

Comprehensive School and Community Treatment CSCT Intergovernmental Transfer (ITG)

Montana DPHHS

Children's Mental Health Bureau

November 2023



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Welcome and Introductions

Children's Mental Health Bureau

- Renae Huffman
CMHB Medicaid Section Supervisor

- Christine White
CSCT Medicaid Program Officer



CSCT ITG Presentation Overview

- **Quick Overview of Children's Mental Health Bureau & the CSCT Program**
- **Transition of CSCT Intergovernmental Transfer (IGT) Process**
- **CSCT IGT Process**
- **Remittance Advice**
- **FAQs, Resources and Contacts**
- **Questions**



Quick Overview of CMHB and CSCT



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Who is the CMHB

- The Children's Mental Health Bureau (CMHB) is responsible for designing, developing, managing, and evaluating mental health services for youth enrolled in Healthy Montana Kids *Plus* (Medicaid)
- The population served is youth with serious emotional disturbance (SED) diagnosis(es).
- Resource to Providers



What is CSCT?

- Comprehensive School and Community Treatment is a mental health center service provided by a public school district. CSCT services are provided by treatment teams of one licensed or supervised in-training practitioner and up to two behavioral aides.
- Once admitted into the program, a youth may receive services at the **school**, the **home**, or in the **community**. Services are focused on improving the youth's functional level by facilitating the development of skills related to exhibiting appropriate behaviors in the school and community settings.
- Comprehensive School and Community Treatment includes:
 - Individual, group and family therapy
 - Behavioral and life skills training



CSCT IGT Transition from the OPI



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CSCT Intergovernmental Transfer (IGT) Transition from the OPI to DPHHS

Effective July 1, 2023

IGT Process

CSCT continues to use the same IGT process approved by CMS and effective since October 1, 2021. This includes the timeline, AccessGov website, and the certification form.

CSCT Program

Program rules and requirements that became effective October 1, 2021, will remain the same. CMHB oversees the programmatic, enrollment, claims and IGT process.



IGT Transition

continued

New MOU between School Districts and DPHHS

With the transition of the IGT process to DPHHS, a new signed MOU between DPHHS and the school district is required for claims to be released once the match has been met in full by the due date. The MOU is a CMS requirement. PDFs of the signed [MOU](#) are emailed to the CSCT Medicaid Program Officer to be recorded as received.

Submission of Non-Federal State Match

DPHHS is not able to accept images of checks still coming via the mail as record of payment. In order for claims to be released, the match payment must be received in full by the due date.

CSCCT Intergovernmental Transfer (IGT) Process



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CSCT Intergovernmental Transfer (IGT)

CSCT IGT Statement Email

By the first of the month all school districts with claims on the report will receive an email with the following information:

- Attached spreadsheet with detailed ICN claim information for match payment
- State match payment and certification form due date
- Links to AccessGov and Online Payment Portal
- Where to mail checks
- Who to contact if you have questions
- Important reminders including FMAP updates, new links, etc.

Please note: districts will receive a statement even if no longer providing CSCT services if there are claims on the 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.



AccessGov and Payment of State Match

AccessGov/Engagement Builder Website

DPHHS utilizes the AccessGov/Engagement Builder platform. This is the same platform implemented by the OPI. School districts are able to:

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



CSCT IGT Timeline

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** to submit their non-federal state match payment and their signed certification form in order for claims to be released.

(The [IGT Timeline by Month](#) for school districts is available online.)

School District Calendar
CSCT Monthly IGT Timeline for State Fiscal Year 2024

Please refer to the SFY 2024 calendar below to determine when claims should pay based on when they are submitted, not on the date of service. Please note the month in which claims are pending is based on when a clean claim is received, not on the date of service.

For questions on this process, please contact DPHHS
Children's Mental Health Bureau (CMHB), CSCT Medicaid Program Officer | Christine White 406.444.5916/chwhite@mt.gov
Behavioral Health & Developmental Disabilities Division (BHDD), Fiscal Operations Bureau Chief | Natacha Bird 406.444.3969/natbird@mt.gov

