

# NACT Training

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April 2022

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## Training Overview

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In the training, we will cover:

1. Purpose of the NACT
2. Who should be included in the NACT?
3. Contents of the NACT File
4. Overview and Instructions on Exhibit A-3: Rendering Service Provider
5. Overview and Instructions on Exhibit B-1: Field-Based Services
6. NACT Process
7. Frequently Asked Questions
8. Questions and Answers

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## Purpose of NACT

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Contra Costa County Mental Health Services must submit the NACT to the State to demonstrate that it complies with the network adequacy requirements.

Contra Costa County Mental Health Plan is required to:

Offer an appropriate range of services that is adequate for the anticipated number of beneficiaries.

- AND -

Maintain a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of beneficiaries in the service area.

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## Who should be included in the NACT- Part 1

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### Include the following staff:

- Outpatient direct providers of mental health services, targeted case management, crisis intervention, and medication support services.
- Administrative staff and members of leadership can only be included **IF** they genuinely have capacity to serve clients on a regular and on-going basis.

### DO NOT include the following staff:

- Do not include Administrative staff members that are needed to function 100% in their administrative role and can only pickup a client on an emergency basis. They should NOT be included since they do not have actual capacity to serve clients on a regular and on-going basis.
- Do not include providers that only provide Crisis Stabilization Services, Crisis Residential, Adult Residential, Psychiatric Health Facility Services, or Inpatient Psychiatric Hospital Services.
- Do not include Substance Use Disorders Counselors unless they are actually providing outpatient mental health services.
- Do not include language interpreters.

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## Who should be included in the NACT- Part 2

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### New Providers:

- Only include providers that have been credentialed. Do not include new providers that are not yet credentialed.

### Termed Providers:

- Terminated providers should be included in the NACT if they provided services during the month. Please include a "TERM" and the termination date after their name. These providers will be further reviewed by Provider Services staff and removed before final submission.

*Please submit a Provider Termination Worksheet for all terminated providers at the time of departure from your program.*

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## Contents of NACT- Excel File

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**Exhibit A-1:** Network Provider Data, Organizational/Legal Entity Level  
Includes the county and a list of the county's subcontracted organizations.

**Exhibit A-2:** Network Provider Data, Provider Site Detail  
Includes a list of the physical locations where services are provided to Medi-Cal beneficiaries.

**Exhibit A-3:** Network Provider Data, Rendering Provider Detail  
Includes a list of the individual practitioners rendering services directly to the beneficiaries.

**Exhibit B-1:** Community Based Services  
Includes a list of the providers that routinely travel to a site different than the site listed in Exhibit A-2 and the Plan utilizes mobile and/or community-based services to deliver services to the beneficiaries in community-based settings.

**Exhibit B-2:** American Indian Health Facilities  
Includes a list of American Indian Health Facilities.

**Exhibit C-1:** Provider Counts  
Includes the number of total FTEs for each of the designated classification categories and age groups served.

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## Contents of NACT- Additional Content

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### Quarterly:

1. An overview map of the service area delineating boundaries and zip codes.
2. An overview map of all beneficiaries receiving services in the county.
3. Geographic access map displaying providers with radius.
4. Geographic access map combining service area, provider and enrollees with radius.

### Annually

1. Provider subcontracts.
2. Grievances and appeals.
3. Provider directory.
4. Beneficiary satisfaction survey results.
5. Several policies and procedures.

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## Exhibit A-3

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### RENDERING SERVICE PROVIDERS

INCLUDES A LIST OF THE INDIVIDUAL PRACTITIONERS RENDERING SERVICES DIRECTLY TO THE BENEFICIARIES.

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## Exhibit A-3: Columns B & C

### Column B & C: **Provider's Last Name & First Name**

- > Enter the provider's legal last name and first name

#### **New Providers:**

- Add "New MM/DD" to indicate new providers and their start date.
- Do not include providers that are not yet credentialed.

#### **Termed Providers:**

- Add "Termed MM/DD" to indicate terminated providers and their term date.
- Reminder: Please submit a Provider Termination Worksheet for all terminated providers.

