

# 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

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



000022900000101

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](mailto: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



05902290030101

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](mailto: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



DHS 44A  
12/2022

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



DHS256034C101

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](mailto: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 subgroup 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**

DRHS 45A  
12/2022

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



00062290060101

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](mailto: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](mailto: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](mailto: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

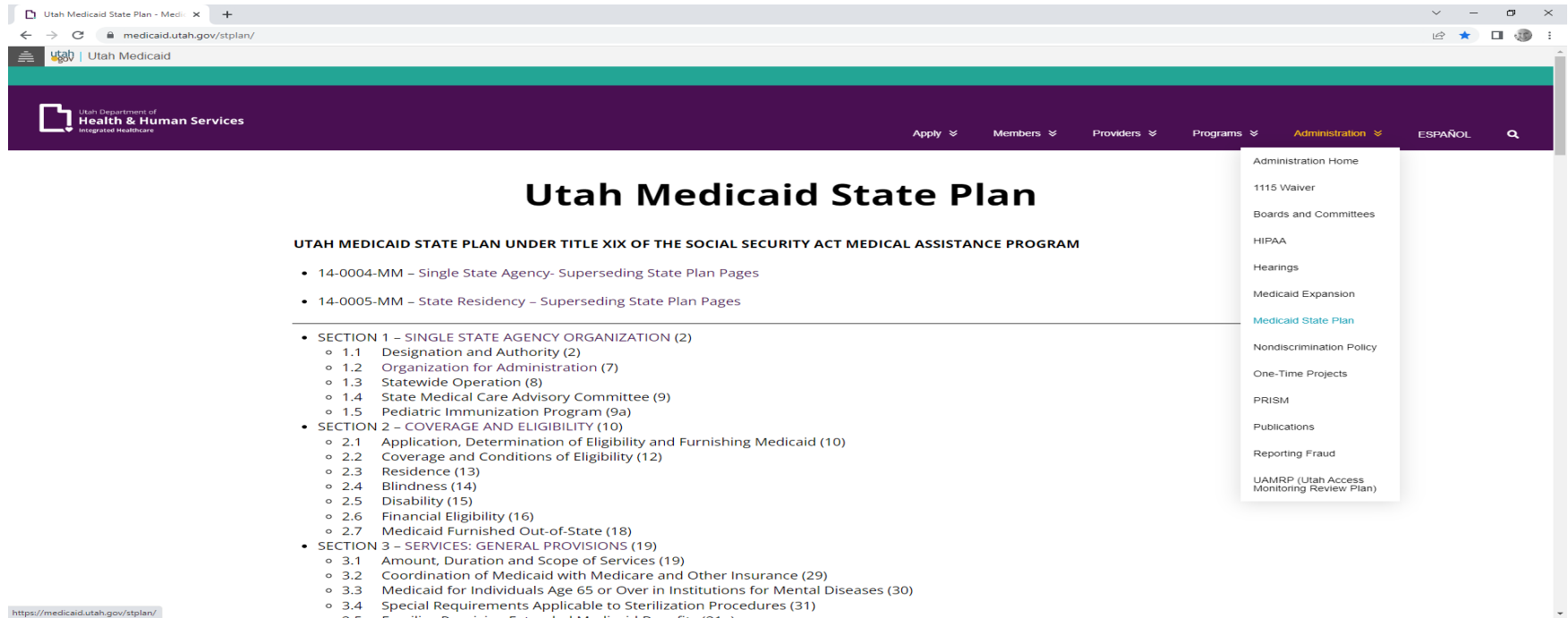
## TAM Benefits



- 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 the Utah Medicaid State Plan website. The header includes the Utah Department of Health & Human Services logo and navigation links: Apply, Members, Providers, Programs, Administration (highlighted), and ESPAÑOL. The main heading is "Utah Medicaid State Plan". Below it, the text reads "UTAH MEDICAID STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM". A list of links is provided, including "14-0004-MM – Single State Agency- Superseding State Plan Pages" and "14-0005-MM – State Residency – Superseding State Plan Pages". A detailed table of contents follows, organized into sections: SECTION 1 – SINGLE STATE AGENCY ORGANIZATION (2), SECTION 2 – COVERAGE AND ELIGIBILITY (10), and SECTION 3 – SERVICES: GENERAL PROVISIONS (19). A dropdown menu on the right side of the page lists various links, with "Medicaid State Plan" highlighted.

