

 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: 620 – NEW	Subject: HEART Re-entry Services

Definition

HEART Re-entry Services provide supportive services to ensure a smooth transition to the community. Services are provided during the 30 days immediately prior to the expected date of release or discharge for Medicaid beneficiaries who meet eligibility criteria and are residing in state prisons.

HEART Re-entry Services include four categories of services:

- (1) **Re-entry Case management**, as defined in Policy 621 services in the period of up to 30 days immediately prior to the expected date of release or discharge and may include the following components: a health care needs assessment, transition person-centered care plan development, medication management plan development, providing a warm hand-off to a post-release/discharge case manager, making referrals and scheduling follow-ups, linking individuals to community service providers for the post release/discharge, and monitoring and follow-up.
- (2) **Limited Clinical Consultation** is to connect justice involved individuals with ongoing, community-based physical and behavioral health services that can improve physical and behavioral health outcomes and reduce avoidable health care utilization. A limited set of in-reach limited clinical consultations may be provided in the 30 days leading up to release. Clinical consultation is a professional discussion between healthcare providers to review the member's care plan, discuss specific concerns, or seek expert advice on a particular case. It involves sharing information, analyzing risks and needs, and potentially making collaborative decisions about treatment or management.
- (3) **Medications for Addiction Treatment (MAT)** coverage will include Medications for Addiction Treatment (also known as medication assisted treatment) and corresponding behavioral health therapy for Opioid Use Disorders (OUD), Alcohol

Use Disorders (AUD) and Non-Opioid Substance Use Disorders, and MAT-related benefits as listed below in service requirements.

- (4) **Medications upon release** includes a minimum 30-day supply (i.e., equal to or more than 30 days) of outpatient medications and over-the-counter drugs as clinically or medically appropriate consistent with Medicaid State plan.

Eligibility and Enrollment Criteria

To be eligible for re-entry services, a member must:

- (1) Be 19 years of age or older.
- (2) Meet the following qualifying criteria:
 - (a) Meet the definition of an inmate of a public institution, as specified in 42 CFR 435.1010; and
 - (b) be incarcerated in a state prison operated by the Department of Corrections, including:
 - (i) Montana State Prison;
 - (ii) Montana Women's Prison; and/or
 - (iii) Riverside
- (3) Be enrolled in Medicaid; and
- (4) Must meet at least one of the following criteria:
 - (a) Mental Illness: A person receiving mental health services or medications, or meets both of the following criteria:
 - (i) has significant distress, disability, or disfunction in social, occupational, or other important activities, and/or
 - (ii) a reasonable probability of significant deterioration in activities of life functioning.

Must have a mental health diagnosis according to the current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders, or the International Statistical Classification of Diseases (ICD) and Related Health problems:

OR:

- (b) Substance use disorder, shall either:
 - (i) Meet SUD criteria, according to the current edition of the DSM or ICD; and/or
 - (ii) Have a suspected SUD diagnosis that is currently being assessed through either Alcohol Use Disorders Identification Test (AUDIT) or Texas Christian University (TCU) Drug Screen 5 criteria.
- (5) Meeting such health-related criteria in (4) may be indicated by a beneficiary, found at an initial screening conducted by the prison upon intake, determined during a beneficiary's incarceration or found during assessment in the process of re-entry planning.

Provider Requirements

- (1) Re-entry services must be provided by a licensed facility or provider, authorized by the department to perform services within their scope of practice, and enrolled as a Medicaid provider.
- (2) The provider, and provider staff, including correctional providers, must:
 - (a) Be eligible to deliver services under the re-entry demonstration initiative and may be either community-based or prison-based providers.
 - (b) have necessary experience and receive appropriate training, as applicable to a given prison setting, as documented in the employee's file.

Service Requirements

Re-Entry Case Management

Providers will follow the Targeted Case Management Policies outlined in this Manual, and in accordance with their specific scope of practice.

Limited Clinical Consultation

Limited Clinical Consultation services include:

- (1) Limited clinical consultations that will be performed by embedded specialists or community-based providers and may be completed via telehealth or in-person, as authorized by DPHHS and DOC and as indicated in the American Medical Association's Common Procedural Terminology (CPT) manual. The scope of limited clinical consultation services and supports include:
 - (a) Supporting re-entry plans into the community, including review of discharge plans and medication management plans.
 - (b) Supporting physical and behavioral health assessments, as needed; and
 - (c) Providing warm-hand offs to community-based behavioral health professionals who will provide mental health and/or SUD services upon release.
- (2) For individuals who also qualify for CAA, please reference the screening and diagnostic benefit outlined in the [EPDST](#) manual.

Reimbursement is based on adherence to the CPT manual for billing.

Medication for Addiction Treatment will be provided by DOC per the most current DOC MAT policy

Medication for Addiction Treatment services include:

- (1) Medications approved under Section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under Section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders as authorized by Social Security Act Section 1905(a)(29).
- (2) FDA-approved medications drugs to treat AUD and other non-opioid SUDs; and
- (3) MAT-related benefits, including:
 - (a) assessment,
 - (b) individual/group counseling,
 - (c) patient education, and
 - (d) prescribing, administering, dispensing, ordering, monitoring and/or managing MAT.

Reimbursement is based on adherence to the DOC MAT Policy and evaluation and management codes in the CPT manual and the corresponding fee schedules.

Medications upon release will be provided by DOC per the most current DOC Health Care Continuity policy

Medications upon release could include:

- (1) A minimum 30-day supply (i.e., equal to or more than 30 days) of outpatient medications and over-the-counter drugs as clinically or medically appropriate, consistent with the approved Medicaid State Plan.
- (2) Reimbursement is based on adherence to the Pharmacy manual and the corresponding fee schedule

Utilization Management

- (1) Prior authorization is not required.
- (2) Continued stay review is not required.
- (3) The provider must document in the file of the member that the member meets the medical necessity criteria and update on an annual basis, or as needed.
- (4) Prior authorization for 30-day post release medications is subject to the pharmacy manual requirements. <https://medicaidprovider.mt.gov/pharmacy>