NACT Training

Training Overview

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
Purpose of NACT

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

<table>
<thead>
<tr>
<th>Timely Access</th>
<th>Network Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contra Costa County Mental Health Plan is required to meet time and distance standards (set by the State). To meet the standards, services must be:</td>
<td>Contra Costa County Mental Health Plan is required to:</td>
</tr>
<tr>
<td>Within 15 miles or within a 30-minute drive from the beneficiary’s residence</td>
<td>Offer an appropriate range of services that is adequate for the anticipated number of beneficiaries.</td>
</tr>
<tr>
<td></td>
<td>- AND -</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

Who should be included in the NACT- Part 1

**Include the following staff:**

- In-county 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 Treatment Services, Adult Residential Treatment Services, 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.
Who should be included in the NACT- Part 2

**Location Criteria:**
- Include in-county providers meeting the criteria on the previous slide.
- Providers in neighboring counties should only be included if they are within time and distance standards (within 15 miles or within a 30 minute drive from the beneficiary’s residence).

**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

**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.
## Contents of NACT- Additional Content

<table>
<thead>
<tr>
<th>Quarterly</th>
<th>Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. An overview map of the service area delineating boundaries and zip codes.</td>
<td>1. Provider subcontracts.</td>
</tr>
<tr>
<td>2. An overview map of all beneficiaries receiving services in the county.</td>
<td>2. Grievances and appeals.</td>
</tr>
<tr>
<td>3. Geographic access map displaying providers with radius.</td>
<td>3. Provider directory.</td>
</tr>
<tr>
<td>4. Geographic access map combining service area, provider and enrollees with radius.</td>
<td>4. Beneficiary satisfaction survey results.</td>
</tr>
<tr>
<td></td>
<td>5. Several policies and procedures.</td>
</tr>
</tbody>
</table>

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### Exhibit A-3

**RENDERING SERVICE PROVIDERS**

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

<table>
<thead>
<tr>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s Last Name</td>
<td>Provider’s First Name</td>
</tr>
<tr>
<td>Smith</td>
<td>Joe</td>
</tr>
<tr>
<td>Smith</td>
<td>Joe</td>
</tr>
<tr>
<td>Hernandez</td>
<td>Maria</td>
</tr>
<tr>
<td>Hernandez</td>
<td>Maria</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPI Number - Type 1</td>
<td>NPI Number - Type 2</td>
<td>DEA Number</td>
</tr>
<tr>
<td>1871970335</td>
<td>1003955600</td>
<td></td>
</tr>
<tr>
<td>1871970335</td>
<td>1003955600</td>
<td></td>
</tr>
<tr>
<td>1780174052</td>
<td>1003955600</td>
<td>A12345</td>
</tr>
<tr>
<td>1780174052</td>
<td>1003955600</td>
<td>A12345</td>
</tr>
</tbody>
</table>
Exhibit A-3: Columns G - M

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

> Enter the effective date range for your program’s 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.

<table>
<thead>
<tr>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
<th>L</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Effective Date</td>
<td>Contract Expiration Date</td>
<td>Address</td>
<td>Suite</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>7/1/2018</td>
<td>6/30/2019</td>
<td>1248 Lone Tree Way</td>
<td>Antioch</td>
<td>CA</td>
<td>94509</td>
<td></td>
</tr>
<tr>
<td>7/1/2018</td>
<td>6/30/2019</td>
<td>1248 Lone Tree Way</td>
<td>Antioch</td>
<td>CA</td>
<td>94509</td>
<td></td>
</tr>
<tr>
<td>7/1/2018</td>
<td>6/30/2019</td>
<td>24002 River Lane</td>
<td>D1</td>
<td>Concord</td>
<td>CA</td>
<td>94520</td>
</tr>
<tr>
<td>7/1/2018</td>
<td>6/30/2019</td>
<td>2425 Diamond Blvd</td>
<td>123</td>
<td>Concord</td>
<td>CA</td>
<td>94520</td>
</tr>
</tbody>
</table>