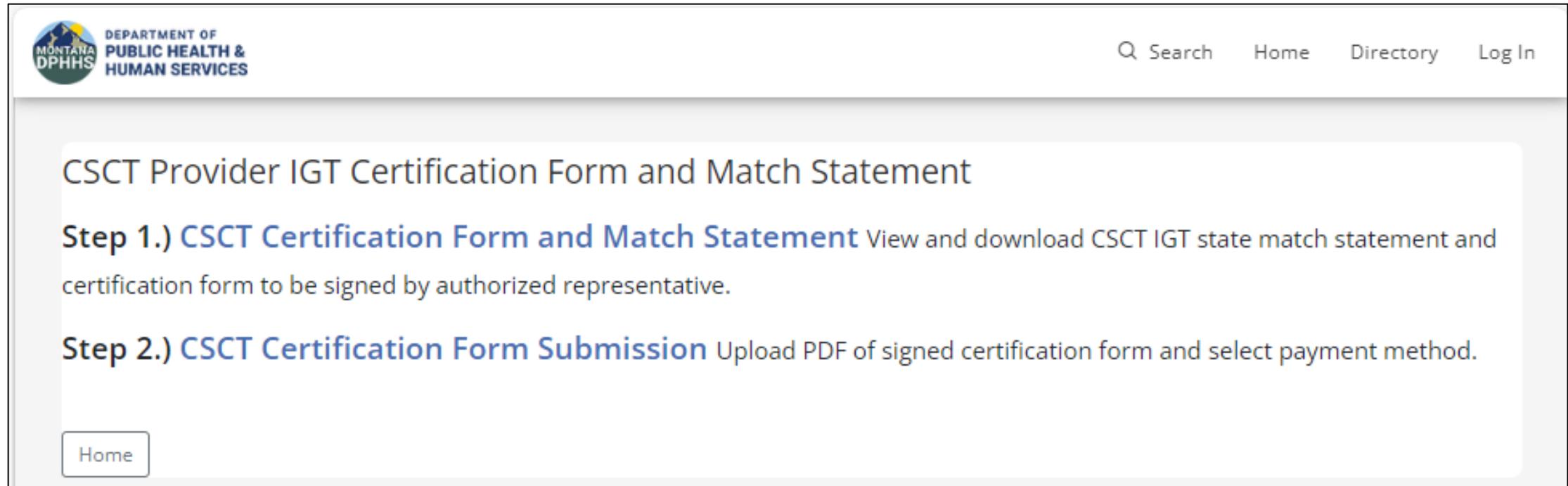
Task	Claims Submitted in July 2023	Claims Submitted in August 2023	Claims Submitted in September 2023	Claims Submitted in October 2023	Claims Submitted in November 2023	Claims Submitted in December 2023	Claims Submitted in January 2024	Claims Submitted in February 2024	Claims Submitted in March 2024
School District/Mental Health Center	Public school districts submit claims to MMIS	Wed June 21 through Tue July 25	Wed July 26 through Tue Aug 22	Wed Aug 13 through Tue Sept 19	Wed Sept 20 through Tue Oct 24	Wed Oct 25 through Tue Nov 21	Wed Nov 22 through Tue Dec 19	Wed Dec 20 through Tue Jan 23	Wed Jan 24 through Tue Feb 20
MMIS	Claims set to pay, suspend in MMIS	Throughout reporting period	Throughout reporting period	Throughout reporting period	Throughout reporting period	Throughout reporting period	Throughout reporting period	Throughout reporting period	Throughout reporting period
DPHHS BHDD Fiscal	DPHHS BHDD Fiscal notifies public school districts what their CSCT state match amount is and when it is due	Tues Aug 1	Fri Sep 1	Mon Sep 18	Wed Nov 1	Fri Dec 1	Mon Dec 18	Thu Feb 1	Fri Mar 1
Public School Districts and DPHHS BHDD Fiscal	Public school districts send match amount and certification form to DPHHS BHDD Fiscal	10-Day Window: Tues Aug 1 to Mon Aug 14	10-Day Window: Fri Sep 1 to Fri Sep 15	10-Day Window: Fri Sept 29 to Fri Oct 13	10-Day Window: Wed Nov 1 to Wed Nov 15	10-Day Window: Fri Dec 1 to Thu Dec 14	10-Day Window: Fri Dec 29 to Fri Jan 12	10-Day Window: Thu Feb 1 to Wed Feb 14	10-Day Window: Fri Mar 1 to Thu Mar 14
DPHHS BHDD Fiscal	DPHHS BHDD Fiscal notifies DPHHS CMHB Program which public school district state matches have been received and reconciled and which have not	Mon Aug 14	Fri Sep 15	Fri Oct 13	Wed Nov 15	Thu Dec 14	Fri Jan 12	Wed Feb 14	Thu Mar 14
DPHHS CMHB Program	DPHHS CMHB notifies Consultant which claims by ICN, to release. This will occur no later than the third month.	Tue Aug 15	Tue Sep 19	Tue Oct 17	Tue Nov 21	Tue Dec 19	Tue Jan 16	Tue Feb 20	Tue Mar 19
MMIS	MMIS claims process	Wed Aug 16	Wed Sep 20	Wed Oct 18	Wed Nov 22	Wed Dec 20	Wed Jan 17	Wed Feb 21	Wed Mar 20
MMIS	Claims pay to public school districts.	Mon Aug 21	Mon Sep 25	Mon Oct 23	Mon Nov 27	Tues Dec 26	Mon Jan 22	Mon Feb 26	Mon Mar 25

Claims Submitted in October 2023	Claims Submitted in November 2023	Claims Submitted in December 2023
Wed Sept 20 through Tue Oct 24	Wed Oct 25 through Tue Nov 21	Wed Nov 22 through Tue Dec 19
Throughout reporting period	Throughout reporting period	Throughout reporting period
Wed Nov 1	Fri Dec 1	Fri Dec 29 [ADJUSTED FOR HOLIDAY]
10-Day Window: Wed Nov 1 to Wed Nov 15	10-Day Window: Fri Dec 1 to Thu Dec 14	10-Day Window: Fri Dec 29 to Fri Jan 12
Wed Nov 15	Thu Dec 14	Fri Jan 12
Tue Nov 21	Tue Dec 19	Tue Jan 16
Wed Nov 22	Wed Dec 20	Wed Jan 17
Mon Nov 27	Tues Dec 26 [ADJUSTED FOR HOLIDAY]	Mon Jan 22

CSCT Intergovernmental Transfer (IGT)

AccessGov Two-Step Process

There is a new [link](#) so be sure to bookmark it!



