

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

NETWORK ADEQUACY CERTIFICATION APPLICATION

USER GUIDE 2025

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Network Adequacy Certification Application

Log-On Instructions

Links to access the NACT Database:

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

How to Sign-in

SAPC | Substance Abuse
Prevention and Control

NETWORK ADEQUACY CERTIFICATION

Please enter your agencies assigned log-in credentials.

Username ⓘ
Username is required.

Password ⓘ
Password is required.

Login ⓘ

[SAPC Employee Only](#)

Need [Help](#) signing-in?

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

To sign-in, enter the unique Username & Password that has been assigned to your agency.

Then click on the Login button.

Welcome to the Network Adequacy Certification Application

This database allows SAPC treatment providers to submit and update information related to requirements for network adequacy, cultural competency, and the Service and Bed Availability tool (SBAT).

The NACA is required for:

- All outpatient, intensive outpatient, residential and opioid treatment providers under the DMC ODS.

Treatment providers **must keep all sections** including the Organization, Provider Site and Practitioner Level data up-to-date.

Support

If providers have any questions or issues related to accessing this site, please contact the [Public Health IT Service Desk](#) or call (833) 901-1471.

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.

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

Once you log-in, the system displays the home page.

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.

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

Welcome to the Network Adequacy Certification Application

Use the icon or link texts to navigate between tabs: [Home](#), [Organization](#), [Location](#), [Training Guide](#), and [Report](#)

Home- NACA Home page

Organization- Organization Name, Primary and Back-up NACA Coordinators



Location- List of all active site locations for your agency.

- Service Location number, Site name, Site Address, submission status (Complete or **Incomplete**).

Training Guide- Training guide manual for navigating and updating NACA.

Report- Excel report for agencies to view their submission data.

Navigation Instructions

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

Telephone *
(325) 879-6665 

Hours of Operation Per Week: 52 

DEA Number
1*****555\\\ 

DEA numbers are required for OTP site locations

Organization Information



Organization

Location >>

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.

Use the up/down chevrons (^|v) on the top right corner of the table to collapse and hide the fields or to expand the table and view the data fields.

Save

Organization Information

Name: DEMO, INC.



NPI Number - Type 2: 12356789

Address: 123 Main Street

Provider Group Name/Affiliation:

Suite:

Contract Effective Date: Sun Oct 01 2023

City: Los Angeles

Contract Expiration Date: Mon Jun 30 3000

State: CA

Zip code:

CEO Name: *
Mickey Mouse



CFO Name: *
Goofy Moneybags

Tax ID: *
00-9999999

Ownership Type: *
Not-For-Profit


Email Address:
recoveryin@csapc.org

Website URL:
http://www.recoverinc.org

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. If changes are needed, please email [:Sapc_nact@ph.lacounty.gov](mailto:Sapc_nact@ph.lacounty.gov).
- 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

Organization Information

Organization Information ^

Name: DEMO, INC.	NPI Number - Type 2: 12356789
Address: 123 Main Street	Provider Group Name/Affiliation:
Suite:	Contract Effective Date: Sun Oct 01 2023
City: Los Angeles	Contract Expiration Date: Mon Jun 30 3000
State: CA	
Zip code:	

CEO Name: * Mickey Mouse	CFO Name: * Goofy Moneybags	Tax ID: * 00-9999999
Ownership Type: * Not-For-Profit	Email Address: recoveryinc@sapc.org	Website URL: http://www.recoverinc.org

Tip: Use the up/down chevrons to collapse and hide

Primary Coordinator ^

Primary Coordinator

Name: * [Red box with error icon]	Title: * [Red box with error icon]	Email Address: * [Red box with error icon]
'Name' is required	'Title' is required	'Email Address' is required
Phone Number: * [Red box with error icon]	Phone Number Extension	Address:
'Phone Number' is required		

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.

Back-Up Coordinator ^

Back-Up Coordinator

Name:	Title:	Email Address:
Phone Number:	Phone Number Extension:	Address:

Alternate Contact #1 ^

Organization Information



Organization

Location >>

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.

Use the up/down chevrons (^|v) on the top right corner of the table to collapse and hide the fields or to expand the table and view the data fields.

Save

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

Organization Information

Name:	DEMO, INC.	NPI Number - Type 2:	12356789
Address:	123 Main Street	Provider Group Name/Affiliation:	
Suite:		Contract Effective Date:	Sun Oct 01 2023
City:	Los Angeles	Contract Expiration Date:	Mon Jun 30 3000
State:	CA		
Zip code:			

CEO Name: *
Mickey Mouse

CFO Name: *
Goofy Moneybags

Tax ID: *
00-9999999

Ownership Type: *
Not-For-Profit

Email Address:
recoverync@sapc.org

Website URL:
http://www.recoverinc.org

Organization Information



Organization

Location >>

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.
Use the up/down chevrons (^|v) on the top right corner of the table to collapse and hide the fields or to expand the table and view the data fields.

Data has been saved successfully.

Successful submission of data generates a green ribbon throughout the database

Save

Organization Information

Name: DEMO, INC. **NPI Number - Type 2:** 12356789
Address: 123 Main Street **Provider Group Name/Affiliation:**
Suite: **Contract Effective Date:** Sun Oct 01 2023
City: Los Angeles **Contract Expiration Date:** Mon Jun 30 3000
State: CA

CEO Name: * Mickey Mouse **CFO Name:** * Goofy Moneybags **Tax ID:** * 00-9999999
Ownership Type: * Not-For-Profit **Email Address:** * recoveryncsapc.org **Website URL:** * http://www.recoveryncsapc.org

Please enter a valid email address.

Incomplete required fields and field errors will be highlighted red. The system will not allow submission of data until all required fields have been completed and the systems validates that there is no error on the page. Once these conditions have been met, you can save the page and you will see the green ribbon.

Primary Coordinator

Primary Coordinator

Name: * **Title:** * **Email Address:** *
'Name' is required 'Title' is required 'Email Address' is required
Phone Number: * **Phone Number Extension:** **Address:**
'Phone Number' is required

Service Location



Organization **Location**

Training Guide Report

[Sign Out](#)

Service Location

« Organization

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

Review each site record by clicking on the 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.

Show 10 entries

Search:

Service Location Number	Name	Address	Suite	City	Zip	Status	
5555500002	La Puente Clinic - Addiction Research and Treatment, Inc.	555 Test Avenue		La Puente	91744	Incomplete	▼
5555500014	Demo Test for dup insert	123 South Demo Avenue		Alhambra	91801	Incomplete	✎ Edit

Showing 1 to 2 of 2 entries

Previous 1 Next

Next, select the "Location" text link from the top of the page as shown here.

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

- If you don't see a site location, contact SAPC.

All Service Locations with an "Incomplete" status will be highlighted in red

To edit, click on drop down arrow in the status column.

Upon full completion of the site location a Complete status will appear.

TIP: If you have a long page of sites, type the full address (street # & name) in the [search box](#). 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: Main Page



Location Information

< Location List

Name: La Puente Clinic - Addiction Research and Treatment, Inc.	Service Location Number: 5555500002
Address: 555 Test Avenue	Status: Complete
Suite:	DMC Certification Number:
City: La Puente	Hours of Operation Per Week:
State: CA	
Zip: 91744	

- GENERAL
- ACCESSIBILITY
- LANGUAGE
- MODALITY
- PRACTITIONER

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.

Location General Information

Save

Telephone * (333) 333-3333

DEA Number 123456789

Teaching Facility * Yes No

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

Contact Information

Primary Contact Name * Bob

Primary Email * bob@sapc.com

Service Location information is divided into five (5) sub-pages (or tabs). This is shown as text boxes. Each box takes the user to different required information related to this site location.

The General Service Site Information includes 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. If changes are needed, contact SAPC NACT Team.
- (*) throughout the database are required fields and must be completed.
- Once you have reviewed and updated all relevant data fields, SAVE the page, and scroll back up to the top of the page and complete other pages by accessing them using the text boxes.

