

CLAIMING UNIT FUNCTIONS GRID (CUFG)

**Santa Cruz County**

**FY 22/23 Q3**

Name of LGA

Fiscal Year & Quarter

**Community Action Board - Youth Homeless Response (YHRT) & Transitional Age Youth Housing Navigation (TAYNAV)**

**5**

Name of Claiming Unit

Number of Staff

**406 Main Street, Suite 207, Watsonville, CA 95060**

Address

**Nikki Yates**

**831-515-2873/831-454-4686**

Contact Person

Phone Number

Description of Claiming Unit Functions

**YHRT is a supportive service program that assists unaccompanied youth between the ages 15 – 24 who are literally homeless, at risk of being homeless, or fleeing a domestic violence situation. TAY NAV is a Supportive Housing Program that works with youth ages 18 – 24 who were in the Foster Care System. Providing housing navigation as well as housing focused case management, with the main component being FUP voucher application facilitation. YHRT/TAY NAV staff provide Medi-Cal related outreach, information, referral, access assistance, eligibility assistance, and planning activities.**

STAFF JOB CLASSIFICATIONS & SUBCONTRACTORS	NUMBER OF STAFF			MEDI-CAL ADMINISTRATIVE ACTIVITY CODE (ENTER NUMBER OF STAFF UNDER EACH ACTIVITY)											
	SPMP	NON-SPMP	DIRECT CHARGE	4	6	8	10	12	13	15	16	17	18	19	20
TAYNAV Housing Navig Case Manager		1		1	1	1				1		1			1
TAYNAV Housing Navig Landlord Engagement Specialist		1		1	1	1				1		1			1
YHRT Case Manager		1		1	1	1				1		1			1
YHRT Peer Navigator		1		1	1	1				1		1			1
YHRT Program Coordinator		1		1	1	1				1		1		1	
<b>Note: Uses County Wide Average (CWA)</b>	0	5	0												
	<b>Discount Method:</b>				CWA							CWA			

- CODE 4 = Medi-Cal Outreach
- CODE 6 = Referral, Coordination, and Monitoring of Medi-Cal Services
- 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 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
- 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
- CODE 20 = MAA/TCM Implementation Training

In signing this certification, I certify the information provided herein is true and correct and accurately reflects the performance of the County-Based Medi-Cal Administrative Activities (CMAA) described in this CUFG and on the Comprehensive Claiming Unit Grid (CCUG). I also certify that invoices submitted to the state Department of Health Care Services for reimbursement shall be based on the information included in the CUFG and the CCUG. I confirm that all necessary and appropriate documentation to support the CUFG for all of the staff job classifications included herein is accurate and maintained on file. I understand the claiming unit documents shall be subject to the review and approval of the state Department of Health Care Services and the Centers for Medicare & Medicaid Services. Any knowing misrepresentation of the activities described herein may constitute violation of the Federal False Claims Act.

**Nikki Yates**

**12/15/22**

Signature (CMAA LGA Coordinator)

Date

Approval Signature (CMAA Analyst)

Date

**ACTIVITY CODE (4)  
MEDI-CAL OUTREACH**

Claiming Unit: **Community Action Board - Youth Homeless Response (YHRT) & Transitional Age Youth Housing Navigation (TAY NAV)**      Submittal Date: **FY 22/23 Q3**

Local Governmental Agency: **Santa Cruz County**      Amended Date:

For each campaign, program, or ongoing outreach activity, provide the following information:

1 Provide a clear description of the type of Outreach activity performed:

**Claiming unit staff will participate in both types of Medi-Cal Outreach activities.**

2 Provide a clear description of how each Outreach activity will be performed to achieve the objective:

**The time survey staff works with clients and their families, where health and mental health needs have been identified. Most of the outreach activities are conducted on an individual client and/or family unit basis and are performed on an ongoing basis. Staff provides information about services and benefits that the Medi-Cal program has to offer and refers clients and their families to appropriate eligibility workers for eligibility determination or re-determination. For those clients and families with identified health needs, referrals are made directly to Medi-Cal covered services.**