The screenshot shows the Montana Department of Public Health & Human Services (DPHHS) website. The header includes the DPHHS logo and the text "DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES". Navigation links for "Search", "Home", "Directory", and "Log In" are visible. The main content area is titled "CSCT Provider IGT Certification Form and Match Statement". It lists two steps: "Step 1.) CSCT Certification Form and Match Statement" and "Step 2.) CSCT Certification Form Submission". A "Home" button is located in the bottom left corner of the content area.

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

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.

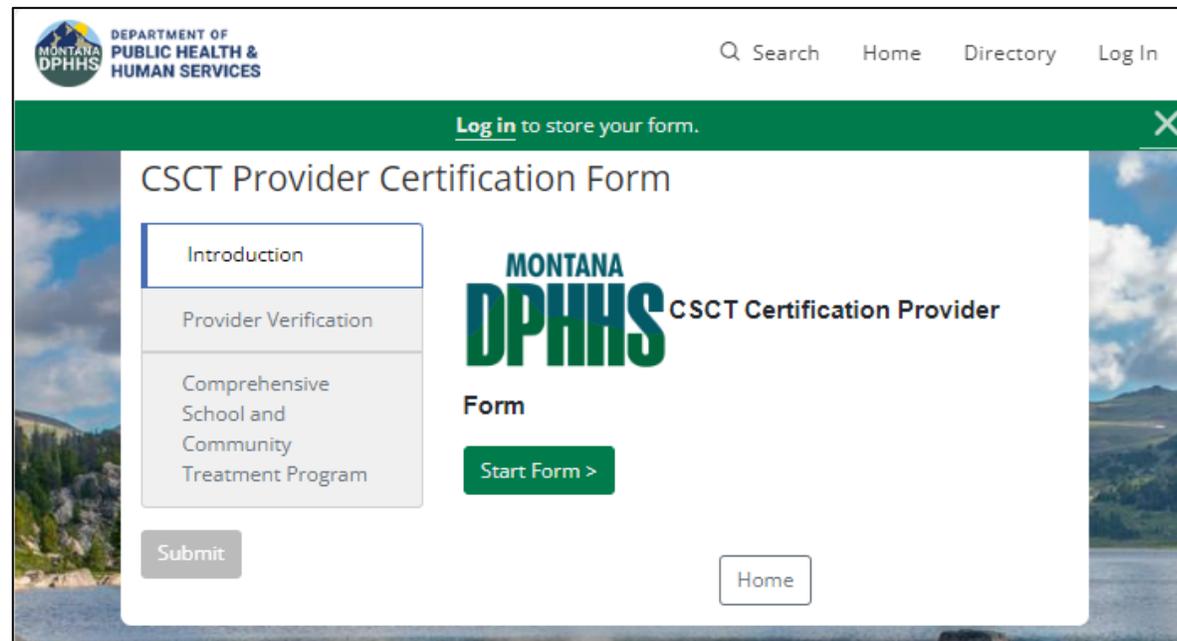
Step 2.) CSCT Certification Form Submission Upload PDF of signed certification form and select payment method.

Home

CSCT Intergovernmental Transfer (IGT)

Step 1 Access Statement and Form

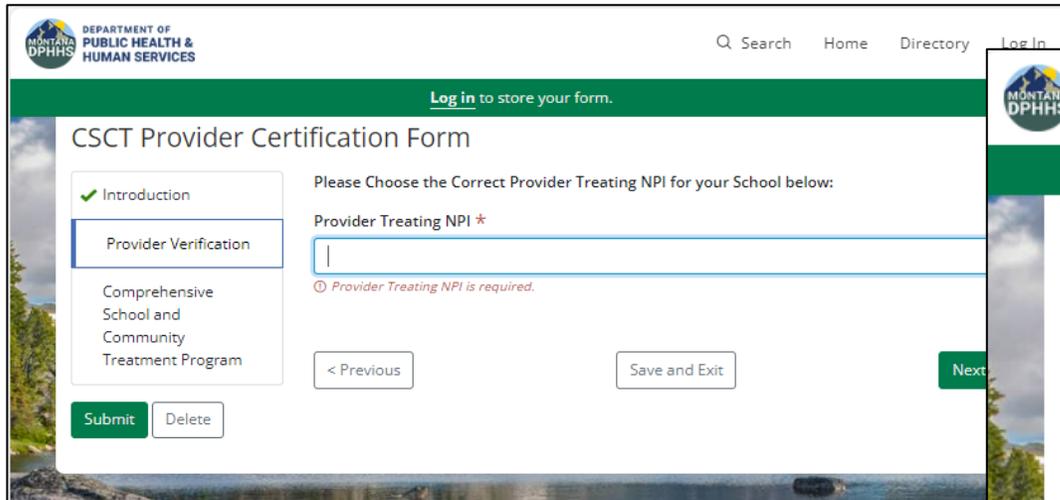
In AccessGov, go to Step 1 to view and download CSCT IGT state match statement and certification form to be signed by authorized representative.



The screenshot shows the Montana DPHHS website interface for the CSCT Provider Certification Form. At the top left is the Montana DPHHS logo and the text "DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES". To the right are navigation links: "Search", "Home", "Directory", and "Log In". A green banner at the top of the content area says "Log in to store your form." with a close button (X). The main heading is "CSCT Provider Certification Form". On the left is a vertical menu with four items: "Introduction" (highlighted), "Provider Verification", "Comprehensive School and Community Treatment Program", and "Submit". In the center, there is the Montana DPHHS logo followed by the text "CSCT Certification Provider" and "Form". Below this is a green button labeled "Start Form >". At the bottom right of the content area is a "Home" button.