*The provider name should match the name used for credentialing.*

*Please do not abbreviate the name or use nicknames.*

B	C
Provider's Last Name	Provider's First Name
Smith	Joe
Smith	Joe
Hernandez	Maria
Hernandez	Maria

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## Exhibit A-3: Columns D - F

### Column D: **NPI Number- Type 1**

- > Enter the provider's individual NPI number
  - *This is the provider's individual NPI number. This number will be unique for each provider.*

### Column E: **NPI Number- Type 2**

- > Enter the site's NPI number
  - *This is the site's NPI number.*
  - *This number will be repeated for each provider offering services at the designated site.*

### Column F: **DEA Number**

- > If applicable, enter the provider's DEA number

D	E	F
NPI Number - Type 1	NPI Number - Type 2	DEA Number
1871970335	1003955600	
1871970335	1003955600	
1780174052	1003955600	A12345
1780174052	1003955600	A12345

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## Exhibit A-3: Columns G - M

### Column G & H: Contract Effective Date & Contract Expiration Date

- > Enter the effective date range for your programs contract with Contra Costa County.
  - *The Contract period will be the same for all providers in your NACT file.*
  - *Contract Dates are typically as follows:*
    - *County Programs- enter the dates of the MHP's contract with DHCS.*
    - *CBOs- enter the date range of your contract with the MHP.*
    - *Network Providers- enter the date range of your contract with the MHP.*

### Columns I – M: Address, Suite, City, State, and Zip Code

- > Enter the full address of the site.

G	H	I	J	K	L	M
Contract Effective Date	Contract Expiration Date	Address	Suite	City	State	Zip Code
7/1/2018	6/30/2019	1234 Lone Tree Way		Antioch	CA	94509
7/1/2018	6/30/2019	1234 Lone Tree Way		Antioch	CA	94509
7/1/2018	6/30/2019	2400 Bisso Lane	D1	Concord	CA	94520
7/1/2018	6/30/2019	2425 Diamond Blvd.	123	Concord	CA	94520

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## Exhibit A-3: Columns N - AG

### Column N - AG: Provider Types

- > Enter "Yes" for the appropriate provider type.
  - *Only one selection should be made for each provider.*
  - *For unlicensed trainees and DMHWS, enter "Yes" in column AG (Other Qualified Providers).*



N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
Provider Type (SMHS) - Licensed Psychiatrists	Provider Type (SMHS) - Licensed Physicians	Provider Type (SMHS) - Licensed Psychologists	Provider Type (SMHS) - Licensed Clinical Social Workers	Provider Type - Licensed Marriage and Family Therapists	Provider Type (SMHS) - Registered Nurses	Provider Type (SMHS) - Certified Nurse Specialists	Provider Type (SMHS) - Nurse Practitioners	Provider Type (SMHS) - Licensed Vocational Nurses	Provider Type (SMHS) - Psychiatric Technicians	Provider Type (SMHS) - Mental Health Rehabilitation Specialists	Provider Type (SMHS) - Physician Assistants	Provider Type (SMHS) - Pharmacists	Provider Type (SMHS) - Occupational Therapists	Provider Type (SMHS) - Licensed Professional Clinical Counselor	Provider Type (SMHS) - Associate Clinical Social Worker	Provider Type (SMHS) - Associate Marriage Family Therapist	Provider Type (SMHS) - Associate Professional Clinical Counselor	Provider Type (SMHS) - Walvered Psychologist	Provider Type (SMHS) - Other Qualified Providers
No	No	No	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	Yes

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## Exhibit A-3: Columns AH - AM

### Column AH – AM: Service Type

- > Select "Yes" for all service types that are authorized for the organization and within the provider's scope of practice. *Multiple options may be selected for each provider.*
  - *Mental Health Services- Select "Yes" if the provider is qualified to provide any of the following services: assessment, evaluation, plan development, rehabilitation, individual psychotherapy, group psychotherapy, group rehab, or collateral.*
  - *Case Management- Select "Yes" if the provider is qualified to provide any of the following services: placement, linkage, or case management plan development.*
  - *Crisis Intervention- Select "Yes" if the provider is qualified to provide crisis intervention.*
  - *Medication Support- Enter "Yes" if the provider is qualified to provide any of the following services: evaluation/RX, RN/LPT injection, education, medication plan development, or medication group.*
  - *Intensive Care Coordination- Select "Yes" if your agency is approved to provide Katie-A services and the services are within the provider's scope of practice.*
  - *Intensive Home Based Services- Select "Yes" if your agency is approved to provide Katie-A services and the services are within the provider's scope of practice.*

AH	AI	AJ	AK	AL	AM
Service Type (SMHS) - Mental Health Services	Service Type (SMHS) - Case Management	Service Type (SMHS) - Crisis Intervention	Service Type (SMHS) - Medication Support	Service Type (SMHS) - Intensive Care Coordination	Service Type (SMHS) - Intensive Home Based Services
Yes	Yes	Yes	No	No	No
Yes	Yes	Yes	No	No	No
Yes	Yes	Yes	No	No	No
Yes	Yes	Yes	No	No	No

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## Exhibit A-3: Columns AN - AO

### Column AN: California Practitioner License Number

- > Enter the provider's professional license number (if applicable)

### Column AO: Age Group(s) Served

- > Select the age group.
- > Choices are: "0-20" and "21+"
- > If a provider serves both age groups, they should be listed multiple times.

