

Targeted Adult Medicaid (TAM) Overview

April 2025



Utah Department of
Health & Human Services
Integrated Healthcare

- House Bill 437 of 2016 directed the Department of Health to expand coverage for three 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
- 6,500 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:

- Continuously homeless for at least 12 months or on at least four separate occasions in the last three years (totaling at least 12 months), OR
- Is living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter for six 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:
 - residency
 - citizenship/non-citizen
 - SSN
 - applying for other benefits
 - between the ages of 19 and 64
- No resource (assets) test

TAM Eligibility

- No countable income after the 5% disregard
 - \$66 per month for household size of 1
 - \$89 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:
 - Chronically Homeless
 - Justice Involved
 - Individuals Needing Treatment

TAM Eligibility

Certification Period

- 12-month continuous eligibility, unless:
 - Turns age 65,
 - Moves out of state,
 - Fails to apply for other benefits,
 - Becomes institutionalized (suspension of benefits), or
 - 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



D00229000020101

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

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

DHRS 43A
12/2022

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



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



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



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, SLC, UT 84114-3245,
- Email: imagingops@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:

Christopher Loizos
Department of Health and Human Services
cmloizos@utah.gov / (801) 538-6192

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

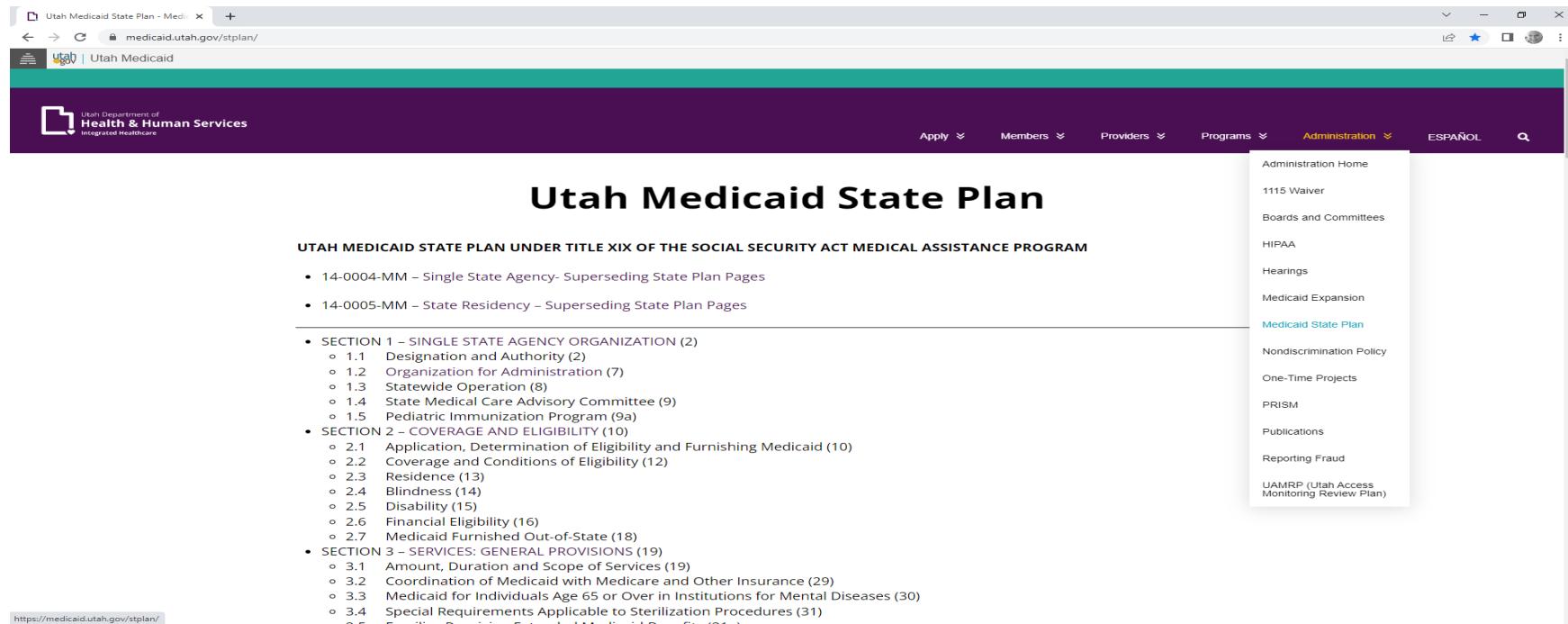
- Medical care furnished by any licensed practitioner within the scope of their practice as defined by state law
 - Podiatry
 - Nurse midwife
 - Nurse practitioners
 - Home health
 - Medical supplies, equipment, and appliances
 - Physical and occupational therapy
 - Prescribed drugs
 - Prosthetic devices
 - 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:**
 - Members 21 years of age and older may be eligible to receive dental services. All dental services will be provided by the University of Utah School of Dentistry (UUSOD) and its statewide provider network.
 - All benefits will be paid fee for service

