

**ACTIVITY CODE (8)  
FACILITATING MEDI-CAL APPLICATION**

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

Provide the information listed below:

1. Identify the Eligibility Intake objective and provide a clear description of the type of Activity 8 performed:

2. Provide a clear description of how the Eligibility Intake activity will be performed to achieve the objective. For example, identify the staff performing the activity, describe what is performed, indicate when and where it is performed, and explain the purpose of performing it:

3. Indicate whether the Eligibility Intake is performed by the LGA's subcontractors or by claiming unit staff:

A. Provide the name(s) and address(es) of the subcontractor(s), if applicable:

4. If using other than time surveys, describe how the costs of the Eligibility Intake will be developed and documented:

Documents Required:

1. Copies of any documents unique to or designed by the claiming unit for use in conjunction with this activity.
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 Eligibility Intake to be performed, how the time spent performing the Eligibility Intake will be performed, 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.