

DIVISION OF MEDICAID & HEALTH FINANCING

Targeted Adult Medicaid Overview

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



• 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



- 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



- 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



• 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



- 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



- 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



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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: ______ eREP Case # (optional): _____

Name of Shelter or Facility:

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

Form completed by:

Print Name:	Phone #:

Signature: _____ Date: _____



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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.

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

Form completed by:

Print Name:		Phone #:	
Signature:		Date:	



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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 Ca	ase # (optional):	
Release Date from State Hospital:		
 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 commit	ment? Yes 🗆 No 🗆	
Form completed by:		
Print Name:	Phone #:	
Signature:	Date:	



Contact Information

For questions regarding eligibility, forms or more training:

Dave Baldwin Utah Department of Health (801) 538-7020 <u>dbaldwin@Utah.gov</u>

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 <u>TAM@utah.gov</u> 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

Department of Workforce Services



Contact Information

Lora Braden Department of Workforce Services Eligibility Division (385)315-9327 <u>Ibraden@Utah.gov</u>



- Targeted Adult Medicaid members receive traditional benefits
- Benefits include the following, with limitations:
 - Inpatient hospital
 - $\circ~$ 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



- 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



- 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



Name	Type
Parent Directory	
All Providers General Attachments	Folder
All Providers General Information Section I	Folder
Anesthesiology (Archived November 2017)	Folder
Autism Spectrum Disorder Services	Folder
Child Health Evaluation And Care (CHEC)	Folder
Chiropractic Medicine (Archived October 2017)	Folder
Dental, Oral Maxillofacial, And Orthodontia	Folder
Home And Community-Based Waiver Services	Folder
Home Health Services	Folder
Hospice	Folder
Hospital	Folder
Indian Health Services	Folder
Laboratory (Archived July 2017)	Folder
Licensed Nurse Practitioner	Folder
Long Term Care	Folder
Medical Supplies And Durable Medical Equipment	Folder

Where to Find Codes



http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php

Utah Utai	n.gov Services	Agencies	Utah Department o	f Health Search	all of Utah.gov »
Search					
Medicaid Home	Apply for Medicaid	Medical Programs	Medicaid Members	Health Care Providers	Administration & Publications
BCRP Home					
Utah Medicaid State Plar	Burea	Bureau of Coverage and Reimbursement Policy			
Accountable Care Organ (ACO) Resources		Coverage and Reimbursement Code Lookup			
Inpatient Resources					
Outpatient Resources	reimbu	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			
Coverage and Reimburs Lookup Tool		additional information regarding specific billing requirements and coverage or rates not managed in this Lookup tool, please consult the <u>Medicaid Provider Manuals</u> or <u>contact us</u> .			
HCPCS, CPT and Anesth Fee Resources	esia (OPPS	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.			
Long Term Acute Care (L Hospitals	TAC) IHS pro	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 <u>click here</u> .			
Long-Term Care Resourd (NFs and ICFs/ID)	ces Forali				
Ambulance Assessment			-		ah Medicaid using Utah Medicaid's mounts (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 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, <u>including Targeted Adult Members</u>:
 - 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



- 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.

SUD Residential Treatment Documentation



- 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 <u>kford@Utah.gov</u>

New Provider Enrollment Application Process



- 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



- 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





- 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?



