

 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: 621-NEW	Subject: HEART Re-Entry: Targeted Case Management (TCM) - Adult

Definition

HEART Re-Entry Targeted Case Management (TCM) 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.

Eligibility and Enrollment Criteria

- (1) To be eligible for HEART Re-entry TCM services, a member must:
 - (a) be 19 years of age or older.
 - (b) Meet the definition of an inmate of a public institution, as specified in 42 CFR 435.1010;
 - (c) be incarcerated in a state prison operated by the Montana Department of Corrections, including:
 - (i) Montana State Prison;
 - (ii) Montana Women's Prison; and/or
 - (iii) Riverside
 - (d) Be enrolled in Medicaid;
 - (e) Must meet at least one of the following criteria:
 - (i) Mental Illness: A person receiving mental health services or medications, or meets both of the following criteria:
 - (1) has significant distress, disability, or disfunction in social, occupational, or other important activities, and/or

- (2) 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:

- (ii) Substance use disorder, shall either:
 - (1) Meet SUD criteria, according to the current edition of the DSM or ICD; and/or
 - (2) 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.
- (2) The health-related criteria in section (e) must be identified by the Department of Corrections (DOC) during the intake screening. While more information may be found during incarceration or re-entry planning, the first determination must be made at the time of intake.

Provider Requirements

- (1) HEART Re-entry TCM services must be provided by a state-approved and licensed SUD facility, mental health center, or the Department of Corrections.
- (2) The provider, and provider staff, including correctional providers, must:
 - (i) Be eligible to deliver services under the re-entry demonstration initiative and may be either community-based or prison-based providers.
 - (ii) have necessary experience and receive appropriate training, as applicable to a given prison setting
- (2) Participating providers of reentry case management services may be correctional or community-based providers who have expertise in working with justice-involved individuals.
- (3) Case managers must meet the following qualifications:
 - (a) Bachelor's degree in social work, psychology, sociology, criminal justice, or a related human services field
 - (b) Minimum of one year of experience working with criminal justice involved individuals.
 - (c) Individuals with other educational backgrounds who, as providers, consumers, or advocates have developed the necessary skills, may also be employed as case managers. The facility or its contracted entities position description must contain equivalency provisions.

Service Requirements

- (1) Services are to be delivered in accordance with 42 CFR 440.169, 42 CFR 441.18, and 42 CFR 431.51. For further detail, please go to the most current version of your respective TCM Montana Medicaid provider Policy.
- (2) TCM is not a bundled service and must be billed using the appropriate HCPCS code.

Utilization Management

- (1) Prior authorization is not required.
- (2) Continued stay reviews are not required
- (3) The provider must document in the file of the member that the member meets the medical necessity criteria.