DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES	**Behavioral Health and Developmental Disabilities (BHDD) Division** Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: October 1, 2025
Policy Number: ***New:* 606**	**Subject:** HEART Waiver – Tenancy Support Service – Application Fee and Security Deposit Assistance

Definition

Tenancy Support Services (TSS) are provided to assist members in acquiring and maintaining safe and reliable housing. As a component of Pre-Tenancy Services, one-time transition and move-in cost assistance for application fees and security deposit is available.

Eligibility

(1) Member must be 18 years of age or older;

(2) Be enrolled in Montana Medicaid;

(3) Meet the eligibility criteria for TSS, as outlined in Policies 603 and 605 of this manual;

(4) Be actively participating in other Pre-Tenancy Services with an approved provider; and

(5) Not currently residing, or planning to reside in, a residential treatment facility or congregate living facility and/or setting.

Provider Requirements

(1) Providers seeking reimbursement for one-time transition and move-in costs must be approved and enrolled TSS providers.

(2) Providers must maintain progress notes per Policy 602 of this manual, in addition to:

(a) Person-centered service plan from UR Independent Contractor, including the prior authorization number;

(b) Receipt(s) for application fee(s);

(c) Signed receipt(s) for security deposit;

(d) Copy of HUD quality health inspection or equivalent that verifies compliance with housing and safety standards. Specific quality health inspections may be required for use with some housing vouchers; and

(e) Copy of the signed and dated lease.

Service Requirements

(1) Pre-Tenancy Move-in Support includes:

(a) Application fee assistance, up to the maximum amount of $250.00 annually, from the date prior authorization was granted; and

(b) Security Deposit assistance, up to a maximum amount of $1,650.00 annually, from the date prior authorization was granted.

(2) Provider reimbursement process is as follows:

(a) UR Independent Contractor will issue an authorization number for approval of application fee(s) and security deposit. This authorization number is valid for 12 months from the date of authorization.

(b) Providers must submit a clean claim to Montana Medicaid, with the appropriate prior authorization number for the approved services.

Utilization Management

(1) Prior Authorization is required and may be approved for up to 365 days.