

Targeted Adult Medicaid (TAM) Overview

June 2024



Utah Department of
Health & Human Services
Integrated Healthcare

- House Bill 437 of 2016 directed the Department of Health to expand coverage for 3 new eligibility groups of adults without dependent children.
- The 1115 Demonstration to expand coverage to these new groups was approved by the Centers for Medicare and Medicaid Services (CMS).
- Effective date was November 1, 2017.
- 5,490 adults are currently covered.

TAM overview

Group 1 - Chronically homeless

A. Has a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments or chronic physical illness, or disability, and who is:

- Continuously homeless for at least 12 months or on at least 4 separate occasions in the last 3 years (totaling at least 12 months); OR
- Living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for 6 months within a 12 month period; OR
- Currently living in supportive housing and previously met the definition of chronically homeless above.

B. Is a victim of domestic violence who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter.

TAM groups

Group 2 - Involved in the justice system and needing substance use or mental health treatment

- Complied with and substantially completed a substance use disorder treatment program while incarcerated.
- Is court ordered to receive substance abuse or mental health treatment through a district or tribal court.
- Is currently involved in a drug or mental health court.
- On probation or parole with a serious mental illness or substance use disorder.
- Discharged from the Utah State Hospital after being admitted to the civil unit due to a criminal charge or to the forensic unit due to a criminal offense.

TAM groups

Group 3- Individuals needing treatment

- Receiving general assistance from the Department of Workforce Services (DWS) and has a diagnosed substance use disorder or mental health disorder.
- Discharged from the Utah State Hospital after being civilly committed.

TAM groups

Open enrollment

- The approved 1115 Demonstration amendment gives the Department of Health and Human Services (DHHS) the ability to open and close enrollment in any of the waiver subcategories.
- Currently all subcategories in Eligibility Groups: 1 (Chronically Homeless), 2 (Justice Involved), and 3 (Individuals Needing Treatment) are open and will remain open until further notice.

TAM groups

- Submit an application
- Meet basic eligibility requirements, such as:
 - o Residency
 - o Citizenship/non-citizen
 - o SSN
 - o Applying for other benefits
 - o Between the ages of 19 and 64
- No resource (assets) test

TAM eligibility

- No countable income after the 5% disregard
 - o \$63 per month for household size of 1
 - o \$86 per month for household size of 2 (individual + spouse)
- No dependent children under the age of 19
- Meet the criteria of one of the following groups:
 - o Chronically homeless
 - o Justice involved
 - o Individuals needing treatment

TAM eligibility

Certification period

- 12-month continuous eligibility, unless:
 - o Turns age 65;
 - o Moves out of state;
 - o Fails to apply for other benefits;
 - o Becomes institutionalized (suspension of benefits); or
 - o Is determined eligible for a higher priority Medicaid program.

TAM eligibility

Hierarchy of programs

- Not eligible for TAM if eligible for other Medicaid programs (examples include):
 - Parent Caretaker Relative
 - Pregnant Woman
 - Former Foster Care
- If eligible for TAM, not eligible for:
 - Adult Expansion
 - Medically Needy (Spenddown)
 - Refugee Medicaid

TAM eligibility

Providers for Chronically Homeless

- To be authorized to complete and sign the form 42A attesting to the eligibility of an individual in the chronically homeless population, the agency must:
 - Have a tracking mechanism in place to be able to determine if they meet the Housing and Urban Development (HUD) definition of chronically homeless. The tracking mechanism must be in place and have been tracking the homeless individuals for at least one year; OR
 - Have access to and be utilizing HUD's HMIS system which contains the needed tracking data.
- Additionally, the agency must have first-hand knowledge of the applicant's diagnosis of a substance use disorder, serious mental illness, developmental disorder, post-traumatic stress disorder, cognitive disorder or chronic physical illness or disability.

