

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

Claiming Unit: Veterans Services

Submittal Date: 06/30/25

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:
 - Making referrals for, coordinating, and/or monitoring the delivery of Medi-Cal covered services to ensure that services are scheduled and clients receive services.
 - Providing follow up contact to ensure that a client has received the prescribed medical/dental/mental health services covered by Medi-Cal and/or Medi-Cal Managed Care to ensure that clients actually receive services.
 - Gathering any information that may be required in advance of these referrals to ensure that appointment goes smoothly and provider has all the background information necessary.
 - Referring, coordinating, and monitoring services provided to Medi-Cal and Medi-Cal Managed Care beneficiaries for transportation to medical appointments to ensure that transportation is not a barrier to receiving medical/dental/mental health services.
2. Provide a clear description of how each Referral, Coordination, and Monitoring activity will be performed to achieve the objective:

Referral, coordination, and monitoring will be conducted on an individual client and/or family unit basis and is performed on an ongoing basis by the Veterans Services department staff. Staff provides referrals to clients and their families for Medi-Cal covered services. Staff may follow up with the client or provider to ensure that services were provided to the client. Staff also gathers and prepares all of the relevant information that needs to be shared with the provider who they are referring a client to.

Staff also schedules and arranges 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 ABC County Veterans and their families who have identified health needs, are seeking assistance to meet their needs, and whose needs can best be met by health services covered by Medi-Cal.
4. Provide the location(s) where the Referral, Coordination, and Monitoring will be conducted:

Referral, coordination and monitoring activities will be conducted at agency offices located at 123 Lane, Anytown, CA 12345, as well as at clients' 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 - Using time surveys.

6. Provide Names of Subcontractors, if applicable:

N/A

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:

County-wide average for Medi-Cal clients will be used. The county-wide average rate for ABC County includes fee-for-service and Medi-Cal Managed Care enrollees.

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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Use the space below to provide additional information:

N/A