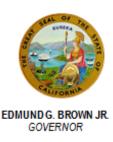


State of California—Health and Human Services Agency Department of Health Care Services



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 <u>dhsaitcm@dhcs.ca.gov</u> and a copy to the TCM Program at <u>dhcs-tcm@dhcs.ca.gov</u> 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 Overnight Mail:

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

Note: Only one rate adjustment per Fiscal Year.

LGA:

Current Cost Report InterimFiscal Year:Encounter Rate

Suggested Interim Encounter

1501 Capitol Avenue, Suite 71.3024 MS 4603

Department of Health Care Services

or e-mail at DHCS-TCM@dhcs.ca.gov

Safety Net Financing Division

Sacramento, CA 95814-5005

Rate

Targeted Case Management Unit

Justification:

LGA Coordinator (Print): _____

LGA Coordinator (Sign): _____

Phone: _____

Date: _____

DHCS 3080 (4/15)