## Santa Cruz County

**Name of LGA**: Barrios Unidos  
**Fiscal Year & Quarter**: FY 19/20 Q2  
**Number of Staff**: 18

### Address

1817 Soquel Avenue, Santa Cruz, CA 95062

### Contact Person

**Nikki Yates**  
**Phone Number**: 831-515-2873

### Description of Claiming Unit Functions

Barrios Unidos provides community services to high-risk youth and families, focusing efforts on the Latino population. Services include outreach, information and referral regarding all community resources, including those related to health and Medi-Cal. Staff also assist clients to apply for and access services as well. Barrios Unidos staff provide Medi-Cal related outreach, information, referral, access assistance, case coordination/monitoring, eligibility assistance, and program planning activities. The unit also assists the LGA with MAA Coordination and Claims Administration.

### Staff Job Classifications & Subcontractors

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<th>Staff Job Classification</th>
<th>MAA SPMP</th>
<th>Non-SPMP</th>
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Note: uses County wide average (CWA)

### CODEs

- **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 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**

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**Approval Signature (CMAA Analyst)**  
**Date**

DHCS Rev. 7.1.18