

Children's Mental Health Bureau

Comprehensive School and Community Treatment
(CSCT) Program

2018

Overview of Today's Presentation

- New Form Requirement
- Why New Form is Necessary
- Review Form
- Answer Questions

CSCT and New Contractor Form

- Children's Mental Health Bureau (CMHB) is requiring schools submit a CSCT Contractor/Team Change Form for CSCT when the school changes a mental health center contractor for CSCT services.
- Conduent will process the new contractor information and re-enroll new team number(s) using the date that the new contract started and terminate the old team number. Conduent will send information to the School Contact to verify before final approval. No additional supplemental material will be required, unless the Tax ID number is changing.

Why is the New Form Necessary?

- Accurate data collection: Procedures to reassign team numbers upon procuring a new contract has been inconsistent resulting in difficulty tracking which Mental Health Center is providing CSCT for a school. This form will correct that and allow for consistent reporting.
- Consistent auditing for certification of match and maintenance of effort.

Form and Instructions?

- To change a contractor for an existing Montana Medicaid file, complete this form for each CSCT Team and attach the signed CSCT Contract for the new Team. The form is available at the following link:
<https://medicaidprovider.mt.gov/Portals/68/docs/forms/CSCTChangeContractorVersion211012018.pdf>

- New/Additional Teams, or changes to Tax Reporting, will require *the school to submit* a new enrollment.

Mail or Fax this form to:

Provider Relations Enrollment

PO Box 4936

Helena, MT 59604

Fax (406) 442-4402

Form Information

https://medicaidprovider.mt.gov/Portals/68/docs/forms/CSCT

File Edit Go to Favorites Help

Web Slice Gallery Obituaries Suggested Sites

Page Safety Tools

1 / 1 80% Sign In

Section I
The following will be used to identify update and termination of the correct Team record:

National Provider Identification (NPI) _____
School or District NPI used for billing

Name of School _____
Will be entered as Provider Name

Name of Current CSCT Contractor _____
To identify existing file to extract data from and terminate

Current Assigned Team Number _____ Contract End Date _____

Physical Address of School: _____

City _____ Zip+4 _____

County _____

School Phone _____ School Fax _____

Section II
The following will be used to create the new Team record:

New CSCT Contractor _____ New Contract Effective Date _____
Will be entered on Address Line 1 of Provider Record Will be used for the new file's effective date

Correspondence Address of CSCT Contractor _____
Will be entered as Address 3 of the Provider Record

City _____ Zip+4 _____

A new Team Number and Provider Number will be created on behalf of the School using the above information. Please supply a school contact to verify the data on file prior to final approval. Further documentation may be requested.

School Contact Name: _____ School Contact Email: _____

Questions



Contacts

Contact Information

If you have any questions, please contact:

- Kandis Franklin, Children's Mental Health Bureau Family Liaison, email KFranklin@mt.gov or telephone (406) 444-6018
- For additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email MTPRHelpdesk@conduent.com.
- Visit the Montana Healthcare Programs Provider Information website at <https://medicaidprovider.mt.gov>.