Tenancy Support Services

Provider Training

2025

MONTANA DPHHS
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

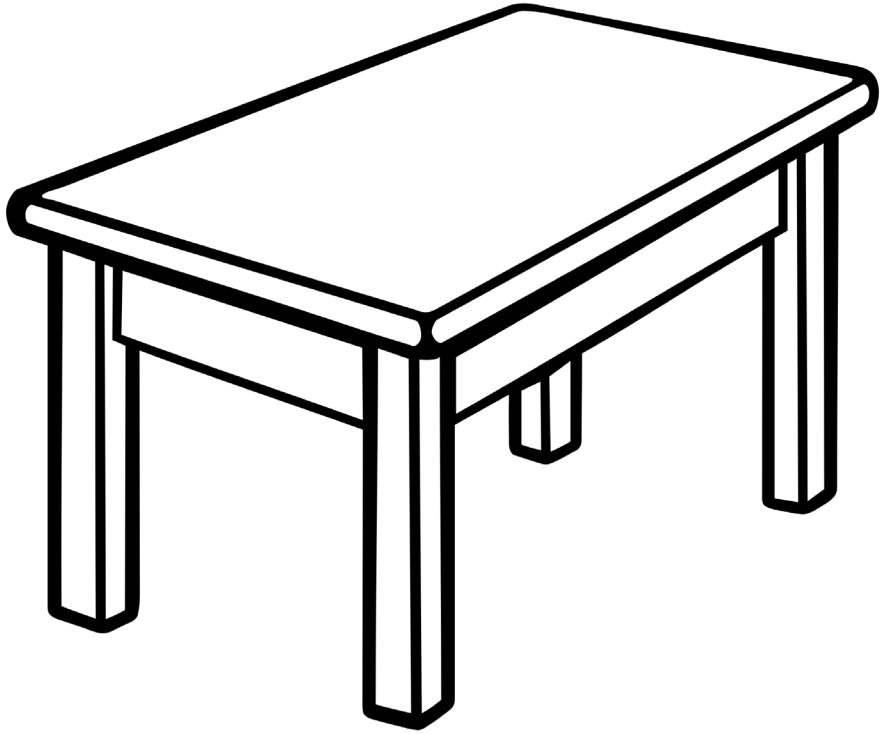
HEART Initiative Overview

The 2021 Montana Legislature passed Governor Gianforte's Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative, which seeks to strengthen the continuum of behavioral health services available to Montanans.

The HEART Initiative components:

- HEART State Special Fund
- Substance Abuse Prevention and Treatment Block Grant
- Medicaid State Plan
- *Medicaid 1115 HEART Waiver*

HEART Services



- Substance Use Disorder Institutes of Mental Disease (SUD IMD)
- **Tenancy Support Services**
- Contingency Management
- DOC Re-entry Services

SUD IMD

Overview

Description: Federal approval waived the IMD exclusion. Meaning that Montana Medicaid members can now obtain inpatient and residential SUD treatment at any available facility, regardless of size.

Eligibility:

- Aged 18 – 64
- Determined by a clinician to need inpatient or residential level of SUD treatment

Contingency Management

Overview

Description: Contingency Management is the most effective evidence-based treatment for Stimulant Use Disorder (StimUD). It is a behavioral intervention that provides tangible reinforcers, or incentives, when an individual tests negative for stimulant drugs.

DPHHS has contracted with UCLA and CMI to provide the training/TA and incentive management platform.

- **Anticipated Start Date: January 2026**

Eligibility

Eligibility:

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

(2) Member must have a stimulant use disorder diagnosis from the current version of the DSM or ICD-10 as the primary diagnosis.

(3) Member must be enrolled in only one CM program. Member may not receive CM from more than one provider at a time.

DOC Re-Entry Services

MONTANA DPHHS
DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Overview

- **Description:** Montana received CMS approval to provide a targeted set of services to inmates with behavioral needs in the 30 days prior to release from either the Montana State Prison or the Montana State Women's Prison (including Riverside). Services included in 30 day pre-lease period are Medication Assisted Treatment, case management (including a warm hand-off to post-release case management), clinical consultation, and Medications in hand upon release. Services included in the post release include full Medicaid (as long as the individual remains eligible) including up to 12 months of targeting case management.

- **Anticipated Start Date: October 2025**

Eligibility

Eligibility:

- Aged 19 and older
- Meet the behavioral need criteria and are to be discharged from prison in the next 30 days

Tenancy Support Services

MONTANA DPHHS
DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Overview

- **Description:** Tenancy Support Specialists will provide tenancy support services, which will include *assessment and planning, pre-tenancy services* and *tenancy sustaining services* to support an individual's ability to prepare for and transition to housing, as well as assist individuals in maintaining services once housing is secured.

- **Rate**: $16.51/unit*

*Will be included in the rate increase for 2025

Eligibility

Eligibility:

- Aged 18 and older
- Must have a clinical diagnosis of a substance use disorder (SUD), or Serious Mental Illness (SMI) and/or have self-attested to symptoms that suggest the presence of a SUD, SMI, or both.
- Meets at least one of the following *needs-based criteria* and at *least one risk factor*.

Needs-based criteria:

- Has a need for improvement, stabilization, or prevention of deterioration of functioning resulting from the presence of the SMI
- Member meets at least ASAM criteria for level of care 1.0, indicating the need for improvement, stabilization, or prevention of deterioration of functioning resulting from the presence of a SUD

Risk factors:

- Member is homeless or has a history of homelessness.
- Member is at risk of homelessness
- Member meets parameters listed in policy around stays in institutional, group home, assisted living facility, licensed residential healthcare or detention center placement, hospital or ED visits, incarceration, or loss of housing as a result of behavioral health symptoms.

*See policy 603 for specifics

Provider Qualifications

To be qualified as a tenancy support services provider, a Montana Medicaid provider must enroll as **Provider Type 89**, be approved by the department and must adhere to the following:

- In order to bill Montana Medicaid, TSS must be provided by a licensed hospital, licensed mental health center, state-approved licensed substance use disorder outpatient facility, Rural Health Center, FQHC, or IHS Tribal 638 provider. Other organizations may be approved by the department to provide TSS.

The TSS provider must employ a Tenancy Support Specialist that meets one of the following requirements:

- Associate degree in human services, social services, public health, or related field from an accredited college or university; or
- High school graduate or High School Equivalency (GED or HiSET), along with one year of relevant work experience, as determined by the service providing agency.

*Additional provider requirements listed in policy 605.

Member Enrollment

1. Member must receive a referral for TSS
   - For TSS, a referral can be made through the referral form, located at: BHDD Forms and Applications, Tenancy Support Services Forms, or by calling the department's designee.
2. Eligibility determination by provider and UR Independent Contractor is required.
   - (a) Eligibility assessment screening is the process that determines if a member meets established criteria to participate in TSS;
   - (b) eligibility assessment screening is conducted by an independent contractor that the department uses to determine eligibility for TSS
3. Authorization of services is required and may be approved for 365 days
   - Member is referred to the Independent Contractor for eligibility determination and screening. Referral may be made by a self-referral or with the assistance of a provider
   - Additional steps for Authorization listed in policy
4. Continued Stay
   - Review is required every 365 days and follows same process as initial authorization.

Tenancy Support Services

Three Categories of Services:

(1) Assessment and Planning: includes screening, assessment, and development of a housing plan to support a member's ability to identify, prepare for, and/or maintain stable housing.

(2) Pre-Tenancy Services: include services to assist the member with housing searches, move-in support, working with landlords/property owners/managers; and implementing housing plan goals and outcomes, including connection to additional supportive services. It also includes broader community outreach and education to build the relationships necessary to house and support members.

(3) Tenancy Sustaining Services: include services provided once a member has been housed, and may include additional education to the tenant, if needed, and monitoring and follow-up care.

Tenancy Assessment and Planning

- (1) Completing a person-centered, comprehensive housing assessment for housing needs, barriers, preferences, and other support services needed. (ex: type, location, living alone or with someone else, identifying a roommate, accommodations needed, or other preferences); and
- (2) Developing an individualized housing support plan, based on the housing needs assessment, that identifies short-term and long-term measurable goals, including behavioral health needs, how goals with be achieved and how barriers to achieving goals will be addressed.

