DHCS FY 16/17 TCM APP

Intro

Fiscal Year 2016/2017 Targeted Case Management

Annual Participation Prerequisite

Important Information

For Excel 97-2003 refer to the following: Annual Participation Prerequisite (APP) is saved as 2003 version ONLY - Do not change versions. NOTE: The Excel Participation Prerequisite runs with Macros, therefore you need to set your Macro Security to Medium or Low. Before opening the prerequisite, open Excel and click the "Tools" menu from the top menu bar then select "Macro" and then "Security".

In the dialog box, verify security is set to Medium or Low. This should enable you to use the APP properly. If you set security to Medium, you will need to select "Enable Macros" when prompted.

For Excel 2007 or later, refer to the MS Help and How To:

http://office.microsoft.com/en-us/excel/HA100310711033.aspx#2

Introduction

Local Governmental Agencies (LGA) opting to participate in the Targeted Case Management (TCM) Program for fiscal year (FY) FY 2016/2017 must complete this electronic version of the "FY 2016/2017 TCM Annual Participation Prerequisite" (APP) and provide all required program documentation.

The APP provides DHCS with participation and compliance information for the upcoming fiscal year. The information relates to federal Medicaid requirements established by the federal Centers for Medicare and Medicaid Services (CMS) and assists DHCS with oversight of the TCM Program.

"Electronic Excel Spreadsheet Survey Format

This year's APP is a collection of Excel spreadsheets designed to gather basic information about your LGA's participation in the TCM program. Each sheet guides you in providing the information required to describe your TCM program. The collection includes a basic set of questions; based on your responses, additional supplemental sheets will automatically be generated. See the ""Instructions"" Tab for information on navigating the APP."

"Submission

The FY 2016/2017 TCM APP and all required program documents must be submitted electronically via email to DHCS at CRTraining@dhcs.ca.gov by July 1, 2016 to allow TCM claiming for FY 2016/2017. See the instructions in the ""Submit"" Tab."

Changes to required documents

DHCS is requesting additional information be added to the Performance Monitoring Plan (PMP). See the changes in the "Terms" tab

The LGA Signature Authority form is required for all LGA authorized signers for 2016/2017. See the instructions in the "Signature Auth" tab.

Read all information on each page carefully and keep in mind the system can take a few minutes to load.

Contents

APP Table of Contents

The purpose of the APP Table of Contents is to provide you with the definition of each sheet/tabs of the APP.

Introduction Tab - The "Introduction" sheet provides general information about this year's APP.

Instructions Tab - The "Instructions" sheet provides instructions for completion, navigation, validation and submission.

Contents Tab - The "APP Table of Contents" sheet provides you with a synopsis of each Tab of the APP.

Targets Tab - The "Target Populations" sheet provides the definitions of all five TCM target populations as defined in the California State Medicaid Plan.
Terms Tab - The "List of Definitions, Abbreviations, and Acronyms" sheet provides meanings to some unfamiliar terms used in the APP

Participation Tab - The "LGA Participation" sheet is used to indicate the target population(s) your LGA requests to participate in the fiscal year.

[Target] Survey Tab - The "[Target Population Name] Target Population Survey" sheets are generated only when a target population is selected in the "Participation" Tab. It is used to provide estimates for your LGA TCM program for each target population your LGA will be participating in for the fiscal year. This information is federally required on an annual basis and is also used for DHCS statistical reporting.

Costs Tab - The "Costs" sheet is used to indicate the total cost of the TCM Program for your LGA.

"Providers Tab - The ""Provider Agency Type"" sheet is used to identify which type of agencies will be providing services for each target population.

"Agencies Tab - The "" LPE/CBO Provider Agency Names "" sheet is generated only when a CBO or LPE is identified as subcontracting providing TCM on the ""Providers"" Tab. This is used to provide names of agencies subcontracting providing TCM.

LPE-CBO Tab - The "LPE/CBO Provider Agency Supplemental Information" sheets are used to provide program information about agencies with whom your LGA subcontracts with for the provision of TCM. (One sheet per LPE/CBO.) Note: An APP may contain up to 25 LPE/CBO sheets.

