

NACA Reporting Changes

**Equitable Access Section
SAPC Strategic Network Development Branch
July 14, 2026**





SBAT Survey

New Change
Reporting Process

NACA
Enhancements

Reminders

Service & Bed Availability Tool (SBAT) Survey Current Process to Report Changes

The SBAT Survey is the required reporting form for providers to:

- ✓ Update or modify information such as:
 - Levels of Care
 - Hours of Operation
 - Languages
 - Specialized Populations
- ✓ Add a new site location
- ✓ Remove Site Location



The SBAT Survey form includes a table with the following columns: Site Name, Address, City, State, Zip, Phone, Fax, Email, and Notes. The table is currently empty, with only the headers visible.

Site Name	Address	City	State	Zip	Phone	Fax	Email	Notes

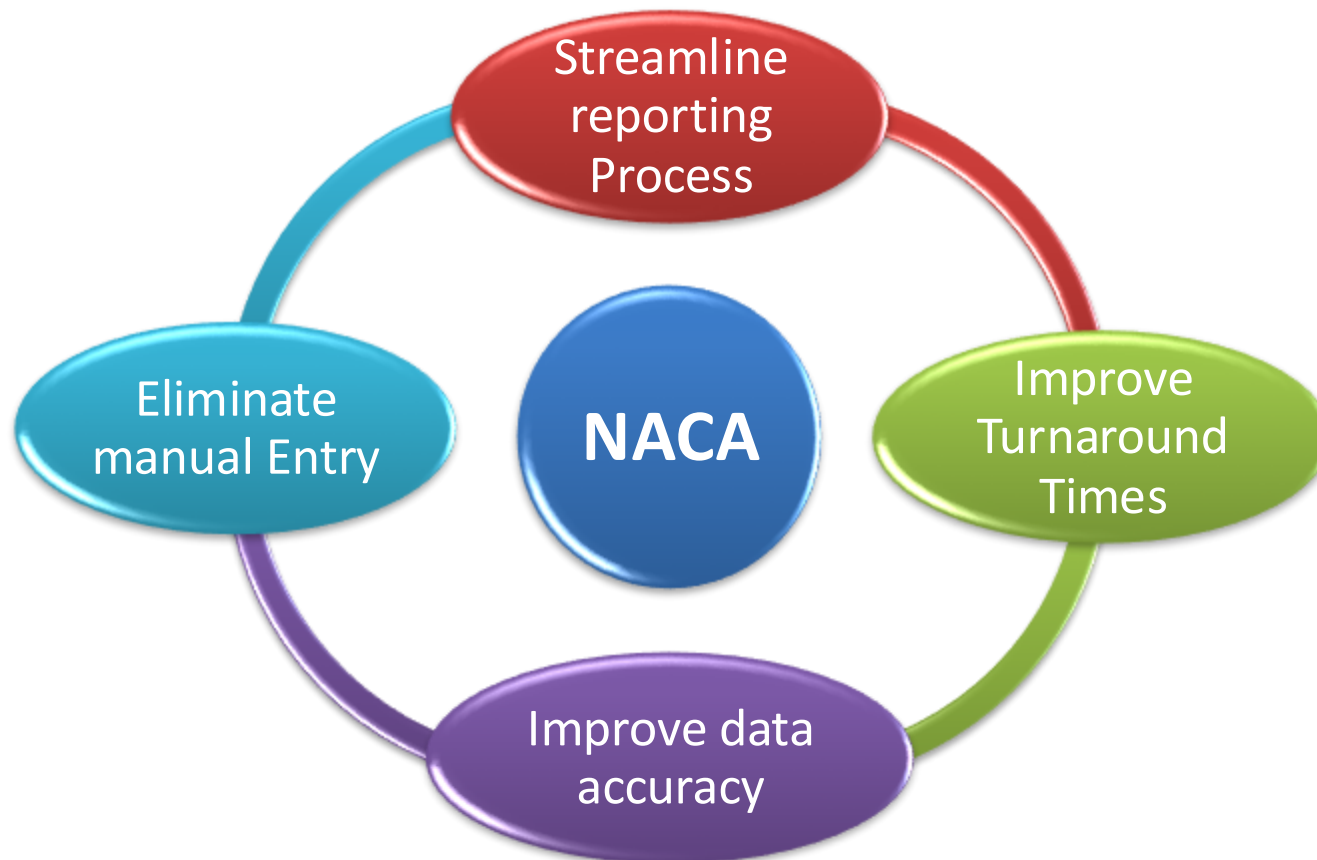
Providers are required to complete and submit the SBAT Survey to their assigned CPA to ensure accurate and up-to-date site information is reflected in SBAT

