

**Santa Cruz County**

Name of LGA

**FY 23/24 Q1**

Fiscal Year & Quarter

**Housing for Health**

Name of Claiming Unit

**34**

Number of Staff

**1000 Emeline Avenue, Santa Cruz, CA 95060**

Address

**Nikki Yates**

Contact Person

**831-515-2873/831-454-4686**

Phone Number

Description of Claiming Unit Functions

**Build partnerships and promote strong collaborative action to ensure all residents within the County have stable, safe and healthy places to live. Homelessness severely impacts the health and quality of life of those living without homes and the entire community. The County of Santa Cruz, cities within the county, and community members recognize the critical role that collaboration will play in addressing homelessness.**

**The Santa Cruz County Housing for Health (H4H) Division formed in November 2020 to bring together a coalition of partners and resources focused on preventing and ending homelessness within the County. H4H is a relatively small division in the Human Services Department focused on building consensus around solutions to prevent and end homelessness, mobilizing and increasing community resources, and strengthening the capacity of individuals and organizations to accomplish lasting change.**

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				
Administration Aide		5			5	5			5	5	5		5			5				
Dept. Communications Officer		2			2	2					2		2			2				
Division Director - Housing for Health		2			2	2			2	2	2		2			2				
Housing for Health Manager		5			5	5			5	5	5		5			5				
Program Coordinator		5			5	5			5	5	5		5			5				
Social Worker		5			5	5	5				5		5			5				
Social Worker Supervisor		5			5	5					5		5			5				
Sr. Human Services Analyst		5				5			5	5	5		5			5				
<b>This is a County Unit</b>																				
<b>Note: Uses Actual Client Count (ACC)</b>		34																		
<b>Discount Method:</b>						ACC		ACC		ACC			ACC	ACC						

- 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.

Signature (CMAA LGA Coordinator)

**6/15/2023**  
Date

Approval Signature (CMAA Analyst)  
DHCS Rev. 7.1.18

Date

**ACTIVITY CODE (4)  
MEDI-CAL OUTREACH**

Claiming Unit: **Housing for Health**

Submittal Date: **FY 23/24 Q1**

Local Governmental Agency: **Santa Cruz County**

Amended Date:

For each campaign, program, or ongoing outreach activity, provide the following information:

1 Provide a clear description of the type of Outreach activity performed:

**Claiming unit staff will participate in both types of Medi-Cal Outreach activities.**

2 Provide a clear description of how each Outreach activity will be performed to achieve the objective:

**The time survey staff works with clients and their families, where health and mental health needs have been identified. Most of the outreach activities are conducted on an individual client and/or family unit basis and are performed on an ongoing basis. Staff provides information about services and benefits that the Medi-Cal program has to offer and refers clients and their families to appropriate eligibility workers for eligibility determination or re-determination. For those clients and families with identified health needs, referrals are made directly to Medi-Cal covered services.**

3 Identify the target population:

**The target population includes those in the population that are clients, that have identified health needs, are seeking services to meet their needs, and whose needs can be met by health and Medi-Cal covered services.**

4 Provide the length of time of the Outreach, i.e. days and/or hours:

**Both types of Medi-Cal Outreach activities may be performed at any time during business hours, 8 a.m. to 5 p.m., Monday through Friday, throughout the year. Medi-Cal Outreach is conducted in varying lengths of time, from several minutes to half an hour or more, per victim or family.**

5 Provide the location(s) where the Outreach will be conducted:

**Outreach activities will be primarily conducted at the address listed on the CUF Grid.**

6 Provide the number of times Outreach will be conducted during the fiscal year or indicate if Outreach is an ongoing activity:

**Outreach activities are conducted on an ongoing, as needed basis throughout the course of the year.**

7 If using other than time surveys, describe how the costs of Outreach will be developed and documented:

**The time survey method will be used to factor against costs for the claim.**

8 Provide Names of Subcontractors, if applicable:

**Please see name listed on CUFG**

DOCUMENTS REQUIRED:

1 Flyers, announcements, or any materials that describe the Outreach campaigns. If materials are unavailable when the claiming plan is submitted to the DHCS, provide a statement that gives the location of where materials will be maintained for future DHCS and CMS review.

