



NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Integrating Behavioral Health Coverage for Whole Person Care

Division of Medical Assistance and
Health Services



Goals for our conversation today

1. Provide an update about the 1115 Demonstration renewal
2. Discuss the vision, goals and guiding principles
3. Review community involvement, process, and timeline
4. Discuss next steps



This is about better care.
Thank you for being part of our community and our dialogue.

The Section 1115 Comprehensive Demonstration gives New Jersey authority to operate and innovate in important ways.

Behavioral Health (BH) related initiatives included in NJ's proposal:

- Autism Adjunct Services Pilot
- BH Carve-In
- BH Promoting Interoperability Program
- Substance Use Disorder Demonstration
- Certified Community Behavioral Health Clinics (CCBHCs)
- Re-Entry Services for Incarcerated Individuals

The Demonstration renewal was approved on March 30, 2023 and is effective until June 30, 2028.

- The state's proposal to carve all/most behavioral health services into managed care was approved by CMS. Implementation will include the following elements:
 - Multi-year phase-in
 - Robust stakeholder process
 - Review of each service for carve-in consideration
 - Member protections
 - MCO accountability

Collaboration today and tomorrow

NJ FamilyCare
Members



North Star Principles

Serve people the best way possible.

We will **provide high quality services** our members need in the right setting and at the right time by improving access and supporting individuals through evidence-based methods.

Communicate with clarity and concern.

We will **increase integration** through improved care coordination, strong payer-provider partnerships, and broader electronic health record integration between physical and behavioral health providers.

Explore new ways to solve problems.

We will strengthen our current innovative approaches to whole-person care models and culturally competent care, and introduce new "best practice" opportunities that **improve outcomes**.

Work closely with our stakeholders.

We will collaborate with our **community stakeholders** and aligned systems to raise awareness and provide support, with a shared commitment to respect, dignity, equity, and inclusion.

Show people we care.

We will make **empathy, positive energy, and collaborative focus** our hallmark, internally and externally, with focus on the strengths, resources, challenges and needs of the people we serve.

Goals

1. Provide appropriate services for members in the right setting, at the right time

- Increase access to critical levels of care
- Improve experience and accuracy of provider directories
- Minimize wait list delays preventing service provision

2. Integrate Behavioral Health and Physical Health for whole person care

- Improve integrated care management linkages between MCOs and providers
- Promote whole-person care models, including health-related social needs
- Incentivize integration of electronic health records

3. Increase access to services that focus on client-centered care

- Strengthen workforce of peer support specialists
- Apply field-based care management model to other settings
- Expand provider use of Office Based Addiction Treatment (OBAT) navigators

We envision an agile system that works for members with needs across the continuum of care

For all members:

- Barrier-free access to therapists/providers, including telehealth
- Increased provider engagement for crisis prevention and post-partum care
- 24/7 hotline (non-crisis)
- Multi-lingual support and focus on health equity
- Improved provider networks and directories
- Limited medical necessity review for appropriate access and coordination of care
- Coordination with appropriate sister agencies
- Consistent systems for prompt and accurate payment



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For Members with Chronic BH Needs

Conditions with persistent symptoms which, when untreated, tend to worsen over time resulting in severely impaired function

- Primary behavioral health care provider with an emphasis on screening
- Integrated electronic health records
- Person-centered care plans
- Risk stratification
- Focused stakeholder engagement with members and advocates

For Members Experiencing a BH Crisis

A disruption in a person's mental or emotional stability that puts them at risk for harming themselves or others and negatively affects their ability to function effectively, resulting in an urgent need for medical/psychological intervention

- Well-defined processes and easily accessible staff within MCOs to provide intensive care management and support to members
- Improved care management with healthcare and community partners
- Specialized care plans that include crisis management
- Identification of clear pathways for members with 'easy to access' points of entry and trail markers along the way



Process and Timeline

Phased Planning to begin Fall 2023

In each phase, we plan to review and discuss the potential carve-in of certain services. We will begin by reviewing services that are currently covered by MCOs for members enrolled in MLTSS, DDD, and FIDE-SNP. These are listed in Phases 1 and 2. Subgroups A-D within each phase will facilitate detailed and specific discussions by provider type.

