

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH  
SUBSTANCE ABUSE PREVENTION AND CONTROL

## **NETWORK ADEQUACY CERTIFICATION APPLICATION**

# **USER GUIDE 2023**

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# Network Adequacy Certification Application

## Log-On Instructions

Links to access the NACT Database:

- Direct link- <https://sapcnact.ph.lacounty.gov/>
- SAPC Website- <http://publichealth.lacounty.gov/sapc/providers/network-adequacy-certification-tool.htm>

## How to Sign-in

The screenshot shows the top navigation bar of the Network Adequacy Application. The navigation bar includes the County of Los Angeles Public Health logo, the text "Network Adequacy", and several menu items: "Organization", "Service Location", "Training Guide", "Reports", and "Sign in". The "Sign in" link is circled in green. Below the navigation bar, the main content area features the title "Network Adequacy Application" and a descriptive paragraph: "The mechanism that allows SAPC treatment providers to submit and update information related to requirements for network adequacy, cultural competency, and provider directory." Below this, there is a section titled "Applicable to:" with a bullet point: "All outpatient, residential and opioid treatment providers under the DMC ODS." Further down, it states "Treatment providers must keep all sections including the Organization, Provider Site and Practitioner Level data up-to-date" and a "Support" section with contact information for the DPH Enterprise Service Help Desk.

Clicking on the link will take the user to the NACA Home page.

To sign-in click on the "Sign-in" button at the top right of grey banner.

The screenshot shows the login form on the Network Adequacy Application website. The navigation bar is identical to the previous screenshot, with the "Sign in" link circled in green. Below the navigation bar, the text "Sign in with a local account" is displayed. The login form consists of two input fields: "Username" and "Password", both of which are circled in green. Below the input fields, there is a checkbox labeled "Remember me?" and a blue "Sign in" button.

Enter unique Username & Password that has been assigned to your agency.

Once you log-in the system automatically returns to the home page.

You will have successfully logged-in when you see your agency name on the top right corner of the grey banner.

## Support

If providers have any questions or issues related to accessing this site, please contact the **DPH Enterprise Service Help Desk**.

If you have any questions related to how to complete this application or what the information is used for, please contact your assigned technical assistant and copy [sapc\\_nact@ph.lacounty.gov](mailto:sapc_nact@ph.lacounty.gov).

Visit the [LA County Department of Public Health Substance Abuse and Prevention Control website](#) for further information about Network Adequacy.

## Navigation Instructions



Use the grey ribbon to navigate between tabs: Home, Organization, Service Location, Training Guide.

**NAVIGATION TIP:** You will notice that the tabs remain **red**. This indicates that the data on these pages is **incomplete**. The tab will remain red until all required fields are completed.

Once all data fields are completed, then the tab will turn to grey.

Reports page is not currently in use. An Excel file with your NACA data will be emailed daily for your review and can be used to identify any missing information.

## Navigation Tips

- Fields with text boxes are editable
  -  = example of field that can be edited
  -  = example of field that cannot be edited
- (\*) indicate required fields that must be completed
-  Hover over the tooltip for instructions about how to complete a field

Telephone \* 

Hours of Operation Per Week \* 

DEA Number \* 

If doesn't apply write N/A  DEA numbers are required for OTP site locations



Organization

Service Location

Training Guide

Reports



Recovery Inc ▾

Home > Organization Edit

## Organization Edit

- Please review the information listed for accuracy. Edit any changes and complete all blank fields.
- Please note, some fields cannot be changed. Refer to your training guide for more information. For more information, please contact your training guide or copy [sapc\\_nact@ph.lacounty.gov](mailto:sapc_nact@ph.lacounty.gov).

### Name \*

RECOVERY INC

### NPI Number - Type 2 \*

1587653310

### Tax ID \*

95-87782727-QA

### Provider Group Name/Affiliation

—

### Contract Effective Date \*

7/1/2019

### Contract Expiration Date \*

6/30/2020

Start by clicking the “Organization” tab on the grey navigation bar.

- This page outlines information specific to the legal entity.
- It contains pre-populated fields.
- Review these fields for accuracy.
- Fields that require contract action are NOT editable. You will not be able to make changes to these fields.
- Once you have reviewed, update and input all relevant data fields, click the submit button at the bottom left.

Navigation Tips: (on prior page)

- Fields with text boxes are editable
  -  = example of field that can be edited
  -  = example of field that cannot be edited
- (\*) indicate required fields that must be completed prior to saving/submitted

CA

Zip Code

90020

## Organization Edit

 Save

- Please review the information listed for accuracy. Edit any changes and complete all blank fields.
- Please note, some fields cannot be changed. Refer to your training guide for more information. If you have any questions, please contact your assigned technical assistant and copy [sapc\\_nact@ph.lacounty.gov](mailto:sapc_nact@ph.lacounty.gov).

Click, **SAVE** button before leaving this page.

Name

RECOVERY INC

NPI Number - Type 2 \*

1587653310

Tax ID \*

95-87782727-QA

Provider Group Name/Affiliation

Contract Effective Date

Mon Jul 01 2019

Contract Expiration Date

Tue Jun 30 2020

Ownership Type \*

Federal Government

Name of CEO \*

Minney Mouse

Name of CFO \*

Alfredo Moneybags

Company's Email Address

recoveryinc@sapc.org

**NEW Required Fields**

Include your agency's primary and back-up coordinators name, title, email address, and phone number

The Primary and Secondary NACT Coordinator listed will be contacted for all NACT-related needs, and the Back-up will only be contacted if the Primary or Secondary NACT Coordinator cannot be reached

Primary Coordinator Name \*

Julie M

Primary Coordinator Title \*

NACT Coord.

Primary Coordinator Email Address \*

j@gmail.com

Primary Coordinator Phone Number \*

6269993030

Primary Coordinator Phone Extension

123

Primary Coordinator Primary Site Address

1000 Fremont

Back-up Coordinator Name \*

Julie M

Back-up Coordinator Title \*

Director

Back-up Coordinator Email Address \*

jm@gmail.com

Back-up Coordinator Phone Number \*

623-232-1902

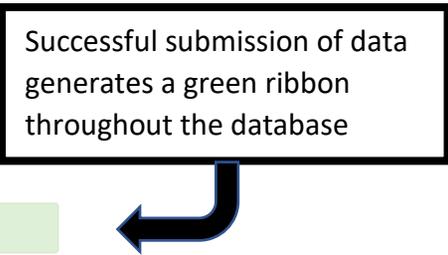
## Organization Information

### Organization Edit

- Please review the information listed for accuracy and complete to complete any required fields (\*) that are blank.
- Please note, some fields cannot be changed. Refer to your training guide for more information. If you have any questions, please contact [Angel Martinez](#)

Submission completed successfully

Successful submission of data generates a green ribbon throughout the database



### Organization Edit

- Please review the information listed for accuracy. Edit any changes and complete all blank fields.
- Please note, some fields cannot be changed. Refer to your training guide for more information. If you have any questions, please contact your assigned technical assistant and copy [sapc\\_nact@ph.lacounty.gov](mailto:sapc_nact@ph.lacounty.gov).

**i** The form could not be submitted for the following reasons:

[Name of CEO is a required field.](#)

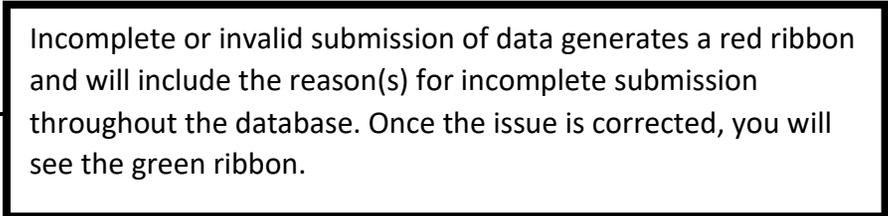
**Name \***

RECOVERY INC

**Address \***

3250 Wilshire Blvd

Incomplete or invalid submission of data generates a red ribbon and will include the reason(s) for incomplete submission throughout the database. Once the issue is corrected, you will see the green ribbon.



