Santa Cruz County												FY 23/24 Q1									
Name of LGA												Fiscal Year & Quarter									
Public Guardian's Office												•									
Name of Claiming Unit										9 Number of Staff											
· ·																					
1400 Emeline Avenue, Santa Cruz, CA 95060 Address																					
										024 5	45.30		34 45		_						
Nikki Yates  Contact Person													831-515-2873/831-454-4686 Phone Number								
										FIIOII	e mun	ibei									
Description of Claiming Unit Functions  The function of the Public Guardian's Office is to assess ele	derly and inc	apacitated	adults who a	re referred for	conse	rvato	rship	or repi	esen	tative	pave	e pros	rams	to pr	ovide						
information to such adults, their families or living units concern	•	•						•					•								
eligibility for such benefits and to provide access for clients t	o public and	-		pes. This unit v	vill als	so clai	m the	cost o	f MA	A clair	ns ad	minis	tration	ı in su	pport	of					
		San	ta Cruz LGA.																		
	NUMBER OF STAFF									IISTRATIVE ACTIVITY CODE											
	+	DIRECT DIRECT				(ENTER NUMBER OF STAFF UNDER EACH ACTIVITY)															
STAFF JOB CLASSIFICATIONS & SUBCONTRACTORS	SPMP	NON- SPMP	CHARGE SPMP	CHARGE Non-SPMP	4	6	8	10	12	13	15	16	17	18	19	20					
Deputy Public Guardian		6			6	6	6				6		6			6					
Public Guardian	1	1			2	2	2				1	1	1	1		2					
Senior Deputy Public Guardian	1				1	1	1				1	1	1	1	1						
Unit is a County unit.																					
Note: uses Actual Client Count (ACC)	2	7																			
	Discount Method:					ACC				ACC			ACC	ACC							
CODE 4 = Medi-Cal Outreach																					
CODE 6 = Referral, Coordination, and Monitoring of Medi-C	al Services																				
CODE 8 = Facilitating Medi-Cal Application  CODE 10 = Arranging and/or providing Non-Emergency, Non	-Medical Tra	nsnortation	to a Medi-Ca	l covered service	`e																
CODE 12 = Contract Administration (A) for Medi-Cal services																					
CODE 13 = Contract Administration (B) for Medi-Cal services				al populations																	
CODE 15 = Program Planning and Policy Development (A) (No		•																			
CODE 16 = Program Planning and Policy Development Skilled Medi-Cal services for Medi-Cal clients  CODE 17 - Program Planning and Policy Development (N) (N)					ed) fo	r															
CODE 17 = Program Planning and Policy Development (B) (No Non Medi-Cal clients	on-Ennanced	) for iviedi-C	ai services io	r iviedi-Cai and																	
CODE 18 = Program Planning and Policy Development Skilled		l Medical Pe	rsonnel (SPN	IP) (B) (Enhance	ed) fo	r															
Medi-Cal services for Medi-Cal and Non Medi-Cal CODE 19 = MAA/TCM Coordination and Claims Administratic																					
CODE 20 = MAA/TCM Implementation Training	<del>,,,,</del>																				
In signing this certification, I certify the information provided her County-Based Medi-Cal Administrative Activities (CMAA) describ lalso certify that invoices submitted to the state Department of included in the CUFG and the CCUG. I confirm that all necessary classifications included herein is accurate and maintained on file. and approval of the state Department of Health Care Services an misrepresentation of the activities described herein may constitute.	ed in this CU Health Care S and appropri . I understand d the Center	FG and on the Services for I late docume d the claiming s for Medica	ne Comprehe reimburseme ntation to su ng unit docun ire & Medicai	nsive Claiming nt shall be base pport the CUFG nents shall be s id Services. Any	Unit Ged on Ged on a contract of the contract	Grid (C the inf II of th t to the	CUG). orma e staf	f job													
Nikki Vatos							6/15	/2022													
Nikki Yates Signature (CMAA LGA Coordinator)						-	6/15, Date	/2023													

Approval Signature (CMAA Analyst) DHCS Rev. 8.19.21 Date