## Claiming Unit Functions Grid (CUFG) Appendix I

### Santa Cruz County

- **Name of LGA:**
- **MAA/TCM Coordination Unit:**
- **Name of Claiming Unit:** 1800 Green Hills Road, Suite 240, Scotts Valley, CA 95066
- **Address:**
- **Nikki Yates**
- **Contact Person:** 831-515-2873/831-454-4686
- **Phone Number:**

### Description of Claiming Unit Functions

The MAA/TCM Coordination MAA, TCM and MAA mental health programs at the local level. This unit is responsible to coordinate with State DHS/DMH to ensure that these programs are administered in accordance with State and Federal guidelines. This unit has countywide responsibility to ensure county departments, individual work units and subcontractors comply with MAA/TCM/MAA Mental health guidelines, processes and procedures. This unit conducts program planning and Policy development activities for health and alcohol and drug program services. Activities also encompass agency and community wide activities including identification of services gaps, and collaboration with community agencies and the target population to design services to meet identified needs.

### Staff Job Classifications & Subcontractors

<table>
<thead>
<tr>
<th>STAFF JOB CLASSIFICATIONS &amp; SUBCONTRACTORS</th>
<th>SPMP</th>
<th>NON-SPMP</th>
<th>DIRECT CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountant</td>
<td>7 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounting Technician</td>
<td>2 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistant Departmental Administrative Analyst/Departmental Administrative Analyst</td>
<td>1 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Departmental Administrative Analyst/Senior Departmental Administrative Analyst</td>
<td>1 1</td>
<td></td>
<td></td>
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<tr>
<td>Health Services Manager</td>
<td>1 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT Application Development and Support Analyst</td>
<td>2 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Accounting Technician</td>
<td>1 1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MOU/County ISD MAA/TCM Application Development, Support and Maintenance ***

**Based on Staff Assignments by County ISD Division Manager

**Subcontract - MAA Coordination ****

**Provided by Patrick Sutton

### This is a County unit.

This unit is CWA

### Discount Method:

**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) 6/15/2023

Approval Signature (CMAA Analyst)

DHCS Rev. 7.1.18

### MAA-TCM Claim Plan 22-23 Q3 (DC)