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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 3@ Health Care Services

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Article 4@ Scope and Duration of Benefits

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Section 51351@ Targeted Case Management Services

51351 Targeted Case Management Services

(a)

Targeted case management services shall include at least one of the following service components: (1) A documented assessment identifying the beneficiary's needs. The assessment shall support the selection of services and assistance necessary to meet the assessed needs and shall include the following, as relevant to each beneficiary: (A) Medical/mental condition. (B) Physical needs, such as food and clothing. (C) Social/emotional status. (D) Housing/physical environment. (E) Familial/social support system. (F) Training needs for community living. (G) Educational/vocational needs. (2) Development of a comprehensive, written, individual service plan, based upon the assessment specified in subsection (a)(1) above. The plan shall be developed in consultation with the beneficiary and/or developed in consultation with the beneficiary's family or other social support system. The plan shall be in writing and, as relevant to each beneficiary, document the following: (A) The nature, frequency, and duration of the services and assistance required to meet identified needs. (B) The programs, persons and/or agencies to which the beneficiary will be referred. (C) Specific strategies to achieve specific beneficiary outcomes. (D) Case manager's supervisor's signature. (3) Implementation of the service plan includes linkage and consultation with and referral to providers of service. The case manager shall follow-up with the beneficiary and/or provider of service to determine whether services were received

and whether the services met the needs of the beneficiary. The follow-up shall occur as quickly as indicated by the assessed need, but shall not exceed thirty (30) days from the scheduled service. (4) Assistance with accessing the services identified in the service plan includes the following: (A) Arranging appointments and/or transportation to medical, social, educational and other services. (B) Arranging translation services to facilitate communication between the beneficiary and the case manager, or the beneficiary and other agencies or providers of service. (5) Crisis assistance planning to coordinate and arrange immediate service or treatment needed in those situations that appear to be emergent in nature or which require immediate attention or resolution in order to avoid, eliminate or reduce a crisis situation for a specific beneficiary. (A) For the target populations defined in Section 50262.7(a)(2), crisis assistance planning shall be restricted to non-medical situations. (6) Periodic review of the beneficiary's progress toward achieving the service outcomes identified in the service plan to determine whether current services should be continued, modified or discontinued. The review or reinvestigation shall be: (A) Completed at least every six months, (B) Conducted by the case manager in consultation with the beneficiary and/or in consultation with the beneficiary's family or social support system, and (C) Approved by the case manager's supervisor. (7) Any modifications to the plan of service shall be made in writing and become an addendum to the plan of service.

(1)

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needs for community living. (G) Educational/vocational needs.

(A)

Medical/mental condition.

(B)

Physical needs, such as food and clothing.

(C)

Social/emotional status.

(D)

Housing/physical environment.

(E)

Familial/social support system.

(F)

Training needs for community living.

(G)

Educational/vocational needs.

(2)

Development of a comprehensive, written, individual service plan, based upon the assessment specified in subsection (a)(1) above. The plan shall be developed in consultation with the beneficiary and/or developed in consultation with the beneficiary's family or other social support system. The plan shall be in writing and, as relevant to each beneficiary, document the following: (A) The nature, frequency, and duration of the services and assistance required to meet identified needs. (B) The programs, persons and/or agencies to which the beneficiary will be referred. (C) Specific strategies to achieve specific beneficiary outcomes. (D) Case manager's supervisor's signature.

(A)

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identified needs.

(B)

The programs, persons and/or agencies to which the beneficiary will be referred.

(C)

Specific strategies to achieve specific beneficiary outcomes.

(D)

Case manager's supervisor's signature.

(3)

Implementation of the service plan includes linkage and consultation with and referral to providers of service. The case manager shall follow-up with the beneficiary and/or provider of service to determine whether services were received and whether the services met the needs of the beneficiary. The follow-up shall occur as quickly as indicated by the assessed need, but shall not exceed thirty (30) days from the scheduled service.

(4)

Assistance with accessing the services identified in the service plan includes the following: (A) Arranging appointments and/or transportation to medical, social, educational and other services. (B) Arranging translation services to facilitate communication between the beneficiary and the case manager, or the beneficiary and other agencies or providers of service.

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(B)

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(5)

Crisis assistance planning to coordinate and arrange immediate service or treatment needed in those situations that appear to be emergent in nature or which require immediate attention or resolution in order to avoid, eliminate or reduce a crisis situation for a specific beneficiary.(A) For the target populations defined in Section 50262.7(a)(2), crisis assistance planning shall be restricted to non-medical situations.

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(7)

Any modifications to the plan of service shall be made in writing and become an addendum to the plan of service.