

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

Claiming Unit: Veterans Services	Submittal Date: 06/30/25
Local Governmental Agency: ABC County	Amended Date:
For <i>each</i> campaign, program, or ongoing outreach activity, provide the following information:	
1. Provide a clear description of the type of Outreach activity performed: Staff provide information via face-to-face, and telephone directed toward bringing clients into the Medi-Cal program and into health care services.	
2. Provide a clear description of how each Outreach activity will be performed to achieve the objective: Staff work with individuals and families, many of whom are considered high risk, where health needs have been identified. Most of the Outreach activities are conducted on an individual and/or family unit basis and are performed on an on-going basis throughout the year. Staff provides information about services and benefits that the Medi-Cal program offers and refers individuals and families to County eligibility offices for eligibility determination or re-determination. For those individuals and families known to be Medi-Cal eligible, referrals are made to connect them to appropriate Medi-Cal covered health services.	
3. Identify the target population(s): The target population includes the entire high risk client population served by the agency.	
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.	
5. Provide the location(s) where the Outreach will be conducted: Outreach activities will be conducted at the agency address stated on the CUFG and other area locations.	
6. Provide the number of times Outreach will be conducted during the fiscal year or indicate if Outreach is an ongoing activity: Outreach activities are 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: The time survey method will be used to document time spent by staff performing Outreach.	
8. Provide Names of Subcontractors, if applicable: Not applicable.	
<u>Documents Required:</u>	
<ol style="list-style-type: none"> 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. Outreach materials are maintained at the agency office location. 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 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. 	