Santa Cruz County   **FY 23/24 Q1**
Name of LGA   Fiscal Year & Quarter

Santa Cruz County Juvenile Hall   **25**
Name of Claiming Unit   Number of Staff

3650 Graham Hill Rd., Felton, CA 95018
Address

Nikki Yates   **831-515-2873**
Contact Person   Phone Number

Description of Claiming Unit Functions

> The Santa Cruz County Juvenile Hall is an extension of the Juvenile Justice Court and is responsible for the intake, investigation, pre and post adjudication detention services (which include alternatives to detention programs and diversion services) for youth referred to the Probation Department. The Juvenile Hall also assist with determining what interventions will assist juveniles in promoting positive and healthier behavior. Youth in juvenile hall are presented with referral information that describes Medi-Cal programs, eligibility determination information, and location where eligibility can be determined. Claiming unit staff will assist youth with health/Medi-Cal related outreach, information, referral and follow up assistance, case coordination, access assistance, eligibility support, contracting and planning activities. The 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	4	6	8	10	12	13	15	16	17	18	19	20
Assistant Division Director		1		1	1	1		1	1	1		1		1	
Division Director		1		1	1	1		1	1	1		1			1
Group Supervisor		16		16	16	16				16		16			16
Institutional Supervisor		5		5	5	5				5		5			5
Senior Group Supervisor		2		2	2	2				2		2			2
Unit is a County Unit															
Note: Unit uses Actual Client Count (ACC)		25													
Discount Method:					ACC		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   **6/15/2023**
Signature (CMAA LGA Coordinator)   Date

Approval Signature (CMAA Analyst)   Date
DHCS Rev. 7.1.18