### Santa Cruz County

**Name of LGA**

**Advocacy, Inc.**

**Name of Claiming Unit**

**1500 41st Avenue, Suite 222, Capitola, CA 95010**

**Address**

**Nikki Yates**

**Contact Person**

**Number of Staff**

**Phone Number**

831-454-4686/831-515-2873

### Description of Claiming Unit Functions

Advocacy, Inc. provides advocacy for residents in long-term care facilities and for all mental health clients. Advocacy, Inc. staff provide Medi-Cal related outreach, information, referral, access assistance, eligibility assistance, and planning activities. The unit also assists the LGA with MAA Coordination and Claims Administration.

### Claiming Unit Functions Grid (CUFG)

#### Staff Job Classifications & Subcontractors

<table>
<thead>
<tr>
<th>Job Classification</th>
<th>SPMP</th>
<th>NON-SPMP</th>
<th>DIRECT CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ombudsman Program Coordinator</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Patient Advocate</td>
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<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Staff Ombudsman</td>
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#### Number of Staff

<table>
<thead>
<tr>
<th>Activity Code</th>
<th>Direct Charge</th>
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<tbody>
<tr>
<td></td>
<td>4</td>
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<td></td>
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### Countywide Average (CWA)

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<tr>
<th>CWA</th>
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<td>7</td>
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**Discount Method:**

- CWA

#### Code Descriptions

- **CODE 4** = Medi-Cal Outreach
- **CODE 6** = Referral, Coordination, and Monitoring of Medi-Cal Services
- **CODE 8** = Facilitating Medi-Cal Application
- **CODE 10** = Arranging and/or providing Non-Emergency, Non-Medical Transportation to a Medi-Cal covered service
- **CODE 12** = 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) (Non-Enhanced) for Medi-Cal services for Medi-Cal clients
- **CODE 16** = Program Planning and Policy Development Skilled Professional Medical Personnel (SPMP) (A) (Enhanced) for Medi-Cal services for Medi-Cal clients
- **CODE 17** = 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 Skilled Professional Medical Personnel (SPMP) (B) (Enhanced) for Medi-Cal services for Medi-Cal and Non Medi-Cal clients
- **CODE 19** = MAA/TCM Coordination and Claims Administration
- **CODE 20** = MAA/TCM Implementation Training

In signing this certification, I certify that the information provided herein is true and correct and accurately reflects the performance of the County-Based Medi-Cal Administrative Activities (CMAA) described in this CUFG and on the Comprehensive Claiming Unit Grid (CCUG). I also certify that invoices submitted to the state Department of Health Care Services for reimbursement shall be based on the information included in the CUFG and the CCUG. I confirm that all necessary and appropriate documentation to support the CUFG for all of the staff job classifications included herein is accurate and maintained on file. I understand the claiming unit documents shall be subject to the review and approval of the state Department of Health Care Services and the Centers for Medicare & Medicaid Services. Any knowing misrepresentation of the activities described herein may constitute violation of the Federal False Claims Act.

**Nikki Yates**

Signature (CMAA LGA Coordinator)

Date

### Approval Signature

**DHCS Rev. 7.1.18**
### ACTIVITY CODE (6)
**REFERRAL, COORDINATION, AND MONITORING OF MEDI-CAL SERVICES**

| Claiming Unit: | Advocacy, Inc. | Submittal Date: | 6/28/13 |
| Local Governmental Agency: | Santa Cruz County | Amended Date: | FY 19/20 Q1/FY 22/23 Q3 |

For each type of Referral, Coordination, and Monitoring activity, provide the following information:

1. Provide a clear description of the type of Referral, Coordination, and Monitoring activity performed:
   - Claiming unit staff will make referrals for, coordinate, and monitor the delivery of Medi-Cal covered services for those individuals with identified health needs. Refer, coordinate and monitor services for transportation.

2. Provide a clear description of how each Referral, Coordination, and Monitoring activity will be performed to achieve the objective:
   - The time survey staff works with clients and their families, many of whom are considered high risk, where health needs have been identified. Most of the Referral, Coordination, and Monitoring activities are conducted on an individual client and/or family unit basis and are performed on an ongoing basis.

3. Identify the target population:
   - The target population includes the general population, including high risk populations, who have identified health needs and whose needs can be met by Medi-Cal covered services.

4. Provide the location(s) where the Referral, Coordination, and Monitoring will be conducted:
   - Referral, Coordination, and Monitoring activities will be conducted primarily at the address noted on the Claiming Unit Functions Grid and at other community locations.

5. If using other than time surveys, describe how the costs of Referral, Coordination, and Monitoring will be developed and documented:
   - The time survey method will be used to factor against costs for the claim.

6. Provide Names of Subcontractors, if applicable:
   - N/A

7. Provide the method for calculating the Medi-Cal discount methodology:
   - A Medi-Cal discount will apply to staff time related to Referral, Coordination, and Monitoring of Medi-Cal services. These costs will be discounted by a County Wide Average (CWA).

**Documents Required:**

1. A list of subcontractors, if direct-charge invoices will be submitted for those subcontractors.
   - N/A
1. The units and/or classifications being claimed and whether or not they are skilled professional medical personnel (SPMP): Classifications performing PPPD are listed on the CUF Grid. None of the staff have SPMP status.

2. Individually list each type of allowable PPPD tasks performed by staff:
   A. Preparing data reports and needs assessments for the purpose of developing strategies to increase Medi-Cal capacity and close Medi-Cal service gaps.
   B. Preparing proposals for expansion and enhancement of health and Medi-Cal services to clients and families based on intra and interagency coordination and collaboration.
   C. Developing resource directories of Medi-Cal services and providers.

3. If the activity is performed in the LGA's health department, identify the health programs involved:
   PPPD activities will not be performed in the LGAs health department.

4. Provide the location(s) where the activity(ies) is performed:
   PPPD activities will be primarily conducted at the address listed on the Claiming Unit Functions Grid.

5. Indicate whether staff performs PPPD activities full-time or part-time. For part-time, indicate whether staff deliver direct services part-time in a billable setting and identify the setting:
   PPPD activities are conducted by claiming unit staff on a part-time basis and time is accounted for through the time survey process. Staff do not perform direct services in a billable setting.

6. Explain how the Medi-Cal discount percentage will be determined:
   A listing of staff employed in service provider settings who are involved with the four allowable MAA tasks above which are: developing strategies, interagency coordination, developing resource directories, and contracted support services. As noted above, PPPD is not allowable if staff performing this function are employed by LGA services providers, such as clinics.