

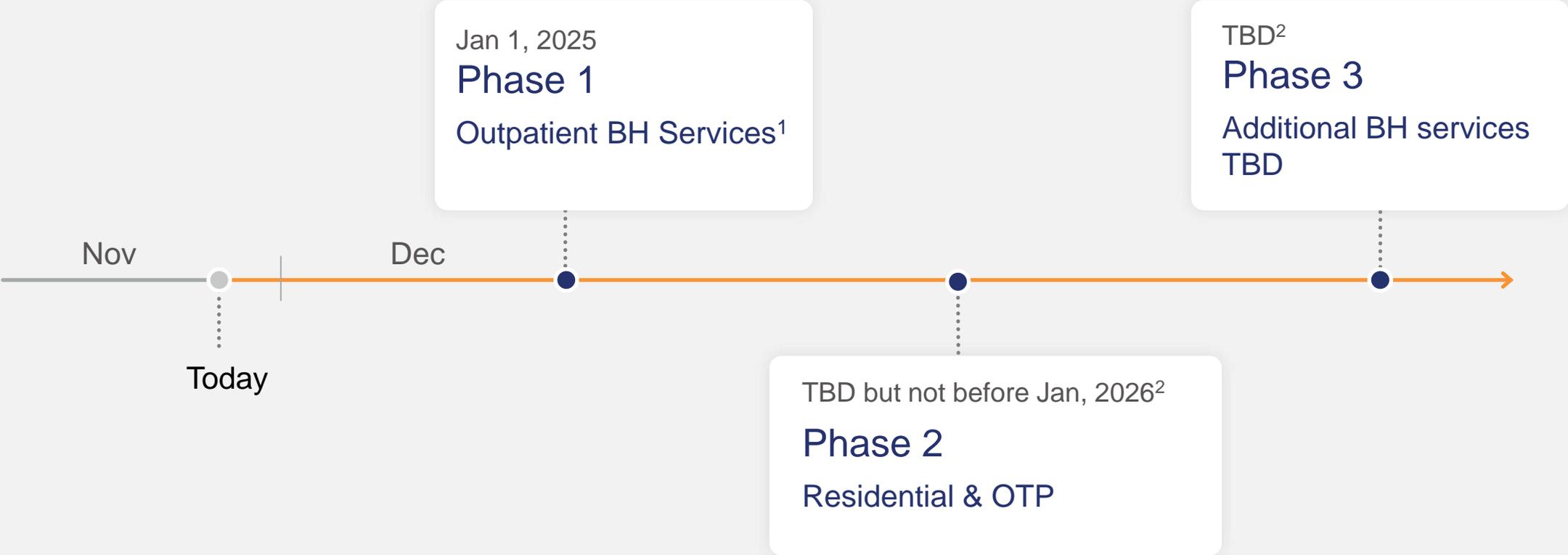


Behavioral Health Integration

December 12, 2024

Less than 1 month to Phase 1 go-live

NJ is taking a phased approach to shifting BH services from FFS to be managed by MCOs, with Phase 1 go-live planned for Jan 1, 2025



1. Outpatient BH services are currently covered by managed care for members enrolled in MLTSS / DDD / FIDE-SNP programs and will be integrated for general managed care population during Phase 1; 2. Scope and timing of Phase 2 and 3 to be determined after Phase 1 go-live based on additional analysis and stakeholder input

Timeline for Phase 1 of BH Integration

Phase 1 planning throughout 2023-2024

Phase 1 go-live
Jan 1, 2025

We are here



Planned services for each phase of BH integration

Phase 1– Outpatient BH¹ Services

- 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 management
 - Peer support services
 - SUD care management
- SUD partial care

Services listed are included in Phase 1, regardless of treatment setting

Phase 2 – Residential & OTP

- Adult mental health rehab (AMHR) / MH supervised residential
- SUD short-term residential
- SUD — medically monitored inpatient withdrawal management
- SUD long-term residential
- Opioid treatment programs (OTPs)

Phase 3 – Additional BH Services²

Not exhaustive

Scope of services included in phase 3 is **still being confirmed** but services being considered include:

- 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):
 - Program of Assertive Community Treatment (PACT)
 - Children’s System of Care (CSOC)
 - Intensive Case Management Services (ICMS)

