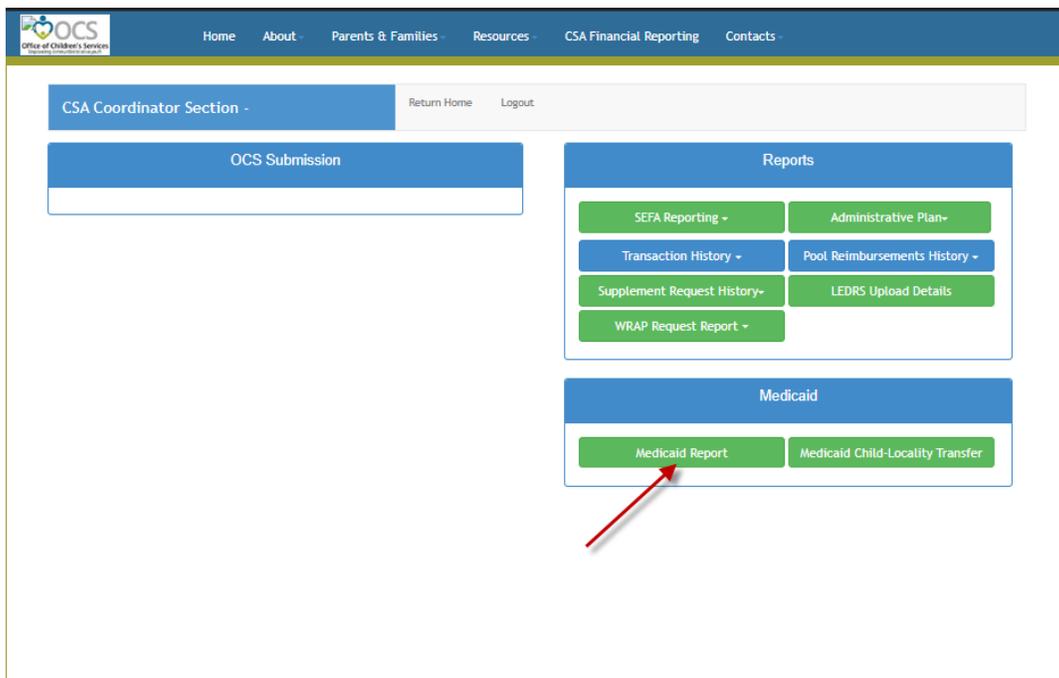


Local CSA Medicaid Review and Adjustments

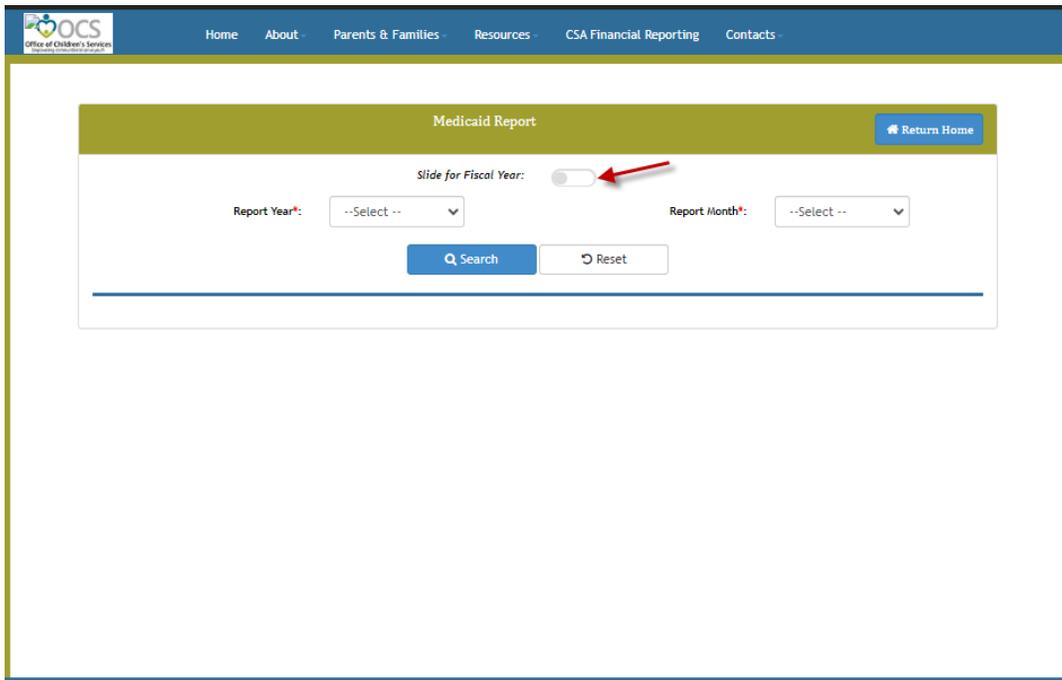
The Office of Children's Services collects, via offsets to state pool reimbursements, the required local match for specific Medicaid services (Psychiatric Residential Treatment Facilities, Therapeutic Group Homes, and Treatment Foster Care Case - Management) from localities. The Department of Medical Assistance Services (DMAS) provides claims information to OCS monthly. OCS publishes this information for verification by the localities. Verification is the mechanism to ensure that Medicaid match is correctly assigned to the CSA locality in which children are "receiving" the designated services.

