



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

DATE: May 1, 2015

**PPL 15-009**

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

SUBJECT: **Introduction of Enrollment/Re-enrollment Request, Withdrawal Request, and TCM Program Requirements Checklist**

This Policy and Procedure Letter (PPL) is to introduce the following forms and a checklist.

**1. Enrollment and/or Re-enrollment into the TCM Program Form**

This form is for LGAs to formally enroll or re-enroll into the TCM Program. The form requests the following information:

- Enrollment or Re-enrollment Request Date
- Fiscal Year Participation Request
- LGA Name, LGA County Code
- LGA National Provider Identifier Number
- LGA Coordinator Name
- LGA Coordinator E-mail
- LGA Coordinator Phone Number
- Last Fiscal Year Participation

Once the form is complete, please sign in blue ink and return it to the address provided on the form before December 31 of each year, to ensure that your LGA meets all of the TCM Program requirements prior to the beginning of the next Fiscal Year (please refer to the TCM Program Requirements Checklist for more information).

## **2. Withdrawal from the TCM Program Request Form**

This form is for LGAs to formally withdraw from the TCM Program. LGAs must submit a closeout Cost Report with their withdrawal requests. The form will request the following information:

- Fiscal Year Participation Withdrawal
- LGA Name
- LGA County Code
- LGA National Provider Identifier Number
- LGA Coordinator Name
- LGA Coordinator E-mail
- LGA Coordinator Phone Number
- Last Fiscal Year Participation
- Withdrawal Reason and Withdrawal Date Information
- Currently Approved Target Populations

Once the form is complete, please sign in blue ink and return it to the address provided on the form before July 1 of each year, in order for the TCM Program to inform Department of Health Care Services (DHCS) Audits and Investigations (A&I) to expect a closeout Cost Report.

## **3. TCM Program Requirements Checklist**

This checklist is designed as a tool to assist LGAs and ensure that all requirements are met prior to beginning participation in the TCM Program. LGAs are not required to submit this checklist to the DHCS. It is meant for internal LGA use only.

If you have any questions regarding this PPL, e-mail the TCM Program at [dhcs-tcm@dhcs.ca.gov](mailto:dhcs-tcm@dhcs.ca.gov).

Sincerely,

**ORIGINAL SIGNED BY MICHELLE KRISTOFF**

Michelle Kristoff, Chief  
Medi-Cal Administrative Claiming Section

Enclosures