



# NJ 1115 Waiver Implementation

BH Integration – NJSAMS Provider Training

MAY 2026

## Housekeeping



All attendees will enter the meeting on **mute**



This **meeting will be recorded** to act as an ongoing resource



You can **enable closed captions** at the bottom of the screen



Submit your **questions using the "Q&A" function** – direct them to State or specific MCO  
*(Note: we will aim to respond to all questions directly during or after the meeting. Responses to broadly-applicable questions may be shared publicly)*



**Materials and recording** will be published and available on DMAHS website

# Agenda

<b>Welcome and housekeeping</b> Shanique McGowan Power, BH Program Manager, DMAHS	5 minutes
<b>Context on NJSAMS bidirectional launch</b> Shanique McGowan Power, BH Program Manager, DMAHS	5 minutes
<b>Recap: Submitting PA request via NJSAMS</b> Shanique McGowan Power, BH Program Manager, DMAHS Vicki Fresolone, Manager of Integrated Services, DMHAS	10 minutes
<b>Receiving MCO responses via NJSAMS</b> Vicki Fresolone, Manager of Integrated Services, DMHAS	15 minutes
<b>System demonstration</b> Nitin Garg, Director of IT, DMHAS Chandra Akenapalli, NJSAMS Project Manager, DMHAS	10 minutes
<b>Issue resolution</b> Shanique McGowan Power, BH Program Manager, DMAHS	5 minutes
<b>Q&amp;A</b>	10 minutes

**Context | Update will allow providers to view authorization outcome within NJSAMS**

**Today, providers submit requests for SUD authorization via NJSAMS, but outcomes (e.g., approval, denial) are communicated outside the system**

- Beginning May 12, providers will be able to **view the outcome of their PA request within NJSAMS**, providing a unified interface for most PA needs
- Please note that **approvals with modification will be marked as approved**, and the modification will be communicated in the comments (e.g., for fewer units)
- This update **impacts only Phase 1 services** that may require MCO authorization:
  - Partial Care
  - Intensive Outpatient
  - Ambulatory Withdrawal Management
  - Outpatient Counseling & Psychotherapy (out-of-network providers)

# Recall | Phase 1 PA submission requirements for in-network and out-of-network SUD providers by MCO as of May 1, 2026

✓ - PA required for service

	Aetna		Fidelis Care		Horizon NJ Health		UnitedHealthcare <sup>2</sup>		Wellpoint	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network <sup>1</sup>	In-network	Out-of-network	In-network	Out-of-network
SUD partial care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SUD intensive outpatient	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SUD ambulatory withdrawal management	✓	✓	✓	✓			✓	✓	✓	✓
SUD outpatient counseling and psychotherapy		✓		✓				✓		

**Claims will be denied for providers who do not follow these requirements**

1. For Horizon: Out-of-network providers who use the HF and UC modifiers or are a nurse psychiatry, psychiatry, child psychiatry, or neurology specialty type do not need to submit PAs for evaluation and management (E&M) service codes; all other outof-network providers (e.g., primary care physicians) must submit a PA for these E&M codes  
 2. Application of clinical necessity criteria beginning May 1, 2026

