



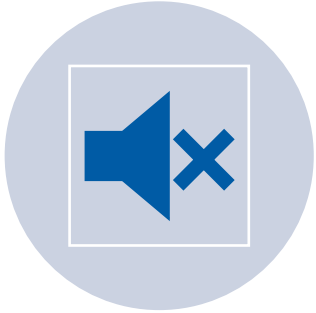
# Behavioral Health Integration Advisory Hub Meeting

October 23, 2023

2:00 – 3:30 pm

**Please update your display name  
on Zoom to include your name and  
organization. Thank you!**

# Housekeeping



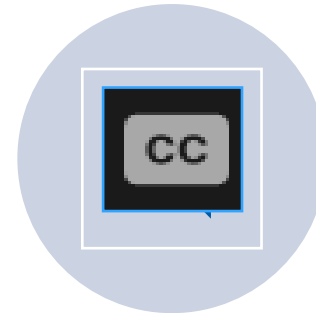
All attendees will enter the meeting on mute.



To use the “Chat” function, click the speech bubble icon at the bottom of the screen.



Use the “raise hand” function if you wish to speak.



You can enable closed captions at the bottom of the screen.

# Agenda

- Introductions and overview of Behavioral Health Integration Advisory Hub
- Goals and priorities for behavioral health integration
- Behavioral health integration timeline and stakeholder engagement structure
- Feedback on key topics
- Next steps

# Introductions



**Valerie L. Mielke, MSW**  
Assistant Commissioner,  
Division of Mental Health and  
Addiction Services (DMHAS)



**Shanique McGowan, LCSW**  
Behavioral Health Program  
Manager, DMAHS



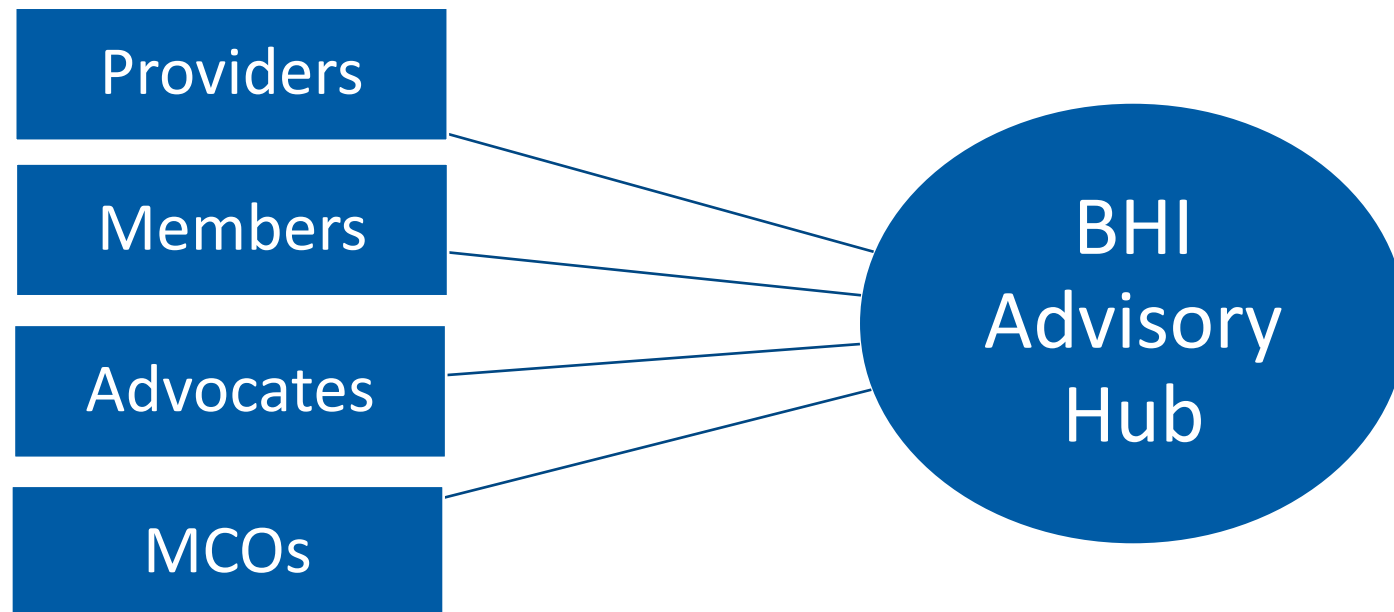
**Jennifer Langer Jacobs**  
Assistant Commissioner,  
Division of Medical Assistance  
and Health Services (DMAHS)



