

[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 eligible to get TCM services through [LOCAL GOVERNMENTAL AGENCY (LGA) NAME] and ECM through [MANAGED CARE PLAN (MCP) NAME]. 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.

ECM provides 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. Your choice will not impact your ability to get most other Medi-Cal benefits. If you do not make a selection, you will get TCM only. If your care plan goals are not met by July 1, 2025, you will be referred by [LGA NAME] to [MCP NAME] to only receive ECM.

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

[LGA SIGNATURE BLOCK]*