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.
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
Targeted Case Management Coordinators
Page 3

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
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:

<table>
<thead>
<tr>
<th>Name of Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ The Certification Statement was not submitted (Provider Manual T.4-2-13).</td>
</tr>
<tr>
<td>☐ 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).</td>
</tr>
<tr>
<td>☐ 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).</td>
</tr>
<tr>
<td>☐ 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.</td>
</tr>
<tr>
<td>☐ A certification statement was not signed by the appropriate local governmental agency representative, such as a Chief Financial Officer or the TCM Program Administrator.</td>
</tr>
<tr>
<td>☐ Working trial balance and/or general ledger was not attached with costs highlighted to correspond with the figures on Worksheet A.</td>
</tr>
<tr>
<td>☐ Approved local governmental agency (county/city) budget was not attached, identifying actual expenses for the prior fiscal year.</td>
</tr>
<tr>
<td>☐ As applicable, copies of specific and non-specific contracts with non-local governmental agency (county/city) providers of TCM services were not attached.</td>
</tr>
<tr>
<td>☐ The methodology and rationale for projecting Medi-Cal encounters for fiscal year 1998-99 was not attached.</td>
</tr>
<tr>
<td>☐ Other:</td>
</tr>
</tbody>
</table>

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

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