



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

DATE: May 11, 2011

**PPL No. 11-006**

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

SUBJECT: LGA TCM Program Coordination with Medi-Cal Managed Care Health Plans to Assure Non-Duplication of Services

This Policy and Procedure Letter is notification of the requirement that LGA TCM Programs coordinate with Medi-Cal Managed Care Health Plans (Health Plan) in counties operating Geographic and Two-Plan Medi-Cal Managed Care Health Plans to ensure there are no duplicate services provided to Medi-Cal beneficiaries, effective June 1, 2011.

California's "Bridge to Reform", Section 1115 Medicaid Demonstration Waiver and the related Medi-Cal Managed Care Expansion requires Health Plan responsibility for broader 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 Health Plans and to offer the broadest care possible to beneficiaries, LGAs in Geographic and Two-Plan Medi-Cal Managed Care counties will be required to enter into a Memorandum of Understanding (MOU) with each Health Plan serving beneficiaries in the LGA's jurisdiction. These MOUs will serve to define the respective responsibilities and necessary coordination between TCM and Health Plans.

The Department of Health Care Services (DHCS) is developing protocols for this coordination. Once released, these protocols shall be used by LGAs in entering into the required MOUs. Further guidance for these MOUs will be forthcoming.

Because these MOUs will not be fully executed in time for the June 1, 2011, implementation of the Medi-Cal Managed Care Expansion, the Centers for Medicare and Medicaid Services is requiring assurance that claims for TCM will not duplicate claims for Medi-Cal Managed Care concurrent with this implementation. To provide this assurance, LGAs in Geographic and Two-Plan Medi-Cal Managed Care counties must develop coordination policies and procedures to ensure non-duplication and amend their TCM Performance Monitoring Plans (PMPs) accordingly. These amended PMPs

must be effective as of June 1, 2011, and filed with DHCS no later than that date via email to [CRTraining@dhcs.ca.gov](mailto:CRTraining@dhcs.ca.gov).

The amended PMPs must include, at a minimum, procedures for TCM programs for case managers to coordinate with Health Plans as follows:

- Annually provide Health Plans with the TCM target populations in which the LGA participates, including the TCM target population definition(s).
- Identify TCM clients who are assigned to Health Plans to assist TCM programs and Health Plans in meeting coordination requirements:
  - LGAs will query all TCM clients to ascertain if they are assigned a Health Plan for their primary medical care.
  - DHCS will provide monthly sharing of client information electronically to both Health Plans and to LGAs. This information will indicate what Health Plan LGA TCM clients have been assigned to. This data sharing is currently in development. Details will be forthcoming.
  - LGAs may also pursue access to existing DHCS provider eligibility information validation systems for client Medi-Cal Managed Care provider information. Details will be forthcoming.
- Refer any client with an open TCM case to the client's Health Plan care coordinator when the TCM case manager identifies client medical needs.
- Notify Health Plan care coordinator when client medical needs are not being addressed in a timely or effective manner as determined by the TCM case manager from monitoring the client condition and/or progress.
- Provide Health Plans with client status updates when a TCM assessment is preformed.

Additionally, for clients who meet the definition of the TCM target populations in which the LGA participates, TCM programs shall provide Medi-Cal Managed Care Health Plans with direction for referring clients to TCM when:

- The Health Plan has identified a non-medical need requiring face-to-face case management.
- The Health Plan identifies issues where TCM face-to-face case management may be beneficial.

In addition, the Health Plans shall collaborate with TCM for referrals when the client requires services not covered by the Health Plan. Other rules and/or guidelines to follow include:

- All such coordination must be described and documented in TCM client case notes.
- DHCS may review case notes to ensure LGAs are properly coordinating with Health Plans.
- Referral does not automatically confirm enrollment into a TCM program.
- If not enrolled with TCM, the Health Plan retains responsibility for low or no cost referral to local resources.

If you have any questions regarding this PPL, please contact Tracy Albano, Chief, TCM Unit, by phone at (916) 341-7384 or by email at [Tracy.Albano@dhcs.ca.gov](mailto:Tracy.Albano@dhcs.ca.gov).

Sincerely,

**ORIGINAL SIGNED BY GERI BAUCOM**

Geri Baucom, Chief  
Administrative Claiming, Local and School Services Branch