



DMHAS
Division of Mental Health
and Addiction Services



New Jersey Integrated License and Regulatory Scheme: Basic Overview

Single License and Behavioral Health Rules

DOH – Certificate in Need & Licensing

- For DOH-CN&L is the licensing authority in NJ for all applicable health.
- N.J.A.C. 8:43K became effective April 6, 2026, and establishes licensure standards for outpatient and integrated care facilities. The rule allows certain outpatient facilities to provide **behavioral health, mental health, substance use disorder, opioid treatment, primary care, reproductive health, and pediatric services** under the appropriate licensure structure.



Division of Mental Health and Addiction Services



The Division serves as SAMHSA's designated Single State Agency for Substance Use and Mental Health Authority

The Division oversees community mental health and addiction services throughout the State, and contracts with various entities to provide and support community-based prevention, early intervention, treatment, education and recovery services, including for at-risk and special populations

Serve over 570k duplicated individuals



Background and History



Authorities within State Departments

Licensing, policy, regulatory and fiscal authority for mental health (MH) services, substance use disorder (SUD) services and primary care (PC) sit in three areas

DHS, DMHAS

- Holds **MH** and **SUD** *policy and regulatory authority* and *funds* certain community based services



DHS, Division of Medical Assistance and Health Services (Medicaid authority)

- Has *fiscal authority* over Medicaid reimbursement for **MH, SUD** and **Primary Care**



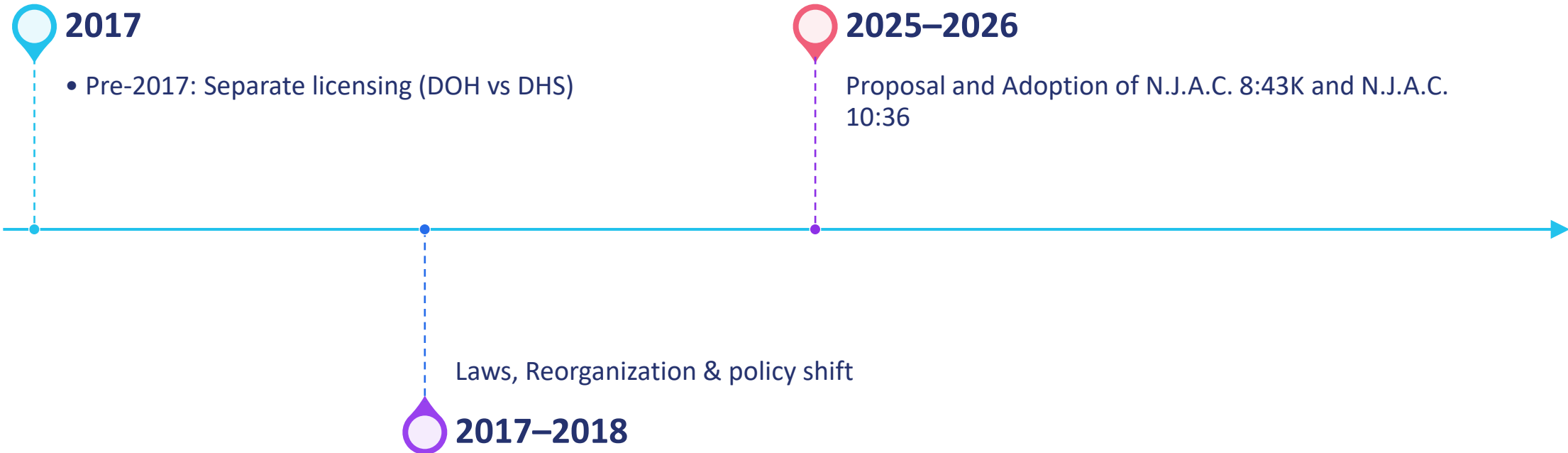
DOH

- Holds **Primary Care** *policy authority*
- Holds *licensing and regulatory* authority for **MH, SUD** and **Primary Care**