Generating the Locality Medicaid Report

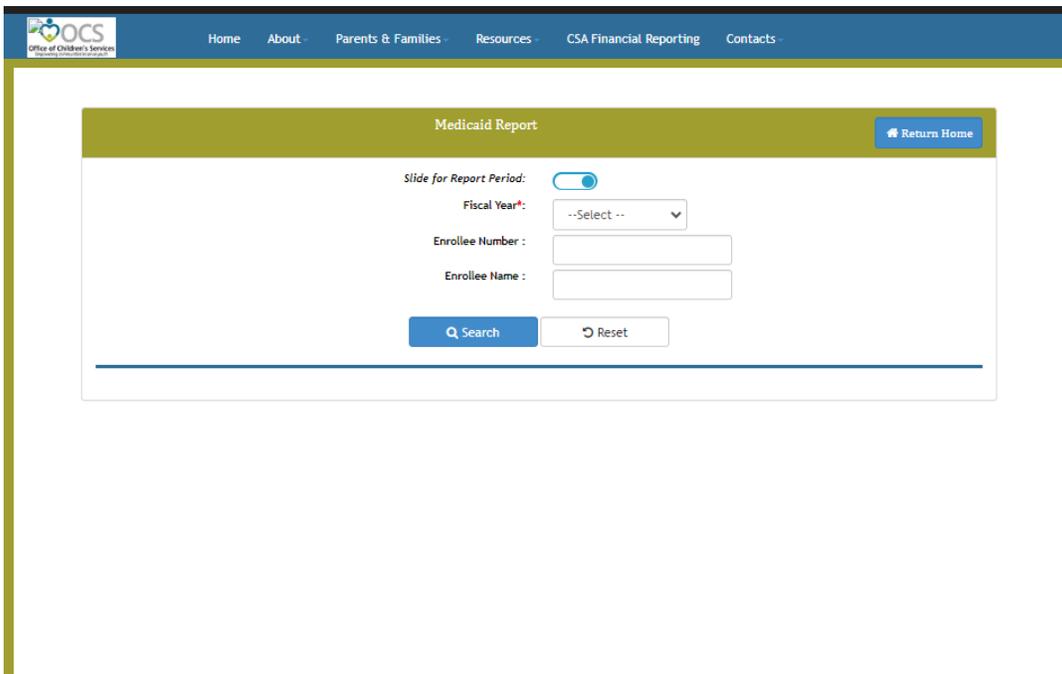
Local CSA Coordinators, designated Report Preparers with Medicaid FIPS Transfer access, and/or Fiscal Agents should review the Medicaid report every month in the Local Government Reporting area of the CSA system. OCS notifies the localities via email when the Medicaid report becomes available.



