

[LGA Official Letterhead]

[DATE]

[BENEFICIARY NAME]

[Address]

[City, State Zip]

Medi-Cal Enhanced Care Management (ECM) Referral from Targeted Case Management (TCM)

Dear [BENEFICIARY NAME]:

You may be able to get ECM services from [MANAGED CARE PLAN (MCP) NAME]. [LOCAL GOVERNMENTAL AGENCY (LGA) NAME] will refer you to [MCP NAME] to verify if you can get ECM. [LGA NAME] will not be providing you with TCM at this time.

ECM provides you with complete care management from a lead care manager for all health-related care. ECM can connect you to physical, mental, 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.

If [MCP NAME] says that you do not qualify for ECM, please let [LGA NAME] know, as you may then qualify for TCM from [LGA NAME].

Please contact [LGA CONTACT INFORMATION] for any questions.

[LGA SIGNATURE BLOCK]