CSCT MATCH STATEMENT

Reporting to DPHHS
Instructions

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MATCH STATEMENT REQUIRED

School districts that receive Comprehensive School and Community Treatment (CSCT) funding are required to provide an annual match statement to the DPHHS. In January each year, DPHHS notifies each district by letter of the required local match amount.

The local match amount is based on Medicaid funding payments the district received from DPHHS in the previous year. Districts use information from the district's legal entity (LE) prior year Trustees' Financial Summary (TFS) to determine if the required match amount was met.

The OPI, in conjunction with DPHHS, has created a reporting tool for LE's to use in creating the match statement in the MAEFAIRS system.

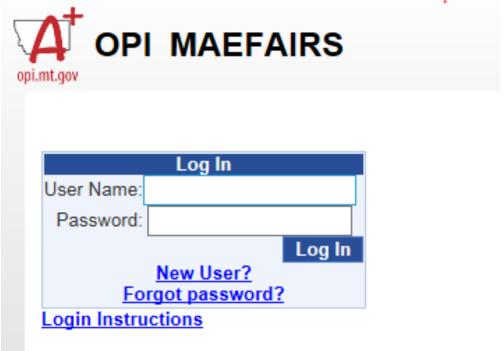
The following slides describe the process for creating this statement.



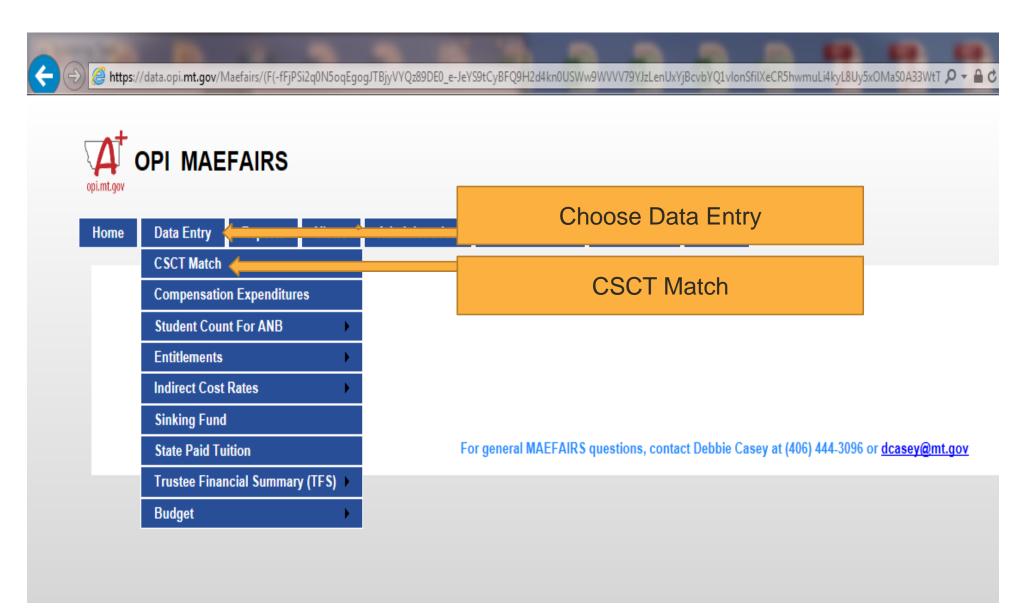
LOG INTO THE MAEFAIRS SYSTEM

Start at: https://data.opi.mt.gov/Maefairs/frmLogin.aspx

