Department of Human Services

Division of Mental Health and Addiction Services

Phase II IME Training FAQ'S

Medicaid

1. Does Medicaid recognize LCADC?

Medicaid does not reimburse LCADC's as private practitioners. Medicaid will reimburse for an LCADC working in Independent clinics per NJAC10:37E-2.6.

2. Has the Maximum Medicaid group size increased from 8?

Per: NJAC 10:161B-10-1 (2014) Provision of Substance Abuse Counseling Section (f), pg. 93: "Group Counseling size shall not exceed an average of 12 clients and shall not exceed 14 clients in any one session. This provision shall not apply to psycho-educational or family counseling sessions.

3. If providers admit a client that has applied for Medicaid but doesn't have the coverage at the time of admission – or if the client qualifies for another funding source such as DUII/SJI, can provider bill services to the FFS until Medicaid is effective?

No. If client receives Medicaid benefits the authorization for treatment can be backdated to the Medicaid application date. If the client is not eligible for Medicaid benefits, the provider can submit an off line payment request to the state which will be reviewed per the current procedures.

4. If a client is referred by Drug Court or MAP and has Medicaid what payer source does the provider bill?

Drug Court and MAP are not Managed Initiatives. There are no changes to those funding requirements.

5. If a client says they have Medicaid and their Medicaid has been terminated how will the IME let the provider know?

It is the provider's responsibility to check clients' Medicaid enrollment status via EMEVS on the first of every month.

6. When will presumptive eligibility for Medicaid begin?

Communications regarding training to become certified as a PE provider is forthcoming for SUD providers.

7. Will the IME facilitate the client's enrollment in Medicaid?

No, the providers are responsible for facilitating and confirming client enrollment in Medicaid.

8. If a client does not qualify for Medicaid or any FFS initiatives and has no other funding, can services be billed to the state if we do not have a contract or slots?

No.

9. Many self-pay clients have been receiving Opioid Treatment for years. Some are transitioning to Medicaid. Do providers have to engage in an authorization process with the state?

Yes. Any new client, any client with a change in funding source, or any change in level of care will need a prior authorization from the IME

10. When submitting claims to Medicaid, is the authorization number provided by the IME needed on the claim?

Yes.

11. With Medicaid, if requesting continuing care authorization (ERL) will it be a new number or the same PA number?

A new authorization number will be issued for the continuing care review approval (ERL).

12. Is a prior authorization needed for existing Medicaid clients or only new Medicaid clients?

Beginning July 11, current Medicaid clients need an administrative authorization in order for the provider to receive payment. This is being coordinated through the IME for individuals in treatment prior to May 24. After May 24 Clinical Authorization requests for new admissions will be needed.

13. Medicaid eligibility varies from month to month for clients. Will clients be issued a blanket 1 year PA, regardless of their eligibility?

No. The PA does not track Medicaid eligibility or enrollment. Providers are responsible to check EMEVS monthly to confirm clients' Medicaid enrollment status.

14. How will the provider receive the Medicaid authorization number?

The Medicaid authorization number will be available in NJSAMS and also will be mailed to the provider by Molina.

15. Why are clients in the 22-64 age brackets not eligible for reimbursement for detox and short term residential treatment?

This rule (IMD rule) applies only to Medicaid members and was developed at the federal level, however, Medicaid enrolled/eligible clients can access state funding for these services.

16. How will Medicaid/State decide who is a substance abuse client? By Diagnosis? What about co- occurring clients? What if mental health diagnosis is primary?

The provider communicates diagnosis and Clinical/ Medical Necessity in NJSAMS with:

1. DSM-5 Diagnosis number and Diagnostic criteria
2. LOCI-3 (ASAM) with comments addressing patient's clinical SUD and MH symptoms in all six (6) ASAM Dimensions.

The IME will authorize substance use disorder treatment codes.

Levels of Care

1. Is there an individual client report a provider can print through NJDAS.net to keep track of an individual request and upcoming continuing care deadlines?

There is a report call "Active Authorizations with Claim Submission Deadlines" under reports on www-nj.das.net. This identifies every ACTIVE FFS authorizations a provider has with the start date, the end date, and claim submission date. If an authorization is no longer active, the provider can search and click on a particular authorization in the nj-das.net system to see how many days the client was in that Level of Care. This report applies to state funded services only.

2. What should be done when client is appropriate for a higher level of care that agency does not provide?

Client should be referred to the appropriate level of care based on the results from a current LOCI 3.

3. What will be included in the SAPTI OTP bundle?

The weekly bundled rate includes: Dispensing and medication cost; Counseling sessions; Case Management; and Medication monitoring.

Prior Authorization Process

1. How quickly can a Prior Authorization number be issued for new consumers accessing SUD treatment services?

New clients will get Prior Authorization numbers from the IME within an hour of the request, assuming that all necessary information is made available and medical necessity is confirmed.

2. What are the qualifications and training of the IME Reviewers?

IME reviewers are all licensed clinicians, either mental health, SUD, or dually licensed.

3. DUII clients – will treatment be based on medical necessity or minimum of 16 weeks?

All treatment decisions will be based on medical necessity and appropriateness of care.

4. What is the allowable time frame to backdate a state clinical authorization or will it start on the requested date?

The authorization for state funding can be backdated by 5 days, but not prior to date of admission in NJSAMS.

5. If commercial insurance is primary and client has a high deductible, co-pay, co-insurance and cannot afford it, can the FFS initiative be billed as the primary funding source?