Tenancy Support Services

Three Categories of Services:

(1) Assessment and Planning: includes screening, assessment, and development of a housing plan to support a member's ability to identify, prepare for, and/or maintain stable housing.

(2) Pre-Tenancy Services: include services to assist the member with housing searches, move-in support, working with landlords/property owners/managers; and implementing housing plan goals and outcomes, including connection to additional supportive services. It also includes broader community outreach and education to build the relationships necessary to house and support members.

(3) Tenancy Sustaining Services: include services provided once a member has been housed, and may include additional education to the tenant, if needed, and monitoring and follow-up care.

Pre-Tenancy Services

- Housing search services
- Move-in support services
- Connecting individuals to additional support services
- Tenant education activities

Move-in Assistance

Application Fee Assistance

- up to the maximum amount of $250.00 annually, from the date prior authorization was granted

Deposit Assistance

- up to a maximum amount of $1,650.00 annually, from the date of the security deposit payment to the landlord/property manager.

*Application Fee Assistance and Deposit Assistance is reimbursable to the provider after payment with required information.

Tenancy Support Services

Three Categories of Services:

(1) Assessment and Planning: includes screening, assessment, and development of a housing plan to support a member's ability to identify, prepare for, and/or maintain stable housing.

(2) Pre-Tenancy Services: include services to assist the member with housing searches, move-in support, working with landlords/property owners/managers; and implementing housing plan goals and outcomes, including connection to additional supportive services. It also includes broader community outreach and education to build the relationships necessary to house and support members.

(3) Tenancy Sustaining Services: include services provided once a member has been housed, and may include additional education to the tenant, if needed, and monitoring and follow-up care.

Tenancy Sustaining Services

- Landlord/tenant relationship activities
- Monitoring and follow-up activities

Referral Process

- To refer a client/member for TSS
  - Complete a referral form from the website Referral to TSS
  - Submit to HACS@mpqhf.org
    - Call (406)443-0320 or 1-800-219-7035
      - A referral can also be submitted by calling this number
    - Fax to (406)513-1923
- Important notes about the Referral

Next Steps

- After a referral is submitted
  - MP will complete the **Eligibility Assessment** with the member
  - If approved, MP will issue an **eligibility determination**
  - MP will complete the **Person Centered Service Plan (PCSP)** with the member.
  - MP will send the PCSP to the member (and others if member has indicated)
  - Member takes the PCSP to their provider of choice
  - Provider will submit the **SIGNED** PCSP through Qualitrac for the Prior Authorization.
  - Prior Authorization will be processed based on the date of the Eligibility Assessment and the date the PA was submitted.

After the PA is approved

- For the provider
  - Assessment and Planning
    - Complete Housing Assessment –
    - Complete Housing Plan –
  - Pre-Tenancy Services
    - Services delivered prior to being housed
  - Tenancy Sustaining
    - Services delivered after a member is housed

Questions?

Contact

Emily Munn

HEART Waiver Program Specialist

Behavioral Health and Developmental Disabilities Division

Emily.Munn@mt.gov

Ashley Bair

Behavioral Health Section Supervisor

Behavioral Health and Developmental Disabilities Division (BHDD)

Ashley.Bair@mt.gov

Jill Richards

HEART Waiver Program Specialist

Behavioral Health and Developmental Disabilities Division

Jill.Richards@mt.gov

TSS Policy

Where to look?

- BHDD https://dphhs.mt.gov/BHDD/index
- HEART Waiver Services https://dphhs.mt.gov/BHDD/SubstanceAbuse/HEARTWaiverServices
- Fee Schedule - https://medicaidprovider.mt.gov/docs/feeschedules/2025/AdultMHfeeschedule7.1.251.pdf
  - Once adopted - https://medicaidprovider.mt.gov/providertype
    - Currently under Mental Health Center – Provider Type 59

Tenancy Support Services

- Policy 600 - Purpose
- Policy 602 - HEART Waiver - Tenancy Support Services - Progress Notes
- Policy 603 - HEART Waiver - Tenancy Support Service - Eligibility and Enrollment
- Policy 604 - HEART Waiver - Tenancy Support Service - Housing Plan
- Policy 605 - HEART Waiver - Tenancy Support Service – TSS
- Policy 606 - HEART Waiver - Tenancy Support Service - Application Fee and Security Deposit Assistance