TAM referral forms

State of Utah
Department of Health and Human Services
TARGETED ADULT MEDICAID
Chronically Homeless



03682360020101

This form is to be completed by an individual working at the shelter or agency and who has knowledge of the applicant's situation.

Applicant's Name: _____
SSN (optional) or Date of Birth: _____ Case # (optional): _____
Name of Shelter or Agency: _____

Check all that apply:

1. Has the individual lived or resided in a place not meant for human habitation, in a safe haven, or in an emergency shelter for the past 12 months, or on at least 4 separate occasions, totaling at least 12 months, in the last 3 years, and has a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or a chronic physical illness or disability? Yes No
2. Has the individual lived or resided in a place not meant for human habitation, in a safe haven, or in an emergency shelter for a period of 6 months within the past 12 months, and has a diagnosable substance use or serious mental health disorder?.. Yes No
3. Has the individual been a victim of domestic violence and is residing in a place not meant for human habitation, a safe haven or in an emergency shelter?..... Yes No
4. Is the individual currently living in supportive housing, and has previously met one of the conditions in 1-3 above?..... Yes No

Form completed by:

I, (print name) _____ (job title) _____ under penalty of perjury and/or fraud, certify that the information/answers I have given on this form are complete and correct to the best of my knowledge. I understand I can be penalized by law if I commit perjury by purposely giving false information on this form. I am the person represented by the signature on this form.

Signature: _____ Date: _____
Phone #: _____

Return this form to:
Department of Workforce Services, PO Box 143245, SLC, UT 84114-3245,
Email: imagingops@utah.gov, Fax: 1-801-526-9500 or Toll Free Fax: 1-877-313-4717

TAM referral forms

Justice involved

- To complete and sign the form 43A you must have first-hand information of the individual's involvement with the correctional agency, court, or agency working with the correctional agency; or be directly involved with the law enforcement agency, mental health court, or drug court.
- The individual must be ordered to receive substance use disorder or mental health treatment through a district or tribal court; or is on probation or parole and has a serious substance use disorder or serious mental illness.

TAM referral forms

- The TAM form is to be completed and signed by an employee of the prison, jail, court, or other **approved** private or government agency who has a knowledge of the applicant's situation.
- The form will be used to determine if the applicant meets the criteria of being 'justice involved' for the TAM program.

TAM referral forms

DHHS 43A
12/2022

State of Utah
Department of Health and Human Services
TARGETED ADULT MEDICAID
Justice Involved



009230008701

This form is to be completed by an individual who works for the correctional agency, court, or an agency working with the correctional agency or court and has knowledge of the applicant's situation.

Applicant's Name: _____
 SSN (optional) or Date of Birth: _____ Case # (optional): _____
 Name of Agency or Court: _____
 Dates Incarcerated (only applicable for clients released from jail/prison): _____
 Release Date (only applicable for clients released from jail/prison): _____

Check all that apply:

1. Did the individual comply with and substantially complete a substance use disorder treatment program while incarcerated? Yes No
2. Is the individual currently involved with a drug or mental health court? Yes No
3. Is the individual court-ordered to receive substance abuse or mental health treatment through a district or tribal court? Yes No
4. Is the individual on probation or parole, and has a serious mental illness or serious substance use disorder? Yes No

Form completed by:

I, (print name) _____ (job title) _____ under penalty of perjury and/or fraud, certify that the information/answers I have given on this form are complete and correct to the best of my knowledge. I understand I can be penalized by law if I commit perjury by purposely giving false information on this form. I am the person represented by the signature on this form.

Signature: _____ Date: _____
 Phone #: _____

Return this form to:
 Department of Workforce Services, PO Box 143245, SLC, UT 84114-3245,
 Email: imagingops@utah.gov, Fax: 1-801-526-9500, or Toll-Free Fax: 1-877-313-4717

TAM referral forms

Individuals needing treatment - State Hospital

- The Form 44A is to be completed by an employee of the Utah State Hospital who has a knowledge of the applicant's situation.
- The form will be used to determine if the applicant meets the 'State Hospital' admission criteria for the TAM program.