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 | AH |
| Provider Type (MHRS) (Licensed Psychiatrists) | Provider Type (MHRS) (Licensed Psychologists) | Provider Type (MHRS) (Licensed Physicians) | Provider Type (MHRS) (Licensed Psychiatric Nurse Practitioners) | Provider Type (MHRS) (Licensed Other Qualified Providers) | Provider Type (MHRS) (Licensed Mental Health Social Workers) | Provider Type (MHRS) (Licensed Marriage & Family Therapists) | Provider Type (MHRS) (Licensed Mental Health Technicians) | Provider Type (MHRS) (Licensed Alcohol & Drug Abuse Counselors) | Provider Type (MHRS) (Licensed Mental Health Counselors) | Provider Type (MHRS) (Licensed Substance Abuse Counselors) | Provider Type (MHRS) (Licensed Occupational Therapists) | Provider Type (MHRS) (Licensed Physical Therapists) | Provider Type (MHRS) (Licensed Speech-Language Pathologists) | Provider Type (MHRS) (Licensed Other Qualified Providers) | Provider Type (MHRS) (Licensed Other Qualified Providers) | Provider Type (MHRS) (Licensed Other Qualified Providers) | Provider Type (MHRS) (Licensed Other Qualified Providers) | Provider Type (MHRS) (Licensed Other Qualified Providers) | Provider Type (MHRS) (Licensed Other Qualified Providers) | Provider Type (MHRS) (Licensed Other Qualified Providers) | Provider Type (MHRS) (Licensed Other Qualified Providers) |
| Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
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.

<table>
<thead>
<tr>
<th>AH</th>
<th>AI</th>
<th>AI</th>
<th>AI</th>
<th>AL</th>
<th>AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Type (SMHS) - Mental Health Services</td>
<td>Service Type (SMHS) - Case Management</td>
<td>Service Type (SMHS) - Crisis Intervention</td>
<td>Service Type (SMHS) - Medication Support</td>
<td>Service Type (SMHS) - Intensive Care Coordination</td>
<td>Service Type (SMHS) - Intensive Home Based Services</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Exhibit A-3: Columns AN - AO

**Column AN: California Practitioner License Number**

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

<table>
<thead>
<tr>
<th>AN</th>
<th>AO</th>
</tr>
</thead>
<tbody>
<tr>
<td>82694</td>
<td>0-20</td>
</tr>
<tr>
<td>82694</td>
<td>21+</td>
</tr>
<tr>
<td>82694</td>
<td>0-20</td>
</tr>
<tr>
<td>82694</td>
<td>21+</td>
</tr>
</tbody>
</table>

**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.
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
- Medication Support Services

FTE is dedicated time available to serve the Medi-Cal beneficiaries (including assessment, plan development, treatment, documentation, chart review, etc).

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.

Do not include percent of time providing Crisis Stabilization Services, Crisis Residential Treatment Services, Adult Residential Treatment Services, Psychiatric Health Facility Services, or Inpatient Psychiatric Hospital Services.

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, 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.

<table>
<thead>
<tr>
<th>Provider A</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider B</td>
<td>16</td>
</tr>
</tbody>
</table>

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.
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.

**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.

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.
### 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.

<table>
<thead>
<tr>
<th>BH</th>
<th>BI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural Competence Training</td>
<td>Hours of Cultural Competence Training Completed</td>
</tr>
<tr>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>Yes</td>
<td>3</td>
</tr>
</tbody>
</table>

### 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.”
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.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Satellite Address Site</th>
<th>Suite</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith, Joe</td>
<td>1919 Solano Way</td>
<td></td>
<td>Concord</td>
<td>CA</td>
<td>94520</td>
</tr>
<tr>
<td>Criscifani, Gary</td>
<td>1420 Willow Pass Road</td>
<td></td>
<td>Concord</td>
<td>CA</td>
<td>94520</td>
</tr>
</tbody>
</table>
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”.

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.
Additional Information

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

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
The NACT Process - Part 1

**Step 1**
We (the Provider Services Unit) pull each agency’s NACT data from tabs A-3 and B-1 in the latest NACT submission and save it in a new Excel spreadsheet.

**Step 2**
We email your designated NACT contact person a copy of your NACT data along with the due date and any special instructions.

**Step 3**
You update the NACT with current information, including current FTEs and caseload information.

**Step 4**
You submit the NACT file back to us.

The NACT Process - Part 2

**Step 5**
We review the NACT file, line by line, and look for any data issues.

**Step 6**
We combine the data from each program onto a single NACT file and validate the data, looking for any data issues.

**Step 7**
Using the final NACT data, we calculate the provider counts (the sum of FTEs for each classification type by age group) for Exhibit C-1.

**Step 8**
Our final NACT data is combined with data from other units and the file is submitted to the State.
Frequently Asked Questions

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.

Frequently Asked Questions

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.
Any Questions?