

**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:

Staff provide and are actively involved in referral, coordination, and monitoring of health care services for all clients under agency oversight. The majority of agency clients are high risk by nature and are usually in need of services from multiple agencies and disciplines. Agency staff are responsible for referring clients to appropriate services, coordination of services between multiple providers, and monitoring services to make sure they took place along with outcomes.

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

Staff regularly conducts direct contact with agency clients where health risks, or potential health risks, are identified and referrals to health care services covered by Medi-Cal are made. Since the majority of agency clients have multiple issues and subsequently multiple providers, staff are actively involved with the coordination of services to make certain all appointments do not overlap. Staff follow-up with providers to assure appointments are kept and ongoing issues are addressed.

3. Identify the target population(s):

The target population includes the entire high risk client population served by the agency.

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

Referral, coordination, and monitoring activities will be conducted at the agency address stated on the CUFG and other area locations.

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

The time survey method will be used to document time spent by staff performing referral, coordination, and monitoring activities.

6. Provide Names of Subcontractors, if applicable:

Not applicable.

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:

Agency will use the actual client count (ACC) using list of clients served. Agency will use MOVEit through DHCS to develop the agency ACC percentage.

Documents Required:

A list of subcontractors, if direct-charge invoices will be submitted for those subcontractors. If additional space is required, use the next page.

**ACTIVITY CODE (6)**  
**REFERRAL, COORDINATION, AND MONITORING OF MEDICAL SERVICES**

Claiming Unit:

Submittal Date:

Local Governmental Agency:

Amended Date:

Use the space below to provide additional information: