



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

DATE: September 23, 2015

**PPL 15-027**

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

SUBJECT: **Introduction of the Check Submission Form for the Department of Health Care Services (DHCS) TCM Program**

This Policy and Procedure Letter (PPL) is to inform LGAs participating in the TCM Program of a **new** process and form for submitting checks to DHCS. LGA Coordinators are now required to complete and submit a Check Submission Form with each individual check submitted to DHCS for the TCM Program.

In the event the LGA discovers, through a self audit, an overpayment or payment of unallowable TCM claim(s) is made from DHCS, the LGA shall use the Check Submission Form when submitting refund checks to DHCS. LGAs must also include the Fiscal Year, Invoice Number, and the Encounter Number(s) associated with the refund check. Once the form is complete, sign in blue ink, attach to the refund check, and submit to the address provided below.

**Note:** If additional space is needed, be sure to include the Fiscal Year, Invoice Number(s), Encounter Number(s) on Page 2 of the form. Please use one form per Check Number.

Submit the completed Check Submission Form to:

**Mailing Address:**

TCM Unit Chief  
Department of Health Care Services  
Safety Net Financing Division, MS 4603  
P. O. Box 997436  
Sacramento, CA 95899-7436

**Overnight Mail:**

TCM Unit Chief  
Department of Health Care Services  
Safety Net Financing Division, MS 4603  
1501 Capitol Avenue, Suite 71.3024  
Sacramento, CA 95814-5005

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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