

## **Table of Contents**

**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 25-0007**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12<sup>th</sup> St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 19, 2026

Rebecca de Camara  
State Medicaid Director  
Montana Department of Public Health & Human Services  
PO Box 4210  
Helena, MT 59601

Re: Montana State Plan Amendment (SPA) – 25-0007

Dear Director de Camara:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0007. This amendment proposes the Healing and Ending Addiction through Recovery and Treatment (HEART) Re-Entry Targeted Case Management (TCM), which will serve Medicaid-enrolled individuals who are incarcerated at the Montana State Prison, Montana Women’s Prison, and/or Riverside. The service provides individualized case management during the 30 days prior to release or discharge, with the goal of ensuring continuity of care and supporting a successful transition back into the community.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(19) of the Act. This letter informs you that Montana’s Medicaid SPA TN 25-0007 was approved on March 19, 2026, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Montana State Plan.

If you have any questions, please contact Justyna Redlinski at (312) 353-7370 or via email at [Justyna.Redlinski@cms.hhs.gov](mailto:Justyna.Redlinski@cms.hhs.gov).

Sincerely,

Nicole McKnight  
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Carla Rime

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 7

2. STATE

MT

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10/1/2025

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(10)(B), 1905(a)(19), and 42 CFR 440 &amp; 441.18

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 26 \$ 142,241

b. FFY 27 \$ 146,508

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

3.1A Supplement 1H, Service 19K, attachment 3— pages 1-6 of 6 (new)

4.19B 19K page 1 of 1 (new)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

N/A

9. SUBJECT OF AMENDMENT

HEART Targeted Case Management Re-entry services

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
- OTHER, AS SPECIFIED: Single Agency Review

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Rebecca de Camara13. TITLE  
Medicaid and Health Services Executive Director14. DATE SUBMITTED  
12/31/2025

15. RETURN TO

Montana Department of Public Health and Human Services  
Attn: Carla Rime  
PO Box 4210  
Helena, MT 59604**FOR CMS USE ONLY**

16. DATE RECEIVED

December 31, 2025

17. DATE APPROVED

March 19, 2026

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

On Behalf of Courtney Miller, MCOG Director

22. REMARKS

Boxes 5 and 7: State authorized P&amp;I change on March 10, 2026.

**State Plan under Title XIX of the Social Security Act  
State/Territory: Montana**

**TARGETED CASE MANAGEMENT SERVICES  
For Montana's Healing and Ending Addiction Through Recovery and Treatment (HEART)  
Post-Incarcerated Re-Entry Initiative**

**Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):**

Targeted Case Management (TCM) services are furnished to assist post-incarcerated Medicaid eligible adults with a mental health disorder, substance use disorder, or suspected substance use disorder, which makes recovery difficult without support in gaining access to needed medical, social, education, and other services.

Targeted Case Management Services for HEART Re-entry can be provided to post-incarcerated eligible Medicaid recipients 19 years of age and older who have a mental health disorder, substance use disorder, or suspected substance use disorder. A mental health disorder or substance use disorder or suspected substance use disorder must be found at an initial screening conducted by the Montana Department of Corrections facility approved under Montana's HEART 1115 Demonstration Waiver upon intake, determined during a beneficiary's incarceration, or found during assessment in the process of pre-release or discharge planning. Services can be provided to eligible individuals for 12 months post-release to ensure formerly incarcerated individuals safely transition back into the community upon release/discharge. Services may be extended based on medical necessity.

A mental health disorder or substance use disorder diagnosis must be determined by a state licensed behavioral health professional qualified under their licensed scope of practice to make the diagnosis who is employed or contracted by Montana's Department of Corrections. A suspected substance use disorder must be determined using an evidence-based screening instrument utilized by the Montana Department of Corrections to identify potential diagnostic criteria.

**Areas of State in which services will be provided (§1915(g)(1) of the Act):**

Entire State  
 Only in the following geographic areas: **[Specify areas]**

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**TARGETED CASE MANAGEMENT SERVICES  
For HEART Post-Incarcerated Re-entry**

**Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))**

- Services are provided in accordance with §1902(a)(10)(B) of the Act.  
 Services are not comparable in amount duration and scope (§1915(g)(1)).