# Service Location

COUNTY OF LOS ANGELES  
**Public Health** Network Adequacy

Organization | **Service Location** | Training Guide | Reports | Search | Recovery Inc

## Service Location

The following locations are all the service sites associated with your agency.

Review each site record by clicking on the blue drop down arrow and selecting "edit record" at the end of each service site row to review for accuracy. Edit any changes and complete all blank fields.

If you do not see a service site location that is supposed to be associated with your agency, please contact your assigned technical assistant and copy [sapc\\_nact@ph.lacounty.gov](mailto:sapc_nact@ph.lacounty.gov).

Search

| Service Location Number | Name ↑        | Address         | Suite | City        | Zip   | Status     |   |
|-------------------------|---------------|-----------------|-------|-------------|-------|------------|---|
| 9876543219              | RECOVERY, INC | 44526 Pinky Way |       | Los Angeles | 90028 | Incomplete | ▼ |

Next, select the "Service Location" tab from the grey navigation as shown here.

This page will display all the site locations associated with your SAPC contract.

- If you don't see a site location AND it was part of an executed contract, contact SAPC.

All Service Locations highlighted in **red** indicate that there is incomplete information.

You will have to edit information for each site location.

Upon full completion of the site location the red highlight will be removed.

COUNTY OF LOS ANGELES  
**Public Health** Network Adequacy

Organization | Service Location | Training Guide | Reports | Search | Recovery Inc

## Service Location

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Review each site record by clicking on the blue drop down arrow and selecting "edit record" at the end of each service site row to review for accuracy. Edit any changes and complete all blank fields.

If you do not see a service site location that is supposed to be associated with your agency, please contact your assigned technical assistant and copy [sapc\\_nact@ph.lacounty.gov](mailto:sapc_nact@ph.lacounty.gov).

Search

| Service Location Number | Name ↑        | Address            | Suite | City        | Zip   | Status     |   |
|-------------------------|---------------|--------------------|-------|-------------|-------|------------|---|
| 9876543219              | RECOVERY, INC | 44526 Pinky Way    |       | Los Angeles | 90028 | Incomplete | ▼ |
| 1587653310              | RECOVERY, INC | 3250 Wilshire Blvd |       | Los Angeles | 90020 | Incomplete | ▼ |

To edit information for each site, click on the drop-down arrow at the right side of each service location and select Edit Record.

**TIP:** If you have a long page of sites, type the full address (street # & name) in the [search box](#). Click on the [magnifying glass](#) to search for the site. You can also search using partial words by placing an **\*** in front of the letters. As an example, **"\*Pinky"** to locate site "44526 Pinky Way".

## Service Location: General Service Site Information – Site Specific

COUNTY OF LOS ANGELES  
**Public Health** Network Adequacy

Home | Organization | Service Location | Training Guide | Reports

**General Information** | Accessibility | Language Capabilities | Modality | Associated Practitioners

Service Location Number  
9876543219

Address \*  
44526 Pinky Way

Suite  
—

City \*  
Los Angeles

State \*  
CA

Zip \*  
90028

Service Location (NPI)  
9876543219

DEA Number \*  
If doesn't apply write N/A  
N/A

Name \*  
RECOVERY, INC

Status  
Incomplete

Telephone \*  
323-974-7579

Hours of Operation Per Week \*  
45

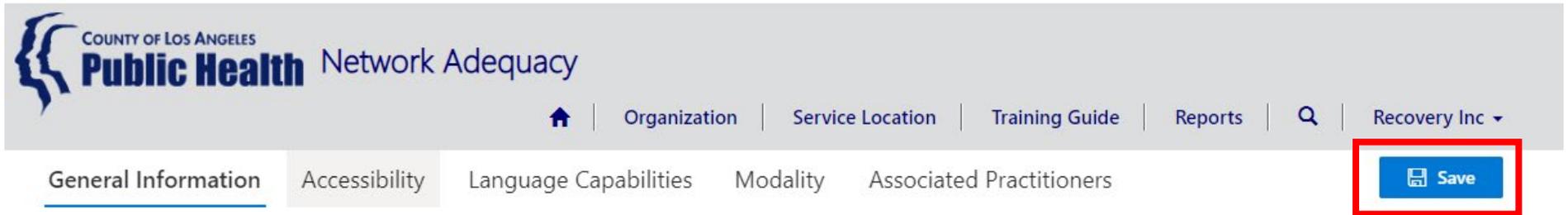
To make input more user-friendly, the site information page is subdivided into five (5) sub-pages (or tabs). This is shown as a 2<sup>nd</sup> navigation bar. Each tab takes the user to different required information related to this site location.

The General Service Site Information asks the user to review, update, and input basic information related to the site location.

- It contains pre-populated fields
- Review these fields for accuracy.
- Fields that require contract action are NOT editable. You will not be able to make changes to these fields.
- Fields with text boxes are editable and/or need to be completed.
-  = example of field that cannot be edited
-  = example of field that can be edited
- (\*) throughout the database are required fields and must be completed
- Once you have reviewed, updated and input all relevant data fields, scroll back up to the top of the page and complete other tabs.

The number here represents the sum total hours of operation per week, based on the official hours of operation in your contract for this location.

# Service Location: General Service Site Information – Site Specific



DEA Number \* ⓘ

If doesn't apply write N/A

DEA Number is required

DMC Certification Number \*

ACD56

If OTP is selected on the Modality page, a DEA Number (\*) is required on this General Service Site Information. You will **NOT** be able to save this page without including this required field.

## Provider Type (Check all available practitioners at this specific site location)

- Physician
- Nurse Practitioner
- Physician Assistant
- Registered Nurse
- Registered Pharmacist
- Licensed Clinical Psychologist
- Licensed Clinical Social Worker
- Licensed Professional Clinical Counselor
- Licensed Marriage and Family Therapist
- Licensed Eligible Practitioner working under the supervision of a Licensed Clinician
- Registered Substance Use Disorder Counselor
- Certified Substance Use Disorder Counselor

As part of the General Information, you are required to include all Provider Types (a.k.a. Practitioners) that provide direct services working within their scope of practice **at this specific site location**. Check as all that apply.

## Contact Information

Primary Contact Name

John Smith

Primary Email

jsmith@recoveryinc

Input the information for the primary contact's name and email for this location.

## Service Location: Accessibility

Select a response for each question. Click on the drop-down arrow to make your selection.

General Information

Accessibility

Language Capabilities

Modality

Associated Practitioners

Accepting New Beneficiaries? \*



Yes

Does this site location have open intake appointments (slots) available in the next 7 days? If so, select "yes". If not, select "no".

ADA Compliant for Physical Plant \*

No

Does this site location meet requirements for Americans with Disabilities Act? If so, select "yes". If not, select "no".

**NOTE:** If no, submit proof of exemption

TDD/TTY Equipment Available \*



Yes

If you maintain TDD/TTY or the Video Relay at this site, select "yes". If not, select "no".

Telehealth Station/Equipment Available \*



Yes

If you are currently offering services via telehealth due to COVID, select yes. If not, select "no".

Distance Between Site And Closest Public Transportation \*

Between .25-.5 miles

Use the drop-down arrow to select the best response. To calculate the distance, we recommend that you use an internet map

## Service Location: Accessibility *(new additions)*

General Information **Accessibility \*** Language Capabilities Modality Associated Practitioners

Accepting New Beneficiaries? \*



ADA Compliant for Physical Plant \*

TDD/TTY Equipment Available \*



Telehealth Station/Equipment Available \*



Distance Between Site And Closest Public Transportation \*

**TOOL TIP:** Whenever you see , use your cursor to hover over it to get more information about the field.

**NAVIGATION TIP:** You will notice that the tabs remain **red**. This indicates that the data on these pages is **incomplete**. The tab will remain red until all required fields are completed.

Once all data fields are completed, then the tab will turn to grey.

**Click** on the save button whenever the data is complete or when stepping away from the application to ensure data is saved.

 Save

You will see a **green highlighted bar** to indicate that the information is saved.