# PA process | A PA request goes through 3 different types of review once submitted to the MCO

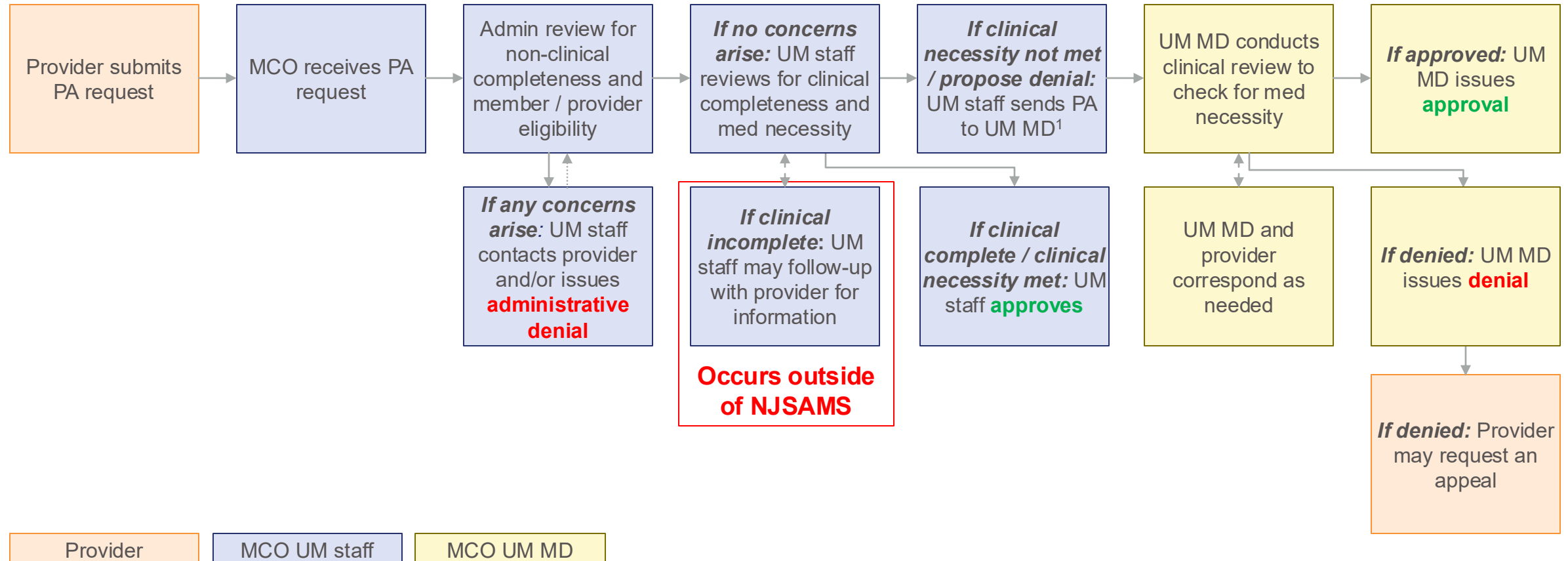
	1 Administrative review	2 Clinical review part 1: Completeness	3 Clinical review part 2: Clinical necessity
What is checked?	<ul style="list-style-type: none"> <li>Completion of <b>administrative info</b> (e.g., member/provider IDs)</li> <li>Verify member <b>eligibility</b></li> </ul>	<ul style="list-style-type: none"> <li>Completeness of <b>clinical info</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Clinical appropriateness</b> and evidence of clinical necessity</li> </ul>
Who conducts the review?	<ul style="list-style-type: none"> <li>MCO <b>utilization management (UM)</b> staff</li> </ul>	<ul style="list-style-type: none"> <li>Licensed <b>UM</b> staff (LCSW, RN, LCADC, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Licensed <b>UM</b> staff or <b>UM medical director (MD)</b></li> </ul>
Potential outcomes	<ul style="list-style-type: none"> <li>If member is ineligible: <b>PA is automatically rejected</b></li> <li>If admin info is incomplete and member is eligible, MCOs may:                             <ul style="list-style-type: none"> <li>- <b>Administrative denial<sup>1</sup></b></li> <li>- <b>Follow up with provider for more information</b></li> <li>- <b>Proceed to clinical review</b></li> </ul> </li> <li>If admin info is complete and member is eligible: <b>Proceed to clinical review</b></li> </ul>	<ul style="list-style-type: none"> <li>If clinical information is incomplete: <b>MCO may follow up with provider for more information</b></li> <li>If clinical information is complete: <b>Proceed to clinical necessity review</b></li> </ul>	<ul style="list-style-type: none"> <li>If clinical necessity met: <b>Approval</b></li> <li>If clinical necessity not met: <b>Denial<sup>1</sup></b> <ul style="list-style-type: none"> <li>- <i>All clinical necessity denials must be confirmed by medical director</i></li> </ul> </li> </ul>

This training is designed to help providers submit substance use disorder (SUD) PAs that pass each review step

1. During the BH Integration Phase 1 transition period, MCOs are required to automatically approve all prior authorization requests for Phase 1 services if administrative information is completed and the member is eligible in the MCO

# Detail | PA review typically includes non-clinical and clinical reviews by UM staff followed by a clinical review by UM medical director if needed

