

CLAIMING UNIT FUNCTIONS GRID (CUFG)

**Santa Cruz County**

Name of LGA

**FY 22/23 Q4**

Fiscal Year & Quarter

**Encompass Community Services**

Name of Claiming Unit

**77**

Number of Staff

**380 Encinal St., Ste #200, Santa Cruz, CA 95060**

Address

**Nikki Yates**

Contact Person

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

Phone Number

Description of Claiming Unit Functions

The Encompass Community Services responds to reports of abuse and neglect by intervening in crisis situations, providing assessment, case management assistance, information and referral, and access assistance services. Services include identification of health need and orienting clients to health, mental health, and substance abuse programs, and engaging clients into the Medi-Cal system. Families Together staff provide Medi-Cal related outreach, information, referral, access assistance, case coordination/monitoring, eligibility assistance 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
Chief Executive Officer		1			1						1		1			1
Chief Financial Officer		1									1		1			1
Chief Programs Officer		1									1		1			1
Clinical Residential Specialist		1			1	1					1		1			1
Clinician		6			6	6					6		6			6
Counselor		26			26	26	26				26		26			26
Director Human Resources		1									1		1			1
Director of IBH-Adult Services		1			1						1		1			1
Director of Integrated Behavioral Health, Youth & Family		1			1						1		1			1
Downtown Outreach Coordinator		1			1	1					1		1			1
Financial Analyst		3									3		3		1	2
Financial Analyst Manager		1									1		1			1
Head Start/Early Head Start Director		1			1						1		1			1
Manager		15			15	15	15				15		15			15
Nurse		3				3					3		3			3
Performance and Data Analysis Manager		1									1		1			1
Program Assistant		4			4	4	4				4		4			4
QI and Compliance Analyst		1									1		1			1
Residential Specialist-Intake		3			3	3					3		3			3
Senior Manager - Adult Outpatient		1			1						1		1			1
Senior Manager - Adult Residential Programs		1			1						1		1			1
Senior Manager - Health and Housing		1			1						1		1			1
Senior Manager - Youth & Family		1			1						1		1			1
Staff Development & Operational Specialist		1			1	1					1		1			1
Youth Services Clinical Supervisor		1			1	1	1				1		1			1
<b>Unit is a CBO.</b>																
<b>Note: Uses Actual Client County (ACC)</b>	0	77														

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**

Signature (CMAA LGA Coordinator)

**3/1/2023**

Date

Approval Signature (CMAA Analyst)

DHCS Rev. 8.19.2021

Date