Service Location: General Service Site Information – Site Specific

Location General Information

Save

Telephone *
(333) 333-3333

DEA Number
123456789

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

Teaching Facility * Yes No

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 (Practitioners) that provide direct services working within their scope of practice **at this specific site location**. Check all that apply.

Enter the agencies primary contact's name and email for this location.

Contact Information

Primary Contact Name *
Bob

Primary Email *
bob@sapc.com

Service Location: Accessibility

Select a response for each question. Click on the radio button to make your selection.

Location Accessibility

Accepting New Beneficiaries? * ⓘ

Yes No

ADA Compliant for Physical Plant *

Yes No

TDD/TTY Equipment Available * ⓘ

Yes No

Telehealth Station/Equipment Available * ⓘ

Yes No

Smoking Allowed On Site *

Yes No

Smoking Cessation Products Provided *

Yes No

Vaping Allowed On Site *

Yes No

Distance Between Site And Closest Public Transportation *

Less than .25 miles

New Beneficiaries: Does this site location have open intake appointments (slots) available in the next 7 days? If so, select Yes. If not, select No.

ADA Complaint: Does this location meet requirements for Americans w/Disabilities Act? If so, select Yes. If not, select No. **NOTE:** If no, submit proof of exemption

TDD/TTY Equipment: If you maintain TDD/TTY or the Video Relay at this site, select Yes. If not, select No.

Telehealth Station: If you are currently offering services via telehealth due to COVID, select Yes. If not, select No.

Smoking allowed on site: If your site allows smoking on site, select yes. If not, select no. If yes, indicate if smoking cessation products are provided.

Public Transition distance: 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



Location Information

<< Location List

Name:	La Puente Clinic - Addiction Research and Treatment, Inc.	Service Location Number:	5555500002
Address:	555 Test Avenue	Status:	Incomplete
Suite:		DMC Certification Number:	
City:	La Puente	Hours of Operation Per Week:	
State:	CA		
Zip:	91744		

Incomplete

- GENERAL
- ACCESSIBILITY
- LANGUAGE
- MODALITY
- PRACTITIONER

NAVIGATION TIP: You will notice that the text button remains **red**. This indicates that the data on this page is **incomplete**. The tab will remain red until all required fields are completed and the page is saved. Once all data fields are completed and saved, then the text button will turn blue.

✔ Saved Successfully

Location Accessibility


Save

Accepting New Beneficiaries? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
ADA Compliant for Physical Plant *	<input checked="" type="radio"/> Yes <input type="radio"/> No
TDD/TTY Equipment Available *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Telehealth Station/Equipment Available *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Smoking Allowed On Site *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Smoking Cessation Products Provided *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Vaping Allowed On Site *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Distance Between Site And Closest Public Transportation *	Less than .25 miles

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

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.

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

Service Location: Accessibility

Special Populations

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.

Criminal-Justice Involved (CJI) *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Developmental/Intellectual Disability *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Veterans *	<input checked="" type="radio"/> Yes <input type="radio"/> No	People Experiencing Homelessness (PEH) *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Blind/Limited Vision *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Sexually Exploited *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Pregnant And Parenting Women *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Deaf/Hard Of Hearing *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Parent Or Guardian Of A Child *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Registered Sex-Offenders (RSO) *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Transitional Age-Youth (TAY) *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Arson *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Co-Occurring Mental Health Condition *	<input checked="" type="radio"/> Yes <input type="radio"/> No	LGBQIA *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Medications for Addiction Treatment (MAT) *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Physical Disability *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Transgender Men *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Withdrawal Management - Alcohol / Sedatives *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Medically Vulnerable *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Transgender Women *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Withdrawal Management – Opioids *	<input checked="" type="radio"/> Yes <input type="radio"/> No		

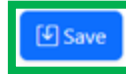
Required Fields

In the Accessibility page, you will find Special Population Fields. Indicate with a “Yes” or “No” if your agency serves the following Special Populations. For more information, open the **criteria guide**.