Historical Timeline





Challenges in Providing Integrated Care

- Non-alignment in licensing requirements and processes
 - Different timeframes
 - Different medical chart requirements
 - Different facility requirements

Licensing Teams for MH/SUD sat within DHS while licensing for Primary Care sat within DOH until 2017

MH/SUD Licensing Team for MH/SUD along with DMHAS moved to DOH in 2017

DMHAS returned to DHS in 2018



Challenges in Providing Integrated Care

(from MH/SUD provider perspective)

- Providers needed to have separate space (including bathrooms, waiting areas, entrances) for clients receiving Primary Care from those receiving MH/SUD services even though they only provided Primary Care to those receiving MH/SUD services
- Providers needed to chart differently for those receiving any combination of MH/SUD/Primary Care services
- It was costly to retrofit facility to meet physical plant standards
- Regulations did not permit clinicians to work to the top of their license



Challenges in Providing Integrated Care

(from Primary Care provider perspective)

- Licensure requirements for Primary Care to provide MH/SUD services were onerous (to provide any MH/SUD outpatient therapy Primary Care clinic needed to meet outpatient standards)
- Reimbursement requirements (CMS) were challenging for Federally Qualified Health Centers





Single License Law N.J.S.A. 26:2H-5.1g

- 1) Identify those services authorized to be provided as primary care, mental health care or SUD in an integrated license
- 2) Require single integrated healthcare facility license that specifies the scope of services (e.g. primary care, mental health care, and/or SUD treatment) that the healthcare facility is authorized to provide under the license
- 3) Allow a provider to hold a designation as an ambulatory care facility, community mental health program, SUD treatment facility or other type of facility without requiring a separate license.
- 4) Define staffing requirements in keeping with scope of practice and credentials
- 5) Set standards for information sharing among providers, among core and non-core team members
- 6) Establish data collection requirements of outcome measures
- 7) Permit the sharing of clinical space, staff, medical records and other resources across services unless a separation is necessary
- 8) Establishing licensing and monitoring procedures for application requirements, inspections, investigations and enforcement actions

A close-up photograph of a field of golden wheat. The wheat stalks are in sharp focus in the foreground, with their heads of grain clearly visible. The background is a soft, out-of-focus expanse of more wheat, leading to a bright, clear sky. The overall lighting is warm and natural, suggesting a sunny day.

Integrated Care in NJ: A Coordinated Response and Regulatory Scheme

Responding to the Single License Law



Promoting a System of Integrated Care



N.J.A.C. 8:43K

integration of behavioral health
and primary care
(single license)



N.J.A.C. 10:36

integration of mental health and
addictive disorder into behavioral
health program standards

Considerations in Drafting N.J.A.C. 8:43K and N.J.A.C. 10:36



Regulatory Reform

- Streamline application process
- Greater standardization of regulations across service types
- Greater alignment in licensing/monitoring visits



Policy Reform

- Provide greater flexibility for best practice and innovation
- Create regulatory structure that encourages integration



Funding Reform

- Consider what would be acceptable from public funding sources (e.g., SAMHSA block grants and CMS)



Coordinated Regulatory Scheme – What this means for BH Programs

To operate in NJ, BH programs, including OTPs, must:

have a contract or
affiliation agreement with
DMHAS;

be licensed by DOH; and

comply with:

N.J.A.C. 8:43K, Manual of Standards for Licensure of
Outpatient and Integrated Care Facilities (DOH)

N.J.A.C. 10:36, Behavioral Health Program Service
Standards (DHS/DMHAS)



New Jersey Department of Health

A Nationally Accredited Department

N.J.A.C. 8:43K Overview





N.J.A.C. 8:43K Overview



New NJ rules for licensing outpatient & integrated care facilities.



Focus on integrating behavioral & physical health services.



