



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

Targeted Case Management (TCM) Downward Rate Adjustment Request Form

As stated in the State Plan Amendment (SPA) 10-010, the Local Governmental Agencies (LGA) can request a rate decrease from the Department of Health Care Services (DHCS) once annually. LGA Coordinators must complete and submit this form to the DHCS when requesting a downward rate adjustment.

Form Submission:

1. Please e-mail your encounter rate downward adjustment request with the submission of your Cost Report to DHCS Audits & Investigations (A&I) at dhsaitcm@dhcs.ca.gov and a copy to the TCM Program at dhcs-tcm@dhcs.ca.gov by November 1, of each year.
2. Mail a hard copy of the encounter rate downward adjustment request depicting a blue ink signature.

Regular Mail:

Department of Health Care Services
Local Governmental Financing Division
Targeted Case Management Unit
P.O. Box 997436 Sacramento, CA 95899-7436
or e-mail at DHCS-TCM@dhcs.ca.gov

Overnight Mail:

Department of Health Care Services
Local Governmental Financing Division
Targeted Case Management Unit
1501 Capitol Avenue, Suite 71.3024
MS 4603 Sacramento, CA 95814-5005
or e-mail at DHCS-TCM@dhcs.ca.gov

Note: Only one rate adjustment per Fiscal Year.

LGA:

Fiscal Year:	Current Cost Report Interim Encounter Rate:	Suggested Interim Encounter Rate:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Justification:

LGA Coordinator (Print): _____

Phone: _____

LGA Coordinator (Sign): _____

Date: _____