TAM referral forms

DHHS 44A
12/2022

State of Utah
Department of Health and Human Services
TARGETED ADULT MEDICAID
State Hospital



00952902000101

This form is to be completed by an individual who works for the State Hospital and has knowledge of the applicant's situation.

Applicant's Name: _____

SSN (optional) or Date of Birth: _____ Case # (optional): _____

Release Date from State Hospital: _____

1. Was the individual admitted to the civil unit in connection with a criminal charge or to the forensic unit due to a criminal offense, with which the individual was charged or convicted? Yes No
2. Was the individual admitted due to a civil commitment? Yes No

Form completed by:

I, (print name) _____ (job title) _____ under penalty of perjury and/or fraud, certify that the information/answers I have given on this form are complete and correct to the best of my knowledge. I understand I can be penalized by law if I commit perjury by purposely giving false information on this form. I am the person represented by the signature on this form.

Signature: _____ Date: _____

Phone #: _____

Return this form by:

- Mail: Department of Workforce Services, PO Box 143245, SLC, UT 84114-3245,
- Email: imagingops@utah.gov, or
- Fax: 1-801-526-9500 or 1-877-313-4717 (Toll Free)

TAM referral forms

Individuals needing treatment - General Assistance

- Verify the substance use disorder or mental health disorder for the GA sub-group with a Form 1, 20, 20M or 45A.
- The Form 45A should only be requested if the disorder cannot be verified using other means in the case record.

TAM referral forms

DHHS 45A
12/2022

State of Utah
Department of Health and Human Services
TARGETED ADULT MEDICAID
General Assistance
Substance Abuse and Mental Health Disorder



00862300890701



Utah Department of
Health & Human
Services

An individual with a working knowledge of the client's substance use or mental health disorder diagnosis must complete this form. (such as, but not limited to, a doctor, therapist, SUD treatment or mental health facility).

Applicant's Name: _____

Date of Birth or SSN (optional): _____ Case # (optional): _____

Name of Facility (if applicable): _____

1. Has the individual been diagnosed with a substance use disorder? Yes No

2. Has the individual been diagnosed with a serious mental health disorder? Yes No

Form completed by:

I, (print name) _____ (job title) _____ under penalty of perjury and/or fraud, certify that the information/answers I have given on this form are complete and correct to the best of my knowledge. I understand I can be penalized by law if I commit perjury by purposely giving false information on this form. I am the person represented by the signature on this form.

Signature: _____ Date: _____

Phone #: _____

Return this form by:

- Mail: Department of Workforce Services, PO Box 143245, SLIC, UT 84114-3245,
- Email: imagh@gops@utah.gov, or
- Fax: 1-801-526-9500 or 1-877-313-4717 (Toll Free)

TAM referral forms

- TAM documents can be sent in by email, fax, or mail.
 - The preferred method is to send both the application/form (together) to imagingops@utah.gov which will ensure faster routing and processing.
 - Mail: Imaging Operations, P.O. Box 143245, SLC, UT 84114-3245
 - Fax: 877-313-4717
- If an application is submitted in person, by mail, online, or fax, a worker will forward the documents to imaging, to ensure proper processing.
- If an application is submitted (online or otherwise) without a referral form, a worker may not be able to identify the applicant as TAM eligible.

Applications and referral forms

- A specialized group at DWS process all TAM applications.
- Calls will route the same as other Medicaid programs.
- Applications will follow the current processing timeframes .

