

Santa Cruz County

Name of LGA

FY 23/24 Q1

Fiscal Year & Quarter

Health Improvement Partnership

Name of Claiming Unit

16 & 4 Subcontractors

Number of Staff

343 Soquel Avenue, #343, Santa Cruz, CA 95062

Address

Nikki Yates

831-515-2873/831-454-4686

Contact Person

Phone Number

Description of Claiming Unit Functions

The Health Improvement Partnership (HIP) conducts countywide program planning and policy development activities that are focused on low-income individuals, the uninsured, Medi-Cal eligible families and the entire community. This is accomplished by the provision of services, including health/Medi-Cal-related: outreach, information, referral, access assistance, eligibility assistance and planning activities. This unit will also claim the cost of MAA claims administration in support of FIRST 5 and the Santa Cruz LGA. HIP projects include improving transition of care from the hospital to the community for safety net patients and planning a new inpatient psychiatric services with a focus on the needs of Medi-Cal beneficiaries.

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
Assistant Director		1											1			1
Executive Director		1											1			1
Operations and Program Coordinator		1											1			1
Operations and Program Manager		1											1	1		1
Program Coordinator		4											4			1
Program Director		2											2			1
Program Manager		4											4			1
Senior Program Coordinator		2											2			1
Personal Service Contractors:																
Subcontractor 1: Trudy Bearden		1												1		
Subcontractor 2: Jennifer Hastings		1												1		
Subcontractor 3: Dorian Seamster		1												1		
Subcontractor 4: Nicole Lezin		1												1		
		4														
Unit is a CBO.																
Note: Uses County Wide Average (CWA)	0	16														
Discount Method:														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

6/29/2023

Signature (CMAA LGA Coordinator)

Date

Approval Signature (CMAA Analyst)

Date

**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: **Health Improvement Partnership**

Submittal Date: **6/28/13**

Local Governmental Agency: **Santa Cruz County**

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

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 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:

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 countywide rate as provided by State DHCS.

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:

All three allowable PPPD activities will be performed by subcontractors.

Documents Required:

1. List of subcontractors, if applicable.

See current Claiming Unit Functions Grid. Addresses available upon request.

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

**ACTIVITY CODE (19)
MAA/TCM COORDINATION AND CLAIMS ADMINISTRATION**

Claiming Unit: **Health Improvement Partnership**

Submittal Date: **6/28/13**

Local Governmental Agency: **Santa Cruz County**

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

For *each* type of MAA/TCM Coordination and Claims Administration performed, provide the following information:

1. Individually list each type of allowable MAA/TCM coordination and claims administration performed and describe how staff perform this activity (if adding the LGA Participation Fee, list that here):

The time survey staff along with assistance from the LGA MAA/TCM Coordinator perform the following:

A. Draft, revise and submit MAA claim plans in coordination with the Local Governmental Agency;

B. Administer MAA claiming, including oversight and preparation of MAA claims for the claiming unit;

C. Attend training sessions and meetings involving MAA; and

D. Ensure that payments for services and administrative activities are not duplicated.

2. Indicate whether staff perform this activity part-time in addition to other duties:

Time survey staff perform these activities on a part-time basis which will be recorded in the time survey.

3. Describe the method that will be used for claiming, i.e., direct charge or time studies:

All staff time associated with this activity will be documented via the time survey to factor against costs for claim purposes.

4. Indicate whether any claims preparation activity is being performed by contractors or consultants:

N/A

Documents Required:

1. Attach copies of any contracts entered into for the performance of LGA claims administration.

N/A

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

Claiming Unit: **Health Improvement Partnership**

Submittal Date: **6/28/13**

Local Governmental Agency: **Santa Cruz County**

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

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 community locations.

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.