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

SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

April 29, 2008

PPL No. 08-007

TO: Local Governmental Agency (LGA) Coordinators for the Targeted Case Management (TCM) Program

SUBJECT: **2008-09 TCM PARTICIPATION SURVEY**

The Department of Health Care Services (DHCS) has reviewed and revised the requirements for the TCM Participation Survey submitted by Local Governmental Agencies (LGAs) as notification of their intent to participate in the TCM program. These requirements are intended to encourage LGAs to carefully consider basic TCM requirements before declaring their intent to participate in TCM and before subcontracting TCM services to private non-profit Community-Based Organizations (CBOs). Please submit these forms if you intend to participate in TCM. LGAs will not be able to participate in any of the TCM target groups for State fiscal year 2008-09 if the signed Participation Survey and all requested documentation are not received by DHCS. DHCS will review the survey information for program planning purposes only and will not audit LGAs based on this information.

Availability to reimburse for Public Guardian and/or Adult Probation target populations is tentative and subject to regulation CMS-2237-IFC. DHCS will issue further guidance once known. For purposes of this survey, please select Public Guardian and/or Adult Probation if you would like to participate in these target populations.

The Participation Survey is attached. LGAs must return the Participation Survey and any required attachments by hard copy postmarked by June 30, 2008.

- Annual Participation Survey (APS) of LGAs participating in TCM.
- Target Group Survey document indicating to which target groups you will be providing TCM services.
- CBO Supplemental Information Sheet.
- TCM System LGA Profile Request Form - this form is used to update and verify the accuracy of the information on file for each LGA within the TCM system.

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- TCM System Invoice Signature Authority Request.
- The Performance Monitoring Plan (PMP), which must specifically address how the LGA ensures Non-Duplication of services as is stated in the TCM Provider Manual, Section T.7-1-3 and T.7-1-4. The plan must also include specific protocols and procedures to ensure coordination and continuity of care that is provided to eligible beneficiaries.
- Fee Mechanism and instructions for use. 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 is stated in the TCM Provider Manual Section T.7-1-4.

If an LGA contracts TCM services to a private non-profit CBO, in addition to a copy of the contract with the LGA, the following is also required on the supplemental page (CBO Supplemental Information Sheet) of the participation form:

- The expected sources of funding for the contracted TCM services,
- The methods the LGA will use to monitor its CBO contracts, and
- The CBOs Performance Monitoring Plan (if CBO has a separate plan from the LGAs) and Fee Mechanism plus instructions.
- CBO Medi-Cal provider number (if CBO provides Medi-Cal services other then TCM).

These forms are designed for online completion; however, hard copy forms with original signatures in **blue ink** must be submitted as directed on the included checklist. To participate in the TCM program for State fiscal year 2008-09, the signed Participation Survey and all related documentation must be received by DHCS postmarked by June 30, 2008.

If you have any questions, please contact Ms. Candace Banks, Analyst, Targeted Case Management Unit, at (916) 440-7821 or candace.banks@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY ELIZABETH TOUHEY

Elizabeth Touhey, Chief
Administrative Claiming Local
and Schools Services Branch

Enclosures

cc: Ms. Cathleen Gentry
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