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.

Language Capabilities



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 * N/A	Armenian * N/A	Cambodian * N/A	Cantonese * N/A
N/A	Farsi * N/A	Hmong * N/A	Korean * N/A
Certified	Other Chinese * N/A	Russian * N/A	Spanish * N/A
Fluent	Vietnamese * N/A	ASL * N/A	
Good			
Fair			
Poor			

Other Language Services Available

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

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

Language Line Available * Yes No

Used an outside language interpretation company? * Yes No

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”.

Service Location: Language Capabilities

Do you have written materials in language other than English? * Yes No
'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 No
'For which languages does this site meet the 1 practitioner criteria? Check all that apply.' is required

Written Materials: If yes, a follow-up question will appear to select language. More than one language can be selected.

Counseling services: If yes, a follow-up question will appear to select language. More than one language can be selected.

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

Arabic * None	Armenian * None	Cambodian * None	Cantonese * None
Farsi * None	Other Chinese * None	Hmong * None	Korean * None
Tagalog * None	Vietnamese * None	Russian * None	Spanish * None
ASL * None			

GROUP sessions your agency has held per month in the selected language.

'Spanish' is required

If no selection is made, an error message will appear

Service Location: Modality

Location Modality

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

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

Age Groups

- Age Group 0-17
- Age Group 18+
- Age Group 21+

Current Beneficiaries ⓘ

Current Beneficiaries
5

Max Beneficiaries ⓘ

Max Beneficiaries
5

IMPORTANT

Select **all modality(ies)** that this site is contracted to provide. Even if site does not have current beneficiaries, **enter the sites maximum capacity**. For more information on the reporting period, hover over the tooltip icon



Opioid Treatment

Licensed Capacity OTP: 3

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

Age Groups

- Age Group 0-17
- Age Group 18+
- Age Group 21+

Current Beneficiaries ⓘ

Current Beneficiaries
1

Max Beneficiaries ⓘ

Max Beneficiaries
1

Outpatient

Residential

When you click on the modality, it will open additional fields (e.g. age group). Once a modality is checked, all applicable fields **MUST** be completed.

If you wish to deselect, simply click on the checked box. Note that deselecting a modality will clear all age groups and current/maximum entries.

Service Location: Modality

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

Age Groups

Age Group 0-17

Age Group 18+

Age Group 21+

Current Beneficiaries ⓘ

Current Beneficiaries
1

Max Beneficiaries ⓘ

Max Beneficiaries
1

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

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



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

Location Modality

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

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

Age Groups

Age Group 0-17

Age Group 18+

Age Group 21+

Current Beneficiaries ⓘ

Current Beneficiaries
5

Enter the total number of active Medi-Cal patients at this location at the time of completion.

Max Beneficiaries ⓘ

Max Beneficiaries
10

Enter the highest number of patients that can be served at this location (the highest # at one point in time) for the current Fiscal Year.

Opioid Treatment

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

Age Groups

Age Group 0-17

Age Group 18+

Age Group 21+

Current Beneficiaries ⓘ

Current Beneficiaries
1

Max Beneficiaries ⓘ

Max Beneficiaries
3

Service Location: Modality

Location Modality



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

Licensed Capacity OTP: 3

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 OTP: 3

Max Beneficiaries ⓘ

Max Beneficiaries
5 ⓘ

The value must be less than the Practitioner's Location Maximum

Depending on the site, you may notice that some modalities contain pre-populated information in their **Licensed Capacity**.

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 and not exceed the capacity listed. If the capacity needs to be updated, contact SAPC NACT Team.

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".

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

- Age Group 0-17
- Age Group 18+
- Age Group 21+

Current Beneficiaries ⓘ

Max Beneficiaries ⓘ

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

- Age Group 0-17

Current Beneficiaries ⓘ

Current Beneficiaries ⓘ

'Current Beneficiaries' is required

Max Beneficiaries ⓘ

Max Beneficiaries ⓘ

'Max Beneficiaries' is required

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 ⓘ

Current Beneficiaries ⓘ

20 ⓘ

Max Beneficiaries ⓘ

Max Beneficiaries ⓘ

4

Please enter a value less than or equal to 4.

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

No

Residential ASAM LOC 3.2 Withdrawal Management

No

Residential ASAM LOC 3.3

No

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 needs to be updated, please contact the SAPC NACT team

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. If you need contact SAGE to onboard a practitioner, please email DPH-SAGE at SAGE@ph.lacounty.gov

Practitioners

◀ Location Detail

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

Review each site record by clicking on the 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 a practitioner was recently onboarded, **but is not listed**: Use the "+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.
- After reviewing all NACA sections, including the general information, accessibility, language capabilities, modalities, and associated practitioners, the NACT Coordinator **MUST click the: "Confirm Monthly Submission"** button and SAVE each page in the upper right corner. Failure to meet the specified deadline, may result in consequences, including, but not limited to, the denial of augmentation requests and contract amendments.
- Confirmed Monthly Submission on:

+ Practitioner

Confirm Monthly Submission

Show 25 entries

Search:

First Name	Last Name	Provider Type	Current Beneficiaries	Max Beneficiaries	Associated	Status
Test	John		0	10	Yes	Incomplete

Showing 1 to 1 of 1 entries

Previous 1 Next

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])-

Practitioners

<< Location Detail

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

Review each site record by clicking on the 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 a practitioner was recently onboarded, **but is not listed**: Use the "+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.
- After reviewing all NACA sections, including the general information, accessibility, language capabilities, modalities, and associated practitioners, the NACT Coordinator **MUST click the: "Confirm Monthly Submission"** button and SAVE each page in the upper right corner. Failure to meet the specified deadline, may result in consequences, including, but not limited to, the denial of augmentation requests and contract amendments.
- Confirmed Monthly Submission on:

+ Practitioner

Confirm Monthly Submission

Show 25 entries

Search:

First Name	Last Name	Provider Type	Current Beneficiaries	Max Beneficiaries	Associated	Status
Test	John		0	10	Yes	Incomplete

Showing 1 to 1 of 1 entries

Previous 1 Edit Disassociate

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

Step 2: Confirm that the practitioner currently provides services at this site location.

You can **disassociate the practitioner from your list** by clicking the drop-down arrow and selecting "Disassociate" on the "Associated Practitioner" page.

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

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.

Intensive Outpatient

Opioid Treatment

Outpatient

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.

Intensive Outpatient

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

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

Must be between 0 and max.

Must be greater than 1

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**

Note: If this site location does not have current beneficiaries, the agency MUST still report maximum capacity based on their contract with SAPC.

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 for current Fiscal year.

Important: The “Max Beneficiaries” **MUST** be **higher** or the same as the “Current Beneficiaries” number or it will generate an error. 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 Modality 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 values 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

Example of error if current is higher than the MAX beneficiaries

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

Is this practitioner associated with this site * Yes No

Does this practitioner provide Telehealth services? * Yes No ⓘ

Does this practitioner travel to beneficiaries? * Yes No ⓘ

If so, select the average miles *
10 miles

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.

Is this practitioner associated with this site * Yes No

Does this practitioner provide Telehealth services? * Yes No ⓘ

Does this practitioner travel to beneficiaries? * Yes No ⓘ

If so, select the average miles *
10 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)

Save

General Practitioner Information

Practitioner: [Bob Test](#)

Service Location: Demo Test for dup insert

Status: Complete

Is this practitioner associated with this site * Yes No

Does this practitioner provide Telehealth services? * Yes No

Does this practitioner travel to beneficiaries? * Yes No

If so, select the average miles *

10 miles

Modality

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

Intensive Outpatient

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

Age Groups

Age Group 0-17

Age Group 18+

Age Group 21+

Current Beneficiaries

Current Beneficiaries
3

Max Beneficiaries


Max Beneficiaries
3

Opioid Treatment

Outpatient

Residential

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 SAVE button. This will save the information you input when you leave this section. 