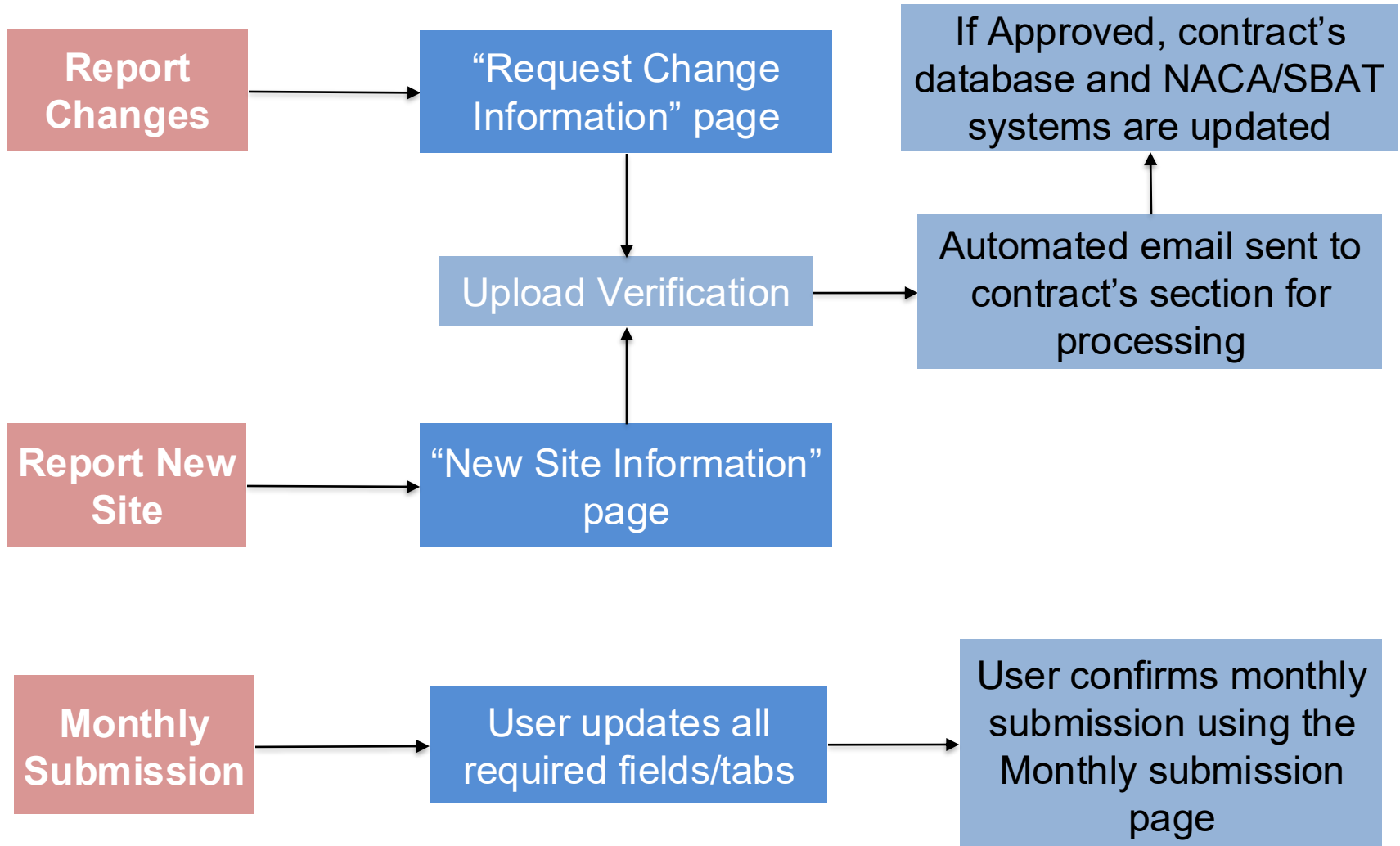
New NACA Functionality to Report Changes