Log in using your MAEFAIRS username and password



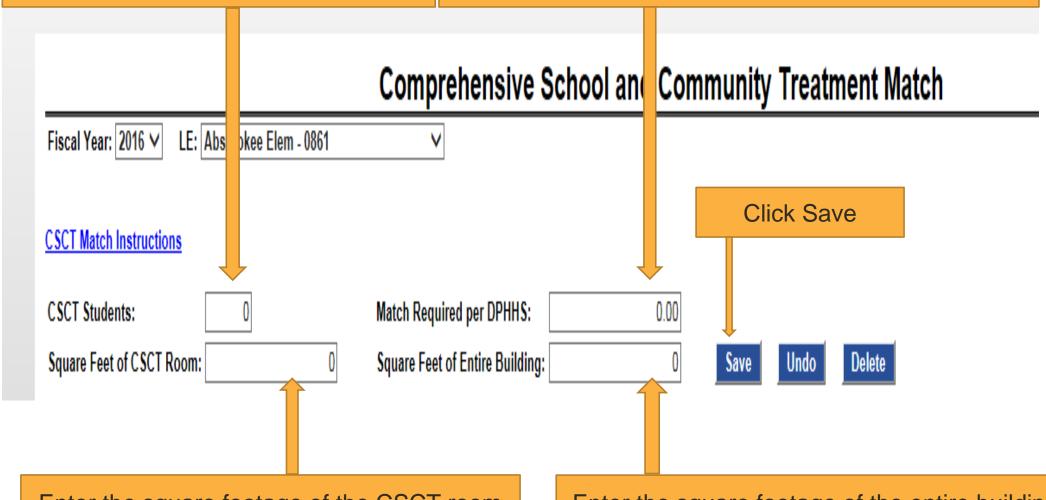






Enter the number of CSCT Students

Enter the match requirement per DPHHS found on the reimbursed verification letter from DPHHS

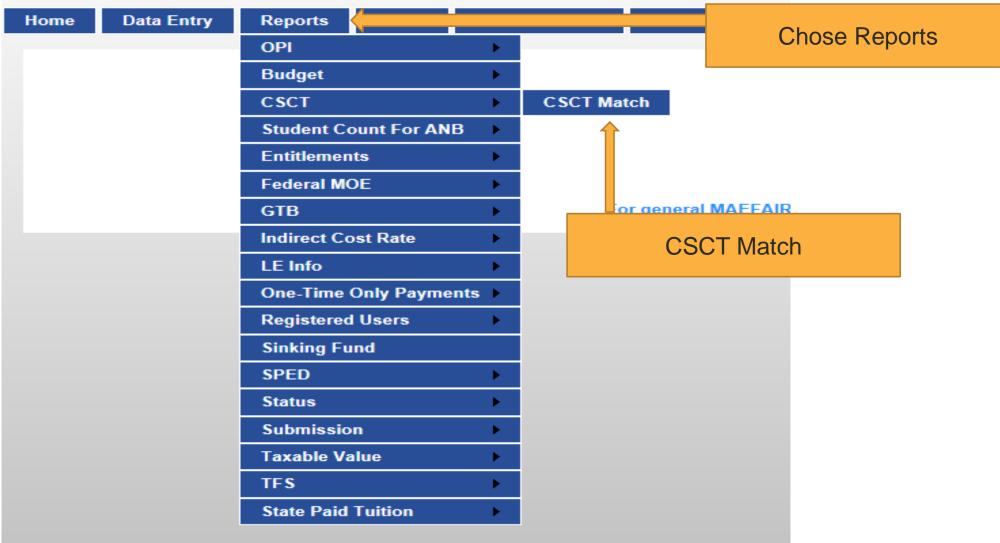




Enter the square footage of the CSCT room

Enter the square footage of the entire building













Comprehensive School And Community Treatment FY2016

48 Stillwater

0861 Absarokee Elem

ELIGIBLE NON-FEDERAL EXPENDITURES FOR CSCT MATCH

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Less:	Review, save, and print your report.	
a2 Building Costs	Return the printed report to:	.57
a3 Expenditures U		.60
a4 Total Dedi		.17
a 01 - General Fund (a1 -	CSCT Medicaid Program Officer Children's Mental Health Bureau 111 North Sanders, Room 307 PO Box 4210	1,134,620.08
b Total Transportation Ex		
c Total Retirement Expen		
d Total Compensated Abs		
e Total Technology Exper		
	Helena, MT 59601	
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CSCT SUPPORT

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