

# Interim Managing Entity

Behavioral Health Providers Meeting

March 2015

# Covered Topics

- Background
- Scope
- Structure
- Communication

# Background

- Based on Administrative Services Organization (ASO)
  - Planning for the ASO began FY 2012
  - Part of the Medicaid Comprehensive Waiver
  - Need to manage the Medicaid benefit for behavioral health similar to the physical health benefit
    - Limited resources
    - High demand
    - Improve access
  - Joint project of NJ FamilyCare and DMHAS

# Interim Management

- The IME is a step toward management of the entire system
- Will include only addictions treatment services at roll out
  - Increase in provider and client enrollment in Medicaid due to Medicaid Expansion
  - Expanded SUD treatment benefit in the ABP
- Community Support Services will be added in January 2016

# Scope

- DHS will partner with and fund Rutgers University Behavioral Health Care (UBHC) as an IME to manage state, block grant and NJ FamilyCare funds in addiction services with a projected start date of July 1, 2015
  - This is the first phase of managing adult behavioral health services
- All levels of care will be managed
- Ability to improve rates with a managed system
- UBHC will manage addiction treatment services provided by agencies that are licensed by DHS, contracted with DMHAS, and enrolled in NJFamilyCare

# Scope- UBHC

- Why UBHC?
  - State clinical academic entity – Clinical provider, not an insurance company
  - Years of successful experience managing care
  - Sophisticated technology infrastructure – ability to start quickly with minimal investment
  - Strong knowledge of state resources
  - Ease of procurement with another state entity

# Scope- Rates

- 2016 budget request to make an interim rate change for some services
- Outpatient and Methadone Treatment Medicaid rates to be increased to the state fee for service rates
- Other substance abuse treatment rates to remain the same
- Rate changes resulting from the rate study are not included in this interim step

# Scope- Provider Contract Structure

- Residential services will remain in contract
- Ambulatory Services will transition to FFS in January 2016



# Scope- Covered Initiatives

MANAGED BY THE IME	NOT MANAGED BY THE IME
NJ FamilyCare (Medicaid)	Child Welfare/Department of Children and Families programs
Driving Under the Influence (DUII)	County funds
Medication Assisted Treatment Initiative (MATI)	Department of Corrections Mutual Agreement Program (DOC-MAP)
South Jersey Initiative (SJI)	Drug Court/Administrative Office of the Courts
Substance Abuse Prevention and Treatment Block Grant	Prevention services
	Recovery and Rebuilding Initiative (RRI)
	Screening, Brief Intervention, Referral to Treatment (SBIRT)
	State Parole Board Mutual Agreement Program (SPB- MAP)
	Substance Abuse Initiative (SAI)/Division of Family Development

# Accessing Care

- Two ways to enter treatment:
  - UBHC will perform telephone screening and refer to a provider for full assessment when indicated
  - Provider does screening
- The assessment will drive a treatment recommendation which will then be reviewed by the IME for an authorization determination

