



Behavioral Health Integration Advisory Hub Meeting

June 29, 2026

11:00-12:00pm EST

Please update your 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

Today's Agenda

- 1 Phase 1 transition period update and MCO readiness
- 2 Phase 2 Update
- 3 NJSAMS Update
- 4 SUD Lab Service Billing Changes
- 5 Youth Re-Entry Services
- 6 Stakeholder Resource Update/Member Engagement

Phase 1 of BH Integration went live January 1, 2025 and is part of a phased approach to integrating BH services into managed care

Jan 1, 2025

Phase 1

Outpatient BH Services
(for adults and children)

- MH outpatient counseling / psychotherapy
- MH partial hospitalization
- MH partial care in outpatient clinic
- MH outpatient hospital or clinic services
- SUD outpatient counseling
- SUD intensive outpatient
- SUD outpatient clinic
 - Ambulatory withdrawal mgmt.
 - Peer support services
 - SUD care management
- SUD partial care

Jul 1, 2026

SUD Laboratory Services

- Presumptive drug tests (with SUD diagnosis)
- Definitive drug tests (with SUD diagnosis)

Jan 2027

Phase 2

Residential & Opioid Treatment Programs

- SUD short-term residential
- SUD — medically monitored inpatient withdrawal management
- SUD long-term residential
- Opioid treatment programs (OTPs)

NEW: Phase 2 of BH Integration go-live Jan 2027

TBD¹

Phase 3

Additional BH services
TBD

- **NEW:** Adult mental health rehab (AMHR) / MH supervised residential²
- Opioid Overdose Recovery Programs (OORPs)
- Psychiatric Emergency Screening Services (PESS)
- Behavioral Health Homes (BHHs)
- Community Support Services (CSS)
- Certified Community Behavioral Health Clinics (CCBHCs)
- Targeted case management (TCM)³

1. Scope and timing of Phase 3 to be determined after Phase 1 and 2 go-live based on additional analysis and stakeholder input 2. For core Medicaid only – no change for carved-in populations 3. Program of Assertive Community Treatment (PACT), Children's System of Care (CSOC), Intensive Case Management Services (ICMS)

Phase 1 transition period update and MCO readiness

NJ FamilyCare is integrating BH services under managed care

Goals for NJ FamilyCare BH Integration are...

- **Access for members:** Increase access to services with a focus on member-centered care
- **Whole-person care:** Integrate behavioral and physical health for whole person care, with potential to improve healthcare outcomes
- **Care coordination:** Provide appropriate services for members in the right setting, at the right time

The State implemented a Phase 1 transition period to ease the shift

Key priorities for the transition period include...

- Promote continuity of care for members served by providers not yet contracted with the MCOs
- Provide additional time for MCOs to expand and stabilize provider networks
- Give providers time to learn and practice how to submit prior authorization requests in line with MCO and State guidelines and ensure timely processing of these requests
- Minimize barriers to timely and accurate claims submission and MCO payment to providers

DMAHS previously extended the transition period

DMAHS **instated transition period for Phase 1 services**, during which:

- Providers **must submit PA requests** for all Phase 1 services, which MCOs are required to **automatically approve**
- MCOs will **pay out-of-network providers Medicaid FFS rates** for all claims that are:
 - Submitted with **no errors**
 - Have a **PA on file for PA-required services**

