

**ACTIVITY CODE (6)**  
**REFERRAL, COORDINATION, AND MONITORING OF MEDI-CAL SERVICES**

Claiming Unit: Public Guardian

Submittal Date: 06/30/2025

Local Governmental Agency: ABC County

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:

Claiming unit staff will engage in all three activities (1) Making referrals; (2) Coordinating the referrals and needs of the client; (3) Monitoring and follow-up activities to ensure the health-related needs of the client are being met.

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

Claiming unit staff work with individuals to assess their health care needs and then make appropriate referrals to a variety of Medi-Cal covered service providers. They make sure to coordinate the health care service needs of the identified individuals and then follow up with both the recipient of the care as well as the provider to monitor progress and see what further steps need to be taken in order to improve the health care outcomes for the client.

Staff also schedule and arrange transportation to medical appointments for Medi-Cal and Medi-Cal Managed Care beneficiaries. For Medi-Cal Managed Care beneficiaries, this entails working/scheduling with the Medi-Cal Managed Care provider to utilize the transportation services they provide their Plan enrollees. Staff does not directly provide transportation, accompany clients to medical appointments, or use this code to reimburse transportation providers.

3. Identify the target population(s):

The target population is Public Guardian clients (conservatees) who are evaluated to have unmet health care needs.

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

Referral, Coordination and Monitoring activities will be conducted at the County Public Guardian office located at 123 Lane, Anytown, CA 12345. Additionally, services may be conducted/provided at client's residences and various community facilities or settings, in person and by telephone.

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

N/A - 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 with the method that will be used to calculate the Medi-Cal discount methodology and the sources that will provide the client data:

Claiming Unit will use the actual client count (ACC) using its list of clients served during the quarter, documented in its client database, [Name of System], and share this list with the LGA Coordinator. The LGA Coordinator 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. **N/A**



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