



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

DATE: March 19, 2015

PPL 15-004

TO: All Local Governmental Agency (LGA) Coordinators for the Targeted Case Management (TCM) Program

SUBJECT: **Introduction/Establishment and Distribution of the Medi-Cal Eligibility Data System (MEDS) Account Request form for the Department of Health Care Services (DHCS) TCM Services**

This Policy and Procedure Letter (PPL) is to establish and distribute to the Local Governmental Agencies (LGAs) participating in the Targeted Case Management (TCM) Program a form to request MEDS access or deletion of MEDS access. This form is required to be completed by the LGA Coordinator when an activation or deletion is necessary for the LGA Coordinator and/or LGA appointed staff. It should be noted that only three (3) MEDS accounts per LGA are allowed at a time.

Once the MEDS Account Request form is received by the DHCS/TCM Program, it will be processed by the MEDS access liaison for DHCS. If there are any issues with the form such as missing information or signature, an email notification will be sent to the LGA Coordinator. Once the form is accepted, processed, and approved by the DHCS MEDS access liaison, an email will be sent to each applicant with the User I.D., password, and a MEDS network user manual (allow seven (7) business days for your form to be processed).

To ensure proper processing of the MEDS Account Request form, each user requesting access or deletion to MEDS must:

- Complete all required fields
- Sign in blue ink
- Mail form(s) to the address listed in the 'submit forms' field (the address is also listed below for your convenience)
- Retain a copy of the MEDS Account Request form for their records

LGA TCM Coordinators
Page 2
March 19, 2015

Mail the required signed MEDS Account Request form to:

Mailing Address:

Attn: Sara Schmid
Department of Health Care Services
SNFD/TCM Unit, MS 4603
P.O. Box 997436
Sacramento, CA 95899-7436

Overnight Mail:

Attn: Sara Schmid
Department of Health Care Services
SNFD/TCM Unit, MS 4603
1501 Capitol Avenue, Suite 71.3024
Sacramento, CA 95814-5005

If you have any questions regarding this PPL, email the TCM program at dhcs-tcm@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY MICHELLE KRISTOFF

Michelle Kristoff, Chief
Medi-Cal Administrative Claiming Section

Enclosures