TAM Benefits

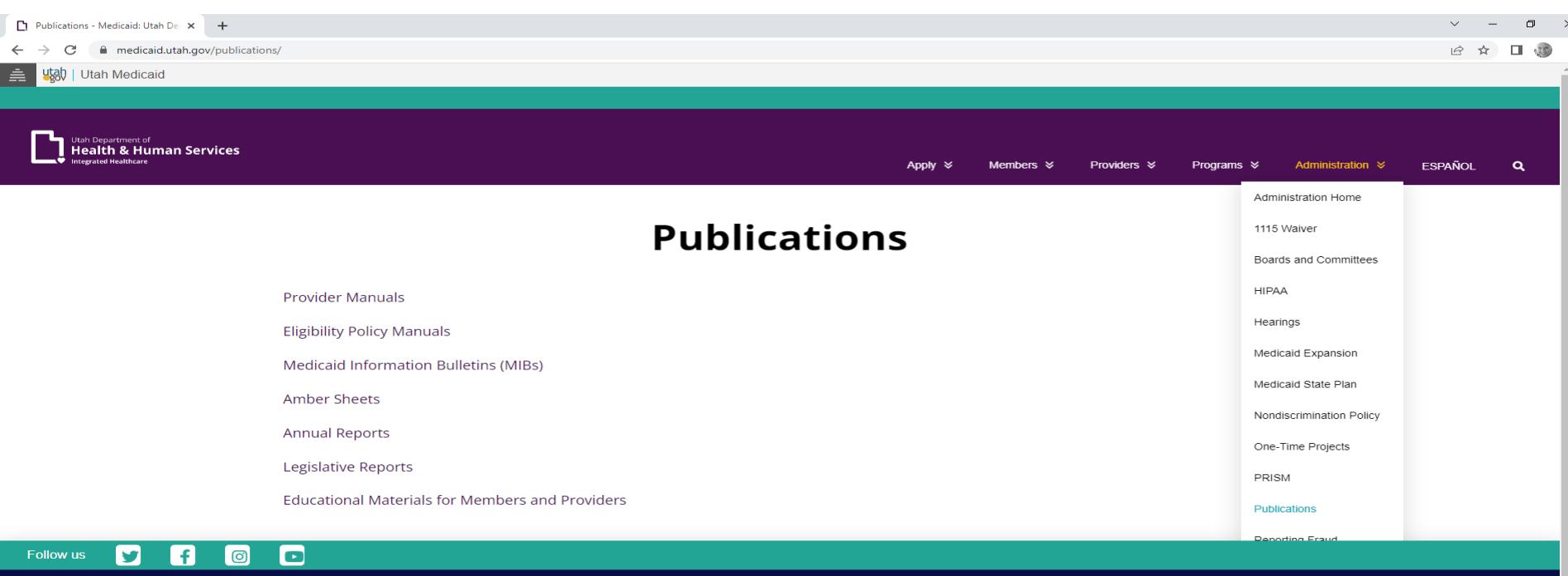
<https://medicaid.utah.gov/>> Administration & Publications



The screenshot shows a web browser window for the Utah Medicaid State Plan. The URL in the address bar is <https://medicaid.utah.gov/stplan/>. The page title is "Utah Medicaid State Plan". The main content area is titled "UTAH MEDICAID STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM". Below this, there is a list of links to various sections of the state plan, such as "14-0004-MM – Single State Agency- Superseding State Plan Pages" and "14-0005-MM – State Residency – Superseding State Plan Pages". To the right of the content area is a sidebar with a navigation menu. The menu items include: Administration Home, 1115 Waiver, Boards and Committees, HIPAA, Hearings, Medicaid Expansion, **Medicaid State Plan** (which is highlighted in blue), Nondiscrimination Policy, One-Time Projects, PRISM, Publications, Reporting Fraud, and UAMRP (Utah Access Monitoring Review Plan). The footer of the page shows the URL <https://medicaid.utah.gov/stplan/> again.

Where to Find the State Plan and Manuals

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



The screenshot shows a web browser displaying the Utah Medicaid Publications page. The URL in the address bar is medicaid.utah.gov/publications/. The page has a dark purple header with the Utah Department of Health & Human Services logo on the left. On the right, there are navigation links for 'Apply', 'Members', 'Providers', 'Programs', 'Administration', 'ESPAÑOL', and a search icon. A dropdown menu is open under the 'Administration' link, showing a list of topics including 'Administration Home', '1115 Waiver', 'Boards and Committees', 'HIPAA', 'Hearings', 'Medicaid Expansion', 'Medicaid State Plan', 'Nondiscrimination Policy', 'One-Time Projects', 'PRISM', 'Publications' (which is highlighted in blue), and 'Reporting Fraud'. The main content area features a large 'Publications' heading and a list of document types: 'Provider Manuals', 'Eligibility Policy Manuals', 'Medicaid Information Bulletins (MIBs)', 'Amber Sheets', 'Annual Reports', 'Legislative Reports', and 'Educational Materials for Members and Providers'. At the bottom, there's a 'Follow us' section with icons for Twitter, Facebook, Instagram, and YouTube.

Where to Find the State Plan and 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
 - 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

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:
 - 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?