Santa Cruz County												FY 22/23 Q4									
Name of LGA FIRST 5 Program												Fiscal Year & Quarter									
												9									
Name of Claiming Unit												Number of Staff									
Address	a Road, Suite 106, Capitola, CA 95010																				
													072/0	24 45		_					
Nikki Yates Contact Person												831-515-2873/831-454-4686 Phone Number									
	f Claiming Unit Functions										riioii	e ivui	iibei								
FIRST 5 Prog	ram team assists Santa Cruz County to oversee ar lished by the provision of services, including healt																				
program pla	, and planning activities. The unit also assists the lanning activities on behalf of the First 5 Commissi formation referral, case coordination, and plannin	on of Santa	Cruz Count	y. This unit	s responsible	for ad	lminis	tering	Com	nissic	n-fur	ded i	nitiati	ves, i	ncludi	ng he	alth				
	-			-	Medi-Cal and I				56				,				,				
	NUMBER OF STAFF MEDI-CAL									DMIN	ISTRA	TIVE A	ACTIVI	TY CC	DE						
	l singer								(ENTER NUMBER OF STAFF UNDER EACH ACTIVITY)												
STAFF JOB CL	ASSIFICATIONS & SUBCONTRACTORS	SPMP	NON- SPMP	DIRECT CHARGE SPMP	DIRECT CHARGE Non-SPMP	4	6	8	10	12	13	15	16	17	18	19	20				
Director of Fi	nance and Administration		1			1	1	1				1		1		1					
Executive Director			1			1	1	1				1		1			1				
Health Outreach & Enrollment Manager			1			1	1	1				1		1		1					
Health Outreach Coordinator			1			1	1	1				1		1			1				
Lead Newborn Enrollment Coordinator			1			1	1	1				1		1			1				
Newborn Enrollment Coordinator			2			2	2	2				2		2			2				
Program and Communications Manager			1			1	1	1				1		1			1				
Senior Program Officer			1			1	1	1				1		1			1				
Unit is a CBO																					
Note: Uses County Wide Average (CWA)		0	9																		
	, , , , , , , , , , , , , , , , , , , ,	ı	Discount N	lethod:			CWA				CWA			CWA	CWA						
CODE 4 =	Medi-Cal Outreach																				
CODE 6 =	Referral, Coordination, and Monitoring of Medi-	Cal Services																			
CODE 8 = CODE 10 =	Facilitating Medi-Cal Application	Modical Tr	ancnortatio	n to a Madi	al covered cor	n di co															
CODE 10 =	Arranging and/or providing Non-Emergency, Non-Medical Transportation to a Medi-Cal covered service Contract Administration (A) for Medi-Cal services specific for Medi-Cal populations																				
CODE 13 =	Contract Administration (B) for Medi-Cal services specific for Medi-Cal and Non Medi-Cal populations																				
CODE 15 =	Program Planning and Policy Development (A) (N																				
CODE 16 =	Program Planning and Policy Development Skilled Medi-Cal services for Medi-Cal clients	Profession	ai Medicai F	rersonnei (Si	'MP) (A) (Enna	ncea)	tor														
CODE 17 =	Medi-Cal services for Medi-Cal clients Program Planning and Policy Development (B) (Non-Enhanced) for Medi-Cal services for Medi-Cal and Non Medi-Cal clients																				
CODE 18 =	Program Planning and Policy Development Skiller Medi-Cal services for Medi-Cal and Non Medi-Cal	clients	al Medical F	Personnel (SF	PMP) (B) (Enha	nced)	for														
CODE 19 = CODE 20 =	MAA/TCM Coordination and Claims Administration MAA/TCM Implementation Training	on																			
In signing this	certification, I certify the information provided he																				
I also certify t included in th classifications and approval	I Medi-Cal Administrative Activities (CMAA) descril hat invoices submitted to the state Department of the CUFG and the CCUG. I confirm that all necessary included herein is accurate and maintained on file of the state Department of Health Care Services a ation of the activities described herein may constit	Health Care and apprope. I understand the Centernal	e Services for oriate docun and the clain ers for Med	or reimburse nentation to ning unit doc icare & Medi	ment shall be be support the Cl uments shall b caid Services.	pased JFG fo e sub	on the or all o ject to	infor f the s the r	matio staff jo												
Nikki Vata								2 /4 /	2022												
Nikki Yates Signature (CN	//AA LGA Coordinator)						-	3/1/2 Date	2023												
- 6	,							- 310													

Approval Signature (CMAA Analyst) DHCS Rev. 8.19.21 Date