

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

Claiming Unit: Public Guardian

Submittal Date: 06/30/2025

Local Governmental Agency: ABC County

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:

Claiming unit staff will perform Medi-Cal Outreach. The unit will bring in potentially Medi-Cal eligible clients in the Medi-Cal system for the purpose of determining eligibility, as well as linking Medi-Cal eligible individuals with Medi-Cal covered-services.

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

Claiming unit staff works with individuals and families, many of whom are considered high risk, where health needs have been identified. Typically, Medi-Cal Outreach is conducted on an individual and/or family unit level and is performed on an on-going basis throughout the year. Staff provides information about Medi-Cal covered services and benefits that the Medi-Cal program has to offer as well as linking individuals and families to County eligibility offices for Medi-Cal eligibility determination or re- determination. In addition, staff provide information on where individuals may go to receive Medi-Cal covered services.

3. Identify the target population(s):

The target population is conservatees who are clients of the Public Guardian.

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

Outreach activities may be performed at any time during business hours, 8 a.m. to 5 p.m., Monday – Friday, throughout the year. These events performed by staff could last from several minutes to half an hour, or more, per client, family or group.

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

Medi-Cal Outreach activities will be conducted at the County Public Guardian offices identified and located on the Claiming Unit Functions Grid. Additionally, outreach may be conducted at satellite clinic sites, client's residences, and various community facilities or settings, in person and by telephone.

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

Medi-Cal Outreach activities will be conducted on an on-going, as-needed, basis throughout the course of the year.

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

N/A - The time survey method will be used to document time spent by staff performing Outreach.

8. Provide Names of Subcontractors, if applicable:

Not 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 reviews.
2. A list of subcontractors, if direct-charge invoices will be submitted for those subcontractors. **N/A**
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. **N/A**