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

Practitioner information saved successfully.

- If you would like to return to previous practitioner page, simply click on the Practitioner List on the top right hand side of the page, and you will be directed to the main Practitioner page.


« Practitioner List

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:	Tom Test 
Service Location:	Demo Test for dup insert
Status:	Incomplete

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 change to “**Active**”, and the practitioner’s name will change to **Blue**.

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.

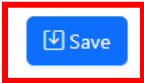
TIP: GENERAL PRACTITIONER INFORMATION vs. PRACTITIONER PERSONAL IDENTIFICATION:

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])

General Information



Review the information for accuracy and complete all required blank fields

Gender * ⓘ ▼

'Gender' is required

Date of Birth * ⓘ
mm/dd/yyyy 📅

'Date of Birth' is required

Email Address * ⓘ

'Email Address' is required

Contract Effective Date ⓘ
mm/dd/yyyy 📅

Contract Expiration Date ⓘ
mm/dd/yyyy 📅

Provider Type * ⓘ ▼

'Provider Type' is required

Direct Services Offered by Provider * Yes No

'Direct Services Offered by Provider' is required

Cultural Competency Training

Cultural Competence Training * ⓘ Yes No

'Cultural Competence Training' is required

Hours Of Cultural Competence Training Completed * ⓘ

Step 10: Complete all applicable identifiable information for the practitioner, including gender, DOB, email address.

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])

✔ Saved Successfully

General Information

[Save](#)

Review the information for accuracy and complete all required blank fields

Gender *
Male

Date of Birth *
01/01/2000

Email Address *
tom@sapc.gov

Contract Effective Date
02/20/2024

Contract Expiration Date
12/01/2025

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

Licensing Entity *
BBS - California Board of Behavioral Sciences

California Practitioner License Number *
123456789

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

Registered Provider *
Yes

LPHA Waivered * Yes No

Direct Services Offered by Provider * Yes No

Cultural Competency Training

Cultural Competence Training * Yes No

Hours Of Cultural Competence Training Completed *
20

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

Email address: Enter the practitioners agency email address.

LPHA Supervisors: Some provider types will prompt the question:

Is this Practitioner a Supervisor or Manager? * Yes No

Please answer accordingly.

License or Certification Number:

DO NOT place N/A. 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])

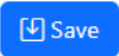
Step 13: Select the language (s) that this practitioner speaks and the level of fluency (Certified, Fluent, Good, Fair or Poor). English is automatically populated to “Fluent” and cannot be changed. All languages **must** have a response, so if a language does not apply, select “N/A”.

Language Capabilities

Review the information for accuracy and complete all required blank fields

Arabic Good	Armenian N/A	Cambodian N/A	Cantonese N/A
English Fluent	Farsi N/A	Hmong N/A	Korean N/A
Mandarin Certified	Other Chinese Fluent	Russian Good	Spanish Fair
Tagalog	Vietnamese	ASL	

'Tagalog' is required 'Vietnamese' is required 'ASL' is required



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])

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

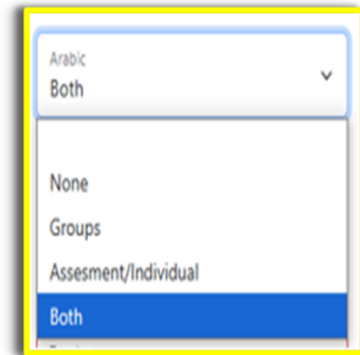
Arabic Both	Armenian None	Cambodian None	Cantonese None
English Both	Farsi None	Hmong None	Korean None
Mandarin None	Other Chinese Groups	Russian Assesment/Individual	Spanish Both
Tagalog !	Vietnamese !	ASL !	

'Tagalog' is required

'Vietnamese' is required

'Asl' is required

Step 14: Questions about conducting direct services in threshold languages must be answered for all practitioners associated with the site location.



