

[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 getting TCM services through [LOCAL GOVERNMENTAL AGENCY (LGA) NAME] and ECM through [MANAGED CARE PLAN (MCP) NAME]. As of July 1, 2024, you can choose to complete your care plan through:

1. Both TCM and ECM providers; or
2. TCM provider only; or
3. ECM provider only.

Please let [LGA NAME] know of your choice. If you do not make a selection, you will continue to receive both services through both TCM and ECM providers. 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]