1. SBAT survey will be discontinued
2. Primary or back-up NACT Coordinator will have the ability to access the NACA portal to:
 - ✓ Report changes to an existing site location
 - ✓ Request to remove or add a new site location
 - ✓ Update fields that will be reflected in the SBAT

➤ ADA/Wheelchair access	➤ Practitioner details
➤ Accepting New Beneficiaries	➤ Smoking/Vaping
➤ Field-Based Services (FBS)	➤ Specialized Populations
➤ Hours of Operation	➤ Telehealth Station/Equipment Available
➤ Language Capabilities	
3. Upload supporting documentation
4. Automated email verification

Why is this enhancement being implemented?





REPORT CHANGES



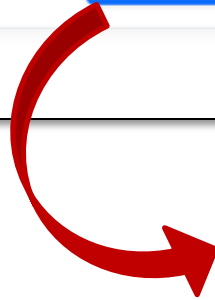
Organization Location

Report Changes

Training Guide Report



Organization



Request Change Information

Save

Select Site Location

Site 1
Site 2
RBH Site

What changes are you reporting for this specific site location?

- ☐ Address or Phone Number
- ☒ Deactivate Site

Provide reason for deactivating site and date. If RBH Site, please provide address.

- ☐ Hours of Operation
- ☐ Language Capabilities
- ☐ Levels of Care
- ☐ License Capacity
- ☐ Merged Site Locations
- ☐ Practitioner's Information
- ☐ Special Populations
- ☐ Other changes not listed above

Upload verification documents

Only PDF documents may be uploaded

REPORT NEW SITE

Service Location

« Organization

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

Please review each site record by selecting **"Edit"** from the drop-down arrow at the end of each service site row. Update any necessary information and complete all required fields including any blank fields.

If you need to report changes to any of your agency's locations, click the "Report Changes" option in the navigation bar.

If you need to report a new site location associated with your agency, click the **"Report New Site"** button.

+ Report New Site

Note: Please be advised that reported changes may require additional processing time before being reflected in the system. Please be aware of the complexity and type of change request.

New Site Information

Please provide the following information for the new site location:

Site Name (If Different Than Agency Name)

Street Number *

Direction *
Please !

Street Name *

Street Type *
Please !

Suite/Apt/Unit/Room

City *
Please Select

State *
CA

Zip Code *
Please Select

Phone Number *

Facility NPI

Website

Select Modality/Service Type: *

Please indicate if you offer these services:

Medication Assisted Treatment in Non-OTP Setting * ☐ Yes ☐ No

Please upload verification documents (PDF only, multiple files allowed):

Choose PDF Files

Confirm Report New Site

ADDITIONAL NACA ENHANCEMENTS

Location General Page

Location General Information

Save

Contact Information

Primary Contact Name * Gigi	Primary Email * gm@abc.com
Telephone * (213) 555-8175	DEA Number 3333

Teaching Facility * ☐ Yes ☒ No

Hours of Operation

	Opens At		Closes At	
Sunday	-- Closed --		-- Closed --	Closed
Monday	8:30 AM	--	1:30 PM	Closed
Tuesday	-- Closed --		-- Closed --	Closed
Wednesday	9:30 AM	--	8:30 PM	Closed
Thursday	-- Closed --		-- Closed --	Closed
Friday	2:30 PM	--	10:30 PM	Closed
Saturday	8:30 AM	--	11:00 PM	Closed

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

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.

NEW! Entries highlighted in **green** will now be used to update both SBAT and 274 State Reporting. Non-colored fields will continue to be used exclusively for 274 State Reporting.