**NOTE:** The page will be saved even when fields are incomplete or left blank.



Special Populations **NEW!**

Select the Special Population(s) for which you offer program specific services that address unique patient needs. Supporting documentation will be reviewed as part of the annual audit process. Please see [criteria guide](#) for more information on established requirements to be considered serving a specific population.

|   |  |  |
|---|--|--|
| <b>Criminal-Justice Involved (CJI) *</b><br><input type="text" value="Yes"/>        | <b>Developmental/Intellectual Disability *</b><br><input type="text" value="Yes"/> | <b>Veterans *</b><br><input type="text" value="Yes"/>                                    |
| <b>People Experiencing Homelessness (PEH) *</b><br><input type="text" value="Yes"/> | <b>Blind/Limited Vision *</b><br><input type="text" value="Yes"/>                  | <b>Sexually Exploited *</b><br><input type="text" value="Yes"/>                          |
| <b>Pregnant And Parenting Women *</b><br><input type="text" value="Yes"/>           | <b>Deaf/Hard Of Hearing *</b><br><input type="text" value="Yes"/>                  | <b>Parent Or Guardian Of A Child *</b><br><input type="text" value="Yes"/>               |
| <b>Registered Sex-Offenders (RSO) *</b><br><input type="text" value="Yes"/>         | <b>Transitional Age-Youth (TAY) *</b><br><input type="text" value="Yes"/>          | <b>Arson *</b><br><input type="text" value="Yes"/>                                       |
| <b>Co-Occurring Mental Health Condition *</b><br><input type="text" value="Yes"/>   | <b>LGBQIA *</b><br><input type="text" value="Yes"/>                                | <b>Medications for Addiction Treatment (MAT) *</b><br><input type="text" value="Yes"/>   |
| <b>Physical Disability *</b><br><input type="text" value="Yes"/>                    | <b>Transgender Men *</b><br><input type="text" value="Yes"/>                       | <b>Withdrawal Management - Alcohol / Sedatives *</b><br><input type="text" value="Yes"/> |
| <b>Medically Vulnerable *</b><br><input type="text" value="Yes"/>                   | <b>Transgender Women *</b><br><input type="text" value="Yes"/>                     | <b>Withdrawal Management – Opioids *</b><br><input type="text" value="Yes"/>             |

**New! Required Fields**  
In Accessibility Tab, you will find new Special Population Fields. Indicate with a “Yes” or “No” if your agency serves the following Special Populations.



## Service Location: Language Capabilities

These are all the threshold languages for the County. Each field requires a response. If at least one staff member or consultant (including contracted in-person interpreters [not language line]) can provide services in one of these languages provide the level of fluency. If a language does not apply for this site, select N/A.

General Information   Accessibility   **Language Capabilities \***   Modality   Associated Practitioners \*

 Save

If at least one staff member or consultant (including contracted in-person interpreters [not language line]) can provide services in one of these languages, provide the level of fluency. If a language does not apply for this site, select N/A.

|  |                                     |  |
|--|-------------------------------------|--|
| Arabic *                               | Armenian *                          | Cambodian *                            |
| <input type="text" value="Certified"/> | <input type="text" value="Fluent"/> | <input type="text" value="N/A"/>       |
| <input type="text" value="N/A"/>       | English                             | Farsi *                                |
| <input type="text" value="Certified"/> | <input type="text" value="Fluent"/> | <input type="text" value="Fluent"/>    |
| <input type="text" value="Fluent"/>    | Korean *                            | Mandarin *                             |
| <input type="text" value="Good"/>      | <input type="text" value="N/A"/>    | <input type="text" value="N/A"/>       |
| <input type="text" value="Fair"/>      | Russian *                           | Spanish *                              |
| <input type="text" value="Poor"/>      | <input type="text" value="N/A"/>    | <input type="text" value="Fluent"/>    |
| <input type="text" value="N/A"/>       | Vietnamese *                        | ASL *                                  |
| <input type="text" value="N/A"/>       | <input type="text" value="N/A"/>    | <input type="text" value="Certified"/> |

Other Language Services Available

Language Line Available \*

Used an outside language interpretation company? \*

← Insert languages besides those listed above that are offered to patients.

← Does this site location have a language line that they use to help with translation? If so, select "yes". If not, select "no".

← Does this site location contract with an outside language interpretation company to offer in-person or telehealth interpreters? If so, select "yes". If not, select "no".

**TIP:** Toggle between fields using the Tab button. For each language that does not apply, simply use enter the corresponding first letter of fluency, such as "n" for N/A. To select "fair" hit "F" twice. Not Cap sensitive.

# Service Location: Language Capabilities *(new additions)*

General Information   Accessibility   **Language Capabilities \***   Modality   Associated Practitioners \*



Do you have written materials in language other than English? \*

Yes

Which Other Written Languages \*

Which Other Written Languages is required

Does this site have at least 1 practitioner that provides counseling services in a specified language other than English? \*

Yes

For which languages does this site meet the 1 practitioner criteria? Check all that apply. \*

For which languages does this site meet the 1 practitioner criteria? Check

**NEW! Required Fields**  
Under Language Capabilities, there are **TWO** new questions. If the response is Yes, a follow-up question will appear

How many group sessions are held per month in a language other than English?

|                                       |   |   |
|---------------------------------------|---|---|
| <b>Arabic *</b><br>1 or more per week | <b>Armenian *</b><br>None               | <b>Cambodian *</b><br>None                          |
| None                                  | <b>Farsi *</b><br>None                  | <b>Hmong *</b><br>None                              |
| 1 or more per week                    | <b>Mandarin *</b><br>None               | <b>Other Chinese *</b><br>Other Chinese is required |
| 1 or more per month                   | <b>Spanish *</b><br>1 or more per month | <b>Tagalog *</b><br>None                            |
| <b>Russian *</b><br>None              | <b>ASL *</b>                            |   |
| <b>Vietnamese *</b><br>None           |   |   |

**NEW! Required Fields**  
New section for **GROUP** sessions your agency has held per month. Drop-down options displayed in image

If no selection is made, an error message will appear

## Service Location: Modality (updated)

General Information Accessibility \* Language Capabilities \* **Modality** Associated Practitioners \*

Save

Select the age group(s) that are served. When age groups are selected, boxes will appear for current and maximum number of Medi-Cal Beneficiaries.

Intensive Outpatient

*i* Select either age group 18+ OR age group 21+, if applicable.

Age Groups

Current Beneficiaries *i*

Max Beneficiaries *i*

Age Group 0-17

11

11

Age Group 18+

Age Group 21+

Opioid Treatment

Licensed Capacity for OTP: 80

*i* Select either age group 18+ OR age group 21+, if applicable.

Age Groups

Current Beneficiaries *i*

Max Beneficiaries *i*

Age Group 0-17

80

80

Age Group 18+

Age Group 21+

Outpatient

Residential

*i* Select either age group 18+ OR age group 21+, if applicable.

Age Groups

Current Beneficiaries *i*

Max Beneficiaries *i*

Age Group 0-17

10

10

Age Group 18+

Age Group 21+

**IMPORTANT**  
Select **all modality(ies)** that this site is contracted to provide. For more information on the reporting period, hover over the tooltip icon *i*

When you click on the modality, it will open additional fields (e.g. age group and licensed capacity, where applicable). Once a modality is checked, all applicable fields **MUST** be completed.  
If you wish to deselect, simply click on the checked box (see page 19 for more information). Note that deselecting a modality will clear all age groups and current/maximum entries.

| Age Groups                                      | Current Beneficiaries ⓘ         | Max Beneficiaries ⓘ             |
|---|---------------------------------|---------------------------------|
| <input checked="" type="radio"/> Age Group 0-17 | <input type="text" value="10"/> | <input type="text" value="10"/> |
| <input type="radio"/> Age Group 18+             |                                 |                                 |
| <input type="radio"/> Age Group 21+             |                                 |                                 |

**You will NEVER enter data in BOTH line #2 (18+) AND line #3 (21+)**

 If data is entered in line 2, everything from line 3 will be deleted, and vice versa.

Select the age group (s) that your agency serves for each site location.

When age groups are selected, boxes will appear for current and maximum number or Medi-Cal .