**Definition of services (42 CFR 440.169):**

Targeted case management is defined as:

Services furnished to assist individuals, eligible under the Medicaid State Plan, in gaining access to needed medical, social, educational and other services.

1. Targeted case management include the following assistance:

- A. A comprehensive assessment and periodic reassessment of an eligible individual to determine the need for any medical, educational, social, or other services. These assessment activities include the following:
  - i. taking client history;
  - ii. identifying the individual's needs and completing related documentation; and
  - ii. gathering information from other sources, such as family members, medical providers, social workers, and educators, if necessary, to form a complete assessment of the eligible individual;
    - a. must be completed every 90 days
  
- B. The development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
  - i. specifies the goals and actions to address medical, social educational, and other services needed by the eligible individual;
  - ii. includes activities such as ensuring active participation of the eligible individual and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - iii. identifies a course of action to respond to the assessed needs of the eligible individual;

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- C. Referral and related activities (such as making referrals and scheduling appointments for the individual) to help the eligible individual obtain needed services, including activities that help link the individual with medical, social and educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
  
- D. Monitoring and follow-up activities, including activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least once every 90 days, to help determine whether the following conditions are met:
  - i. Services are being furnished in accordance with the individual's care plan;
  - ii. Services in the care plan are adequate; or
  - iii. Changes in the needs and changes in status of the eligible individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.
  
- 2. Case management includes contacts with non-eligible individuals directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and support to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

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**Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):**

HEART re-entry targeted case management may be conducted by case managers employed or contracted by licensed Mental Health Centers or licensed and state-approved Substance Use Disorder Facilities. HEART Re-entry targeted case management providers must be enrolled as a Medicaid provider through the facility and meet the following provider qualification requirements:

(a) must be or have someone on staff who has the following:

- i a case manager with a bachelor's degree in social work, psychology, sociology, criminal justice, or a related human services field and a minimum of one-year full-time experience working with criminal justice-involved individuals; OR
- ii Individuals with other educational backgrounds who have developed the necessary skills may also be employed as case managers.

(b) Case managers must have a program supervisor.

**Freedom of choice (42 CFR 441.18(a)(1)):**

Montana assures the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider.

Eligible individuals will have free choice of any qualified Medicaid providers.

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**TARGETED CASE MANAGEMENT SERVICES  
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**Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):**

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

**Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):**

Montana assures the following:

1. Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
2. Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

**Payment (42 CFR 441.18(a)(4)):**

Montana assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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**TARGETED CASE MANAGEMENT SERVICES  
For HEART Post-Incarcerated Re-entry**

**Case Records (42 CFR 441.18(a)(7)):**

Montana assures qualified case management providers will maintain case records documenting for all individuals receiving case management as follows:

1. Name of the individual;
2. Dates of the case management services;
3. Name of the provider agency and person providing TCM services;
4. The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved;
5. Whether the individual has declined services in the care plan;
6. The need for, and occurrences of, coordination with other case managers;
7. A timeline for obtaining needed services; and
8. A timeline for reevaluation of the plan (a minimum of every 90 days).

**Limitations:**

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

MONTANA

- I. The Department will pay the lower of the following for Targeted Case Management (TCM) services for HEART Post-Incarcerated Re-entry:
- A) The provider's submitted "usual and customary" charge for the service; or
  - B) The Department's fee schedule, which has rates based on population density, differentiating between urban and frontier rates. The following are the limitations and procedures to bill TCM:
    - 1. Units are billed in 15-minute increments.

Unless otherwise specified in this state plan, reimbursement rates are the same for governmental and non-governmental providers of HEART Post-Incarcerated Re-Entry TCM services. The Department's Targeted Case Management Fee Schedule was set as of October 1, 2025 and are effective for services provided on or after that date. Rates are published on the agency's website at <https://medicaidprovider.mt.gov/enduserproviders>, after accepting the terms of use.