Santa Cruz County												FY 20/21 Q3								
Name of LGA												Fiscal Year & Quarter								
Community Astion Board Day Waylor Contar												·								
Community Action Board - Day Worker Center Name of Claiming Unit											6 Number of Staff									
Name of Claiming Unit												Stall								
	e Avenue, Santa Cruz, CA 95060																			
Address																				
Nikki Yates												831-515-2873								
Contact Person											Phone Number									
Description of Claiming Unit Functions																				
-	lealth claiming unit provides public health nursing services to higl access assistance, eligibility assistance, and planning activities. 1							-					itreaci	n, into	rmati	on				
		NUMI	NUMBER OF STAFF					MEDI-CAL ADMINISTRATIVE ACTIVITY CODE												
			NON- DIRECT				K NU	MBER	OF ST	STAFF UNDER EACH ACTIVITY)										
STAFF JOB CLASSIFICATIONS & SUBCONTRACTORS		SPMP	SPMP	CHARGE	4	6	8	10	12	13	15	16	17	18	19	20				
Case Manage	er/Employment Placement/Family Service Specialist		2	1	2	2	2				2	<u> </u>	2			2				
Job Dispatcher/Family Services Specialist			1		1	1	1				1	<u> </u>	1			1				
Operations Manager			1		1	1	1				1		1			1				
Program Coc	ordinator/Immigrant Family Sustainability Coordinator		1		1	1	1				1		1		1					
Program Dire			1		1	1	1				1		1			1				
	3001																			
					1															
					1															
Notes uses C	cumbu usida ayaraga (CIA/A)		6																	
Note. uses C	ounty wide average (CWA)		5			CMA				CMA			CVAVA	CWA						
CODE 4	Mardi: Cal Outurant		Discount M	letnoa:		CWA				CWA			CWA	CWA						
CODE 4 = CODE 6 =	Medi-Cal Outreach Referral, Coordination, and Monitoring of Medi-Cal Services																			
CODE 8 =	Facilitating Medi-Cal Application																			
CODE 10 =	Arranging and/or providing Non-Emergency, Non-Medical Trans	portation to a Medi-C	Cal covered s	ervice																
CODE 12 =	Contract Administration (A) for Medi-Cal services specific for Me	edi-Cal populations																		
CODE 13 =	Contract Administration (B) for Medi-Cal services specific for Me																			
CODE 15 = CODE 16 =																				
CODE 17 =	Program Planning and Policy Development (B) (Non-Enhanced) for Medi-Cal services for Medi-Cal and																			
CODE 18 =																				
CODE 19 =	Medi-Cal services for Medi-Cal and Non Medi-Cal clients MAA/TCM Coordination and Claims Administration																			
CODE 20 =	MAA/TCM Implementation Training																			
County-Base I also certify included in ti classification and approva misrepresent	s certification, I certify the information provided herein is true and d Medi-Cal Administrative Activities (CMAA) described in this CUFC that invoices submitted to the state Department of Health Care Se he CUFG and the CCUG. I confirm that all necessary and appropriat sincluded herein is accurate and maintained on file. I understand I of the state Department of Health Care Services and the Centers fation of the activities described herein may constitute violation of	and on the Comprehrvices for reimbursem e documentation to s the claiming unit docu or Medicare & Medic	nensive Clain nent shall be support the C uments shall aid Services	ning Unit Grid (based on the i CUFG for all of be subject to t	CCUG nform the sta). ation iff job														
Nikki Yates	MAA LGA Coordinator)						Data													
oignature (Cl	vina Loa Coolullidioi j						Date													
	(0.11)					-														
Approval Sig	nature (CMAA Analyst)						Date													

DHCS Rev. 7.1.18