Santa Cruz County											FY 22/23 Q2								
Name of LGA									Fiscal Year & Quarter										
CARe Team Integrated Services										18									
Name of Claiming Unit									Number of Staff										
1060 Emeline Avenue, Santa Cruz, CA 95060																			
Address																			
Nikki Yates											72/02	)1 /E/	1 /606						
Contact Person										831-515-2873/831-454-4686 Phone Number									
Description of Claiming Unit Functions																			
The HSA CARe Team Integrated Services program provides comprehensive medical case management, case coordination, information and referral services to																			
county residents. Services include assistance with Med provides support for mental health and teaches risk reduc and close Medi-Cal service gaps, and participates in inter also claim the c	tion for HIV	V transmission to	on. This uni improve ar	t assis	sts in o	develo the de	ping s livery	trate of he	gies to ealth a	o impi	ove t	he he	alth sy	stem	capacity				
	NUMBER OF STAFF				MEDI-CAL ADMINISTRATIVE ACTIVITY CODE (ENTER NUMBER OF STAFF UNDER EACH ACTIVITY)														
STAFF JOB CLASSIFICATIONS & SUBCONTRACTORS	SPMP	NON- SPMP	DIRECT CHARGE	4	6	8	10	12	13	15	16	17	18	19	20				
Administrative Aide		1		1	1	1		1	1	1		1		1	1				
Clinic Nurse	2			2	2	1		2	2	2	2	2	2		2				
Health Program Specialist		2		2	2	2		2	2	2		2			2				
Health Services Manager		1		1	1	1		1	1	1		1			1				
Office Assistant III		1		1	1	1		1	1	1		1			1				
Program Coordinator		1		1	1	1				1		1			1				
Public Health Investigator (Sr)		2		2	2	2		2	2	2		2			2				
Public Health Nurse	2			2	2	2		1	1	2	2	2	2		1				
Senior Health Educator		2		2	2	2		2	2	2		2			2				
Senior Social Worker		3		3	3	3		3	3	3		3			3				
Sr. Mental Health Client Specialist	1			1	1	1		1	1	1	1	1	1		1				
		12																	
Note: Uses Actual Client Count (ACC)	5	13 Discount M			466		466		4.66			۸۵۵	ACC						
CODE 4 = Medi-Cal Outreach			ACC	ACC ACC ACC ACC															
CODE 6 = Referral, Coordination, and Monitoring of M	ledi-Cal Ser	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 = Contract Administration (A) for Medi-Cal services specific for Medi-Cal populations																			
CODE 12 = Contract Administration (A) for Medi-Cal services specific for Medi-Cal populations  CODE 13 = Contract Administration (B) for Medi-Cal services specific for Medi-Cal and Non Medi-Cal populations																			
CODE 15 = Program Planning and Policy Development (A) (Non-Enhanced) for Medi-Cal services for Medi-Cal clients																			
CODE 16 = Program Planning and Policy Development Skilled Professional Medical Personnel (SPMP) (A) (Enhanced) for Medi-Cal services for Medi-Cal clients																			
CODE 17 = Program Planning and Policy Development (B) (Non-Enhanced) for Medi-Cal services for Medi-Cal and Non Medi-Cal clients																			
ODE 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 Adminis CODE 20 = MAA/TCM Implementation Training	tration																		
In signing this certification, I certify the information provide	ed herein is	true and co	rrect and ac	curate	ly refl	ects th	ne per	orma	ince o	f the									
County-Based Medi-Cal Administrative Activities (CMAA) de lalso certify that invoices submitted to the state Departme included in the CUFG and the CCUG. I confirm that all necest classifications included herein is accurate and maintained cand approval of the state Department of Health Care Servic misrepresentation of the activities described herein may confirm the confirmation of the activities described herein may confirm the confirmation of the activities described herein may confirm the confirmation of the activities described herein may confirm the confirmation of the activities described herein may confirm the confirmation of the activities described herein may confirmation the confirmation of the activities described herein may confirm the confirmation of the activities described herein may be confirmation of the activities described herein may be confirmation.	nt of Health ssary and a on file. I und ses and the	h Care Servic ppropriate d derstand the Centers for	es for reimb ocumentation claiming un Medicare &	oursen on to s it doc Medio	nent sl suppo umen caid Se	hall be rt the ts shal ervices	based CUFG I be su	d on t for al ibject	he inf I of th to th	orma e staf	f job								
Nikki Yates						9/28/	2022												
Signature (CMAA LGA Coordinator)	(CMAA LGA Coordinator)																		
Approval Cignotura (CNAA Applicat)					-	Dat-													

Approval Signature (CMAA Analyst) DHCS Rev. 7.1.18 Date