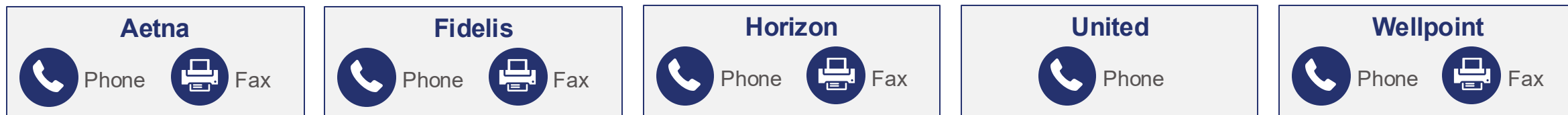
## MCO process for reviewing PA requests under normal operations (i.e., no auto-approvals)



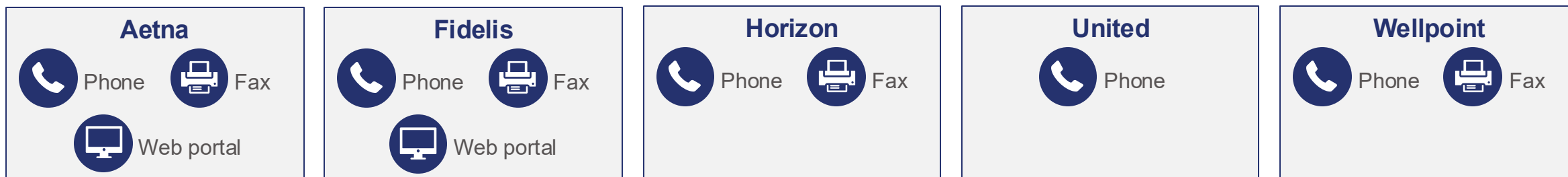
1. Clinical necessity reviews are typically needed when the requested services involve complex clinical scenarios requiring MD judgement (e.g., SUD partial care), UM staff is uncertain if requested level of care matches clinical standards (e.g., MH partial care), and UM staff is concerned that requested service might be unnecessary/inappropriate

# MCOs will follow up outside of NJSAMS if clinical information provided is not sufficient; you will also share your response outside of NJSAMS

If the clinical information you provide to the MCO in NJSAMS is insufficient, they will contact you via...



...and you may respond with additional clinical information via



You may always provide additional clinical information to MCOs via phone

# MCOs must use ASAM criteria to evaluate clinical necessity for SUD services

## Methodology and goal of ASAM criteria

- A member is evaluated across the **6 ASAM dimensions** to determine which level of care is medically necessary
- The **6 dimensions** are...
  - Acute intoxication / withdrawal potential
  - Biomedical conditions and complications
  - Emotional, behavioral, or cognitive conditions and complications
  - Readiness to change
  - Relapse, continued use, or continued problem potential
  - Recovery environment
- The goal of the assessment is to **place the member in the least intensive, but safest treatment**

## MCO requirements for ASAM<sup>1</sup>

- MCOs are **required to only use 3<sup>rd</sup> edition ASAM criteria** to review PAs for SUD services
- All members of **each MCO's UM staff must receive annual training on how to use ASAM** criteria to place a member in a level of care
- MCO UM staff must also **undergo inter-rater reliability testing to ensure consistent application** of criteria across the UM team

## 3 NJSAMS modules are sent to the MCOs to constitute a SUD PA request:

- 1 **DSM-5**, to cover the member's diagnoses
- 2 **LOCI-3**, to cover full clinical assessment across ASAM dimensions and recommendations for level of care
- 3 **Admission**, to cover member demographic and contextual information

**Providers** complete the modules in the following order....

**DSM-5 → LOCI-3 → Admission**

**MCOs** will typically review the PA in the following order....

**Admission → DSM-5 → LOCI-3**

*to first review the contextual information to build a PA case and then the clinical information to determine clinical necessity*

DMAHS will structure the presentation in the order that MCOs review the modules

# For SUD PAs to pass administrative review, information must be entered on the member and provider across the Admission, DSM-5, and LOCI-3 modules

## Admission

### Member information:

- Demographic information (e.g., name, DOB, SSN, address)
- Household and living situation
- Education and employment
- Legal and veteran status
- Insurance information
- Admission and level of care details

