| Santa Cruz County   |  |   |   |  |   |                                     |                                    |  |                         |                          | FY 19/20 Q2     |        |       |       |       |    |  |  |  |
|---|--|---|---|--|---|-------------------------------------|------------------------------------|--|-------------------------|--------------------------|-----------------|--------|-------|-------|-------|----|--|--|--|
| Name of LGA   |  |   |   |  |   |                                     |                                    |  |                         | Fiscal Year & Quarter    |                 |        |       |       |       |    |  |  |  |
| Barrios Unidos  |  |   |   |  |   |                                     |                                    |  |                         |                          | 18              |        |       |       |       |    |  |  |  |
| Name of Claiming Unit   |  |   |   |  |   |                                     |                                    |  |                         |                          | Number of Staff |        |       |       |       |    |  |  |  |
| 1917 Soquel   | Avenue, Santa Cruz, CA 95062   |   |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
| Address   | evenue, Janua Cruz, CA JJ002   |   |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
|   |  |   |   |  |   |                                     |                                    |  |                         |                          | 831-515-2873    |        |       |       |       |    |  |  |  |
| Nikki Yates  Contact Person   |  |   |   |  |   |                                     |                                    |  |                         | Phone Number             |                 |        |       |       |       |    |  |  |  |
|   | f Claiming Unit Functions  |   |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
| referral re   | nidos provides community services to high-risk y<br>egarding all community resources, including thos<br>aff provide Medi-Cal related outreach, informati<br>activities. The unit als   | e related to ho<br>on, referral, a  | ealth and Mo<br>ccess assista   | edi-Cal. Staff a<br>nce, case coor   | also as<br>dinatio                                      | sist cli                            | ients t<br>onitori                 | o app<br>ing, el                       | ly for<br>igibili       | and a<br>ty assi         | ccess           | servic | es as | well. | Barri | os |  |  |  |
|   |  | F   | MEDI-CAL ADMINISTRATIVE ACTIVITY CODE (ENTER NUMBER OF STAFF UNDER EACH ACTIVITY) |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
| STAFF JOB CLASSIFICATIONS & SUBCONTRACTORS  |  |   | NON-<br>SPMP  | DIRECT<br>CHARGE   | 4   | 6                                   | 8                                  | 10                                     | 12                      | 13                       | 15              | 16     | 17    | 18    | 19    | 20 |  |  |  |
| Administrative Assistant  |  |   | 1   |  | 1   | 1                                   | 1                                  |  |                         |                          | 1               |        | 1     |       |       | 1  |  |  |  |
| Executive Director  |  |   | 1   |  | 1   | 1                                   | 1                                  |  |                         |                          | 1               |        | 1     |       |       | 1  |  |  |  |
| MAA Outreach Coordinator  |  |   | 1   |  | 1   | 1                                   | 1                                  |  |                         |                          | 1               |        | 1     |       | 1     |    |  |  |  |
| Outreach Specialist   |  |   | 12  |  | 12  | 12                                  | 12                                 |  |                         |                          | 1               |        | 1     |       |       | 12 |  |  |  |
| Program and Development Manager   |  |   | 1   |  | 1   | 1                                   | 1                                  |  |                         |                          | 1               |        | 1     |       |       | 1  |  |  |  |
| Receptionist  |  |   | 2   |  | 2   | 2                                   | 2                                  |  |                         |                          | 1               |        | 1     |       |       | 2  |  |  |  |
|   |  |   |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
|   |  |   |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
|   |  |   |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
|   |  |   |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
|   |  |   |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
|   |  |   |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
|   |  |   |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
| Note: uses Co   | ounty wide average (CWA)   |   |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
|   |  |   | 18  |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
|   |  |   | Discount M  | ethod:   |   | CWA                                 |                                    |  |                         | CWA                      |                 |        | CWA   | CWA   |       |    |  |  |  |
| CODE 4 = Medi-Cal Outreach  |  |   |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
| CODE 6 =<br>CODE 8 =  | Referral, Coordination, and Monitoring of Medi   | -Cal Services   |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
| CODE 10 =   | Facilitating Medi-Cal Application  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 =<br>CODE 15 =  |  |   |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
| CODE 16 =   |  |   |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
|   | Medi-Cal services for Medi-Cal clients   |   |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
| CODE 17 =   | Program Planning and Policy Development (B) (<br>Non Medi-Cal clients  | Non-Enhanced  | d) for Medi-C   | Cal services for   | Medi-   | Cal an                              | d                                  |  |                         |                          |                 |        |       |       |       |    |  |  |  |
| 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   | tion  |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
| CODE 20 =   | MAA/TCM Implementation Training<br>certification, I certify the information provided h   | erein is true a   | nd correct a  | nd accurately r  | eflects   | the p                               | erforr                             | nance                                  | of th                   | e                        |                 |        |       |       |       |    |  |  |  |
| County-Based<br>I also certify t<br>included in th<br>classifications<br>and approval | I Medi-Cal Administrative Activities (CMAA) descr<br>hat invoices submitted to the state Department of<br>her CUFG and the CCUG. I confirm that all necessar<br>is included herein is accurate and maintained on fi<br>of the state Department of Health Care Services a<br>ation of the activities described herein may const | ibed in this CL<br>of Health Care<br>of and appropr<br>le. I understar<br>and the Cente | JFG and on the Services for the Services for the Claiming for Medica              | he Comprehen<br>reimbursemen<br>entation to sup<br>ng unit docum<br>are & Medicaic | isive Cl<br>it shall<br>port th<br>ents sh<br>I Service | aimin<br>be ba<br>ie CUF<br>iall be | g Unit<br>sed or<br>G for<br>subje | Grid (<br>the i<br>all of t<br>ct to t | CCUC<br>nform<br>the st | i).<br>nation<br>aff job |                 |        |       |       |       |    |  |  |  |
| Nikki Yates   |  |   |   |  |   |                                     |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |
| Signature (CMAA LGA Coordinator)  |  |   |   |  |   |                                     | Date                               |  |                         |                          |                 |        |       |       |       |    |  |  |  |
|   |  |   |   |  |   | _                                   |                                    |  |                         |                          |                 |        |       |       |       |    |  |  |  |

Approval Signature (CMAA Analyst) DHCS Rev. 7.1.18 Date