Purpose of N.J.A.C. 8:43K



- Create single licensing framework



- Promote 'whole person' care



- Improve access & reduce stigma

Key Change: One License Model

Facilities can now:

-
- Provide behavioral + physical health
-
- Operate under one license and in a single location
-
- Follow unified standards





Who Must Comply

- Behavioral health providers under NJAC 8:43K

- Integrated care facilities

- Facilities adding mental health or SUD services



- Submit CN-7 application form along with applicable fees found at N.J.A.C. 8:43K-2.8



- Meet operational & physical standards



- Undergo inspections



- Maintain compliance with multiple N.J.A.C. rules

Licensure Requirements



Operational Standards

- Governance & administration

- Quality assurance programs

- Patient records & confidentiality

- Emergency preparedness



Patient Care Requirements



- INITIAL ASSESSMENTS REQUIRED



- PATIENT RIGHTS PROTECTIONS



- CLEAR COMMUNICATION & INSTRUCTIONS



- FINANCIAL TRANSPARENCY



Telehealth Rules



- Must follow federal/state law



- In-person component must be available

Application Process



- Submit application + fees



- Provide documentation



- Complete inspections

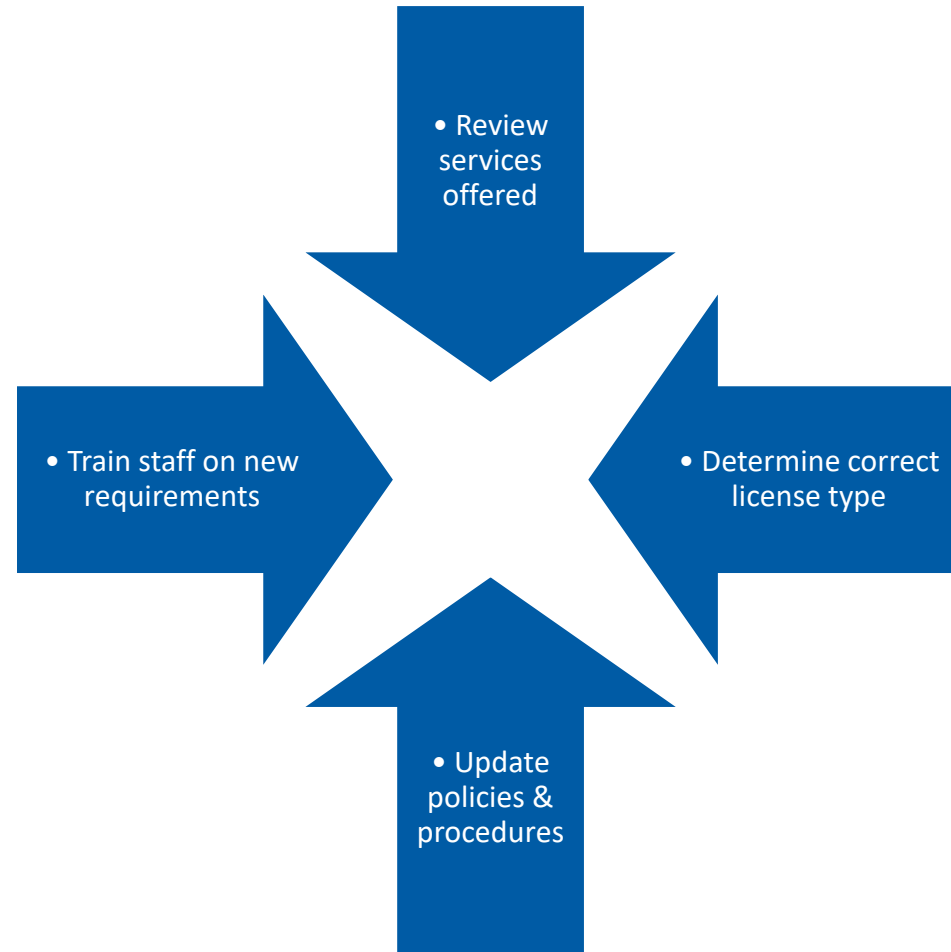


- Receive approval before operating





Guidance for Facilities



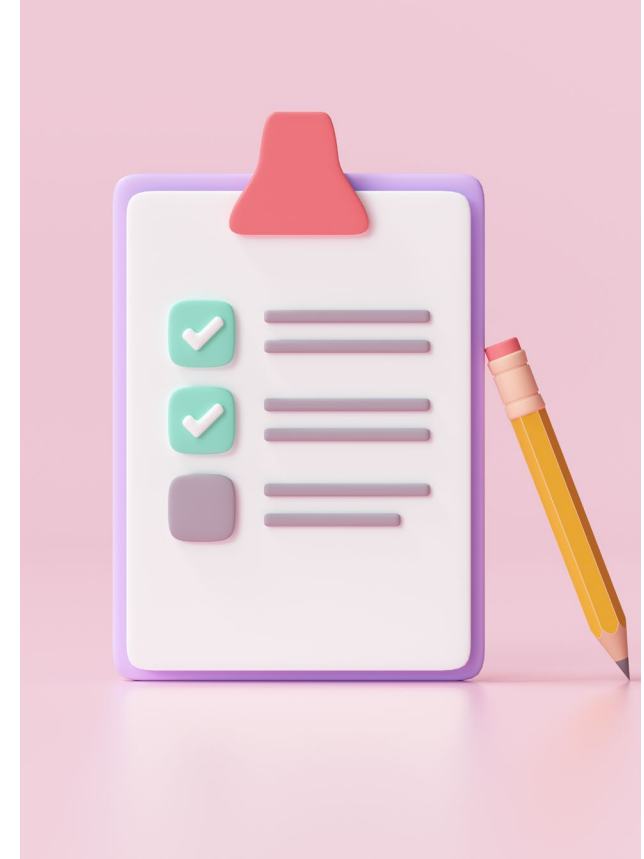


What is DOH doing?

- DOH is working with DMHAS to outline these presentations
- Addressing frequently asked questions.
