

 <p><b>DEPARTMENT OF PUBLIC HEALTH &amp; HUMAN SERVICES</b></p>	<p><b>Behavioral Health and Developmental Disabilities (BHDD) Division</b></p> <p>Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health</p>
	<p><b>Date effective:</b></p> <p>January 1, 2025</p>
<p><b>Policy Number:</b></p> <p><b>New: 606</b></p>	<p><b>Subject:</b></p> <p>HEART Waiver – Tenancy Support Service – Application Fee and Security Deposit Assistance</p>

### **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 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) 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.