



**Children’s Mental Health Bureau  
Comprehensive School and Community Treatment**

**CSCT Intergovernmental Transfer (IGT)  
AccessGov/Engagement Builder and Online Payment Portal  
User Manual**

*Last Updated: January 12, 2024*

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## CSCT IGT Statement Email

By the first of every month DPHHS will send all school districts with CSCT claims on the monthly claims report an email with the following information:

- Attached Excel spreadsheet with detailed ICN claim information
- Due date for the state match payment and certification form
- Links to AccessGov and the Online Payment Portal
- Mailing address for checks
- Who to contact with questions
- Important reminders including FMAP updates, new links, and upcoming trainings.

*Please note: districts will receive a statement even if no longer providing CSCT services if there are claims on the monthly report. Reasons for this may include: providers have 365 days to submit claims to Medicaid or claims have rolled over to the new month because the match was not met.*

### IGT Timeline

[IGT Timeline by Month for School Districts](#)

The IGT timeline, approved by CMS, outlines when school districts can access their statements, when payments are due, and when reimbursements will be sent.

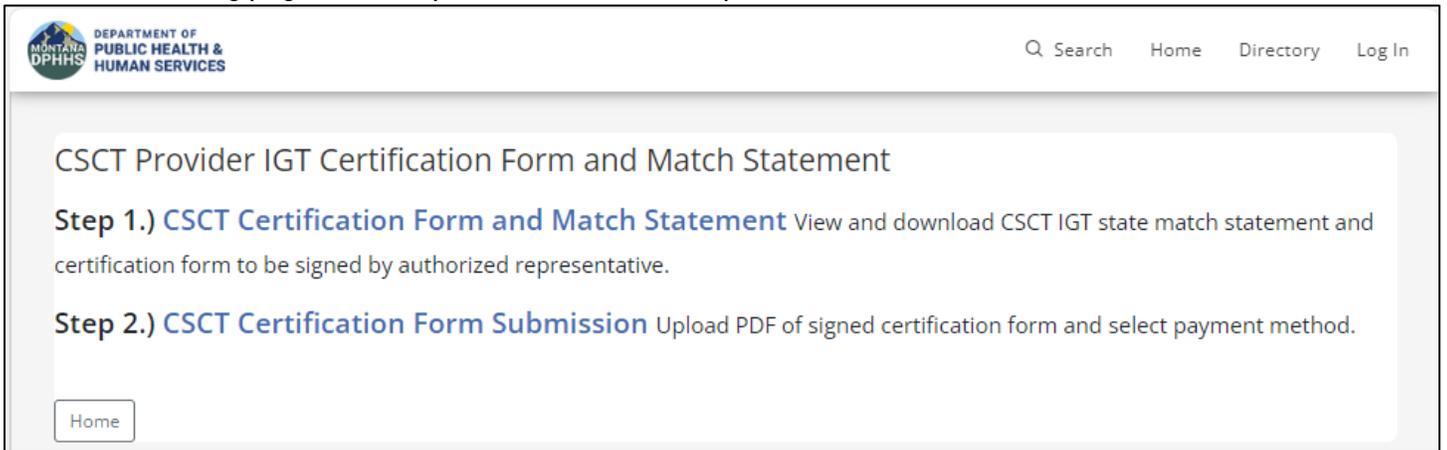
School districts have 10 business days from the first of the month to submit their non-federal state match payment and their signed certification form in order for claims to be released. This timeline takes into account holidays and weekends.

## CSCT Intergovernmental Transfer (IGT) AccessGov Two-Step Process

DPHHS utilizes the AccessGov/Engagement Builder platform for school districts to:

- Download state match statement(s)
- Download certification form(s)
- Upload PDF of signed certification form(s)
- Select payment method

*AccessGov landing page with a separate link for each step:*



The screenshot shows the AccessGov landing page for the CSCT Provider IGT Certification Form and Match Statement. The page header includes the Montana DPHHS logo and the text "DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES". Navigation links for "Search", "Home", "Directory", and "Log In" are visible in the top right corner. The main content area features a title "CSCT Provider IGT Certification Form and Match Statement" and two steps: "Step 1.) CSCT Certification Form and Match Statement" and "Step 2.) CSCT Certification Form Submission". A "Home" button is located at the bottom left of the content area.

DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

Q Search Home Directory Log In

### CSCT Provider IGT Certification Form and Match Statement

**Step 1.) CSCT Certification Form and Match Statement** View and download CSCT IGT state match statement and certification form to be signed by authorized representative.