Policy Number:	Subject:
New: 600	HEART Waiver - Purpose

HEALING AND ENDING ADDICTION THROUGH RECOVERY AND TREATMENT

The Behavioral Health and Developmental Disabilities (BHDD) Division has developed this section of the Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health to provide information pertaining to programs developed under the HEART Waiver Authority. This section of the manual regards specific requirements pertaining to all Medicaid provider types participating in the provision of these services, including Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), Urban Indian Health Centers, and Tribal FQHC. Reimbursement for services is provided in accordance with the Medicaid Mental Health services for individuals 18 years of age and older, provider fee schedule.

This manual is adopted and incorporated into the Administrative Rules of Montana (ARM) 37.27.902 and ARM 37.88.101

A provider must verify the individual is a Medicaid member. Medicaid eligibility can be verified at: https://mtaccesstohealth.portal.conduent.com/mt/general/home.do

A member who is court ordered into services, or is otherwise required to receive services, must still meet the eligibility requirements for prior authorization and medical necessity criteria for Montana Medicaid reimbursement.

For information about how to submit claims, please refer to:

https://medicaidprovider.mt.gov/ or Provider Relations at: 1.800.624.3958 or 406.442.1837.

Policy Number:	Subject:
***New*: 602**	HEART Waiver – Tenancy Support Service – Progress Notes

The Medicaid provider of tenancy support services must complete progress notes for each member and each service contact in accordance with ARM 37.85.414 - *Maintenance of Records and Auditing*.

(1) The provider must make and keep a written record of each session or service contact. All progress notes for each separate session must be individualized to the member.

(2) Progress notes must be legible and must include the following information:

- (a) Member's name and date of birth;
- (b) Date, time in/time out, and duration of the session;
- (c) Type and summary of session or service;
- (d) Member participation;
- (e) Documentation of measurable progress towards housing plan and objectives; and
- (f) The name and signature, with date of completion, of the staff member providing the session or service.

Policy Number:	Subject:
New: 603	HEART Waiver – Tenancy Support Service – Eligibility and Enrollment

Eligibility

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

(2) Member must have a clinical diagnosis of a substance use disorder, or serious mental illness and/or has self-attested to symptoms that suggest the presence of a SUD, SMI, or both;

(a) "Self-attested symptoms that suggest the presence of a substance use disorder": A person can self-attest to symptoms that suggest the presence of a SUD to document their inability to control their use of substance(s) such as legal and/or illegal drugs, alcohol, or medications, which may result in serious functional impairment that substantially interferes with, or limits one or more major life activities an how it relates to their household being at risk of homelessness or housing instability.

(b) "Self-attested symptoms that suggest the presence of a Serious Mental Illness": A person can self-attest to symptoms that suggest the presence of a SMI to document their mental, behavioral, or emotional disorder which may result in serious functional impairment that substantially interferes with, or limits one or more major life activities and how it relates to their household being at risk of homelessness or housing instability.

(3) Member must meet one or more of the Needs-based criteria:

(a) A member has a need for improvement, stabilization, or prevention of deterioration of functioning resulting from the presence of the SMI; and/or

(b) Member meets at least ASAM criteria level of care 1.0, indicating the need for improvement, stabilization, or prevention of deterioration of functioning resulting from the presence of a SUD.

(4) Member must meet at least one risk factor:

(a) Member is homeless or has a history of homelessness, as defined as one of the following:

(i) An individual who lacks a fixed, regular, and adequate nighttime residence;

(ii) An individual with a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a vehicle, park, abandoned buildings, bus or train station, airport, or campground;

(iii) An individual in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals, or by charitable organizations), congregate shelters, and transitional housing;

(iv) An individual who was residing in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided; or

(v) An individual defined as homeless, per the definition of homeless used by the U.S. Department of Housing and Urban Development (HUD), who:

(1) Has previously been unable to live independently in permanent housing;

(2) Has experienced persistent instability as measured by more than one move over a specified period of time; and

