

**Santa Cruz County**

Name of LGA

**FY 23/24 Q1**

Fiscal Year & Quarter

**New Life Community Services**

Name of Claiming Unit

**33**

Number of Staff

**707/717 Fair Ave, Santa Cruz CA 95060**

Address

**Nikki Yates**

Contact Person

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

Phone Number

Description of Claiming Unit Functions

**New Life Community Services provides health and social service programs for families and individuals in need, due to addiction and/or homelessness. New Life staff provide Medi-Cal related outreach, information, referral, access assistance, case coordination/ monitoring, eligibility determination, and planning activities. The unit also assists the LGA in 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 SPMP	DIRECT CHARGE Non-SPMP	4	6	8	10	12	13	15	16	17	18	19	20
Administrative Assistant		1			1	1	1				1		1			1
Administrative Director		1			1	1	1				1		1			1
Clinical Program Director		1			1	1	1				1		1			1
Clinical Supervisor		1			1	1					1		1			1
Counselor		9			9	9	9				9		9			9
Executive Director		1			1	1	1				1		1			1
Housing and Employment Specialist		1			1	1					1		1			1
Intake Officer		2			2	2	2				2		2			2
Medical Director		1									1		1			1
On-Site Manager		11			11	11	11				11		11			11
Program Coordinator		1			1	1	1				1		1			1
Program Manager		2			2	2	2				2		2			2
Quality Assurance Manager		1			1	1	1				1		1			1
<b>This unit is a CBO.</b>																
<b>Note: Uses Actual Client Count (ACC)</b>		33														
<b>Discount Method:</b>						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**

Signature (CMAA LGA Coordinator)

**6/15/2023**

Date

Approval Signature (CMAA Analyst)

DHCS Rev. 7.1.18

Date