AN	AO
California Practitioner License Number	Age Group(s) Served
82694	0-20
82694	21+
	0-20
	21+

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## Exhibit A-3: Column AP- Part 1

### Column AP: Full-Time Equivalent

The FTE should accurately reflect the amount of time the individual can actually be available to directly provide the following outpatient services to a beneficiary:

- Mental Health Services (including Intensive Home Based Services)
- Targeted Case Management (including Intensive Care Coordination)
- Crisis Intervention
- TBS
- Medication Support Services

FTE is dedicated time available to serve the Medi-Cal beneficiaries (including assessment, plan development, treatment, documentation, chart review, etc). Do not include percent of time providing Crisis Stabilization Services, Crisis Residential, Adult Residential, Psychiatric Health Facility Services, or Inpatient Psychiatric Hospital Services.

For Administrative Staff, do not include percent of time spent on administrative functions. For example, if a Program Manager is needed for administrative functions 90% of the time, they can only be included in the NACT at a maximum of 10% FTE.

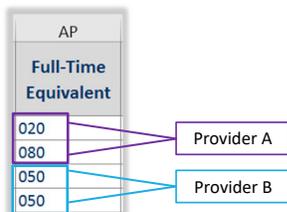
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## Exhibit A-3: Column AP- Part 2

### Column AP: Full-Time Equivalent (continued from previous slide)

- > For each age group and site, enter the percentage of time spent by employees or providers directly providing the following outpatient services: Mental Health Services (including Intensive Home Based Services), Targeted Case Management (including Intensive Care Coordination), Crisis Intervention, TBS, and Medication Support Services.

- The number must include 3 digits and must be between 000 and 100.
- Do not include any decimals
- To calculate the percentage, divide the weekly hours by 40, then remove any decimals and enter only the first 3 digits.



**An individual provider may be listed on multiple lines if they serve both age groups and/or work at multiple sites, but the sum of their FTE should not exceed 100.**

*Please be cautious when listing a provider on multiple lines to ensure the provider's FTE does not exceed 100.*

40 hours per week = "100"
35 hours per week = "087"
32 hours per week = "080"
30 hours per week = "075"
25 hours per week = "062"
20 hours per week = "050"
16 hours per week = "040"
15 hours per week = "037"
10 hours per week = "025"
8 hours per week = "020"
5 hours per week = "012"

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## Exhibit A-3: Columns AQ & AR

### Column AQ: Maximum Number of Medi-Cal Beneficiaries rendering provider will accept

- > Enter the maximum caseload for the provider.
  - The value for this field must be greater than zero. If a provider will never be assigned a caseload and this value is truly "0", then the provider should not be included on the NACT.
  - For providers that do not carry a caseload (such as nursing staff and staff at mobile crisis units and transitional teams), estimate the caseload based on the maximum number of clients the provider could serve during the amount of time included in their FTE column.

### Column AR: Current Number of Medi-Cal Beneficiaries assigned to provider

- > Enter the current caseload as of the end of the reporting period.
  - This information must be updated for each NACT submission.
  - For providers that do not carry a caseload (such as nursing staff and staff at mobile crisis units and transitional teams), estimate the caseload based on average/range of encounters.
  - If a provider can carry a caseload, but they don't currently have a caseload assigned, they should still be included on the NACT, with a "0" for the Current Caseload field.

AQ	AR
Maximum Number of Medi-Cal Beneficiaries rendering provider will accept	Current Number of Medi-Cal Beneficiaries assigned to provider
5	0
5	0
10	7
10	8

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## Exhibit A-3: Columns AS - BG

### Column AS – BG: Language Capacity

- > Select the appropriate capacity for each language.
- > Choices are: "N/A", "Certified", and "Fluent"

**Certified:** officially recognized as possessing certain qualifications or meeting certain standards based on formal testing.