	Phase 1 – Outpatient BH Some MCO integration today	Phase 2 – BH Residential and OTP Some MCO integration today	Phase 3 – Services only provided through FFS today
	<i>Discussions begin Fall 2023</i>	<i>Discussions begin Winter 2024/25</i>	<i>Discussions post-Phase 2</i>
A	<ul style="list-style-type: none"> MH independent clinicians SUD independent clinicians 	<ul style="list-style-type: none"> SUD short term residential SUD – medically monitored inpatient withdrawal management 	Services include but are not limited to: <ul style="list-style-type: none"> Opioid Overdose Recovery Programs (OORPs) Psychiatric Emergency Rehabilitation Services (PERS) Psychiatric Emergency Screening Services (PESS) Behavioral Health Homes Community Support Services Certified Community Behavioral Health Clinics (CCBHCs) Targeted case management programs Children's System of Care (CSOC)
B	<ul style="list-style-type: none"> MH partial hospitalization MH acute partial hospitalization MH partial care/ outpatient clinic 	<ul style="list-style-type: none"> Adult mental health rehabilitation 	
C	<ul style="list-style-type: none"> MH outpatient hospital or independent services SUD intensive outpatient SUD outpatient clinic 	<ul style="list-style-type: none"> SUD long term residential 	
D	<ul style="list-style-type: none"> SUD partial care 	<ul style="list-style-type: none"> Opioid treatment programs 	

Moving into the future together

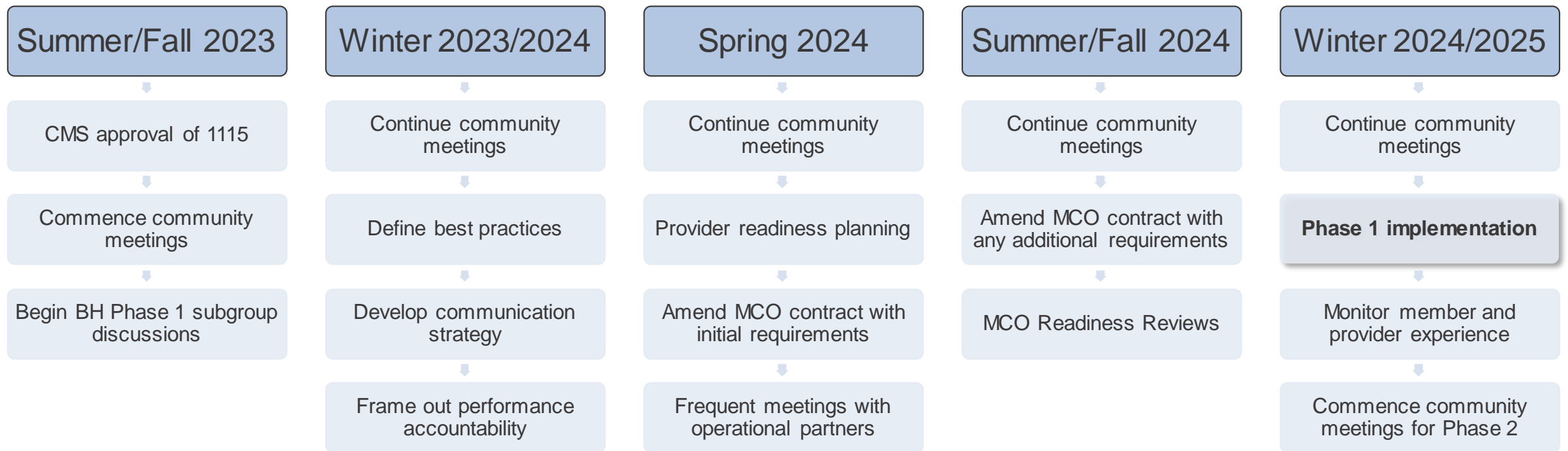
In each phase, community meetings (including subgroups) will include discussion of topics like:

- Current experience of service coordination for members with MCO vs FFS coverage (Phase 1 and 2 only)
- Concerns about and benefits of integration of coverage
- Goals for access to care and quality of care
- Service definitions and provisions
- Provider enrollment and credentialing processes
- Appropriate utilization management (prior authorization)
- Opportunities for provider incentives and value-based payment
- Access to care standards
- Member Experience and Protections
- Continuity of care requirements
- Care coordination requirements
- Performance standards for MCOs and contract amendment process
- Data collection
- Communication strategy for members and providers

“Members get services and providers get paid”

Next steps – Estimated timeline for Phase 1

Subject to change



Community Meeting Participation

<p>DMAHS welcomes community participation in our planning.</p> <p>Beginning this fall, recurring community meetings for Phase 1 BH integration will include:</p> <ul style="list-style-type: none"> – Joint sessions for all Phase 1 partners (members, advocates, providers, MCOs) – Working sessions for subgroups A-D <p>If you are interested in participating in the joint meetings and/or subgroup meetings, please contact the DMAHS Behavioral Health Unit at dmahs.behavioralhealth@dhs.nj.gov and include your name and the group(s) of interest.</p>		<p>Phase 1 – Outpatient BH Some MCO integration today</p>
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