(3) Can be expected to continue such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addictions, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

(b) Member is at risk of homelessness, defined as one of the following:

(i) An individual who:

(1) Has moved because of economic reasons;

(2) Is living in the home of another because of economic hardship;

(3) Has been notified that their right to occupy their current housing or living situation will be terminated;

(4) Lives in a hotel or motel (including, but not limited to, hotels and motels paid for by Federal, State, or local government programs for low-income

individuals or by charitable organizations), congregate shelters, or transitional housing;

(5) Lives in severely overcrowded housing;

(6) Is exiting an institution;

(7) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, such as housing costs relative to income, or poor or unsafe housing quality.

(8) Will imminently lose their housing, including housing they own, rent, live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals, or by charitable organizations, as evidenced by one of the following:

(a) A court order resulting in an eviction action that notifies the member or family that they must leave within 14 days;

(b) The individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or

(c) Credible evidence indicating that the owner or primary renter of the housing where the individual or family is residing will not allow the individual or family to stay there for more than 14 days. An oral statement from an individual or family seeking assistance for homelessness that is found to be credible shall constitute credible evidence for purposes of this clause.

(c) The member has experienced at least one of the following risk factors within the last 12 months:

(i) More than two stays, or a single stay of more than two weeks, in an institutional setting, group home, assisted living facility, licensed residential healthcare setting, or detention center (including jail or prison) setting;

(ii) Three or more emergency department (ED) visits or hospitalizations;

(iii) Incarceration; or

(iv) Loss of housing as a result of behavioral health symptoms.

(5) Member must receive a referral for TSS

For TSS, a referral can be made through the referral form, located at: : BHDD Forms and Applications, Tenancy Support Services Forms, or by calling the department's designee.

(6) Eligibility determination by UR Independent Contractor (QIO) is required:

(a) Eligibility assessment screening is the process that determines if a member meets established criteria to participate in TSS;

(b) eligibility assessment screening is conducted by an independent contractor that the department uses to determine eligibility for TSS

(7) Authorization of services is required and may be approved for up to 365 days:

(a) Step 1: Member is referred to the Independent Contractor for eligibility determination and screening for Tenancy Support Services. Referral may be made by a self-referral or with the assistance of a provider.

(b) Step 2: Upon receipt of a completed referral, the Independent Contractor will complete the eligibility assessment and screening of the member.

(c) Step 3: The Independent Contractor may issue a person-centered referral plan for initial authorization. This documentation must be included in the member's file.

(8) Continued Stay review is required every 365 days:

(a) Step 1: TSS refers the member to the Independent Contractor for re-authorization.

(b) Step 2: The Independent Contractor completes an updated eligibility assessment with the member.

(c) Step 3: The Independent Contractor may issue a person-centered referral plan. This documentation must be included in the member's file.

Enrollment

(1) The department or the department's designee may issue the approval for TSS in the form of a person-centered plan for up to 365 days, if the member is deemed eligible for TSS through an eligibility assessment.

(2) After receiving the TSS referral, the contracted quality improvement organization will administer the eligibility assessment with the member to determine if the member qualifies for TSS. If the member does qualify for TSS, the contracted quality improvement organization will create a person-centered plan, which will serve as the authorization for TSS. The PCP will be issued to the member and/or the member's designee.

(3) If a member qualifies for TSS, the member will also be qualified to receive one-time move-in support. The contracted quality improvement organization will issue an auto-authorization for reimbursement for application fee assistance and security deposit assistance, as described in Policy 606 of this manual.

Policy Number:	Subject:
***New:* 605**	HEART Waiver – Tenancy Support Service – TSS

Definition

Tenancy Support Services (TSS) are provided to assist members in acquiring and maintaining safe and reliable housing.

TSS includes three categories of service, as follows::

(1) Assessment and Planning: includes screening, assessment, and development of a housing plan to support a member's ability to identify, prepare for, and/or maintain stable housing.

(2) Pre-Tenancy Services: include services to assist the member with housing searches, move-in support, working with landlords/property owners/managers; and implementing housing plan goals and outcomes, including connection to additional supportive services. It also includes broader community outreach and education to build the relationships necessary to house and support members.

