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State of California—Health and Human Services Agency
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To Whom It May Concern:

**TARGETED CASE MANAGEMENT (TCM) FISCAL YEAR 2008-09
PARTICIPATION SURVEY**

Enclosed are the requirements for participation in the TCM Program for fiscal year 2008-09. The TCM 2008-09 Participation Survey contains all of the documents needed to apply for annual participation, including a checklist to ensure the package submitted is complete.

Local Governmental Agencies (LGAs) will not be able to participate in any of the TCM target groups for State fiscal year 2008-09 if the signed Participation Survey and all requested documentation are not received by DHCS postmarked on or before the **June 30, 2008** deadline. Also, please keep in mind that original signatures are to be in **blue ink**. Please mail to:

Department of Health Care Services
ACLSS Branch
Targeted Case Management Unit
1501 Capitol Avenue, MS 4603
P.O. Box 997436
Sacramento, CA 95899-7436
Attention: Jennifer Hogan

Retain a complete copy of the Survey for your files.