3 Identify the target population:

**The target population includes those in the population that are clients, that have identified health needs, are seeking services to meet their needs, and whose needs can be met by health and Medi-Cal covered services.**

4 Provide the length of time of the Outreach, i.e. days and/or hours:

**Both types of Medi-Cal Outreach activities may be performed at any time during business hours, 8 a.m. to 5 p.m., Monday through Friday, throughout the year. Medi-Cal Outreach is conducted in varying lengths of time, from several minutes to half an hour or more, per victim or family.**

5 Provide the location(s) where the Outreach will be conducted:

**Outreach activities will be primarily conducted at the address listed on the CUF Grid**

6 Provide the number of times Outreach will be conducted during the fiscal year or indicate if Outreach is an ongoing activity:

**Outreach activities are conducted on an ongoing, as needed basis throughout the course of the year.**

7 If using other than time surveys, describe how the costs of Outreach will be developed and documented:

**The time survey method will be used to factor against costs for the claim.**

8 Provide Names of Subcontractors, if applicable:

**Please see name listed on CUFG**

DOCUMENTS REQUIRED:

1 Flyers, announcements, or any materials that describe the Outreach campaigns. If materials are unavailable when the claiming plan is submitted to the DHCS, provide a statement that gives the location of where materials will be maintained for future DHCS and CMS review.  
**Copies of outreach materials can be found at the address listed on the Claiming Unit Functions Grid page.**

2 A list of subcontractors, if direct-charge invoices will be submitted for those subcontractors.

**N/A**

3 Copies of those sections of contracts that clearly describe the Outreach to be performed, how the time spent performing Outreach will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining direct-charge claiming (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor.

**N/A**

**ACTIVITY CODE (6)  
REFERRAL, COORDINATION, AND MONITORING OF MEDI-CAL SERVICES**

Claiming Unit: **Community Action Board - Youth Homeless Response (YHRT) & Transitional Age Youth Housing Navigation (TAY NAV)**

Submittal Date: **FY 22/23 Q3**

Local Governmental Ager **Santa Cruz County**

Amended Date:

For each type of Referral, Coordination, and Monitoring activity, provide the following information:

1 Provide a clear description of the type of Referral, Coordination, and Monitoring activity performed:

**Claiming unit staff will make referrals for, coordinate, and monitor the delivery of Medi-Cal covered services for those individuals with identified health needs. Refer, coordinate and monitor services for transportation.**

2 Provide a clear description of how each Referral, Coordination, and Monitoring activity will be performed to achieve the objective:

**The time survey staff works with clients and their families, where health and mental health needs have been identified. Most of the Referral, Coordination, and Monitoring activities are conducted on an individual client and/or family unit basis and are performed on an ongoing basis.**

3 Identify the target population:

**The target population includes those in the population that have been accused, and have identified health needs, are seeking services to meet their needs, and whose needs can be met by health and Medi-Cal covered services.**

4 Provide the location(s) where the Referral, Coordination, and Monitoring will be conducted:

**Referral, Coordination, and Monitoring activities will be conducted primarily at the address noted on the Claiming Unit Functions Grid and at other community locations.**

5 If using other than time surveys, describe how the costs of Referral, Coordination, and Monitoring will be developed and documented:

**The time survey method will be used to factor against costs for the claim.**

6 Provide Names of Subcontractors, if applicable:

**N/A**

7 Provide the method for calculating the Medi-Cal discount methodology:

**A Medi-Cal discount will apply to staff time related to Referral, Coordination, and Monitoring of Medi-Cal services. These costs will be discounted by the County Wide Average (CWA).**

**DOCUMENTS REQUIRED:**

1 A list of subcontractors, if direct-charge invoices will be submitted for those subcontractors.

**N/A**

**ACTIVITY CODE (8)**  
**FACILITATING MEDI-CAL APPLICATION**

Claiming Unit: **Community Action Board - Youth Homeless Response (YHRT) & Transitional Age Youth Housing Navigation (TAY NAV)**      Submittal Date: **FY 22/23 Q3**