**Step 2.) CSCT Certification Form Submission** Upload PDF of signed certification form and select payment method.

Home

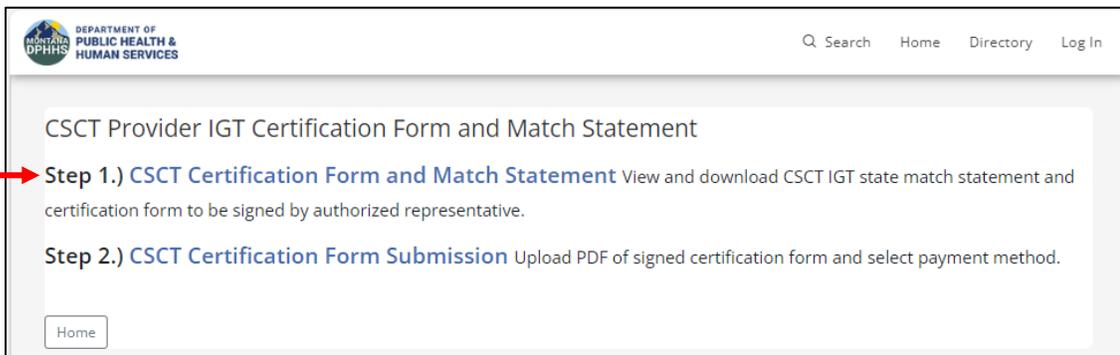
# Step 1

## Accessing and Downloading Statements and Forms

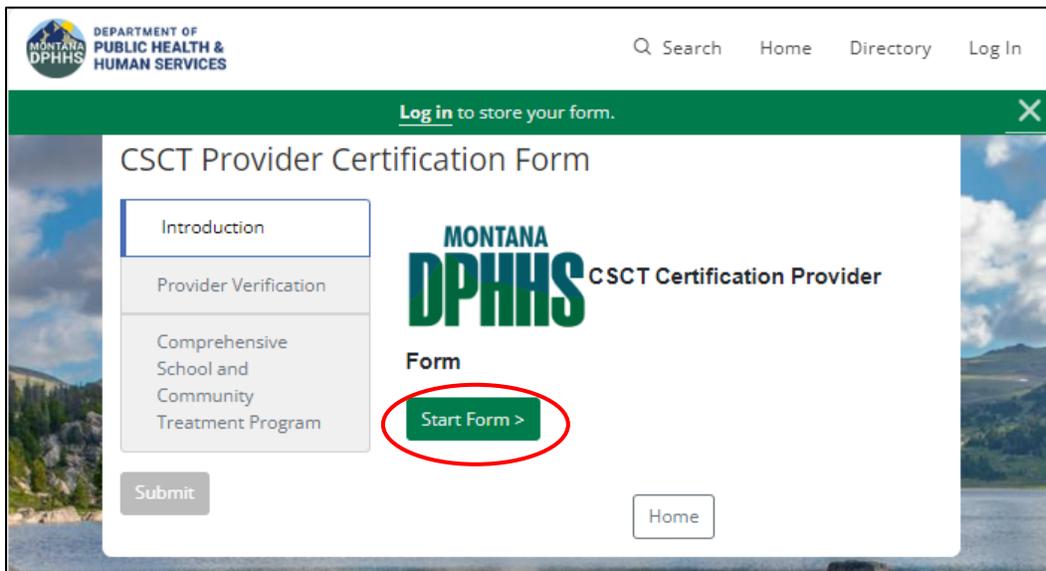
### CSCT IGT Certification Form and State Match Statement

Each month the school district is required to download and print the CSCT Provider Certification Form and have the authorized representative sign the form.

