

**Santa Cruz County**

Name of LGA

**FY 22/23 Q4**

Fiscal Year & Quarter

**Family Health**

Name of Claiming Unit

**17 + 1 Subcontractor**

Number of Staff

**1060 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 Family Health claiming unit provides public health nursing services to high risk individuals and families with identified health needs. Staff provide Medi-Cal-related outreach, information and referral, access assistance, eligibility assistance, and planning activities. This unit will also claim the cost of MAA claims administration in support of Santa Cruz LGA.**

| STAFF JOB CLASSIFICATIONS & SUBCONTRACTORS   | NUMBER OF STAFF |          |                    |                        | MEDI-CAL ADMINISTRATIVE ACTIVITY CODE<br>(ENTER NUMBER OF STAFF UNDER EACH ACTIVITY) |    |    |    |    |    |    |    |    |    |    |    |
|--|-----------------|----------|--------------------|------------------------|--|----|----|----|----|----|----|----|----|----|----|----|
|  | SPMP            | NON-SPMP | DIRECT CHARGE SPMP | DIRECT CHARGE Non-SPMP | 4  | 6  | 8  | 10 | 12 | 13 | 15 | 16 | 17 | 18 | 19 | 20 |
| Administrative Aide                          |                 | 1        |                    |                        | 1  | 1  | 1  |    |    |    | 1  |    | 1  |    |    | 1  |
| Community Health Worker                      |                 | 1        |                    |                        | 1  | 1  | 1  |    |    |    | 1  |    | 1  |    |    | 1  |
| Director of Nursing                          | 1               |          |                    |                        | 1  | 1  | 1  |    | 1  | 1  | 1  | 1  | 1  | 1  |    |    |
| Health Services Manager                      | 1               |          |                    |                        | 1  | 1  | 1  |    |    |    | 1  | 1  | 1  | 1  |    |    |
| Public Health Nurse                          | 12              |          |                    |                        | 12   | 12 | 12 |    | 12 | 12 | 12 | 12 | 12 | 12 | 2  | 12 |
| Typist Clerk                                 |                 | 1        |                    |                        | 1  | 1  | 1  |    |    |    | 1  |    | 1  |    |    | 1  |
| Subcontractor:                               |                 |          |                    |                        |  |    |    |    |    |    |    |    |    |    |    |    |
| Persimmony International, Inc.               |                 |          |                    |                        |  |    |    |    |    |    |    |    |    |    |    |    |
|  |                 |          |                    |                        |  |    |    |    |    |    |    |    |    |    |    |    |
|  |                 |          |                    |                        |  |    |    |    |    |    |    |    |    |    |    |    |
| <b>Unit is a County unit.</b>                |                 |          |                    |                        |  |    |    |    |    |    |    |    |    |    |    |    |
| <b>Note: Uses Actual Client County (ACC)</b> | 14              | 3        |                    |                        |  |    |    |    |    |    |    |    |    |    |    |    |

**Discount Method:**

|     |  |  |  |     |  |  |     |     |
|-----|--|--|--|-----|--|--|-----|-----|
| ACC |  |  |  | ACC |  |  | ACC | ACC |
|-----|--|--|--|-----|--|--|-----|-----|

- 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)

DHCS Rev. 8.19.21

Date