"SubCodes Tab - The ""Subprogram Codes"" sheet is used to assign subprogram codes to all of your LGA provider agencies as required by PPL-08-023.

LGA Time Survey Frequency Tab - The purpose of the "LGA Time Survey Frequency" tab is to inform DHCS of the Frequency your LGA will use for the Time Survey for the next fiscal year.

Document List Tab - The "Document List" lists all of the required documentation to be included with the APP submission.

Profile Tab - The "LGA Profile" sheet provides a link to the form used to change or update LGA Profile information. (This form must be emailed or mailed to DHCS).

Signature Auth Tab -The "Invoice Signature Authority" sheet provides a link to the form used to change or update the LGA Signature Authority. (This form must be mailed to DHCS).

"Validation Tab - The ""Validation and Error Correction"" sheet assists you to identify your errors before the APP can be submitted.

"Submit Tab - The ""Submission of APP Survey"" sheet provides instructions for submitting the APP package.

Instructions

Instruction

The purpose of the "Instructions" sheet is to provide you with useful tips to complete the electronic version of the APP.

"Navigation:

Use ""Next"" and ""Back"" navigation buttons to navigate the APP in the order presented. Many fields are dependent on the information from preceding sheets. If you are unable to use the 'Next' and 'Back' buttons, be sure that you have not saved the APP as any other versions other than Excel 2003."

Data Entry:

Use the mouse to move between data entry fields. In Agency, Subcodes, and Document List tabs: In order to use drop downs, you must "tab" out of any cell you are inputting. Use "Tab" key to move between cells.

"Scrolling:

When returning to a sheet, it may not be oriented to the top left of the sheet. You may need to scroll up or over to view the area you need."

"Validation:

The ""Validation"" Tab will contain messages to assist you in making corrections. Errors on the validation page must be resolved before you email the APP. "

"Saving the APP:

At any point, you may save the APP. For 2007 and later users, you must save as a macro-enabled workbook or save in 2003 compatible format.

"Submission:

After validation errors are corrected, you can submit the APP by following the instructions on the ""Submit"" Tab.

Subcodes:

On the 'subcodes tab' LGAs should create a subcode for each subdivision of the provider agencies providing services.

Protected Cells: If you receive a popup warning that the cell is protected when you are attempting to entry data, you will need to click on the 'review tab' above and select 'unprotect cell'.

Targets

Target Populations

The purpose of the "Target Populations" sheet is to provide you with the TCM target populations definitions.

14 - CHILDREN UNDER THE AGE OF 21 (CH)

Medi-Cal eligible children, under the age of 21 years old, who are at high risk for medical compromise due to one of the following conditions:

• Failure to take advantage of necessary health care services, or

• Noncompliance with their prescribed medical regime, or

• An inability to coordinate multiple medical, social and other services due to the existence of an unstable medical condition in need of stabilization, or

• An inability to understand medical directions because of comprehension barriers, or

• A lack of community support system to assist in appropriate follow-up care at home, or

• Substance abuse, or • A victim of abuse, neglect or violence; and

In need of assistance in accessing necessary medical, social, educational, or other services, when comprehensive case management is not being provided elsewhere.

15 - MEDICALLY FRAGILE INDIVIDUALS (FA)

Medi-Cal eligible individuals, 18 years or older, who are medically fragile, and have multiple diagnoses. Such individuals must also be at high risk for medical compromise due to one of the following conditions:

• Failure to take advantage of necessary health care services, or

• Noncompliance with their prescribed medical regime, or

• An inability to coordinate multiple medical, social and other services due to the existence of an unstable medical condition in need of stabilization, or

• An inability to understand medical directions because of comprehension barriers, or

• A lack of community support system to assist in appropriate follow-up care at home, or

• Substance abuse, or

• A victim of abuse, neglect or violence; and

In need of assistance in accessing necessary medical, social, educational, or other services, when comprehensive case management is not being provided elsewhere.

