Santa Cruz County											EV 22/22 02							
Name of LGA Community Action Record Records Contain											FY 22/23 Q3 Fiscal Year & Quarter							
IVALUE OF CIABILITY OF THE											JC1 01	Jun						
	et, Suite 207, Watsonville, CA 95076																	
Address																		
Nikki Yates										831-515-2873/831-454-4686								
Contact Perso										Phone Number								
	Claiming Unit Functions																	
include heal	venport Resource Service Center provides compre Ith program referral and access services, substance • Medi-Cal related information, referral, access as	e abuse prev sistance, eligi	ention, hous	sing, food, edu nce, and plan	cation	, emp	loyme	nt pro	gram	s, psy	cholo	gical a	nd sp	iritual	supp	ort.		
		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		
Family, Youth & Administrative Specialist			1		1	1	1				1		1			1		
Program Adm	inistrative Assistant		1		1	1	1				1		1			1		
Program Assistant-COVID 19			1		1	1	1				1		1			1		
Program Coordinator			1		1	1	1				1		1		1			
Program Direc	ctor		1		1	1	1				1		1		1			
					1													
Note: Here C	(014)		Е															
Note: Uses Co	ounty-wide Average (CWA)		5			CIALA				CIALA			CIALA	CIAIA				
CODE 4	Marill Col O. Lorente		Discount M	ethod:		CWA				CWA			CWA	CWA				
CODE 4 = CODE 6 =	Medi-Cal Outreach Referral, Coordination, and Monitoring of Medi-C	al Sarvicas																
CODE 8 =	Facilitating Medi-Cal Application	ai sei vices																
CODE 10 =	Arranging and/or providing Non-Emergency, Non-Medical Transportation to a Medi-Cal covered service																	
CODE 12 =																		
CODE 13 =																		
CODE 15 = CODE 16 =																		
CODE 10 -	Medi-Cal services for Medi-Cal clients	a FIOIESSIOIIa	i ivieuicai rei	ISOIIIIEI (SFIVIF) (A) (L	illialic	Leu) ic	וע										
CODE 17 = Program Planning and Policy Development (B) (Non-Enhanced) for Medi-Cal services for Medi-Cal and																		
000540	Non Medi-Cal clients	15 ()		1/00110	. (5) (5		1) (
CODE 18 =	Program Planning and Policy Development Skiller Medi-Cal services for Medi-Cal and Non Medi-Ca		i Medicai Pei	rsonnei (SPIVIP) (B) (E	nnand	cea) to	or										
CODE 19 =	MAA/TCM Coordination and Claims Administration																	
CODE 20 =	MAA/TCM Implementation Training																	
County-Based I also certify the included in the classifications and approval	certification, I certify the information provided he Medi-Cal Administrative Activities (CMAA) describ nat invoices submitted to the state Department of e CUFG and the CCUG. I confirm that all necessary included herein is accurate and maintained on file of the state Department of Health Care Services a stion of the activities described herein may constitution.	ped in this CU Health Care and appropr e. I understan and the Center	FG and on the Services for I it is to docume the claiming for Medica	ne Comprehen reimbursemen ntation to sup ng unit docum ire & Medicaid	sive Cla t shall port th ents sh I Service	aiming be ba ie CUF iall be	g Unit sed or G for subje	Grid (the i all of t ct to t	CCUG nform the sta). iation aff job								
Nikki Yates								12	/10/20	022								
	IAA LGA Coordinator)						Date		-, -									

Approval Signature (CMAA Analyst)
DHCS Rev. 7.1.18

Date