

TCM GLOSSARY

Target Case Management Glossary of Terms

Advisory Committee	Representatives, designated by all local governmental agencies participating in the targeted case management program, to assist the Department of Health Services (DHS) in the formulation of targeted case management program policy.
Audit File	A file of documentation supporting each quarter's Medi-Cal Administrative Activities Claim. This documentation should be kept for at least three years after the date of the last revision to the quarter's claim, or final resolution of an audit, whichever is the later.
Case Managers	Individuals employed by the local governmental agency who meet the qualifications as outlined in the California State Plan and California Code of Regulations Section 51272.
Centers for Medicare & Medicaid Services (CMS)	The federal agency which oversees the Medicaid program.
Comprehensive Individualized Services Plan	A plan developed by the case manager on behalf of the beneficiary that is reviewed and approved in writing by the case manager's supervisor. The plan shall document the following: The actions required to meet identified service needs; the community programs, persons/and/or agencies to which the beneficiary will be referred; a description of the nature, frequency and duration of the activities and assistance necessary to achieve service outcomes.
Crisis Assistance Planning	A component of TCM service that includes coordination and arrangement of immediate service or treatment needed in those situations that appear to be emergency in nature, or which require immediate attention or resolution in order to avoid, eliminate or reduce a crisis situation. This is not available to outpatient clinic clients.

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Cost Report	A TCM annual report due each year for each local county program on or before November 1st of each year. The annual TCM cost report must be submitted to DHS for determination of the rate in the current fiscal year. The report shall reflect only allowable TCM costs and shall include all costs for the prior fiscal year.
County Match	Monies from the local governmental agency's General Fund, or from any other funds allowed under the federal law and regulation, for TCM services performed pursuant to Welfare and Institutions Code Section 1432.44(f).
Direct Patient Care	Time spent providing medical treatment or mental health services directly to patients.
Documented Assessment	A component of TCM service that identifies the beneficiary's needs and supports the selection of activities and assistance necessary to meet the assessed needs.
Encounter	A face-to-face contact or a significant telephone contact with or on behalf of the Medi-Cal eligible person for the purpose of rendering one or more TCM service components by a case manager.
Encounter Log	A log used by case managers to record the necessary encounter information required to support claims to the Medi-Cal program for reimbursement and kept for audit purposes.
Federal Financial Participation (FFP) Rate	The proportion of allowable cost to be reimbursed by the federal government. In California, 50 percent FFP is available for the provision of TCM services when these services are included in the State Plan.
General Administration	An administrative activity that includes time spent attending or conducting general, non-medical staff meetings; developing and monitoring program budgets; providing instructional leadership; site management; supervising staff or participating in employee performance reviews; reviewing departmental or unit procedures and rules; presenting or participating in in-service orientations and programs; health promotion activities for county employees; and earning of compensatory time off (CTO).

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High-risk persons	High risk person are those who have failed to take advantage of necessary health care services, or do not comply with their medical regimen or who need coordination of multiple medical, social and other services due to the existence of an unstable medical condition in need of stabilization, substance abuse or because they are victims of abuse, neglect or violence.
Host County	The local governmental agency designated by all local governmental agencies participating in the TCM program, to be the administrative and fiscal intermediary between the department and all participating local governmental agencies.
Local Governmental Agency	A county or chartered city.
Per Encounter Reimbursement Rate	The annual reimbursement rate developed for each local county program providing services to Medicaid eligible persons who meet the target population criteria. The rate is calculated by dividing the prior fiscal years' cost of providing TCM services by the total number of encounters (both Medicaid and non-Medicaid) in that fiscal year. LGA's may only claim the federal share of the costs of providing TCM services to Medicaid eligible persons, less the required county match. See Federal Financial Participation.
Periodic Review	A component of TCM service that includes a review of the beneficiary's progress toward achieving the objectives identified in the service plan to determine whether current services should be continued, modified or discontinued.
Place of Service	In terms of TCM case documentation, place of service constitutes an address, office, home, agency, etc. This information is intended for audit trail purposes.
Provider Agreement	An agreement between the state and a LGA to provide TCM services as a covered Medi-Cal benefit to various identified targeted population and claim federal Medicaid reimbursement. The agreement enrolls the LGA as a Medi-Cal provider.

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Quarterly Summary Invoice	The summary or aggregate of costs on each quarterly detail invoice. Prepared by an LGA on behalf of all claiming entities or programs within its jurisdiction, it is submitted on the agency's letterhead and is the amount to be subject to FFP reimbursed to the LGA for the quarter.
Single State Agency	The state agency charged with administering the Medicaid program. In California, the single state agency is the Department of Health Services.
Skilled Professional Medical Personnel (SPMP)	An employee of a public agency who has completed a two year or longer program leading to an academic degree or certification in a medically related profession and who is in a position that has duties and responsibilities requiring those professional medical knowledge and skills.
State Plan	A comprehensive written statement submitted by the State describing the nature and the scope of its Medicaid Program and giving assurance that it will be administered in conformity with the specific federal requirements. The State Plan serves as a basis for federal financial participation (FFP) in the program.
State Plan Amendments (SPA's)	The vehicle used to amend, add or delete material from the California State Plan. For TCM, five amendments to the California State Plan were submitted to HFCA that define distinct target populations that are eligible to receive case management services. These target populations correlate with six distinct programs Public Health, Outpatient Clinics, Schools, Public Guardian/Conservator, Linkages and Adult Probation.
Target Group	A defined and specific group of Medi-Cal beneficiaries defined in a State Plan Amendment to whom TCM services can be provided.

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Targeted Case Management (TCM)	Services which assist a Medi-Cal eligible individual in a defined target population to gain access to needed medical, social, educational, and other services. TCM is comprised of components that include needs assessment, setting of objectives related to needs, individual service planning, service scheduling, crisis assistance planning and periodic evaluation of service effectiveness.
Targeted Case Management Cap	The total, or maximum dollar amount that may be claimed in the current fiscal year. The TCM cap is calculated by multiplying the per encounter reimbursement rate by the projected number of Medi-Cal encounters.
Targeted Case Management Provider	In accordance with Section 14132.44, Welfare and Institutions Code, a local governmental agency under contract with the DHS to provide TCM services and enrolled as a TCM provider in the Medi-Cal program.
Time Survey	An approved methodology for determining the percentage of allowable employee costs. The purpose of the time survey is to determine the costs percentage of time TCM case managers, their supervisors and support staff spend providing TCM.