Providers can enter in information for:

- **Youth:** Age Group 0-17
- **Adult:** Age Group 18+ OR Age Group 21+

# Service Location: Modality - Current/Maximum Beneficiaries *(updated)*



Current and Maximum number of Medi-Cal beneficiaries must be provided for each site location AND EACH AGE GROUP SELECTED.

General Information

Accessibility

Language Capabilities \*

**Modality**

Associated Practitioners \*



Select the age group(s) that are served. When age groups are selected, boxes will appear for current and maximum number of Medi-Cal Beneficiaries.

| <input checked="" type="checkbox"/> Intensive Outpatient                     |                                 |                                 |
|--|---------------------------------|---------------------------------|
| <i>i</i> Select either age group 18+ <u>OR</u> age group 21+, if applicable. |                                 |                                 |
| Age Groups   | Current Beneficiaries <i>i</i>  | Max Beneficiaries <i>i</i>      |
| <input checked="" type="checkbox"/> Age Group 0-17                           | <input type="text" value="20"/> | <input type="text" value="40"/> |
| <input type="checkbox"/> Age Group 18+                                       |                                 |                                 |
| <input type="checkbox"/> Age Group 21+                                       |                                 |                                 |
| <input checked="" type="checkbox"/> Opioid Treatment                         |                                 |                                 |
| <i>i</i> Select either age group 18+ <u>OR</u> age group 21+, if applicable. |                                 |                                 |
| Age Groups   | Current Beneficiaries <i>i</i>  | Max Beneficiaries <i>i</i>      |
| <input checked="" type="checkbox"/> Age Group 0-17                           | <input type="text" value="10"/> | <input type="text" value="20"/> |
| <input type="checkbox"/> Age Group 18+                                       |                                 |                                 |
| <input type="checkbox"/> Age Group 21+                                       |                                 |                                 |

Enter the total number of active Medi-Cal patients at this location as of March 31, 2023.

Enter the highest number of patients that can be served at this location (the highest # at one point in time) during July 1, 2022- June 30, 2023. NOTE: This number MUST be the same as or higher than the "current number".

## Service Location: Modality - Age Group and Current/Maximum Beneficiaries

COUNTY OF LOS ANGELES  
**Public Health** Network Adequacy

Organization | **Service Location** | Training Guide | Reports | Recovery Inc

General Information | Accessibility | Language Capabilities | **Modality \*** | Associated Practitioners

Select the age group(s) that are served. When age groups are selected, boxes will appear for current and maximum number of Medi-Cal Beneficiaries.

At least one modality is required.

Intensive Outpatient

Opioid Treatment is required

Outpatient

Residential is required

Licensed Capacity for OTP: 80

Contracted Capacity for Residential: 80

Depending on the site, you may notice that some modalities contain pre-populated information in their Licensed Capacity. For the site location, these **require** that all fields to be completed.

### For site locations with licensed OTP slots:

The field for "Licensed Capacity for OTP" has been pre-populated with the number of slots in your SAPC contract. You must complete all fields in this section.

### For site locations with contracted residential beds:

The field for Contracted Capacity for Residential has been pre-populated with the contracted number of residential beds. You must complete all fields in this section if it contains a red \*.

**NOTE:** In most cases, the total "Maximum Number of Medi-Cal Beneficiaries" will match the number in "Capacity for Residential and OTP".

### IMPORTANT

Select **all modality(ies)** that this site is contracted to provide. If you enter a number higher than the contracted capacity, an error will appear.

Licensed Capacity for OTP: 80

Max Beneficiaries ⓘ

100

Sum of max must be less than capacity.

## Service Location: Modality

Intensive Outpatient

\*At least one age group is required.

Select either age group 18+ OR age group 21+, if applicable.

| Age Groups                           | Current Beneficiaries <input type="text"/> | Max Beneficiaries <input type="text"/> |
|--------------------------------------|--|--|
| <input type="radio"/> Age Group 0-17 |  |  |
| <input type="radio"/> Age Group 18+  |  |  |
| <input type="radio"/> Age Group 21+  |  |  |

Once a modality is selected, a red \* will appear next to "Age Group (s)". This means that in order to complete this section, **AT LEAST ONE Age Group** must be select.

Intensive Outpatient

Select either age group 18+ OR age group 21+, if applicable.

| Age Groups                                      | Current Beneficiaries <input type="text"/> | Max Beneficiaries <input type="text"/> |
|---|--|--|
| <input checked="" type="radio"/> Age Group 0-17 | <input type="text"/>                       | <input type="text"/>                   |
| <input type="radio"/> Age Group 18+             |  |  |

\*Must be between 0 and max.      \*Must be greater than 0.

After age group (s) is selected, a red \* will appear for the current and maximum number of Medi-Cal Beneficiaries boxes must be filled with the appropriate number for the age group.

If current is higher than max, an error message will appear:

| Current Beneficiaries <input type="text"/> | Max Beneficiaries <input type="text"/> |
|--|--|
| <input type="text" value="20"/>            | <input type="text" value="4"/>         |

\*Must be between 0 and max.

## Additional Level of Care

These additional levels of care are required by DHCS- no action required on your part. The information is taken from your contract. Please contact the SAPC NACT team if modifications are required.

Residential ASAM LOC 3.1

YES

Residential ASAM LOC 3.2 Withdrawal Management

NO

Residential ASAM LOC 3.3

YES

Residential ASAM LOC 3.5

YES

Residential ASAM LOC 3.7 Partial Hospitalization

NO

Residential ASAM LOC 4.0

NO

### New Site Modality Section:

If your agency offers Residential Levels of Care listed above, they are now included as pre-populated information from your contract. No need to make any changes to these fields.

However, if there's a level of care that has an incorrect response, please contact the SAPC team

SAPC\_NACT@ph.lacounty.gov

**Note:** Only Residential Levels of Care 3.1, 3.2 3.3, 3.5, 3.7 and 4.0 are included.

## Service Location: Associated Practitioners

The final section is a list of **Associated Practitioners for each Service Location**. Some data fields in this Service Location Tab have been pre-populated for those practitioners who completed the **registration process on Sage**.

General Information   Accessibility   **Language Capabilities \***   Modality   **Associated Practitioners \***

 Save

Below is a pre-populated list of practitioners associated with this specific site location.

- If a practitioner was recently onboarded, **but is not listed**: Use the “Associate New Practitioner” button to add them to the list.
- If a practitioner is listed, **but is no longer providing direct services at this location**: Use the down arrow button to disassociate them from the list.
- Regardless if after review you complete updates or have no updates, all providers **MUST**: Click on the “Confirmed Associated Practitioner” button. This will ensure your information is saved and prevent SAPC sending reminder e-mails when information is not updated.
- Confirmed Associated Practitioners on: **September 12th 2023, 11:02 am**

 Search

Associate New Practitioner

Confirm Associated Practitioners

| First Name | Last Name | Modified On            | Current Number of Medi-Cal Beneficiaries | Maximum Number of Medi-Cal Beneficiaries | Practitioner is associated with this site ↓ | GPI and PPI combined pages status |
|------------|-----------|------------------------|--|--|---|-----------------------------------|
| SARA       | FULLER    | 9/14/2023, 10:45:38 AM | 20                                       | 40                                       | Yes   | Incomplete                        |
| Mega       | World     | 9/12/2023, 10:42:32 AM | 0  | 0  | Yes   | Incomplete                        |
| cassidy    | Todd      | 9/12/2023, 10:42:33 AM | 0  | 0  | Yes   | Incomplete                        |
| Lisa       | Negron    | 9/12/2023, 10:44:23 AM | 0  | 0  | Yes   | Incomplete                        |

For this section, you will need to review, update, and input information about all practitioners associated with the respective site location. Practitioners have 2 Statuses:

- **Incomplete** = Missing information in practitioner fields (on the General Practitioner Information page and/or Personal Practitioner Information Page).
- **Active** = All required practitioner fields (on the General Practitioner Information page and Personal Practitioner Information Page) are complete.

# Service Location: Associated Practitioners- General Practitioner Information (section 1 [steps 1-3])- **UPDATED**

General Information Accessibility **Language Capabilities \*** Modality **Associated Practitioners \***

Save

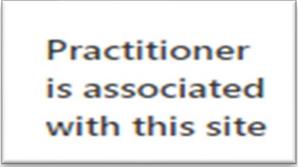
Below is a pre-populated list of practitioners associated with this specific site location.