CSCT Intergovernmental Transfer (IGT)

Step 1 Access Statement and Form, *continued*



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Log in to store your form.

CSCT Provider Certification Form

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

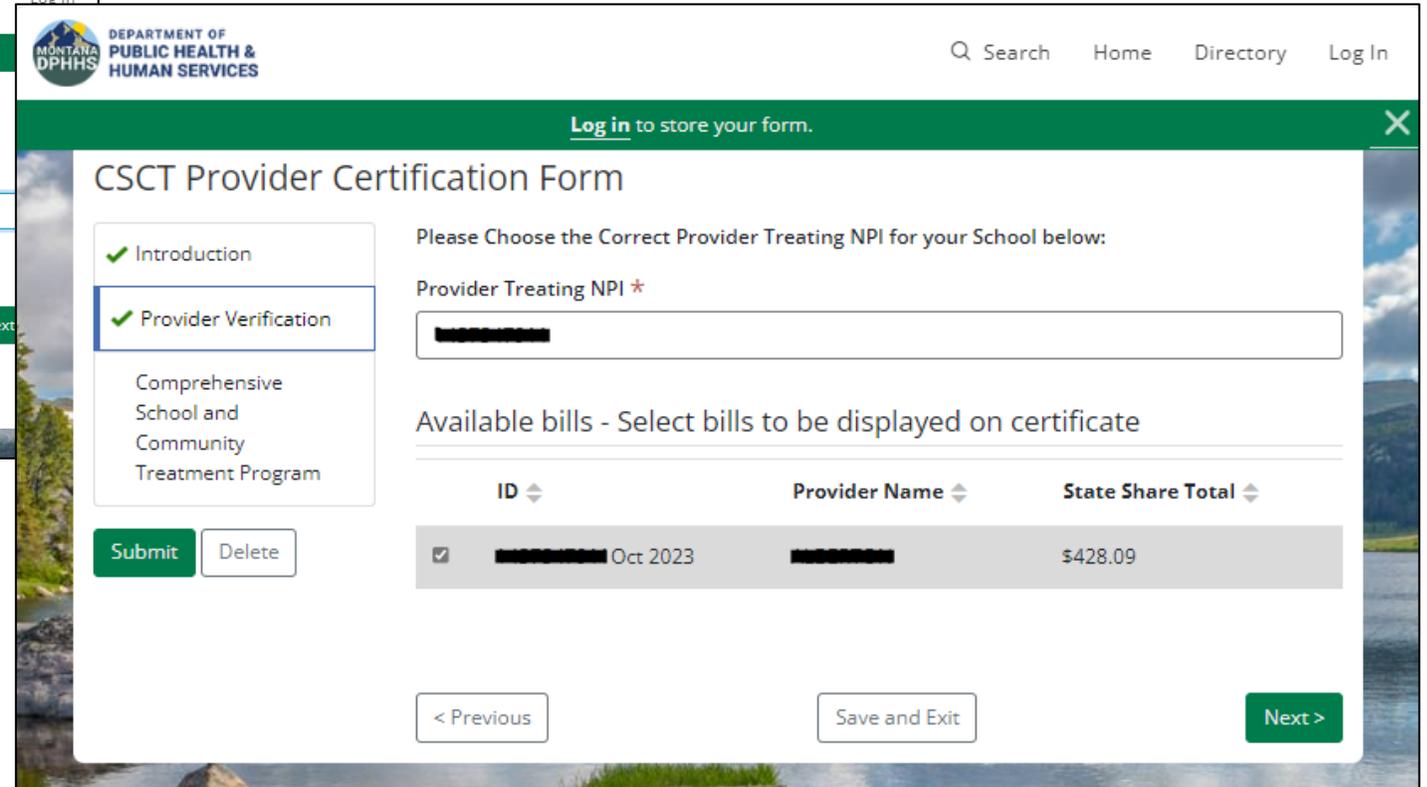
Please Choose the Correct Provider Treating NPI for your School below:

Provider Treating NPI *

ⓘ Provider Treating NPI is required.

< Previous Save and Exit Next >

Submit Delete



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Log in to store your form.

CSCT Provider Certification Form

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

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 >

Submit Delete

CSCT Intergovernmental Transfer (IGT)

Step 1 Downloading Forms

The screenshot shows a web application interface for the CSCT Provider Certification Form. At the top left is the Montana DPHHS logo and the text 'DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES'. At the top right are navigation links: 'Search', 'Home', 'Directory', and 'Log In'. A green banner below the header says 'Log in to store your form.' with a close button. The main content area is titled 'CSCT Provider Certification Form'. On the left is a sidebar with a list of steps: 'Introduction' (checked), 'Provider Verification' (checked), and 'Comprehensive School and Community Treatment Program' (selected). Below the sidebar are 'Submit' and 'Delete' buttons. The main content area contains a note: 'Note: There are no action steps on this page. Submit the form to build your CSCT Certification Form to obtain the necessary authorized signature.' Below the note is the text 'Provider Treating NPI: [REDACTED]'. Underneath is the section 'Total State Share Match(s) for Transfer' with a table:

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

Below the table is the 'Authorized Representative Certification' section with a text area containing a certification statement. At the bottom of the form are fields for 'Signature' and 'Date', and three buttons: '< Previous', 'Save and Exit', and 'Submit'.