1. Outpatient BH services are currently covered by managed care for members enrolled in MLTSS / DDD / FIDE-SNP programs and will be integrated for general managed care population during Phase 1; 2. Scope and timing of Phase 2 and 3 to be determined after Phase 1 go-live based on additional analysis and stakeholder input; 3. Was incorrect in Medicaid Newsletter Vol. 34, correction has been made

Goals of Integration



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

We want you to be successful

The State and Managed Care Organizations are dedicated to helping providers succeed in the transition to managed care

State, MCOs, and providers can work together to deliver the best outcomes for members and ensure no disruption to care

Clarifications on prior authorization policies based on FAQ

Services requiring prior authorization

- Prior authorization is NOT required for MH/SUD outpatient counseling and psychotherapy, [care management](#), and [peer support services](#)

Minimum durations

- Minimum durations [apply only to initial authorizations](#), not concurrent authorizations
- For example:
 - An initial authorization for MH partial care that is approved by an MCO must be approved for a minimum of 14 days
 - A concurrent authorization for MH partial care that is approved by an MCO could be approved for a duration shorter or longer than 14 days, depending on member status/needs

Authorization of services for youth

- All Phase 1 services that require prior authorization will be [authorized by MCOs for all members of MCOs, regardless of the member's age](#) (i.e., youth and adults)
- [PerformCare](#) will continue to authorize:
 - Phase 1 services delivered to members who do not have an assigned MCO
 - All other CSOC services
 - [NJSAMS](#) will be used for Phase 1 SUD service authorizations for members 18 and older

Phase 1 services: billing codes, PA requirements, min durations and urgency

Services listed are included in Phase 1, regardless of treatment setting

	Phase 1 Service	Phase 1 Billing Code(s)	Prior Authorization Required?	Minimum duration (Initial authorization only)
MH	Psychological evaluation/intake	90791-90792	No	
	Individual psychotherapy	90832-90839, REV 914	No	
	Family therapy	90846-90847, 90849, REV 916	No	
	Group therapy	90853, REV 915	No	
	Consultation with family	90887	No	
	MH Partial care transportation (clinic only)	Z0330	No	
	Transcranial Magnetic Stimulation (TMS)	90867-90869	Yes	
	Electro Convulsive Therapy (ECT)	90870, REV 901	Yes	
	Psychological testing	REV 918	Yes	
	Psychological service - other	REV 919	Yes	
	MH Partial care services	H0035	Yes	14 days
	Partial Hospitalization (PH)	REV 912	Yes ³	14 days
Acute Partial Hospitalization (APH)	REV 913	Yes	14 days	
SUD	Psychological evaluation/intake	90791-90792 HF	No	
	Individual psychotherapy	90832-90839 HF, REV 914	No	
	Family therapy	90846-90847 HF, 90849 HF, REV 916	No	
	Group therapy	90853 HF, REV 915	No	
	Consultation with family	90887 HF	No	
	SUD care management	H0023HF	No ³	
	SUD peer support services	H0038HF	No ³	
	SUD partial care	H2036HF	Yes	30 days
	SUD intensive outpatient program	H0015HF	Yes	30 days
	Ambulatory detoxification/withdrawal management	H0014HF	Yes (auto-approved ¹)	5 days ¹

1. Auto approval for a minimum of 5 days for alcohol, opioids, and benzodiazepines. For continued treatment, provider must submit an additional authorization request; 2. If referred from inpatient, residential or ER screening; 3. Was incorrect in Medicaid Newsletter Vol. 34, correction has been made

Turnaround time	Urgent 24hrs	Can be urgent ²	Not urgent 7 days

Member engagement update

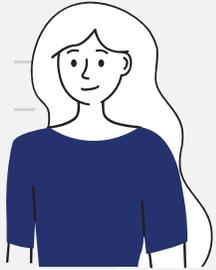
Member engagement overview

Completed and ongoing

- Caregiver interviews
- Sharing standard language with MCOs to send notices to their members
- Presentations to different stakeholder and advocacy groups (NAMI, DMHAS Planning Council, etc.)
- Advocate participation in Advisory Hub meetings
- Provider engagement, including trainings and resources to ensure readiness to serve members

Planned

- Virtual member meeting on Tuesday, December 17
- Partnership with Regional Health Hubs in 2025 to conduct survey, focus groups, and interviews with members
- Partnership with Division of Mental Health and Addiction Services to connect with recovery and wellness centers