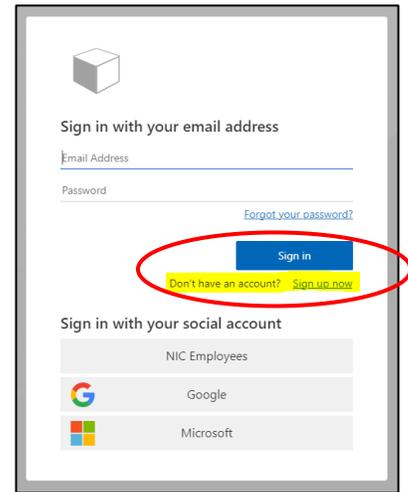
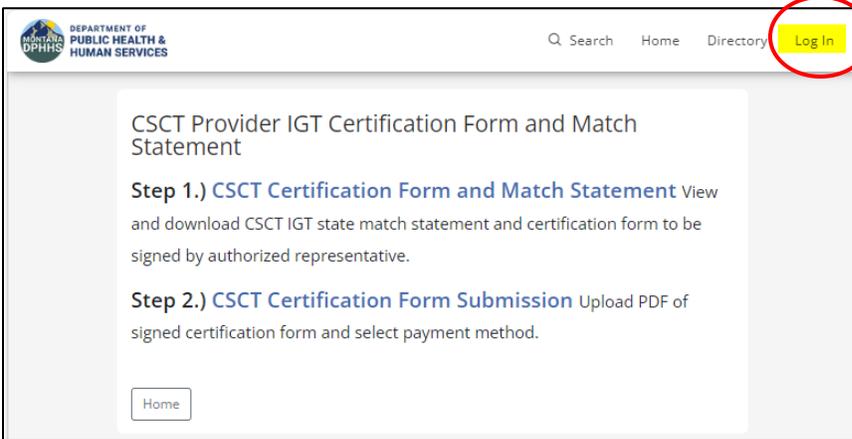
1. Log onto **AccessGov/Engagement Builder Platform**  
Select one of three ways to access the school district's CSCT IGT certification form:
  - a. [DPHHS \(accessgov.com\)](https://accessgov.com)
  - b. Use link provided in monthly state match email.
  - c. Go to the Children's Mental Health Bureau (CMHB) CSCT website [Comprehensive School and Community Treatment \(mt.gov\)](https://www.mt.gov), then select [CSCT Provider Certification Form and State Match Statement](#)
2. On the AccessGov landing page, select **Step 1.) CSCT Certification Form and Match Statement**.



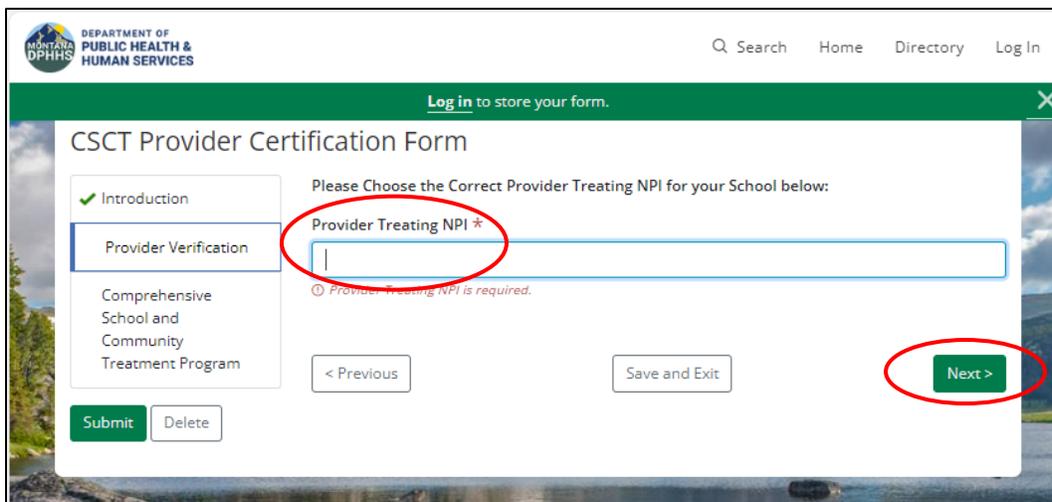
3. Select **Start Form**, to access certification form and match statement for download.



**Optional:** A school district can choose to create an account. Benefits for school districts include the ability to see all transactions and forms that have been previously submitted. To create an account, select **Log In** in the upper righthand corner of the website. Then select **Sign up now**.



4. Enter school district **Provider Treating NPI** and select **Next>**.



- Under **Available Bills**, check the radio button to the left of the statement(s) to view and download. Then select **Next>**.

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Log in to store your form.

### CSCT Provider Certification Form

- Introduction
- Provider Verification
- Comprehensive School and Community Treatment Program

Submit Delete

Please Choose the Correct Provider Treating NPI for your School below:

Provider Treating NPI \*

Available bills - Select bills to be displayed on certificate

ID	Provider Name	State Share Total
<input checked="" type="checkbox"/> [REDACTED] Oct 2023	[REDACTED]	\$428.09

< Previous Save and Exit Next >

- Image of the certification form selected in the previous step will be displayed. If this is correct, select **Submit** to generate downloadable PDFs of the certification form and match statement.

If a **"No bills were selected to display on certificate"** message is displayed, click on the **Previous** button to return to page showing statements that are available to view and download. Then select the square radio button to the left of the statement(s). Then go to **Next** again and it should display.

