```
California Code Of Regulations
|->
Title 22@ Social Security
|->
Division 3@ Health Care Services
|->
Subdivision 1@ California Medical Assistance Program
|->
Chapter 8@ CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE
|->
Article 1@ DEFINITIONS
|->
```

# Section 58005@ Care Management/Care Coordination 58005 Care Management/Care Coordination

"Care Management/Care Coordination" includes, but is notlimited to the following:

### (a)

the performance of a comprehensive individualized face-to-face assessment conducted in the client's place of residence;

#### (b)

the development of a Plan of Care;

#### (c)

the performance of a comprehensive, individualized reassessment at least every six months;

## (d)

when desired by the individual and determined necessary by the Care

Management Provider Agency, coordination of appropriate services and ongoing

monitoring of the delivery of such services; and

## (e)

the development of a discharge plan when the Care Management Provider Agency services, or the Policy benefits, are about to be terminated and if further care is needed. If the insured is immediately eligible for Medi-Cal, the Care Management Provider Agency shall prepare a transition plan. Care Management/Care Coordination takes an all-inclusive look at a person's total needs and resources, and links the person to a full range of appropriate services using all available

funding sources.