



**Withdrawal from the
TCM Program Request Form**

Submit Forms To:

Department of Health Care Services
Safety Net Financing Division
Targeted Case Management Unit
P.O. Box 997436, MS 4603
Sacramento, CA 95899 - 7436
or e-mail at DHCS-TCM@dhcs.ca.gov

This form is for Local Governmental Agencies (LGAs) to formally provide notice of termination of the Provider Participation Agreement (PPA) and to withdraw from the Targeted Case Management (TCM) Program. LGAs must submit the Cost Report with their withdrawal requests. Once this form is complete, sign in **blue** ink and return it to the address provided above before July 1 of each year.

Note: Do not complete this form if your LGA is continuing TCM participation.

LGA Information

Fiscal Year Participation Withdrawal:

LGA Name:

LGA County Code:

LGA National Provider Identifier Number
(NPI):

LGA Dun & Bradstreet Universal Numbering
System Number (DUNS):

LGA Coordinator Name:

LGA Coordinator E-mail:

LGA Coordinator Phone #:

Last Fiscal Year Participation:

Reason and Withdrawal Date Information

Reason for Withdrawing from the TCM Program:

Expected Withdrawal Date:

Withdrawal Request Date:

Currently Approved Target Populations

Current Target Population Participation (Approved in the existing TCM service State Plan Amendments (SPA))

(14) Children Under the Age of 21	Yes	No
(15) Medically Fragile Individuals	Yes	No
(16) Individuals at Risk of Institutionalization	Yes	No
(17) Individuals in Jeopardy of Negative Medical or Psycho-Social Outcomes	Yes	No
(18) Individuals with a Communicable Disease	Yes	No

Policy Provider Agreement (PPA) Information

Does your LGA have a current executed PPA? Yes No

Authorized Signer (Sign): _____

Phone: _____

Authorized Signer (Print): _____

Date: _____