### Provider information:

- Agency name
- Medicaid ID
- Facility / agency NPI
- Referral source

## DSM-5

### Provider information

- Counselor Name
- Counselor Credentials
- Supervisor Name
- Supervisor Credentials

## LOCI-3

### Provider information

- Counselor Name
- Supervisor Name
- Counselor / Supervisor contact information (e.g., phone number, email, fax number)
- Supervisor credentials

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# Completing clinical information in **Admission** module

# Providers should specify the member's clinical information at the point of admission in this module

## Clinical information needed for MCO to process PA request

- Providers provide the following clinical information in the Admission comments field:
  - Recovery support programs
  - Current treatment and medication
  - Chronic health conditions and diagnoses



## Admission comments field

- Providers should specify the member's medication history and any additional clinical information as required by the MCO
- *Located at end of Admission module*

A screenshot of a software interface showing a text input field. The field has a title bar that says "Admission Comments" with a small diamond icon on the left. Below the title bar, it says "2000 characters left." The main area of the field is empty and white, with a blue border. There is a small cursor icon in the bottom right corner of the field.

*MCO content requirements for this field to follow*



**Please note:** This field is not a mandatory field in NJSAMS; however, providers must complete it when submitting PAs to MCOs.

# Guidance for completing Admission comments section

## Specifying member medication history

- List of current and past medications used
- For each medication, include
  - Name
  - Indication / reason
  - Start date
  - Adherence
  - Specialty and name of prescribing provider (*if reported by patient*)
- Indicate if member is currently on medication-assisted treatment (MAT)
  - If so, include frequency of MAT and member response to treatment

## Additional information to include in comments

- Requested end date of service
- Anticipated full length of stay at requested level of service (including continued stays – i.e., total treatment course)

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# Completing clinical information in the **DSM-5** module

## The DSM-5 module evaluates a member across a series of SUD diagnoses

### Clinical information to specify in DSM-5

- Module requires providers to assess members across 12 diagnoses
  - For each diagnosis, providers are requested:
    - Check off whether member exhibits diagnosis criteria
    - Indicate whether member meets any additional specifications
    - Complete the notations / last date of substance use field to specify additional clinical information
- MCO content requirements for this field to follow*

# For each diagnosis, providers should use the comments box to denote last dates of substance use and additional important information

**Opioid Intoxication**

Criteria

Meets Criteria for Opioid Intoxication Diagnosis?

Note: (Specifiers are computed automatically by selecting criteria for Use Disorder, Intoxication and Specify If)

**Specifiers**

Specify If

Without perceptual disturbances

With perceptual disturbances

Without perceptual disturbances

With use disorder, mild 292.89 (F11.129)

With use disorder, moderate or severe 292.89 (F11.229)

Without use disorder 292.89 (F11.929)

With perceptual disturbances

With use disorder, mild 292.89 (F11.122)

With use disorder, moderate or severe 292.89 (F11.222)

Without use disorder 292.89 (F11.922)

**Notations/Last date of substance use**

Notations/Last date of substance use for Opioid Intoxication

Max: 500 characters

Note: Last date of substance use is required by MCO to review PA request.

## DSM notation boxes should include...

- Substances used by member
- For each substance, include the following:
  - Amount of substance used (frequency of use is in the admission section)
  - Date of first use (age of first use is in the admission section)
  - Date of last use
  - Any past treatment for that substance (e.g., medication-assisted treatment, outpatient services, inpatient services)

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# Completing clinical information the **LOCI-3** module

# The LOCI module includes 6 sections where the provider assesses the appropriate level of care for the member across the ASAM dimensions

## 6 LOCI Dimensions

- Providers **evaluate member across the 6 ASAM dimensions**
- Each dimension includes:
  - Clinical criteria checkboxes to assess the member's condition
  - Free response field to specify **clinical observations**
  - Free response field to specify **functional impairments**

**!** Do not use 'boiler plate' LOCI information

LOCI should be **specific to the member at that point in time**

LOCI module must be **updated for any extension requests**

**Clinician Observation for Dimension 1:**  
1500 characters left.

**\*Functional Impairments for Dimension 1:**  
1500 characters left.

Please record all impairments in each of the five (Family, Work, Community, School, Self Care) life areas related to this Dimension. If no Impairment record 'none'