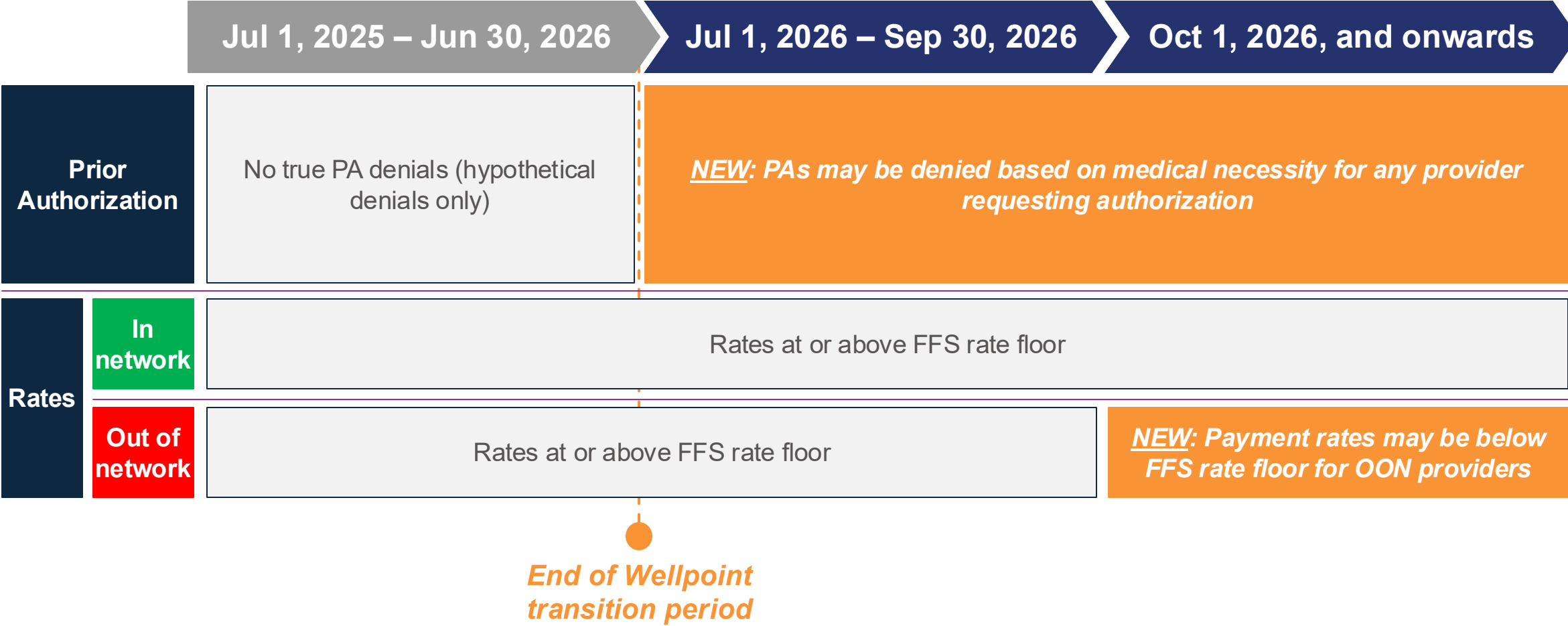
Beginning Nov 1, 2025, DMAHS began a process to end the transition period

Transition policies will continue to be **lifted on an MCO-by-MCO basis over the coming months**, as each MCO demonstrates readiness to end the transition period

- Aetna ended Phase 1 transition period policies on November 1, 2025
- Horizon ended Phase 1 transition policies April 1, 2026
- United ended Phase 1 transition policies May 1, 2026
- **Wellpoint will end Phase 1 transition policies July 1, 2026**

Fidelis will continue transition period policies **until further notice**

Wellpoint | After July 1, Wellpoint may deny PA requests based on medical necessity; after October 1, OON providers may be paid below FFS rate floor



Phase 2 Update

DMAHS is planning for Phase 2 of NJFamilyCare BH Integration

The State is currently designing standards for managed care of Phase 2 services, including:

- Contract standards for the January 2027 revision of the MCO contract
- Other guidance for release before go-live