(3) Tenancy Sustaining Services: include services provided once a member has been housed, and may include additional education to the tenant, if needed, and monitoring and follow-up care.

Eligibility

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

(2) Member has a clinical diagnosis of Substance Use Disorder (SUD) and/or a Serious Mental Illness (SMI) and/or self-attested to symptoms that suggest the presence of a SUD and/or SMI, or both;

(3) Member meets one of the needs-based criteria established within Policy 603; and

(4) Member meets at least one risk factor established within Policy 603.

Provider Requirements

To be qualified as a tenancy support services provider, a Montana Medicaid provider must be approved by the department and must adhere to the following:

(1) In order to bill Montana Medicaid, TSS must be provided by a licensed hospital, licensed mental health center, state-approved licensed substance use disorder outpatient facility, Rural Health Center, FQHC, or IHS Tribal 638 provider. Other organizations may be approved by the department to provide TSS.

(2) The TSS provider must employ a Tenancy Support Specialist that meets one of the following requirements:

- (a) Associate degree in human services, social services, public health, or related field from an accredited college or university; or
- (b) High school graduate or High School Equivalency (GED or HiSET), along with one year of relevant work experience, as determined by the service providing agency.

(3) Provider agencies must develop policies and procedures addressing the roles and responsibilities of the Tenancy Support Specialist to include:

- (a) Tenant eligibility screening and housing assessment to identify barriers to successful tenancy;
- (b) Development of an individualized housing plan;
- (c) Eviction reduction services (ex: conflict resolution skills, coaching, role-playing activities, and communication strategies that are targeted towards resolving disputes with landlords and/or neighbors);
- (d) Education and training, including tenant/landlord rights, as outlined in the Residential Landlord and Tenant Act of 1977;
- (e) Provision of housing resources and fair housing rights pursuant to 49-2-305, MCA;
- (f) Coordination and outreach with landlords, property owners, neighbors, and other services providers;
- (g) Mediation and advocacy support;
- (h) Data collection; and
- (i) Monitoring and follow-up.

(4) Providers must maintain progress notes in accordance with Policy 602 of this manual.

(5) The provider must document in the file of the member the eligibility determination form and person-centered care plan, issued from the UR Contractor, and updated annually.

Service Requirements

Assessment and Planning:

Assessment and Planning services include:

(1) Completing an eligibility assessment screening;

(2) Completing a person-centered, comprehensive housing assessment for housing needs, barriers, preferences, and other support services needed. (ex: type, location, living alone or with someone else, identifying a roommate, accommodations needed, or other preferences); and

(3) Developing an individualized housing support plan, based on the housing needs assessment, that identifies short-term and long-term measurable goals, including behavioral health needs, how goals with be achieved and how barriers to achieving goals will be addressed.

The housing assessment forms can be located at: BHDD Forms and Applications, Tenancy Support Services Forms

Pre-Tenancy

Pre-Tenancy Services include:

(1) Housing search and resource identification activities, which include:

- (a) Identifying resources to cover non-congregate housing expenses such as application fees, security deposit, rent, furnishings, adaptive aids, environmental modifications, move-in costs, and utilities;
- (b) Assist in collecting required documentation;
- (c) Assist with housing search, completing and submitting housing applications, and applying for housing vouchers; and
- (d) Assistance with completing reasonable accommodation requests.

(2) Move-in Support activities, which include:

- (a) Assisting members in identifying resources to cover expenses related to move-in costs (ex: truck rental, storage fees);
- (b) One-time transition and move-in assistance for security deposits and application fees, as described in Policy 606; and
- (c) Ensuring housing unit is safe and ready for move-in.

(3) Connecting individuals to additional support services, as indicated in the assessment and person-centered planning process, as an individualized need, including linkage to, and coordination with additional services and service providers that support in the person's housing stability, as identified through the assessment and housing plan development process. This includes:

(a) Access to healthcare, including behavioral health services and/or substance use treatment;
(b) Applying for other entitlement benefits;
(c) applying for rental assistance programs;
(d) accessing services for the aging and disabled;
(e) connecting members with pest eradication treatment providers; and
(f) obtaining legal services.