# Accessing Care

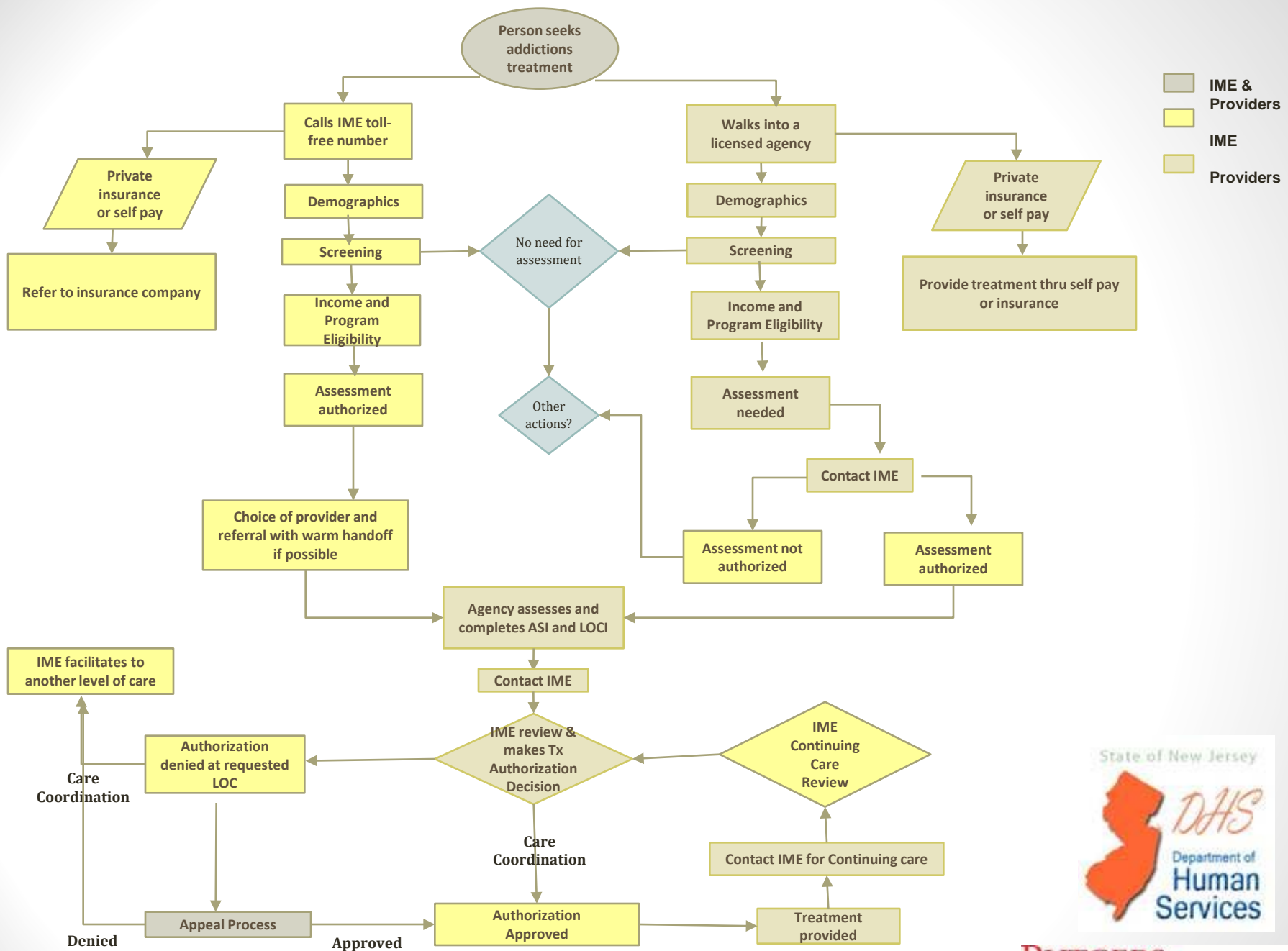
- Provide an excellent consumer experience
- Utilization Management will be performed by addiction trained clinicians
- Care coordinators will be available to help remove barriers to treatment
- All processes will be designed to minimize red tape and administrative cost
- Continue to use NJSAMS
- Agencies will be required to update an on-line list of treatment availability in order to get referrals
  - Streamline process for referrals
  - Maximize capacity
  - Will seek input into this process

# Authorizations for Payment

- IME treatment authorizations will drive FFS payments
- Reauthorizations will be necessary to continue treatment beyond prior authorized lengths of stay
- Payments will continue from current sources for both Medicaid and non-Medicaid claims

# Benefits of an IME

- Care coordinators will work to remove barriers to treatment and assist clients in moving to other levels of care
- Centralization of access maximizes the impact of available resources
- Using a managing entity creates a more organized and coherent system of care
- IME will help ensure the right treatment to the right person for the right length of time



# Communications

- DMHAS Website
- Question/Comment Mailbox:  
[MBHOinput@dhs.state.nj.us](mailto:MBHOinput@dhs.state.nj.us)
- Addictions Professional Advisory Committee and invited guests
- On-line procedure manual hosted by UBHC
- Training and information sessions run by UBHC and DMHAS