All County Medi-Cal Administrative Activities (MAA)/
Targeted Case Management (TCM) Coordinators and
Advisory Committee Members

PERFORMANCE MONITORING PLAN REQUIREMENT FOR CASE
MANAGEMENT SERVICES

The purpose of this letter concerns the performance monitoring plan requirement for all
Local Governmental Agencies (LGAs) participating in the TCM program.

In some instances, LGAs may employ individuals who perform case management
services under the TCM program, as well as under other programs providing case management
services. For example, a Childhood Lead Program case manager may find it necessary to assist a
client with an elevated blood level with their housing needs. This same client may also qualify
for TCM under the target population for Public Health and possibly receive similar housing
assistance from the TCM (Public Health) case manager. This may result in potential duplication
of case management services. Pursuant with 45 Code of Federal Regulations (CFR) 74.53 and
the Office of Management and Budgets (OMB) Circular A-87, which is incorporated into federal
Medicaid regulations at 45 CFR 74.171, each LGA must ensure such duplication of services does
not occur. This potential duplication of case management services may occur regardless of the
scope of the program, i.e., case management services reimbursed through Medi-Cal and/or
non-Medi-Cal programs, and is avoided through the systematic controls described in each LGA's
performance monitoring plan.

As described in Policy and Procedure Letter (PPL) No. 96-028, to ensure such case
management services are not duplicated within each LGA, Department of Health Services (DHS)
requires each LGA to maintain a performance monitoring plan that includes “protocols and
procedures to establish a county wide system to ensure non-duplication of services. The
performance monitoring plan also coordinates continuity of care among providers of TCM
services provided to beneficiaries who are eligible to receive case management services from two
or more programs.” This potential duplication of case management services reimbursed through
a Medi-Cal and/or non-Medi-Cal payer may occur with and is not limited to the five TCM
Programs.

Other programs that provide reimbursement for case management services include, but
are not limited to the Medi-Cal Lead Program, the California Children's Services (CCS), and
the Child Health and Disability Prevention (CHDP) programs.
Therefore, LGAs that participate in and claim through the TCM program and other programs providing case management services must include in the performance monitoring plan a description of the systematic controls that will ensure non-duplication of TCM services.

If you have any questions regarding this policy, please contact the Administrative Claiming Unit analyst assigned to your LGA.

Sincerely,

[Signature]

Darryl Nixon, Chief
Medi-Cal Benefits Branch

Targeted Case Management: X
Medi-Cal Administrative Activities:
Policy Effective Date: July 1, 1997
Policy Reference: PPL 97-016, 96-028,
45 CFR 74.53

anc: See next page.
cc: Ms. Kathleen Gentry  
Host County Liaison  
455 Pine Avenue  
Half Moon Bay, CA 94019

Mr. Richard Chambers  
Associate Regional Administrator  
Health Care Financing Administration  
Division of Medicaid  
75 Hawthorne Street, Fifth Floor  
San Francisco, CA 94105-3901

Mr. Bill Lasowski  
Technical Director  
Office of Financial Services  
Health Care Financing Administration  
7500 Security Blvd., MS-C4-18-27  
Baltimore, MD 21224-1850

Mr. Larry Lee  
Accountant  
Division of Medicaid  
Health Care Financing Administration  
801 I Street, Room 210  
Sacramento, CA 95814