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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 7@ Payment for Services and Supplies

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Section 51535.7@ Targeted Case Management Services Reimbursement

51535.7 Targeted Case Management Services Reimbursement

(a)

Each targeted case management provider of service pursuant to Welfare and Institutions Code, Section 14132.44, shall complete and submit to the department, by November 1 of each year, a cost report of the prior year costs of each local program providing targeted case management services in a format specified by the department. Only one cost report shall be submitted for targeted case management services provided to target populations specified in subsections 50262.7(a)(1); 50262.7(a)(2); 50262.7(a)(3)(A); 50262.7(a)(3)(B), (C) or (D); or 50262.7(a)(3)(E).

(b)

The cost report shall certify all of the following:(1) The availability and expenditure of one-hundred (100) percent of the nonfederal share of the cost of providing targeted case management services from the provider's general fund or from any other federally approved source. (2) The amount of funds expended on allowable targeted case management services. (3) Targeted case management program expenditures represent costs that are eligible for federal financial participation. (4) The costs reflected in the annual cost reports used to determine targeted case management rates are developed pursuant to Welfare and Institutions Code, Section 14132.44(f)(1)(D). (5) That targeted case management services provided

in accordance with Section 1396 n(g) of Title 42 of the United States Code will not duplicate case management services provided under any home- and community-based services waiver. (6) That claims for providing case management services pursuant to Welfare and Institutions Code, Section 14132.44 will not duplicate claims made to public agencies or private entities under other program authorities for the same purposes. (7) That the provider has complied with all the requirements of Section 51271.

(1)

The availability and expenditure of one-hundred (100) percent of the nonfederal share of the cost of providing targeted case management services from the provider's general fund or from any other federally approved source.

(2)

The amount of funds expended on allowable targeted case management services.

(3)

Targeted case management program expenditures represent costs that are eligible for federal financial participation.

(4)

The costs reflected in the annual cost reports used to determine targeted case management rates are developed pursuant to Welfare and Institutions Code, Section 14132.44(f)(1)(D).

(5)

That targeted case management services provided in accordance with Section 1396 n(g) of Title 42 of the United States Code will not duplicate case management services provided under any home- and community-based services waiver.

(6)

That claims for providing case management services pursuant to Welfare and

Institutions Code, Section 14132.44 will not duplicate claims made to public agencies or private entities under other program authorities for the same purposes.

(7)

That the provider has complied with all the requirements of Section 51271.

(c)

The cost report shall reflect only the allowable direct and indirect costs of providing targeted case management services. Allowable costs include the following: (1) Salaries and benefits; (2) Services and supplies, including costs of contracted targeted case management services; (3) Operating expenses including leases, bond servicing costs and county (city)-wide overhead costs as reflected in the approved cost allocation plan; (4) Amortized capital expenditures; (5) Documented cost increases, such as contractual increases for salaries, benefits or operating costs.

(1)

Salaries and benefits;

(2)

Services and supplies, including costs of contracted targeted case management services;

(3)

Operating expenses including leases, bond servicing costs and county (city)-wide overhead costs as reflected in the approved cost allocation plan;

(4)

Amortized capital expenditures;

(5)

Documented cost increases, such as contractual increases for salaries, benefits or operating costs.

(d)

The information in the cost report shall be used to determine the annual, program specific, per encounter reimbursement rate for the current fiscal year using actual allowable costs and encounter data from the prior fiscal year.

(e)

Effective July 1, 1996, and each year thereafter, the reimbursement rate shall be calculated by dividing the allowable case management costs of providing targeted case management services by the total number of all encounters in the prior fiscal year, including encounters with persons who are not Medi-Cal beneficiaries.

(f)

Effective July 1, 1996, and each year thereafter, the total dollar amount that may be claimed in the current year by the local governmental agency for targeted case management services provided pursuant to this section shall not exceed the product of: (1) The projected number of Medicaid encounters for the current year, times the current year billable rate per encounter.

(1)

The projected number of Medicaid encounters for the current year, times the current year billable rate per encounter.

(g)

Any costs associated with providing targeted case management services in the current year in excess of the total dollar amount specified in subsection (f), shall be recognized in the annual cost report and become part of the calculation to determine the billable rate per encounter for the subsequent year.

(h)

All claims scheduled for payment for targeted case management services provided prior to July 1, 1995, are not subject to revision unless the department requests a

revised claim from the local governmental agency.