Targeted Adult Medicaid Overview

• House Bill 437 directed the Department of Health (DOH) to expand coverage for three new eligibility groups of adults without dependent children
• The waiver to expand coverage to these new groups was approved by the Centers for Medicare and Medicaid Services (CMS)
• 4,000-6,000 adults are estimated to be covered
• Effective date is November 1, 2017
Targeted Adult Medicaid Groups

• Group 1- Chronically Homeless
  • Continuously homeless for at least 12 months or on at least four separate occasions in the last three years (totaling at least 12 months) AND;
  • Has a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments or chronic physical illness or disability
  OR
  • Currently living in supportive housing and previously met the definition of chronically homeless above
Targeted Adult Medicaid 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
  • Discharged from the State Hospital after being admitted to the civil unit due to a criminal charge, or to the forensic unit due to a criminal offense
  • Involved with a Drug or Mental Health court
Targeted Adult Medicaid Groups

• Group 3- Needing Substance Use or Mental Health Treatment

  • 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 and has a substance use or mental health disorder
  • Receiving General Assistance from the Department of Workforce Services (DWS) and has a diagnosed substance use or mental health disorder
  • Discharged from the State Hospital after being civilly committed
Targeted Adult Medicaid Groups

• Open Enrollment

• The approved 1115 waiver amendment gives DOH the ability to open and close enrollment in any of the waiver subcategories
• Currently all subcategories in Eligibility Groups 1 and 2 (chronically homeless and those involved in the justice system) are open and will remain open until further notice
• Currently Eligibility Group 3 (other individuals with mental health or substance use disorders) is not open
  • DOH will monitor enrollment and expenditures in Groups 1 and 2 and determine if Group 3 can be opened at a later date
Targeted Adult Medicaid Eligibility

• Submit an application during an open enrollment period
• Meet basic eligibility requirements, such as:
  ➢ residency
  ➢ citizenship/non-citizen
  ➢ SSN
  ➢ applying for other benefits
• Not eligible for other Medicaid programs, with the exception of Medically Needy and Refugee Medicaid
  ➢ Individuals receiving PCN may be eligible
• No resource test
Targeted Adult Medicaid Eligibility

- Between the age of 19 and 64
- No countable income - 5% disregard
  - $50.25 per month for household size of 1
  - $67.70 per month for household size of 2
- No dependent children under the age of 19
- 12-month continuous eligibility
- Meet the criteria of one of the following groups:
  - Chronically Homeless
  - Justice Involved
  - Needing Treatment
Targeted Adult Medicaid Eligibility

State of Utah
Department of Health

Targeted Adult Medicaid - Chronically Homeless

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

Applicant's Name: __________________________

SSN (optional) or DOB: ___________________________ eREF Case # (optional): ___________________________

Name of Shelter or Facility: ___________________________

1. Has the individual been diagnosed with a substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairment resulting from a brain injury, or a chronic 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 the past 12 months, or on at least 4 separate occasions in the last 3 years? Yes □ No □ or

3. Is the individual currently living in supportive housing, and has previously met one of the conditions in number (2)? Yes □ No □

4. 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 illness? Yes □ No □

Form completed by:

Print Name: ___________________________ Phone #: ___________________________

Signature: ___________________________ Date: ___________________________
Targeted Adult Medicaid Eligibility

State of Utah
Department of Health

Targeted Adult Medicaid - Justice Involved

This form is to be completed by an individual who works for the correctional agency or court and has knowledge of the applicant’s situation. Question 1 to be completed by the correctional agency and question 2 to be completed by the court.

Applicant’s Name: ____________________________

SSN (optional) or DOB: ____________________________ eREP Case # (optional): ____________________________

Name of Agency or Court: ____________________________

Release Date (only applicable for clients released from jail/prison): ____________________________

1. Did the individual successfully complete a substance use disorder treatment program while incarcerated or was the individual successfully participating in a substance use disorder treatment program when they were released? Yes □ No □

2. Is the individual currently involved with a drug or mental health court? Yes □ No □

Form completed by:

Print Name: ____________________________ Phone #: ____________________________

Signature: ____________________________ Date: ____________________________
Targeted Adult Medicaid Eligibility

44A 11/2017

State of Utah
Department of Health

Targeted Adult Medicaid – State Hospital

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 DOB: ________________ eREP Case # (optional): ________________

Release Date from State Hospital: ________________

1. Was the individual admitted to the civil unit with an outstanding warrant or other charge, or admitted to the forensic unit due to an alleged criminal offense? Yes ☐ No ☐

2. Was the individual admitted due to a civil commitment? Yes ☐ No ☐

Form completed by:

Print Name: __________________________ Phone #: __________________________

Signature: __________________________ Date: __________________________
Targeted Adult Medicaid Eligibility

Contact Information

For questions regarding eligibility, forms or more training:

Dave Baldwin
Utah Department of Health
(801) 538-7020
dbaldwin@Utah.gov
Applications and Referral Forms

• Targeted Adult Medicaid documents can be sent in by email, fax, or mail
  • Mail: P.O. Box 143245, SLC, UT 84116
  • Fax: 801-526-9500
• The preferred method is to send both the application/form (together) to TAM@utah.gov which will ensure faster routing and processing.
• If an application is submitted in person, by mail, online, or fax, a worker will forward the documents to the email, 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 customer as TAM eligible.
Specialized Workers

