient, this is considered a direct service and this practitioner should be included in the NACA.

22. During Telehealth, we have been short staffed, and staff are working more than one of our locations. Do I add to both locations?

Yes, you would add the appropriate direct service staff to both site locations and identify them as a telehealth provider in the appropriate section.

23. During COVID, our staff were only providing services via telehealth. Do I still need to include them?

Yes, if the staff is an LPHA or registered/certified counselor providing direct DMC-ODS services to patients during the reporting period, then they MUST be included in all NACA submissions.

NUMBERS OF BENEFICIARIES

NOTE: For numbers 24 and 25, "number of beneficiaries assigned" refers only to those Medi-Cal clients that are active (i.e., have not had services terminated).

24. How do we define maximum number of beneficiaries a site location will accept?

This is the **highest number of beneficiaries** at a single point during the reporting period (July 1, 2021 – May 31, 2022) or the most beneficiaries that can be served at the site or service location.

25. How do we define current number of beneficiaries a site location?

This is the number of beneficiaries assigned to the service location **NOW** (i.e., the point in time in which the NACA is completed). Again, there is no need to adjust for beneficiaries seen at multiple locations.

NOTE: For numbers 26 and 27, below "beneficiaries assigned to the practitioner" refers to clients who the rendering provider is responsible for providing services to, or for following-up on.

26. How do we define maximum number of beneficiaries a practitioner will accept?

This is the **highest number of beneficiaries** assigned to the practitioner at the single point in time in during the reporting period (July 1, 2021 through May 31, 2022). This may or may not be referred to as "caseload."

Practitioners are assigned by site or service location, so the current number of beneficiaries for each provider should be calculated by location (site or specific address).

27. If we are not familiar with KPI, is there another way to capture the number of beneficiaries?

Providers should report the best estimate of their current and maximum number of beneficiaries based on the most accurate means available to them. The current/maximum training offered some suggestions on how this can be accomplished, which included using KPI, approximating client capacity, reviewing billing data/patient logs, DATAR reporting, etc.

28. How do we define current number of beneficiaries a practitioner will accept?

This is the number of beneficiaries assigned to the practitioner **NOW** (i.e. the point in time in which the NACA is completed. This may or may not be referred to as "caseload."

Practitioners are assigned by service location, so the current number of beneficiaries for each provider should be calculated by service location, modality, and age group.

29. Do we have to allocate clients to all staff identified in each site location even if they do not carry caseloads?

Yes, if they are listed in the NACA, are a practitioner, and provide direct services then you will need to identify the best strategy for determining the current and maximum number of beneficiaries.

30. Should we just put "0" if the practitioner does not have a set list of Medi-Cal clients assigned, for example in the case of clinic supervisors, physicians, etc.

No! Entering a "0" for any practitioner will automatically disqualify that practitioner from being counted toward fulfilling the County network adequacy requirement for specialty substance use disorder treatment services to Medi-Cal beneficiaries. Complete the fields **AND** check "yes" for the "*Is this practitioner a supervisor/manager?*"

31. Do I input information for staff that do groups only and do not carry a caseload?

Group counseling and education are considered direct services. Therefore, they are considered Practitioners and MUST be included in the NACA submission. Select "yes" for the question "*Does this practitioner only conduct groups*?".

Then, determine how you will arrive at a current/maximum number in this situation. One strategy is to use the reported *site maximum* as the group practitioner's maximum. If you know that a group practitioner's maximum cannot be the same as the site maximum (say maybe the practitioner only comes in a few times a month or runs group only occasionally). Another option is to use the maximum number of patients that can be in one group and the total number of groups they facilitate in a month.

32. For current and maximum number of Medi-Cal beneficiaries should I note 0 or the last known client caseload, for staff who went on leave, but provided services during the reporting period?

Input the last known client caseload.

33. Are RSS patients included in the reporting for current and maximum number of Medi-Cal beneficiaries?

No, RSS patients do not need to be included in the totals.

CULTURAL COMPETENCY REQUIREMENTS

34. It was our understanding that we could use our internal cultural competency training as long as it contained certain elements. This is how we have done our cultural competency training. Is this acceptable?

Include any cultural competence training the practitioner completed during the past 12 months. Please make sure that you enter the specific number of hours of CC trainings for each practitioner.

35. Does having a bilingual receptionist or front desk staff qualify as a "yes" for the site-specific language capability question?

For the NACT submission, if this staff person conducts face-to-face (including telehealth) interpretation with patients to assist them in accessing services, then it qualifies. Remember to select the appropriate proficiency.

36. Can you please clarify what a language line is?

A language line is an interpretation services used via telephone to translate service delivery. A certified interpreter trained to provide language translation services is called in to translate telehealth services.