



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
Safety Net 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
Safety Net 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:

	Current Cost Report Interim Encounter Rate	Suggested Interim Encounter Rate
Fiscal Year:		

Justification:

LGA Coordinator (Print): _____

Phone: _____

LGA Coordinator (Sign): _____

Date: _____