Santa Cruz County							FY 21/22 Q2												
Name of LGA	Fiscal Year & Quarter																		
Community Bridges-Live Oak Community Resources Name of Claiming Unit							4 Number of Staff												
1740 17th Ave. Santa Cruz, CA 95062																			
Address																			
Nikki Yates							831-515-2873 Phone Number												
Contact Person									Phon	e Nur	nber								
Description of Claiming Unit Functions						<u> </u>					<u> </u>	<u> </u>		<u> </u>					
Community Bridges-Live Oak Community Resources provide applications for health and social service entitlement progra outreach, information, referral, access assistance, case coordi	ms, such as nation/mor	Medi-Cal fo nitoring, eligi	r low-income	reside ce, an	nts of	Live C)ak an	d bey	ond.	Staff	provid	le Me	di-Cal	relate	d				
	NUMBER OF STAFF				MEDI-CAL ADMINISTRATIVE ACTIVITY CODE (ENTER 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				
Advocate		3		3	3	3				3		3			3				
Program Coordinator		1		1	1	1				1		1			1				
Program Manager		1		1	1	1				1		1		1					
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Note: uses County-Wide Average (CWA)																			
		5																	
		Discount M	ethod:		CWA				CWA			CWA	CWA						
CODE 4 = Medi-Cal Outreach		Discount ivi	ethou.																
CODE 6 = Referral, Coordination, and Monitoring of Medi-Ca	al Services																		
CODE 8 = Facilitating Medi-Cal Application																			
CODE 10 = Arranging and/or providing Non-Emergency, Non-				covere	ed serv	vice													
CODE 12 = Contract Administration (A) for Medi-Cal services CODE 13 = Contract Administration (B) for Medi-Cal services				Inonu	lation	c													
CODE 15 = Program Planning and Policy Development (A) (No																			
CODE 16 = Program Planning and Policy Development Skilled Professional Medical Personnel (SPMP) (A) (Enhanced) for																			
Medi-Cal services for Medi-Cal clients																			
Non Medi-Cal clients																			
CODE 18 = Program Planning and Policy Development Skilled Professional Medical Personnel (SPMP) (B) (Enhanced) for																			
CODE 19 = MAA/TCM Coordination and Claims Administratio	Medi-Cal services for Medi-Cal and Non Medi-Cal clients DDF 19 = MAA/TCM Coordination and Claims Administration																		
CODE 20 = MAA/TCM Implementation Training																			
In signing this certification, I certify the information provided her County-Based Medi-Cal Administrative Activities (CMAA) describe I also certify that invoices submitted to the state Department of F included in the CUFG and the CCUG. I confirm that all necessary a classifications included herein is accurate and maintained on file. and approval of the state Department of Health Care Services and misrepresentation of the activities described herein may constitu	ed in this CL lealth Care ind appropr I understar d the Center	JFG and on the Services for re- riate docume and the claiming rs for Medica	ne Comprehen reimbursemen ntation to sup ng unit docum are & Medicaic	nsive Cl t shall port th ents sh d Servio	laimin be ba ne CUF nall be	g Unit sed or G for subje	Grid (h the i all of t ect to t	CCUC nform the st the re	5). nation aff jot										
Nikki Yates																			
Signature (CMAA LGA Coordinator)					-	Date													

Approval Signature (CMAA Analyst) DHCS Rev. 7.1.18 Date