*MCO content requirements for these free response fields to follow*

## Dimension 1: Acute Intoxication / Withdrawal Potential

### Guiding questions for documenting clinical observations in Dimension 1

- What risk is associated with the patient's current level of acute intoxication?
- Is there significant risk of severe withdrawal symptoms based on...
  - the patient's previous withdrawal history?
  - the patient's current pattern of use?
- What is the patient's last date of use?
- What are the current physical and objective signs of withdrawal (e.g., tremors, sweating)?
- Are there any post-acute withdrawal symptoms (PAWS)?
- Does the patient have supports to assist in ambulatory detoxification, if medically safe?
- Has the patient been using multiple substances in the same drug class?
- What are the patient's withdrawal scale score (e.g., CIWA-Ar, COWS)?
- *(Only for ambulatory withdrawal management)* What are the patient's vital signs?

### Examples of how to specify functional impairments

- Risk of medical complications or harm related to withdrawal
- Need for monitoring or medical intervention
- Lack of access to emergency medical care or monitoring

## Dimension 2: Biomedical conditions and complications

### Guiding questions for documenting clinical observations in Dimension 2

- Are there any current and / or chronic physical illnesses, aside from withdrawal, that could complicate treatment?
  - If so, do these conditions require ongoing medical attention?
  - Is the patient currently receiving medical care for these conditions?
- Is the member taking prescribed medications for medical conditions?
  - How would you describe the member's medication adherence?
  - What are the side effects of the medication?
- Does the patient have any pain conditions that need ongoing management?
- If applicable, what accommodations does the member need for mobility issues and / or sensory impairments?
- How does their substance use affect their physical health conditions and / or treatment?

### Examples of how to specify functional impairments

- Limitations in physical functioning
- Need for coordination with primary care specialists
- Barriers to treatment participation due to health issues

## Dimension 3: Emotional, behavioral, or cognitive conditions and complications

### Guiding questions for documenting clinical observations in Dimension 3

- What are the emotional, behavioral, or cognitive conditions that need to be addressed because they complicate treatment (*include problems expected as a part of the addictive disorder and those that appear to be autonomous*)
- If applicable, what is the patient's history of psychiatric hospitalization and / or treatment?
- What is the relationship between patient's addictive disorder and any emotional, behavioral, or cognitive conditions?
- Is the patient receiving prescribed psychotropic medication for emotional, behavioral, or cognitive problems?
  - If so, what are the medications, and what were they prescribed to address?
  - How is the member's adherence to the medication?
- What is the patient's mood, affect, and orientation?
- What is the patient's suicidal and homicidal risk?

### Examples of how to specify functional impairments

- Difficulty engaging in treatment or managing emotions
- Disruption in relationships, work, or daily functioning
- Need for behavioral health support or stabilization

## Dimension 4: Readiness to change

### Guiding questions for documenting clinical observations in Dimension 4

- What is the individual's emotional and cognitive awareness of the need to change?
  - Are there emotional, cognitive, or environmental barriers that interfere with readiness?
- What is the individual's level of commitment to and readiness for change?
- How engaged has the individual been in past treatment activities, and have they cooperated or followed through with treatment recommendations?
- How aware is the individual of the relationship between alcohol or drug use and negative consequences?
  - Do they understand the consequences of continued substance use?
- What is motivating the individual to seek treatment now?

### Examples of how to specify functional impairments

- Inconsistent participation in treatment
- Difficulty setting or following through on recovery goals
- Need for motivational enhancement strategies

## Dimension 5: Relapse, continued use, continued problem

### Guiding questions for documenting clinical observations in Dimension 5

- Is the patient in immediate danger of continued alcohol or drug use?
- What are the patient's past attempts at abstinence and historical pattern of relapse?
- How aware is the patient of their ability (or lack thereof) to cope with problems and further distress?
- If reported, what are the patient's strategies to cope with...
  - Cravings to use substances related to their addictive disorder?
  - Problems related to their mental disorder or behavioral, emotional, or cognitive conditions?
  - Other life problems and further distress?
- How aware is the patient of their relapse triggers? If reported, what are they?
- How severe are the patient's problems and distress that may continue or reappear if the patient is not successfully engaged in treatment at this time?
- Have addiction or psychotropic medications assisted in recovery before?