Local Governmental Agency: **Santa Cruz County**      Amended Date:

Provide the information listed below:

1 Identify the Eligibility Intake objective and provide a clear description of the type of Activity 8 performed:  
**Claiming unit staff will conduct Eligibility Intake activities to meet all four objectives as listed in the claim plan instructions.**

2 Provide a clear description of how the Eligibility Intake activity will be performed to achieve the objective. For example, identify the staff performing the activity, describe what is performed, indicated when and where it is performed, and explain the purpose of performing it:  
**Claiming unit staff conducting Facilitating Medi-Cal Application (Eligibility Intake) activities include those listed on the Claiming Unit Functions Grid.**

**Identified staff work with and their families, where health and mental health needs have been identified. Most of the facilitating activities are conducted with families (or individuals) and are performed on an ongoing, as needed basis. Staff provide information to these families about Medi-Cal rules and the application process, assist families with completing the application, assist families in gathering needed information and documents required by the application process, and may provide necessary forms and package forms in preparation of the eligibility appointment.**

**Facilitating activities may be performed at any time during business hours, 8 a.m. to 5 p.m., Monday through Friday, throughout the year, are conducted in varying lengths of time, from several minutes to half an hour, or more, per client or family, and are conducted primarily at the address listed on the CUF Grid.**

3 Indicate whether the Eligibility Intake is performed by the LGA's subcontractors or by claiming unit staff:  
**MAA Eligibility Intake activities are performed by claiming unit staff.**

A. Provide the name(s) and address(es) of the subcontractor(s), if applicable:

**N/A**

4 If using other than time surveys, describe how the costs of Eligibility Intake will be developed and documented:  
**The time survey method will be used to factor against costs for the claim.**

DOCUMENTS REQUIRED:

1 Copies of any documents unique to or designed by the claiming unit for use in conjunction with this activity.  
**Copies of outreach materials can be found at the address listed on the Claiming Unit Functions grid page.**

2 A list of subcontractors, if direct-charge invoices will be submitted for those subcontractors.  
**N/A**

3 Copies of those sections of contracts that clearly describe the Eligibility Intake to be performed, how the time spent performing the Eligibility Intake will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining direct-charge claiming (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor.  
**N/A**

**ACTIVITY CODES (15) (16) (17) (18)  
PROGRAM PLANNING AND POLICY DEVELOPMENT**

Claiming Unit: **Community Action Board - Youth Homeless Response (YHRT) & Transitional Age Youth Housing Navigation (TAY NAV)**      Submittal Date: **FY 22/23 Q3**

Local Governmental Agency: **Santa Cruz County**      Amended Date:

Provide the following information:

1 The units and/or classifications being claimed and whether or not they are skilled professional medical personnel (SPMP):  
**Classifications performing PPPD are listed on the CUF Grid. None of the staff have SPMP status.**

2 Individually list each type of allowable PP&PD tasks performed by staff:  
**PPPD tasks performed by claiming unit staff include:**  
**A. Developing strategies to increase Medi-Cal capacity and close Medi-Cal service gaps, including analyzing data related to health/Medi-Cal programs or Medi-Cal eligible group.**  
**B. Intra- and inter-agency coordination and collaboration to improve the delivery of Medi-Cal and health services to clients and families.**  
**C. Developing resource directories of Medi-Cal services and providers.**

3 If the activity is performed in the LGA's health department, identify the health programs involved:  
**PPPD activities will not be performed in the LGAs health department.**

4 Provide the location(s) where the activity(ies) is performed:  
**PPPD activities will be primarily conducted at the address listed on the Claiming Unit Functions Grid.**

5 Indicate whether staff performs PP&PD activities full-time or part-time. For part-time, indicate whether staff deliver direct services part-time in a billable setting and identify the setting:  
**PPPD activities are conducted by claiming unit staff on a part-time basis and time is accounted for through the time survey process. Staff do not perform direct services in a billable setting.**