Specialized workers

Contact information

For questions regarding eligibility, TAM forms, training, or to become an approved agency and/or provider:

Brigham Andrew
Department of Health and Human Services
bandrew@utah.gov / (801) 538-9249

TAM members receive traditional benefits, including:

- Inpatient hospital
 - Including LTAC and rehab for intensive skilled care
- Outpatient hospital
 - Emergency hospital services
 - Clinic services
- Laboratory and x-ray
- Skilled nursing facilities
- Women's services including family planning (if a member becomes pregnant, they will be moved to the Pregnant Woman program)
- Physician services
- Substance use disorder and mental health services

TAM benefits

- Medical care furnished by any licensed practitioner within the scope of their practice as defined by state law
 - Podiatry
 - Nurse midwife
 - Nurse practitioners
- Home health
- Medical supplies, equipment, and appliances
- Physical and occupational therapy
- Prescribed drugs
- Prosthetic devices
- Diabetes self-management training

TAM benefits

- Tobacco cessation services
- Intermediate care facilities for members with intellectual disabilities
- Hospice
- Medical transportation - both emergency and non-emergency
- **Dental benefits include:**
 - Limited emergency dental benefits are available only as a least costly alternative
 - Services covered are defined in the Coverage and Reimbursement Code Lookup
 - Services do not include routine, preventative, or restorative care
- **All benefits will be paid fee for service**

TAM benefits

<https://medicaid.utah.gov/> > Administration

The screenshot shows a web browser window displaying the Utah Medicaid State Plan website. The browser's address bar shows the URL <https://medicaid.utah.gov/stplan/>. The website header includes the Utah Department of Health & Human Services logo and a navigation menu with items: Apply, Members, Providers, Programs, Administration, and ESPAÑOL. The Administration menu is open, showing a list of links: Administration Home, 1115 Waiver, Boards and Committees, HIPAA, Hearings, Medicaid Expansion, Medicaid State Plan (highlighted), Nondiscrimination Policy, One-Time Projects, PRISM, Publications, Reporting Fraud, and UAMRP (Utah Access Monitoring Review Plan). The main content area features the heading "Utah Medicaid State Plan" and a sub-heading "UTAH MEDICAID STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM". Below this, there are two bullet points for superseding state plan pages and a detailed list of sections and subsections.

Utah Medicaid

Utah Department of Health & Human Services
Integrated Healthcare

Apply Members Providers Programs Administration ESPAÑOL

Utah Medicaid State Plan

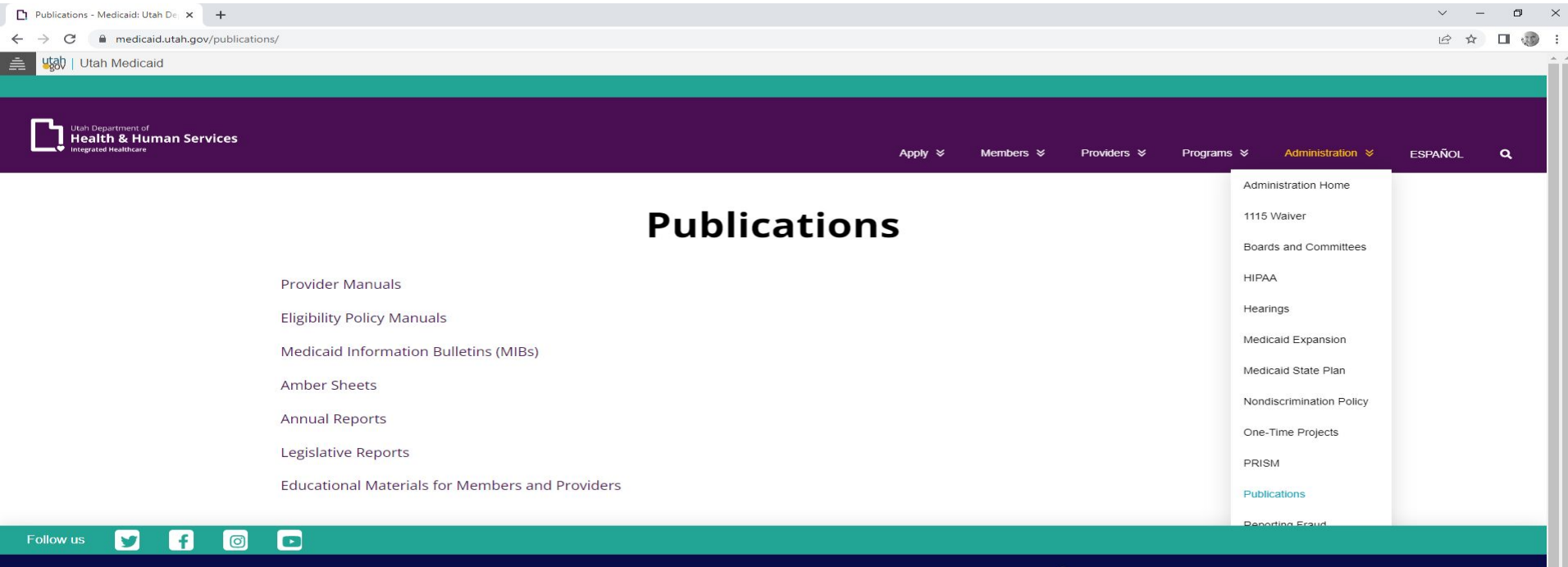
UTAH MEDICAID STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

