

CSCT AccessGov

Please access your certification form at

mt.accessgov.com/opimt

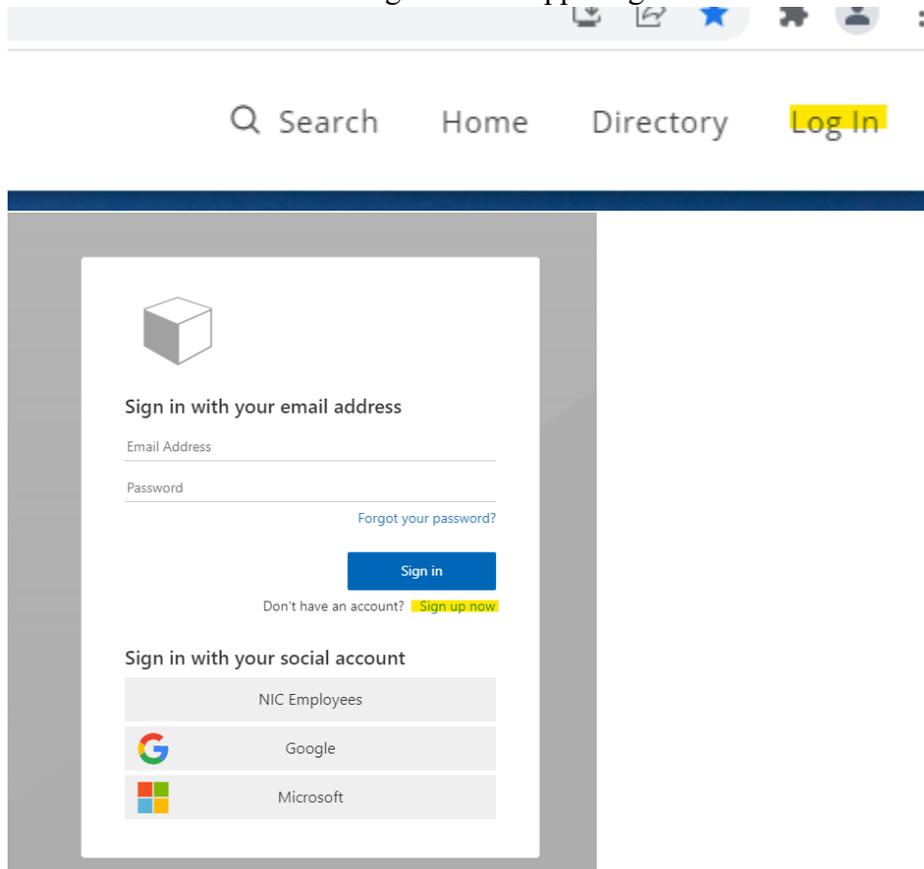
Or visit our website to access the link and other CSCT important information

<https://opi.mt.gov/Educators/School-Climate-Student-Wellness/Suicide-Prevention/Medicaid-Services>

then select the CSCT Access.gov link

A school has the choice of creating an account or not.

- To create an account select log in on the upper right-hand side of the webpage



The benefits for the school having an account are the ability to see all transactions and forms that have been submitted.

Please complete Step 1 – This step is for printing out the CSCT Certification form for signature and receiving the State Share by School data

- Select the CSCT Certification Form hyperlink in blue

Comprehensive School and Community Treatment Program (CSCT)

Step 1: To find your Provider State Share Amount please complete the [CSCT Certification Form](#) and print for Authorized Representative approval and signature.

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

- Select No
- Select the red Start Form button

STATE SHARE

Have you already completed the CSCT Provider Certification Form and obtained the necessary signature? *

No
 Yes

Please select "Start Form" to continue to this form. After you complete and submit this form, you will print the submitted PDF for Authorized Representative approval and signature. You must have this form complete prior to submitting the CSCT Provider Certification Form.

[Start Form >](#)

- Enter in the Provider Treating NPI for your school

CSCT FORM

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

Provider Treating NPI *

[< Previous](#) [Save and Exit](#) [Next >](#)

- Select Yes on the on the display this bill on certification. If there are multiple months bills available, it will display separately, and selection will be required for one or both.

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 *
1212121212

Available Bills

Provider Treating Short Name	Period	Total State Share Due	Display this bill on Certification? *
TEST School	Feb-22	\$48,005.44	<input checked="" type="radio"/> Yes <input type="radio"/> No

