

## **BH Integration Advisory Hub Meeting #2 Summary of Information Presented and Stakeholder Feedback**

During the December 21, 2023 meeting of the Behavioral Health Integration Advisory Hub, leaders from the Divisions of Mental Health and Addiction Services (DMHAS) and Medical Assistance and Health Services (DMAHS) shared key updates for the upcoming behavioral health integration and invited stakeholders to share feedback and insights about lessons from previous integrations and three key policy areas.

Facilitators began the meeting by reviewing the structure and objectives of the BH Integration Advisory Hub. Facilitators also recapped the October meeting and provided progress updates on DMAHS/DMHAS activities related to BH integration. State agencies are refining the strategy for provider subgroups and are planning for member focus groups (both virtual and in-person), which will all launch in the first quarter of 2024. Stakeholders will receive more information about provider and member engagement opportunities in early 2024. Additionally, agencies are leading an ongoing analysis of the NJ behavioral health ecosystem to inform future design and to better understand member and provider journeys.

Next, meeting facilitators invited participants to review lessons learned from prior integrations of BH services. Lessons shared included a focus on ensuring timely payments as well as consistent policies and processes across managed care organizations (MCOs), and that a regularly-meeting steering committee (such as during the transition to managed long-term services and supports [MLTSS]) can help to identify issues during the transition and early implementation.

Meeting facilitators then solicited feedback from the group on three key policy areas: ensuring member access and continuity of care, providing cash flow predictability for providers; and supporting treatment and care delivery. For each policy area, facilitators reviewed feedback received to date and examples of other state approaches before opening for discussion. Summary of the discussions for each of the three policy areas are below, and more information on feedback received to date and other state approaches can be found in the meeting slides.

### **1. Ensuring member access and continuity of care:**

- Participants expressed support for an “any willing provider” policy to ensure member access to care during the transition period, and suggested policies for provider network adequacy that address whether providers are accepting new patients, and to consider the number, type and geographic distribution of providers. Participants suggested policies be designed to avoid disrupting long-standing patient-provider relationships, especially for people with complex needs.
- Participants expressed concerns and challenges related to licensing and credentialing processes across multiple MCOs. Comments raised that there is difficulty in credentialing for staff members that are not clinically licensed, and to consider offering organizational/facility credentialing instead of at the individual level, especially for smaller organizations that have not done commercial health insurance with managed care.
- Participants noted that advancing greater integration of physical and behavioral health care will also require capital investments for providers, and that it would be beneficial to address licensing barriers to integrated care.

### **2. Providing cash flow predictability:**

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- Participants shared feedback about the need for adequate rates, especially to address staffing shortages and to support fiscal sustainability for providers. Some participants noted that MCOs are not always matching fee-for-service rates, and that this matching would be beneficial during the transition period. Additionally, these fee-for-service rates do not always cover the costs of needed services. For example, comments noted that some BH services for people with serious behavioral health conditions are not able to be reimbursed, such as peer services and some case management.
- Participants shared feedback to reexamine rates, including the differences in fees that are reimbursable for specific populations, despite it being the same cost of care being provided.
- Some participants discussed a need to create consistency among provider types for quality and incentive measurements to improve access and create greater equity among providers.

3. Supporting Treatment and Care Delivery

- Regarding prior authorization policies, participants supported aligning MCO policies with those in the current fee-for-service (FFS) system. Comments stressed the need to receive timely authorizations and on a need for consistency in prior authorization and utilization management policies and documentation requirements across MCOs. Comments also addressed the need for transparency in MCO criteria for utilization management, to align with new federal requirements and direction. One participant suggested that prior authorizations should only be required for high risk or high-cost services (such as those that have been shown to be a risk for waste, fraud or abuse under FFS).
- Comments noted the importance of examining the processes and policies for substance use disorder intensive outpatient programs and for adult partial care services to ensure that members receive access to needed services and providers are reimbursed for care delivered.
- Participants expressed concerns over the impact of submitting prior authorizations on provider administrative burden and overall cash flow. Stakeholders noted that utilization review can absorb significant clinical staff time, and suggested opportunities for increased efficiency.

Meeting facilitators closed the meeting out with a preview of future topics for the Advisory Hub to discuss and encouraged all participants contact the DMAHS Behavioral Health Unit with the names and contact information for members and caregivers who may be willing to participate in individual interviews about their experiences with behavioral health.

The next meeting of the Advisory Hub will take place in February 2024, at a date to be determined. The slides from this meeting are made available to all invited participants of the Advisory Hub and include more detail on this initiative. If stakeholders have any questions, including questions about joining any other subgroups, please contact the DMAHS Behavioral Health Unit at [dmahs.behavioralhealth@dhs.nj.gov](mailto:dmahs.behavioralhealth@dhs.nj.gov).