



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

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TO: Health Maintenance Organizations – **For Action**
All providers – **For Information Only**

SUBJECT: **Changes for Behavioral Health Benefits for Certain Populations and Acute Psychiatric Hospital Admissions**

EFFECTIVE: Service dates on or after October 1, 2018

PURPOSE: The Division of Medical Assistance and Health Services (DMAHS) has completed an assessment of community behavioral health providers as well as the Division's contracted managed care plans to determine their readiness for the proposed managed care coverage changes planned for July 1, 2018. After careful consideration, the Division has decided to extend the proposed start date for the expansion of coverage of behavioral health benefits available to certain members enrolled in managed care organizations (MCOs) participating in the NJFC program (see attached) from July 1, 2018 to October 1, 2018.

BACKGROUND: In order to align behavioral health benefit coverage for NJFC beneficiaries enrolled in Medicaid Managed Long Term Services and Supports (MLTSS), Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) and Division of Developmentally Disabled (DDD) MCO members, DMAHS is changing the NJFC managed care health benefit plan for these groups to include all mental health benefits (see listed exceptions). The NJFC managed care health benefit plan will also be expanded to include coverage for **ALL** NJ FamilyCare covered substance use disorder (SUD) services for MLTSS, DSNP and DDD managed care members.

In addition, the MCO shall be responsible for all acute care admissions, to any hospital, for **ALL** MCO enrolled individuals. This includes general care hospitals and specialty care psychiatric hospitals. These changes are **not** limited to MLTSS, FIDE SNP and DDD members and shall be effective 10/1/18.

ACTION: **Effective for claims with service dates on or after October 1, 2018,** the following changes to the NJFC managed care health benefit plan shall apply:

Behavioral health benefit coverage for MLTSS, FIDE SNP and DDD beneficiaries enrolled in managed care shall be the same, regardless of a beneficiary's age. MLTSS, FIDE SNP and DDD covered managed care benefits include all mental health services (exceptions are noted below), including inpatient, outpatient and community-based services. Partial care services provided to DDD-enrolled beneficiaries shall now be the responsibility of the managed care plan.

The following shall remain FFS-covered behavioral health services:

- Targeted Case Management (TCM) services provided by or through Justice Involved Services (JIS), Children’s System of Care (CSOC) Care Management Organizations (CMOs), Integrated Case Management (ICMS), Projects for Assistance in Transition from Homelessness (PATH),
 - Programs in Assertive Community Treatment (PACT),
 - Behavioral Health Homes (BHH), and
 - Community Support Services (CSS).
- For individuals enrolled in MLTSS, FIDE SNP and DDD, all Substance Use Disorder (SUD) services shall become MCO-covered health benefit plan services, regardless of age. Services include, but are not limited to, hospital-based services, outpatient SUD services, Intensive Outpatient Services (IOP), SUD partial care, SUD residential services, Ambulatory Withdrawal Management (AWM) services and Medication Assisted Treatment (MAT). Providers may reference the Medicaid Newsletter Volume 26, No. 05 for a complete list of FFS-covered behavioral health services.
- All acute care hospital admissions, **regardless of diagnosis or age**, shall be the responsibility of the MCO for **all** NJFC beneficiaries enrolled in a managed care health benefit plan. This includes specialty care hospitals specializing in psychiatric care as well as all clients admitted into general acute care hospitals. Emergency medical care shall remain covered by the MCO, regardless of diagnosis.
- Admissions to facilities that are State and County psychiatric facilities shall continue to be covered by the State’s FFS program.

For individuals other than MLTSS, FIDE SNP or DDD involved recipients who are enrolled in a managed care plan but were admitted to a hospital for psychiatric services prior to 10/1/18, all hospital services shall remain the responsibility of Fee-For-Service (FFS) through discharge. All individuals admitted 10/1/18 or beyond shall be the responsibility of the MCO.

Case Examples:

#1 If a beneficiary is admitted to an acute care hospital with a change in mental status and an extensive workup determines that the change is secondary to a psychiatric disorder, the MCO is responsible for the hospital admission. Once the beneficiary is determined stable and appropriate for discharge, the MCO will work with the hospital discharge planner to connect the beneficiary with providers in the community for appropriate mental health follow-up care in the outpatient setting even when an outpatient service(s) is covered by the State’s FFS program.

#2: If a beneficiary is brought to the emergency department and admitted to the psychiatric unit of an acute care hospital for a suicide attempt, the MCO is responsible for the psychiatric admission. Once the beneficiary is determined stable and appropriate for discharge, the MCO will work with the hospital discharge planner to connect the beneficiary with providers in the community for appropriate mental health follow-up care in the outpatient setting even when an outpatient service(s) is covered by the State’s FFS program.

If you have any questions concerning this Newsletter, please contact Molina Provider Services at 1-800-776-6334.

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