Amira

*NJ FamilyCare Member
with an MCO*

Scenario 1: Amira is currently receiving a service that is in Phase 1

- Receiving substance use disorder (SUD) intensive outpatient service with FFS provider
- Receives notice in mail about behavioral health integration
- Amira spoke with her provider about upcoming change
- Provider in network with Amira's MCO
- Authorization for her SUD intensive outpatient service ending February 1
- Prior to February 1, Amira's current provider submits new authorization to MCO to continue Amira's service
- No disruption to Amira's care

Scenario 2: Amira would like to begin a service that is in Phase 2

- Sometime in 2025, Amira wants to start services with an Opioid Treatment Program (OTP), which is a phase 2 service
- Amira can either:
 - Reach out to her MCO / MCO care manager to ask for assistance identifying a suitable FFS provider
 - Search NJ FFS provider directory website to find a provider in her area
- Amira presents her health benefits ID card at her first appointment with the OTP provider
- Provider will verify Amira's eligibility, confirm her coverage, and collect critical patient information
- Amira can start receiving care covered by Medicaid FFS

What can members or caregivers do to be ready for this transition?



Identify the **right numbers to call** (e.g., MCO member services)



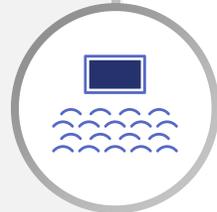
Make sure **you're authorized** to stay informed about your loved one's care



Make sure you or your loved one is on regular **MCO emails** (i.e., registered)



Review the **MCO website**, particularly information on benefits and coverage



Attend **MCO member information trainings** and educational programs

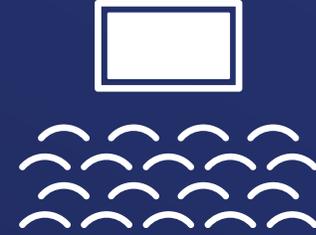
December member meeting

Starting January 1, 2025, select mental health and substance use disorder services under NJ FamilyCare will now be covered by managed care organizations.

We invite all NJ FamilyCare members to:

- learn more about these changes
- what they mean for you; and
- ask questions.

Representatives from the Division of Medical Assistance and Health Services will be presenting



Date: Tuesday,
December 17

Time: 4:30-5:30pm EST

Format: Zoom

[Register here](#)

Provider readiness plans and ongoing support

If you have missed a training the Materials are Available

[Department of Human Services | Behavioral Health Integration Stakeholder Information](#)

**Send questions to:
dmahs.behavioralhealth@dhs.nj.gov**

Monthly Trainings | DMAHS provider trainings /events conducted to date



Enrollment & Credentialing

September 25

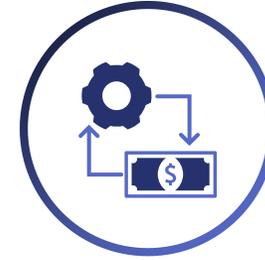
- Credentialing standards and processes across MCOs
- Introduction to MCO credentialing teams and processes
- NJ Medicaid enrollment process with a live demo



Achieving Success with Managed Care

October 16

- Tips for success in managed care
- Insights from experienced providers on managed care



Claims & Billing

October 24

- Claims submission and reimbursement policies for MCOs
- Key topics: billing codes, clean claims, common errors, appeals



