

[LGA Official Letterhead]

[DATE]

[BENEFICIARY NAME]

[Address]

[City, State Zip]

**Medi-Cal County-based Targeted Case Management (TCM) Services and Enhanced Care Management (ECM)**

Dear [BENEFICIARY NAME]:

You are receiving TCM services from [LOCAL GOVERNMENTAL AGENCY (LGA) NAME]. As of July 1, 2024, you can choose to complete your care plan through either:

1. [LGA NAME]'s TCM provider; or
2. [MANAGED CARE PLAN (MCP) NAME]'s ECM provider.

ECM provides you with complete care management from a lead care manager for all health-related care. ECM can connect you to physical, mental, and dental care, and social services. ECM easily allows members to get the right care in the right time and setting. ECM care managers may also meet you where you are.

Please let [LGA NAME] know of your choice. If you choose ECM through [MCP NAME], then [LGA NAME] will refer you to [MCP NAME]'s ECM program. If you do not make a selection, you can continue to receive TCM services. Your choice will not impact your ability to get most other Medi-Cal benefits.

Please contact [LGA CONTACT INFORMATION] if you have any questions.

[LGA SIGNATURE BLOCK]