



Department of Health Care Services (DHCS) Targeted Case Management (TCM) Program Requirements



TCM Program Requirements Checklist

Please use this document to ensure that all the requirements to participate in the TCM Program are met. This document is not required to be submitted to DHCS and is intended for Local Governmental Agency (LGA) use only.



Required Items

1. TCM Cost Report
2. TCM Time Survey Training
3. Annual Participation Prerequisite (APP)
4. Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE)
5. Performance Monitoring Plan (PMP)
6. Provider Participation Agreement (PPA)
7. Memorandum of Understanding (MOU)
8. Fee Mechanism
9. Time Survey Participation
10. LGA Profile Request
11. LGA Signature Authority Request



Cost Report

The purpose of a Cost Report is to:

- Determine the TCM program cost and total encounters for the service period covered by the filed Cost Report.
- Determine the maximum TCM program Medi-Cal reimbursement.
- Summarize the TCM reimbursement settlement for the service period covered by the filed Cost Report.
- Establish a new interim rate for interim payments for the provision of TCM services until a new rate is established.

Please contact the TCM Program at dhcs-tcm@dhcs.ca.gov for the most current TCM Cost Report Training.



Time Survey Training

The annual CMAA/TCM Time Survey Training Provides guidance and instruction to the LGAs and the Local Public Entities (LPEs) that participate in the CMAA and TCM programs, and to the Community-Based Organizations (CBO) that participate in the CMAA program. The methodology guides you in the proper accounting of claimable time. It also instructs you in the allocation of costs related to administrative activities and/or services performed that are necessary for the proper and efficient administration of the Medi-Cal program.

The Time Survey Training can be found on the TCM Website at the following link:

https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/CMAA/Training/2019_CMAA-TCM_Time_Survey_Training.pdf



Annual Participation Prerequisite (APP)

- LGAs opting to participate in the TCM Program for Fiscal Year (FY) must complete the electronic version of the TCM APP and provide all required program documentation.
- The APP provides DHCS with participation and compliance information for the upcoming FY. The information relates to federal Medicaid requirements established by the federal Centers for Medicare and Medicaid Services (CMS) and assists DHCS with oversight of the TCM Program.
- The requirements for the TCM APP can be found in [Policy and Procedure Letter \(PPL\) No. 19-029](#).

Please contact the TCM Program at dhcs-tcm@dhcs.ca.gov for the most current TCM APP.



Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE)

- Proof (screenshots) displaying verification of case managers not on the OIG LEIE per PPL18-004.
- If new to TCM or have new case managers that are providing TCM services within the LGA.

OIG LEIE exclusion verification can be performed at:

<https://oig.hhs.gov/exclusions/index.asp>



Performance Monitoring Plan (PMP)

[Policy and Procedure Letter \(PPL\) No. 19-029](#) states that the PMP must specifically address how the LGA shall ensure non-duplication of services as stated in the TCM Provider Manual and PPLs 11-006, 11-008, and 15-002. The PMP must include specific protocols and procedures to ensure coordination and continuity of care that is provided to eligible beneficiaries. The PMP must also identify all other Medi-Cal programs or waivers that provide case management services to clients in their LGA (e.g., California Children's Services, Mental Health TCM, Childhood Lead Team, etc). The PMP must include, at a minimum, procedures explaining how TCM Case Managers coordinate with Managed Care Health Plans (MCP) per PPL 15-002.



Provider Participation Agreement (PPA)

The PPA establishes the responsibilities of the California qualified LGA or Provider and DHCS, for the provision of TCM services to eligible Medi-Cal beneficiaries, pursuant to Welfare and Institutions Code section 14132.44. The PPA constitutes the entire agreement between the Provider and DHCS regarding TCM services and is subordinate to the Medi-Cal Provider Agreement (DHCS Form 6208) entered into by the Provider in conjunction with the Provider's enrollment in the Medi-Cal Program. Provider shall be an entity located and operating in the State of California.

Additionally, the following documents must be submitted with the PPA

- DHCS Provider Enrollment Division (PED) Medi-Cal Provider Agreement Form 6208
- DHCS Medi-Cal Disclosure Statement Form 6207
- HIPAA Business Associate Addendum - Attachment A

Please contact the TCM Program at dhcs-tcm@dhcs.ca.gov for all PPA documents.



Memorandum of Understanding (MOU)

California's "Bridge to Reform," Section 1115 Medicaid Demonstration Waiver and the related Medi-Cal managed care expansion requires Medi-Cal Managed Care Health Plans (MCP) to be responsible for broader care coordination and case management services for beneficiaries. This includes coordination and referral of resources for client social support issues.

In order to implement a collaborative approach and offer the broadest care possible to clients/members, TCM and MCPs, LGAs in Geographic Managed Care (GMC), County Organized Health System (COHS), Regional Model, San Benito Model, Imperial Model, and Two-Plan Model Medi-Cal Managed Care counties will be required to enter into a MOU with each MCP serving clients/members in the LGA. MOUs will serve to define the respective responsibilities and necessary coordination between TCM and MCPs to provide assurance that claims for TCM services do not duplicate claims for Medi-Cal managed care.



Fee Mechanism

[Policy and Procedure Letter \(PPL\) No. 19-029](#) states that LGAs must have an established fee mechanism specific to TCM services that may include a sliding fee schedule based on income. The fee mechanism may vary by program as stated in the TCM Provider Manual.



Time Survey Participation

LGAs participating in the TCM program and providing to TCM Medi-Cal eligible individuals in California are eligible to receive federal reimbursement for the cost of providing services that directly support services covered under the State Medicaid Plan. The TCM program helps ensure the changing needs of Medi-Cal eligible individuals are addressed on an ongoing basis and appropriate choices are provided among the widest array of options for meeting those needs. Reimbursable TCM services are provided to Medi-Cal eligible clients in designated targeted populations. The TCM service components and procedures for constructing an appropriate process for claiming federal reimbursement are specified in the California State Medicaid Plan.

The Time Survey Methodology can be found at the following link:

https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/CMAA/Training/2019_CMAA-TCM_Time_Survey_Training.pdf



Local Governmental Agency (LGA) Profile Request Form

Before LGA staff can attain access in the TCM Online System, the LGA TCM Coordinator must establish an LGA Profile by completing the LGA Profile Request Form annually. The form must be e-mailed to dhcs-tcm@dhcs.ca.gov or mailed to:

TCM Unit Chief
Department of Health Care Services
Targeted Case Management Unit, MS 4603
P.O. Box 997436 Sacramento, CA 95899-7436

The LGA Profile Request Form can be found on the TCM Website at the following link:
https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/TCM/TCM%20Forms/LGA_Profile_%20Request.pdf



LGA Signature Authority Request Form

The LGA Signature Authority Request Form provides the names of any and all individuals authorized to review, approve, and sign on behalf of the LGA when submitting TCM invoices. This form is due before July 1st of every State Fiscal Year. The completed form must be e-mailed to dhcs-tcm@dhcs.ca.gov or mailed to:

TCM Unit Chief
Department of Health Care Services
Targeted Case Management Unit, MS 4603
P.O. Box 997436 Sacramento, CA 95899-7436

The LGA Signature Authority Request Form can be found on the TCM Website at the following link:

https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/TCM/TCM%20Forms/LGA_Signature_%20Authority.pdf