Prior Authorization

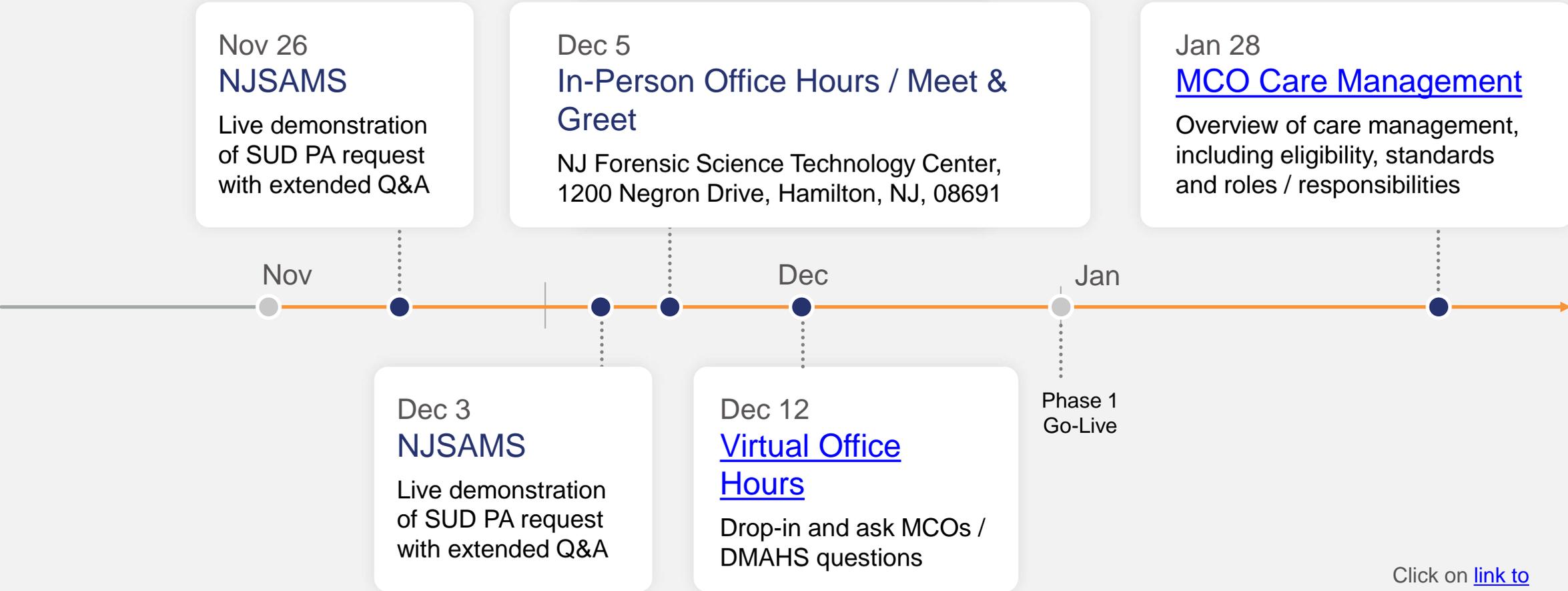
November 21

- PA requirements and processes for BH services through MCOs
- Clarification of PA services, required fields, and turnaround times
- NJSAMS for SUD PA

Over 500 attendees for each training, representing providers, advocates, MCOs, and state agency representatives!

Presentations, recordings, FAQs available on [BH Integration Stakeholder Information page](#)

Monthly Provider Trainings | Additional DMAHS sessions



Click on [link to register for training](#)

Monthly Provider Trainings | MCOs also have ongoing trainings for providers regarding BH Integration

Upcoming MCO BH Integration trainings

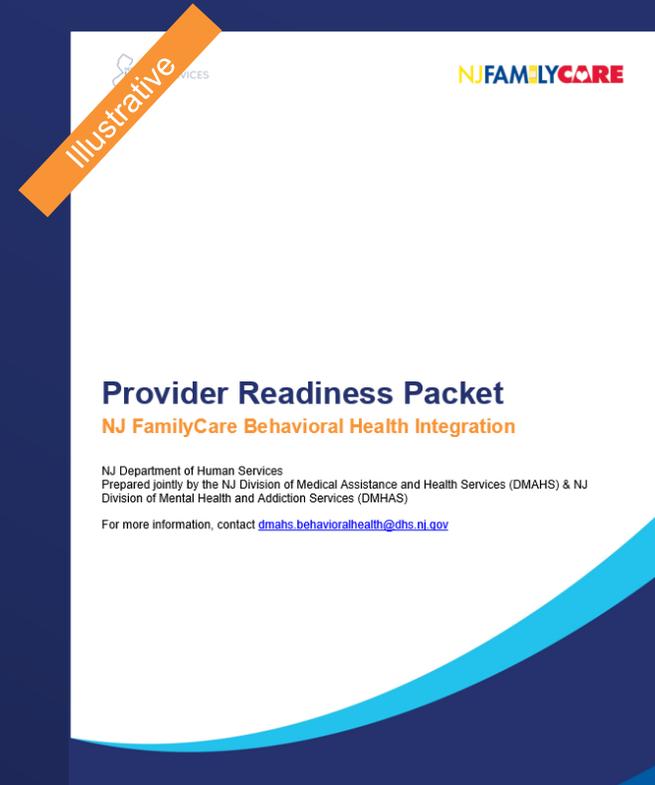
Aetna	Fidelis Care	Horizon	United	Wellpoint
<p>Integration Overview for BH providers new to ABH NJ</p> <ul style="list-style-type: none"> • Jan 15, 12-1pm 	<p>Behavioral Health Integration Overview</p> <ul style="list-style-type: none"> • Dec 16, 3pm • Jan 7, 10am • Jan 30, 3:30pm 	<p>Behavioral Health Integration Training</p> <ul style="list-style-type: none"> • Dec 17, 1pm (Prof Ancil) • Jan 8, 10am (Prof Ancil) • Jan 16, 3pm (Prof Ancil) 	<p>Provider Orientation:</p> <ul style="list-style-type: none"> • Dec 19, 11-12:30pm • Jan 7, 10-11:30am • Jan 15, 2- 3:30pm 	<p>NJ Medicaid BH Carve-in Provider Orientation:</p> <ul style="list-style-type: none"> • Dec 12, 3pm • Dec 16, 3pm • Dec 18, 11am • Jan 14, 11am • Jan 23, 2pm