- Technical Assistant Unit (TAU), the application processing unit, are currently working on crosswalks to assist the applicant with what is needed for each type of application. Coordination/Review- once both teams are done (aiming for week of 6/22/26) the teams will meet and ensure we have consistency in what we are expecting from the applicants and what we are inspecting.
- Routine Unit, the inspection unit, are currently working on review of all 8:43K regulations and all other applicable regulations for all types of licenses. They are updating the inspections documents.
- Coordination/Review- once both teams are done (aiming for week of 6/22/26) the teams will meet and ensure we have consistency in what we are expecting from the applicants and what we are inspecting.
- Staff Training for all TAU and Routine Staff on all the changes and new expectations (aiming for week of 06/30/26).

Application Processing

1. Applications received and assigned **prior to 04/06/26**.
 - Continue to be processed.
 - Reviewed under previous regulations, will receive an Integrated license under 8:43K.
 - Need to come into compliance with 8:43K by inspection.
2. Applications received **between 04/06/26 and 05/01/26**.
 - All applications will be returned with the expectation that the applicant submit a new CN-7 application and revised the policies and procedures that align with 8:43K regulations
 - If no changes to requested services, there will be no additional charge.



Application Processing Continued

3. New 8:43K Applications.

- Received post 05/01/26.
- Need to resubmit a new application
- Updated Policies and Procedures that align with 8:43K
- Full payment aligning with 8:43K pricing.
- Can expect full applications to be assigned beginning 07/01/26.



