

**ACTIVITY CODE(10)
ARRANGING and/or PROVIDING NON-EMERGENCY, NON-MEDICAL TRANSPORTATION
TO A MEDI-CAL COVERED SERVICE**

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

For each type of transportation performed, provide the following information:

1. Individually list and clearly describe each allowable type of transportation activity:

2. Provide a clear and specific description of how each type of transportation activity will be performed to achieve the objective:

3. Provide the names of the subcontractors performing the transportation, if applicable:

4. Provide the method used to determine time and costs when the activity is performed by claiming unit staff or by subcontractors, and how the cost is calculated:

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

Documents Required:

1. Copies of those sections of contracts that clearly describe the transportation to be performed: how the time spent performing the transportation will be documented; how the transportation will be charged, e.g., per mile, per trip, etc.: how the rate is calculated; and that show the effective date of the contract.
2. Documents that support the calculation of transportation costs. For example: sales receipts for vans, salary schedules for drivers, etc.