NETWORK ADEQUACY CERTIFICATION APPLICATION
FREQUENTLY ASKED QUESTIONS

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.

NETWORK ADEQUACY REQUIRED:

1. **Which providers (agencies) are required to complete the network adequacy information?**

   All providers (directly operated and contracted) 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.).

SITE LOCATION REQUIREMENTS

3. **If I have multiple locations, will they all have their own log-in or will they be on tabs in the same NACA?**

   Each agency has been provided with one universal log-in. That log-in is the only one for the agency and is used to access the agency NACA, including multiple site locations. It is an agency determination on whether that log-in is shared with multiple staff or not.

4. **An OTP with multiple sites will be reporting the total number of Medi-Cal beneficiaries enrolled with us at our sites?**

   An OTP should report the current number and maximum number of medi-cal beneficiaries AT EACH SITE (not at all sites combined). 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.

5. **What qualifies as a telehealth station/equipment?**

   SAPC defines telehealth as the provision of substance abuse disorder (SUD) services that can be delivered between a registered or certified SUD counselor, and/or a Licensed Practitioner of the Healing Arts (LPHA) and a patient *via audio **and** video communications* where the SUD counselor/LPHA and patient are not required to be at the same location. Provides 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.

6. **Is telehealth and telephone as well?**
   See question 5 above.

PRACTITIONER (RENDERING PROVIDER)

7. **If a practitioner worked part of the FY but has been terminated, do you still want them included as a practitioner? Also, I am assuming we should de-activate all staff who are showing up on the list and who did not work in this FY.**
   Network Adequacy only applies to **CURRENT** practitioners as of February 28th (or 29th). Due to the State's extension on Network Adequacy Certification Tool submission, some practitioners may have left the organization after February 28th. These practitioners **MUST** be included in this years' NACA. However, any staff who are on the practitioner list for a site (s) and **did not** work during the reporting period (July 01 - February 28/29) should be de-activated.

8. **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.

9. **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.

10. **What do we do if a practitioner is not listed on the site location or in the Associated practitioner search list?**
    Because we have pulled this information from Sage, the list only contains 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. Contact your technical assistant who will be able to provide further guidance on how to include these practitioners.

    NOTE: If a practitioner who provides direct services is not registered in Sage, then we recommend correcting this issue to prevent billing discrepancies.

11. **Some of the practitioners that are pre-populated in NACA do not provide direct treatment services to clients. Do we still need to include them, or can we deactivate?**
    If the practitioners never provide any direct treatment (e.g. no crisis intervention, no groups, etc.), then they may be deactivated in the system. This will only deactivate them for the site, not from the agency if they work at other locations.

12. **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.

13. **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, let your assigned Technical Assistant know and they will provide you with additional guidance.

14. **Do graduate student interns/trainees need to be added to the NACA as a rendering provider?**
    Yes, if they are providing direct services AND are onboarded to Sage. If they are not onboarded to Sage, then contact your assigned Technical Assistant for further guidance.

15. **What if our physician only signs off client's physicals for medical clearance? How do I input current beneficiaries and max beneficiaries?**
    If the physician has NO contact with the patient, did not provide any direct service (including a physical exam) then, they should not be included in the NACA.

16. **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.

17. **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 18 and 19, "number of beneficiaries assigned" refers only to those Medi-Cal clients that are active (i.e. have not had services terminated).

18. **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 - February 28/29) or the most beneficiaries that can be served at the site location.

    If there are multiple service locations, do not worry about making adjustments for beneficiaries seen at multiple provider sites (i.e. do not worry about duplication).

19. **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 make adjustments for beneficiaries seen at multiple locations.

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NOTE: For numbers 20 and 21, below "beneficiaries assigned to the practitioner" refers to clients who the rendering provider is responsible for providing services to, or for following-up on.

20. 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 through February 29, 2020). 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 location.

21. 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 location.

22. 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.

23. 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 our County's network adequacy requirement for providing specialty substance use disorder treatment services to its Medi- Cal beneficiaries. Complete the fields **AND** check "yes" for the "*Is this practitioner a supervisor/manager*".

24. I have staff that do groups only and do not have a case load. How do I input information if I cannot input "0".

Group counseling and education are considered direct services. Therefore, staff 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 could be to use the maximum number of patients that can be in one group and the total number of groups they facilitate in a week.

25. 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.

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CULTURAL COMPETENCY REQUIREMENTS

26. 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.

27. 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.

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

A language line is interpretation conducted via telephone.