- If a practitioner was recently onboarded, **but is not listed**: Use the "Associate New Practitioner" button to add them to the list.
- If a practitioner is listed, **but is no longer providing direct services at this location**: Use the down arrow button to disassociate them from the list.
- Regardless if after review you complete updates or have no updates, all providers **MUST**: Click on the "Confirmed Associated Practitioner" button. This will ensure your information is saved and prevent SAPC sending reminder e-mails when information is not updated.
- Confirmed Associated Practitioners on: **September 12th 2023, 11:02 am**

| First Name | Last Name | Modified On            | Current Number of Medi-Cal Beneficiaries | Maximum Number of Medi-Cal Beneficiaries | Practitioner is associated with this site | GPI and PPI combined pages status |                             |
|------------|-----------|------------------------|--|--|---|-----------------------------------|-----------------------------|
| SARA       | FULLER    | 9/14/2023, 10:45:38 AM | 20                                       | 40                                       | Yes                                       | Incomplete                        | ▼                           |
| Mega       | World     | 9/12/2023, 10:42:32 AM | 0  | 0  | Yes                                       | Incomplete                        | Edit Record<br>Disassociate |

**Step 1:** To update practitioner information, click on the arrow, and click on "EDIT RECORD".

**Step 2:** Confirm that the practitioner currently provides services at this site location. This is a required field and you must select either a "yes" or "no".



You can also **disassociate the practitioner from your list** by clicking the drop-down arrow and selecting "Disassociate" on the "Associated Practitioner" page (see page 28). For more information on what practitioners should be included in the NACT, please see FAQ attachment.

**IMPORTANT:** remember to disassociate the practitioner otherwise this section will remain incomplete.

**TIP:** If you need to go back, select the back arrow in the browser. This will take you back to the "General Site Information" page. Select "Associated Practitioner" tab to return to this page.

**Step 3:** Identify which modality/ies this Practitioner offers **AT THIS SITE**. If they offer services at multiple sites, only report the modalities for this site location.

Modality

Identify which modality and age group this practitioner provided services to by clicking on the appropriate boxes.

At least one modality is required.

Modality - Intensive Outpatient

Modality - Opioid Treatment

Modality - Outpatient

Modality - Residential

## Service Location: Associated Practitioners- General Practitioner Information (section 1 [step 4-5-6])

### Modality

Identify which modality and age group this practitioner provided services to by clicking on the appropriate boxes.

Modality - Intensive Outpatient

*Select either age group 18+ OR age group 21+, if applicable.*

| Age Groups   | Current Beneficiaries ⓘ         | Max Beneficiaries ⓘ             |
|--|---------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> Age Group 0-17 | <input type="text" value="20"/> | <input type="text" value="40"/> |
| <input type="checkbox"/> Age Group 18+             |                                 |                                 |
| <input type="checkbox"/> Age Group 21+             |                                 |                                 |

**Step 4:** For each practitioner at their respective site locations, **check the age groups for each modality** where services are offered.

Practitioner services must be checked off for each specific **Age Group (0-17, 18+ OR 21+)** within each possible **Modality (Intensive Outpatient, Opioid Treatment, Outpatient and Residential)**. **Note:** The Modality types selected by Practitioner must be consistent with the information submitted for the Service Location.

**Step 5:** **Current Beneficiaries** refers to the number of active Medi-Cal patients that are currently on their caseload (or being served by the practitioner)

**Step 6:** **Maximum Beneficiaries** refers to the highest number of Medi-Cal Beneficiaries that the PRACTITIONER can see in a given month between July 1, 2022 through June 30, 2023. TIP: Hover over Tooltip for reporting periods.

**Important:** The “Max Beneficiaries” number **MUST** be the **same as or higher** than the “Current Beneficiaries” number or it will generate the following error: *\*Must be between 0 and max.* Under no circumstances can the “Max” be **less than** the “Current” number.

**Note:** The Current and Maximum number of beneficiaries value by Age Group and Modalities on the General Practitioners page will sum to the TOTAL on the Associated Practitioners page. If the numbers do not add-up, the following error message will appear.

*⊗ Service site modality/age group identified does not match Practitioner modality and age group.*

# Service Location: Associated Practitioners- General Practitioner Information (section 1, [step 4-5-6-continued])

## NACT - Practitioner Service Location Edit

Modality - Intensive Outpatient

*i* Select either age group 18+ OR age group 21+, if applicable.

Age Groups

Current Beneficiaries *i*

Max Beneficiaries *i*

Age Group 0-17

20

2

\*Must be between 0 and max.

Service site modality/age group identified does not match Practitioner modality and age group.

Age Group 18+

\*Must be between 0 and max.

\*Must be greater than 0.

Age Group 21+

Modality - Opioid Treatment

*i* Select either age group 18+ OR age group 21+, if applicable.

Age Groups

Current Beneficiaries *i*

Max Beneficiaries *i*

Age Group 0-17

Age Group 18+

Service site modality/age group identified does not match Practitioner modality and age group.

Age Group 21+

5

2

\*Must be between 0 and max.

If the numbers do not sum up to the totals or do not match to the site modality, an error message will appear.

**IMPORTANT:** Error messages must be resolved before the page can be saved

## Service Location: Associated Practitioners- General Practitioner Information (section 1 [steps 7-8])

Does this practitioner provide Telehealth services? \* ⓘ

No

Does this practitioner travel to beneficiaries? \* ⓘ

No

**Step 7:** For the Practitioner at this site location, you will identify whether they provide services via telehealth. This is a required field, and you must select either a “yes” or “no”.

Telehealth is the use of electronic communications (both an audio AND video component) to provide direct client outpatient or OTP services. ⓘ Allowable telehealth platforms include both an audio AND/OR video component to provide direct client outpatient or OTP services. See SAPC Telehealth policy for more information.

Does this practitioner travel to beneficiaries? \* ⓘ

Yes

If so, select the average miles \*

10 miles

11-30 miles

31-60 miles

greater than 60 miles

**Step 8:** For this practitioner at this site location, enter whether they are a mobile provider who travels to beneficiaries (i.e., Field Based Provider).

This is a required field, and you must select either a “yes” or “no”.

If “yes” is selected, you will be prompted to select the radius of travel (i.e. average miles). You must select the appropriate radius

# Service Location: Associated Practitioners- General Practitioner Information (section 1) Submit

## General Practitioner Information

Practitioner  
SARA FULLER

Service Location  
RECOVERY, INC  
44526 Pinky Way

Is this practitioner associated with this site \*

Yes



Once all data fields on this page have been completed, **we recommend that you proceed directly to Step 9 below to continue to the Practitioner Personal Information page.**

However, **if you need to stop at this point**, then we encourage you to select the  button. This will save the information you input when you leave this section (see page 23,

## Modality

Identify which modality and age group this practitioner provided services to by clicking on the appropriate boxes.

Modality - Intensive Outpatient

Select either age group 18+ OR age group 21+, if applicable.

| Age Groups   | Current Beneficiaries <input type="text"/>                                    | Max Beneficiaries <input type="text"/> |
|--|---|--|
| <input checked="" type="checkbox"/> Age Group 0-17   | <input type="text" value="20"/><br><small>*Must be between 0 and max.</small> | <input type="text" value="2"/>         |
| <input checked="" type="checkbox"/> Service site modality/age group identified does not match Practitioner modality and age group. |   |  |
| <input checked="" type="checkbox"/> Age Group 18+  | <input type="text"/>  | <input type="text"/>                   |

- If all fields are completed, then you will receive the following box at the top of the page:

Submission completed successfully.

- Selecting the  button will direct you back to the "Associated Practitioner" tab. The practitioner will still be highlighted in red because the second set of data fields for this practitioner has not been completed. You will have to return to the "General Practitioner Information" page and select the hyperlink to complete the second set of data fields for this practitioner.

