### Santa Cruz County

**Name of LGA**

**Community Health Education Unit - Oral Health Program**

**Name of Claiming Unit**

**1070 Emeline Avenue, Santa Cruz, CA 95060**

**Address**

**Nikki Yates**

**Contact Person**

**831-515-2873/831-454-4686**

**Phone Number**

### Description of Claiming Unit Functions

The mission of the Santa Cruz County Oral Health Program is to improve the oral health of county residents through measurable strategies that increase access to care and education, with special attention to Medi-Cal insured populations.

### Claiming Unit Functions Grid (CUFG)

<table>
<thead>
<tr>
<th>STAFF JOB CLASSIFICATIONS &amp; SUBCONTRACTORS</th>
<th>NUMBER OF STAFF</th>
<th>MEDI-CAL ADMINISTRATIVE ACTIVITY CODE (ENTER NUMBER OF STAFF UNDER EACH ACTIVITY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SPMP</td>
<td>NON-SPMP</td>
</tr>
<tr>
<td>Health Program Specialist</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Senior Health Services Manager</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Senior Health Educator</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Unit is a County unit.**

**Note:** Uses County Wide Average (CWA)

**4**

**Discount Method:**

- CWA
- CWA
- CWA
- CWA
- CWA

**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)  

3/1/2023  

Date

**Approval Signature (CMAA Analyst)**  

Date