< Previous Save and Exit Next >

- Select Next
- Select Submit

Name
TEST School

Billing Period
Feb-22

Total State Share Due
\$48,005.44

< Previous Save and Exit Submit

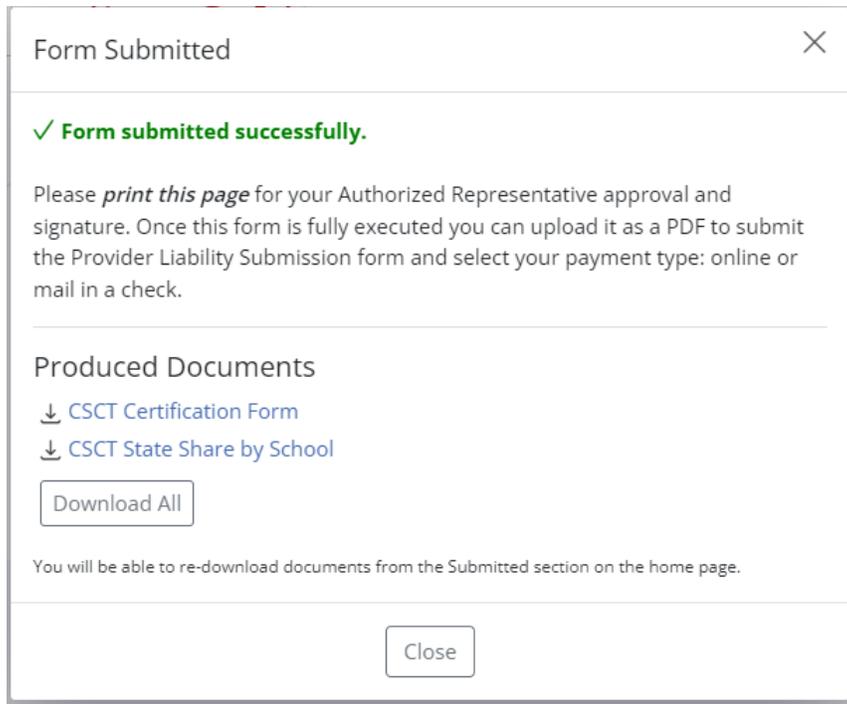
- Select submit

Confirm Submission

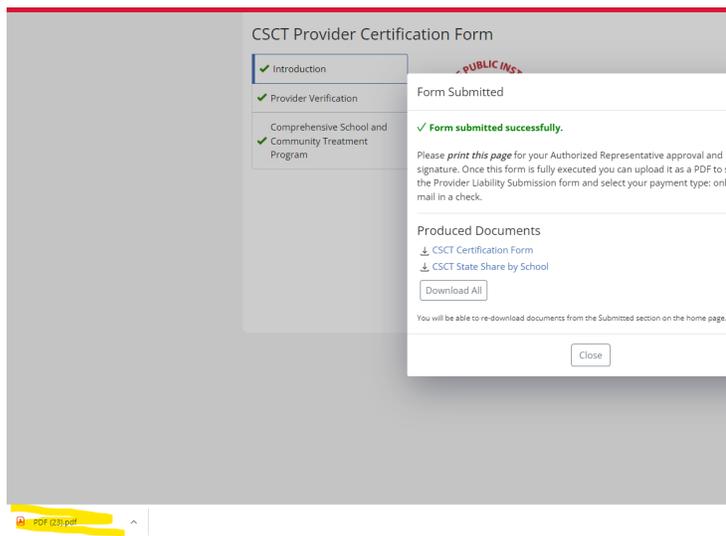
Are you sure you want to submit?

Submit Cancel

- There will be two produced documents. The CSCT Certification Form and the CSCT State Share by School. Select the link to download file or select download all and files will be downloaded into a zip file.



- The files will display on the left hand lower side of screen – select to open them



After the files are downloaded the website will navigate back to the home screen.

Each month the school will be required to have the certification form signed by an authorized representative. At this point in the process print the certification form and have the authorized representative sign and date it.

When the form has been signed and the payment method is ready begin STEP 2.

Please complete Step 2 - Payment selections will be mail in check, debit/credit card, or ACH Electronic Check

- Return back to the website

Step 2: Once you have completed Step 1 and obtained the necessary signature on the CSCT Certification Form. Please complete the [CSCT Provider Certification Submission Form](#) and attach the fully executed CSCT Certification Form. You will be allowed to pay your liability amount online or print your submission to mail in your payment.

- Select the CSCT Provider Certification Submission Form link

CSCT Provider Certification Submission Form

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



CSCT Provider Certification Form

Submission

Process to serve Montana students with mental and behavioral health services through the Comprehensive School and Community Treatment, or CSCT, program.

Have you already completed the CSCT Provider Certification Form and obtained the necessary signature? *

Yes
 No

Please select "start form" continue to this CSCT Provider Certification Submission form. You will upload your CSCT Provider Certification Form and submit payment online or mail in a check.

- Select yes in the Have you already completed the CSCT Provider Certification Form and obtained the necessary signature?

- Select the red start form button
- Enter in the Provider Treating NPI for your school

Provider Treating NPI *

1212121212

Invalid NPI. Please try again

Available Bills

Provider Treating Short Name	Period	Total State Share Match for Transfer	Pay this bill *
TEST School	Feb-22	\$48,005.44	<input checked="" type="radio"/> Yes <input type="radio"/> No

< Previous

Save and Exit

Next >

- Select Yes on the on the pay this bill. If there are multiple months bills available, it will display separately, and selection will be required for one or both.
- Select Next red button

The next screen is to upload the signed certification form. A PDF file is required.

- Select the choose file button to upload the signed certification form.

CSCT Certification Form

Please upload the signed and approved CSCT Certification Form *

Choose File No file chosen

upload .pdf file is required.

< Previous

Save and Exit

Next >

- After form has been uploaded select next

The next screen is to select the payment method

- Mail in Check - select the red submit button. The submit button needs to be selected to submit the certification form to OPI.

Total Amount Due

\$48,005.44

Select a payment option *

Pay Online

Mail in a Check

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 write check to **Office of Public Instruction, CSCT Program** and send to **PO Box 202501, Helena, MT 59620-2501** for the Total Payment Amount shown above.

< Previous

Save and Exit

Submit

- Pay Online - select the continue to payment

ATION SUBMISSION FORM

Total Amount Due

\$48,005.44

Select a payment option *

Pay Online

Mail in a Check

< Previous

Save and Exit

Continue to Payment

- You will be redirected to the secure payment check out to select credit/debit or electronic check. The electronic check option has a \$2 fee and the credit/debit selection has a percentage of total fee.

1 Payment Type
2 Customer Info
3 Payment
4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
CSCTCLINTON Feb-22	CSCT Share Match	\$2,469.22	1	\$2,469.22
Total				\$2,469.22

Payment

Payment Type

Payment Type *

Select One ▾

Select One

Credit/Debit Card

Electronic Check

NEXT >

Customer Information

Payment Information

CANCEL

- Enter in the information and submit for successful payment.