

DEPARTMENT OF HEALTH SERVICES

MEDI-CAL POLICY DIVISION
MEDI-CAL BENEFITS BRANCH
714/744 P Street, Room 1640
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-1460



March 27, 2000

PPL No. 00-006

TO: All Local Governmental Agencies
Local Educational Consortia
Medi-Cal Administrative Activities and
Targeted Case Management Coordinators

SUBJECT: REVISED PROCEDURES FOR APPROVING TCM COST REPORTS,
EFFECTIVE APRIL 1, 2000.

The Administrative Claiming Unit (ACU) has revised procedures for review of Targeted Case Management (TCM) cost reports, effective April 1, 2000, to improve the timeliness. The co-chairs for the Local Governmental Agency (LGA) Consortium were consulted in developing these procedures.

ACU can no longer continue to hold cost reports indefinitely while waiting for necessary information from the TCM Coordinators. This practice has created a workload backlog and storage issues for the ACU and confusion for LGAs.

Effective April 1, 2000, ACU will use the following procedure to review cost reports:

1. ACU may verbally notify the TCM Coordinator that additional information is needed before the cost report can be approved. ACU will follow-up with a letter to the TCM Coordinator and allow 30 State working days for submittal of the additional information requested. The return date will be specified in the letter which will be sent overnight delivery.
2. If the TCM Coordinator does not respond or sends incomplete information by the end of the 30 State working days, the cost report will be denied and returned to LGA.
3. The Department of Health Services (DHS) 30 State working day letter must be returned together with information requested. Enclosed are samples of the two DHS letters that will be used by ACU to request additional information and to return a cost report.

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Although a cost report may be reviewed and accepted, no invoices will be paid until there is an executed provider agreement between DHS and LGA, and an approved California State Plan Amendment listing LGAs allowed to provide TCM services for each target group and fiscal year.

Any questions regarding these procedures should be submitted by the TCM Coordinator to Ms. Alice Childress, Chief of the Administrative Claiming Unit, at (916) 657-0627 or by e-mail at achildres@dhs.ca.gov.

Sincerely,

Original signed by D. Mitchell

David Mitchell, Chief

Enclosure

cc: See next page

All Local Government Agencies
Local Educational Consortia
Medi-Cal Administrative Activities and
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cc: Ms. Patricia Morrison, Chief
Administrative Claiming and
Support Section
714 P Street, Room 1640
P.O. Box 942732
Sacramento, CA 94234-7320

Ms. Patricia Kinney, Chief
Federal Liaison Unit
714 P Street, Room 1140
P.O. Box 942732
Sacramento, CA 94234-7320

Ms. Mickey Ritchie
Local Liaison
Office of the Director
714 P Street, Room 1253
P.O. Box 942732
Sacramento, CA 94234-7320

Ms. Cathleen Gentry
Local Governmental Agency
MAA/TCM Consultant
455 Pine Avenue
Half Moon Bay, CA 94109

Mr. Larry Lee
Division of Medicaid
801 I Street, Room 210
Sacramento, CA 95814

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 (916) 657-1460



Address

Dear Mr./Ms. TCM Coordinator:

The _____ County Targeted Case Management (TCM) cost report, _____ program, for fiscal year _____, was received on _____. The cost report is missing the following information:

	Name of Program
<input type="checkbox"/>	The Certification Statement was not submitted (Provider Manual T.4-2-13).
<input type="checkbox"/>	The correct fiscal period, i.e., July 1, 1999 to June 30, 2000, is not identified on the header of the certification statement, and on each Worksheet (Provider Manual T.4-2-13).
<input type="checkbox"/>	The correct TCM program name, i.e. Public Health, Public Guardian, Clinics, Linkages and Probation, are not listed in the header of each Worksheet (Provider Manual T.4-2-13).
<input type="checkbox"/>	An official organization chart of the local governmental agency (county/city) is not attached identifying the reporting relationship between the organizational unit(s) providing TCM services.
<input type="checkbox"/>	A certification statement was not signed by the appropriate local governmental agency representative, such as a Chief Financial Officer or the TCM Program Administrator.
<input type="checkbox"/>	Working trial balance and/or general ledger was not attached with costs highlighted to correspond with the figures on Worksheet A.
<input type="checkbox"/>	Approved local governmental agency (county/city) budget was not attached, identifying actual expenses for the prior fiscal year.
<input type="checkbox"/>	As applicable, copies of specific and non-specific contracts with non-local governmental agency (county/city) providers of TCM services were not attached.
<input type="checkbox"/>	The methodology and rationale for projecting Medi-Cal encounters for fiscal year 1998-99 was not attached.
<input type="checkbox"/>	Other:

As a result, we cannot complete our review of your TCM cost report for the _____ program which is used to establish the encounter rate for the following fiscal year. Without an established and accepted encounter rate, TCM invoices cannot be paid. If we do not receive all the information requested above, on _____ which is within 30 State working days from the date of this letter, the cost report will be returned.

Name/Person Addressed
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Please refer the TCM provider manual for instructions in preparing the documents requested. If you need further guidance and clarification, please contact _____ at (916) xxx-xxxx.

Sincerely,

Alice Childress, Chief
Administrative Claiming Unit

cc: Ms. Cathleen Gentry
Local Governmental Agency
MAA/TCM Consultant
455 Pine Avenue
Half Moon Bay, CA 94109

Ms. Mickey Ritchie
Local Liaison
Office of the Director
714 P Street, Room 1253
Sacramento, CA 95814

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Address

Dear Mr./Ms. TCM Coordinator:

The _____ County Targeted Case Management (TCM) cost report, _____ program, for fiscal year _____, received on _____ is denied. _____ failed to provide the information requested on _____. As a result, we cannot complete our review or approve the TCM cost report.

In accordance with Policy and Procedure Letter 00-006, we are returning this TCM cost report, because (it)/(they) cannot be processed without the information requested. Enclosed is your fiscal year _____ TCM cost report for _____ program.

If you have any questions regarding this matter, please contact me at (916) 657-0627 or by e-mail at achildress@dhs.ca.gov.

Sincerely,

Alice Childress, Chief
 Administrative Claiming Unit

Enclosure

cc: See Next Page.

Name/Person Addressed

Page 2

cc: Ms. Patricia Kinney
Federal Liaison Unit
714 P Street, Room 1140
Sacramento, CA 95814

Ms. Mickey Ritchie
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