CLAIMING UNIT FUNCTIONS GRID (CUFG)

Santa Cruz County
Name of LGA

FY 22/23 Q4
Fiscal Year & Quarter

Community Health Education Unit - Oral Health Program
Name of Claiming Unit

4
Number of Staff

1070 Emeline Avenue, Santa Cruz, CA 95060
Address

Nikki Yates
Contact Person

831-515-2873/831-454-4686
Phone Number

Description of Claiming Unit Functions

The mission of the Santa Cruz County Oral Health Program is to improve the oral health of county residents through measurable strategies that increase access to care and education, with special attention to Medi-Cal insured populations.

	NUMBER OF STAFF				MEDI-CAL ADMINISTRATIVE ACTIVITY CODE (ENTER NUMBER OF STAFF UNDER EACH ACTIVITY)											
STAFF JOB CLASSIFICATIONS & SUBCONTRACTORS	SPMP	NON-SPMP	DIRECT CHARGE SPMP	DIRECT CHARGE Non-SPMP	4	6	8	10	12	13	15	16	17	18	19	20
Health Program Specialist		2			2	2	2		2	2	2		2			2
Senior Health Services Manager		1			1	1	1		1	1	1		1		1	
Senior Health Educator		1			1	1	1		1	1	1		1			1
Unit is a County unit.																
Note: Uses County Wide Average (CWA)		4														
Discount Method:						CWA				CWA			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
Signature (CMAA LGA Coordinator)

3/1/2023
Date

Approval Signature (CMAA Analyst)

Date