16 - INDIVIDUALS AT RISK OF INSTITUTIONALIZATION (IR)

"Medi-Cal eligible individuals 18 years or older, who are in frail health, and meet the following criteria:

Have been identified as needing assistance due to one of the following reasons:"

• Are in need of assistance to access services in order to prevent medical institutionalization, or

• Exhibits an inability to independently handle personal, medical or other affairs, or

• Are transitioning to a community setting, who due to socioeconomic status, substance abuse, neglect or violence have failed to take advantage of necessary health care services; and

At high risk for medical compromise due to one of the following conditions:

• Failure, or inability to take advantage of necessary health care services, or

• Noncompliance with their prescribed medical regime, or

• An inability to coordinate multiple medical, social and other services due to the existence of an unstable medical condition in need of stabilization, or

• An inability to understand medical directions because of comprehension barriers, or

• A lack of community support system to assist in appropriate follow-up care at home, or

• Substance abuse, or

• A victim of abuse, neglect or violence; and

In need of assistance in accessing necessary medical, social, educational, or other services, when comprehensive case management is not being provided elsewhere.

17 - INDIVIDUALS IN JEOPARDY OF NEGATIVE HEALTH OR PSYCHO-SOCIAL OUTCOMES (NO)

Medi-Cal eligible individuals in jeopardy of negative health or psycho-social outcomes due to one of the following disparity factors:

• Substance abuse in the immediate environment, or

• History of, or in danger of family violence, or

• History of, or in danger of delinquency, or

• History of or in danger of physical, sexual or emotional abuse, or

• Experiencing substandard housing, or

• Illiteracy; and

Such individuals must be in need of assistance in accessing necessary medical, social, educational, or other services, when comprehensive case management is not being provided elsewhere.

18 - INDIVIDUALS WITH A COMMUNICABLE DISEASE (CD)

Medi-Cal eligible individuals infected with a communicable disease, including tuberculosis, HIV/AIDS etc.; or individuals who have been exposed to communicable diseases, until the risk of exposure has passed. Such individuals must also be at high risk for medical compromise due to one of the following conditions:

• Failure, or inability to take advantage of necessary health care services, or

• Noncompliance with their prescribed medical regime, or

• An inability to coordinate multiple medical, social and other services due to the existence of an unstable medical condition in need of stabilization, or

• An inability to understand medical directions because of comprehension barriers, or

• A lack of community support system to assist in appropriate follow-up care at home, or

• Substance abuse, or

• A victim of abuse, neglect or violence; and

In need of assistance in accessing necessary medical, social, educational, or other services, when comprehensive case management is not being provided elsewhere.

Terms

The purpose of the "Terms" sheet is to provide you with meanings of terms used in the APP.

Community-Based Organization (CBO) - A private agency subcontracted to the LGA for the provision of TCM.

Centers for Medicare & Medicaid Services (CMS) - The federal agency which oversees the Medicaid program. CMS is an agency within the federal Department of Health and Human Services Department.

Contract/Memorandum of Understanding (MOU) – Agreement for the provision of TCM between the LGA and a subcontractor, either a CBO or LPE

Fee Mechanism - A schedule establishing fees for a TCM service. This is one mechanism used to ensure that providers do not provide services free to the general public when Medicaid (Medi-Cal) is being charged for services provided to Medi-Cal eligible clients. LGAs must have an

established fee mechanism specific to TCM Services, which may include a sliding fee schedule based on income. The fee mechanism may vary by program as is stated in the TCM Provider Manual Section T.7-1-4.

Local Governmental Agency (LGA) – A county or chartered city with a current Provider Participation Agreement with DHCS for the provision of TCM.

LGA Time Survey Frequency - The Frequency your LGA will use for the Time Survey for the next fiscal year.

Local Public Entity (LPE) – A local governmental agency subcontracted to the LGA for the provision of TCM as allowed per Assembly Bill 2527 (statutes of 2008)

National Provider Identifier (NPI) - A standard unique identifier for health care providers as required by the Health Insurance Portability and Accountability Act (HIPPA) of 1996. The NPI is a 10-digit, numeric identifier.