- A specialized group at DWS will process all Targeted Adult Medicaid applications
  - The group will utilize the email to manage and assign workload which will ensure workload is evenly distributed and processed
  - Calls will route the same as they do now
  - Applications will follow the current processing time frames
Contact Information

Lora Braden
Department of Workforce Services
Eligibility Division
(385)315-9327
lbraden@Utah.gov
Targeted Adult Medicaid Benefits

• Targeted Adult Medicaid members receive traditional benefits

• Benefits include the following, with limitations:
  • Inpatient hospital
    o Including LTAC and rehab for intensive skilled care
  • Outpatient hospital
    o Emergency hospital services
    o 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
  • Mental Health and Substance Use Disorder Services
Targeted Adult Medicaid Benefits

• Benefits include the following, with limitations:
  • 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
• Benefits include the following, with limitations:
  • Physical and occupational therapy
  • Prescribed drugs
  • Prosthetic devices
  • Diabetes Self-Management training
  • Tobacco Cessation Services
  • Intermediate care facilities for members with intellectual disabilities
  • Hospice
  • Medical transportation - both emergency and non-emergency
Targeted Adult Medicaid Benefits

- 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
- 19 and 20 year olds are NOT eligible for EPSDT benefits
- All benefits will be paid Fee For Service
Where to Find the State Plan and Manuals

https://medicaid.utah.gov/> Administration & Publications
## Where to Find the State Plan and Manuals

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Where to Find Codes


Bureau of Coverage and Reimbursement Policy

Coverage and Reimbursement Code Lookup

The information provided by this lookup tool does not guarantee reimbursement, but is intended to provide coverage and reimbursement information for selected procedure codes as of the “Updated On” date specified in the search results. For additional information regarding specific billing requirements and coverage or rates not managed in this Lookup tool, please consult the Medicaid Provider Manuals or contact us.

This fee schedule does not apply to hospital outpatient services paid under the Outpatient Prospective Payment System (OPPS), Indian Health Services (IHS), School Based Skills Development (SBSD), nor does it apply to Utah’s 1915(c) HCBS waivers. Medicaid covered claims adjudicated through OPPS will be paid according to the applicable Medicare fee schedule, IHS providers are generally paid using the All-Inclusive Rate (please refer to the Indian Health provider manual for more specifics) and 1915(c) HCBS waiver providers should refer to the appropriate waiver-specific fee schedule.

For a list of provider types for which coverage and/or rates do not apply (as shown by this lookup tool), please click here.

Generally, the fees represented here are only for fee-for-service claims paid directly by Utah Medicaid using Utah Medicaid’s fee schedule. This fee schedule does not account for any enhancement in fee schedule amounts (i.e., rural physician enhancements, rural dental enhancements, etc.).
Contact Information

Bureau of Coverage and Reimbursement Policy
Utah Department of Health
(801) 538-6149
The 1115 waiver 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.

Federal funds will not be available for residential treatment until CMS approves Utah’s SUD Implementation Plan.
• Approval of the SUD Implementation Plan, waives the IMD exclusions for SUD residential treatment programs

• IMD Exclusions:
  • Residential treatment programs with 17+ beds
  • Medicaid members age 22 through 64 in an IMD not eligible for Medicaid

  **IMD Exclusions waived:**
  • 17+ bed SUD residential treatment programs eligible for Medicaid reimbursement
  • 22-64 year olds eligible for Medicaid reimbursement when in 17+ bed programs

• All Medicaid members, including Targeted Adults, are eligible for treatment in SUD residential treatment programs

• Member must have a SUD diagnosis and be treated for an SUD
SUD Residential Treatment

- SUD residential treatment means face-to-face services Provided in licensed SUD residential treatment programs

  - Are a combination of medically necessary rehabilitative services outlined in the *Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services.*

  - Services provided in accordance with an assessment and treatment plan
Reimbursement

- Prepaid Mental Health Plan (PMHP) Enrollees:
  - Services must be provided through the PMHP
- Individuals not enrolled in a PMHP, including Targeted Adult Members:
  - Medicaid reimburses on a Fee For Service basis
- Providers should bill Medicaid directly
- The State is responsible for the state share of the cost of services for the Targeted Adult Medicaid group
SUD Residential Treatment

- Reporting
  - SUD residential treatment under the 1115 waiver is reported as a per diem service
  - Procedure Codes:
    - H0018 – short-term residential without room and board, stay of 30 days or less
    - H0019 – long-term residential, typically longer than 30 days, without room and board, stay of 31 days or more
SUD Residential Treatment Limits

Adults age 19 and older

• Maximum of 60 days of SUD residential treatment per calendar year. Additional days based on documented medical necessity may be approved based on prior authorization.
• No more than 60 days will be prior authorized at a time.

Adolescents/youth through age 18

• Maximum of 30 days of SUD residential treatment per calendar year. Additional days based on documented medical necessity may be approved based on prior authorization.
• No more than 30 days will be prior authorized at a time.
Documentation

- See documentation requirements for services in the *Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services*
- Exceptions – start and stop time, and setting
- Every two weeks a review for medical necessity of continued treatment
- If not medically necessary, transition/discharge plans
- Reviews conducted by a licensed mental health therapist
Contact Information

Karen Ford
Utah Department of Health
(801) 538-6637
kford@Utah.gov
• If you are not a Medicaid enrolled provider, you must enroll with Utah Medicaid

• An application can be started by visiting our website 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

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

• 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](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
Medicaid Billing

• 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:
  • 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
Contact Information

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