

State of California—Health and Human Services Agency

Department of Health Care Services



Targeted Case Management (TCM) Program Requirements Checklist

Please use this checklist to ensure that all the requirements to participate in the TCM Program are met.

#	Required Item	Due Date	Authority	Complete
1	Cost Report (CS)	November 1 Each Fiscal Year (FY)	Welfare and Institutions (W&I) Code 141322.44	
2	Time Survey (TS) Training	Prior to July 1 Each FY	County-Based Medi-Cal Administrative Activities (CMAA)/TCM Time Survey Methodology; Policy and Procedure Letter (PPL) 15-008	
3	Annual Participation Prerequisite (APP)	July 1 Each FY	TCM Provider Manual	
4	Performance Monitoring Plan (PMP)	July 1 Each FY	Title 22 California Code of Regulations (CCR) 5127; PPL 15-002, PPL 11-008, PPL 11-006	
5	Provider Participation Agreement (PPA)	Every 5 Years (Unless Amended)	Title XIX of the Social Security Act; Titles 42 and 45 of the Code of Federal Regulations (CFR) including but not limited to 42 CFR Sections 413.20, 413.24, 433.32, 433.51. California Medicaid State Plan; Chapters 7 and 8 of the W&I Code (commencing with Section 14000); Title 22 of the CCR (commencing with Section 50000); DHCS issued policy directives, including PPLs; Federal Office of Management and Budget (OMB) Circular A-87	
6	Fee Mechanism	July 1 Each FY	TCM Provider Manual; Section 1915(g) of the Social Security Act	
7	TS Participation	July 1 - June 30 Each FY	CMAA/TCM Time Survey Methodology	
8	Local Governmental Agency (LGA) Profile Request	July 1 Each FY	TCM Online System Requirement	
9	LGA Signature Authority Request	July 1 Each FY	TCM Online System Requirement	
10	TCM User Request	As Needed	TCM Online System Requirement	
11	DUNS Notification Form	July 1 Each FY	Title 2 CFR, Part 25, Section 200 (c)(1); Title 2 CFR, Part 25, Section 205 (b)	