

Santa Cruz County

Name of LGA

FY 22/23 Q4

Fiscal Year & Quarter

PHN Communicable Disease

Name of Claiming Unit

19

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

PHN Communicable Disease centralizes countywide surveillance, disease control and containment activities for all illnesses and conditions deemed reportable via State health and welfare codes. Staff develop protocols and advise the public and private sectors on appropriate practices to minimize negative health outcomes. Staff also provide Medi-Cal resource and referral information related to available providers and programs which provide testing and treatment services. This is accomplished by the provision of services, including health/Medi-Cal-related: outreach, information, referral, access assistance, eligibility assistance, transportation 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 (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				
Assistant Director of Nursing	1				1	1	1		1	1	1	1	1	1		1				
Epidemiologist		3				3					3		3			3				
Health Services Manager		1			1	1	1				1	1	1	1		1				
PH Investigator/Sr. PH Investigator		5			5	5	5				5		5			5				
Program Coordinator		1			1	1					1		1		1					
Public Health Nurse	8				8	8	8		2	2	8	8	8	8	8					
Unit is a County unit.																				
Note: Uses County Wide Average (CWA)	9	10																		

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 **3/1/2023**
 Signature (CMAA LGA Coordinator) Date

Approval Signature (CMAA Analyst) Date
 DHCS Rev. 8.19.21