Cultural Competency Training

Cultural Competence Training * ⓘ

Yes No

Hours Of Cultural Competence Training Completed *

20 ⓘ



Tip:

Hover over the tooltip for explanation

Step 15: 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.

Service Location: Associated Practitioners- Practitioner Personal Information section 2

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.

✔ Saved Successfully



General Information

Save

Review the information for accuracy and complete all required blank fields

Gender *
Male

Date of Birth *
01/01/2000

Email Address *
bob@sapc.gpv

Contract Effective Date
02/27/2024

Contract Expiration Date
03/31/2025

Provider Type *
Registered Substance Use Disorder Counselor

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.

Completing Practitioner Service Location & Returning to Associated Practitioner [Step 16]

Practitioner 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.

Save

General Practitioner Information

Practitioner: [Bob Test](#)

Service Location: Demo Test for dup insert

Status: Complete

Is this practitioner associated with this site * Yes No

Does this practitioner provide Telehealth services? * Yes No

Does this practitioner travel to beneficiaries? * Yes No

If so, select the average miles *
10 miles

Modality

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

Intensive Outpatient

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

Age Groups	Current Beneficiaries	Max Beneficiaries
<input type="checkbox"/> Age Group 0-17		
<input type="checkbox"/> Age Group 18+		

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

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

Practitioner information saved successfully.

Save

General Practitioner Information

Practitioner: [Bob Test](#)

Service Location: Demo Test for dup insert

Status: Complete

Is this practitioner associated with this site * Yes No

Does this practitioner provide Telehealth services? * Yes No

Does this practitioner travel to beneficiaries? * Yes No

If so, select the average miles *
10 miles

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

Practitioners

[← Location Detail](#)

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

Review each site record by clicking on the 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 a practitioner was recently onboarded, **but is not listed**: Use the "+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.
- After reviewing all NACA sections, including the general information, accessibility, language capabilities, modalities, and associated practitioners, the NACT Coordinator **MUST click the: "Confirm Monthly Submission"** button and SAVE each page in the upper right corner. Failure to meet the specified deadline, may result in consequences, including, but not limited to, the denial of augmentation requests and contract amendments.
- Confirmed Monthly Submission on:

[+ Practitioner](#)
[Confirm Monthly Submission](#)

Show entries

Search:

First Name	Last Name	Provider Type	Current Beneficiaries	Max Beneficiaries	Associated	Status
Bob	Test	Registered Substance Use Disorder Counselor	5	5	Yes	Complete
Lisa	Test		0	0	Yes	Incomplete
Tom	Test	Licensed Eligible Practitioner...	0	0	Yes	Incomplete
Sue	Test		0	0	No	Incomplete

Showing 1 to 4 of 4 entries

[Previous](#)
[1](#)
[Next](#)

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

[Edit](#)
[Disassociate](#)

NOTE: If you accidentally "disassociate" a practitioner from your list, you can add them back clicking the down arrow next to their name and selecting "Associate"

First Name	Last Name	Provider Type	Beneficiaries	Beneficiaries	Associated	Status
Bob	Test	Registered Substance Use Disorder Counselor	5	5	Yes	Complete
Lisa	Test		0	0	No	Incomplete
Sue	Test		0	0	No	Incomplete
Tom	Test	Licensed Eligible Practitioner...	0	0	No	Incomplete

Service Location: Associated Practitioners – Add Practitioners - **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 “+ Practitioner” button. This will take you to a new webpage.

Step 1: Search for the practitioner, by clicking on + Practitioner.

+ Practitioner

Confirm Monthly Submission

Show 25 entries

Search:

First Name	Last Name	Provider Type	Current Beneficiaries	Max Beneficiaries	Associated	Status
Bob	Test	Registered Substance Use Disorder Counselor	5	5	Yes	Complete
Lisa	Test		0	0	No	Incomplete
Sue	Test		0	0	No	Incomplete
Tom	Test	Licensed Eligible Practitioner...	0	0	No	Incomplete

Showing 1 to 4 of 4 entries

Previous 1 Next

Practitioners

Show 20 entries Search: tom

First Name	Last Name	NPI
TOMMY	RENDON	1477035434
IAN	SOTOMAYOR	1932779154
TOMMY	WALKER	1447810700
TOMMY	WYATT	1265627434

Showing 1 to 4 of 4 entries (filtered from 7,212 total entries)

Previous 1 Next

New Practitioner Confirm Practitioner

Step 2. 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.

