

Santa Cruz County

Name of LGA

FY 22/23 Q3

Fiscal Year & Quarter

Public Defender's Office

Name of Claiming Unit

31 & 6 subcontractors

Number of Staff

420 May Avenue, Santa Cruz, CA 95060

Address

Nikki Yates

Contact Person

831-515-2873/831-454-4686

Phone Number

Description of Claiming Unit Functions

The Santa Cruz County Office of the Public Defender (PDO) is responsible for providing mandated legal defense for all persons in Santa Cruz County who are accused of crimes or facing involuntary commitment and are indigent or otherwise unable to afford an attorney. In doing so, the PDO is committed to empowering and advocating for our clients through an array of indigent holistic defense services to reduce recidivism, reduce incarceration, and provide real solutions to the root causes of system involvement.

| STAFF JOB CLASSIFICATIONS & SUBCONTRACTORS | NUMBER OF STAFF | | | MEDI-CAL ADMINISTRATIVE ACTIVITY CODE (ENTER NUMBER OF STAFF UNDER EACH ACTIVITY) | | | | | | | | | | | | | | | |
|---|-----------------|----------|---------------|--|----------|---|----|----------|----------|----------|----|----------|----|----|----------|--|--|--|--|
| | SPMP | NON-SPMP | DIRECT CHARGE | 4 | 6 | 8 | 10 | 12 | 13 | 15 | 16 | 17 | 18 | 19 | 20 | | | | |
| Administrative Aide | | 1 | | 1 | 1 | | | | | 1 | | 1 | | | 1 | | | | |
| Administrative Services Manager | | 1 | | 1 | 1 | | | 1 | 1 | 1 | | 1 | | | 1 | | | | |
| Chief Investigator | | 1 | | 1 | 1 | | | | | 1 | | 1 | | | 1 | | | | |
| Departmental Administrative Analyst | | 1 | | | 1 | | | 1 | 1 | 1 | | 1 | | | 1 | | | | |
| Deputy Chief Public Defender | | 1 | | 1 | 1 | | | 1 | 1 | 1 | | 1 | | | 1 | | | | |
| Director of Holistic Defense | | 1 | | 1 | 1 | | | | | 1 | | 1 | | | 1 | | | | |
| Public Defender Attorney | | 16 | | 16 | 16 | | | | | 16 | | 16 | | | 16 | | | | |
| Public Defender Investigator | | 7 | | 7 | 7 | | | | | 7 | | 7 | | | 7 | | | | |
| Social Worker | | 2 | | 2 | 2 | 2 | | | | 2 | | 2 | | | 2 | | | | |
| | | • 31 | | | | | | | | | | | | | | | | | |
| Personal Service Contractors: Partners for Justice | | 6 | | | | | | | | | | | | | | | | | |
| Alexander Berry | | | | | | | | | | | | | | | | | | | |
| Andrew Lopez | | | | | | | | | | | | | | | | | | | |
| Cristian J. Martinez | | | | | | | | | | | | | | | | | | | |
| Henna Vohra | | | | | | | | | | | | | | | | | | | |
| Lillain Nathanson | | | | | | | | | | | | | | | | | | | |
| May Perrelli | | | | | | | | | | | | | | | | | | | |
| Note: Uses Actual Client Count (ACC) | | 37 | | | | | | | | | | | | | | | | | |
| Discount Method: | | | | | 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)

12/10/22

Date

Approval Signature (CMAA Analyst)

DHCS Rev. 7.1.18

Date