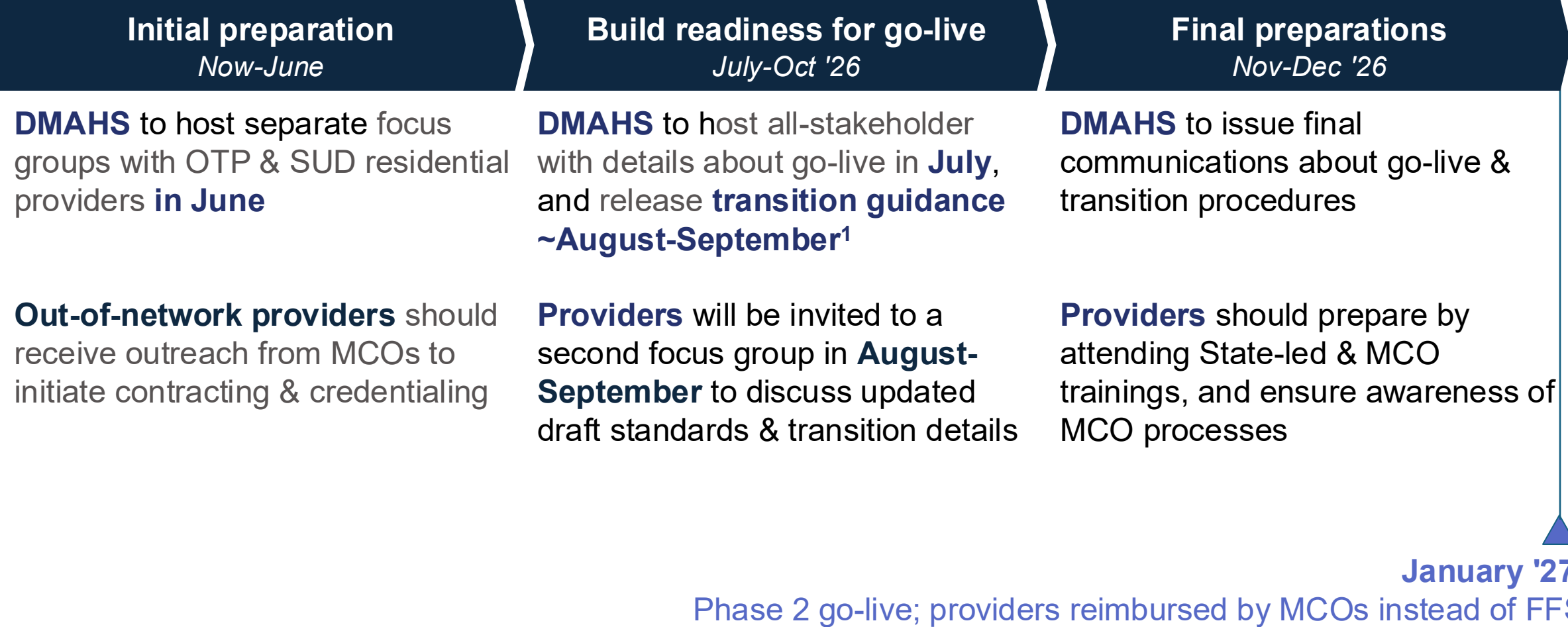
Your feedback is an important part of Phase 2 preparations

The State is convening focus groups to gather OTP- and residential-specific priorities & feedback for consideration as part of Phase 2 of BH integration

We ask participants to engage by:

- Sharing priorities or concerns with managed care specific to OTPs
- Sharing feedback on the draft standards the State is currently considering
- Brainstorming potential standards for the State to explore

Timeline of key activities to prepare for Jan '27 go-live



1. Guidance subject to change after initial release, as DMAHS continues planning for Phase 2
New Jersey Human Services

NJSAMS Update

Context | NJSAMS update allows SUD providers to view authorization outcomes within the system

Previously, providers were submitting requests for SUD authorizations to MCOs via NJSAMS, but outcomes (e.g., approval, denial) were being communicated outside the system

- Beginning May 12, providers can **view the outcome of their PA request within NJSAMS**, providing a unified interface for most PA needs
- This update **impacts only Phase 1 SUD services** that may require MCO authorization:
 - Partial Care
 - Intensive Outpatient
 - Ambulatory Withdrawal Management
 - Outpatient Counseling & Psychotherapy (out-of-network providers)

When encountering issues, determine whether best path to resolution is via IME, MCO, or NJSAMS ticket

When to contact IME

Process related issues, e.g.:

- Provider unsure if PA should be submitted to MCO or IME
- Provider has questions about how to complete an NJSAMS admission file
- Provider cannot admit someone due to an existing admission elsewhere

IME contact information:

 imeum@ubhc.rutgers.edu

 844-276-2444

When to contact a member's MCO

MCO communication regarding PA decision, e.g.:

- Provider submitted PA request to MCO and needs clarification on next steps
- Provider has not received response from the MCO in the required time frame

Refer to key MCO points of contact on the [BH Integration Stakeholder Information website](#)

When to submit NJSAMS ticket

Technical issues, e.g.,:

- Provider has encountered an error message on their NJSAMS screen
- Provider cannot start a client record due to a data correction issue

To access NJSAMS ticket system, log in, navigate to the Help Menu, and select option for Ticket Management. Note the response time is 72 hours.

Other questions? Reach out to BH Unit

If you are unsure where to get an answer to your question, reach out directly to the DMAHS BH Unit

BH Unit contact information:

 DMAHS.BehavioralHealth@dhs.nj.gov



SUD Labs Integration

DMAHS is integrating all SUD lab services under managed care, to take effect July 1, 2026

On July 1, the NJ Division of Medical Assistance and Health Services (DMAHS) will integrate substance use disorder (SUD) laboratory services through NJFamilyCare, also known as drug testing, under management of the Medicaid Managed Care Organizations (MCOs)

The State's goals for integration are to ensure:

- 1) High-quality SUD laboratory services continue to be delivered for NJFamilyCare members
- 2) SUD laboratory services are appropriately utilized without fraud, waste, and abuse (FWA)