**Copies of outreach materials can be found at the address listed on the Claiming Unit Functions Grid page.**

2 A list of subcontractors, if direct-charge invoices will be submitted for those subcontractors.

**N/A**

3 Copies of those sections of contracts that clearly describe the Outreach to be performed, how the time spent performing Outreach will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining direct-charge claiming (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor.

**See attached.**

**ACTIVITY CODE (6)  
REFERRAL, COORDINATION, AND MONITORING OF MEDI-CAL SERVICES**

Claiming Unit: **Housing for Health**

Submittal Date: **FY 23/24 Q1**

Local Governmental Agency: **Santa Cruz County**

Amended Date:

For each type of Referral, Coordination, and Monitoring activity, provide the following information:

1 Provide a clear description of the type of Referral, Coordination, and Monitoring activity performed:

**Claiming unit staff will make referrals for, coordinate, and monitor the delivery of Medi-Cal covered services for those individuals with identified health needs. Refer, coordinate and monitor services for transportation.**

2 Provide a clear description of how each Referral, Coordination, and Monitoring activity will be performed to achieve the objective:

**The time survey staff works with clients and their families, where health and mental health needs have been identified. Most of the Referral, Coordination, and Monitoring activities are conducted on an individual client and/or family unit basis and are performed on an ongoing basis.**

3 Identify the target population:

**The target population includes those in the population that have been accused, and have identified health needs, are seeking services to meet their needs, and whose needs can be met by health and Medi-Cal covered services.**

4 Provide the location(s) where the Referral, Coordination, and Monitoring will be conducted:

**Referral, Coordination, and Monitoring activities will be conducted primarily at address listed on the CUF Grid and around the County**

5 If using other than time surveys, describe how the costs of Referral, Coordination, and Monitoring will be developed and documented:

**The time survey method will be used to factor against costs for the claim.**

6 Provide Names of Subcontractors, if applicable:

**Please see name listed on CUFG**

7 Provide the method for calculating the Medi-Cal discount methodology:

**A Medi-Cal discount will apply to staff time related to Referral, Coordination, and Monitoring of Medi-Cal services. These costs will be discounted by Actual Client Count methodology, computed quarterly.**

**DOCUMENTS REQUIRED:**

1 A list of subcontractors, if direct-charge invoices will be submitted for those subcontractors.

**N/A**

**ACTIVITY CODE (8)  
FACILITATING MEDI-CAL APPLICATION**

Claiming Unit: **Housing for Health** Submittal Date: **FY 23/24 Q1**

Local Governmental Agency: **Santa Cruz County** Amended Date:

Provide the information listed below:

1 Identify the Eligibility Intake objective and provide a clear description of the type of Activity 8 performed:

**Claiming unit staff will conduct Eligibility Intake activities to meet all four objectives as listed in the claim plan instructions.**

2 Provide a clear description of how the Eligibility Intake activity will be performed to achieve the objective. For example, identify the staff performing the activity, describe what is performed, indicated when and where it is performed, and explain the purpose of performing it:

**Claiming unit staff conducting Facilitating Medi-Cal Application (Eligibility Intake) activities include those listed on the Claiming Unit Functions Grid.**

**Identified staff work with and their families, where health and mental health needs have been identified. Most of the facilitating activities are conducted with families (or individuals) and are performed on an ongoing, as needed basis. Staff provide information to these families about Medi-Cal rules and the application process, assist families with completing the application, assist families in gathering needed information and documents required by the application process, and may provide necessary forms and package forms in preparation of the eligibility appointment.**

**Facilitating activities may be performed at any time during business hours, 8 a.m. to 5 p.m., Monday through Friday, throughout the year, are conducted in varying lengths of time, from several minutes to half an hour, or more, per client or family, and are conducted primarily at the address listed on the CUF Grid.**

3 Indicate whether the Eligibility Intake is performed by the LGA's subcontractors or by claiming unit staff:

**MAA Eligibility Intake activities are performed by claiming unit staff.**

A. Provide the name(s) and address(es) of the subcontractor(s), if applicable:

**Please see name listed on CUFG**

4 If using other than time surveys, describe how the costs of Eligibility Intake will be developed and documented:

**The time survey method will be used to factor against costs for the claim.**

**DOCUMENTS REQUIRED:**

1 Copies of any documents unique to or designed by the claiming unit for use in conjunction with this activity.

**Copies of outreach materials can be found at the address listed on the Claiming Unit Functions grid page.**

2 A list of subcontractors, if direct-charge invoices will be submitted for those subcontractors.

**N/A**

3 Copies of those sections of contracts that clearly describe the Eligibility Intake to be performed, how the time spent performing the Eligibility Intake will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining direct-charge claiming (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor.