Readiness Packet I Detailed guidance on BH integration

An ongoing resource for providers

Contents

- About this guide
- Introduction to NJ FamilyCare
- Overview NJ FamilyCare Behavioral Health Integration
- NJ FamilyCare / Medicaid Enrollment
- Joining Managed Care Organizations
- Coordination of Benefits
- Prior Authorizations (PA)
- Claims
- Care Management
- Best Practices for Success with Managed Care
- Provider Readiness Checklist
- Additional Resources
- Key Contact Information



Available soon

Readiness Packet will be published
on BH Integration website

Seven actions providers can take to prepare for go-live

- 1 Stay up to date on **BH Integration news** and read DMAHS step-by-step topic **guidance** when readiness packet is released in December ([website](#)):
- 2 Register to attend scheduled **DMAHS topic specific trainings** and review materials from past sessions ([website](#)).
- 3 **Enroll** in Medicaid / NJ FamilyCare as soon as possible.
- 4 Create and build your **CAQH¹ profile** to establish a source of truth for credentialing applications
- 5 **Credential** with all MCOs used by your members to avoid delays in access or payment. We encourage you to enroll with all 5 MCOs as members often change plans.
- 6 Attend **MCO specific sponsored trainings**
- 7 **Prepare systems** for updated prior authorization and claims processes

1. Council for Affordable Quality Healthcare

Review MCO readiness plans

We are working closely with MCOs to ensure success

Goals of MCO readiness

- **Validate** that MCOs have effectively implemented required standards and processes
- **Ensure continuity of care** and a smooth integration rollout experience for members
- Reinforce **strong state oversight** of MCOs



Prepare all stakeholders for program launch

What MCOs are already doing to get ready

- **Engaging with DMAHS** 1:1 (monthly) and together (quarterly) for over a year on program design and implementation planning
- **Working to implement** new contract changes / guidance, including building networks of providers, hiring new BH staff, changing prior authorization / claims processes, updating provider trainings, sending out communications to members and providers
- **Participating in DMAHS readiness review process** ([detail on next page](#))

5 components of MCO readiness to prepare for go-live



Implementation workplan

Tactical workplan and reporting tool detailing MCO actions required to implement program building blocks by target deadlines

Continues through go-live



DMAHS response to MCO delays

Multi-step process to address MCO delays / issues leading up to site visit and after, as needed

Continues through go-live



Desk review

September DMAHS review of MCO packet of policies, protocols, and process flows prior to site visit

Complete



MCO site visits and feedback

October/November live DMAHS review of MCO's progress with implementation workplan and testing readiness for go-live

Complete



Program guidance

Detailed documents developed by DMAHS for MCO implementation of contract standards for BH integration

Complete

Description

Status

Important contact information

DMAHS

For further information on NJ FamilyCare’s BH Integration, see:



Dmahs.behavioralhealth@dhs.nj.gov



[Behavioral Health Integration Stakeholder Information Website¹](https://www.nj.gov/humanservices/dmhas/information/stakeholder/index.html)

MCOs

Important contact information for all 5 MCOs can be found in our **MCO Behavioral Health Resource Guide** on the BH Integration Stakeholder Information Website¹



Aetna



Horizon



Wellpoint



Fidelis Care



United

1. <https://www.nj.gov/humanservices/dmhas/information/stakeholder/index.html>

Questions?

Thank you!