### Examples of how to specify functional impairments

- Consequences of relapse related to functioning
- Inability to manage cravings or stress
- High-risk behaviors or environments
- Need for structured relapse prevention

## Dimension 6: Recovery Environment

### Guiding questions for documenting clinical observations in Dimension 6

- Do any family members, significant others, living situations, or school or work situations pose a threat to the patient's safety or engagement in treatment?
  - What is the patient's current exposure to substance use or violence?
- How supportive and stable are the patient's relationships (e.g., family, friends), living situation, financial resources, educational/vocational resources, or community resources?
  - How can they rely on these elements of their recovery environment to increase the likelihood of successful treatment?
- What transportation, childcare, housing, or employment issues need to be clarified / addressed and how?
- If applicable, what support or recovery programs is the member engaged in?
- What are any legal, vocational, social service agency, or criminal justice mandates that may enhance the patient's motivation for engagement in treatment?

### Examples of how to specify functional impairments

- Environmental barriers to treatment engagement
- Lack of transportation, food, or safety
- Unsafe living environment
- Need for case management or housing support

# The LOCI summary summarizes clinical information submitted in the dimensions and where the provider recommends the level of care

## LOCI Summary of Findings

- Section is automatically populated with a LOCI indicated level of care based on LOCI responses
- Providers should indicate the following:
  - Level of care indicated in LOCI
  - If recommendation is different from LOCI
  - A justification for revising the LOCI using Free response field for

### recommendations / clinical justifications

- **Current transitional discharge plan** is used when provider is indicating a step down or step up in the level of care

Current Transitional Discharge Plan (Up to 3000 characters)

Recommendations/Clinical Justification: (Up to 3000 characters)

Save Next >> Refer Client Print LOCI Report

*MCO-specific content requirements for these free response fields to follow*

## Providers should begin discharge planning early...

### Tips for effective discharge planning

- Discharge planning should begin **as early as possible**, ideally at the time of intake or admission
- Include **input** from the entire **care team**, the **patient**, **family members**, and **community supports**
- Ensure the plan **reflects the patient's preferences**, anticipated **challenges**, and desired **outcomes**

## ...and use the current transitional discharge plan field in NJSAMS

### Required components of the transitional discharge plan

- Preliminary discharge recommendations
  - Where the member would discharge to
  - How the member will demonstrate readiness for discharge
- Safety and crisis plan
- Preliminary coordination of care
  - Linkages to continuing care and supports (e.g., community resources, family engagement)
  - Any BH and / or PCP visits (*should be scheduled within 7 days post-discharge*)

Examples follow

## Guidance for completing the recommendations / clinical justifications field

### Clinical justifications should establish clinical necessity by...

- Demonstrating appropriateness of care, including...
  - Why the treatment is necessary now
  - Why the member needs this level of care
- Using clinical documentation to justify decisions
  - Address ASAM criteria across all six dimensions
  - Use DSM-5 diagnostic criteria and link diagnoses to clinical observations and functional impairments
- *(For extension requests)* Indicating progress made, clinical issues not yet resolved, and how continued care will resolve / address those issues

## Discharging members in NJSAMS is critical to avoid unnecessary provider rework

Providers are unable to admit a member in NJSAMS **while the member has an existing admission** with a previous agency

To avoid delays to future member care, **providers must discharge members** within NJSAMS as soon as possible

Current solutions are still available: forced discharge and assistance from the IME; however...

**!** Failure to discharge a member **may create extra work and delays for the next provider**, as they may need to request IME intervention to end the previous admission

Discharge delays **>5 days may render the next provider unable** to receive authorization for care

## Common PA mistakes to avoid

Failure to **submit discharge report**

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Providing **insufficient clinical info** in NJSAMS submission

- To avoid denial, **respond as soon as possible** when an MCO follows up requesting additional clinical information
- 

Submitting authorization **request with a different NPI** than you will use to render services

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Failure to **monitor authorization end dates**, and instead waiting to receive a claim denial

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Failure to **check member eligibility** and enrollment regularly

