



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



EDMUND G. BROWN JR. GOVERNOR

Targeted Case Management (TCM) System
Request for User ID

Submit Forms To:

Department of Health Care Services
Safety Net Financing Division
Targeted Case Management Unit
P.O Box 997436, MS 4603
Sacramento, CA 95899 - 7436
or e-mail at DHCS-TCM@dhcs.ca.gov

Users with "Local Governmental Agency (LGA) Admin" level may create "LGA User" type accounts. The LGA Coordinator must keep this form on file. All other accounts must be created by Department of Health Care Services (DHCS) (see note below). Once this form is complete, please sign in blue ink and return it to the address provided above.

NOTE: This form contains personal information and must be secured. If you choose to fax, you must inform your TCM Analyst personally before faxing to DHCS so the analyst can monitor the fax machine. Original signed form must be mailed to your TCM Analyst at the DHCS address above.

LGA:

Name of User:

Last Four Digits of SSN:

Phone:

E-mail:

User Level: LGA User LGA Admin DHCS User
DHCS Admin DHCS Accounting

Start Date [] End Date []

As a condition of obtaining access to information concerning data and records used and maintained by the State Department of Health Care Services (DHCS), I, _____ agree not to divulge, publish, or otherwise make public any information regarding person(s) receiving Medi-Cal services such that the person who received such services are identifiable.

Access to such data shall be limited to Local Governmental Agencies (LGA) and their subcontractors participating in the TCM Program who require the information in the performance of their duties and to such others as may be authorized by the DHCS.

I recognize that unauthorized release of confidential information may make me subject to civil and criminal sanctions pursuant to the provisions of the Welfare and Institutions, Code, Section, 14100.2.

Signature of TCM User Date

Signature of Authorized TCM Coordinator Date

DHCS or LGA Administrator Use Only:
ID Assigned: _____ BY: _____ Date: _____