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Log in to store your form.

### CSCT Provider Certification Form

- Introduction
- Provider Verification
- Comprehensive School and Community Treatment Program

Submit Delete

Note: There are no action steps on this page. Submit the form to build your CSCT Certification Form to obtain the necessary authorized signature.

Provider Treating NPI: [REDACTED]

Total State Share Match(s) for Transfer

Name	Billing Period	Total State Share Due
[REDACTED]	1-Oct	\$428.09

Authorized Representative Certification

[ ] I, as the Authorized Representative am charged with the duties of supervising the administration of the provision and billing for Comprehensive School and Community Treatment (CSCT) Services provide under Title XIX (Medicaid) of the Social Security Act, as amended. I hereby certify the submitted IGT of state and local share of public, non-federal funds needed to match the federal share of medical claims billed to the state Medicaid agency for School District CSCT services provided to eligible children for the above stated month. These IGT funds are solely derived from state and local funds.

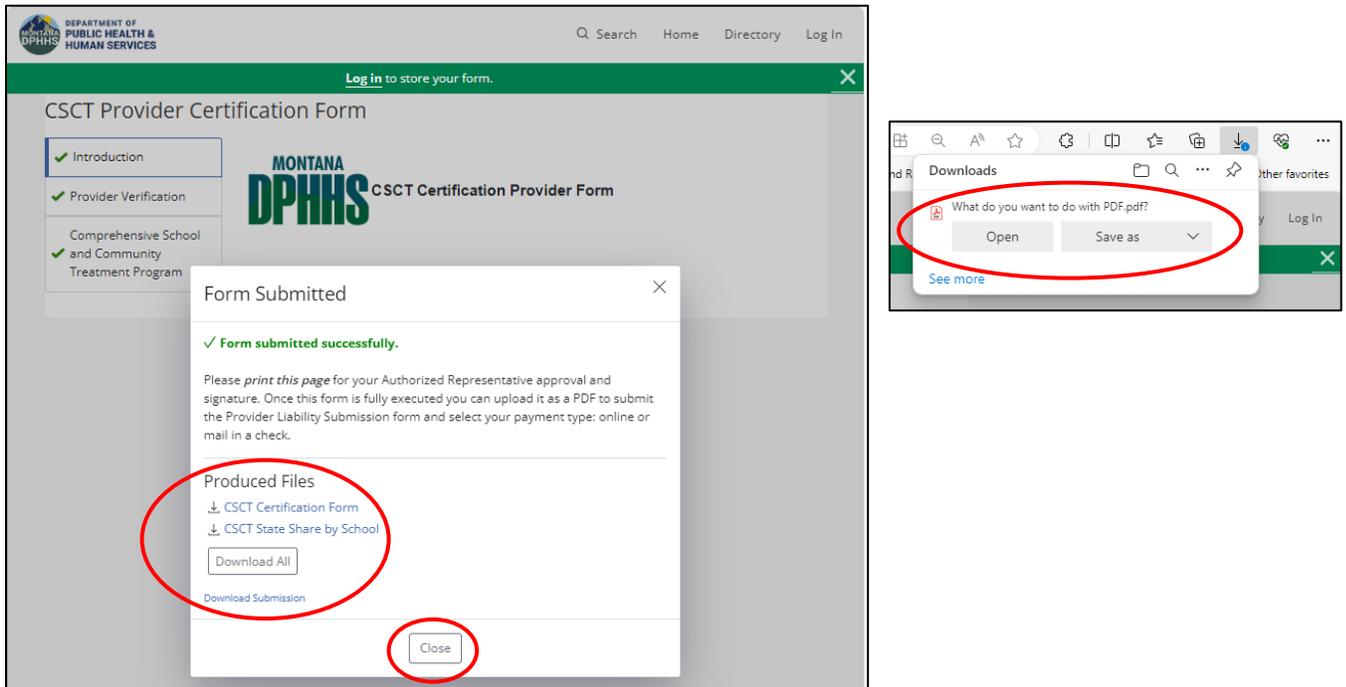
Signature \_\_\_\_\_ Date \_\_\_\_\_

< Previous Save and Exit Submit

7. Next, after submitting the request to access school district information, two PDF forms will be available for download:
- CSCT Certification Form
  - CSCT State Share by School Statement

Select the links to download each file separately or select **Download All**. If Download All is selected, the files will be downloaded into a zip file. Files can either be opened in another tab or saved.

After files are downloaded, and either opened or saved, select **Close**. This will navigate back to the State AccessGov home screen. To return to the CSCT AccessGov site, use one of the link options listed Page 4.



