

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.

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

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- 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

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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:

- 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

Contraction of the services	Home About	: • Parents & Fami	lies Resourc	ces	CSA Financial Reporting	Contacts	
CSA Coordinato	r Section -		Return Home	Logout			
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3. Next, click on the "Transfer Request" button as shown

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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

4. Select the Report Year and Month and click the "Search" button.

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.

Lettify the following: This youth is no longer affiliated with Pairfax - Fails Artington (013) Tansfer reason: Child moved from locality Comment: This child has moved Close/Nove/Change 08/31/2023 Authorized CSA User Acknowledgment: Request Submitted By: Preetha Agrawal Request Submitted By: Preetha Agrawal Request Submitted By: S18/2024 <u>MEDICADD REPORT ID REPORTYDAR - REPORTMONT - DIROLLEE_NAME DIROULEE_NUMBER PROVIDER_SERVICE 716429 2023 8 Child 5 2561 1010059739 NORTHERN VIRGINA #</u>	S	tame About	Submit Numbe V The nu 8 is 2. This Re with thi ENROLI	a Medicaid Child Localit r S with EN L to transfer to mber of payments made sport Period might have s child's ENROLLEE Num LEE Name. After submitt POLI SE Number service to	y-Transfer Request for ENRO iROLLEE Name E Locality Arlington (013) in Report Wear 2023; Report additional payments associat ber listed under a different ing this request please search	ed with	•
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6. After submission, the confirmation screen appears

	Report Year*:	-Select	✓) Q Search	Report Month*:	Select 🗸
REPORTYEAR	REPORTMONTH	FIPS	ENROLLEE_NUMBER	ENROLLEE_NAME	MEDICAID ENROLLEE CHANGE
2023	8	1300	350	child 1	Request
2023	8	1300	254	Child 2	Request
2023	8	1300	352/	Child A	Request
2023	8	1300	356!	Child 5	Request
2023	8	1300	356/	Child S	Request Submitted
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 1D	Request
2023	8	1300	059:	Child 11	Request

7. The main screen changes as shown below:

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.