CSCT Intergovernmental Transfer (IGT)

Step 1 Downloading Forms, *continued*

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Log in to store your form.

CSCT Provider Certification Form

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

Form Submitted

✓ Form submitted successfully.

Please *print this page* for your Authorized Representative approval and signature. Once this form is fully executed you can upload it as a PDF to submit the Provider Liability Submission form and select your payment type: online or mail in a check.

Produced Files

- CSCT Certification Form
- CSCT State Share by School

Download All

Download Submission

Close

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
10/17/2023 3:23:59 PM

Provider Verification

Provider Treating NPI: [REDACTED]

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

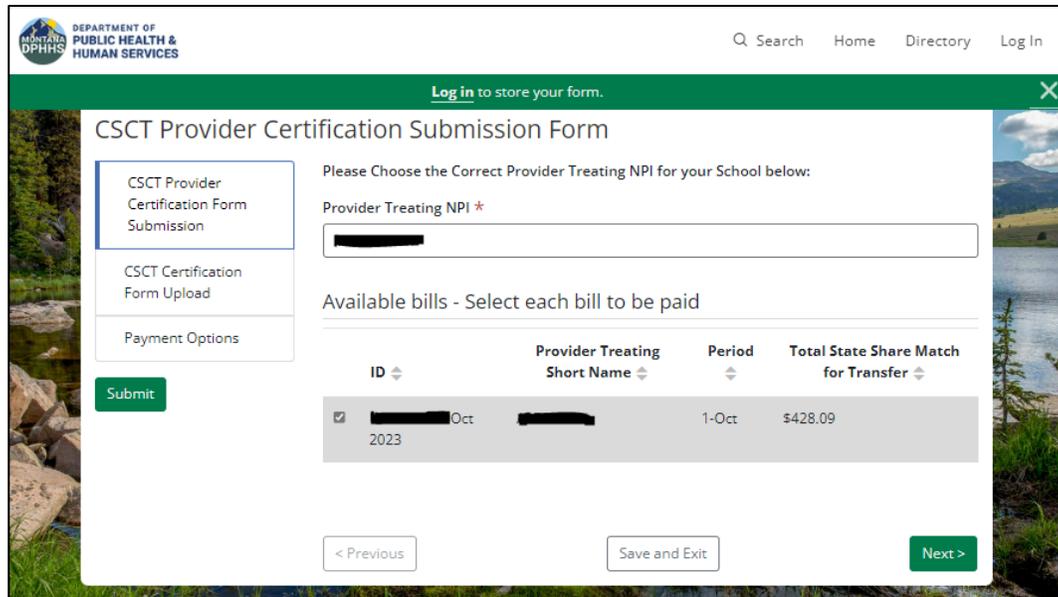
CSCT State Share by School Data:

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

CSCT Intergovernmental Transfer (IGT)

Step 2 Uploading Signed Certification Form

Go back to AccessGov and select Step 2 to upload a PDF of your signed certification form and select your payment method.



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Search Home Directory Log In

Log in to store your form.

CSCT Provider Certification Submission Form

- CSCT Provider Certification Form Submission
- CSCT Certification Form Upload
- Payment Options

Submit

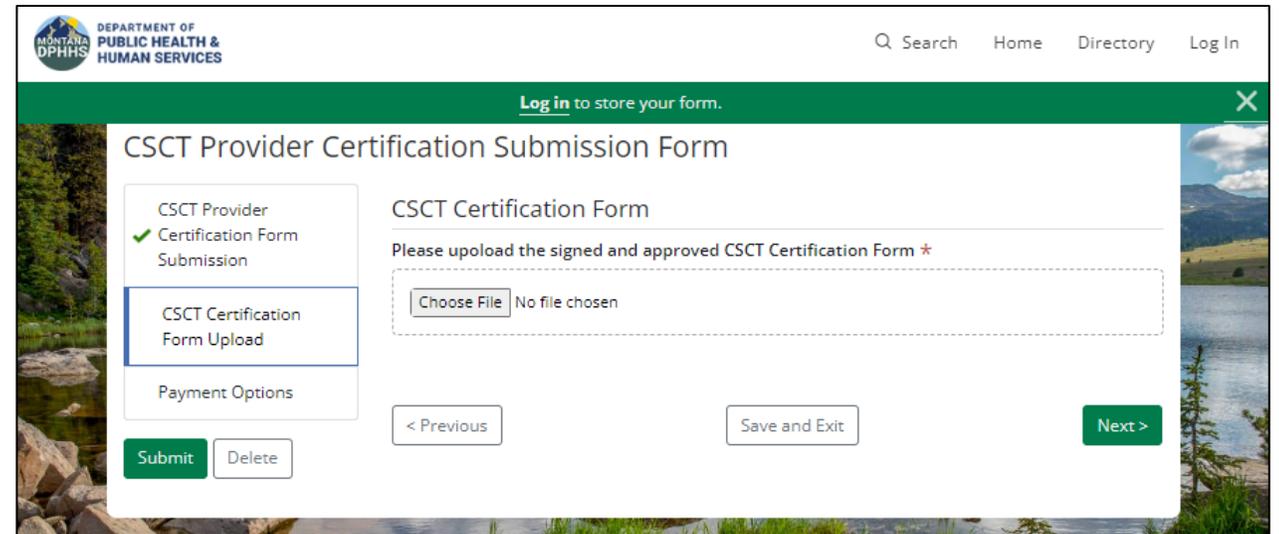
Please Choose the Correct Provider Treating NPI for your School below:

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 >



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Search Home Directory Log In

Log in to store your form.

