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



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GOVERNOR

PPL 16-016

DATE: October 12, 2016

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

SUBJECT: **TCM Cost Report Due Date and Instructions for Reporting Fiscal Year (FY) 2015-16 Costs**

The purpose of this Policy and Procedure Letter (PPL) is to notify all LGAs participating in the Department of Health Care Services' (DHCS) TCM Program that the FY 2016-17 TCM Cost Report is due on November 1, 2016. Please review the following cost report instructions for submission of the TCM Cost Report for FY 2016-17.

Cost Report Requirement

Pursuant to Welfare and Institutions Code 14132.44, filing of the Cost Report is mandatory and failure to do so will result in all interim payments being deemed as overpayment. Future payments will be placed on 100 percent withhold until the Cost Report is filed by the LGA and accepted by DHCS for processing.

Any manipulation to the Cost Report template format and/or formulas will deem the Cost Report null and void. As a result, 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 still 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 DHCS via electronic mail (e-mail) at dhsaitcm@dhcs.ca.gov. Hard copies of the Cost Report will **not** be accepted. 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).

These documents can be found on the TCM website at the following location:

<http://www.dhcs.ca.gov/provgovpart/Pages/TCM.aspx>

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

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

2015 Santa Cruz CR.xls (FY 2015/16 Santa Cruz Cost Report, Excel version)

2015 Santa Cruz CR.PDF (FY 2015/16 Santa Cruz Cost Report, signed and scanned PDF version)

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 063016 Part 1 of 3

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

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 2015-16 time surveys will be used for reporting FY 2015-16 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

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

Sincerely,

ORIGINAL SIGNED BY BETTY LAI

Betty Lai, Chief
Medi-Cal Claims and Services Branch