



## Targeted Case Management for High-Risk Pregnant Women and Healing and Ending Addiction Through Recovery and Treatment (TCM HRPW & HEART)

### Background:

Montana's current Targeted Case Management for High-Risk Pregnant Women Program (TCM HRPW) assists pregnant women in obtaining access to needed medical, social, or other resources and services by establishing and maintaining a referral process for needed and appropriate services and avoiding duplication of services.

### State Plan Amendment:

The Department's plan is to submit a Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) by December 31, 2025, with an effective date of January 1, 2026.

The Medicaid and Alternative Benefit Plan (ABP) State Plans will be amended to include the additional HEART Initiative population (parent/caregiver with a child zero through five years of age in the home with a Substance Use Disorder/Severe Disabling Mental Illness (SUD/SDMI diagnosis). In accordance with appropriations established by the Montana State Legislature in 2025 in House Bill 2, TCM services will be expanded and provided to Medicaid eligible HRPW and HEART Initiative populations.

### Key Changes:

Upon these changes the current TCM HRPW will be called **Montana's Targeted Case Management for High-Risk Pregnant Women and Healing and Ending Addiction through Recovery and Treatment Program (TCM HRPW & HEART)**. The program will assist Medicaid eligible HRPW and HEART Initiative populations in obtaining access to needed medical, social, or other resources and services by establishing and maintaining a referral process for needed and appropriate services and avoiding duplication of services.

Current eligible population:

- High-Risk Pregnant Women who meet the current HRPW Criteria

Pending expanded population:

- Pregnant women with SUD/SDMI diagnosis, or
- Parent/caregiver of a child aged 0-5 having a SUD/SDMI Diagnosis

Other items include reviewing and updating provider qualifications and aligning with other state TCM programs.

### Impact:

This amendment positively impacts American Indians/Alaska Natives who are high-risk pregnant women or parents/caregivers with children 0-5 years of age in the home and with a SUD/SDMI diagnosis by improving access to services and promoting stability through coordinated care. Eligible providers could be Indian Health Services (IHS) or Urban Indian Organizations (UIO). Tribal 638 programs who already participate in T-HIP would not be eligible for this program.