CSCT Provider Certification Submission Form

- CSCT Provider Certification Form Submission
- CSCT Certification Form Upload
- Payment Options

Submit Delete

CSCT Certification Form

Please upload the signed and approved CSCT Certification Form *

Choose File No file chosen

< Previous Save and Exit Next >

CSCT Intergovernmental Transfer (IGT)

Step 2 Selecting a Payment Option

After uploading, school districts continue to have several payment options:

- Mail in a paper check
- Online via electronic check or credit/debit card

The screenshot shows the 'CSCT Provider Certification Submission Form' interface. At the top, there is a navigation bar with 'MONTANA DPHHS DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES' on the left and 'Search Home Directory Log In' on the right. Below the navigation bar is a green banner with 'Log in to store your form.' and a close button. The main content area is titled 'CSCT Provider Certification Submission Form'. On the left, there are two sections: 'CSCT Provider Certification Form Submission' with a green checkmark and 'CSCT Certification Form Upload' with a yellow warning icon. Below these is a 'Payment Options' button. In the center, there is a 'Total Amount Due' of '\$428.09' and a 'Select a payment option *' section with two radio buttons: 'Pay Online' (unselected) and 'Mail in a Check' (selected). A light blue informational box contains the text: '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. 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'. At the bottom, there are 'Submit' and 'Delete' buttons, and a '< Previous' button.

The screenshot shows the 'CSCT Provider Certification Submission Form' interface. At the top, there is a navigation bar with 'MONTANA DPHHS DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES' on the left and 'Search Home Directory Log In' on the right. Below the navigation bar is a green banner with 'Log in to store your form.' and a close button. The main content area is titled 'CSCT Provider Certification Submission Form'. On the left, there are two sections: 'CSCT Provider Certification Form Submission' with a green checkmark and 'CSCT Certification Form Upload' with a yellow warning icon. Below these is a 'Payment Options' button. In the center, there is a 'Total Amount Due' of '\$428.09' and a 'Select a payment option *' section with two radio buttons: 'Pay Online' (selected) and 'Mail in a Check' (unselected). A light blue informational box contains the text: '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'. At the bottom, there are 'Submit' and 'Delete' buttons, and '< Previous', 'Save and Exit', and 'Submit' buttons.

Online Payment Portal

For school districts choosing to pay the state match online, DPHHS is utilizing the [Montana Online Payment Portal](#) instead of AccessGov.

Online Payment process times:

- Credit/debit card – please allow 3-5 business days
- Electronic check – please allow 5 business days

Please note there are transaction fees* associated with this method of payment. The fees are automatically calculated when you choose the method of payment.

- \$1.19 transaction fee plus 3% of the transaction for credit/debit cards
- \$1.19 transaction fee for electronic checks

**Fees are subject to change*

The screenshot shows the Montana Online Payment Portal interface. At the top, it displays 'MONTANA.GOV OFFICIAL STATE WEBSITE' and navigation links for 'SERVICES', 'AGENCIES', 'LOGIN', and a search bar. The main header features the 'MONTANA DPHHS' logo with the tagline 'Healthy People. Healthy Communities.' Below this, the page title is 'CSCT State Share Match Payment'. A welcome message states: '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.'

The 'Items' section contains a 'Payment Type *' dropdown menu with two options: 'Credit/Debit Card' (selected) and 'ACH (eCheck)'. Below this is a table with the following data:

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

At the bottom right of the table is an 'Add Item' button. Below the table are 'Reset' and 'Next' buttons.

Remittance Advice and Reconciliation



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Remittance Advice/Reconciliation

The Remittance Advice (RA/e!SOR) shows the status of claims. Please use the remittance advice to reconcile claims – not the state match statement received the first of the month. That statement is used to calculate the match amount due.

Information on the remittance advice that may be helpful:

- **CSCT Procedure Codes:** H0036 or H2027
- **Claim Status:** Paid, Pending (Suspended), or Denied. Suspended CSCT claims that are “pending” with remark code 133 are claims that will be released once the IGT state match has been met. The month in which claims are pending is based on when a clean claim is received, not on the date of service.
- **Service Dates**
- **Amount Billed**
- **Amount Allowed** by Medicaid
- **ICN**
- **Team Number**
- **Student Name and Medicaid Number:** ** This is PHI so always send remits via secure file transfer



Remittance Advice/Reconciliation Examples

Example of Paid Claim

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
PAID CLAIMS - MISCELLANEOUS CLAIM									
1740211	[REDACTED]	04142023	04142023	1.000	H0036 TN	111.50	111.50		
ICN 22325000255006023		PATIENT NUMBER=[REDACTED]-CL-00012-1							
TEAM NUMBER 04									
CLAIM TOTAL**						111.50	111.50		

Example of Pending Claim with Remark Code 133

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
CLAIMS PENDING: MISCELLANEOUS CLAIM									
1711677	[REDACTED]	09182023	09182023	1.000	H0036 TN	111.89	0.00		133
ICN 22327700255003769		PATIENT NUMBER=[REDACTED]-CL-00001-1							
TEAM NUMBER 04									

Remittance Advice/Reconciliation Examples

continued

Example of Mass Adjusted Claim with ICN that starts with a "4".