*Example of CSCT Certification Form to be printed and signed.*

*Example of CSCT State Share by School Form for school district records.*

**CSCT Provider Certification Form**  
10/17/2023 3:23:59 PM

**Comprehensive School and Community Treatment Program**

Note: There are no action steps on this page. Submit the form to build your CSCT Certification Form to obtain the necessary authorized signature.

Provider Treating NPI: [REDACTED]

Total State Share Match(s) for Transfer:

Name	Billing Period	Total State Share Due
[REDACTED]	1-Oct	\$428.09

**Authorized Representative Certification**

[ ] I, as the Authorized Representative am charged with the duties of supervising the administration of the provision and billing for Comprehensive School and Community Treatment (CSCT) Services provide under Title XIX (Medicaid) of the Social Security Act, as amended. I hereby certify the submitted IGT of state and local share of public, non-federal funds needed to match the federal share of medical claims billed to the state Medicaid agency for School District CSCT services provided to eligible children for the above stated month. These IGT funds are solely derived from state and local funds.

Signature  
Date

**CSCT Provider Certification Form**  
10/17/2023 3:23:59 PM

**Provider Verification**

Provider Treating NPI: [REDACTED]

Provider Treating Name(s) with ID: [REDACTED]

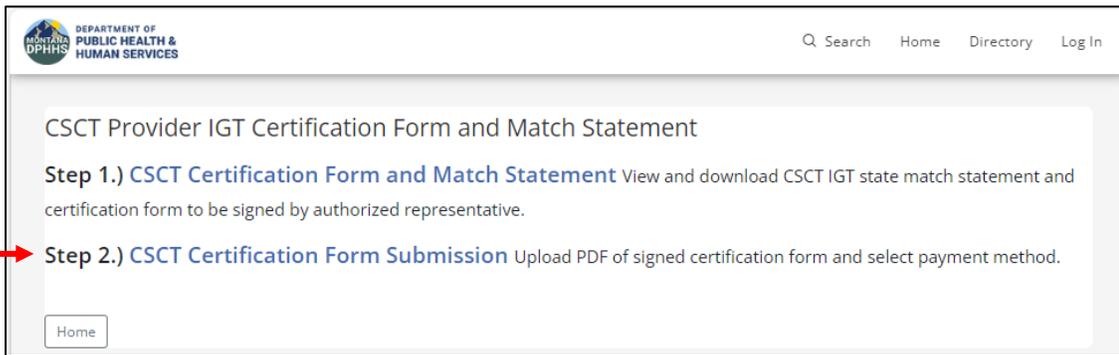
**CSCT State Share by School Data:**

FMAP for Period	24.21%	34.59%	10.00%	Current Year Claims Only				
Provider ID	CHIP Funded State Share	CHIP Funded Total	Medicaid State Share	Medicaid Total	HELP State Share	HELP Total	ALL CSCT State Share	ALL CSCT Total
[REDACTED]	\$80.98	\$334.50	\$347.11	\$1,003.50	\$0.00	\$0.00	\$428.09	\$1,338.00

8. Print the **CSCT Certification Form** for authorized representative's approval and signature. Once the certification form is signed and dated, save as PDF.
9. In Step 2, users will upload a PDF of the signed form and select a payment method.

## Step 2 Uploading Signed Certification Form and Selecting Payment Method

1. Log back onto the **AccessGov/Engagement Builder Platform**  
Select one of three ways to access your school district's CSCT IGT certification form:
  - a. [DPHHS \(accessgov.com\)](#)
  - b. Use link provided in monthly state match email.
  - c. Go to the Children's Mental Health Bureau (CMHB) CSCT website to access the [Comprehensive School and Community Treatment \(mt.gov\)](#), then select [CSCT Provider Certification Form and State Match Statement](#)
2. On the AccessGov landing page, select **Step 2.) CSCT Certification Form Submission**.



