

# INDIVIDUAL MOVEMENT AND ACTIVITY REPORT (County Medical Services Program Only)

Mail or fax one copy to:  
 County Medical Services Program  
 Governing Board  
 Attention: Data Section  
 1545 River Park Drive, Suite 435  
 Sacramento, CA 95815  
 Fax number: (916) 649 - 2606

|        |              |
|--------|--------------|
| County | Report month |
|--------|--------------|

## Intake Activity

|  | Path2Health Approvals | CMSP Approvals | Denied (Income) | Denied (Property) | Denied (Linkage) | Denied (Other) | Withdrawals | Pending | Total |
|--|-----------------------|----------------|-----------------|-------------------|------------------|----------------|-------------|---------|-------|
| 1. Pending applications at beginning of month (1a + 1b).....                 | 1                     | 2              | 3               | 4                 | 5                | 6              | 7           | 8       | 9     |
| a. Applications pending from last month .....                                |                       |                |                 |                   |                  |                |             |         | 10    |
| b. Adjustments to Item 1a (Positive or negative) (Explain in comments) ..... |                       |                |                 |                   |                  |                |             |         | 11    |
| 2. New applications .....  | 12                    | 13             | 14              | 15                | 16               | 17             | 18          | 19      | 20    |
| 3. Reapplications (3a + 3b + 3c) .....                                       | 21                    | 22             | 23              | 24                | 25               | 26             | 27          | 28      | 29    |
| a. without break .....   | 30                    | 31             | 32              | 33                | 34               | 35             | 36          | 37      | 38    |
| b. within two months .....   | 39                    | 40             | 41              | 42                | 43               | 44             | 45          | 46      | 47    |
| c. with more than 2 months and less than 1 year .....                        | 48                    | 49             | 50              | 51                | 52               | 53             | 54          | 55      | 56    |
| 4. Total applications on hand during the month (1 + 2 + 3) .....             |                       |                |                 |                   |                  |                |             |         | 57    |
| 5. Total applications disposed during the month (5a + 5b + 5c).....          |                       |                |                 |                   |                  |                |             |         | 58    |
| a. Approvals .....   | 59                    | 60             |                 |                   |                  |                |             |         | 61    |
| b. Denials .....   |                       |                | 62              | 63                | 64               | 65             |             |         | 66    |
| c. Withdrawals.....  |                       |                |                 |                   |                  |                | 67          |         | 68    |
| 6. Pending applications carried forward to next month .....                  |                       |                |                 |                   |                  |                |             | 69      | 70    |
| 7. Annual redetermination of eligibility for 8F-only clients .....           |                       |                |                 |                   |                  |                |             |         | 71    |
| 8. Total disposed and redetermination activity (5 + 7) .....                 |                       |                |                 |                   |                  |                |             |         | 72    |

## Continuing Activity

|  |    |
|--|----|
| 9. Continuing individuals on hand at beginning of month .....            | 73 |
| 10. Individuals added during month (10a + 10b) .....                     | 74 |
| a. Individuals added from intake (5a) .....                              | 75 |
| b. Other approvals.....  | 76 |
| 11. Total continuing individuals during month (9 + 10) .....             | 77 |
| 12. Total individuals discontinued during month.....                     | 78 |
| a. End of certification period .....                                     | 79 |
| b. Linked to Medi-Cal .....  | 80 |
| i. SSI.....  | 81 |
| ii. DDSD.....  | 82 |
| iii. Other.....  | 83 |
| c. Client requested — wanted to reapply with budget change.....          | 84 |
| d. Client requested — other .....  | 85 |
| e. Other .....   | 86 |
| 13. Continuing individuals carried forward to next month (11 – 12) ..... | 87 |

## Comments:

|  |                  |               |
|--|------------------|---------------|
| County person to contact regarding this report | Telephone number | Date prepared |
|--|------------------|---------------|