

Santa Cruz County

Name of LGA

FY 23/24 Q1

Fiscal Year & Quarter

HSA Administration

Name of Claiming Unit

4

Number of Staff

1080 Emeline Avenue, Santa Cruz, CA 95060

Address

Nikki Yates

Contact Person

831-515-2873/831-454-4686

Phone Number

Description of Claiming Unit Functions

The HSA Administration Unit conducts program planning and policy development activities for health, mental health and alcohol and drug program services. Activities encompass agency and community wide activities including identification of service gaps, and collaboration with community agencies and the target population to design services to meet identified needs.

| STAFF JOB CLASSIFICATIONS & SUBCONTRACTORS | NUMBER OF STAFF | | | | MEDI-CAL ADMINISTRATIVE ACTIVITY CODE (ENTER NUMBER OF STAFF UNDER EACH ACTIVITY) | | | | | | | | | | | |
|--|-----------------|----------|--------------------|------------------------|--|---|---|----|----|----|----|----|----|----|----|----|
| | SPMP | NON-SPMP | DIRECT CHARGE SPMP | DIRECT CHARGE Non-SPMP | 4 | 6 | 8 | 10 | 12 | 13 | 15 | 16 | 17 | 18 | 19 | 20 |
| Assistant Director of HSA | | 2 | | | | | | | | | 2 | | 2 | | | 2 |
| Director of Admin Services | | 1 | | | | | | | | | 1 | | 1 | | | 1 |
| Health Services Agency Director | | 1 | | | | | | | | | 1 | | 1 | | | 1 |
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| This is a County unit. | | | | | | | | | | | | | | | | |
| This unit is CWA | | 4 | | | | | | | | | | | | | | |

Discount Method:

CWA

- 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
Signature (CMAA LGA Coordinator)

6/30/2023
Date

Approval Signature (CMAA Analyst)
DHCS Rev. 7.1.18

Date

**ACTIVITY CODES (15) (16) (17) (18)
PROGRAM PLANNING AND POLICY DEVELOPMENT
FOR MEDI-CAL SERVICES FOR MEDI-CAL and/or NON MEDI-CAL CLIENTS**

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|--|------------------------------------|
| Claiming Unit: HSA Administration | Submittal Date: FY 21/22 Q2 |
| Local Governmental Agency: Santa Cruz County | Amended Date: FY 23/24 Q1 |
| Provide the following information: | |
| 1. The names of the units and/or classifications being claimed and whether or not they are skilled professional medical personnel (SPMP): Classifications performing PPPD and their respective SPMP status are denoted on the CUF Grid. | |
| 2. Individually list each type of allowable PP&PD tasks performed by staff: PPPD tasks performed by claiming unit staff include: <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>A. Developing strategies to increase Medi-Cal capacity and close Medi-Cal service gaps, including analyzing data related to health/Medi-Cal programs or Medi-Cal eligible group.</p> <p>B. Intra- and inter-agency coordination and collaboration to improve the delivery of Medi-Cal and health services to clients and families.</p> <p>C. Developing resource directories of Medi-Cal services and provideri;;.</p> </div> <div style="width: 15%; text-align: center;"> <p>A.</p> </div> </div> | |
| 3. If the activity is performed in the LGA's health department, identify the health programs involved: PPPD activities /will not be performed in the LGAs health department by the claiming unit (unique cost center). | |
| 4. Provide the location(s) where the activity(s) is performed: PPPD activities will be primarily conducted at the address listed on the Claiming Unit Functions Grid. | |
| 5. Indicate whether staff performs PP&PD activities full-time or part-time. For part-time, indicate whether staff deliver direct services part-time in a billable setting and identify the setting: PPPD activities are conducted by claiming unit staff on a part-time basis and time is accounted for through the time survey process. Staff do not perform direct services in a billable setting. | |
| 6. Provide in detail the method that will be used to calculate the Medi-Cal discount methodology and the sources that will provide the client data: For discounted PPPD codes, the Mei-Cal discount percentage will be based on countywide rate as provided by State DHCS. | |
| 7. Describe the method that will be used for claiming, i.e., direct-charge or time-studies, and explain the method for determining time and costs: The time survey method will be used to factor against costs for the claim. Staff will code to either PPPD A when activities are focused on 100% Medi-Cal clients and services or PPPD B when activities are focused to both Medi-Cal and non-Medi-Cal clients. | |
| 8. Indicate whether and which PP&PD activities are being performed by contractors or consultants: | |
| Documents Required: | |
| 1. List of subcontractors, if applicable. N/A | |
| 2. Copies of any contracts entered into for the performance of PP&PD that: <ol style="list-style-type: none"> a) Clearly describe the PP&PD to be performed; b) Describe how the time spent performing PP&PD will be documented; c) The effective date of the contract; d) The method used for determining the direct-charge claiming (include application of the Medi-Cal percentage discount); and e) The dollar amount to be paid to the contractor. N/A | |
| 3. Resource directories, if available. N/A | |
| 4. A listing of staff employed in service provider settings who are involved with the four allowable MAA tasks above which are: developing strategies, interagency coordination, developing resource directories, and contracted support services. As noted above, PP&PD is not allowable if staff performing this function are employed by LGA services providers, such as clinics. If additional space is required, use the next page. N/A | |

**ACTIVITY CODE (20)
MAA/TCM IMPLEMENTATION TRAINING**

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|---|------------------------------------|
| Claiming Unit: HSA Administration | Submittal Date: FY 21/22 Q2 |
| Local Governmental Agency: Santa Cruz County | Amended Date: FY 23/24 Q1 |
| Provide the following information: | |
| <p>1. List the type(s) of training to be provided and/or attended: An annual time survey training will be provided to all participating staff. Refresher time survey training will be provided on an as-needed basis.</p> | |
| <p>2. If applicable, provide the location(s) the training will be provided and/or attended: The time survey trainings will be held at the address listed on the Claiming Unit Functions Grid and at other community locations.</p> | |
| <p>3. Indicate whether the training is or will be CMAA/TCM Program specific or integrated with other training information and who will provide the training: The time survey training will be MAA Program specific. However, the MAA time survey training may be part of a larger training day where other topics are discussed.</p> | |
| <u>Documents Required:</u> | |
| <p>1. Attach copies of any training brochures, materials, or itineraries. MAA training materials are available at the address located on the Claiming Unit Functions Grid.</p> | |