Service Location: Associated Practitioners - Practitioner Look-Up

The screenshot shows a 'Practitioners' search window. At the top, it says 'Show 20 entries' and 'Search: tom'. Below this is a table with columns for 'First Name', 'Last Name', and 'NPI'. The table contains four rows of data. The first two rows have checkboxes in the left margin, and the first row's checkbox is checked. At the bottom of the window, there are two buttons: 'New Practitioner' and 'Confirm Practitioner'. The 'Confirm Practitioner' button is circled in red.

First Name	Last Name	NPI
TOMMY	RENDON	1477035434
IAN	SOTOMAYOR	1932779154
TOMMY	WALKER	1447810700
TOMMY	WYATT	1265627434

Showing 1 to 4 of 4 entries (filtered from 7,212 total entries)

Previous 1 Next

New Practitioner Confirm Practitioner

Step 3. To confirm your selection(s), click on Confirm Practitioner. This will add the practitioner's information in the list of practitioner's page.

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

The screenshot shows the 'Practitioners' search window with 'Search: test'. The table area is empty and displays the message 'No matching records found'. At the bottom, the 'New Practitioner' button is circled in red.

Showing 0 to 0 of 0 entries (filtered from 7,212 total entries)

Previous Next

New Practitioner Confirm Practitioner

Step 4: If the practitioner is not found in the search engine, click NEW Practitioner button to manually add practitioner.

Service Location: Associated Practitioners –Add Practitioner

New Practitioner

[← Practitioner List](#)

Practitioner Personal Information

Has this practitioner been credentialed in SAGE * Yes No
'Has Practitioner Been Credentialed In Sage' is required.

First Name * ⓘ
'First Name' is required.

Last Name * ⓘ
'Last Name' is required.

NPI * ⓘ
'NPI' is required.

[Next >](#)

Step 3: Answer the questions for the practitioner. Please ensure the NPI number is added correctly.
Note: Providers that are not yet in Sage must complete Sage onboarding with the SAPC SAMU Unit.

Completed Submission

ONCE YOU HAVE COMPLETED THE INFORMATION FOR **ALL PRACTITIONERS FOR ALL SITE LOCATIONS**, THE SERVICE LOCATIONS' STATUSES WILL SHOW IN GREEN AS COMPLETE ON THE LOCATION PAGE. **CONGRATULATIONS**, THIS MEANS YOU ARE READY TO CONFIRM YOUR MONTHLY SUBMISSION.

Practitioners

← Location Detail

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

Review each site record by clicking on the 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 a practitioner was recently onboarded, **but is not listed**: Use the "+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.
- After reviewing all NACA sections, including the general information, accessibility, language capabilities, modalities, and associated practitioners, the NACT Coordinator **MUST click the: "Confirm Monthly Submission"** button and SAVE each page in the upper right corner. Failure to meet the specified deadline, may result in consequences, including, but not limited to, the denial of augmentation requests and contract amendments.
- Confirmed Monthly Submission on: **March 11th 2025, 02:45 pm**

Date Stamp will appear when you confirm the monthly submission.

+ Practitioner

Confirm Monthly Submission

Show 25 entries

Search:

First Name	Last Name	Provider Type	Current Beneficiaries	Max Beneficiaries	Associated	Status
LISA	AARON	Licensed Eligible Practitioner...	4	67	Yes	Incomplete
Test	John	Certified Substance Use Disorder Counselor	0	10	Yes	Complete
Testing	Testing	Licensed Eligible Practitioner...	0	5	No	Incomplete

Showing 1 to 3 of 3 entries

Previous 1 Next