After login, the Medicaid report is available on the CSA Coordinator, designated Report Preparers with Medicaid FIPS Transfer access, or Fiscal Agent main screen. It can be downloaded for the whole Fiscal Year or a selected Calendar Year / Calendar month.



1. For the whole fiscal year report, click on the Fiscal Year Slider
2. The following screen is displayed



3. After selecting the Fiscal Year and Search button is clicked, the following screen is displayed
4. The screen also allows exporting the result to Excel

Medicaid Report

Slide for Report Period:

Fiscal Year*: 2024

Enrollee Number:

Enrollee Name:

[Export to Excel](#)

Locality	Enrollee Name	Enrollee Number ...	MedicaidType	Amount Billed	Amount	Adjustment ...	Claim
			Medicaid Claims	\$3,710.21	\$3,710.21	\$0.00	;
			Medicaid Claims	-\$3,345.02	-\$3,345.02	\$0.00	;
			Medicaid Claims	\$3,710.21	\$3,710.21	\$0.00	;
			Medicaid Claims	-\$3,345.02	-\$3,345.02	\$0.00	;
			Medicaid Claims	\$3,710.21	\$3,710.21	\$0.00	;
			Medicaid Claims	\$367.31	\$367.31	\$0.00	;
			Adjustment	\$4,112.50	-\$4,112.50	-\$4,112.50	;
			Adjustment	\$987.00	-\$987.00	-\$987.00	;
			Adjustment	\$822.50	-\$822.50	-\$822.50	;
			Adjustment	\$4,277.00	-\$4,277.00	-\$4,277.00	;
			Adjustment	\$4,277.00	-\$4,277.00	-\$4,277.00	;
			Adjustment	\$658.00	-\$658.00	-\$658.00	;
			Adjustment	\$4,112.50	-\$4,112.50	-\$4,112.50	;
			Adjustment	\$822.50	-\$822.50	-\$822.50	;
			Adjustment	\$3,948.00	-\$3,948.00	-\$3,948.00	;
			Adjustment	\$1,151.50	-\$1,151.50	-\$1,151.50	;

