Santa Cruz County										FY 22/23 Q3																									
Name of LGA  Community Action Board - Santa Cruz County Immigration Project  Name of Claiming Unit											Fiscal Year & Quarter  16  Number of Staff																								
																			406 Main Str	reet, Suite 2017, Watsonville, CA 95076															
																			Address																
Nikki Yates										831-515-2873/831-454-4686																									
Contact Perso	on								•	Phone Number																									
	of Claiming Unit Functions																																		
	mmunity Action Board Santa Cruz County Immigrat			•						•			_			_																			
_	nt legal services. Project services include health pro	_					-			_				_	-																				
programs, p	psychological and spiritual support. Staff provide N unit also assists							_	onity a	ssista	nce, a	ına pıa	annınş	gactiv	ities.	ine																			
	u u.55 u5515t5	ts the LGA with MAA Coordination and Claims Adm  NUMBER OF STAFF						EDI-CAL ADMINISTRATIVE ACTIVITY CODE																											
					(ENTER NUMBER OF STAFF UNDER EACH ACTIVITY)																														
STAFF JOB CL	LASSIFICATIONS & SUBCONTRACTORS	SPMP	NON- SPMP	DIRECT CHARGE	4	6	8	10	12	13	15	16	17	18	19	20																			
Assistant Pro	ogram Director/Program Director		1	CHARGE	1	1	1				1		1		1																				
Directing Atte	-		1		1	1	1				1		1			1																			
_	Law Specialist		2		2	2	2				2		2			2																			
_			1		1	1	1				1		1			1																			
Office Coordi			6		6	6	6				6		6			6																			
Program Spe			2		2	2	2				2		2			2																			
Receptionist/Office Assistant Staff Attorney			3		3	3	3				3		3			3																			
Stan Attorne	- y		3		,	,	,				,		,																						
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Note: uses County wide average (CWA)			16																																
CODE 4	Madi Cal O. Lucada		Discount M	lethod:		CWA							CWA																						
CODE 4 = CODE 6 =	Medi-Cal Outreach Referral, Coordination, and Monitoring of Medi-C	al Services																																	
CODE 8 =	Facilitating Medi-Cal Application	ar ser vices																																	
CODE 10 =	Arranging and/or providing Non-Emergency, Non-				covere	d servi	ice																												
CODE 12 =	Contract Administration (A) for Medi-Cal services																																		
CODE 13 = CODE 15 =	Contract Administration (B) for Medi-Cal services Program Planning and Policy Development (A) (No																																		
CODE 15 =	Program Planning and Policy Development (A) (No							ır																											
CODE 10 -	Medi-Cal services for Medi-Cal clients	110103310114	ii ivicalcai i ci	130111161 (31 1411	, (~, (-		cu, ic	,,																											
CODE 17 =	Program Planning and Policy Development (B) (No	on-Enhanced	l) for Medi-C	al services for	Medi-0	Cal and	t																												
CODE 18 =	Non Medi-Cal clients  Program Planning and Policy Development Skilled	Drofossiona	l Madical Day	rconnol (CDMD	) (D) (E	nhane	od) fo																												
CODE 10 -	Medi-Cal services for Medi-Cal and Non Medi-Cal		ii ivieuicai Pei	ISUIIIEI (SPIVIP	') (B) (E	IIIIaiic	.eu) ic	''																											
CODE 19 =	MAA/TCM Coordination and Claims Administration																																		
CODE 20 =	MAA/TCM Implementation Training																																		
County-Based	is certification, I certify the information provided her d Medi-Cal Administrative Activities (CMAA) describ that invoices submitted to the state Department of I he CUFG and the CCUG. I confirm that all necessary and the CUG.	ed in this CU Health Care S and appropri	FG and on the Services for relate document the claimin	ne Comprehen eimbursemen ntation to supp ig unit docume	sive Cla t shall I port the ents sha	aiming be bas e CUF all be s	Unit ed on G for a subject	Grid (( the ir all of t t to th	CCUG) Iforma he sta	ation ff job																									
included in the classifications and approval	is included herein is accurate and maintained on file. I of the state Department of Health Care Services an tation of the activities described herein may constitu																																		
included in the classification and approval misrepresent	I of the state Department of Health Care Services an							12/45	/2022																										
included in the classification and approval misrepresent  Nikki Yates	I of the state Department of Health Care Services an					-	Date	12/15	5/2022	2																									

Approval Signature (CMAA Analyst)
DHCS Rev. 7.1.18

Date