**Logan Kelly, MPH**  
Senior Program Officer, Center  
for Health Care Strategies (CHCS)

# Behavioral Health Integration (BHI) Advisory Hub

Multi-year workgroup during planning and implementation of all phases of the integration of behavioral health services into managed care



# BHI Advisory Hub Goals

- Design better policies and processes through stakeholder engagement
- Foster collaboration among participants and deeper understanding of the experiences of different stakeholder groups
- Invite feedback and discuss proposed policies, resources, and communication strategies
- Identify priorities for further discussion in other stakeholder forums
- Address potential issues as they arise during planning, implementation, and monitoring

# BHI Advisory Hub Structure

- Meetings will be held every other month on Zoom for 1.5 - 2 hours
- Meetings will have set topics
  - Agendas sent in advance
  - Summaries and slides shared after each meeting
- Each organization can send up to 2 participants per meeting
  - Participants do not need to be consistent across all meetings

# Questions about BHI Advisory Hub Structure



**Do you have questions about the BHI Advisory Hub? Please raise your hand or share in the chat.**



# Goals and Priorities for Behavioral Health Integration

# North Star Principles

Serve people the best way possible.

We will **provide high quality services** our members need in the right setting and at the right time by improving access and supporting individuals through evidence-based methods.

Communicate with clarity and concern.

We will **increase integration** through improved care coordination, strong payer-provider partnerships, and broader electronic health record integration between physical and behavioral health providers.

Explore new ways to solve problems.

We will strengthen our current innovative approaches to whole-person care models and culturally competent care, and introduce new "best practice" opportunities that **improve outcomes**.

Work closely with our stakeholders.

We will collaborate with our **community stakeholders** and aligned systems to raise awareness and provide support, with a shared commitment to respect, dignity, equity, and inclusion.

Show people we care.

We will make **empathy, positive energy, and collaborative focus** our hallmark, internally and externally, with focus on the strengths, resources, challenges and needs of the people we serve.

# Goals for Behavioral Health Integration

1. Improve access to services with a focus on client-centered care
2. Integrate behavioral health and physical health for whole person care
3. Provide well-coordinated services for members in the right setting, at the right time

