

## Medi-Cal Targeted Case Management Provider Manual Appendix C

**Glossary of Terms** 



## **TCM PROVIDER MANUAL -** Glossary of Terms

<u>Budget Unit</u>: The budget unit is the budgetary/organizational unit identifiable on the Local Governmental Agency (LGA) organization chart and general ledger that provides Targeted Case Management (TCM) and other Non-TCM services by staff belonging to the unit. The budget unit includes 100% labor costs of all staff within the unit as well as non-labor costs incurred for providing all services Total funds supporting the defined budget unit in providing all services should be identifiable in the general ledger of the unit. The TCM Cost Report assumes the TCM budget unit is readily identifiable on the LGA organizational chart and LGA general ledger.

<u>Case Management Agency</u>: An LGA or LGA subcontractor who is providing TCM services.

<u>Centers for Medicare and Medicaid Services (CMS)</u>: The federal agency that oversees the Medicare and Medicaid programs, and is part of the U.S. Department of Health and Human Services.

Certified Public Expenditures (CPE): CPE is defined in Title 42 CFR Section 433.51.

**Comprehensive Individualized Services Plan:** The care plan.

<u>Community-Based Organization (CBO)</u>: A private agency subcontracted to the LGA for the provision of TCM services.

Contract / Memorandum of Understanding (MOU): An agreement for the provision of TCM services between the LGA and a subcontractor- either a CBO or Local Public Entity (LPE). MOUs serve to define the coordination of care and respective responsibilities for TCM clients. The Department of Health Care Services (DHCS) has developed protocols to address non-duplication issues between Medi-Cal Managed Care Health Plan (MCPs) and the TCM Program.

<u>Contributing Public Agency</u>: The LGA, another State or local governmental entity which provides funding for TCM services provided to target populations.

Interim Billing Rate: Will be identified in the TCM System as the encounter rate. A per encounter interim payment approximates the Medi-Cal TCM program cost per encounter eligible for Federal Financial Participation (FFP) through the CPE process. DHCS utilizes annual accepted TCM cost report to compute the Interim Medi-Cal TCM Encounter Payment Rate Calculation (IMTEPR). The IMTEPR will be used until a new interim rate is established after the newly filed Cost Report is accepted.

The purpose of an interim payment is to provide a per encounter interim payment that will approximate the Medi-Cal TCM Program cost per encounter eligible for FFP claimed through the CPE process. Computation for establishing an interim Medi-Cal TCM Program encounter payment claimed by CPEs must be performed on an annual basis.



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**Local Governmental Agency (LGA)**: An LGA is a county or chartered city. It is also referred to as a TCM Provider in this Manual.

**Local Public Entity (LPE)**: An LPE subcontracts with the LGA for the provision of TCM, as allowed per <u>Assembly Bill 2527</u> (statutes of 2008).

<u>Policy and Procedure Letter (PPL)</u>: Issued by DHCS for the purpose of clarifying state and federal rules and regulations, as well as operational guidance.

<u>Service Providers</u>: The LGA or a CBO/LPE contracted with the LGA to provide TCM services on behalf of the LGA. The service provider must assure that the client is provided rapid access to an appropriate case manager. To provide TCM services, the provider agency must meet the TCM Provider qualifications, have a signed Provider Participation Agreement (PPA) with DHCS or the LGA, and be an authorized provider of TCM services as defined in the California State Plan Amendment.

**Single State Agency**: The state agency charged with administering the Medicaid program. In California the single State agency is DHCS.

<u>State Plan</u>: A comprehensive written statement submitted by the State describing the nature and the scope of its Medicaid Program, giving assurance that it will be administered in conformity with specific federal requirements. The State Plan serves as a basis for FFP in the program.

**State Plan Amendments (SPAs)**: The vehicle used to amend, add or delete material from the California State Plan.