

**Santa Cruz County**

**FY 23/24 Q1**

Name of LGA

Fiscal Year & Quarter

**The Diversity Center of Santa Cruz**

**16**

Name of Claiming Unit

Number of Staff

**1117 Soquel Avenue, Santa Cruz, CA 95062**

Address

**Nikki Yates**

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

Contact Person

Phone Number

Description of Claiming Unit Functions

**The Diversity Center (TDC) is the only LGBTQ+ focused organization in Santa Cruz County. We were founded to fill a need which still exists, which is to support and advocate for LGBTQ+ people of all ages and backgrounds, so that they can thrive within the community that we all call home. We accomplish this through a variety of strategies, such as creating meaningful programs for the more marginalized parts of the LGBTQ+ community; specifically, transgender individuals, seniors, youth, and Latinx people. We also serve the entire LGBTQ+ community by providing information and referrals through our drop-in community center, online resource directory, community calendar, and a variety of community-wide events.**

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				
Clinical Program Director		1		1	1	1				1		1			1				
Director of Development		1		1	1	1				1		1			1				
Executive Director		1		1	1	1				1		1			1				
Facilitator		5		5	5	5				5		5			5				
Manager of Community Engagement		1		1	1	1				1		1			1				
Manager of Programs		1		1	1	1				1		1			1				
Operations Coordinator		1		1	1	1				1		1			1				
Program Coordinator		5		5	5	5				5		5			5				
<b>Note: Uses County Wide Average (CWA)</b>		16																	

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)

**6/15/2023**  
Date

Approval Signature (CMAA Analyst)  
DHCS Rev. 7.1.18

Date