



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

NEWSLETTER

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TO: All providers – **For Action**
Managed Care Organizations - **For Information Only**

SUBJECT: **Revised Coverage Changes for Behavioral Health and Acute Inpatient Admissions**

EFFECTIVE: Service dates on or after July 1, 2018

PURPOSE: To notify NJ FamilyCare (NJFC) providers of recent decisions made by the New Jersey Division of Medical Assistance and Health Services (DMAHS) regarding coverage for the expansion of behavioral health benefits available to certain members enrolled in managed care organizations (MCOs) participating in the NJFC program (see attached) beginning July 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, FIDE-SNP and DDD managed care members.

In addition, the MCO shall now be responsible for all acute care admissions, to any hospital, for ALL MCO enrolled individuals regardless of age. This is a result of the Managed Care Final Rule which, under certain circumstances, allows the State to claim federal match on recipients who are enrolled in a managed care plan and admitted to a hospital for an acute psychiatric diagnosis. This includes individuals 21 to 64 years of age. This change includes general acute care hospitals and specialty care psychiatric hospitals. These changes are not limited to MLTSS, FIDE-SNP and DDD members and shall be effective 7/1/18.

ACTION: Effective for claims with service dates on or after July 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 Medicaid managed care shall be aligned to match, regardless of a beneficiary's age. All managed care plans will be providing the mental health services

currently covered under MLTSS for beneficiaries enrolled in MLTSS, FIDE-SNP and DDD (benefits shall exclude the mental health service noted below). Covered services include 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 fee-for-service (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 Services (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. For managed care recipients, age restrictions for admission related to the Institution of Mental Diseases (IMD) restriction no longer applies. This includes specialty care hospitals specializing in psychiatric care as well as all recipients admitted to general acute care hospitals. **These changes affect all Medicaid recipients enrolled in a managed Medicaid plan and are NOT limited to MLTSS, FIDE-SNP and DDD members.** 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 under the FSS 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 7/1/18, all hospital services shall remain the responsibility of FFS through discharge. All individuals admitted 7/1/18 or beyond shall be the responsibility of the MCO. For all populations, including MLTSS, FIDE-SNP and DDD, outpatient

behavioral health services shall follow the continuity of care guidelines currently addressed in the managed care contract.

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

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