Performance Monitoring Plan (PMP) – An LGA plan that must specifically address how the LGA ensures non-duplication of services as stated in the TCM Provider Manual and Policy and Procedure Letters (PPL). The PMP must include specific protocols and procedures to ensure coordination and continuity of care that is provided to eligible beneficiaries. The PMP must also identify all other Medi-Cal programs or waivers that provide case management services to clients in their LGA (e.g. California Children's Services, Mental Health TCM, Childhood Lead Team, etc.).

Policy and Procedure Letter (PPL) - Clarification of state and federal rules and regulations, as well as operational guidance. DHCS issues policy and procedures regarding the TCM program.

Provider Participation Agreement (PPA) – A five year agreement between the LGA and DHCS for the provision of TCM services to eligible Medi-Cal beneficiaries.

Subcontractor - A CBO or LPE with a contract with the LGA for the provision of TCM.

Subdivision - A subdivision of a provider agency. This could be a unit, division, or department, within the provider agency that provides TCM services.

Participation

LGA Participation

The purpose of the "LGA Participation" sheet is to inform DHCS which Targeted Population(s) your LGA request to participate in for the fiscal year 2016-2017

"1. LGA Name: Select your LGA name from the drop down menu provided.

"2. LGA Agency Name: Enter the full legal name of the LGA agency acting on behalf of the LGA.

"3. Target Population Participation: Select ""Yes"" for each TCM Target Population(s) in which your LGA intends to participate in the fiscal year 2016-2017. The system will generate Target Population Survey sheets based on the target population(s) you

select. LGA Name: Code: 0 LGA Agency Name: Participation Target Population Yes No

14 - Children (CH)

15 - Fragile Adults (FA)

16 - Institutional Risks (IR)

17 - Negative Outcomes (NO)

18 - Communicable Diseases (CD)

Costs

LGA Total Program Cost Estimates

Provide estimates for your LGA's TCM Total Program Costs.

Provide the most accurate estimates possible. Your program will not be limited to these amounts.

The following is a summary of the amounts your entered on the Target Population Surveys:

Summary of Estimated Number of Medi-Cal TCM Clients 0

Summary of Estimated Number of Medi-Cal TCM encounter

Enter your estimated Total Program Costs $0.00 (Amount comparable to the TCM Cost Report, Worksheet A, Line 22.)

Explain the method used to calculate the projections. If you need more room, attachment a document with the method and check this box:

Providers

Provider Agency Type

The purpose of the "Provider Agency Type" sheet is to indicate the provider agency type who will be providing the TCM services.

Agency Types Providing Services: For each of the target populations below, check the applicable boxes to indicate the Agency Types which will be providing the TCM services. Please keep in mind that for each Agency Type selected the APP will generate a form for each. Agency Types Providing Services

Target Population	LGA	CBO	LPE
14 - Children (CH)			
15 - Fragile Adults (FA)			
16 - Institutional Risks (IR)			
17 - Negative Outcomes (NO)			
18 - Communicable Diseases (CD)			

LGA: Local Governmental Agency as defined in California Welfare and Institutions Code section 14132.44 that have a current Provider Participation Agreement with DHCS for the provision of TCM.

CBO: Community-Based Organization

LPE: Local Public Entity as defined in Assembly Bill 2527 (statutes of 2008)

SubCode

Subprogram Codes

#Provider Agency Name Name of Subdivision* Providing Services Sub Code Target Population Agency Type

*Subdivision - A subdivision of a provider agency. This could be a unit, division, or department, within the provider agency that provides TCM services.

TS Frequency

LGA Time Survey Frequency

The purpose of the "LGA Time Survey Frequency" sheet is to inform DHCS of the Frequency your LGA will use for the Time Survey for the fiscal year 2016-17.

LGA Budget Units with 1 to 99 Participants: Each Work Day

LGA budget units participating in the CMAA and/or TCM programs with less than 100 total participants must complete a time survey on a perpetual or ‘daily’ basis. Therefore, the participants are required to complete a time survey or functional time sheet, or equivalent, every work day of each quarter to capture 100 percent of their time. A functional time sheet collects all information relative to the program claim by tracking and delineating (by function or program) an employee’s work time and the amount of time the employee spends performing a specific service and/or activity on a daily basis.