- For claims that are adjusted, there are two lines on the remittance. The original payment is taken back and then the adjusted amount is paid.

RECIPIENT ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
PAID CLAIMS - MISCELLANEOUS CLAIM									
1711677	[REDACTED]	07052023	07052023	1.000	H0036 TN	111.89-	111.50-		
ICN 42325300890102592		PATIENT NUMBER=[REDACTED]-CL-00001-1							
TEAM NUMBER 04									
CLAIM TOTAL**						111.89-	111.50-		
1711677	[REDACTED]	07052023	07052023	1.000	H0036 TN	111.89	111.89		
ICN 42325300890202592		PATIENT NUMBER=[REDACTED]-CL-00001-1							
TEAM NUMBER 04									
CLAIM TOTAL**						111.89	111.89		



Remittance Advice/Reconciliation

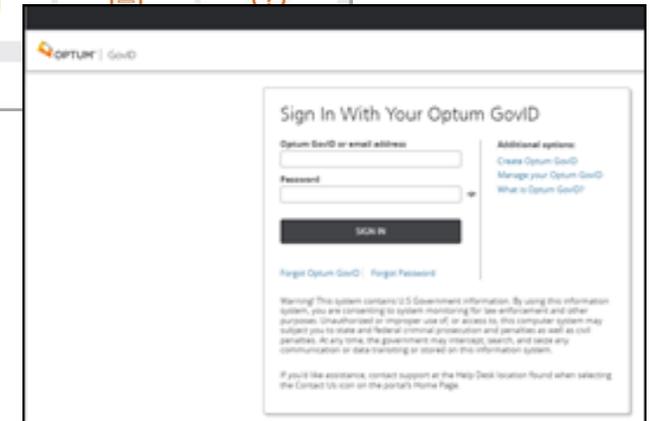
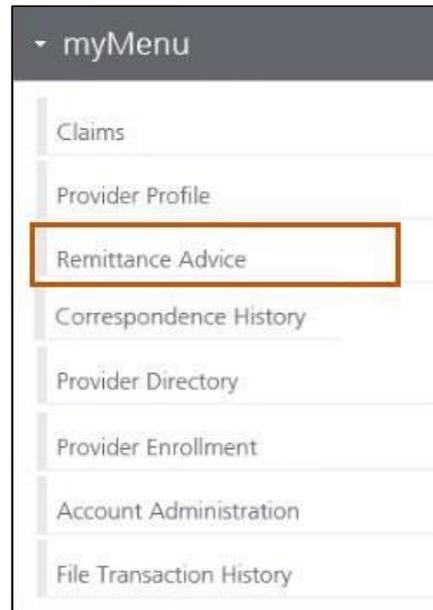
Accessing your Remittance Advice

1. Log onto the **Optum MPATH Provider Services Portal**

[Home | OMMS Provider Portal \(optum.com\)](#)

(The legacy MATH portal is being phased out. Please use the MPATH portal)

2. Under **myMenu**,
select **Remittance Advice**

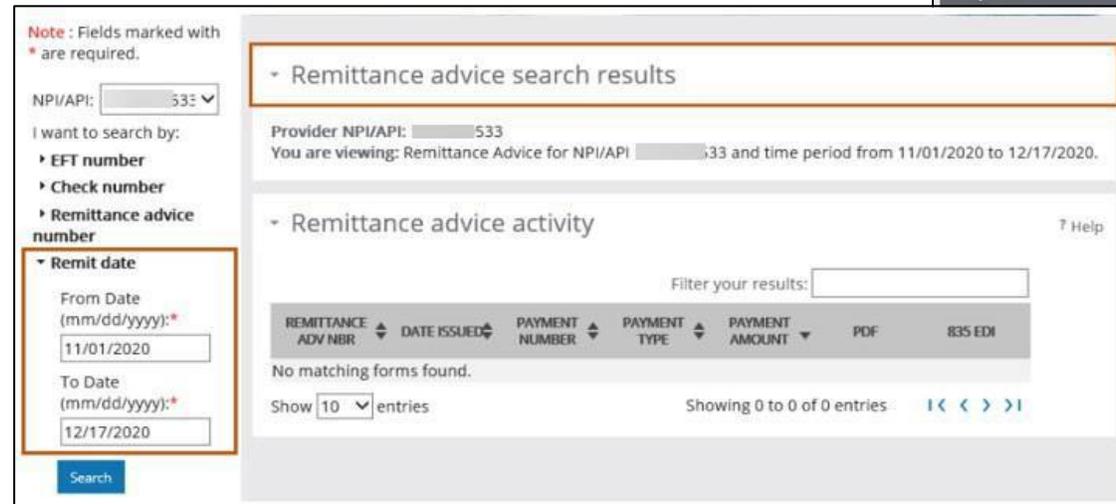
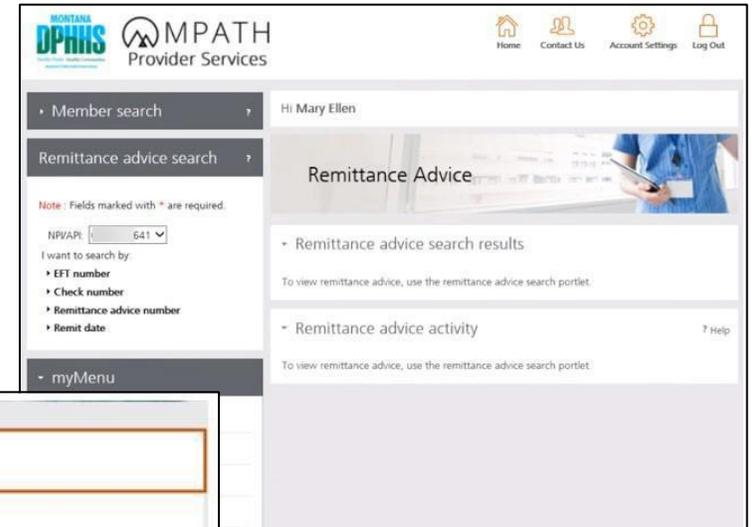


