Santa Cruz County											FY 22/23 Q4									
Name of LGA												Fiscal Year & Quarter								
Santa Cruz County Probation																				
Name of Claiming Unit												ber of	Staff							
303 Water St	reet, Santa Cruz, CA 95060																			
Address																				
Nikki Yates									831-515-2873/831-454-4686											
Contact Person												Phone Number								
Description of Claiming Unit Functions																				
		noncible for	condicas raa	uirad by tha	Adult and luve	nilo (`ourte	Tho	donar	·mont	also	+offe	and a	dmini	ctorc	Drotri				
	a Cruz County Probation operates as an arm of the Court and is res -sentence clients are presented with information that describes th			-																
	Il provide local resource and referral information for probationers		-								-						_			
	Medi-Cal-related: outreach, information, referral, access assistanc		-		-						-									
	claim	s administrat	ion in suppo	ort of Santa (Cruz LGA.															
	N	MEDI-CAL ADMINISTRATIVE ACTIVITY CODE																		
	NUMBER OF STAFF								(ENTER NUMBER OF STAFF UNDER EACH ACTIVITY)											
			NON-	DIRECT	DIRECT															
STAFF JOB CL	ASSIFICATIONS & SUBCONTRACTORS	SPMP	SPMP	CHARGE	CHARGE	4	6	8	10	12	13	15	16	17	18	19	20			
				SPMP	Non-SPMP												Ь—			
Assistant Chief Probation Officer			1			1	1	1		1	1	1		1			1			
Assistant Divi	sion Director		5			5	5	5		5	5	5		5		1	4			
Chief Probation Officer			1			1	1	1		1	1	1		1			1			
Asst. Dept. Admin. Analyst/Dept. Admin. Analyst/Sr. Dept. Admin. Analyst			6				6			6	6	6		6			6			
Deputy Probation Officer			59			59	59	59				59		59			59			
Division Director			3			3	3	3		3	3	3		3			3			
Group Supervisor			6			6	6	6				6		6			6			
Probation Aide			6			6	6	6				6		6			6			
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Unit is a County unit.																	<u> </u>			
Note: Uses Actual Client Count (ACC)			87																	
			Discount N	lethod:			ACC				ACC			ACC	ACC					
CODE 4 =	Medi-Cal Outreach																			
CODE 6 = CODE 8 =	Referral, Coordination, and Monitoring of Medi-Cal Services Facilitating Medi-Cal Application																			
CODE 10 =	Arranging and/or providing Non-Emergency, Non-Medical Transp	ortation to a	Medi-Cal co	vered service	2															
CODE 12 =	Contract Administration (A) for Medi-Cal services specific for Med																			
CODE 13 =	Contract Administration (B) for Medi-Cal services specific for Med																			
CODE 15 =	Program Planning and Policy Development (A) (Non-Enhanced) for																			
CODE 16 =	Program Planning and Policy Development Skilled Professional M Medi-Cal services for Medi-Cal clients	edical Person	inel (SPMP) (A) (Enhance	d) for															
CODE 17 =	Program Planning and Policy Development (B) (Non-Enhanced) fo	r Medi-Cal se	ervices for M	edi-Cal and																
	Non Medi-Cal clients																			
CODE 18 =	Program Planning and Policy Development Skilled Professional M	edical Person	inel (SPMP) (B) (Enhance	d) for															
CODE 19 =	Medi-Cal services for Medi-Cal and Non Medi-Cal clients MAA/TCM Coordination and Claims Administration																			
CODE 19 =	MAA/TCM Coordination and Claims Administration MAA/TCM Implementation Training																			
In signing this	certification, I certify the information provided herein is true and o																			
	I Medi-Cal Administrative Activities (CMAA) described in this CUFG hat invoices submitted to the state Department of Health Care Sen																			
	e CUFG and the CCUG. I confirm that all necessary and appropriate																			
classifications	included herein is accurate and maintained on file. I understand the	ne claiming u	nit documen	ts shall be su	bject to the re	view														
	of the state Department of Health Care Services and the Centers for ation of the activities described herein may constitute violation of t				knowing															
Nikki Yates								3/1/	2023											
Signature (CMAA LGA Coordinator)								Date												
Approval Signature (CMAA Analyst)							=	Date												

Approval Signature (CMAA Analyst)
DHCS Rev. 1.10.22