



WILL LIGHTBOURNE
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

**Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)
 Targeted Case Management (TCM) Certification Statement**
 State Fiscal Year: ___ Quarter: _____

LEA Identification: Identify the primary LEA employee to be contacted concerning questions about information submitted in the TCM Certification Statement.	
LEA Provider Name:	
LEA Contact Name/Title:	
Address:	
City/State/Zip Code:	
Phone/Email:	
National Provider Identifier/Provider Number/CDS Code:	
Provider Number/CDS Code:	

- **TCM services** are defined in the [LEA BOP Manual](#).
- **To bill TCM services under the LEA BOP the LEA must:**
 - a. Meet all billing requirements in the LEA Billing Option Program Provider Manual.
 - b. Review TCM training materials provided by the Department of Health Care Services (DHCS).
 - c. **For Random Moment Time Survey (RMTS) Quarter 2:** Identify all qualified practitioners for whom the LEA will submit TCM direct service reimbursement claims. This list of qualified practitioners will be submitted with the Quarter 2 Time Survey Participant List, due in September.
 - d. **For RMTS Quarters 3 and 4:** Review the prior quarter’s TCM Certification Statement, and update the Certification, as necessary. Updates include removing practitioners not claiming direct service reimbursement for TCM in the upcoming quarter and adding newly identified TCM practitioners. If the participating LEA did not submit a Quarter 2 TCM Certification Statement, the LEA must then submit a TCM Certification Statement prior to the quarter it intends to bill for TCM services.

TCM Certification: I, the undersigned, state the following: As a public administrator, a public officer or other public individual duly authorized by the LEA as having the authority to sign on behalf of the LEA, am authorized or designated to make this certification on behalf of the Public Entity for _____ (LEA Name), and declare that the information included on this TCM Certification Statement is true and correct.

Name	
Title	
Signature/Date	



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State of California—Health and Human Services Agency
Department of Health Care Services



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Enter the names of all qualified TCM practitioners for which the LEA will submit claims for TCM direct service reimbursement in the table below. Add rows and additional pages if needed		
TCM Qualified Practitioners	Practitioner Names	Practitioner Names
Nursing Practitioners:		
Registered Credentialed School Nurse		
Certified Public Health Nurse		
Licensed RN		
Certified Nurse Practitioner		
Licensed Vocational Nurse		
Social Workers/Counselors:		
Licensed Clinical Social Worker		
Credentialed School Social Worker		
Reg. Associate Clinical Social Workers		
Licensed Marriage and Family Therapist		
Credentialed School Counselor		
Associate Marriage and Family Therapists		
Psychologists:		
Licensed Psychologist		
Licensed Educational Psychologist		
Credentialed School Psychologist		
Program Specialists		

Local Governmental Financing Division
1501 Capitol Avenue, MS 4603, P.O. Box 997436
Sacramento, CA 95899-7436
Phone: (916) 552-9113 Fax: (916) 324-0738
www.dhcs.ca.gov



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