- 14-0004-MM – Single State Agency- Superseding State Plan Pages
- 14-0005-MM – State Residency – Superseding State Plan Pages

- SECTION 1 – SINGLE STATE AGENCY ORGANIZATION (2)
 - 1.1 Designation and Authority (2)
 - 1.2 Organization for Administration (7)
 - 1.3 Statewide Operation (8)
 - 1.4 State Medical Care Advisory Committee (9)
 - 1.5 Pediatric Immunization Program (9a)
- SECTION 2 – COVERAGE AND ELIGIBILITY (10)
 - 2.1 Application, Determination of Eligibility and Furnishing Medicaid (10)
 - 2.2 Coverage and Conditions of Eligibility (12)
 - 2.3 Residence (13)
 - 2.4 Blindness (14)
 - 2.5 Disability (15)
 - 2.6 Financial Eligibility (16)
 - 2.7 Medicaid Furnished Out-of-State (18)
- SECTION 3 – SERVICES: GENERAL PROVISIONS (19)
 - 3.1 Amount, Duration and Scope of Services (19)
 - 3.2 Coordination of Medicaid with Medicare and Other Insurance (29)
 - 3.3 Medicaid for Individuals Age 65 or Over in Institutions for Mental Diseases (30)
 - 3.4 Special Requirements Applicable to Sterilization Procedures (31)
 - 3.5 Facility Specific Extended Medicaid Services (32)

Where to find the State Plan

<https://medicaid.utah.gov/> > Administration > Publications



The screenshot shows a web browser window displaying the Utah Medicaid website. The address bar shows the URL medicaid.utah.gov/publications/. The page header includes the Utah Department of Health & Human Services logo and navigation links for Apply, Members, Providers, Programs, Administration (highlighted), and ESPAÑOL. The main content area is titled "Publications" and lists several categories: Provider Manuals, Eligibility Policy Manuals, Medicaid Information Bulletins (MIBs), Amber Sheets, Annual Reports, Legislative Reports, and Educational Materials for Members and Providers. A dropdown menu is open under the "Administration" link, listing items such as Administration Home, 1115 Waiver, Boards and Committees, HIPAA, Hearings, Medicaid Expansion, Medicaid State Plan, Nondiscrimination Policy, One-Time Projects, PRISM, Publications (highlighted), and Reporting Fraud. The footer contains social media icons for Twitter, Facebook, Instagram, and YouTube.

Where to find the manuals

<https://health.utah.gov/stplan/lookup/CoverageLookup.php>

Coverage and Reimbursement

Coverage and Reimbursement Look-up Tool

Coverage and Reimbursement Policy Resources

Criteria

Medicaid Health Information Technology (HIT) Incentive Payment Program

Follow us



Where to find codes

Contact information

Office of Healthcare Policy & Authorization
Department of Health and Human Services
(801) 538-6094

- The 1115 Demonstration includes an amendment allowing for payment for substance use disorder (SUD) treatment in an Institution for Mental Disease (IMD).
- Definition of an IMD: 17+ beds residential treatment, specializing in treatment of mental health disorders and SUDs.