**Fluent:** possesses oral and/or written proficiency equivalent to that of a native speaker.

AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG
Language Capacity - Arabic	Language Capacity - Armenian	Language Capacity - Cambodian	Language Capacity - Cantonese	Language Capacity - English	Language Capacity - Farsi	Language Capacity - Hmong	Language Capacity - Korean	Language Capacity - Mandarin	Language Capacity - Other Chinese	Language Capacity - Russian	Language Capacity - Spanish	Language Capacity - Tagalog	Language Capacity - Vietnamese	Language Capacity - American Sign Language (ASL)
N/A	N/A	N/A	N/A	Fluent	N/A	N/A	N/A	N/A	N/A	N/A	Fluent	N/A	N/A	N/A
N/A	N/A	N/A	N/A	Fluent	N/A	N/A	N/A	N/A	N/A	N/A	Fluent	N/A	N/A	N/A
N/A	N/A	N/A	N/A	Fluent	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	Fluent	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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## Exhibit A-3: Columns BH & BI

### Column BH: Cultural Competence Training

- > Select "Yes" or "No" to indicate if the provider received cultural competence training within the last 12 months.

### Column BI: Hours of Cultural Competence Training Completed

- > Enter the hours of cultural competence training completed in the past 12 months.

BH	BI
Cultural Competence Training	Hours of Cultural Competence Training Completed
Yes	3

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## Exhibit A-3: Columns BJ, BK, & BL

### Column BJ: Telehealth Provider

- > Select "Yes" or "No" to indicate if the provider delivers service via telehealth.
  - > For CBOs, this field should be set to "No" for all providers.
  - > For County clinics, this field should only be set to "Yes" if the provider is approved to provide Telehealth services.

### Column BK: Field-Based Services

- > Select "Yes" if the provider travels to beneficiaries for regularly scheduled services.
- > If you answer yes, and the provider travels to community locations other than the client's residence for regularly scheduled services, the provider will likely need to be added to Exhibit B-1 (Field-Based Services). Please see the instructions for B-1 for more information.

### Column BL: Distance Provider Travels to Field-Based Services

- > If "Yes" is selected for Field Based Services (column BK), enter the distance the provider will travel to deliver services.
- > Choices are: "Less than 10 miles", "11-30 miles", "31-60 miles", and "Greater than 60 miles."

BJ	BK	BL
Telehealth Provider	Field-Based Services	Distance Provider Travels to Field-Based Services
No	Yes	11-30 miles
No	Yes	11-30 miles
No	No	
No	No	

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# Exhibit B-1

## FIELD-BASED SERVICES

INCLUDES A LIST OF THE PROVIDERS THAT ROUTINELY TRAVEL TO A SITE DIFFERENT THAN THE SITE LISTED IN EXHIBIT A-2 AND THE PLAN UTILIZES MOBILE AND/OR COMMUNITY-BASED SERVICES TO DELIVER SERVICES TO THE BENEFICIARIES IN COMMUNITY-BASED SETTINGS

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## Exhibit B-1: Columns B - G

Include providers from Exhibit A3 that travel to beneficiaries for regular scheduled services at a community location, such as a satellite clinic office, community center, school-based setting, mobile unit, etc.

### Column B: Provider Name

> Enter the provider's legal name in "Last name, First name" format (i.e. "Smith, Joe")

### Column C - G: Satellite Address, Suite, City, State, and Zip Code

> Enter the address where the services are provided

- If the provider provides services in more than one location, the provider may be listed multiple times.
- Only enter locations where regular scheduled services are provided (i.e. satellite clinic offices, school-based settings, community centers, etc).
- Do not list any client home addresses or meeting locations that are not regularly scheduled, such as parks, restaurants, or coffee shops.
- For mobile units, enter a line for each zip code where services are offered. Only the zip code needs to be included.

B	C	D	E	F	G
Provider Name	Satellite Address Site	Suite	City	State	Zip Code
Smith, Joe	1959 Solano Way		Concord	CA	94520
Cristofani, Gary	1420 Willow Pass Road		Concord	CA	94520

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## Exhibit B-1: Columns H - I

### Column H: Site Used to Meet Time and Distance Standards

- > Select "Yes" for all providers.

### Column I: Frequency of Provider using Satellite Site

- > Select the frequency.
- > Choices are: "3 or more times/week", "2 times/week", "1 time/week", "1 time/month", "less than 1 time/month".

