

Behavioral Health Integration Advisory Hub Meeting (June 29, 2026)
Summary of Stakeholder Feedback

Behavioral Health (BH) Integration Advisory Hub met on June 29, 2026. Staff from the Division of Medical Assistance and Health Services (DMAHS) began the meeting with an update on the Phase 1 transition period and managed care organization (MCO) readiness. DMAHS is ending transition policies on an MCO-by-MCO basis. Aetna, Horizon, and United have ended their transition policies, while WellPoint is scheduled to end its policies on July 1, 2026, and Fidelis will continue flexibility until further notice. Beginning July 1, new prior authorization requests will be reviewed for medical necessity and may be denied based on that determination. In-network providers will continue to receive at least the Medicaid fee-for-service (FFS) rate, while beginning October 1, out-of-network providers who have not completed credentialing may receive less than the FFS rate. DMAHS is working with MCOs to extend transition flexibility and prevent interruptions in services while providers complete credentialing.

Next, DMAHS provided an update on Phase 2, which is targeted for January 2027 and will include SUD residential services, medically monitored inpatient withdrawal management, and opioid treatment services. Adult mental health rehabilitation (AMHR) has been moved to Phase 3, which will be implemented on a service-by-service basis after Phases 1 and 2 are successfully integrated. DMAHS is developing MCO contract standards, provider guidance, and member communications, while MCOs are reviewing their networks and conducting provider outreach. Focus groups with residential and opioid treatment providers are underway, with additional stakeholder meetings and provider focus groups planned for the summer and early fall. Final transition policies and go-live communications are expected in November or December, followed by provider training.

DMAHS also discussed the integration of SUD laboratory services effective July 1, 2026. Presumptive and definitive drug testing will be covered by MCOs, and laboratories will no longer bill FFS for these services. Labs generally must be in-network with the member's MCO, and there is no Any Willing Provider flexibility. Participants raised concerns about limited laboratory choice, and DMAHS noted that most MCOs have multiple contracted labs and that additional resources identifying MCO laboratory networks are being developed. During the transition period, out-of-network labs may continue to provide services and receive the FFS rate.

NJSAMS was highlighted as a centralized portal for SUD providers to submit and track prior authorizations with all five MCOs. Providers will be able to use NJSAMS, MCOs, or the IME depending on the type of issue, with the BH Unit available for additional assistance.

The meeting also included an update on Youth Re-Entry services. EPSDT services must be provided within 30 days before a child's release from incarceration, while targeted case management begins during the 30-day pre-release period and continues after release. Services include needs assessments, care planning, referrals, and follow-up, with Medicaid applications initiated before release when appropriate. DMAHS is continuing provider training, stakeholder engagement, coordination with re-entry teams, and data monitoring to support successful warm handoffs to community providers.

To conclude, DMAHS reviewed stakeholder resources, including monthly updates, the BH integration website, FAQs, and English and Spanish Phase 1 materials. Providers were encouraged to contact the member's MCO for member-specific issues and the Office of Managed HealthCare for unresolved claims concerns. DMAHS also discussed efforts to improve consumer engagement, including a review of the quarterly Consumer Advocate Forum, which has been paused due to low participation.

Provider and member resources are available on the [Division of Mental Health and Addiction Services | Behavioral Health Integration Stakeholder Information.](#)

- For providers, available resources include MCO and State, points of contact, BH Integration overview and FAQ pamphlet, and DMAHS provider training presentations, recordings, and FAQs.
- For members, families, and caregivers, a BH Integration overview document, BH Integration FAQ document, and care management FAQ document are available.
- Stakeholders can also access materials from previous trainings and office hours.

More information on this Advisory Hub meeting can be found in the meeting slides, which will be shared via email with the Advisory Hub email list and posted online on the [Division of Mental Health and Addiction Services | Behavioral Health Integration Stakeholder Information.](#)

Stakeholders can contact the DMAHS Behavioral Health Unit at dmahs.behavioralhealth@dhs.nj.gov with any questions on the information discussed in this meeting. The next meeting of the Advisory Hub will take place on October 23, 2026, at 10am EST.