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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

DATE: January 30, 2015 **PPL No. 15-002**

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

SUBJECT: **Targeted Case Management and the Managed Care Plan Memorandum of Understanding Protocols to Assure Non-Duplication of Services and Annual Performance Monitoring Plan Requirements**

This Policy and Procedure Letter (PPL) is notification to Local Governmental Agencies (LGAs) that the Department of Health Care Services' (DHCS), Targeted Case Management (TCM) program, has received clearance from the Centers for Medicare and Medicaid Services (CMS) to proceed with the Memorandum of Understanding (MOU) Protocols. LGAs participating in the TCM Program must coordinate with Medi-Cal Managed Care Health Plans (MCP) in counties operating in Geographic Managed Care (GMC), County Organized Health Systems (COHS), Regional Model, Two-Plan Model, San Benito Model, and Imperial Model counties. LGA TCM providers will be required to enter into an MOU with each MCP serving members in the LGA's county, effective July 1, 2015.

California's "Bridge to Reform", Section 1115 Medicaid Demonstration Waiver and the related Medi-Cal Managed Care Expansion requires broader MCP responsibility for care coordination and case management services for beneficiaries. This includes coordination and referral of resources for client social support issues.

In order to implement a collaborative approach between TCM and MCPs, LGAs in all Medi-Cal Managed Care counties will be required to enter into an MOU. These MOUs will serve to define the respective responsibilities and necessary coordination between TCM and MCPs.

DHCS has developed protocols for the coordination between TCM and MCPs. These protocols shall be used by the LGAs entering into the required MOUs. (For detailed MOU protocol guidance, see enclosed document.) Both the MCPs and the LGA TCM programs will comply with Health Insurance Portability and Accountability Act (HIPPA) requirements when sharing medical information between MCPs and the LGA TCM program. Both the MCPs and the LGA will pursue obtaining HIPAA consents from both

MCP members and LGA TCM clients to allow sharing of medical information between them.

Since the MOU protocols are now available, PPLs 12-005 and 12-013 are rescinded and the protocols are now incorporated in the MOU.

The MOU must be fully executed and submitted to the DHCS TCM program by July 1, 2015. Should an MOU be executed, changed, or updated any time after July 1, 2015, LGAs are to submit fully executed MOUs to the DHCS program. Mail MOUs via the address below:

Department of Health Care Services
Safety Net Financing Division
Targeted Case Management, MS 4603
P.O. Box 997436
Sacramento, CA 95899-7436

In addition to the Performance Monitoring Plan (PMP) requirements stated in PPL 11-006 and 11-008, and to provide assurance that claims for TCM will not be duplicated claims with Medi-Cal Managed Care claims, all LGAs in Managed Care counties must amend their PMPs by July 1, 2015, to provide the following additional information required by the approved MOU Protocols:

- LGAs will communicate with MCPs at least once every six months for clients with open medical issues needing case management.
    - LGA TCM Case Managers will contact the appropriate client MCP Case Manager to discuss the client medical issues and/or related social support issues.
    - Coordination will include, at a minimum, all medical issues and all social support related issues identified by the MCP and/or by the LGA TCM Program.
- LGA Case Managers will obtain and review the MCP's member care plan.
- LGA Case Managers will notify the MCP that the client is receiving TCM services and has identified a social support issue(s) that may impede the implementation of the MCP care plan.

PMP requirements and procedures outlined in PPLs 11-006 and 11-008 are still required. Those requirements and procedures are as follows:

PPL 11-006

- Annually provide MCPs with the TCM target populations in which the LGA participates, including the TCM target population definition(s).

- Identify TCM clients who are assigned to MCPs to assist TCM programs and MCPs in meeting coordination requirements:

    - LGAs will query all TCM clients to ascertain if they are assigned an MCP for their primary medical care.

    - DHCS will provide monthly sharing of client information electronically to both MCPs and to LGAs. This information will indicate to what MCP LGA TCM clients have been assigned.

    - LGAs may also pursue access to existing DHCS provider eligibility information validation systems for client Medi-Cal Managed Care provider information.

- Refer any client with an open TCM case to the client's MCP care coordinator when the TCM case manager identifies client medical needs.

- Notify the MCP care coordinator when client medical needs are not being addressed in a timely or effective manner as deteremined by the TCM case manager from monitoring the client condition and/or progress.

- Provide the MCPs with client status updates when a TCM assessment is performed.

Additionally, for clients who meet the definitions of the TCM target populations in which the LGA participates, TCM programs shall provide MCPs with direction for referring clients to TCM when:

    - The MCP has identified a non-medical need requiring face-to-face case management.

    - The MCP identifies issues where TCM face-to-face case management may be beneficial.

- MCPs shall collaborate with TCM for referrals when the client requires services not covered by the MCP.

- All such coordination must be described and documented in TCM client case notes.

- DHCS will review case notes to ensure LGAs are properly coordinating with the MCP.

- Referral does not automatically confirm enrollment into a TCM program.

- If not enrolled with TCM, the MCP retains responsibility for low or no cost referral to local resources.

PPL 11-008

- In the PMP, identify all other Medi-Cal programs or waivers that provide case management services to clients in their LGA.

- Detail the procedures and steps used to identify TCM clients receiving services through such programs. This must at least include client self-declaration by specifically querying clients for information about case management services they may be receiving elsewhere. It is strongly recommended that TCM programs identify contacts within their counties for any other programs or waivers with whom to check client participation. Evidence of client status in regard to other programs or waivers must be documented in client case notes.

- If client participation in other programs or waivers is identified, LGAs must follow the detailed specific methods to coordinate, and should be specificed in their existing PMP procedures. These procedures may include such elements as specific program contacts for other specific programs, frequency of contacts, protocols for coordination, etc. All such coordination must be documented in client case notes.

For more details and information concerning these requirements and procedures, please refer to PPL 11-006 and 11-008.

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

Sincerely,

ORIGINAL SIGNED BY MICHELLE KRISTOFF

Michelle Kristoff, Chief
Administrative Claiming, Local and School Services Branch

Enclosures