MCOs are **not** required to contract all willing qualified providers of SUD laboratory services as part of this integration

On June 8th an information session was held on SUD Lab Services. The following links and materials are available for additional information:

- **[2026-06-08 SUD Labs Information Session on Transition](#)**
- **[Information Session Recording](#)**
- **[Frequently Asked Questions from Information Session](#)**

A transition period will begin at go-live on July 1, 2026

The transition period is intended to ensure access to care is not adversely affected at go live, and to give DHS the opportunity to verify strong performance on key member access & experience metrics before completing the transition to full integration

During transition,

- All clean claims submitted by both in-network & out-of-network independent laboratories will be reimbursed at least the FFS rate¹, within current utilization limits
- Prior authorizations are not required for SUD laboratory service claims to be reimbursed

Laboratories should process test orders during the transition period even if out-of-network with an MCO

1. The FFS rate floor requirement does not apply to laboratories currently in a capitated rate arrangement with the MCO.

NJ Pathway to Reintegration Overview

Requirement | NJ Pathway to Reintegration

As of 2023, Congress required carceral agencies to provide certain pre-and post-release health care services to incarcerated youth who qualify for Medicaid and the Children's Health Insurance Program (CHIP)

Mandatory reentry services

Health services in accordance with the **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements** for Medicaid must be provided to covered, post-adjudication juveniles **within a 30-day pre-release window**, or within one week or as soon as practicable after release.

Targeted Case Management (TCM) and other case management services otherwise available in the state plan must be provided to eligible juveniles **in the 30 days before release**, and TCM must continue for **at least 30 days after release**.

Requirement | Populations covered under this act

Relevant populations

	Under age 21	Under age 26 (former foster)
Pre-sentencing	Not covered	
Post-sentencing	Covered	

Relevant carceral settings



Youth Justice
Commission (YJC)



Department of
Corrections (DOC)



County Jails



Majority of program volume in these settings due to age and post-sentenced criteria

Additional notes

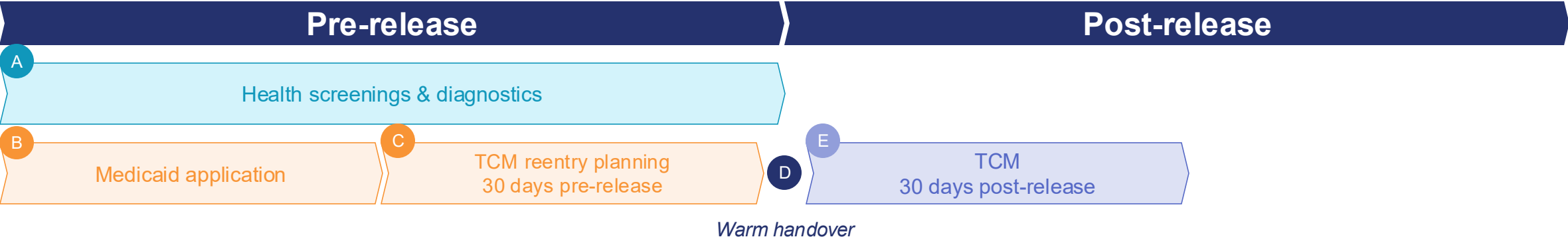
- Former foster youth defined as youth aged under 26 who were in foster care at the time they turned 18
- Includes youth in residential facilities (e.g., community homes) due to member being “committed” by NJ definition
- Eligible individuals may opt out of 5121 services

Covered services | Detail on required services covered by CAA 5121

Service	Service detail	Timing of care
Health screening services	• Screening services (e.g., health/developmental history, physical examinations, immunizations, laboratory tests) • Diagnostic/treatment services: when a screening examination indicates the need for further evaluation, diagnostic/treatment services (or referrals for appropriate services) must be provided	• In the 30 days before release to be eligible for reimbursement • Screenings offered earlier during incarceration will satisfy this requirement
Targeted Case Management	• Comprehensive needs assessments (e.g., health, behavioral health, social needs) • Person-centered care plan (incl. social, educational or other underlying needs) • Referrals and related activities (e.g., appt. scheduling) to link individuals to needed services in the community • Monitoring and follow-up activities (e.g., with service providers) to ensure care-plan implementation	• Services for the 30 days before release and for at least 30 days after release • Follow-up appointment 1 year after release