# Improving Care Across the Continuum of Need

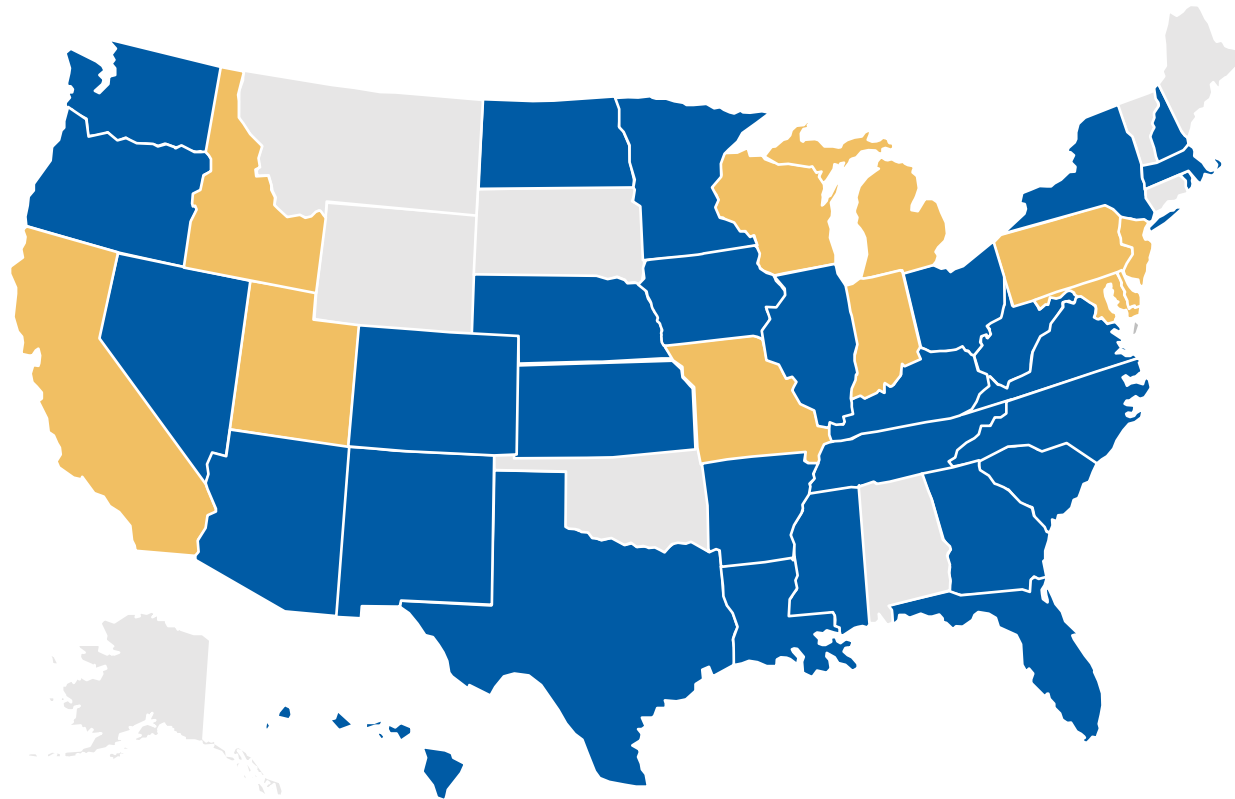
People with  
mild-to-  
moderate  
behavioral  
health needs

People with  
serious mental  
illness or  
substance use  
disorder

People who  
have recently  
experienced a  
behavioral  
health crisis



# Behavioral Health Financing Models by State\*



## KEY

-  Integrated financing in managed care organizations (30 states including DC)
-  Behavioral health benefits carved out to behavioral health organizations or FFS (11 states)
-  Physical and behavioral health benefits financed in FFS (10 states)

\*Note: Some states use different models for different populations.

# Lessons from Other States

- Lead a phased, incremental process with extensive stakeholder engagement
- Ensure stable transitions for members and providers
- Advance whole-person care including through integrated care management programs and information-sharing
- Support accountability for outcomes related to physical and behavioral health and develop comprehensive systems for MCO oversight and monitoring

Sources: Marcela Horvitz-Lennon, et al. "Is Carve-In Financing Of Medicaid Behavioral Health Services Better Than Carve-Out?" Health Affairs Forefront, February 7, 2023. Michelle Herman Soper, "Integrating Behavioral Health into Medicaid Managed Care: Design and Implementation Lessons from State Innovators," Center for Health Care Strategies, April 2016.

# Identified Stakeholder Priorities

- Ensuring that people with BH conditions can access care from trusted providers
- Addressing provider administrative challenges and streamlining requirements
- Supporting continuity of care for people with behavioral health conditions
- Ensuring timely, accurate provider payments across all MCOs
- Addressing rates for behavioral health services



**What other priorities  
should be included?**

# Opportunities to Advance More Integrated Care



What are opportunities for improved, more integrated care for **all members, including those with mild-to-moderate behavioral health needs?**

What are opportunities for improved, more integrated care for **members with serious behavioral health conditions?**



# **Behavioral Health Integration Timeline and Stakeholder Engagement Structure**

# Phased Planning

In each phase, we plan to review and discuss the potential integration of certain services into MCO contracts. We will begin by reviewing services that are currently covered by MCOs for members enrolled in MLTSS, DDD, and FIDE-SNP. These are listed in Phases 1 and 2. Subgroups A-D within each phase will facilitate detailed and specific discussions by provider type.

