

CLAIMING UNIT FUNCTIONS GRID (CUFG)

Santa Cruz County

FY 22/23 Q3

Name of LGA

Fiscal Year & Quarter

Janus of Santa Cruz

46

Name of Claiming Unit

Number of Staff

200 7th Avenue, Suite 150, Santa Cruz, CA 95062

Address

Nikki Yates

831-515-2873/831-454-4686

Contact Person

Phone Number

Description of Claiming Unit Functions

Janus of Santa Cruz provides supportive, hope-inspiring and successful substance abuse services in a professional and compassionate environment and assists individuals and families on their journey toward wellness and recovery. Claiming unit staff provide Medi-Cal related outreach, information, referral, access assistance, case coordination/monitoring, eligibility determination, and planning activities. The unit also assists the LGA with MAA Coordination and Claims Administration.

STAFF JOB CLASSIFICATIONS & SUBCONTRACTORS	NUMBER OF STAFF			MEDI-CAL ADMINISTRATIVE ACTIVITY CODE (ENTER NUMBER OF STAFF UNDER EACH ACTIVITY)															
	SPMP	NON-SPMP	DIRECT CHARGE	4	6	8	10	12	13	15	16	17	18	19	20				
Admissions Counselor		2		1	1	1				1		1			1				
Admissions Manager/ Supervisor		2		2	2	2				2		2			2				
Chief Executive Officer		1		1	1	1				1		1			1				
Chief Medical Officer/Physician		1		1	1					1		1			1				
Chief Operations Officer		1		1	1					1		1		1					
Chief Program Officer		1		1	1					1		1			1				
Client Service Manager		1		1	1	1				1		1			1				
Clinical Director		2		2	2					2		2			2				
Clinical Director (Inpatient Services)		1		1	1					1		1			1				
Clinical Director (Outpatient Services)		1		1	1					1		1			1				
Clinical Manager		1		1	1					1		1			1				
Co-Chief Executive Officer		2		2	2	2				2		2			2				
Counseling Supervisor		3		3	3					3		3			3				
Director of Operations		1		1	1					1		1			1				
Intensive Outpatient Coordinator		1		1	1					1		1			1				
Lead Counselor		1		1	1					1		1			1				
MAT Director		2		2	2					2		2			2				
Medical Assistant		5		5	5	5				5		5			5				
Medical Services Director		2		2	2					2		2			2				
Perinatal Manager		1		1	1					1		1			1				
Program Director		2		2	2					2		2			3				
Program Manager		2		2	2	2				2		2			2				
Technician Supervisor		1		1	1					1		1			1				
Treatment Technicians		9		9	9					9		9			9				
Note: uses Actual Client Count (ACC)		46																	
Discount Method:					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.

Nikki Yates

12/10/2022

Signature (CMAA LGA Coordinator)

Date

Approval Signature (CMAA Analyst)

Date