

Santa Cruz County

Name of LGA

FY 22/23 Q3

Fiscal Year & Quarter

FIRST 5 Lucille Packard Children's Hospital

Name of Claiming Unit

1

Number of Staff

4450 Capitola Road, Suite 106, Capitola, CA 95010

Address

Nikki Yates

Contact Person

831-454-4686

Phone Number

Description of Claiming Unit Functions

The FIRST 5 Lucille Packard Children's Hospital claiming unit provides oversight of and care coordination for the Santa Cruz County Multidisciplinary Foster Care Assessment program. The goal of service provision is to attend to the developmental, behavioral and psychosocial needs of all children admitted to the Foster Care system in Santa Cruz County ages birth to five years. This is accomplished by the provision of services, including health/Medi-Cal-related: outreach, information, referral, access assistance, eligibility assistance, transportation assistance, and planning activities.

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				
Social Work Coordinator		1		1	1	1				1		1				1			
UNIT IS CBO																			
Note: used County Wide Average (CWA)																			
		1																	
Discount Method:					CWA					CWA			CWA	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)

2/6/2023

Date

Approval Signature (CMAA Analyst)

DHCS Rev. 7.1.18

Date

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

Claiming Unit: **FIRST 5 Lucile Packard Children's Hospital** Submittal Date: **6/30/14**

Local Governmental Agency: **Santa Cruz County** Amended Date: **FY 19/20 Q1, 22/23 Q3**

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, many of whom are considered high risk, where 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 the general population, including high risk populations, who have identified health needs and whose needs can be met by 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 824 Bay Avenue, Suite 70, Capitola, CA 95010 and at other community locations.

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:

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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. The population being served by this claiming unit is 100% Medi-Cal, unit is unable to provide data for tracking. Therefore unit will be discounting their costs by County Wide Average (CWA).

Documents Required:

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

N/A

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

Claiming Unit: **FIRST 5 Lucile Packard Children's Hospital** Submittal Date: **6/30/14**

Local Governmental Agency: **Santa Cruz County** Amended Date: **FY 22/23 Q3**

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 listed on the CUF Grid. None of the staff have SPMP status.
2. Individually list each type of allowable PP&PD tasks performed by staff:
PPPD tasks performed by claiming unit staff include:
 - A. Preparing data reports and needs assessments for the purpose of developing strategies to increase Medi-Cal capacity and close Medi-Cal service gaps.**
 - B. Preparing proposals for expansion and enhancement of health and Medi-Cal services to clients and families based on intra and interagency coordination and collaboration.**
 - 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.
4. Provide the location(s) where the activity(ies) is performed:
PPPD activities will be primarily conducted at 824 Bay Avenue, Suite 70, Capitola, CA 95010 and at other community locations.
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. Explain how the Medi-Cal discount percentage will be determined:
For discounted PPPD codes, the Medi-Cal discount percentage will be based on an County Wide Average, 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 Code 15 PPPD A when activities are focused on 100% Medi-Cal clients and services or Code 17 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:
N/A

Documents Required:

1. List of subcontractors, if applicable.
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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.**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.
N/A