



NJ Division of Medical Assistance and Health Services

BH Integration Provider MCO-Led Care Management Training 01/28

Frequently Asked Questions (FAQs)

Last updated: February 6th, 2025

Care Management related questions:

- 1. Can you please delineate the differences between case managers and MCO Care Managers?**
 - MCO Care Managers are intended to complement, not replace, case managers.
 - Typically, an MCO Care Manager takes a more longitudinal and whole-person care approach when supporting members. MCO Care Managers provide system-wide coordination, helping navigate members through the broader care system and referring them to a wider range of providers and community-based services (e.g., housing support, childcare, social support services).
 - A case manager provides more acute, shorter-term, issue/condition-specific case coordination. Case managers help navigate or refer members to services within agencies or across closely adjacent providers.
 - If referring to MCO Care Management, MCO Contract and State guidance will use the term “MCO Care Manager”, but sometimes you may hear care and case manager terms used interchangeably.
- 2. What is the MCO Care Manager’s role in the prior authorization process?**
 - MCO Care Managers will not submit or approve prior authorization requests. Providers will submit prior authorization requests, and MCO utilization management teams will process requests.
 - MCO Care Managers may play a role in ensuring that members are getting authorizations for the services that they need.
 - Additionally, MCO Care Management referrals can be done at any time and are not dependent on the prior authorization process.
- 3. Is prior authorization required for BH services for those who have a Care Manager?**
 - The need for prior authorization is dependent on the services received by the member, regardless of whether they have an MCO Care Manager.
- 4. Are providers responsible for completing the Comprehensive Needs Assessment?**
 - No. The Comprehensive Needs Assessment (CNA) is a tool used by the MCO Care Manager to assess members' needs and develop a care plan upon entering MCO Care Management support.

5. What role should providers play in ensuring member interaction with MCO Care Managers?

- We suggest that providers employ a highly proactive approach to ensure member engagement with the MCO Care Management process. This would include referring members to MCO Care Management when additional support is necessary, actively engaging with members' MCO Care Managers to give input on care plans, and sharing updates with MCO Care Managers on member health and contact information.

6. Is there an age requirement for a member to be enrolled in MCO Care Management?

- Care Management is available to all MCO-enrolled members throughout their lifetime. There is no age requirement or limit for enrollment in MCO Care Management and for receiving MCO Care Management services.
- While the MCO Care Management process is the same for youth as it is for adults, some MCOs create pediatric screening and assessment tools for MCO Care Management, with questions geared towards parents or caregivers that are responsible for the child.

7. Do youth in Division of Child Protection and Permanency (DCP&P) and / or Intellectual Developmental Disability (ID/DD) populations automatically receive a certain intensity of MCO Care Management or is it based on the youth's needs?

- Individuals in DCP&P and ID/DD populations skip the initial health screening (IHS) and are automatically placed in Level 2 or above until a Comprehensive Needs Assessment (CNA) is performed and an individualized Care Plan is developed.
- Following completion of a CNA, the MCO Care Managers will continue to evaluate and use their clinical judgment to place members in the appropriate CM level.