

**ACTIVITY CODE (4)  
MEDI-CAL OUTREACH**

Claiming Unit:	Submittal Date:
Local Governmental Agency:	Amended Date:

For *each* campaign, program, or ongoing outreach activity, provide the following information:

1. Provide a clear description of the type of Outreach activity performed:

2. Provide a clear description of how each Outreach activity will be performed to achieve the objective:

3. Identify the target population:

4. Provide the length of time of the Outreach, i.e. days and/or hours:

5. Provide the location(s) where the Outreach will be conducted:

6. Provide the number of times Outreach will be conducted during the fiscal year or indicate if Outreach is an ongoing activity:

7. If using other than time surveys, describe how the costs of Outreach will be developed and documented:

8. Provide Names of Subcontractors, if applicable:

Documents Required:

1. Flyers, announcements, or any materials that describe the Outreach campaigns. If materials are unavailable when the claiming plan is submitted to the DHCS, provide a statement that gives the location of where materials will be maintained for future DHCS and CMS review.
2. A list of subcontractors, if direct-charge invoices will be submitted for those subcontractors.
3. Copies of those sections of contracts that clearly describe the Outreach A to be performed, how the time spent performing Outreach will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining direct-charge claiming (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor.