

Behavioral Health Integration Advisory Hub Meeting #4 (April 2024)
Summary of Stakeholder Feedback

The Behavioral Health (BH) Integration Advisory Hub met on April 25, 2024. Facilitators, including leaders from the Divisions of Mental Health and Addiction Services (DMHAS) and the Division of Medical Assistance and Health Services (DMAHS) shared background information on the timeline and process to develop managed care organization (MCO) contract standards, and the differences between contract standards and guidance for MCOs. Next, facilitators shared updates on how feedback received during the February Advisory Hub meeting has informed policy updates related to enrollment/credentialing and prior authorizations. Providers have shared feedback that it is important to have a clear process for facility level credentialing. The state is currently working with MCOs to address this concern, and guidance will be shared in the coming months. Additionally, there will be trainings and resources available to support provider readiness on credentialing. The state is finalizing standards for prior authorization based on stakeholder feedback received to date.

Facilitators invited Advisory Hub participant feedback on two topics: MCO integrated care management and quality monitoring. A summary of the discussion for each of these policy areas is below, and more information can be found in the meeting slides shared via email with the Advisory Hub email list and posted online at the [Behavioral Health Integration Stakeholder Information website](#).

1. MCO Integrated Care Management:

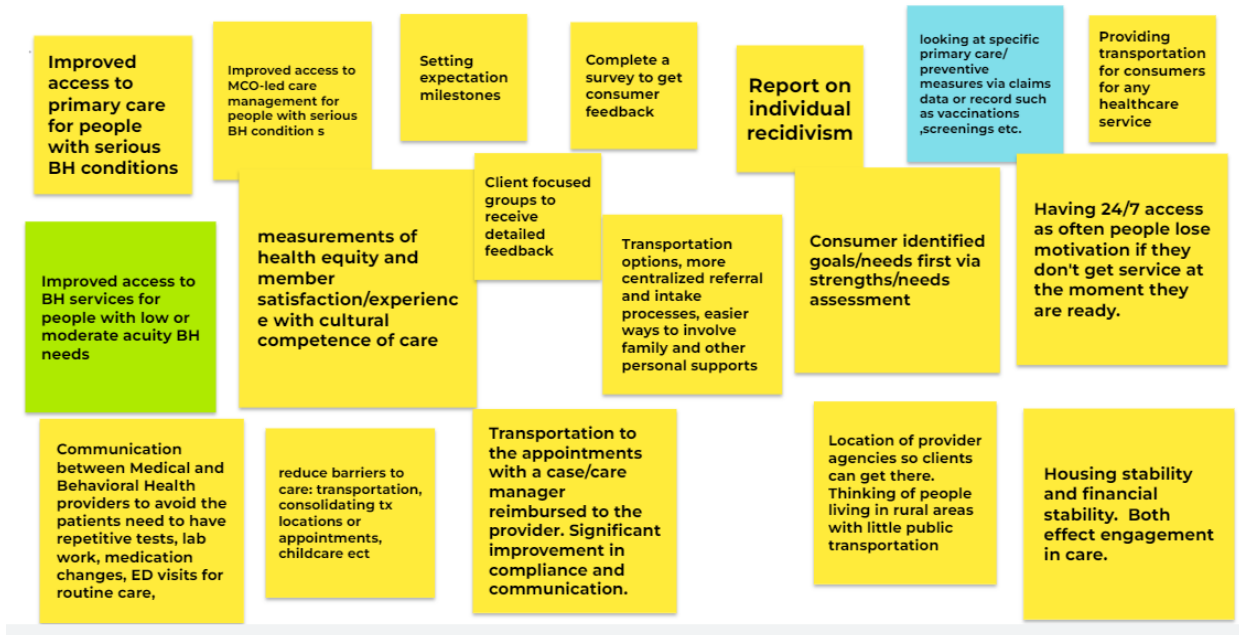
- This discussion focused on the care management led by MCOs, which is different than care management led by behavioral health (BH) providers (which may be called case management). The state requires all MCOs to offer integrated care management to all eligible members.
- Slides outlined information about how members enroll in MCO care management, and MCO care managers' qualifications.
- Proposed policy changes to MCO care management related to BH integration include:
 - Expanded criteria, including changes to the comprehensive needs assessment (CNA) to better identify members with BH needs (mental health and/or substance use) eligible for care management.
 - Changes to care management delivery and staffing model standards to ensure care management integrates physical and BH needs.
- Advisory Hub participants emphasized the importance of collaboration between MCOs and providers and sought to avoid duplication for members, especially for members with serious BH conditions who may not want to share details with multiple care managers.
- Participants emphasized that providers have strong, trusted relationships with their clients that can support member engagement with MCO care management. Participants noted that it will be important for providers to have a clear understanding of what MCO care management includes, which will help providers understand how they can most effectively support care coordination. Some providers with strong relationships with community resources (such as housing providers) sought clarity on whether MCO care managers would be able to provide warm handoffs with community resources.