**Check to make sure all fields are completed, including where you may have selected a modality or age group that does not have corresponding data.**

**As a reminder, on this page, error messages with the following signs must be resolved before the page can be saved:**



## Service Location: Associated Practitioners- General Practitioner Information (section 1 [steps 9])

General Practitioner Information

|  |                                   |
|--|-----------------------------------|
| Practitioner<br><a href="#">ALISON WHITMAN</a>       | Practitioner Status<br>Incomplete |
| Service Location<br>RECOVERY, INC<br>44526 Pinky Way |                                   |
| Is this practitioner associated with this site *     |                                   |
| <input type="text" value="Yes"/>                     |                                   |

**NOTE:** You will notice that the hyperlinked practitioner name is **Red**. This means that there is additional information that must be completed.

The practitioner status will also show as “incomplete” until all fields are completed for this practitioner. When all fields in the “*Practitioner Personal Identification*” are complete, then this will

**Step 9:** Click on the hyperlinked practitioner name in **Red**. **This will direct you to a new window** to review, update, and input the second set of practitioner data fields on the “*Practitioner Personal Identification*” page.

### **TIP:** GENERAL PRACTITIONER INFORMATION vs. PRACTITIONER PERSONAL IDENTIFICATION:

The “*General Practitioner Information*” page contains information about the practitioner at the selected site location. The information on this page may change from site to site, if the practitioner works at multiple site locations.

The “*Practitioner Personal Identification*” page contains information that is unique to this practitioner and does NOT change from site to site. If this practitioner works at multiple site locations or other agencies, then the information on this page may already be completed.

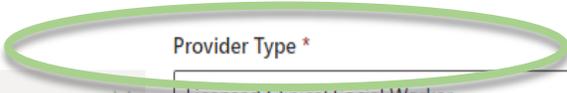
**Service Location: Associated Practitioners- Practitioner Personal Information (section 2 [steps 10-11])**

Practitioner Personal Information



Has this practitioner been credentialed in Sage?

Provider Type \*



Licensed Clinical Social Worker

First Name

SARA

Licensing Entity \*

BBS - California Board of Behavioral Sciences

Last Name

FULLER

California Practitioner License Number \*

c1254896

Input the current LPHA License Number. Do not put N/A. A number or alpha-number combination is required to complete this section.

NPI

1467925321

Direct Services Offered by Provider \*

Yes

Contract Effective Date ⓘ

Is this Practitioner a Supervisor or Manager? \*

No  Yes

Contract Expiration Date ⓘ

**Step 11:** Click on **Provider Type** to select the appropriate discipline of the selected practitioner who is working under their scope of practice at this site location. You may select only one discipline. **By selecting the provider type, ONLY those fields related to the practitioner type will be visible.** For instance, selecting *Licensed Eligible Practitioner working under the supervision of a Licensed Clinician*, will show the following questions specific to this provider type.

**Service Location: Associated Practitioners- Practitioner Personal Information (section 2 [step 12])**

**NOTE:** The below page is for demonstration purposes only. It DOES NOT reflect actual look since the fields will depend on which provider type is selected.

**COUNTY OF LOS ANGELES Public Health Network Adequacy**

Organization | Service Location | Training Guide | Reports | Recovery Inc

Review the information for accuracy and complete all required blank fields

### Practitioner Personal Information Save

Has this practitioner been credentialed in Sage?

First Name: Bat  
Last Name: Man  
NPI: 2432432431

Contract Effective Date:

Contract Expiration Date:

Provider Type \*: Licensed Eligible Practitioner working under the supervision of a Licensed Clinician

Licensing Entity \*: Physician - Medical Board of California

California Practitioner License Number \*: D65846  
Input the current LPHA License Number. Do not put N/A. A number or alpha-number combination is required to complete this section.

LPHA Waivered \*: Yes

Registered Provider \*: Yes

Direct Services Offered by Provider \*: Yes

**Step 12:** Complete all required fields (\*) as indicated

**License or Certification Number:**

DO NOT place N/A, because of the new function based on practitioner type, only those fields associated with the type will appear. These fields REQUIRE a valid license or certification number.

**LPHA Waivered/Registered:**

If you select “yes” for LPHA Waivered, then you MUST select “yes” for Registered Provider.

**IMPORTANT:** “Registered Provider” data DOES NOT refer to registered SUD counselors! Please refer to the FAQ for further information.

**Contract Effective/Expiration**

Only complete “Contract Effective/Expiration Date” when the practitioner is a consultant or subcontractor with an associated subcontractor agreement. Otherwise, leave blank.

## Service Location: Associated Practitioners- Practitioner Personal Information (section 2 [step 13])

**Step 13:** Select the language (s) that this practitioner speaks and the level of fluency (Certified, Fluent, Good, Fair or Poor). English is automatically populated to “Fluent” and cannot be changed. All languages **must** have a response, so if a language does not apply, select “N/A”.

### Language Capabilities

|                                   |                                   |  |
|-----------------------------------|-----------------------------------|--|
| Arabic *                          | Armenian *                        | Cambodian *                            |
| <input type="text" value="N/A"/>  | <input type="text" value="N/A"/>  | <input type="text" value="Fluent"/>    |
| Cantonese *                       | English                           | Farsi *                                |
| <input type="text" value="N/A"/>  | Fluent                            | <input type="text"/>                   |
| Hmong *                           | Korean *                          | Farsi is required                      |
| <input type="text"/>              | <input type="text"/>              | Mandarin *                             |
| Hmong is required                 | Korean is required                | <input type="text"/>                   |
| Other Chinese *                   | Russian *                         | Mandarin is required                   |
| <input type="text" value="Poor"/> | <input type="text" value="Fair"/> | Spanish *                              |
| Tagalog *                         | Vietnamese *                      | <input type="text" value="Certified"/> |
| <input type="text"/>              | <input type="text" value="Good"/> | ASL *                                  |
| Tagalog is required               |                                   | <input type="text" value="N/A"/>       |

**TIP - For Language Capabilities:** Use the Tab button as an easier way of toggling between language fields. Once in a field, enter the corresponding first letter and it will fill the field, such as “g” for good. Using “f” will bring up fluency first. If you type “f” again, it will bring up fair.

**Service Location: Associated Practitioners- Practitioner Personal Information (section 2 [step 14] (New))**

In which of the language(s) do you conduct direct services?

Tip: Use the Tab key and the initial letter of your response to toggle in language fields

|                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| Arabic *                          | Armenian *                        | Cambodian *                       |
| <input type="text" value="None"/> | <input type="text" value="None"/> | <input type="text" value="None"/> |
| Cantonese *                       | Farsi *                           | Hmong *                           |
| <input type="text" value="None"/> | <input type="text" value="None"/> | <input type="text" value="None"/> |
| Korean *                          | Mandarin *                        | Other Chinese *                   |
| <input type="text" value="None"/> | <input type="text" value="None"/> | <input type="text" value="None"/> |
| Russian *                         | Spanish *                         | Tagalog *                         |
| <input type="text" value="None"/> | <input type="text" value="None"/> | <input type="text" value="None"/> |
| Vietnamese *                      | ASL *                             |                                   |
| <input type="text" value="None"/> | <input type="text" value="None"/> |                                   |

Arabic \*

- None
- Groups
- Assessment/Individual
- Both

**NEW!**

Questions about conducting direct services in threshold languages must be answered for all practitioners associated with the site location.

**Service Location: Associated Practitioners- Practitioner Personal Information section 2 [step 15]**

# Cultural Competency Training

Cultural Competence Training \* 

Cultural Competence Training is required

Hours of Cultural Competence Training Completed \* 

--

If you selected no, enter "0" for number of hours

Hours of Cultural Competence Training Completed is required

For every associated practitioner, you will need to enter if they have completed cultural competency training.

.....

If yes, a follow-up question will appear to enter the number of hours completed. Since this is a required field, a red error will appear if the information is not entered.



Tip:

Hover over the tooltip for explanation

## Service Location: Associated Practitioners- Practitioner Personal Information section 2 [step 16]

If you are successful in completing all data fields for both the “General Practitioner Information” and the “Practitioner Personal Identification”, you will see the following green bar. This means you have completed information for this practitioner.

If you see the red error box, please return to the specific section and complete the data field.

