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

JENNIFER KENT
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

PPL 15-022

DATE: September 18, 2015

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

SUBJECT: **2015 TCM Cost Report Instructions and Template for Reporting Fiscal Year (FY) 2014-15 Costs**

This Policy and Procedure Letter is notification that the Department of Health Care Services (DHCS) has revised the LGA TCM Cost Report Instructions. Please review the Cost Report Instructions for the revised language. LGAs must use the revised instructions to the existing template for submission of the TCM Cost Report beginning Sate Fiscal Year (FY) 2014-15.

Cost Report Requirement

Filing of the Cost Report is mandatory and failure to do so will result in all interim payments being deemed as overpayment and future payments will be placed on 100 percent withhold until the Cost Report is filed by the LGA and accepted by the DHCS for processing.

Any manipulation to the Cost Report template format and/or formulas will deem the Cost Report null and void, and any previously reimbursed costs for that year shall be recuperated.

LGAs that participate in the TCM Program for less than 12 months or decide to discontinue their participation are required to submit their last Cost Report using the submission guideline as stated in the following sections.

Cost Report Submission

LGA Cost Reports and related documents shall be submitted to the DHCS via electronic mail (e-mail). Hard copies of the Cost Report will **not** be accepted. The DHCS will **only** review Cost Reports submitted through an e-mail submission.

LGAs Cost Report e-mail submission must include the following completed documents:

- Completed Cost Report Template signed and scanned (PDF),
- Completed Cost Report Template (Excel),
- LGA Certification Page signed and scanned (PDF), and if applicable,
- Non-LGA Local Public Entity (LPE) Certification and LGA Attestation Statements for TCM Cost Report signed and scanned (PDF).

Details for the e-mail submission can be found in the TCM Cost Report Instructions. All signatures must be in blue ink.

1. **Naming Convention**

   Follow the example below when naming the electronic files for the e-mail submission of the Cost Report.

   Example: Year, Name of LGA, File Format

   2014 Santa Cruz CR.xls (FY 2014/15 Santa Cruz Cost Report, Excel version)

   2014 Santa Cruz CR.PDF (FY 2014/15 Santa Cruz Cost Report, signed and scanned PDF version)

2. **E-mail Subject Line Instructions and E-mail Submission**

   Follow the example below when naming the e-mail for the submission of the Cost Report.

   Example: Name of LGA, LGA Code, Fiscal Year End Date (FYE), Part xx

   Santa Cruz County 44 FYE 063015 Part 1 of 3

   Submit completed Cost Reports to dhsaitcm@dhcs.ca.gov by November 1.

3. **File Size Limitations**

   The maximum e-mail file size limit is 50 MB. If an e-mail submission requires multiple e-mails due to the file size, notate the number of the e-mail at the end of the e-mail naming convention accordingly (Part 1 of 3, etc. as reflected above).

Time Survey

The FY 2014-15 time surveys will be used for reporting FY 2014-15 costs.

Cost Report Accessibility

Once the Cost Report is complete and has been submitted to DHCS, it is recommended that the designated LGA staff preparing the Cost Report should create an audit file. All documents related to the Cost Report should be accessible to the person responsible for the LGA's TCM program. DHCS may contact the LGA Coordinator to request information regarding the Cost Report or to arrange an audit. Further details regarding record retention requirements are stated in Welfare and Institutions Code Section 14170.

Downward Rate Adjustment

Per PPL 15-007, LGAs requesting a Downward Rate Adjustment must do so with the LGA's Cost Report submission on November 1. A Downward Rate Adjustment may be requested once annually and must be requested using the Downward Rate Adjustment Form.

The Downward Rate Adjustment Request Form can be found on the TCM Website at the following address: http://www.dhcs.ca.gov/provgovpart/Pages/TCM-Forms.aspx.

Downward Rate Adjustment Request Form Submission:

1. E-mail the Downward Rate Adjustment Request Form with the submission of the LGA's Cost Report to the DHCS Audits & Investigations (A&I) at dhsaitcm@dhcs.ca.gov and a copy to the TCM Program at dhcs-tcm@dhcs.ca.gov by November 1, of each year.

2. Mail a hard copy of the Downward Rate Adjustment Request Form depicting a blue ink signature to the DHCS' TCM Program at:

Regular Mail:
Department of Health Care Services
Safety Net Financing Division, MS 4603
Targeted Case Management Unit
P. O. Box 997436
Sacramento, CA 95899-7436

Overnight Mail:
Department of Health Care Services
Safety Net Financing Division, MS 4603
Targeted Case Management Unit
1501 Capitol Avenue, Suite 71.3024
Sacramento, CA 95814

If you have any questions regarding this PPL, e-mail the TCM Program at dhcs-tcm@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY MICHELLE KRISTOFF

Michelle Kristoff, Chief
Medi-Cal Administrative Claiming Section

Enclosures