Santa Cruz County										FY 22-23 Q2											
Name of LGA											l Year	& Qu	arter								
Public Health Administration Name of Claiming Unit											7 Number of Staff										
1060 Emplino Avonuo Santa Cruz CA	95060																				
1060 Emeline Avenue, Santa Cruz, CA Address	95060																				
Nikki Yates												831-515-2873/ <mark>831-454-4686</mark>									
Contact Person												Phone Number									
Description of Claiming Unit Functions																					
upholds its mission to protect, pror	onsible for providing administrative and str note and improve the health and well-bein e community, including those who are eligi budget direction, g	g of all. Public Hea ble for Medi-Cal, h	lth Adminis as adequate	tration assesse access to heal	s the r th and	needs I medi	ofthe	e comr	nunit	y and	cond	ucts p	rogram	n plar	ninga	and					
	NUMBER OF STAFF								MEDI-CAL ADMINISTRATIVE ACTIVITY CODE												
						(ENTE	R NU	MBER	OF ST	AFF U	INDEF	REACH	ACTI	/ITY)							
STAFF JOB CLASSIFICATIONS & SUBCO	NTRACTORS	SPMP	NON- SPMP	DIRECT CHARGE	4	6	8	10	12	13	15	16	17	18	19	20					
Administrative Services Manager			1				-		1	1	1		1		1	-					
Chief of Public Health			1		1	1			1	1	1		1			1					
Director of Nursing		1			1	1			1	1		1		1		1					
Medical Services Director/Health Offic	cer	1			1	1			1	1		1		1		1					
Public Health Manager			1		1	1			1	1	1		1			1					
Sr Dept Admin Analyst			1	1					1	1	1		1			1					
· ·			1		1	1	1		1	-	1		1			1					
Sr. Health Services Manager			1	1	-	1	1		1	1	1		1			-					
Noto: Usos County Wide Average (C)	(0)	2	5	1																	
Note: Uses County Wide Average (CWA)			Discount Method:			CWA				CWA			CMA	CWA							
CODE 4 - Madi Cal Outroach			Discount iv	lethod:		CWA				CVVA			CVVA	CVVA							
CODE 4 = Medi-Cal Outreach CODE 6 = Referral, Coordination,	and Monitoring of Medi-Cal Services																				
CODE 8 = Facilitating Medi-Cal A																					
	iding Non-Emergency, Non-Medical Transpo	ortation to a Medi-O	Cal covered s	service																	
	n (A) for Medi-Cal services specific for Medi																				
	n (B) for Medi-Cal services specific for Medi																				
	Policy Development (A) (Non-Enhanced) for Policy Development Skilled Professional Me																				
Medi-Cal services for N		ulcal Personner (SP		nanceu) ioi																	
	Policy Development (B) (Non-Enhanced) for	Medi-Cal services	for Medi-Cal	l and																	
CODE 18 = Program Planning and	Policy Development Skilled Professional Me /Iedi-Cal and Non Medi-Cal clients	dical Personnel (SP	MP) (B) (Enł	hanced) for																	
	n and Claims Administration																				
CODE 20 = MAA/TCM Implementa	ation Training																				
County-Based Medi-Cal Administrative I also certify that invoices submitted t included in the CUFG and the CCUG. I	e information provided herein is true and co e Activities (CMAA) described in this CUFG a o the state Department of Health Care Servi confirm that all necessary and appropriate	nd on the Comprehices for reimbursen documentation to s	nensive Clair nent shall be support the	ming Unit Grid (based on the i CUFG for all of t	CCUG nform the sta). ation aff job															
and approval of the state Department	ate and maintained on file. I understand the of Health Care Services and the Centers for scribed herein may constitute violation of th	Medicare & Medic	aid Services																		
and approval of the state Department misrepresentation of the activities de	of Health Care Services and the Centers for	Medicare & Medic	aid Services				_														
and approval of the state Department	of Health Care Services and the Centers for	Medicare & Medic	aid Services			-	9/30 , Date	/2022													

Approval Signature (CMAA Analyst) DHCS Rev. 7.1.18 Date