	Phase 1 – Outpatient BH Some MCO integration today	Phase 2 – BH Residential and OTP Some MCO integration today	Phase 3 – Services only provided through FFS today
	Discussions begin <i>Fall 2023</i>	Discussions begin <i>Winter 2024/25</i>	Discussions post-Phase 2
A	<ul style="list-style-type: none"> <li>MH independent clinicians (LCSW, APN, psychiatrist, or psychologist)</li> <li>SUD independent clinicians (LCADC and MH clinicians who provide SUD services)</li> </ul>	<ul style="list-style-type: none"> <li>SUD short term residential</li> <li>SUD – medically monitored inpatient withdrawal management</li> </ul>	Services include but are not limited to: <ul style="list-style-type: none"> <li>Opioid Overdose Recovery Programs (OORPs)</li> <li>Psychiatric Emergency Rehabilitation Services (PERS)</li> <li>Psychiatric Emergency Screening Services (PESS)</li> <li>Behavioral Health Homes</li> <li>Community Support Services</li> <li>Certified Community Behavioral Health Clinics (CCBHCs)</li> <li>Targeted case management programs</li> <li>Children's System of Care (CSOC)</li> </ul>
B	<ul style="list-style-type: none"> <li>MH partial hospitalization</li> <li>MH partial care in an outpatient clinic</li> </ul>	<ul style="list-style-type: none"> <li>Adult mental health rehabilitation</li> </ul>	
C	<ul style="list-style-type: none"> <li>MH outpatient hospital or clinic services</li> <li>SUD intensive outpatient</li> <li>SUD outpatient clinic (including AWM)</li> </ul>	<ul style="list-style-type: none"> <li>SUD long term residential</li> </ul>	
D	<ul style="list-style-type: none"> <li>SUD partial care</li> </ul>	<ul style="list-style-type: none"> <li>Opioid treatment programs</li> </ul>	

# Stakeholder Engagement Structure

## Member Focus Groups

- Purpose: Gain insights about members' experiences with behavioral health services and utilization, identify opportunities to improve access to and integration of care
- Frequency: Twice per year

## Informational Stakeholder Group

- Participants: Any interested member of the public, including state partners, advocates, members, providers, and MCOs
- Purpose: Provide status updates and promote transparency
- Frequency: Twice per year

# Stakeholder Engagement Structure

## Behavioral Health Integration (BHI) Advisory Hub

- Participants: Providers, members, advocates, and MCOs
- Purpose: Create meaningful opportunities to learn more about proposed processes and operations , and to share feedback, questions, and concerns.
- Frequency: Every other month

