

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

Health Resources Division  
December 2025



DEPARTMENT OF  
**PUBLIC HEALTH &  
HUMAN SERVICES**

# Current TCM HRPW Program

## **Background:**

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.

## **Reimbursable TCM services include:**

- Comprehensive assessment and periodic reassessment;
- Care plan development;
- Care coordination and referral for other services; and
- Monitoring and follow up

## **Eligibility for services:**

- Provider must be approved by the Department
- Member must meet the HRPW criteria



# Alignment with House Bill 2

The Department is amending the TCM HRPW program 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.

## **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 Updates

## Program name change:

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

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



# Impact Summary and Discussion

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.



# Next Steps



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The Department 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.