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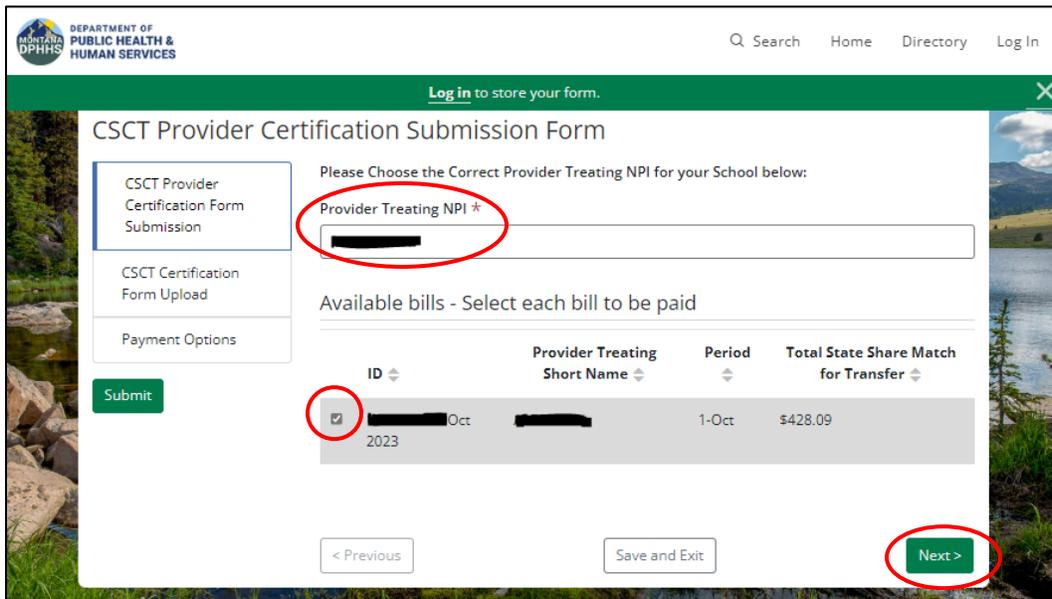
CSCT Provider IGT Certification Form and Match Statement

**Step 1.) CSCT Certification Form and Match Statement** View and download CSCT IGT state match statement and certification form to be signed by authorized representative.

**Step 2.) CSCT Certification Form Submission** Upload PDF of signed certification form and select payment method.

Home

3. Enter school district **Provider Treating NPI**. Under **Available Bills**, check the radio button to the left of the statement(s) for which a signed PDF of the certification form will be uploaded. Then select **Next>**.



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Log in to store your form.

CSCT Provider Certification Submission Form

Please Choose the Correct Provider Treating NPI for your School below:

Provider Treating NPI \*

Available bills - Select each bill to be paid

ID	Provider Treating Short Name	Period	Total State Share Match for Transfer
<input checked="" type="checkbox"/> [Redacted] 2023	[Redacted]	1-Oct	\$428.09

< Previous Save and Exit Next >

4. Select **Choose File** and navigate to the location on computer where the signed PDF of the certification form is saved. Once selected, upload the signed form.

After the form has been uploaded, select **Next>** to choose a payment method.

The screenshot shows the 'CSCT Provider Certification Submission Form' interface. On the left, a sidebar contains a menu with 'CSCT Certification Form Upload' selected. The main area displays 'CSCT Certification Form' with the instruction 'Please upload the signed and approved CSCT Certification Form \*'. Below this is a dashed box containing a 'Choose File' button and the text 'No file chosen'. At the bottom right, a green 'Next >' button is circled in red. Other buttons include 'Submit', 'Delete', '< Previous', and 'Save and Exit'.

5. After uploading the signed certification form, choose from the two payment options:
  - Mail in a paper check
  - Online via electronic check or credit/debit card
  - a. If mailing in a paper check, select **Mail in a Check**. This will display information on where to mail the check. Checks should be made out to **DPHHS-BHDD**. BHDD is the Behavioral Health and Developmental Disabilities Division of which the Children’s Mental Health Bureau (CMHB) is part of. Be sure to include **Provider Name** and **NPI** on the check. After selecting the paper check option, hit **Submit** to complete Step 2 and complete the upload of the certification form.

Note: If mailing the check in a window envelope with a limitation on number or length of lines, the following edits to the address may be made:

**Address listed in AccessGov:**  
 Children’s Mental Health Bureau  
 Attn: CSCT  
 111 N. Sanders Room 307  
 Helena, MT 59601

**Modified address to fit in window envelope:**  
 CMHB – CSCT  
 111 N. Sanders Room 307  
 Helena, MT 59601

The screenshot shows the 'CSCT Provider Certification Submission Form' at the payment selection stage. The 'Total Amount Due' is \$428.09. Under 'Select a payment option \*', the 'Mail in a Check' radio button is selected and circled in red. A light blue information box contains the instruction: 'If you are mailing in a check, please include the Provider Name and NPI number so we can tie the payment to the correct submission.' Below this, a red arrow points from the 'Submit' button to the text: 'Please make checks payable to: DPHHS-BHDD and send to: Children’s Mental Health Bureau, Attn: CSCT, 111 N. Sanders Room 307, Helena, MT 59601'. The 'Submit' button at the bottom right is also circled in red.