Sample:	USAGE	EXAMPLE
274 State Reporting		Data Field: *
SBAT & 274 State Reporting		Data Field: *

Location Information

Location

Name:	Recovery, Inc	Service Location Number:	1587653310
Address:	3250 Wilshire Boulevard	Status:	Incomplete
Suite:		DMC Certification Number:	9877
City:	Los Angeles	Hours of Operation Per Week:	
State:	CA		
Zip:	90020		

The fields below will be used to update the Service & Bed Availability Tool (SBAT) Website information. NACT Coordinators must ensure all information is accurate and reflects the site's most current details:

- ADA/Wheelchair access
- Practitioner detail
- Hours of Operation
- Smoking/Vaping
- Language Capabilities
- Specialized Populations
- Accepting New Beneficiaries
- Telehealth Station/Equipment Available

Smoking/Vaping question

Smoking and/or Vaping Allowed On Site *

☐ Yes ☒ No

NEW SUBMISSION PAGE

Location Information

« Location List

Name: Recovery, Inc

Address: 3250 Wilshire Boulevard

Suite:

City: Los Angeles

State: CA

Zip: 90020

Service Location Number: 1587653310

Status: Incomplete

DMC Certification Number: 9877

Hours of Operation Per Week:

Incomplete

The fields below will be used to update the Service & Bed Availability Tool (SBAT) Website information. NACT Coordinators must ensure all information is accurate and reflects the site's most current details:

- ADA/Wheelchair access
- Hours of Operation
- Language Capabilities
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- Specialized Populations
- Telehealth Station/Equipment Available

GENERAL

ACCESSIBILITY

LANGUAGE

MODALITY

PRACTITIONER

SUBMISSION

COUNTY OF LOS ANGELES
Public Health

Organization Location

Training Guide Report Jennifer Santa Sign Out

Monthly Submission

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: **February 25th 2026, 05:16 pm**

Confirm Monthly Submission

Field Based Services

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

Is this practitioner a mobile provider who travels to beneficiaries (i.e. Field Based Provider)? ☒ No ☐ Yes

Does this practitioner travel to beneficiaries? * ☒ Yes ☐ No

If so, select the average miles *

- 10 miles
- 11-30 miles
- 31-60 miles
- Greater than 60 miles

California License Number

California Professional Certification Number *

444

Outside Language Interpretation

Does this location contract with an outside interpretation company to offer in-person or virtual interpreters

Used an outside language interpretation company? * ☒ Yes ☐ No

Please select the interpretation service company

Interpreters Unlimited

- ☐ Language Line
- ☐ TransPerfect
- ☐ Boost lingo
- ☐ Propio Language Services
- ☐ L.A. Translations
- ☐ SpokenHere Language Services
- ☒ Interpreters Unlimited
- ☐ Other

Does this location contract with an outside interpretation company to offer in-person or virtual interpreters

Does this location contract with an outside interpretation company to offer in-person or virtual interpreters

Telehealth Services

Telehealth refers to the mode of delivering health care services and public health via information and communication technologies to facilitate a patient's health care. Allowable telehealth platforms include the use of electronic communications (both an audio AND/OR video component) to provide direct client outpatient or OTP services. See SAPC Telehealth policy for more information.

Telehealth Station/Equipment Available * ☒ Yes ☐ No

Primary & Back-up Coordinator

Back-Up Coordinator		
Back-Up Coordinator		
Name: Christina	Title: clerk	Email Address: Cvillegas@ph.lacounty.gov
Phone Number: (258) 965-1234	Phone Number Extension:	Address:

Alternate Contact #1		
Name: Vicente	Title: clerk	Email Address: VPerezEscobar.consultant@ph.lacounty.gov
Phone Number:	Phone Number Extension:	Address:

NACA Login Credentials

SAPC | Substance Abuse
Prevention and Control

NETWORK ADEQUACY CERTIFICATION

Please enter your agencies assigned log-in credentials.

Username

JenniferSanta

Password

👁

Login

[SAPC Employee Only](#)

WE WANT YOUR FEEDBACK



Save-the-Date

Quarterly NACT Coordinator Meetings

Subsequent Monthly NACT Coordinator Meetings

Winter Quarter - October 14, 2026 (11AM-12PM)

Spring Quarter – January 13, 2027 (11AM-12PM)

Summer Quarter – April 14, 2027 (11AM-12PM)

Fall Quarter July 14, 2027 (11AM-12PM)