Santa Cruz County												FY 23/24 Q2									
Name of LGA Cradle to Career Santa Cruz County Name of Claiming Unit												Fiscal Year & Quarter									
												13									
												Number of Staff									
4450 Capitol	la Road, Suite 106 Capitola CA 95010																				
Address	and the same and t																				
Nikki Yates													72/9	21_//5/	1_/1686						
Contact Person												831-515-2873/831-454-4686 Phone Number									
Description of Claiming Unit Functions																					
	Career Santa Cruz County (C2C) staff provide dire	ect outreach	n and comm	unity servic	e referrals to	famili	s thr	ougho	ut the	cou	nty in	cludir	ıg bu	t not l	imited	to M	edi-				
Cal related	outreach and information, housing referrals, heal					_				elps	client	s app	ly for	and a	cces	serv	ices.				
	C2C WIII also	assist the i	_GA WITH IVI	AA Coordina	ation and Clair	ns Aa	minis	tration	1.												
	NUMBER OF STAFF									MEDI-CAL ADMINISTRATIVE ACTIVITY CODE											
											TAFF L										
			NON	DIRECT	DIRECT										,						
STAFF JOB C	LASSIFICATIONS & SUBCONTRACTORS	SPMP	NON- SPMP	CHARGE	CHARGE	4	6	8	10	12	13	15	16	17	18	19	20				
			SFIVIF	SPMP	Non-SPMP																
Assistant Dir	ector		1			1	1					1		1		1					
Community	Organizer		10			10	10	10				10		10			10				
Director			1			1	1					1		1		1					
Financial Coordinator			1									1		1		1					
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This unit is a CBO																					
Note: Uses County Wide Average (CWA)			13																		
		-	Discount N	lethod:			CWA		CWA		CWA			CWA	CWA						
CODE 4 =	Medi-Cal Outreach																				
CODE 6 =	Referral, Coordination, and Monitoring of Medi-Ca	al Services																			
CODE 8 =	Facilitating Medi-Cal Application	Madical Tra		to a Madi Ca	l savered som:																
CODE 10 = CODE 12 =	Arranging and/or providing Non-Emergency, Non- Contract Administration (A) for Medi-Cal services				ii coverea servi	ce															
CODE 13 =	Contract Administration (B) for Medi-Cal services				al populations																
CODE 15 =	Program Planning and Policy Development (A) (No					nts															
CODE 16 =																					
CODE 17 =	Medi-Cal services for Medi-Cal clients	5	I) f b dl: C	`-1	N.4 - al: C-1 al																
CODE 17 =	Program Planning and Policy Development (B) (No Non Medi-Cal clients	on-Ennanced	a) for Medi-C	ai services to	or iviedi-Cai and																
CODE 18 =	Program Planning and Policy Development Skilled	Professiona	Il Medical Pe	rsonnel (SPN	1P) (B) (Enhanc	ed) fo	r														
	Medi-Cal services for Medi-Cal and Non Medi-Cal																				
CODE 19 =	MAA/TCM Coordination and Claims Administratio	n																			
CODE 20 =	MAA/TCM Implementation Training	ain ia t uu a		- d		f		£ + b - c													
	s certification, I certify the information provided her d Medi-Cal Administrative Activities (CMAA) describe																				
I also certify	that invoices submitted to the state Department of H	Health Care	Services for I	reimburseme	ent shall be base	ed on	the inf	ormat													
included in t	he CUFG and the CCUG. I confirm that all necessary as included herein is accurate and maintained on file.	and appropr	iate docume	ntation to su	pport the CUFO	o tor a	II of th	e staff	i job												
and approva	I of the state Department of Health Care Services and	d the Center	s for Medica	re & Medica	id Services. An				•••												
misrepresen	tation of the activities described herein may constitu	ite violation	of the Feder	al False Clain	ns Act.																
Signature (CMAA LGA Coordinator)									9/22/2023												
oignature (Cl	VIMA LOA COULUITIALOF)							Date													
							_		_							_					
Approval Sig	nature (CMAA Analyst)							Date													
DHCS Rev. 7.	1.18																				