Santa Cruz County										FY 22/23 Q2									
Name of LGA										Fiscal Year & Quarter									
Community Bridges - Mountain Community Resources											11								
Name of Claiming Unit										Number of Staff									
6134 Highway	y 9 Felton, CA 95018																		
Address	y 5 Telton, ex 55010																		
										024 545 2072/024 454 4505									
Nikki Yates Contact Person									831-515-2873/831-454-4686 Phone Number										
Description of Claiming Unit Functions										riioiii	z INUII	ibei							
	nity Bridges-Mountain Community Resources coord	linates serv	ices to low-i	ncome and ne	edv re	siden	ts of S	an Loi	enzo	Valley	that	includ	le. he	alth. s	ocial.				
educational	educational, housing, nutrition programs, etc. This Agency provides Medi-Cal related outreach, information, referral, access assistance, case coordination/monitoring, eligibility assistance, transportation assistance and planning activities. The unit also assists the LGA with MAA Coordination and Claims Administration.																		
	NUMBER OF STAFF						MEDI-CAL ADMINISTRATIVE ACTIVITY CODE (ENTER NUMBER OF STAFF UNDER EACH ACTIVITY)												
STAFF JOB CLA	ASSIFICATIONS & SUBCONTRACTORS	SPMP	NON- SPMP	DIRECT CHARGE	4	6	8	10	12	13	15	16	17	18	19	20			
Advocate			5		5	5	5				5		5			5			
Operations M	lanager		1		1						1		1			1			
Program Coordinator			3		3	3	3				3		3			3			
Program Director			1		1	1	1				1		1		1				
Program Manager			1		1	1	1				1		1		1				
r rogram wan	10861																		
															-				
															\dashv				
Note: uses Co	ounty-wide Average (CWA)																		
			11			CWA													
	Discount Method:									CWA			CWA	CWA					
CODE 4 = CODE 6 =	Medi-Cal Outreach Referral, Coordination, and Monitoring of Medi-Ca	l Sarvicas																	
CODE 8 =	Facilitating Medi-Cal Application	ii Jei 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 17 =	Medi-Cal services for Medi-Cal clients Program Planning and Policy Development (B) (Non-Enhanced) for Medi-Cal services for Medi-Cal and																		
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 t included in th classifications and approval	s certification, I certify the information provided here I Medi-Cal Administrative Activities (CMAA) describe hat invoices submitted to the state Department of H ie CUFG and the CCUG. I confirm that all necessary as included herein is accurate and maintained on file. of the state Department of Health Care Services and ation of the activities described herein may constitu	ed in this CL lealth Care nd appropr I understar I the Centel	JFG and on the Services for relate docume and the claiming for Medica	ne Comprehen reimbursemen ntation to sup ng unit docum are & Medicaid	sive Cl t shall port th ents sh I Service	aimin be ba ne CUF nall be	g Unit sed or G for subje	Grid (the in all of t ct to t	CCUG nform the sta). ation aff job									
Nikki Yates	MAA LGA Coordinator\					-	Data			9/28/	2022								
Signature (CIV	1AA LGA Coordinator)						Date												

Approval Signature (CMAA Analyst) DHCS Rev. 7.1.18 Date