METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE
Targeted Case Management:

Targeted case management for children ages birth through seventeen years in the custody of or under the supervision of the Mississippi Department of Human Services Division of Family and Children's Services is reimbursed on a fee for services basis using a monthly service unit amount established by the Division of Medicaid in cooperation with the Mississippi State Department of Human Services Division of Family and Children's Services.

G. **Payment for Targeted Case Management (TCM) Services** under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TCM Services by Public Providers
TCM for children, ages birth through seventeen years of age in the custody of or under the supervision of the Mississippi Department of Human Services, Division of Family and Children's Services (DHS), provided by public providers will be reimbursed through an encounter fee. The TCM encounter fee will be based on the actual costs associated with allowable case management service delivery. The TCM encounter fee will be prospectively determined on a semi-annual basis and will be computed using the actual case management costs for the previous six month period.

Description of TCM Services Monthly Case Management Fee Computation

1. The qualified Medicaid provider will submit a six (6) month cost report to the Division of Medicaid. Cost reports will be filed for the period January 1 – June 30 and July 1 – December 31. Cost reports must be filed with the Division of Medicaid, Reimbursement Division on or before three (3) months following the end of the cost report period. Should the due date fall on a weekend or a state or federal holiday, the due date will be the first business day following such weekend or state federal holiday. The cost report will include both the direct and indirect costs of providing case management services and statistical information regarding the number of children served, including the number of encounters. The cost report will include allocations between the different programs administered by the provider and the computation of the actual cost of case management. The provider must submit a copy of the two (2) most current Random Moment Time Studies (RMTS) with each cost report. The RMTS must show the times allocated to each program administered by the provider. Costs that are not directly allocable to TCM or another program will be allocated among the provider programs based on the RMTS.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

2. When the cost allocated to TCM has been determined, it will be divided by the number of encounters. The result will be the cost per encounter. The encounter cost will be used to set the next semi-annual prospective encounter fee.

3. Cost reports that are filed for January 1 – June 30 will set the TCM encounter fee for the following January 1 – June 30. Likewise, July 1 – December 31 cost reports will be used to determine the TCM encounter rate for the following January 1 – June 30.

4. DHS may bill each face-to-face encounter, with a maximum of six (6) encounters per calendar month. In addition, and encounter may be billed, no more often than once per calendar month, for time spent reviewing a case when no face-to-face encounter occurs. Collateral encounters may be billed as medically necessary.

TCM Services for Non-Public Providers

Will pay in accordance with Attachment 4.19-B page 19(a).

Not withstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.