1115 SUD amendment/residential treatment in an IMD

The 1115 Demonstration waives the IMD exclusions for licensed substance use disorder residential treatment programs

- IMD exclusions:
 - Substance use disorder or mental health residential treatment programs with 17+ beds
 - Medicaid members, ages 22 through 64, in an IMD not eligible for Medicaid
- All Medicaid members, 12 years of age or older, including TAM members, are eligible for treatment in licensed substance use disorder residential treatment programs with 17+ beds.
- Member must have a substance use disorder diagnosis to qualify for treatment in a licensed substance use disorder residential treatment program with 17+ beds.

SUD residential treatment

Substance use disorder residential treatment covered under the 1115 Demonstration means:

- Face-to-face services
- Provided in licensed substance use disorder residential treatment program with 17 or more beds
- Services are a combination of medically necessary rehabilitative services outlined in the **Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services** and the **Utah Medicaid Provider Manual for Individuals with Serious Mental Illness**
- Services provided in accordance with an assessment and treatment plan

SUD residential treatment

Reporting

- Licensed substance use disorder residential treatment programs with 17+ beds report services under procedure code H0018 – short-term residential without room and board, per diem (alcohol and/or drug services).
- This is a per diem code.
- Refer to the **Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services** for complete information on this service and the services that comprise the per diem rate.

SUD residential treatment

Refer to the **Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services** for complete information on:

- Prior authorization requirements
- Limits on the number of days that may be approved
- Documentation requirements

SUD residential treatment limits

Medicaid also covers licensed substance use disorder residential treatment programs with 16 or fewer beds:

- Procedure code H0018 does not apply to these programs
- These residential treatment programs use H2036
- Refer to the **Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services** for complete information on this service and the services that comprise this per diem rate

SUD residential treatment

Contact information

Karen Ford
Department of Health and Human Services
kford@utah.gov / (801) 538-6637

- If you are not a Medicaid enrolled provider, you must enroll with Utah Medicaid
- An application can be started by visiting the Medicaid website: [medicaid.utah.gov](https://www.medicaid.utah.gov)
 - Click on the tab titled 'Health Care Providers'
 - Click on the first link titled 'Become a Medicaid Provider'
- A Utah ID will be required to start a new application
 - To obtain a Utah ID, visit [login.utah.gov](https://www.login.utah.gov)

For questions regarding the provider application process contact Provider Enrollment at 1-800-662-9651, option #3, #4

**New provider enrollment
application process**

A provider has three ways to verify member eligibility:

- AccessNow:
 - Dial the Medicaid information line:
801-538-6155 or 1-800-662-9651 and select option #1
 - You must have your NPI, member's ID number or SSN, and date of birth
- Eligibility Look Up Tool
 - <https://medicaid.utah.gov/eligibility-lookup-tool>
- Contact Customer Service during regular business hours
(Mon-Fri 8:00 am- 5 pm, except Thurs 11:00 am-5:00 pm)
1-800-662-9651, option #3, #3

How to verify eligibility

- Providers must submit their claim via paper or electronic submission using the appropriate claim form.
- UHIN provides software necessary to submit claims electronically.
 - Providers may access this feature by calling UHIN at (801) 466-7705.
- If you have questions, please call Medicaid Information Hotline:
 - Salt Lake City area: **801-538-6155**
 - Toll-free: **1-800-662-9651**
- Federal regulations require that a claim must be submitted to Medicaid within 365 days from the date of service.

Medicaid billing

Contact information

Utah Medicaid Customer Service Hotline
(800) 662-9651, option #3, #3
(801) 538-6155



Questions?