

Performance Monitoring Plan for Non-Duplication of Services Requirements Checklist

The Targeted Case Management (TCM) Performance Monitoring Plan (PMP) is required under CCR, title 22, Section 51271(a). The PMP helps ensure statewide non-duplication of payments and efficient use of agency resources to meet beneficiary needs. The PMP must include protocols and procedures for coordination and continuity of care among providers for Medi-Cal beneficiaries who are eligible to receive TCM services from two or more programs/providers.

- Identify TCM clients who are assigned to MCPs to assist TCM programs and Managed Care Plans (MCPs) in meeting coordination requirements.
- LGAs will query all TCM clients to ascertain if they are assigned an MCP for their primary medical care.
- Department of Health Care Services (DHCS) will provide monthly sharing of client information electronically to both MCPs and to Local Governing Agencies (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 determined 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.

**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.
- Identify all other Medi-Cal programs or waivers that provide case management services to clients in their LGA.
- Detailed procedures and steps used to identify TCM clients are not duplicating services. Note: Must include client self-declaration by specifically querying clients for information about case management services they may be receiving elsewhere.
- Identify contacts within the LGA for any other programs or waivers with whom to check client participation.
- Evidence of client status regarding 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 specified 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.

I agree to all the items in the TCM PMP checklist and for Non-Duplication of Services.

LGA Name:

LGA Coordinator name:

LGA Coordinator Signature:

Date:

DHCS Use Only:

Name: _____

Date: _____

Title: _____