TOTAL AMOUNT BILLED: \$157,360.25

TOTAL AMOUNT PAID: \$13,850.35

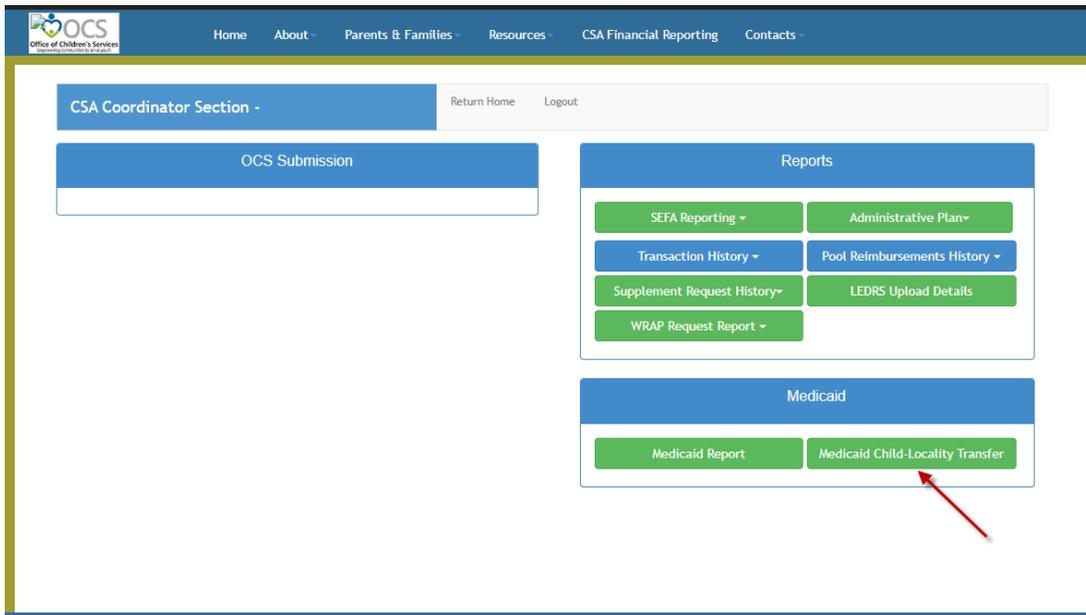
TOTAL ADJUSTMENT AMOUNT: \$-71,754.95

5. A search can also be done by Medicaid Enrollee Number or Enrollee Name for a Fiscal Year

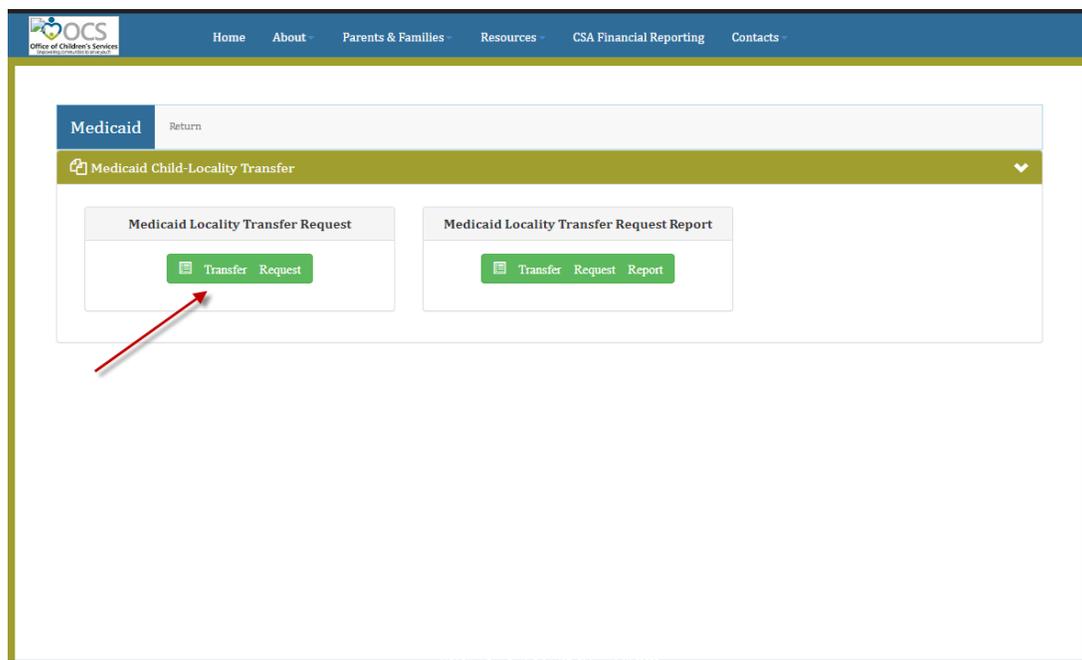
Requesting a CSA Medicaid FIPS Change

For payments beginning with FY2024, if you identify errors (i.e., a youth being incorrectly assigned to your locality), you can report this error through the CSA system as follows:

1. On the CSA website, after logging in to Local Government Reporting, click on your CSA Coordinator, designated Report Preparers with Medicaid FIPS Transfer, or Fiscal Agent module
2. Under the Medicaid section, click the “Medicaid Child Locality Transfer” button as indicated in the following screenshot



3. Next, click on the “Transfer Request” button as shown



4. Select the Report Year and Month and click the “Search” button.

Transfer Request - CSA Jurisdiction for Medicaid

Report Year*: 2023 Report Month*: August

Search Reset

REPORTYEAR	REPORTMONTH	FIPS	ENROLLEE_NUMBER	ENROLLEE_NAME ▲	MEDICAID ENROLLEE CHANGE ...
2023	8	1300	350:	Child 1	Request
2023	8	1300	353:	Child 2	Request
2023	8	1300	354:	Child 3	Request
2023	8	1300	352:	Child 4	Request
2023	8	1300	356:	Child 5	Request
2023	8	1300	356:	Child 6	Request
2023	8	1300	351:	Child 7	Request
2023	8	1300	107:	Child 8	Request
2023	8	1300	976:	Child 9	Request
2023	8	1300	351:	Child 10	Request
2023	8	1300	059:	Child 11	Request