- b. If paying online, select **Pay Online**. Next, select the **CSCT Online Payment** link found in the light blue box to go to the Montana Online Payment Portal. After selecting the online payment option, hit **Submit** to complete Step 2 and complete the upload of the certification form.

If paying online, there are two options. Please note there are transaction fees associated with this method of payment. The fees are automatically calculated based on the method of payment.

- Credit/debit card
  - please allow 3-5 business days to process
  - transaction fee + % of transaction
- Electronic check (eCheck)
  - please allow 5 business days to process
  - transaction fee

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Log in to store your form.

### CSCT Provider Certification Submission Form

CSCT Provider Certification Form Submission

CSCT Certification Form Upload

Payment Options

Total Amount Due: \$428.09

Select a payment option \*

Pay Online

Mail in a Check

If you are paying online, please include the Provider Name and NPI number so we can tie the payment to the correct submission.

[CSCT Online Payment](#)

Submit Delete

< Previous Save and Exit Submit

## Montana Online Payment Portal

This section covers instructions if the **Pay Online** option was selected in AccessGov/Engagement Builder. Providers can pay with either an electronic check (eCheck) or a debit/credit card. Please note there are transaction fees associated with this method of payment. Fields with asterisks (\*) are required fields.

1. Log onto the **Montana Online Payment Platform**  
Select one of four ways to access the online payment portal:
  - a. Via the link provided in AccessGov.
  - b. Use link provided in monthly state match email.
  - c. Go to the Children's Mental Health Bureau (CMHB) CSCT website to access the link [Comprehensive School and Community Treatment \(mt.gov\)](#), then select the [CSCT Online Payment Portal](#) link.
  - d. Or use the link provided here: [Montana Online Payment Portal \(mt.gov\)](#)
  
2. Select **Method of Payment**: Credit/Debit Card or ACH (eCheck).
  - a. **Via AccessGov**: Select method of payment. If going straight from AccessGov to the payment portal, the state match due will be automatically populated and associated fees will be calculated based on method of payment selected. Do not select **Add Item** as this will add another item to your payment cart. Then select **Next**.  
*See example (a) below.*
  
  - b. **Via email, the website link, or the link provided above**: Select method of payment. If accessing the payment portal from the IGT statement email, the CSCT webpage, or the link above, you will need to enter the state match amount you are paying. Under **Item Cost**, enter the amount you will be paying. It will auto-calculate the associated fee based on method of payment selected. Then select **Next**.  
*See example (b) below.*
  
  - c. **Reset**: If you hit reset, you will need to start the process from the beginning by selecting payment method and selecting **Add Item**. This will pull up a pop-up window where you will select **ADD** to enter HHS CSCT Match amount. It will auto-calculate the associated fee based on method of payment selected. Then select **Next**.  
*See example (c) below.*

a. If accessing the Online Payment Portal via AccessGov:

MONTANA.GOV OFFICIAL STATE WEBSITE SERVICES AGENCIES LOGIN SEARCH MONTANA.GOV

**MONTANA DPHHS**  
Healthy People. Healthy Communities.  
Department of Public Health & Human Services

### CSCT State Share Match Payment

Welcome to the Comprehensive School and Community Treatment (CSCT) IGT State Share Match Payment page. Please select your payment type, click on the Add Item button, enter your state match amount as indicated in AccessGov, and click Add. Click Next to complete your transaction. Transaction fees will be automatically calculated.

**Items**

Payment Type \*

Credit/Debit Card  
 ACH (eCheck)

Item	Item Cost	Item Total
HHS CSCT Match	1 428.09 ✓	\$428.09
Surcharge		\$13.00
Total		\$441.09

Reset Next Add Item

b. If accessing the Online Payment Portal via a link from the email or website:

**Items**

Payment Type \*

Credit/Debit Card  
 ACH (eCheck)

Item	Item Cost	Item Total
HHS CSCT Match	1 428.09	\$428.09
Surcharge		\$13.00
Total		\$441.09

Add Item

(c) If hit reset and need to re-enter your match amount.

MONTANA.GOV OFFICIAL STATE WEBSITE SERVICES AGENCIES LOGIN SEARCH MONTANA.GOV

**Add An Item**

Item	Item Cost
HHS CSCT Match	Custom Add

Cancel

**Items**

Payment Type \*

Credit/Debit Card  
 ACH (eCheck)

Item	Item Cost	Item Total
Surcharge		-
Total		-

Cancel Reset Next Add Item

Example: if **Add Item** is selected another line is added to cart.

