Santa Cruz County											FY 21/22 Q2								
Name of LGA										Fiscal Year & Quarter									
Community Bridges-Nueva Vista Community Resources											7								
Name of Claiming Unit									Number of Staff										
711 E CI:# D	rive Santa Cruz CA 95060																		
Address	Tive Santa Cruz CA 95000																		
Nikki Yates Contact Person										831-5 Phon									
	of Claiming Unit Functions									FIIOII	e ivuii	iibei							
	y Bridges-Nueva Vista Community Resources provi	des informa	tion. referra	l. advocacy. c	ase ma	nager	nent.	transl	ation	servic	es an	d assis	stance	in co	mple	ting			
	for health and social service entitlement programs provide Medi-Cal related outreach, information, re unit also assists	ferral, acces	ss assistance	, case coordin	ation/	monit	oring,	eligib							-				
		NUM	NUMBER OF STAFF				MEDI-CAL ADMINISTRATIVE ACTIVITY CODE (ENTER NUMBER OF STAFF UNDER EACH ACTIVITY)												
STAFF JOB CLASSIFICATIONS & SUBCONTRACTORS			NON- SPMP	DIRECT CHARGE	4	6	8	10	12	13	15	16	17	18	19	20			
Advocate			5		5	5	5				5		5			5			
Program Coo	rdinator		1		1	1	1				1		1			1			
Program Manager			1		1	1	1				1		1		1				
					1														
					1														
Notes uses Co	ounty Mide Avenue (CMA)																		
Note: uses Co	ounty-Wide Average (CWA)	+	7		1														
			Discount M	othod:		CWA				CWA			CWA	CW/A					
CODE 4 =	Medi-Cal Outreach		DISCOUNT IVI	etilou:		CWA				CVVA			CVVA	CVVA					
CODE 6 =	Referral, Coordination, and Monitoring of Medi-C	al Services																	
CODE 8 =	Facilitating Medi-Cal Application																		
CODE 10 =	Arranging and/or providing Non-Emergency, Non-Medical Transportation to a Medi-Cal covered service Contract Administration (A) for Medi-Cal services specific for Medi-Cal populations																		
CODE 12 = CODE 13 =	• • • • • • • • • • • • • • • • • • • •				ıl nonu	lation	ς												
CODE 15 =																			
CODE 16 =																			
CODE 17 =																			
CODE 18 =	Non Medi-Cal clients 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								· · ·										
County-Based I also certify the included in the classification and approval	s certification, I certify the information provided her d Medi-Cal Administrative Activities (CMAA) describ that invoices submitted to the state Department of ne CUFG and the CCUG. I confirm that all necessary is included herein is accurate and maintained on file of the state Department of Health Care Services an cation of the activities described herein may constitution.	ed in this CL Health Care and appropr . I understar d the Cente	JFG and on the Services for I state docume and the claiming for Medica	he Compreher reimbursemer ntation to sup ng unit docum are & Medicaio	nsive C nt shall port th ents sl d Servi	laimin be ba ne CUF nall be	g Unit sed or G for subje	Grid (the i all of t ct to t	CCUG nform the sta	i). lation aff job									
Nikki Yates																			
	MAA LGA Coordinator)					-	Date												

Approval Signature (CMAA Analyst) DHCS Rev. 7.1.18

Date