Michigan Department of Health and Human Services
Children's Special Health Care Services (CSHCS)
Children with Medical Complexity Targeted Case Management (CMC TCM) Program
Application Form

The CMC TCM case management entity offers outpatient, intensive case management services to eligible Medicaid beneficiaries. The case management entity must be Michigan Medicaid enrolled and not otherwise funded to provide similar services to the same population. Please provide your organization's information.		
CMC TCM Case Management Entity:		
CMC TCM Program Name (if different):		
Address:		City:
State:		Zip Code:
CMC TCM Program Contact Person Name:		
Phone:		Email Address:
Please provide information regarding the required CMC TCM Program core team:		
Medical Director/Pediatrician (Medicaid Enrolled) Name:		
Provider NPI Number:	License:	Credentials:
Email Address:		
Non-Physician Practitioner Name:		
License:		Credentials:
Email Address:		
Registered Nurse Clinical Case Manager Name:		
License:		Credentials:
Email Address:		
Licensed Clinical Social Worker Name:		
License:		Credentials:
Email Address:		
Coordinator Name:		
Email Address:		
Administrative Staff Name:		
Email Address:		
Attestations		

☐The CMC TCM case management entity will:

- Ensure that the beneficiary and/or parent/guardian are actively involved in developing the plan of care.
- Have program staff available to answer phone calls from CMC TCM patients and coordinate their care 24 hours per day, 7 days per week.
- Coordinate with MHPs and LHDs as necessary to ensure beneficiaries' needs are addressed.

☐ We acknowledge that our program meets the following provider qualifications:

- The capacity to provide all core elements of case management services including:
  - Comprehensive client assessment

- Comprehensive care/service plan development
- Linking/coordination of services
- Follow-up and monitoring of services
- Reassessment of the beneficiary's status and needs

- Sufficient number of qualified staff to meet the case management service needs of the target population
- An administrative capacity to ensure quality of services in accordance with State and Federal requirements
- A financial management capacity and system that provides a record of services and costs
- The capacity to document and maintain individual case records in accordance with State and Federal requirements.

☐ We attest that the CMC TCM case management entity will not bill for other case management services for patients receiving CMC TCM services.

☐ We acknowledge that if the CMC TCM core team needs to terminate CMC TCM services for any reason, the CMC TCM core team is required to notify the beneficiary and/or parent/guardian 45 days before the termination, document the reason for the termination in the beneficiary's comprehensive, individualized plan of care, offer a meeting to discuss, advise of appeal rights for any action related to eligibility, and submit a CMC TCM Deauthorization form (BPHASA-2410) to the document management portal.

☐ We understand that if a beneficiary appeals actions related to CMC TCM eligibility or services, a program physician will participate in the appeal with a representative of MDHHS to explain the action.

☐ We understand that failure to meet and maintain all policy requirements may result in termination of eligibility as an MDHHS CMC TCM program.

CMC TCM Case Management Entity Authorization *I hereby certify that all the above information is correct, to the best of my ability, as of the date of signature. I have read and will abide by the CMC TCM policy located in the CMC TCM section of the Special Programs chapter of the Michigan Medicaid Provider Manual and the State Plan. The undersigned individual or officer certifies by their signature that they are authorized to sign this attestation on behalf of the CMC TCM case management entity.*

CMC TCM case management entity (Organization) Signature:	
Typed/Printed Name:	Date:
CMC TCM Program Medical Director Signature:	
Typed/Printed Name:	Date:
MDHHS Clinic Development Analyst Authorization	
☐ Approved	☐ Denied
Signature:	Date:
Type/Printed Name:	

Michigan Department of Health and Human Services Children's Special Health Care Services (CSHCS) Children with Medical Complexity Targeted Case Management (CMC TCM) Program Application Form	
MDHHS-CSHCS, Policy & Program Development Manager Authorization	
Signature:	Date:
Type/Printed name:	
MDHHS-Office of Medical Affairs, CSHCS Physician Consultant Approval	
Signature:	Date:
Type/Printed Name:	

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

AUTHORITY: Title XIX of the Social Security Act and Administrative rule 400.1104(a)
COMPLETION: Is voluntary, but is required if Medical Assistance program payment is desired.