

SAMPLE LANGUAGE: APPENDIX J (2)

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

Claiming Unit:

Submittal Date:

Local Governmental Agency:

Amended Date:

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 and each activity's purpose:

Our Public Health Nurses provide referrals for families to receive health services at local family health clinics and/or dentistry services to ensure the delivery of Medi-Cal covered services. While enrolling pregnant teens into the Cal-Fresh program, staff often coordinates medical examinations for clients who appear to need and/or request physical and/or mental health services to ensure the delivery of Medi-Cal covered services. We provide these services to ensure a healthier California population.

2. Provide a clear description of how each Referral, Coordination, and Monitoring activity will be performed to achieve the objective:

When staff provides referrals and/or coordinate health services for Medi-Cal eligible clients they ensure the delivery of Medi-Cal covered services and teach clients how to utilize the Medi-Cal program, which helps to ensure a healthier outcome for those clients and their children.

3. Identify the target population(s):

Our target population is at risk youth and their families.

4. Provide the location(s) where the Referral, Coordination, and Monitoring will be conducted:

We provide our services in our (Business Name) office located at: (Business Address)

5. If using a method other than time survey, describe how the costs of Referral, Coordination, and Monitoring will be developed and documented:

Most of our staff time survey. However, we subcontract with a CBO that claims through direct charge for these activities based on a contractual agreement. We house our subcontractor contract and all expenditure receipts in our audit file.

6. Provide Names of Subcontractors, if applicable:

Jane Smith Co.

7. Provide in detail the method that will be used to calculate the Medi-Cal discount methodology and the sources that will provide the client data:

We utilize actual client count (ACC). Our local Social Security office provides verification of Medi-Cal eligibles. We use that number as our numerator and divide it by the total number of clients we provided code 6 activities to, to develop our ACC percentage.

OR

We utilize the countywide average (CWA). We submitted a justification letter to DHCS requesting authorization to use the CWA calculated by DHCS.

Documents Required:

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

If additional space is required, use the attached form.