## Decision fields | MCOs will share detailed information when issuing PA determination

- **MCO 3-digit code** to identify the MCO
- **Treatment episode NO (TEN0)** to match the inbound MCO case with the correct NJSAMS provider submission
- **Timestamp and date** of provider PA submission
- **PA approval fields** – *these objects will be blank in the case of a denial*
  - PA number(s)
  - Service codes and names associated with each PA
  - Start date associated with each PA
  - End date associated with each PA
  - Units associated with each PA
  - Comments
- **PA denial fields** – *these objects will be blank in the case of an approval*
  - PA number(s)
  - Reason for denial
  - Comments



- **Blue fields** are first sent to MCOs in PA request; MCOs are expected to return same data to NJSAMS for system to identify PA determination
- Providers view **orange fields** in NJSAMS when receiving PA determination

## In NJSAMS, along with the PA approval or denial information, providers will see...

- Member information (e.g., name, DOB)
- NJSAMS episode number to identify the submission receiving a determination
- Standard disclaimer to remind providers to refer to MCO-mailed letter if the PA is denied or is approved with a reduction in service

# MCO decision in NJSAMS will provide all relevant information about PA outcome

## PA Approved Screen

### AUTHORIZATION

#### CLIENT INFORMATION

First Name: [REDACTED]	Last Name: [REDACTED]	Client ID: [REDACTED]
Date of Birth: [REDACTED]	SSN: [REDACTED]	Admission Date: 04/06/2026
DASIE Date: 04/23/2026	LOCI Date: 04/23/2026	DL #: [REDACTED]
Initiative: Medicaid	Provider Medicaid #: [REDACTED]	Client Medicaid #: [REDACTED]
Level of care: Partial Care	[REDACTED]	

#### Medicaid Authorization

PA Requested Date	P.AUTH#	Level of care service	Start Date	End Date	Comments	Units Issued	Status	PA Issued Date	PA Issued By
04/06/2026	EFHR-RL46	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM	04/06/2026	05/10/2026		24	Active	04/06/2026	Fidelis

Note **PA start and end dates** by service code and save within your own authorization tracking system

Identify whether request was **approved or denied**

Review comments to understand whether an approval is a **complete denial or approval with modification**

# System demonstration

# When encountering issues, determine whether best path to resolution is via IME, MCO, or NJSAMS ticket

## When to contact IME

Process related issues, e.g.:

- Provider unsure if PA should be submitted to MCO or IME
- Provider has questions about how to complete an NJSAMS admission file
- Provider cannot admit someone due to an existing admission elsewhere

IME contact information:

 [imeum@ubhc.rutgers.edu](mailto:imeum@ubhc.rutgers.edu)

 844-276-2444

## When to contact a member's MCO

MCO communication regarding PA decision, e.g.:

- Provider submitted PA request to MCO and needs clarification on next steps
- Provider has not received response from the MCO in the required time frame

*Refer to key MCO points of contact [here](#) or also in [provider readiness packet](#)*

## When to submit NJSAMS ticket

Technical issues, e.g.,:

- Provider has encountered an error message on their NJSAMS screen
- Provider cannot start a client record due to a data correction issue

To access NJSAMS ticket system, log in, navigate to the Help Menu, and select option for Ticket Management. Note the response time is 72 hours.

## Other questions? Reach out to BH Unit

If you are unsure where to get an answer to your question, reach out directly to the DMAHS BH Unit

BH Unit contact information:

 [DMAHS.BehavioralHealth@dhs.nj.gov](mailto:DMAHS.BehavioralHealth@dhs.nj.gov)



# Seeking provider volunteers to submit PAs on launch day (May 12)

We are looking for volunteers to **submit real authorization requests** for NJ FamilyCare members on May 12 under the supervision of NJSAMS staff

You would have to **attend a meeting with NJSAMS stakeholders** (including MCOs) to participate

Volunteering will **enable smooth roll-out of NJSAMS** bi-directional communication capability



# State Q&A



# Appendix

# PA requests for all non-hospital Phase 1 SUD services for adults and youth route to MCOs via NJSAMS; process unchanged for Phase 2 and 3 services

