Santa Cruz County										FY 21	/22 0	3							
Name of LGA											Fiscal Year & Quarter								
Community Action Board - Rental Assistance Program Name of Claiming Unit											5								
											Number of Staff								
406 Main Street, Suite 207, Watsonville, CA 95076/501 Soquel Ave., Suite E, Santa Cruz, CA 95062-2322																			
Address																			
Nikki Yates										831-515-2873									
Contact Person										Phon	e Nun	nber							
Description of	f Claiming Unit Functions																		
	nunity Action Board-Rental Assistance Program provides comprehensive s			-											-				
	services include health program referral and access services, substance abuse prevention, housing, food, education, employment programs, psychological and spiritual support. Staff provide Medi-Cal related information, referral, access assistance, eligibility assistance, and planning activities. The unit also assists the LGA with MAA Coordination and Claims Administration.																		
		NUMBER OF STAFF (EI					MEDI-CAL ADMINISTRATIVE ACTIVITY CODE TER NUMBER OF STAFF UNDER EACH ACTIVITY)												
STAFF JOB CLASSIFICATIONS & SUBCONTRACTORS		SPMP	NON- SPMP	DIRECT CHARGE	4	6	8	10	12	13	15	16	17	18	19	20			
Case Manager			1		1	1	1				1		1			1			
Case Worker			2		2	2	2				2		2			2			
RAP Program	Coordinator		1		1	1	1				1		1		1				
SCHC Program	m Coordinator		1		1	1	1				1		1			1			
Note: Uses (County Wide Average (CWA)																		
	, , ,		5																
			Discount M	lethod:		CWA				CWA			CWA	CWA					
CODE 4 =	Medi-Cal Outreach																		
CODE 6 =	Referral, Coordination, and Monitoring of Medi-Cal Services																		
CODE 8 = CODE 10 =	Facilitating Medi-Cal Application Arranging and/or providing Non-Emergency, Non-Medical Transportation	n to a Medi-C	al covered s	service															
CODE 12 =	= Contract Administration (A) for Medi-Cal services specific for Medi-Cal populations																		
CODE 13 =																			
CODE 15 = CODE 16 =																			
CODE 10 -	6 = Program Planning and Policy Development Skilled Professional Medical Personnel (SPMP) (A) (Enhanced) for Medi-Cal services for Medi-Cal clients																		
CODE 17 =																			
CODE 18 =																			
CODE 19 = CODE 20 =	MAA/TCM Coordination and Claims Administration MAA/TCM Implementation Training																		
	s certification, I certify the information provided herein is true and correct a	and accurate	ly reflects th	ne performance	of the	2													
I also certify included in the classification and approval	If Medi-Cal Administrative Activities (CMAA) described in this CUFG and on that invoices submitted to the state Department of Health Care Services for the CUFG and the CCUG. I confirm that all necessary and appropriate docum is included herein is accurate and maintained on file. I understand the claim of the state Department of Health Care Services and the Centers for Medication of the activities described herein may constitute violation of the Federation of the Services and the Centers for Medication of the Activities described herein may constitute violation of the Federation.	reimbursen entation to s ing unit docu are & Medic	nent shall be support the (uments shall aid Services.	based on the i CUFG for all of t be subject to t	nform the sta	ation off job													
Nikki Yates						_													
Signature (CN	MAA LGA Coordinator)						Date												
Approval Signature (CMAA Analyst) DHCS Rev. 7.1.18						-	Date												

CAB-RAP Claim Plan 21-22 Q3 (CWA)