**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

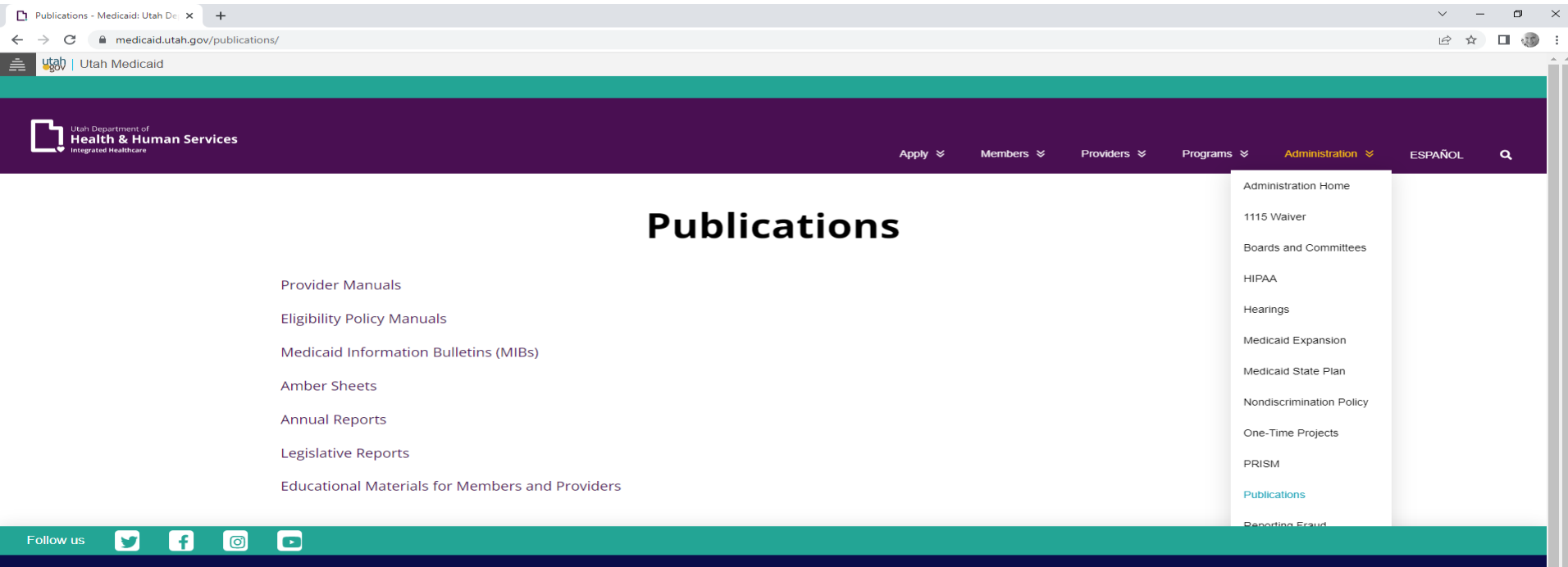
---

- 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 Facilities Requiring Extended Medical Services (34a)

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

**Where to Find the State Plan and Manuals**

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



The screenshot shows a web browser window displaying the Utah Medicaid website. The address bar shows the URL <https://medicaid.utah.gov/publications/>. The page features a purple header with the Utah Department of Health & Human Services logo and a navigation menu with links for Apply, Members, Providers, Programs, Administration (highlighted), and ESPAÑOL. A dropdown menu for Administration is open, showing links to 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 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. The footer includes a "Follow us" section with social media icons for Twitter, Facebook, Instagram, and YouTube.

Publications - Medicaid: Utah De: x

medicaid.utah.gov/publications/

Utah Medicaid

Utah Department of  
**Health & Human Services**  
Integrated Healthcare

Apply Members Providers Programs **Administration** ESPAÑOL

## Publications

- Provider Manuals
- Eligibility Policy Manuals
- Medicaid Information Bulletins (MIBs)
- Amber Sheets
- Annual Reports
- Legislative Reports
- Educational Materials for Members and Providers

- Administration Home
- 1115 Waiver
- Boards and Committees
- HIPAA
- Hearings
- Medicaid Expansion
- Medicaid State Plan
- Nondiscrimination Policy
- One-Time Projects
- PRISM
- Publications**
- Reporting Fraud

Follow us

# 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](mailto: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://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://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?**