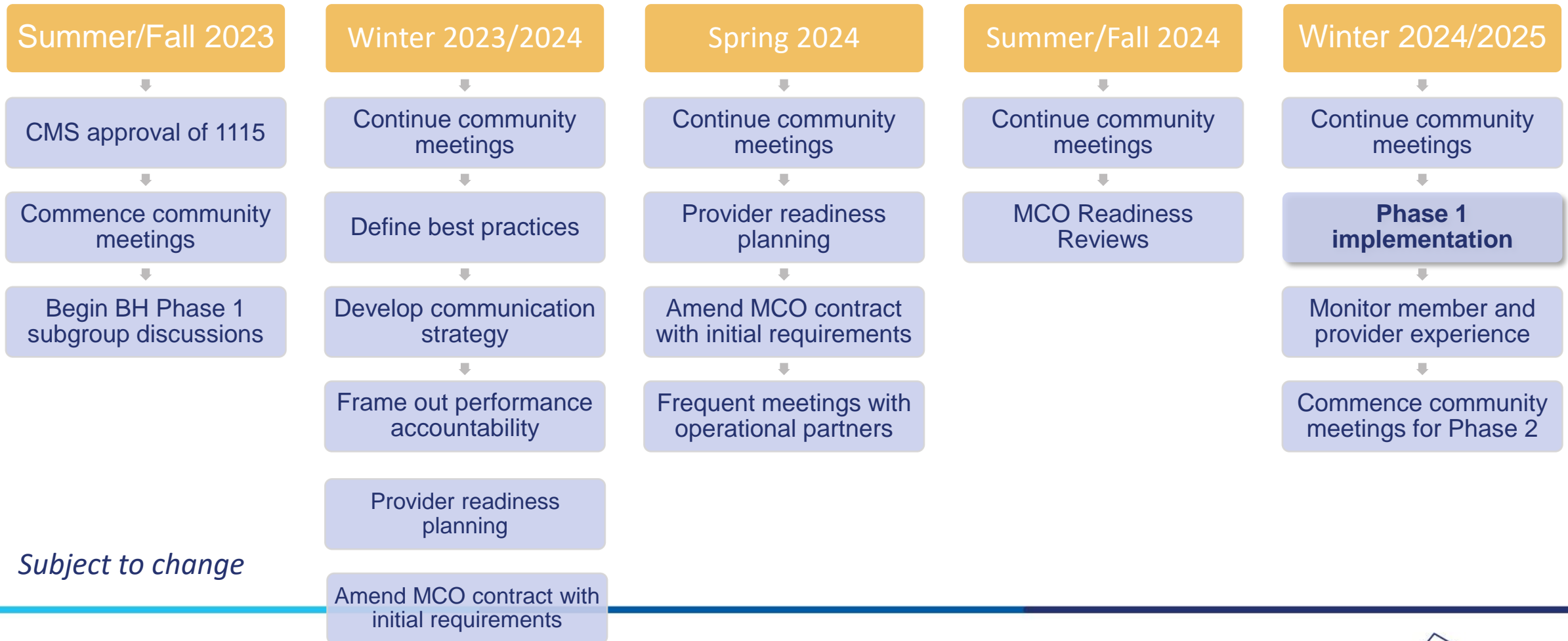
## Phase 1 Subgroups A, B, C, and D

- Participants: Phase 1 providers, trade groups, and MCOs
- Purpose: Discuss policy priorities and specific services, develop recommendations
- Frequency: Quarterly

# Subgroup Discussion Topics

- Pathways to access for members
- Service description/ASAM level of care
- Allowable provider types
- Prior authorization and utilization management requirements
- Provider enrollment requirements/opportunities to streamline
- Continuity of care requirements
- Access to care standards
- Care coordination requirements
- Clinical and operational performance standards for MCOs
- Opportunities for provider incentives

# Phase 1 Milestones



*Subject to change*

# Feedback on Key Topics

# Discussion: Measures



**What should we be measuring to assess the impact of the transition to behavioral health integration on improving members' lives?**

**Measures may address:**

- Integration of behavioral health and physical health for whole person care
- Access to services with a focus on client-centered care
- Delivery of well-coordinated services for members in the right setting, at the right time



# Discussion: Member and Provider Outreach Strategies



**Which communities and stakeholders should be prioritized for outreach and communications?**

# Future Potential Topics for BHI Advisory Hub

- Goals for access to care and quality of care
- Appropriate utilization management
- Provider network policies
- Access to care standards
- Member experience and protections
- Continuity of care requirements
- Care coordination requirements
- Provider enrollment and credentialing
- Data collection
- Provider incentives and value-based payment
- Claims payment processes
- Communications and outreach strategies

# Next Steps

# Next Steps

1. Next BHI Advisory Hub meeting date and time will be announced shortly
2. Schedules for subgroup meetings and member focus groups will be announced shortly
3. If you have questions, including questions about joining any other subgroups, please contact the DMAHS Behavioral Health Unit at [dmahs.behavioralhealth@dhs.nj.gov](mailto:dmahs.behavioralhealth@dhs.nj.gov)

**Thank you!**