Item	Quantity	Item Cost	Item Total
HHS CSCT Match	1	428.09	\$428.09
HHS CSCT Match	1		\$0.00

Surcharge: \$13.00  
Total: \$441.09

Buttons: Add Item, Reset, Next

3. **Billing Information** When entering the billing information, the user will be required to enter a contact person name and an email address.

### CSCT State Share Match Payment

Welcome to the Comprehensive School and Community Treatment (CSCT) IGT State Share Match Payment page. Please select your payment type, click on the Add Item button, enter your state match amount as indicated in AccessGov, and click Add. Click Next to complete your transaction. Transaction fees will be automatically calculated.

#### Payment Summary

Item	Quantity	Item Cost	Item Total
HHS CSCT Match	1	\$428.09	\$428.09
		Surcharge	\$13.00
		Total	\$441.09

#### Details

**Billing Information**

First Name:  Last Name:

Address:  Address Line Two:

City:  Country:

State:  Postal Code:

4. **Payment Information**
  - a. Enter payment information
  - b. Check the box to **Accept User Agreement**
  - c. Select **Submit Payment**

If deciding to change payment method, use the **Back** button to return to the page to select a different option.

*Payment Information Required for Credit/Debit Card Option:*

**Payment Information**

Card Number \*

Expiration Date \*      Security Code \*

This can be found on the back of your card

**User Agreement**

By entering your credit card and/or checking account information you (1) state that **you are an authorized user** of the credit card and/or electronic check and that the associated information entered (e.g., account holder name, account number, billing address) is accurate, (2) **you authorize the payment processor to charge the amount you have requested** to your credit card and/or funding account, (3) **if this is a recurring payment, you authorize the payment processor to charge the amount you have requested** in accordance with the recurring payment schedule, (4) **acknowledge if a charge is declined or reversed you may also be assessed a customary charge** by the payment processor for such transactions.

Accept Agreement \*

Back
Cancel
Submit Payment

*Payment Information required for ACH (eCheck) Option:*

**Payment Summary**

Item	Quantity	Item Cost	Item Total
HHS CSCT Match	1	\$428.09	\$428.09
		Surcharge	\$1.19
		<b>Total</b>	<b>\$429.28</b>

**Payment Information**

Account Type \*      Bank Name \*

Checking  
 Savings

Bank name on check

Routing Number \*      Verify Routing Number \*

Account Number \*      Verify Account Number \*

**User Agreement**

By entering your credit card and/or checking account information you (1) state that **you are an authorized user** of the credit card and/or electronic check and that the associated information entered (e.g., account holder name, account number, billing address) is accurate, (2) **you authorize the payment processor to charge the amount you have requested** to your credit card and/or funding account, (3) **if this is a recurring payment, you authorize the payment processor to charge the amount you have requested** in accordance with the recurring payment schedule, (4) **acknowledge if a charge is declined or reversed you may also be assessed a customary charge** by the payment processor for such transactions.

Accept Agreement \*

Back
Cancel
Submit Payment

5. **Receipt** After selecting **Submit**, the online payment portal will generate a receipt with the option to print. Providers will also receive a receipt via email to the email address entered in the billing information. After receipt is printed, select **Done**.

This receipt has been emailed to you.

**DPHHS Children's Mental Bureau** Print

**MONTANA DPHHS**  
Healthy People. Healthy Communities.  
Department of Public Health & Human Services

**Receipt**  
11/16/23 03:03 PM MST

Transaction Id : 8924161101      Payment Type : ACH (eCheck)

Description	Price	Quantity	Amount
HHS CSCT Match	\$428.09	1	\$428.09
Surcharge			\$1.19
<b>TOTAL</b>			<b>\$429.28</b>

**Billing Information**  
Montana School District  
Jane Doe  
123 Main Street  
Anytown, MT 59601  
406-555-1234  
janedoe@school.com

Thank you for your CSCT IGT match payment!

**DPHHS Children's Mental Bureau**  
111 N. Sanders Room 307 Helena, MT 59601 | 406-444-4545  
HHSCSCT@mt.gov

Print Done

**For CSCT IGT questions:**

Email: [HHSCSCT@mt.gov](mailto:HHSCSCT@mt.gov)

**For CSCT Program questions:**

**Christine White**

*CSCT Medicaid Program Officer*

Children's Mental Health Bureau

406.444.5916

[chwhite@mt.gov](mailto:chwhite@mt.gov)