



CSCT Administration Guidance Document 2021-2022 School Year

Background

In [HB 671](#), The legislature intends that the OPI and DPHHS collaborate to facilitate school districts in securing federal reimbursements when a district provides services eligible for reimbursement under Medicaid or the children's health insurance program (CHIP). The bill clearly outlines the “shalls” for DPHHS and the OPI.

Historically, school districts were able to provide the required state match for CSCT with an in-kind match, which included items such as space, technology, or staff time. In 2016, The U.S. Centers for Medicare and Medicaid Services (CMS) disallowed the in-kind match that Montana had been using. Based on federal disallowance of the prior process used by districts for matching, updating was needed, this legislation identified the new methods for local school districts to meet the local-state match. The OPI and DPHHS have been working collaboratively to implement the legislative guidance and intent on the DPHHS proposed Intergovernmental Transfer Process.

Intergovernmental Transfer

- Intergovernmental transfer (IGT) is a transfer of funds from another government entity to the State’s Medicaid agency (DPHHS) before a Medicaid Payment is made. When these funds are used as the non-federal share of a Medicaid Expenditure, they are eligible for federal financial participation (FFP). That is, they can be matched by federal Medicaid dollars. The current match is 65%.
- For Comprehensive School and Community Treatment (CSCT) services, local school districts provide non-federal funds as the state share for Medicaid Services.
- School districts will be provided a list of claims and the calculated state share to remit to the Office of Public Instruction (OPI) monthly.
- School Districts will submit the calculated state share to OPI.
- OPI will compile state share payments from local school districts and verify fund source as non-federal.
- When compiled, these state share payments will be transferred to DPHHS to meet the Medicaid required match for the claim(s) submitted by the district as eligible for Medicaid reimbursement.

Medicaid Reimbursement

The DPHHS submitted State Plan Amendment proposes a per diem reimbursement rate for CSCT services of \$96.00. In an effort to address the additional costs remote community districts incur, the plan amendment includes a frontier differential payment of 115% of the proposed rate, resulting in a per diem rate of \$110.40.

Comprehensive School and Community Treatment Services

- Comprehensive School and Community Treatment (CSCT) is a mental health service provided by a Montana public school district (provider).
- Services are focused on improving the youth’s functional level by facilitating the development of skills related to exhibiting appropriate behaviors in school and community settings.
- CSCT is provided by a team which includes a licensed or supervised in-training practitioner and a behavioral aide. DPHHS has proposed a change to CMS to allow a team to have two behavioral aides.
- CSCT services are Medicaid State Plan services, governed by Montana’s State Plan with the Center for Medicare and Medicaid (CMS), HB 671, and Administrative Rules of Montana.

Key Responsibilities

The OPI	The District (provider)	The DPHHS
<p>Official communicator on CSCT to districts and the public.</p> <p>Jointly communicate to interim committees on CSCT and other Medicaid services with DPHHS.</p>	<p>Communicate directly with the OPI specials for CSCT related questions or concerns.</p>	<p>Review communications and offer technical advice.</p> <p>Jointly communicate to interim committees on CSCT with the OPI.</p>
<p>Provide official program and accounting guidance to districts.</p>	<p>Follow the OPI accounting guidance related to CSCT Medicaid funds (separate document).</p>	<p>Provide the OPI with reports and documents related to school-based Medicaid services as requested.</p> <p>Provide districts with claims reports and the required local State match for the claims.</p> <p>Provide additional CMS communications and other routine documents for all Medicaid providers, or specific communications related to providers that does not interfere with CSCT guidance and technical assistance provided by OPI (for example, billing questions or provider enrollment issues).</p>
<p>Ensure processes used by districts are legal and transparent.</p>	<p>Notify the OPI of any claim overpayments related to CSCT.</p>	<p>Manage Medicaid benefit packages.</p>
<p>Monitor claims and expenses to paid claims.</p>	<p>Verify that the local state match is from non-federal funds.</p>	<p>Provide the district and the OPI with local state match requirement monthly for CSCT claims.</p>
<p>Implement audit spot checks to ensure districts' accounting methods are reasonable, accurate and to mitigate the risk of audit issues.</p>		
<p>Seek technical guidance from DPHHS</p>		<p>Provide technical assistance to the OPI.</p>
<p>Advocate and implement processes that minimize administrative burden on districts.</p>		

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