



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

# NEWSLETTER

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**TO:** Independent Clinics- Drug and Alcohol – **For Action**  
Health Maintenance Organizations – **For Action**

**SUBJECT:** Care Management Services

**EFFECTIVE:** July 1, 2020

**PURPOSE:** To announce that a new Substance Use Disorder (SUD) outpatient service is available for individuals with SUD. Care management services may now be provided by SUD clinics “Independent Clinics Drug and Alcohol” for care management services provided to Medicaid members with complex physical or psychosocial needs. Care management is covered by the Fee-For-Service (FFS) program for all Medicaid members effective July 1, 2020. Effective July 1, 2021, this benefit will be covered by the Managed Care Organizations (MCOs) for members enrolled in DDD, MLTSS and FIDE-SNP plans.

**BACKGROUND:** The New Jersey 1115 Substance Use Disorder (SUD) Demonstration includes plans for the implementation of care management services for SUD members with coexisting complex physical and/or social comorbidities. The goals of care management are to support NJ FamilyCare members throughout the continuum of care, connect members with services, improve transitions between levels of care, implement strategies to address their unique needs, reduce opioid related deaths and sustain recovery in the community.

**CARE MANAGEMENT:** Care management is a behavioral health service intended to support NJ FamilyCare members who have a SUD with complex physical or psychosocial needs. Care managers may assist members as they transition throughout the SUD continuum of care by matching their identified needs with available resources, and then assisting them to access care and services intended to meet those needs. Care managers work with members to implement services and strategies that have been identified in their member’s individualized care management plans. They work with the client to address barriers to recovery and to achieve successful community living. To accomplish this, care managers build collaborative relationships with non-addiction treatment providers to address identified physical health and/or psychosocial needs.

**ACTION:**

Effective July 1, 2020 SUD clinics “Independent Clinics- Drug and Alcohol” that are enrolled as providers with the Division of Medical Assistance and Health Services (DMAHS), and are licensed by the Department of Health (DOH) to provide SUD treatment at an outpatient level of care, can deliver care management services to Medicaid members with SUD and complex physical and/or psychosocial needs for up to 2 hours every thirty days.

**SERVICE REQUIREMENTS:**

Care Manager

Care managers, at a minimum, must possess a bachelor’s degree in a behavioral health-related field including, but not limited to, psychology, nursing, counseling or social work with two years of addiction treatment experience (personal or professional).

The role of the care manager differs depending on a consumer’s phase of illness and recovery. Responsibilities of the care manager include:

- Developing and implementing a care management plan to guide care management interventions. Care management plans must be included as part of the SUD treatment plan and updated per applicable licensing regulations.
- Engaging Medicaid members to be full partners in planning their own treatment and recovery.
- Collaborating with Medicaid members to identify activities that will help them maximize their opportunities for successful community living.
- Providing facilitated linkages to medical, behavioral health, housing and community-based recovery services including Medication Assisted Treatment (MAT) and coordinated care for HIV and Hepatitis C.
- Coordinating necessary services with the recipient’s Managed Care Organization (MCO) when applicable.
- Reviewing and revising the integrated treatment plan, at the initial and the 90 day review phases and ensuring the plan is signed by the Consumer, Care Manager and Clinician.

The Care Manager is expected to collaborate with the treatment team in assisting the beneficiary in meeting his/her care management goals.

## **DOCUMENTATION REQUIREMENTS:**

- An intake assessment that identifies one of the eligibility criteria for care management services:
  - trauma or co-occurring mental illness
  - chronic physical comorbidities that interfere with functioning
  - SUD needs (smoking cessation should be included but does not qualify an individual for care management)
  - peer, wellness, and recovery services
  - family support services
  - legal or housing services
- A person-centered care management plan that addresses all life domains (not limited to addiction treatment) that is signed by the care manager, supervising clinician and the beneficiary. The care management plan must include goals that are developed collaboratively with the beneficiary. The care management goals must be incorporated in a clinical treatment plan when available. The care management plan will include updates or revisions as goals are achieved.

The care management plan must be included or referenced in the clinical treatment plan. SUD treatment plan requirements can be found in N.J.A.C 10:161B.

## **ELIGIBILITY:**

Individuals 18 years of age and over will be determined eligible for care management services based on the following criteria:

1. Maintaining a diagnosis of a SUD (not inclusive of nicotine dependence or abuse), and;
  - be receiving substance use disorder treatment in the community; or
  - be recently discharged (within 6 months) from an inpatient or residential setting and seeking community substance use disorder treatment, and;
2. Requiring support to address complex needs, including but not limited to;
  - homelessness or at risk of homelessness;
  - diagnosis of a Serious Mental Illness (SMI), including but not limited to schizophrenia, bipolar disorder, major depressive disorder and PTSD;
  - diagnosis of a chronic and serious physical health condition. The USDHHS (U.S. Department of Health and Human Services) defines this as a condition that lasts or is expected to last 12 months or longer and either places limitations on normal functioning or requires ongoing care).

## **LIMITATIONS:**

Services are billed using H0023HF (15-minute units) at a rate of \$27.74 per unit. Services can be provided for up to 2 hours per rolling 30-day period. Members must meet eligibility requirements and may not receive case management services (including but not limited to ICMS, PATH, CCBHC, CMO, PACT, CSS, or Mental Health Residential Services) concurrently.

Peer and/or navigator services are allowed to be provided with care management services concurrently. However, when these services are provided by the same provider, they may not be provided and billed on the same date of service. When services are provided by other providers, care managers should be aware of the peer and/or navigator services being provided and should not duplicate those services being rendered.

#### **CARE MANAGEMENT ENROLLMENT:**

- In order to bill for SUD care management, SUD clinics “Independent Clinics Drug/Alcohol” must enroll their care managers with NJFC Medicaid. Prior to enrollment, each care manager must obtain an NPI number by applying online at <https://nppes.cms.hhs.gov>. Anticipate approximately 10 days to receive your NPI. Once you have an NPI number, complete the care manager addendum found under “provider enrollment” at [www.njmmis.com](http://www.njmmis.com). The addendum will link the care manager’s NPI number to the independent clinic’s provider number. When submitting a claim for **care management services**, the biller shall list the care manager NPI as the “rendering” provider and list the independent clinic NPI and provider number as the “billing” provider.

If you have any questions concerning this Newsletter, please contact the Office of Behavioral Health Services at 609-588-3828.

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