H	I
Site Used to Meet Time and Distance Standards	Frequency of Provider using Satellite Site
Yes	2 times/week
Yes	Less than 1 time/month

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## Excel- Freeze Panes

**Freeze Panes:** To keep an area of a worksheet visible while you scroll to another area of the worksheet:

1. Select the cell below the rows and to the right of the columns you want to keep visible when you scroll.
2. Select **View > Freeze Panes > Freeze Panes**.

Example: to keep the provider name and header row visible:

1. Click in Cell C2.
2. Select **View > Freeze Panes > Freeze Panes**.

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## Additional Information

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Please use the spreadsheet we send you as a starting point.  
*Do not use files you have saved from previous submissions.*

Please highlight fields you have changed.

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## The NACT Process

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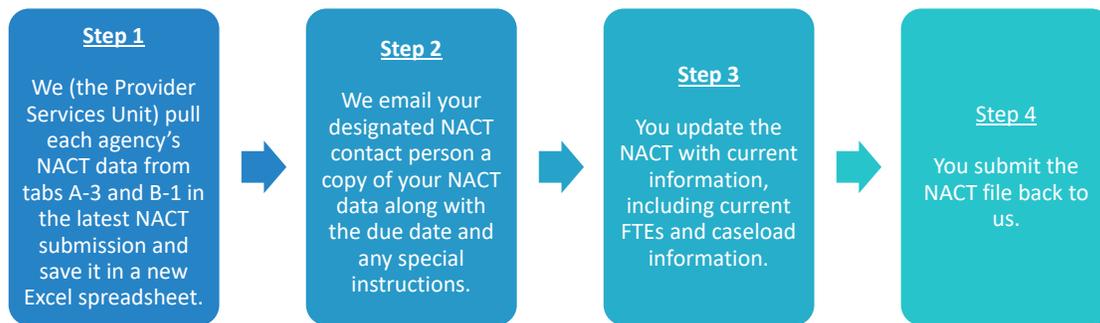
Due to the vast nature of data required for the NACT, various units in Mental Health work together to compile the report. Each unit has one or more sections they are responsible for.

Provider Services compiles the data for sections:

- A-2: Provider Site Detail
- A-3: Rendering Service Provider Detail
- B-1: Field-Based Services
- C-1: Provider Counts

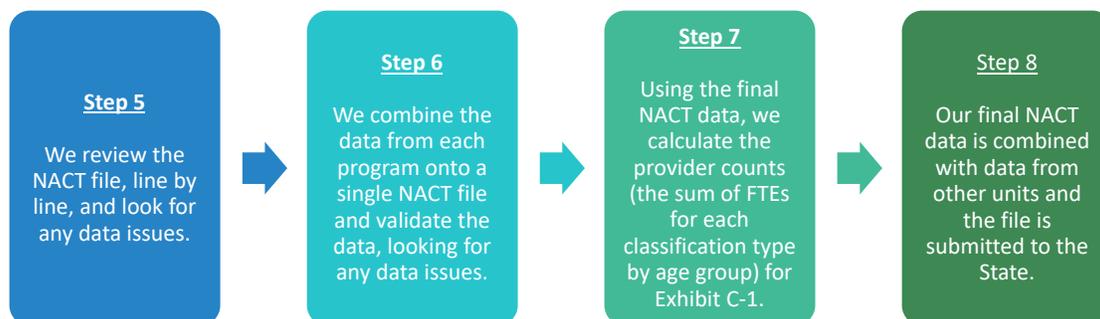
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## The NACT Process- Part 1



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## The NACT Process- Part 2



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## Frequently Asked Questions

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### **We haven't had any staff changes in our program. Can I just send a copy of my previous NACT file?**

- > No. It is likely that there is a change in a provider's current caseload or some other field within the NACT file. We ask that you review the contents and make any necessary updates.

### **I have a new staff person that just started working at my program last month. Should they be included on the NACT?**

- > It depends. Were they available to provide services during the NACT reporting period? Has their credentialing been approved? If the answer to both questions is "Yes", then he/she should be included in the NACT. If the answer to either question is "No", he/she should not be included in the NACT.

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## Frequently Asked Questions

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### **I will be on vacation when the NACT is due. Can I submit my file early?**

- > No. If the file is submitted early, there is a chance that the information for that month may change after the file is submitted. It is important that the file reflect the appropriate data as of the last day of the month.

### **I have staff currently out on Medical Leave. Should I include them on the NACT?**

- > If they are not available to see clients during the reporting period, then they should not be included on the NACT.

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Any  
Questions?

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