23/24 Q1

27

Fiscal Year & Quarter

831-515-2873/831-454-4686

Number of Staff

Phone Number

## Santa Cruz County Name of LGA

Homeless Person Health Project

Name of Claiming Unit

## 115-A Coral St., Santa Cruz, CA 95060

Address

## Nikki Yates

**Contact Person** 

Description of Claiming Unit Functions

The Homeless Person's Health Project (HPHP) assists homeless adults, youth and families with children to access and coordinate needed care and health related services. Teams of nurses and social workers provide care and counseling, and assist clients to: qualify for health coverage and benefits, access and coordinate care, and integrate care with a broad range of community-based services. This unit will also claim the cost of MAA claims administration in support of Santa Cruz LGA.

STAFF JOB CLASSIFICATIONS & SUBCONTRACTORS       SPN         Benefits Representative       Clerical Supervisor         Clanic Nurse       3         Community Health Worker       Health Center Manager         Medical Assistant       5         MH Client Specialist/Sr. MH Client Specialist       4         Office Assistant       7         Public Health Nurse       3         Public Health Nurse       3         Public Health Nurse III       1         Image: Uses Actual Client Count (ACC)       10         CODE 4 =       Medi-Cal Outreach         CODE 5 =       Referral, Coordination, and Monitoring of Medi-Cal Service         CODE 10 =       Arranging and/or providing Non-Emergency, Non-Medica         CODE 12 =       Contract Administration (A) for Medi-Cal services specific         CODE 13 =       Contract Administration (B) for Medi-Cal services specific         CODE 15 =       Program Planning and Policy Development (A) (Non-Enha         CODE 16 =       Program Planning and Policy Development (B) (Non-Enha         CODE 17 =       Program Planning and Policy Development Skilled Profess         Medi-Cal services for Medi-Cal and Non Medi-Cal clients       CODE 18 =         CODE 19 =       MAA/TCM Coordination and Claims Administration		NON- SPMP 1 1 2 1 5 1 5 1 1 1 Discount M	DIRECT CHARGE	4 1 3 2 1 5 9 1 3 1 3 1	6 1 1 3 2 1 5 9 1 3 3 1 3 1 1 3 4 1 2 4 7 9 1 1 3 7 1 1 3 1 1 1 5 9 9 1 1 3 1 1 1 5 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1	R NO           8           1           3           2           5           9           1           3           1           3           1           3           1				15       1       3       2       1       3       2       1       3       1       3       1       3       1       3       1	EACH 16 3 3 5 4 1 1	17       1       3       2       1       5       9       1       3       1       3       1	18 3 5 4 3 1	19	20 1 1 3 2 5 9 1 3 3
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CODE 20 = MAA/TCM Implementation Training															
In signing this certification, I certify the information provided herein is tr County-Based Medi-Cal Administrative Activities (CMAA) described in th I also certify that invoices submitted to the state Department of Health C included in the CUFG and the CCUG. I confirm that all necessary and app classifications included herein is accurate and maintained on file. I under and approval of the state Department of Health Care Services and the Ce misrepresentation of the activities described herein may constitute viola	CUF re Se opria tand iters	FG and on t Services for ate docume d the claimi s for Medica	ne Comprehe reimburseme ntation to sup ng unit docun re & Medicai	nsive Cl nt shall pport th nents sh id Servio	laimin be ba ne CUF hall be	g Unit sed or G for subje	Grid ( the i all of t ct to t	CCUG nform the sta the rev	). ation aff job						
<b>Nikki Yates</b> Signature (CMAA LGA Coordinator)	0110														

Date