Santa Cruz County											FY 22/23 Q3								
Name of LGA											Fiscal Year & Quarter								
CAB-ALCANCE Name of Claiming Unit											22 Number of Staff								
																			406 Main St
Address																			
Nikki Yates												831-515-2873							
Contact Person											Phone Number								
Description	of Claiming Unit Functions																		
Project ser	unity Action Board/ALCANCE provides compre vices include health program referral and acc onal support. Staff provide Medi-Cal related i the Lo	ess services, s	ubstance ab eferral, acce	use preventio ess assistance,	n, hou eligibi	ising, lity a	food, ssista	educ	ation,	empl	oyme	nt pro	ogram	s, psy	cholo	gical			
										MINISTRATIVE ACTIVITY CODE OF STAFF UNDER EACH ACTIVITY)									
STAFF JOB C	SPMP	NON- SPMP	DIRECT CHARGE	4	6	8	10	12	13	15	16	17	18	19	20				
Admin Data	Analyst		1	CHARGE	1	1	1				1		1			1			
Case Manager			4		4	4	4				4		4			4			
Employment Placement Coordinator			1		1	1	1				1		1			1			
Employment Placement Specialist			6		6	6	6				6		6			6			
Employment Placement Specialist/Case Manager			1		1	1	1				1		1			1			
Employment Program Coordinator			2		2	2	2				2		2		1	1			
Job Developer/Employment Specialist			1		1	1	1				1		1			1			
Operations Manager			2		2	2	2				2		2			2			
Program Director			1		1	1	1				1		1			1			
Youth Empowerment Specialist			1		1	1	1				1		1			1			
Youth Navigator			2		2	2	2				2		2			1			
Note: Coun	ty Wide Average (CWA)		22																
			Discount M	1ethod:		CWA				CWA			CWA	CWA					
CODE 4 =	Medi-Cal Outreach																		
CODE 6 = CODE 8 =	Referral, Coordination, and Monitoring of N Facilitating Medi-Cal Application	<u>1edi-Cal Servic</u>	es																
CODE 8 =	Arranging and/or providing Non-Emergency	. Non-Medical	Transporta	tion to a Medi-	-Cal co	vered	serv	ice											
CODE 12 =	Contract Administration (A) for Medi-Cal se																		
CODE 13 =	Contract Administration (B) for Medi-Cal se																		
CODE 15 = CODE 16 =	Program Planning and Policy Development Program Planning and Policy Development								or.										
CODE 10 -	Medi-Cal services for Medi-Cal clients	JKIIIEU FIUIESSI	onai Medica	ai reisoillei (s	FIVIF)	(A) (L	illalic	eu) ic	וכ										
CODE 17 =																			
CODE 18 =																			
CODE 19 =																			
CODE 20 =	MAA/TCM Implementation Training					<b>C</b> 1 .				6.1									
County-Base I also certify included in t classification and approva	is certification, I certify the information provided Medi-Cal Administrative Activities (CMAA) of that invoices submitted to the state Departmenter CUFG and the CCUG. I confirm that all neces included herein is accurate and maintained of the state Department of Health Care Servitation of the activities described herein may of	lescribed in thi ent of Health C essary and app on file. I under ces and the Ce	is CUFG and Care Services ropriate doc stand the cl enters for M	on the Compr s for reimburse cumentation to aiming unit do edicare & Med	ehens ement supp cumer licaid	ive Cla shall ort th ots sh Servic	aimin be ba e CUI all be	g Unit sed or G for subje	Grid n the all of ct to 1	(CCUC inform the st the re	i). natior aff jo								
Signature (C	MAA LGA Coordinator)						Date	!											
Approval Sig	gnature (CMAA Analyst)						Date	!											

DHCS Rev. 7.1.18