



**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:**

January 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; and
- (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 of the security deposit payment to the landlord/property manager 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.