Review the information for accuracy and complete all required blank fields

Submission completed successfully.

### Practitioner Personal Identification

|                             |   |
|-----------------------------|---|
| <b>First Name *</b><br>JOHN | <b>California Practitioner License Number *</b><br>If doesn't apply write N/A<br>na   |
| <b>Last Name *</b><br>SMITH | <b>California Professional Certification Number *</b><br>If doesn't apply write N/A<br>kghghfgkufuf   |
| <b>NPI *</b><br>1277436659  | <b>Certifying Entity *</b><br>CAADE – California Association for Drug/Alcohol Educators. CADTP – California Association of DUI Treatment Programs. CCAPP – California Consortium of Addiction Programs and Professionals. N/A - If doesn't apply<br>CAADE |

**NOTE:** Once successfully completed with the “Practitioner Personal Identification” we recommend closing this tab by clicking the “X”. You can then go back to your original tab of “General Practitioner Information” and continue with submitting and saving the associated practitioner information.

Browser tabs: NACT - Practitioner Service Locat x NACT - Practitioner Service Locat x

URL: sapcnactstage.powerappsportals.us/service-location-practitioners/service-location-practitioner-create/?refentity=nact\_servicelocation&refid=80684fd6...

Navigation: Home | Organization | Service Location | Training Guide | Reports | Search | Recovery Inc

## Completing Practitioner Service Location & Returning to Associated Practitioner [Step 17]

NACT - Practitioner Service Location Edit

General Practitioner Information is for each individual practitioner providing services at this specific service location. Review the information for accuracy. Edit any areas that need changes and complete all blank fields. After you click submit to save the information, you MUST then click on the Practitioner's name to add more detailed information about the practitioner.

To look up a new practitioner, refer to the training guide for directions and next steps.

### General Practitioner Information

Practitioner  
Person AI

Practitioner Status  
Active

Service Location  
RECOVERY, INC  
44526 Pinky Way St 401

Is this practitioner associated with this site \*

Yes

### Modality

Identify which modality and age group this practitioner provided services to by clicking on the

Modality - Intensive Outpatient

Modality - Opioid Treatment

Modality - Outpatient

Modality - Residential

Save

In the General Practitioner Information tab, the name of the practitioner will change to blue and the Practitioner Status to "Active" if all fields have been completed.

If both the name is red and the status is "inactive", check to make sure all fields are completed in both the "General Practitioner Information" and the "Practitioner Personal Identification" sections.

**Step 16:** Click SAVE to save the information. The page will be redirected to the main Associated Practitioner Page

COUNTY OF LOS ANGELES  
**Public Health** Network Adequacy

Organization | Service Location | Training Guide | Reports | Recovery Inc

General Information | Accessibility | Language Capabilities | Modality | **Associated Practitioners**

Below is a pre-populated list of practitioners associated with this specific site location.

- If a practitioner associated with this site is not listed they may be added using the "Associate New Practitioner" button on the right side of your screen.

Search Associate New Practitioner

| First Name | Last Name ↑ | Modified On | Current Number of Medi-Cal Beneficiaries | Maximum Number of Medi-Cal Beneficiaries | Practitioner is associated with this site | Status |
|------------|-------------|-------------|--|--|---|--------|
|------------|-------------|-------------|--|--|---|--------|

**IMPORTANT:** Repeat steps 1-16 to complete information for all practitioners at this site location.

# Service Location: Associated Practitioners - How to Disassociate a Practitioner from a Site Location

While SAPC has provided the most current information on the practitioners associated with each site location, there may be instances when a practitioner is no longer associated with a site. When this occurs, you may simply click the “disassociate” button.

General Information Accessibility Language Capabilities Modality Associated Practitioners [Save](#)

Below is a pre-populated list of practitioners associated with this specific site location.

- If a practitioner associated with this site is not listed they may be added using the "Associate New Practitioner" button on the right side of your screen.

[Associate New Practitioner](#)

| First Name | Last Name ↑ | Modified On            | Current Number of Medi-Cal Beneficiaries | Maximum Number of Medi-Cal Beneficiaries | Practitioner is associated with this site | Status     |
|------------|-------------|------------------------|--|--|---|------------|
| EMORY      | AARON       | 5/12/2022, 8:10:07 AM  | 5  | 5  | Yes                                       | Active     |
| ASHRAF     | ABDEKARIM   | 5/11/2022, 10:59:03 AM | 0  | 0  | No  | Incomplete |

[▼](#)  
[Edit Record](#)  
[Disassociate](#)

**NOTE:** If you accidentally “disassociate” a practitioner from your list you can add them back using the Practitioner Look-up

To remove a practitioner from a site location, select the drop-down arrow and click on “disassociate”

## Service Location: Associated Practitioners - Practitioner Look-Up - **UPDATED**

While most of the practitioners should be appropriately associated with each site location, there may be some situations where a particular practitioner is NOT listed in the “Associated Practitioners” tab.

**There is a fix for that.** If the practitioner was registered [in Sage for this site location](#) you can search for that practitioner’s name. Start by selecting the “Associate New Practitioner” button. This will take you to a new webpage.

General Information   Accessibility   Language Capabilities \*   Modality \*   Associated Practitioners \*

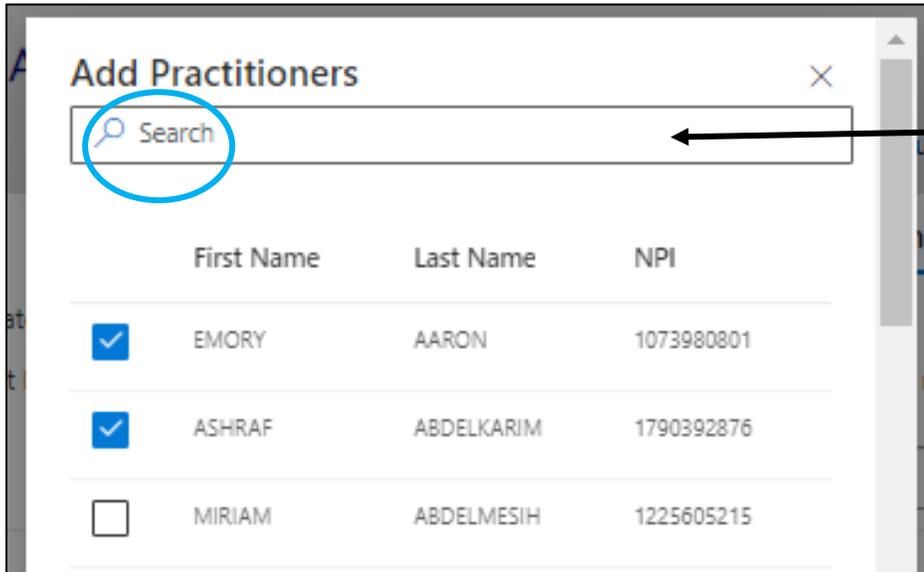
Below is a pre-populated list of practitioners associated with this specific site location.

- If a practitioner was recently onboarded, **but is not listed**: Use the “Associate New Practitioner” button to add them to the list.
- If a practitioner is listed, **but is no longer providing direct services at this location**: Use the down arrow button to disassociate.
- Regardless if after review you complete updates or have no updates, all providers **MUST**: Click on the “Confirmed Associated Practitioner” button so your information is saved and prevent SAPC sending reminder e-mails when information is not updated.
- Confirmed Associated Practitioners on: **September 12th 2023, 11:02 am**



Click on the blue “Associate New Practitioner” button.

