

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:

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

3. Identify the target population:

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

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

6. Provide Names of Subcontractors, if applicable:

7. Provide the method for calculating the Medi-Cal discount methodology:

Documents Required:

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