Santa Cruz County												1								
Name of LGA											Fiscal Year & Quarter									
New Life - GEMMA																				
Name of Claiming Unit										14 Number of Staff										
707/717 Fair	Ave, Santa Cruz CA 95060																			
Address	The state of the s																			
Nikki Yates										Q21_E	:15_29	272								
Contact Perso	831-515-2873 Phone Number																			
Description o																				
	e-Gemma Program provides comprehensive services to	women an	d men transit	tioning from Sa	nta C	ruz Co	unty	jail fac	ilities	back	into t	he co	mmur	nity. T	he Ge	mma				
and physic	omotes recovery from addictions and provides the pract al health treatment, relapse prevention, housing, food,	education	, employmen	it programs, ps	ychol	ogical	and s	piritua	al sup	port a	s wel	l as re	ferral	s to as	socia	ted				
supportive r	assistance, and planning activities. The unit also assists the LGA with																			
	MAA <u>Coordination and Claims Administra</u> NUMBER OF STAFF							MEDI-CAL ADMINISTRATIVE ACTIVITY CODE												
						(ENTER NUMBER OF STAFF UNDER EACH ACTIVITY)														
STAFF JOB CL	ASSIFICATIONS & SUBCONTRACTORS	SPMP	NON- SPMP	DIRECT CHARGE	4	6	8	10	12	13	15	16	17	18	19	20				
Case Manage	er		10		10	10	10				10		10		1	9				
Clinical Program Director			1		1	1	1				1		1			1				
Intake			2		2	2	2				2		2			2				
Program Coo	rdinator		1		1	1	1				1		1			1				
		Ì																		
		1																		
Nister III A	Astro-Lellant Count (ACC)	1	1.0																	
Note: Uses Actual Client Count (ACC)			14					100		A.C.C.			۸۵۵	100						
CODE 4 =	Medi-Cal Outreach		Discount M	etnod:		ACC		ACC		ACC			ACC	ACC						
CODE 4 =	Referral, Coordination, and Monitoring of Medi-Cal Se	rvices																		
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 = CODE 13 =	Contract Administration (A) for Medi-Cal services specific for Medi-Cal populations																			
CODE 15 =	Contract Administration (B) for Medi-Cal services specific for Medi-Cal and Non Medi-Cal populations Program Planning and Policy Development (A) (Non-Enhanced) for Medi-Cal services for Medi-Cal clients																			
CODE 16 =	Program Planning and Policy Development Skilled Prof	essional M	edical Persor	nnel (SPMP) (A)	(Enh	anced)) for													
CODE 17 =	Medi-Cal services for Medi-Cal clients Program Planning and Policy Development (B) (Non-Er	nhanced) fo	or Medi-Cal so	ervices for Med	li-Cal	and														
	Non Medi-Cal clients																			
CODE 18 =	Program Planning and Policy Development Skilled Prof Medi-Cal services for Medi-Cal and Non Medi-Cal clien		ledical Persor	inei (SPIVIP) (B)	(Enn	anced	ior													
CODE 19 =	MAA/TCM Coordination and Claims Administration																			
CODE 20 =	MAA/TCM Implementation Training scertification, I certify the information provided herein is	s true and	correct and a	ccurately refle	cts th	e perfo	ormar	ice of	the											
I also certify to included in the classifications and approval	d Medi-Cal Administrative Activities (CMAA) described in that invoices submitted to the state Department of Heali the CUFG and the CCUG. I confirm that all necessary and a is included herein is accurate and maintained on file. I un of the state Department of Health Care Services and the iation of the activities described herein may constitute vi	th Care Ser appropriate derstand t e Centers f	vices for rein e documenta he claiming u or Medicare	nbursement sh tion to support Init documents & Medicaid Ser	all be the C shall vices.	based UFG f be sub	on th or all oject t	e info of the o the	rmati staff	job										
Nikki Yates																				
	MAA LGA Coordinator)					-	Date													
	·																			

Approval Signature (CMAA Analyst) DHCS Rev. 7.1.18 Date