## Service Location: Associated Practitioners - Practitioner Look-Up



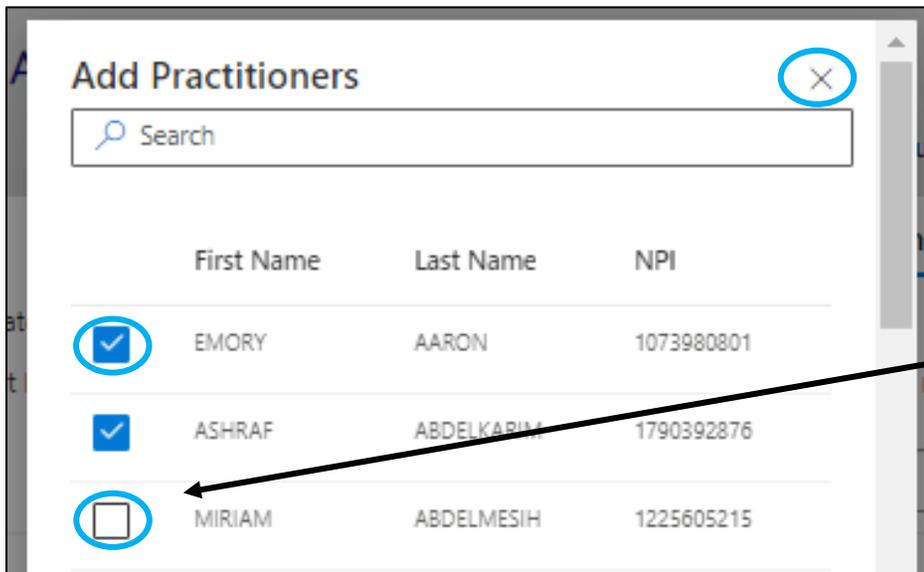
**Add Practitioners** [X]

Search

|                                     | First Name | Last Name  | NPI        |
|-------------------------------------|------------|------------|------------|
| <input checked="" type="checkbox"/> | EMORY      | AARON      | 1073980801 |
| <input checked="" type="checkbox"/> | ASHRAF     | ABDELKARIM | 1790392876 |
| <input type="checkbox"/>            | MIRIAM     | ABDELMESIH | 1225605215 |

**Step 1.** Enter in first/last name and ENTER to search for a practitioner.

You may search the list by inputting a portion of the last name, first name or NPI# in the search bar. You may also click on each page number.



**Add Practitioners** [X]

Search

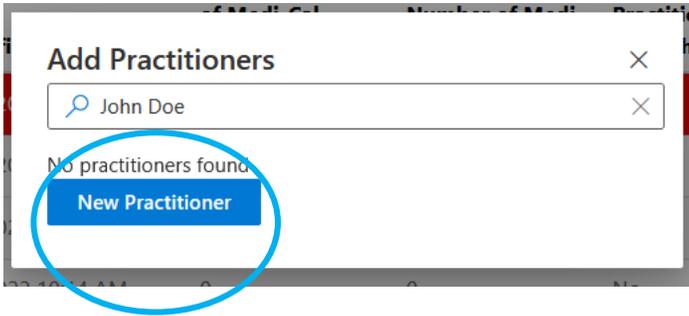
|                                     | First Name | Last Name  | NPI        |
|-------------------------------------|------------|------------|------------|
| <input checked="" type="checkbox"/> | EMORY      | AARON      | 1073980801 |
| <input checked="" type="checkbox"/> | ASHRAF     | ABDELKARIM | 1790392876 |
| <input checked="" type="checkbox"/> | MIRIAM     | ABDELMESIH | 1225605215 |

**Step 2.** To associate or disassociate practitioner(s) to a site location, check the box next to their name and exit out of the box.

**NEW FEATURE:** You can now select multiple practitioners to add to the service location.

## Service Location: Associated Practitioners – Add a New Practitioner

If you use the Practitioner Look-up Function described above and cannot find a practitioner, follow these steps to Add a New Practitioner.



**Add Practitioners** [X]

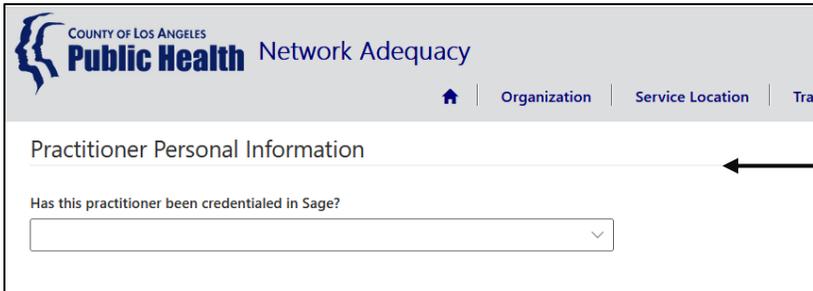
John Doe [X]

No practitioners found

**New Practitioner**

**Step 1:** Search for the practitioner, following the Practitioner Look-up steps described above. When the practitioner is not found, the New Practitioner button will display.

**Step 2:** Click on the New Practitioner Button.



COUNTY OF LOS ANGELES  
**Public Health** Network Adequacy

Organization | Service Location | Tra

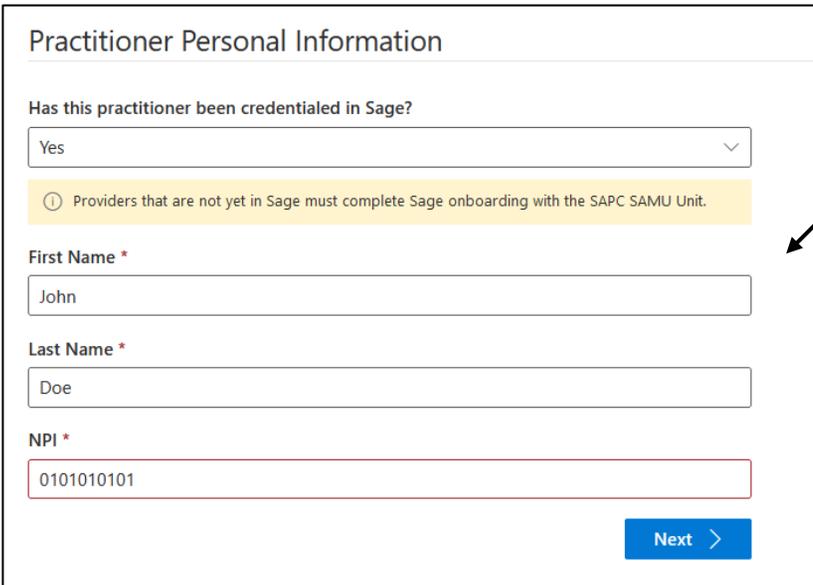
Practitioner Personal Information

Has this practitioner been credentialed in Sage?

Yes

**Step 3:** Answer the questions. **Note: Providers that are not yet in Sage must complete Sage onboarding with the SAPC SAMU Unit.**

**Step 4:** Once you have located the practitioner's name, complete the fields following steps 10-16 on pages 27-32 of this guidebook.



Practitioner Personal Information

Has this practitioner been credentialed in Sage?

Yes

Providers that are not yet in Sage must complete Sage onboarding with the SAPC SAMU Unit.

First Name \*

John

Last Name \*

Doe

NPI \*

0101010101

Next >

## Completed Submission

ONCE YOU HAVE INPUT INFORMATION FOR **ALL PRACTITIONERS** FOR **ALL SITE LOCATIONS**, THE MAIN PAGE FOR THE ORGANIZATION WILL SHOW AS ACTIVE (i.e. no red highlights). **CONGRATULATIONS**, THIS MEANS YOU HAVE COMPLETED SUBMISSION OF THE NACT DATABASE.

ONCE YOU HAVE CONTACTED YOUR TA TO CONFIRM COMPLETION, THERE IS NO FURTHER ACTION REQUIRED AT THIS POINT. SAPC WILL CONDUCT DATA VALIDATION AND FOLLOW UP AS NEEDED.



## Service Location

**IMPORTANT:** You will know that you are complete with your input when there are no error messages in the Organization tab and there is no [REDACTED] highlight in the Service Location page.

The following locations are all the service sites associated with your agency.

Review each site record by clicking on the blue drop down arrow and selecting "edit record" at the end of each service site row to review for accuracy and to complete any required fields (\*) that are blank.

|

| Service Location Number | Name ↑        | Address            | Suite | City        | Zip   | Status |                                  |
|-------------------------|---------------|--------------------|-------|-------------|-------|--------|----------------------------------|
| 1587653310              | RECOVERY, INC | 3250 Wilshire Blvd |       | Los Angeles | 90020 | Active | <input type="button" value="v"/> |