



Enrollment and/or Re-enrollment into the TCM Program Request Form

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

This form is for Local Governmental Agencies (LGAs) to formally enroll or re-enroll into the Targeted Case Management (TCM) Program. Once this form is complete, sign in **blue** ink and return it to the address provided above before December 31 of each year.

Note: For **new** TCM enrollment, contact your TCM analyst for more information in addition to submitting this form. **Do not** complete this form if your LGA is continuing TCM participation.

Choose which applies:

Enrollment

Re-enrollment

Date and LGA Information

Enrollment or Re-enrollment Request Date:

Fiscal Year Participation Request:

LGA Name:

LGA County Code:

LGA National Provider Identifier Number (NPI):

LGA Dun & Bradstreet Universal Numbering System Number (DUNS):

LGA Coordinator Name:

LGA Coordinator E-mail:

LGA Coordinator Phone #:

Last Fiscal Year Participation:

Currently Approved Target Populations / Future Target Populations

Current Target Population Participation (Approved in the existing TCM service State Plan Amendments (SPA))

(14) Children Under the Age of 21	Yes	No
(15) Medically Fragile Individuals	Yes	No
(16) Individuals at Risk of Institutionalization	Yes	No
(17) Individuals in Jeopardy of Negative Medical or Psycho-Social Outcomes	Yes	No
(18) Individuals with a Communicable Disease	Yes	No

Projected Target Population Participation (Pending SPA approval)

(14) Children Under the Age of 21	Yes	No
(15) Medically Fragile Individuals	Yes	No
(16) Individuals at Risk of Institutionalization	Yes	No
(17) Individuals in Jeopardy of Negative Medical or Psycho-Social Outcomes	Yes	No
(18) Individuals with a Communicable Disease	Yes	No

Policy Provider Agreement (PPA) Information

Does your LGA have a current executed PPA? Yes No

If the answer is "Yes", what is the duration of the PPA?

If the answer is "No", when was the last PPA executed?

Authorized Signer (Print): _____

Phone: _____

Authorized Signer (Sign): _____

Date: _____