6 Explain how the Medi-Cal discount percentage will be determined:  
**For discounted PPPD codes, the Medi-Cal discount percentage will be based on an County Wide Average (CWA).**

7 Describe the method that will be used for claiming, i.e., direct-charge or time-studies, and explain the method for determining time and costs:  
**The time survey method will be used to factor against costs for the claim. Staff will code to either PPPD A when activities are focused on 100% Medi-Cal clients and services or PPPD B when activities are focused to both Medi-Cal and non-Medi-Cal clients.**

8 Indicate whether and which PP&PD activities are being performed by contractors or consultants:  
**N/A**

**DOCUMENTS REQUIRED:**

1 List of subcontractors, if applicable.  
**N/A**

2 Copies of any contracts entered into for the performance of PP&PD that:  
a) Clearly describe the PP&PD to be performed;  
b) Describe how the time spent performing PP&PD will be documented;  
c) The effective date of the contract;  
d) The method used for determining the direct-charge claiming (include application of the Medi-Cal percentage discount); and  
e) The dollar amount to be paid to the contractor.  
**N/A**

3 Resource directories, if available.  
**N/A**

4 A listing of staff employed in service provider settings who are involved with the four allowable MAA tasks above which are: developing strategies, interagency coordination, developing resource directories, and contracted support services. As noted above, PP&PD is not allowable if staff performing this function are employed by LGA services providers, such as clinics.  
**N/A**

**ACTIVITY CODE (19)**  
**MAA/TCM COORDINATION AND CLAIMS ADMINISTRATION**

Claiming Unit: **Community Action Board - Youth Homeless Response (YHRT) & Transitional Age Youth Housing Navigation (TAY NAV)** Submittal Date: **FY 22/23 Q3**

Local Governmental Agency: **Santa Cruz County**

Amended Date:

For each type of MAA/TCM Coordination and Claims Administration performed, provide the following information:

1 Individually list each type of allowable MAA/TCM coordination and claims administration performed and describe how staff perform this activity (if adding the LGA Participation Fee, list that here):

**The time survey staff along with assistance from the LGA MAA/TCM Coordinator perform the following:**

- A. Draft, revise and submit MAA claim plans in coordination with the Local Governmental Agency;**
- B. Administer MAA claiming, including oversight and preparation of MAA claims for the claiming unit;**
- C. Attend training sessions and meetings involving MAA; and**
- D. Ensure that payments for services and administrative activities are not duplicated.**

2 Indicate whether staff perform this activity part-time in addition to other duties:

**Time survey staff perform these activities on a part-time basis which will be recorded in the time survey.**

3 Describe the method that will be used for claiming, i.e., direct charge or time studies:

**All staff time associated with this activity will be documented via the time survey to factor against costs for claim purposes.**

4 Indicate whether any claims preparation activity is being performed by contractors or consultants:

**N/A**

DOCUMENTS REQUIRED:

1 Attach copies of any contracts entered into for the performance of LGA claims administration.

**N/A**

**ACTIVITY CODE (20)  
MAA/TCM IMPLEMENTATION TRAINING**

Claiming Unit: **Community Action Board - Youth Homeless Response (YHRT) & Transitional Age Youth Housing Navigation (TAY NAV)**      Submittal Date: **FY 22/23 Q3**

Local Governmental Agency: **Santa Cruz County**      Amended Date: \_\_\_\_\_

Provide the following information:

1 Indicate the type(s) of training to be provided and/or attended:

**An annual time survey training will be provided to all participating staff. Refresher time survey training will be provided on an as-needed basis.**

2 If applicable, provide the location(s) the training will be provided and/or attended:

**The time survey trainings will be held at the address listed on the Claiming Unit Functions Grid and at other community locations.**

3 Indicate whether the training is or will be MAA/TCM Program specific or integrated with other training information:

**The time survey training will be MAA Program specific. However, the MAA time survey training may be part of a larger training day where other topics are discussed.**

DOCUMENTS REQUIRED:

1 Attach copies of any training brochures, materials, or itineraries.

**MAA training materials are available at the address located on the Claiming Unit Functions Grid.**