1 / 3 Items per page 1 - 16 of 34 items

5. Next, click the “Request” button for the child for whom the locality change needs to be requested. Enter the details for the Transfer of CSA jurisdiction. If the correct locality is unknown, scroll to the bottom of the screen and select “Locality Not Known.” Fill in all the mandatory fields and click the “Submit” button. In the tabular section, all payments for the child in the system after the reporting month will be flagged for the change request.

10.193.21.208 says

Submit a Medicaid Child Locality-Transfer Request for ENROLLEE Number 5 with ENROLLEE Name E to transfer to Locality Arlington (013). The number of payments made in Report Year 2023; Report Month 8 is 2.

This Report Period might have additional payments associated with this child's ENROLLEE Number listed under a different ENROLLEE Name. After submitting this request please search with this ENROLLEE Number again to confirm transfer request is made.

OK Cancel

I certify the following:

This youth is no longer affiliated with Fairfax - Falls Church(1300) is now affiliated with

*Transfer reason:

*Comment:

*Close/Move/Change Date:

*Authorized CSA User Acknowledgment:

Request Submitted By: Preetha Agrawal

Request Date: 5/8/2024

MEDICAID REPORT ID	REPORTYEAR	REPORTMONTH	ENROLLEE_NAME	ENROLLEE_NUMBER	PROVIDER_NUMBER	PPROVIDER_SERVICE_LOCAT
716439	2023	8	Child 5	3561	1619059789	NORTHERN VIRGINIA FAMILY
719970	2023	9	Child 5	3561	1619059789	NORTHERN VIRGINIA FAMILY

1 - 2 of 2 items

Submit Cancel

6. After submission, the confirmation screen appears

10.193.21.208 says
Transfer request submitted Successfully.

OK

Transfer of CSA Jurisdiction for Medicaid Funded

I certify the following:
This youth is no longer affiliated with Fairfax - Falls Church (1300) is now affiliated with

*Transfer reason:

*Comment:

*Close/Move/Change Date:

*Authorized CSA User Acknowledgment:

Request Submitted By:

Request Date: 5/8/2024

This process might take some time. Please do not hit refresh or back button or close this window.

MEDICAID REPORT ID	REPORTYEAR ...	REPORTMONT...	ENROLLEE_NAME	ENROLLEE_NUMBER	PROVIDER_NUMBER	PPROVIDER_SERVICE_LOCAI
716439	2023	8	BABY	356f	1619059789	NORTHERN VIRGINIA FAMILY
719970	2023	9	BABY	356f	1619059789	NORTHERN VIRGINIA FAMILY

Submit Cancel

7. The main screen changes as shown below:

Transfer Request - CSA Jurisdiction for Medicaid

Return Home

Report Year*: --Select --

Report Month*: --Select --

Search Reset

REPORTYEAR	REPORTMONTH	FIPS	ENROLLEE_NUMBER	ENROLLEE_NAME ▲	MEDICAID ENROLLEE CHANGE ...
2023	8	1300	350	Child 1	Request
2023	8	1300	353	Child 2	Request
2023	8	1300	354	Child 3	Request
2023	8	1300	352	Child 4	Request
2023	8	1300	356	Child 5	Request Submitted
2023	8	1300	356	Child 6	Request
2023	8	1300	351	Child 7	Request
2023	8	1300	107	Child 8	Request
2023	8	1300	976	Child 9	Request
2023	8	1300	351	Child 10	Request
2023	8	1300	059	Child 11	Request

1 - 16 of 34 items

8. The changes and corresponding credits/debits to the involved CSA localities will be made in the next reporting period, and you will be able to see the adjustments in your monthly Medicaid report.

Please note that changes can only be made for local Medicaid share for FY2024 and after. Adjustments for FY2023 and earlier can no longer be made.