No. Please refer to the payer of last resort on the DMHAS website

6. Are the parameters (ex. 60 days initial for LTR) the same for unmanaged initiatives? What is the process?

The process and time frames have not changed for unmanaged initiatives.

7. How many extensions are given for any level of care?

There are no yearly limits per client or level of care. If the request is for Medically Necessary treatment, and all other requirements have been met, the request will be approved.

8. Can providers continue admission though we have no funding approval yet?

Yes, f the provider is confident that the client meets the criteria for funding.

9. How does Case Coordination work between the provider and the IME?

Communication between the IME and the provider is available through the NJSAMS Notes fields.

10. Currently IME PA's received for our IOP clients effective April 1st are valid until October. Will this change July 1st? If so we will only have 60 days.

An administrative authorization is valid through the end date. An extension request can be submitted if treatment continues past the end date.

11. Will providers still need to apply for Prior Assessment Authorizations related to State Parole referred clients in order to get an authorization number for the intake?

No, SPB, DOC, and Drug Court initiatives are not managed by the IME.

12. Do outpatient providers need an authorization to complete an initial assessment?

State funding: Yes - Medicaid: No

13. What happens to the client during the reconsideration/appeal process? Who pays for services being rendered?

The provider can continue treating the client during the reconsideration/appeal process. If the provider wins the reconsideration/appeal it will be paid; if the provider loses the reconsideration /appeal, it will not be paid.

14. Are the CIWA, COWS and BP mandatory?

They are not mandatory; however the results can assist in a faster approval for Withdrawal Management by the IME.

15. Does 1 affiliation agreement cover all provider locations under 1 tax ID? If a provider adds a new location, does it need a new agreement if billing will be under the tax ID that already has an agreement?

Only one affiliation agreement is required per agency, regardless of the number of sites

16. What happens when the sheriff's officers bring a consumer to treatment and can't wait the hour for the IME decision? Can the approval be expedited?

On urgent admissions, providers can call the IME

17. During the appeal process can the provider agency take money from applicant?

No. Medicaid enrollees cannot be charged fees for treatment.

18. For a client already admitted to have 3.7D care, how do providers submit a request to IME to approve a transfer to level 3.7? This is a transfer within the same agency.

Any change in Level of Care requires pre- approval by the IME.

19. In terms of "do they have a problem now" what if the client is court ordered to complete a treatment program but hasn't presented with any symptoms in 6 months? Will the client be approved for treatment?

Medical necessity must be established.

20. IOP length of initial PA 60 program days or 60 calendar days?

60 calendar days.

21. Can NJSAMS have a request status at "Hold for more information" in addition to "denied", which is the final IME decision if no agreement is reached between the provider and IME after more information is received.

This change is under construction.

22. On slide 9 "Clinical UM Parameters" for IOP/PC, the 60 days/up to 60 days refers to what?

60 days State; up to 60 days Medicaid.

23. If an authorization is denied then approved for payment, will the authorization be backed dated for payment?

Yes.

24. How will payment for services occur?

As is currently the process, payment will be issued through Molina (Medicaid's fiscal agent) for Medicaid and CSC(State's fiscal agent) for FFS state funded initiatives.

NJSAMS Specific

1. How long do providers have to change a client's funding source in NJSAMS?

Funding source can be changed at any time during the treatment process.

2. Where will benefit packages be posted?

On NJSAMS home page: NJSAMS documents/contracts/FFS documents.

3. Will the provider agency be alerted if there is a change of status from pending to admitted?

Clients' status list can be found in NJSAMS. There will not be an alert in the system.

4. What is the process for changing LOC for a client?

To transfer LOC, a client should be discharged from one level of care and admitted to another. Any change in LOC, whether within the same agency or with a different provider, goes through the IME for authorization.

5. What is the best process to resolve NJSAMS error messages?

Open an NJSAMS ticket.

6. Can LOCI type be changed if the wrong type is selected – OTP instead of regular LOCI, for example?

LOCI type can be changed only by opening a NJSAMS ticket.

7. Can a "quick discharge" feature be utilized/ created for clients who are no longer known to the agency to facilitate discharge?

There is a "discharge in progress" feature that allows provider agencies to indicate that the client is no longer in treatment, but this is not a complete discharge. A complete discharge should be done whenever possible.

8. Is the site Medicaid number already linked with NJSAMS or must it be put in manually?

The site Medicaid number is already linked in NJSAMS.

Other Categories

1. How many clients can be in a psychoeducational group?

Per NJAC Title 8 Chapter 42A, there is no limit for psychoeducational group size.

2. Early Intervention cannot give diagnosis (no symptoms) therefore cannot complete the LOCI-3?

With no symptoms only education and ongoing assessment can be facilitated, Level 0.5.

3. Who will need to use the SCMS?

Medicaid providers and managed FFS state initiatives.

4. Does this impact a client with private insurance?

Private insurance is not managed by the IME.

5. Are the groups being billed for 60 or 90 minutes?

Group service is 90 minutes for Medicaid services.

6. Is Medicare considered commercial/private insurance?

Yes.

7. Will organizations that did not have slots previously be eligible for the new FFS initiatives?

No.

8. Are VA Benefits considered private insurance?

Yes

9. Will providers that do assessments in the evenings receive a response from the IME within the hour?

The IME will respond by phone with the outcome of the PA review within one hour. The actual authorization in NJSAMS may take longer.