Santa Cruz County
Name of LGA

23/24 Q1
Fiscal Year & Quarter

Homeless Person Health Project
Name of Claiming Unit

27
Number of Staff

115-A Coral St., Santa Cruz, CA 95060
Address

Nikki Yates
Contact Person

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

Description of Claiming Unit Functions

The Homeless Person's Health Project (HPHP) assists homeless adults, youth and families with children to access and coordinate needed care and health related services. Teams of nurses and social workers provide care and counseling, and assist clients to: qualify for health coverage and benefits, access and coordinate care, and integrate care with a broad range of community-based services. This unit will also claim the cost of MAA claims administration in support of Santa Cruz LGA.

STAFF JOB CLASSIFICATIONS & SUBCONTRACTORS	SPMP	NON-SPMP	DIRECT CHARGE	4	6	8	10	12	13	15	16	17	18	19	20
Benefits Representative		1		1	1	1				1		1			1
Clerical Supervisor		1		1	1	1				1		1			1
Clinic Nurse	3			3	3	3				3	3	3	3		3
Community Health Worker		2		2	2	2				2		2			2
Health Center Manager		1		1	1			1	1	1		1		1	
Medical Assistant	5			5	5	5				5	5	5	5		5
MH Client Specialist/Sr. MH Client Specialist	4	5		9	9	9				9	4	9	4		9
Office Assistant		1		1	1	1				1		1			1
Public Health Nurse	3			3	3	3				3	3	3	3		3
Public Health Nurse III	1			1	1	1				1	1	1	1	1	
This is a County Unit															
Note: Uses Actual Client Count (ACC)	16	11													
Discount Method:					ACC				ACC			ACC	ACC		

Header for table: NUMBER OF STAFF (SPMP, NON-SPMP, DIRECT CHARGE); MEDI-CAL ADMINISTRATIVE ACTIVITY CODE (ENTER NUMBER OF STAFF UNDER EACH ACTIVITY)

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)

6/15/2023
Date

Approval Signature (CMAA Analyst)
Date
DHCS Rev. 7.1.18