Covered services | Services delivered in the pre- and post-release periods



- A** Medical staff provide physical at intake, plan for any post release medical needs
- B** Reentry team assists with Medicaid application, up to 120 days pre-release
- C** Reentry team delivers TCM starting 30 days prior to release
- D** Reentry team initiates 'warm handoff' with member and community provider
- E** Community provider continues reentry plan, adjusting as needed

Legend ● Medical staff ● Reentry team ● Reentry team and external provider ● External provider



Service delivery| Review of warm handoff

Review reentry plan

- Carceral social worker walks through individual's care needs and reentry plan with community social worker
- This includes key goals, known health or social service gaps, and any scheduled follow-ups or pending applications (e.g., housing or Medicaid documentation)
- Individual is encouraged to share any additional priorities, barriers, or concerns not yet documented

If needed, discuss next steps and referrals

- Carceral and community social workers jointly define immediate next steps for the individual (e.g., attend a medical appointment, complete a job program intake, apply for SNAP)
- Social workers align on which referrals are already in motion, and which still need action (e.g., determining who will follow up and when)
- Individual is given opportunity to provide input into release plan and ask any questions



Current developments| Partnerships and the NJ Pathway to Reintegration Stakeholder Meetings

Partnerships

- Rutgers New Jersey Medical School
- New Jersey County Jail Wardens Association
- Camden Coalition
- TCM Advisory Committee
- County jails
- Carceral and community providers
- Youth Justice Commission
- Persons with lived experiences

NJ Pathway to Reintegration Stakeholder Meeting

- Monthly meetings where the State provides program updates, existing and developing resources and programs are shared, and space is always held for formerly incarcerated individuals willing to share their experiences.
- If you engage in reentry work, or know of any colleagues that do, or are formerly incarcerated and would like to become involved, or have any questions please reach out to: Jana.Lang@dhs.nj.gov.

Future developments| Next steps

Next Steps:

- Provider billing and TCM provider trainings have commenced, as the system development stage has just concluded.
- Continue NJ Pathway to Reintegration Stakeholder Meetings.
- Develop data monitoring tools to track 5121 compliance and engagement.
- Meet with social workers and reentry coordinators to ensure a warm handoff is occurring to promote continuity of care.

Stakeholder Resources Update

Behavioral Health Integration: Stakeholder Communications

Monthly E-mails



Monthly Digest **e-mail** to all behavioral health integration stakeholders will include information about:

- **Ending** the **Phase 1 transition** period
- Upcoming meetings and trainings
- Existing and new DHS and MCO resources available for providers, members, caregivers, and advocates
- Updates on other Medicaid program or policy changes and **any impacts on behavioral health services**

BH Integration Resources



The Division of Mental Health and Addiction Services has a BH Integration Stakeholder website, containing resources for both providers and members.

- The resource includes:
 - BH Integration points of contact for the State and all five MCOs
 - FAQs and one-pagers for BH Integration
 - **New** - BH Integration phase 1 transition period one-pager
- Documents are in Spanish and English
- All documents are updated when needed

Need help? Visit the State's BH Integration Stakeholder website or contact the member's MCO; if you cannot reach a resolution, outreach DMAHS

BH Integration Stakeholder Information website

The [Provider Resources webpage](#) on the [BHI stakeholder website](#) has the following resources:

- [Provider guidance packet](#)
- End of transition period readiness guidance document
- Prior DMAHS training materials and recordings
- Additional resources with information on program processes
- [Behavioral Health Integration Phase 1 Transition One-Pager](#)

Member's Managed Care Organization

For specific member inquiries and MCO-related questions, please contact the member's MCO:



Aetna



Fidelis Care



Horizon
NJ Health



UnitedHealthcare



Wellpoint

Refer to key MCO points of contact [here](#) or also in [provider guidance packet](#)

DMAHS – Office of Managed Health Care

If your issue is related to **contracting & credentialing, claims & reimbursement, appeals, or prior authorizations**, then contact **OMHC**:

MAHS.Provider-Inquiries@dhs.nj.gov

- Include specific details regarding your claims
- If multiple claims are impacted, the information should be summarized using an Excel file
- All Protected Health Information (PHI) must be sent securely

DMAHS – Behavioral Health Unit

If your issue is related to **policies & guidelines, access to services, or general questions**, then contact DMAHS BH Unit:

dmahs.behavioralhealth@dhs.nj.gov

1-609-281-8028

Consumer Advocate Forum

- The Consumer Advocate Forum is a space created for NJ FamilyCare members, caregivers, family members, and advocates to share experiences and hold discussions with State staff.
- If you, or someone that you know, would be interested in attending these forums, please complete the [survey link](#), also provided in the chat.

Thank you!