DEPARTMENT OF CHILDREN AND FAMILY SERVICES ADDITIONAL COST REPORTING GUIDELINES

MEDICAID CONTRACTS

The purpose of this guide is to make sure additional payments for Medicaid mental health services are removed from agency-reported costs and revenues prior to the DCFS excess revenue determination process.

In a schedule to accompany the Consolidated Financial Report (CFR), identify the following information related to additional Medicaid payments:

- Identify the fiscal year for the CFR being completed.
- Identify the program column(s) in the Consolidated Financial Report (CFR) where the payments have been reported.
- Identify the DCFS contract number of the program.
- For each program identified above, identify the amount(s) reported by program and the line(s)
 of the CFR containing the amount.
- Example: The CFR for the year ended June 30, 2011 contains the "Springfield Group Homes" program funded in part by DCFS contract number 1234565011. \$5,790 resulting from additional payments for Medicaid mental health services is reported on line 2 of the Revenues schedule.

Identified additional payments for Medicaid mental health payments will be excluded from the excess revenue determination process.

The reverse side contains a sample form that may be used to report these payments.

Agency Name	Residential Care of Illinois
Reporting Period	7/0/2009 / 6/30/20011
Program Column	Springfield Group Homes
DCFS Contract Number	1234565011
Additional Medicald Mental	Revenue Schedule Line #2
Health Services Payment	\$5,790
Agency Name	
Reporting Period	/
Program Column	
DCFS Contract Number	
Additional Medicaid Mental	
Health Services Payment	
Agency Name	
Reporting Period	/
Program Column	
DCFS Contract Number	
Additional Medicaid Mental	
Health Services Payment	
Agency Name	
Reporting Period	/
Program Column	
DCFS Contract Number	
Additional Medicaid Mental	
Health Services Payment	