Remittance Advice/Reconciliation

Accessing your Remittance Advice, *continued*

3. The Remittance Advice search portlet will display with four search options: EFT number, check number, remittance advice number, and remit date.

4. Click on the search parameter from the options listed in the portlet. Enter required data under the option chosen. Click **Search**. Remittance advice details will display. You have the option to view or download a PDF.



MPATH Provider Service Portal User Guide

To access the User Guides:

- Go to the Medicaid Provider Webpage: <https://medicaidprovider.mt.gov/>
- Select **Provider Enrollment**, in the green side bar to the left.
- Select **Enrollment Training Materials and User Guides** at the bottom of the page.
- Select training **Presentations/January 2022 MPATH Provider Services Module Presentation** (*User Guides and Training Videos are also available in this section*)



FAQs, Resources, and Contacts



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FAQs

Q: What happens if I miss the deadline?

A: If you miss the deadline to submit your match payment and/or certification form, claims will rollover to the next month until the match is met. There is no penalty for letting claims roll over but be aware claims may then be subject to changes in the FMAP or rate increases that affect the calculation of the state match. If that occurs you will receive a certification form for the difference.

- The next FMAP change will be January 1, 2024. Check the reminders in your monthly statement email for more information.

Q: We no longer have CSCT services, why do I still get a statement?

A: Your district will receive a statement even if you are no longer providing CSCT services if there are pending claims on the report. There are several reasons this may occur. If no match payment has been submitted or the payment is received after the due date the claims will roll over. Also, providers have 365 days to submit claims to Medicaid so the mental health center may be wrapping up billing.

FAQs

continued

Q: In Step 1, I entered my NPI, saw what bills were available but when I clicked on “Next” no certification form or statement was available.

A: If you receive a “No bills were selected to display on certificate” message, 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) you wish to access. Then go to “Next” again and it should display.



CSCT Resources

Children's Mental Health Bureau (CMHB) CSCT Webpage

The [Comprehensive School and Community Treatment \(mt.gov\)](https://www.mt.gov/communities/childrens-mental-health-bureau) webpage provides CSCT-related resources, timelines, and other documents.

Children's Mental Health Medicaid Services Provider Manual

[Manuals and Guides \(mt.gov\)](https://www.mt.gov/communities/childrens-mental-health-bureau)

Administrative Rules of Montana to reference

[ARM 37.87.1803](https://legis.mt.gov/legis/assembly/bills/2010/0000_0000_0000_bill_20100003_bill_20100003_arm_37.87.1803.htm) Reimbursement

DPHHS AccessGov (access monthly IGT statements and certification forms):

[DPHHS \(accessgov.com\)](https://accessgov.com).

Online Payment Portal (electronic check or credit/debit card):

[Montana Online Payment Portal \(mt.gov\)](https://www.mt.gov/communities/childrens-mental-health-bureau)



Who to Contact with Questions

DPHHS CMHB

CSCT Program Questions

Christine White

CSCT Medicaid Program Officer

406-444-5916

chwhite@mt.gov

Renae Huffman

Medicaid Program Supervisor

406-444-7064

rhuffman@mt.gov

Office of Public Instruction (OPI)

School Accounting Questions

(i.e., revenue codes, expenditure codes, fund accounts)

Jay Phillips

OPI Chief Financial Officer

406-444-4523

jphillips3@mt.gov

IGT Questions (statements, payments, certification forms):

Email: HHSCSCT@mt.gov



Acronyms

Acronym	Definition	Acronym	Definition
ARM	Administrative Rule of Montana	MMIS	Medicaid Management Information System
BHDD	Behavioral Health and Developmental Disabilities Division	MOU	Memorandum of Understanding
CMS	Centers for Medicare & Medicaid	MTSS	Multi-Tiered Systems of Support
CSCT	Comprehensive School and Community Treatment	NPI	National Provider Identifier
CHIP	Children's Health Insurance Plan	OPA	Office of Public Assistance
CMHB	Children's Mental Health Bureau	OPI	Office of Public Instruction
DPHHS	Department of Public Health and Human Services	PID	Provider ID
FFY	Federal Fiscal Year (Oct 1-Sept 30)	RA	Remittance Advice
FMAP	Federal Medical Assistance Percentage	SED	Serious Emotional Disturbance
HELP	Medicaid Expansion/Health & Economic Livelihood Partnership	SFY	State Fiscal Year (July 1-June30)
HMK	Healthy Montana Kids (<i>see CHIP</i>)	TPL	Third Party Liability Insurance
HMK <i>Plus</i>	Montana Medicaid/Healthy Montana Kids <i>Plus</i>		
ICN	Individual Control Number (assigned to each claim)		
IGT	Intergovernmental Transfer		

Questions?



DEPARTMENT OF
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