**See attached.**

**ACTIVITY CODES (12) (13)**  
**CONTRACT ADMINISTRATION for MEDI-CAL SERVICES**

Claiming Unit: **Housing for Health**

Submittal Date: **FY 23/24 Q1**

Local Governmental Agency: **Santa Cruz County**

Amended Date:

Provide the following information:

1 Individually list each type of contract administered by the unit. Describe how staff perform contract administration for each contract listed:  
**The types of contracts administered include those with community-based organizations, individual providers and other provider agencies for the provision of health, Medi-Cal or MAA-related service activities. Staff perform contract administration by identifying, recruiting and contracting with various entities to accomplish assigned goals and objectives, by providing technical assistance to these entities regarding government regulations and requirements; by monitoring provider capacity and availability; and by ensuring compliance with terms and conditions of the contract.**

2 For each contract, indicate whether the contract is for Medi-Cal populations only (12) or for a combination of Medi-Cal and non-Medi-Cal populations (13):  
**Contracts are grouped into one of two categories, those that are dedicated 100% to Medi-Cal populations (referred to as Code 12 Contract Administration A), and those that are dedicated to mixed populations serving both Medi-Cal and non-Medi-Cal populations (referred to as Code 13 Contract Administration B). Time survey staff will utilize the Code 12 Contract Administration A code for contract administration work dedicated to 100% Medi-Cal populations and will utilize the Code 13 Contract Administration B code when dedicating efforts to mixed population contracts.**

3 For those contracts that combine both Medi-Cal and non-Medi-Cal populations, indicate the Medi-Cal population served by each contract and the methodology used for determining the Medi-Cal percentage:  
**For those contracts that involve both Medi-Cal and non-Medi-Cal populations (Code 13 Contract Administration B), the service population is considered a general representative sample of the total population of all clients and families served by the claiming unit, therefore an actual Medi-Cal head count of all clients will be used to factor against costs for claim purposes.**

4 For each contract, explain the method for allocating time spent by employees between Medi-Cal and non-Medi-Cal contract functions:  
**The same effort is generally used for all contracts, regardless of intended population. Therefore, time survey staff will code time to Code 12 Contract Administration A when dedicating time to contracts involving Medi-Cal populations only, and will code time to Code 13 Contract Administration B when dedicating time to contracts involving mixed populations.**

DOCUMENTS REQUIRED:

1 Copies of a sample of the contracts being administered to include the scope of work, contract page with the start and end dates and signed and dated executed contract page.  
**A representative sample of a contract can be found at the address listed on the Claiming Unit Functions Grid.**

**ACTIVITY CODES (15) (16) (17) (18)**  
**PROGRAM PLANNING AND POLICY DEVELOPMENT**

Claiming Unit: **Housing for Health** Submittal Date: **FY 23/24 Q1**

Local Governmental Agency: **Santa Cruz County** Amended Date:

Provide the following information:

1 The units and/or classifications being claimed and whether or not they are skilled professional medical personnel (SPMP):  
**Classifications performing PPPD 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:**  
**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.**  
**B. Intra- and inter-agency coordination and collaboration to improve the delivery of Medi-Cal and health services to clients and families.**  
**C. Developing resource directories of Medi-Cal services and providers.**

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(ies) 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:  
**Staff do not perform direct services in a billable setting.**

6 Explain how the Medi-Cal discount percentage will be determined:  
**For discounted PPPD codes, the Medi-Cal discount percentage will be based on an actual client count, computed quarterly.**

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:  
**PPPD activities are being performed by contractors or consultants.**

DOCUMENTS REQUIRED:

1 List of subcontractors, if applicable.  
**See name listed on CUFG**

2 Copies of any contracts entered into for the performance of PP&PD that:  
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.  
**See attached.**

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.  
**N/A**

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

Claiming Unit: **Housing for Health**

Submittal Date: **FY 23/24 Q1**

Local Governmental Agency: **Santa Cruz County**

Amended Date:

Provide the following information:

1 Indicate 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.**

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**

3 Indicate whether the training is or will be MAA/TCM Program specific or integrated with other training information:

**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.**

DOCUMENTS REQUIRED:

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.**