- Participants noted that providers have limited bandwidth, and suggested that non-care management MCO staff participate in meetings to address issues such as prior authorization to make these meetings more efficient for providers.
- Advisory Hub participants who work with MCOs shared details of what care management team meetings look like and expectations around communication between providers and MCO care managers. Development of MCO care management care plans are informed by claims and utilization data that MCOs are able to access, which will include physical and behavioral health care after the transition to BH integration.
- Participants requested provider education on MCO care management processes, and MCO care manager education on complex BH needs.

2. Quality Monitoring:

- Facilitators shared an overview of the quality report that MCOs will be required to submit annually, which will include components of member satisfaction, provider satisfaction, and quality or outcome related to physical-behavioral health integration.
- Facilitators welcomed participants to share feedback in a Jamboard on priorities for quality measures. Participants shared their ideas for what should be considered when measuring progress toward key NJ BH integration goals. These ideas will inform selection of specific quality measure to ensure that the state is measuring what matters most related to this transition. Images of the Jamboard slides with ideas generated are pasted below.

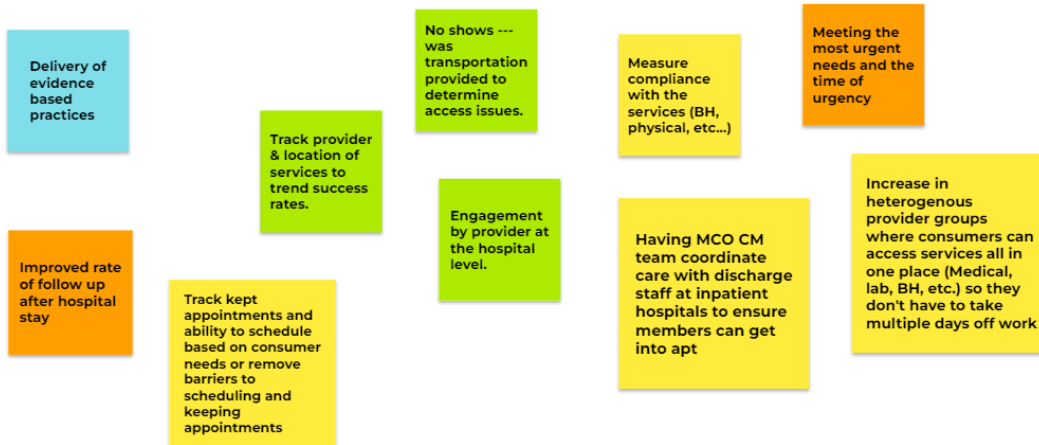
What are ways to measure progress toward the goal of improving access to services with a focus on member-centered care?



What are ways to measure progress toward the goal of integrating behavioral health and physical health for whole person care, with potential to improve healthcare outcomes?



What are ways to measure progress toward the goal of providing well-coordinated services for members in the right setting, at the right time?



The slides from this meeting will be shared with all Advisory Hub participants. Other stakeholder engagement updates included:

- BH provider subgroup meetings were held in March, and the state is planning for additional provider forums in the summer and fall on specific topics of interest, such as billing and claims.
- The state has also launched a robust member engagement plan, which will include individual interviews, focus groups, a virtual member-centered meeting, and member communications.

If stakeholders have any questions, including about joining subgroups, please contact the DMAHS Behavioral Health Unit at dmahs.behavioralhealth@dhs.nj.gov. The next meeting of the Advisory Hub will take place on July 26, 2024 from 10:00 – 11:30 am.