



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

# NEWSLETTER

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Volume 27, No. 14

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

**SUBJECT:** **Change in NJ FamilyCare (NJFC) Health Plan Benefit Coverage**

**EFFECTIVE:** Service dates on or after January 1, 2018

**PURPOSE:** To notify NJFC providers of decisions made by the New Jersey Division of Medical Assistance and Health Services (DMAHS) to expand the list of covered health benefits available to certain members enrolled in managed care organizations (MCOs) participating in the NJFC program (see attached).

**BACKGROUND:** In order to align behavioral health benefit coverage for NJFC beneficiaries enrolled in Medicaid 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, all admissions to a general acute care hospital, (including admissions to a psychiatric unit) and all air emergency ambulance transports shall be the responsibility of the MCO for **ALL** MCO enrolled individuals. These changes are **not** limited to MLTSS, FIDE SNP and DDD members.

**ACTION:** **Effective for claims with service dates on or after January 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, D-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 general 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. Emergency medical care shall remain covered by the MCO, regardless of diagnosis.

- With exceptions for MLTSS, D-SNP and DDD beneficiaries, admissions to facilities that meet the definition of an Institution of Mental Diseases (i.e. stand-alone psychiatric hospitals, psychiatric specialty care hospitals and State and County facilities) shall continue to be covered by the State's FFS program.

#### **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 is responsible for connecting 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 is responsible for connecting 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.**

- All emergency transports, including ground and air (rotary wing) transports, as well as their associated loaded mileage are the responsibility of the managed care plan. The HCPCS procedure codes for air transports include A0431 (Air Ambulance – Rotary Wing) and A0436 (Rotary Wing Mileage).

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

**RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE**

		Service Description	DDD	FIDE SNP (without MLTSS)	MLTSS
<b>Mental Health and Substance Use Disorder Services, Including Behavioral Health Treatment</b>					
<b>Substance Use Disorder Services</b>	Hospital Based Services	Inpatient Medical Detox / Medically Managed Inpatient withdrawal management (hospital) ASAM 4 - WM	MCO	MCO	MCO
	Medication Assisted Treatment In OTPs	Non-Medical Detoxification / Non-Hospital based withdrawal management ASAM 3.7 - WM	MCO	MCO	MCO
	SUD - Residential	Substance Use Disorder Short Term Residential (STR) ASAM 3.7 *Subject to IMD exclusion	MCO	MCO	MCO
	SUD - Residential long term	Substance Use Disorder Long Term (greater than 30 days)	State Dollars only	State Dollars only	State Dollars only
	OP - SUD	Ambulatory withdrawal Management with extended on-site monitoring / Ambulatory Detoxification ASAM 2 - WM	MCO	MCO	MCO
	OP - SUD	Substance Use Disorder Partial Care (PC) ASAM 2.5	MCO	MCO	MCO
	OP - SUD	Substance Use Disorder Intensive Outpatient (IOP) ASAM 2.1	MCO	MCO	MCO
	OP - SUD	Substance Use Disorder Outpatient (OP) ASAM 1	MCO	MCO	MCO
	Medication Assisted Treatment In OTPs	Opioid Treatment Services (Methadone Maintenance)	MCO	MCO	MCO
	Medication Assisted Treatment In OTPs	Opioid Treatment Services (Non-Methadone Maintenance)	MCO	MCO	MCO
<b>Mental Health Services</b>	Psychiatric Emergency Services (PES)	Psychiatric Emergency Services (PES) / Affiliated Emergency Services (AES)	FFS	FFS	FFS
	Hospital Based Services	Inpatient Psychiatric Services (Acute Hospital based)	MCO	MCO	MCO
	Hospital Based Services	Inpatient Psychiatric Physician Services (Acute Hospital based)	MCO	MCO	MCO
	Hospital Based Services	Psychiatric Hospital - Inpatient (stand-alone)	MCO	MCO	MCO
	Hospital Based Services	Partial Hospital ( <i>prior authorization required for acute Partial Hospital only</i> )	MCO	MCO	MCO
	MH - Residential	Adult Mental Health Rehabilitation (group homes)	MCO	MCO	MCO
	OP - MH	Partial Care ( <i>prior authorization required; 25 hour per week limit</i> )	MCO	MCO	MCO
	OP - MH	Mental Health Outpatient (Clinic / Hospital Services) *Refer to Newsletter Vol.26 No.5	MCO	MCO	MCO
	OP - MH	Independent Practitioner Network or IPN (Psychiatrist, Psychologist or APN)	MCO	MCO	MCO
	Targeted Case Management	Targeted Case Management (Chronic Mental Illness)	FFS	FFS	FFS
<b>Other Related Services</b>	Care Management	Behavioral Health Home (Care Management)	FFS	FFS	FFS
	PACT	PACT (Program in Assertive Community Treatment)	FFS	FFS	FFS
	CSS	Community Support Services (Effective 7/1/17) *MFP not eligible	FFS	FFS	FFS