Renewals

- All Renewals currently on hold
- Continuation Letters
- Transferring into new system
- All applicable renewals will be issued under 8:43K from Dynamics
- Near future will be processed through a portal



**What to
expect!**



Key Takeaways



- Integrated care is the future



- Compliance is mandatory



- Preparation is critical



- Focus on patient-centered care



Enforcement

N.J.A.C. 8:43E

-
- Inspections & surveys

-
- Enforcement actions

-
- License suspension

or

Revocation possible

Overview of Licensing and Regulation of BH Programs in NJ

N.J.A.C. 8:43K, Manual of Standards for Licensure of Outpatient and Integrated Care Facilities

Establishes licensure and operational standards for OP or Integrated Care Facilities

Allows for primary, behavioral health care, mental health, substance use and opioid treatment program services and/or a combination of these services. N.J.A.C. 8:43K-1.1(a)(1)(i-iv).

Highlights for BH Programs and OTPs

- **Subchapter 6, Behavioral Health Services**
 - Applies to facilities licensed to provide behavioral health services, except for OTP services
 - Sets out facility and some program standards for behavioral health services, including staffing, policies, records, peer services, admission eligibility criteria, medical cannabis use
- **Subchapter 8, Opioid Treatment Program**
 - Sets out standards for operation of OTPs, including necessary federal and state certifications and registrations, 24/7 emergency coverage, and policies for methadone withdrawal (consistent with clinical standards therein)
- **Subchapter 10, Administration of CDS for the Treatment of Substance Use, Ambulatory Withdrawal Management, and/or Stabilization**
 - Applies to facilities that store and administer CDSs for the treatment of substance use, including withdrawal management, initial stabilization, and treatment of SUDs in the outpatient setting, using FDA-approved Schedules II, III, or IV medications of the Controlled Dangerous Substances Acts.
 - Sets out standards related to policies, withdrawal management and stabilization, patient education, on-site clinical monitoring, physician services, nursing services, pharmacy services
- **Subchapter 11, Alternate Care Locations**
 - 8:43K-11.3 Mobile outpatient care vehicle services

Behavioral Health Services in Mobile Vans

Today, mobile units are typically satellites of OTPs that are authorized to deliver on-site or telehealth-based addiction services, especially MOUD (e.g., buprenorphine and methadone) in high-risk communities.

Mobile units from licensed BH agencies can also be approved to provide medical screening and other non-invasive interventions (e.g., hepatitis, HIV, and TB testing, STD screening, pregnancy testing, and preventive wound care), as well as harm reduction services.

Mobile units from BH agencies cannot provide any services that cannot be provided at the brick and mortar facility delivering the services. Policies and procedures for mobile services shall address patient care, control of drugs, and medical records, and shall be in accordance with applicable DMHAS program standards.

N.J.A.C. 10:36, Behavioral Health Program Service Standards

Establishes minimum general, core and program-specific standards that govern the provision of behavioral health services provided to adults in outpatient settings licensed by DOH

General operational requirements

Core service standards

Program-Specific Standards

N.J.A.C. 10:36, Behavioral Health Program Service Standards



General operational requirements applicable to all programs

Subchapter 1, Purpose and Scope

Subchapter 2, Definitions

Subchapter 3, General BH Program Operational Requirements

Compliance with other laws, patient confidentiality, submission of documents/data, waivers

Subchapter 4, BH Program Staffing Requirements

Note: Mandates compliance with DOH licensing standards and federal standards

N.J.A.C. 10:36: Behavioral Health Program Service Standards



N.J.A.C. 10:36, Behavioral Health Program Service Standards



Program-Specific Standards

Subchapter 6, Program Standards for OP AD and/or MH Services*

Subchapter 7, Program Standards for IOP AD Services

Subchapter 8, Program Standards for Partial Care MH and/or AD Services

Subchapter 9, Program Standards for OTP Services

*EISS and IOTSS are governed by N.J.A.C. 8:43K and N.J.A.C. 10:36 for licensing and regulation

Case Studies



Case Study #1

John is a 45 year-old man being treated for schizophrenia at a mental health program. John lives with his parents. He is prescribed the antipsychotic Zyprexa by the program; Zyprexa has a known side effect of weight gain. John is mildly obese and is on medication for hypertension and high cholesterol. He smokes about ½ a pack of cigarettes a day.