LGA Budget Units with 100 to 199 Participants: 20 Consecutive Work Days

LGA budget units participating in the CMAA and/or TCM programs with 100 to 199 participants must complete a time survey for 20 consecutive work days. Therefore, the participants are required to complete a time survey or functional time card, or equivalent, for 20 consecutive work days of each quarter to capture 100 percent of their time.

LGA Budget Units with 200 to 399 Participants: 10 Consecutive Work Days

LGA budget units participating in the CMAA and/or TCM programs with 200 to 399 participants must complete a time survey for 10 consecutive work days. Therefore, the participants are required to complete a time survey or functional time card, or equivalent, for 10 consecutive work days of each quarter to capture 100 percent of their time.

LGA Budget Units with 400 or More Participants: 5 Consecutive Work Days

LGA budget units participating in the CMAA and/or TCM programs with 400 or more participants must complete a time survey for 5 consecutive work days. Therefore, the participants are required to complete a time survey or functional time card, or equivalent, for 5 consecutive work days of each quarter to capture 100 percent of their time.

Frequency

Each Work Day

20 Consecutive Work Days

10 Consecutive Work Days

5 Consecutive Work Days

Document List

Document List

Performance Monitoring Plan

Index Name of Document Document File Name Elec. Dup. Check "Yes"/"No"

Profile

LGA Profile

Click on the link below to open the LGA Profile Request form. Complete the form, and forward the hard copy to TCM as instructed on the form. Do not include this form with the submission of the APP package.

LGA Profile Request

Signature Auth

Invoice Signature Authority

Click on the link below to add and update all LGA Signature Authority information for FY 2016/2017. Forms submitted prior to APP FY 2016/2017 will no longer be valid for 2016/2017 invoices. Complete the form, and forward a hard copy to TCM as instructed on the form. Do not include this form with the submission of the APP package.

TCM LGA Signature Authority Request

Validation

Validation and Error Correction

The purpose of the Validation and Error Correction sheet is to provide a list of error(s) detected.

"1. Tab Name: Each tab name is a link back to that sheet for returning to the sheet with the errors. 2. Errors Detected: Errors on the validation page must be resolved before submission.

Participation

You must select the county or city your LGA represents

You must provide the full LGA Agency Name

You must select at least one target population your LGA requests to participate in.

Costs

You must enter a total program cost estimate

You must enter a method

Providers

No Errors Found.

SubCodes

There are no subcodes on the Subcodes tab. Please return to Subcodes tab and click "Populate with Minimum Required Subcodes".

Document List

There are no documents on Document List tab. Please return to the Document List tab and click "Generate Required Documents List"

Submit

Submission of APP

The APP and the supporting documents listed on the "Document List" tab must be emailed to TCM by July 1, 2016 to enable TCM claiming for FY

2016/2017

There are still validation errors which need to be corrected. You must correct errors before you can submit the survey.

"APP Email Instructions:

1. Save the APP: Save the completed APP using the 'Save APP' button. (This will save the APP with the LGA info in a standard format.) If you are using Excel 2007 or later, you must save as a macro-enabled workbook or save in 2003 compatible format

2. Compress if required: Because of the size of the APP and the supporting documentation, you are required to compress the APP and the supporting documents. Depending on the size of the total package, you may have to divide the contents between several compressed files and email them separately. NOTE: TCM email size limit is 30MB.

"3. Submit via Email: Submit all the emails that contain the APP and supporting documentation to CRTraining@dhcs.ca.gov. The email must be from the Local Government Agency (LGA) Coordinator. The APP sent from the LGA Coordinator's email address will be accepted as if signed. Only emails from the LGA Coordinators email address will be accepted.

"The subject line of emails must the be in the following format:

Single email: LGA Name APP submission email: 1 of 1.

Multiple emails: LGA Name APP submission email: 1 of 3: This would be 1 of 3 emails."

Example: This is the second of 4 emails from Sacramento.

For Questions on the APP:

Contact your TCM Analyst or email to CRTraining@dhcs.ca.gov