



Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative Updates

June 2025

HEART Substance Use Disorder Treatment Services

The newly expanded Medicaid treatment services give Montana Medicaid members coverage of all levels of care recommended by the American Society of Addiction Medicine (ASAM), and so far in SFY2025, 1,461 members have received treatment through these expanded services.

ASAM Level	Number of Individuals Served SFY25 ¹
ASAM 3.1 Clinically Managed Low Intensity Residential Services	204
ASAM 3.2 Clinically Managed Residential Withdrawal Management	0
ASAM 3.3 Clinically Managed Population-Specific High Intensity Residential Services	80
ASAM 3.5 SUD IMD Clinically Managed Residential Services*	1,177

Crisis Services

HEART funds support two crisis services, mobile crisis response (MCR) and crisis receiving and stabilization (CRS). MCR programs, with various staffing models, support dedicated behavioral health staff in responding with and without law enforcement to individuals in crisis in their community. Currently, four counties² are operating MCR programs through a combination of Medicaid and grant funding. In conjunction with the Behavioral Health System for Future Generations (BHSFG) work, DPHHS is currently analyzing program costs, reimbursement, and utilization to identify how best to support sustainability. CRS services, which provide alternatives to emergency departments and hospitalization for people in crisis, are currently provided in three counties in the state. Through BHSFG, DPHHS is also assessing how to best support and grow CRS services.

HEART Jail Gants

The HEART Initiative has committed \$1.1 million of HEART state special revenue per year to go towards behavioral health services in jail settings. There are seven county³ jails/detention centers currently providing these services through grant programs, and

¹ Based on claims submitted as of 4/29/25

* Includes those provided under the 1115 HEART Waiver

² Flathead, Gallatin, Lewis & Clark, and Missoula counties

³ Butte Silver Bow, Custer, Cascade, Gallatin, Lewis & Clark, Missoula, and Yellowstone counties



each of them has tailored service implementation to best meet the needs of their specific population. The funding helps deliver a range of services, including behavioral health therapy, certified behavioral health peer support, care coordination, prescription drug management and monitoring, and medication for opioid use disorder.

HEART Tribal Grants

HEART tribal grants provided \$62,500 to each of Montana's eight tribes in fiscal years 2022, 2023, and 2024 for a total of \$187,500 per tribe. This funding is for tribes to use to fill gaps in services related to SUD prevention, mental health promotion, and crisis, treatment, and recovery services for mental health and SUD. These funds, which may not be used to pay for services reimbursable through other means, allow tribes to innovate in ways not possible through most other funding sources. Tribes have used the majority of funds for prevention efforts that build and strengthen their members' ties to their culture and community.

Contingency Management*

Montana Medicaid members with a Stimulant Use Disorder (StimUD) will soon be able to receive contingency management, the most effective evidence-based treatment for StimUD. Studies show that CM is associated with greater reductions in stimulant use and greater retention in treatment than other programs. It is a behavioral intervention where tangible reinforcers, or incentives, are provided when an individual tests negative for stimulant drugs.

DPHHS has contracted with two vendors to support providers in delivering this service with fidelity and accountability. UCLA is providing education and training, and Q2i is managing the delivery of incentives. Any provider who wishes to deliver CM under Medicaid must successfully complete the associated training before beginning. A list of CM providers will be available at <https://dphhs.mt.gov/bhdd/>.

Tenancy Support Services*

Montana Medicaid members with qualifying behavioral health needs are now able to access support in finding and maintaining housing. Pre-tenancy services support individuals with identifying, preparing for, and maintaining stable housing. Tenancy sustaining services assist individuals with finding housing, supporting move-in, working with landlords, and providing additional housing-related outreach and education to tenants.

Individuals interested in tenancy support services must complete an eligibility screening through Mountain Pacific, an independent contractor. Information about how to access tenancy support services is available at <https://dphhs.mt.gov/bhdd/SubstanceAbuse/HEARTWaiverService.s>

* Provided under the 1115 HEART Waiver



Reentry Services

DPHHS is in the process of implementing targeted services for individuals in state correctional facilities to improve reentry outcomes. Under the HEART 1115 waiver, Montana received CMS approval to provide a targeted set of services to inmates with behavioral needs in the 30 days prior to release from state prison. Under the requirements of the 2023 Consolidated Appropriations Act (CAA), DPHHS is required to ensure that select services are available to Medicaid/Healthy Montana Kids (CHIP) enrolled youth who are incarcerated post-disposition. Given the overlap between the two populations, CMS has agreed that individuals eligible for both sets of services will be served under the HEART reentry initiative.

*HEART Reentry**

- Eligible population: Medicaid-eligible inmates 19 and older who meet the behavioral need criteria and are to be discharged in the next 30 days
- Services in the 30 days before release: Medication Assisted Treatment, case management (including a warm hand-off to post-release case management), clinical consultation, medications in hand upon release
- Services post-release: full Medicaid (as long as individual remains eligible), including up to 12 months of targeted case management
- Applicable facilities: Montana State Prison and Montana Women's Prison

CAA Reentry

- Eligible population: Medicaid/HMK-enrolled individuals under 21 years of age or between 18-26 years old if in the former foster care eligibility group, being held in a correctional facility post-adjudication, and to be discharged in the next 30 days
- Services in the 30 days before release: Screening and diagnostic services, targeted case management (including a warm hand-off to post-release targeted case management provider)
- Services post-release: full Medicaid (as long as individual remains eligible), including up to 12 months of targeted case management
- Applicable facilities: Department of Corrections (DOC), county jails, tribal jails, regional detention centers, and contracted correctional facilities

Timeline

Phase I: HEART Reentry services in both state prisons and CAA Reentry services in Pine Hills Youth Correctional Facility will begin on October 1, 2025.

Phase II: The second phase of CAA implementation will begin in 2026 and apply to all remaining facilities subject to CAA, including county and tribal jails and detention centers.

* Provided under the 1115 HEART Waiver