(4) Tenant education activities, which include:
(a) Providing fair housing information;
(b) Educating and assisting with finding resources for reasonable accommodation and home safety modifications (ex: ramps, rails, grab bars) when necessary to ensure the occupant's health and safety, and when modification is not covered by another entity as required by law;
(c) Helping members understand, negotiate, and comply with a lease agreement;
(d) assisting members with budgeting finances and working with funding sources to secure housing payments each month;
(e) general education regarding housing maintenance and pest prevention and treatment; and
(f) education regarding residence walk-throughs and documentation prior to and during residency.

Tenancy Sustaining:

Tenancy Sustaining Services includes:

(1) Landlord/tenant relationship activities, which include:
(a) Providing supports to assist the member in communicating with the landlord and/or property manager to secure housing placement and/or prevent eviction;
(b) Providing eviction risk reduction services (ex: conflict resolution skills, coaching, role-playing activities, and communication strategies that are targeted towards resolving disputes with landlords and/or neighbors);
(c) Education about tenant and landlord rights and responsibilities;
(d) Training on responsible tenancy and household management (how to be a good neighbor, how to maintain a housing unit)'
(e) Providing supports to assist the member in building relationships with landlords/property managers;
(f) Early identification and intervention for behaviors that may jeopardize housing; and
(g) Addressing biopsychosocial behaviors that may put housing at risk.

(2) Monitoring and follow-up include:

(a) Monitoring the housing plan to ensure successful outcomes;

(b) Following-up to ensure that the service linkages are established and are addressing community-integration needs to stabilize housing;

(c) Coordination with the tenant to review, update, and modify their housing plan, as needed to reflect current housing needs and to address existing and/or recurrent housing retention barriers;

(d) Assisting with the housing recertification process; and

(e) participating in person-centered plan meetings at the time of redetermination and/or revision plan meetings, as needed.

Utilization Management

(1) Eligibility determination by the UR Independent Contractor is required.

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

(3) A continued stay review is required every 365 days.

Service	May not be reimbursed Concurrently	Notes/Exceptions
Tenancy Support Services (TSS)	▪ Acute Inpatient Hospitalization ▪ AFC ▪ BHGH ▪ ASAM 3.1, 3.3, 3.5, and 3.7 ▪ Residential or Inpatient Services	

Policy Number:	Subject:
***New:* 606**	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 plan from UR Independent Contractor, including the prior authorization number;

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

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

(d) 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 of the security deposit payment to the landlord/property manager.

(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.

Helpful Links

- Conduent Training

training https://medicaidprovider.mt.gov/training

Under Tenancy – has the enrollment training. This one also has Billing 101 and general trainings as well as the Tenancy ones.

- Mountain Pacific **Qualitrac Training** (under September 2025) - https://mpqhf.org/medicaid-provider-portal/education-and-training/

- Enrollment Training - New Provider Services Module – https://medicaidprovider.mt.gov/docs/training/2024Training/TenancySupportTrainingPart1Enrollment.pdf

- Claims training - https://medicaidprovider.mt.gov/docs/training/2024Training/TenancySupportTrainingPart2Claims.pdf

- To verify a Member's eligibility –**Montana Access to Health Web Portal** https://mtaccesstohealth.portal.conduent.com/mt/general/home.do

- Self Service Portal (MPATH) - https://medicaidprovider.mt.gov/ or https://mtdphhs-provider.optum.com/tpa-ap-web/?navDeepDive=MT_publicHomeDefaultContentMenu

- NPI website – https://nppes.cms.hhs.gov/#/

For Help with….

- Enrollment Questions
  - Conduent – MTEnrollment@conduent.com; 1-800-624-3958 or 1-406-442-3958
- Referral/PA status
  - Mountain Pacific –HACS@mpqhf.org; 406-513-1923
- OPA -
  - Montana Public Assistance Helpline 1-888-706-1535
- General claims questions, questions about enrollment, eligibility, Passport, Medicaid, MHSP, HMK pharmacy, eyeglass and dental payments and denials
  - Conduent Provider Relations – 1-800-624-3958; 406-443-1837
  - IVR (24/7 verify member eligibility, payments, enrollment status etc) (800) 714-0060