Santa Cruz County											FY 23/24 Q1								
Name of LGA										Fiscal Year & Quarter									
MAA/TCM Coordination Unit									17	&	1	subco	ontrac	tor					
Name of Claiming Unit										ber of									
1800 Green Hills Road, Suite 240, Scotts Valley, CA 95066																			
Address																			
Nikki Yates									831-	515-28	73/83	1_454	-4686						
Contact Person											831-515-2873/831-454-4686 Phone Number								
Description of Claiming Unit Functions																			
The MAA/TCM Coordination MAA, TCM and MAA mental health programs at the local le administered in accordance with State and Federal guidelines. This unit has countywide r MAA/TCM/MAA Mental health guidelines, processes and procedures. This unit conducts pr Activities also encompass agency and community wide activities including identification of se	esponsibility ogram plan ervices gaps,	y to ensure o ning and Pol , and collabo	ounty dep icy develo	artme oment	nts, ir t activ	ndivid ities f	ual wo or hea	ork un Ith ar	its an nd alc	id subo ohol a	contra nd dri	ictors ug pro	comp gram	ly wit servio	:h ces.				
to meet	Identified needs. NUMBER OF STAFF MEDI-CAL ADMINISTRATIVE ACTIVITY CODE																		
									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				
Accountant			7											7					
Accounting Technician			2											2					
Assistant Departmental Administrative Analyst/Departmental Administrative Analyst			1											1					
Departmental Administrative Analyst\Senior Departmental Administrative Analyst			1											1					
Health Services Manager			1											1					
IT Application Development and Support Analyst			2											2					
Senior Accounting Technician			1											1					
MOU/County ISD MAA/TCM Application Development, Support and Maintenance ***			2											2					
*** Based on Staff Assignments by County ISD Division Manager			17																
Subcontract - MAA Coordination ****			1											1					
**** Provided by Patrick Sutton																			
This is a County unit.																			
This unit is CWA		0																	
		Discount N	lethod:																
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 M	edi-Cal cove	red service																	
CODE 12 = Contract Administration (A) for Medi-Cal services specific for Medi-Cal population	ins																		
CODE 13 = Contract Administration (B) for Medi-Cal services specific for Medi-Cal and Non I																			
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		, (21110110004)																	
CODE 17 = Program Planning and Policy Development (B) (Non-Enhanced) for Medi-Cal serv Non Medi-Cal clients																			
CODE 18 = Program Planning and Policy Development Skilled Professional Medical Personne	el (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 accu County-Based Medi-Cal Administrative Activities (CMAA) described in this CUFG and on the Cor I also certify that invoices submitted to the state Department of Health Care Services for reimbu included in the CUFG and the CCUG. I confirm that all necessary and appropriate documentation classifications included herein is accurate and maintained on file. I understand the claiming unit and approval of the state Department of Health Care Services and the Centers for Medicare & M misrepresentation of the activities described herein may constitute violation of the Federal Fals	nprehensive ursement sha n to support documents Medicaid Ser	Claiming Un all be based the CUFG fo shall be sub vices. Any k	it Grid (CCU on the info r all of the ect to the	JG). rmatio staff j	ob														
Nikki Yates						6/15	/2023												
Signature (CMAA LGA Coordinator)						Date													

Approval Signature (CMAA Analyst) DHCS Rev. 7.1.18

Date