John attends his primary care appointments sporadically and does not always take his medications as scheduled. He doesn't feel that his primary care provider listens to him but trusts the staff at the program. The program provides wellness activities and follows APA/ADA guidelines to monitor his weight gain and related symptoms so that they can coordinate his care with his Primary Care Provider. John has learned about diabetes and metabolic syndrome and is worried about how it is affecting him.

What can the program do to help with John's medical needs?

Case Study #1 What services can John receive at his MH program?

Assuming that the program is licensed to provide mental health outpatient care and/or partial care services by DOH and have properly qualified staff, the program can:

- Medical history and review of symptoms
- Urine Drug Screen and routine lab work
- Engage in management and monitoring of medications for behavioral health conditions.
 - Monitoring weight, blood pressure, triglycerides, cholesterol and blood glucose. Lab blood draws can be done either through order to an outside lab or by qualified agency staff.
 - Referral to primary care physician (PCP) for any follow-up for “positive” lab results, such as high A1C for diabetes assessment.
- Provide or recommend wellness activities around diet and exercise
- Coordinate with John’s Primary Care Physician to ensure that he gets preventive screenings
- Provide John with Nicotine Replacement Therapy and have him join their “Learning about Healthy Living” group program to help John with his smoking

Case Study #2

Glenn is a 25 year-old man with a history of use of pain medications after an injury sustained while playing high school football. Glenn is now snorting heroin. Glenn lives at home and has good family supports. Glenn is being treated for his addiction at a SUD program. Glenn is motivated for treatment, including MOUD treatment with buprenorphine.

What can the program do to help with Glenn's medical needs?

Case Study #2 What services can Glenn receive at his SUD program?

Assuming that the program is licensed to provide SUD OP, IOP and/or Partial Care services by DOH and have properly qualified staff, the program can:

- Medical history and review of symptoms
- Urine Drug Screen and routine lab work
 - Lab blood draws can be done either through order to an outside lab or by qualified agency staff.
- Engage in management and monitoring of medications for behavioral health conditions
- Coordinate with Glenn's primary care provider to ensure that he gets preventive screenings.
- Glenn can be screened for hepatitis.

Case Study #3

Mary is a 35 year-old woman who started on prescription pain medications for a back injury and progressed to Heroin and IV Drug use. Mary is couch surfing and using shelters when necessary. Mary's children are in foster care and she has few supports.

Mary has begun treatment at an Opioid Treatment Program (OTP) where she is receiving Methadone treatment. Mary's screening at intake revealed she is at high risk for Hepatitis C, HIV and Sexually Transmitted Infections (STIs). Mary has a wound at the most common site of her injections.

What can the program do to help with Mary's medical needs?

Case Study #3 What services can Mary receive at her OTP?

Assuming that the provider is licensed as an OTP by DOH and has properly qualified staff:

- Mary can receive the required admission and periodic physical examinations*
- Urine Drug Screen and routine lab work
- The OTP can test her for HIV and Hepatitis C antibody screening to see if she was ever exposed. If Mary's antibody screening is positive the OTP can draw blood by properly qualified staff or order testing to confirm whether Mary has active or past infection.
 - If Mary has Hepatitis C or HIV the OTP should refer her to a primary care or specialist provider. (Consultant PC/specialist services may be available on-site or via telehealth.)
- Mary can be screened and receive vaccinations such as Hepatitis A/B.*
- The OTP can clean her wound, provide her with supplies and information to take care of the wound. The OTP can monitor and if needed refer her to a wound care provider.*

* As allowed or required by CFR Part 42 Part 8

Important Resources



- Questions regarding the Outpatient Integrated Care Facility application may be directed to the Department at Integrated.License@doh.nj.gov.
- Facilities may access the new rules online free of charge at <http://www.lexisnexis.com/hottopics/njoal/>.
- License Application can be found at:
<http://www.nj.gov/health/forms/cn-7.pdf>.