Services	Population Type	PA processed by MCO or IME? (as of Jan '25)	Providers submit via NJSAMS or MCO process?
<b>Phase 1 services</b> <ul style="list-style-type: none"> <li>Intensive Outpatient</li> <li>Partial Care</li> <li>Ambulatory Withdrawal Management</li> </ul> <i>Note: Includes Recovery Court</i>	General population	MCO	NJSAMS
	Presumptive eligibility or members without an active MCO	IME	NJSAMS
	Specialty (MLTSS, DDD, FIDE-SNP) population	MCO	NJSAMS
<b>Phase 2 and Phase 3 services</b> <ul style="list-style-type: none"> <li>Short term residential</li> <li>Long term residential</li> <li>Residential withdrawal management (ASAM 3.7 IWM)</li> </ul> <i>Note: Includes Recovery Court</i>	General population	IME	NJSAMS
	Presumptive eligibility or members without an active MCO	IME	NJSAMS
	Specialty (MLTSS, DDD, FIDE-SNP) population	MCO	MCO portal

Note: All Medicaid PE (Presumptive Eligibility) will continue to be processed through the IME as it is today. Work is still being done to confirm if FIDE-SNP prior authorizations can be identified through NJSAMS for MCOs

## Additional information on provider data entry into NJSAMS

Topic	Guidance
Initial auth vs. extension request	<ul style="list-style-type: none"> <li>• <b>If submission is an extension request</b>, providers should select "extension" checkbox</li> <li>• Providers will not get a notification through NJSAMS of need for extension</li> </ul>
Urgent designation	<ul style="list-style-type: none"> <li>• <b>If providers want to designate SUD partial care as urgent</b>, they must notify MCO external to NJSAMS (e.g., fax, phone call)</li> </ul>
Modified level of care	<ul style="list-style-type: none"> <li>• Providers must first discharge the member from current level of care within NJSAMS</li> <li>• Providers will then re-submit request through NJSAMS to MCOs with updated level of care report (ASAM LOCI) and select "modified level of care" checkbox <ul style="list-style-type: none"> <li>- Applicable information from previous submission will pre-populate into new request</li> </ul> </li> </ul>
Discharges	<ul style="list-style-type: none"> <li>• Providers must discharge member through NJSAMS and inform MCOs through MCO portal</li> </ul>

**NJSAMS is not responsible for validating or addressing errors**, thus providers are urged to review information and checkboxes prior to submitting

# Common provider questions or errors on NJSAMS PA submission (I/III)

## 1 Member's MCO or Medicaid # is incorrect

- Providers have functionality to change the MCO or Medicaid # if incorrect
- On left hand navigation, click **“Income / Program Eligibility”**
- In the “MCO Name” field, select the correct MCO
- In the **“Medicaid Number”** field, type correct Medicaid #
- Click **“Override MCO/Medicaid Number”** checkbox
- In **“Reason to Override”** field, select reason for correction
- Click **“Save”** to save changes

## Common provider questions or errors on NJSAMS PA submission (II/III)

### 2 Member does not have an MCO or has presumptive eligibility

- Navigate to first accordion of “Admission section”
- In the “Funding source” section:
  - Select “**Managed Initiatives**” from the first dropdown
  - Select “**Medicaid**” from the second dropdown
  - Check the checkbox labelled “**Presumptive Eligible (PE) or MCO assignment is not effective. Only Trained and Certified PE providers should use this box.**”
- Submit clinical request to IME

**Note: Services that are Medicaid covered must be billed to Medicaid. Failure to do so may be subject to audit and result in recovery of funds.**

Managed Initiatives \* Medicaid \*

**Presumptive Eligible (PE) or MCO assignment is not effective. Only Trained and Certified PE providers should use this box.**

Before clicking on “**SAVE**” please check that the client’s LOC is correct. If it is not correct, review the LOCI and either change to the correct level or check with the clinician who did the LOCI evaluation. After clicking on “**SAVE**” the record will be locked and the LOC cannot be changed for this admission.

### 3 How to proceed after member is assigned an MCO (changing funding from Medicaid PE to Medicaid)

- On left hand navigation, click “**Income / Program Eligibility**”
- Click “**Verify Medicaid Eligibility**”. MCO name and Medicaid number will automatically populate
- Click “**Save**” to save changes
- In the “Funding source” section, follow steps from above for dropdowns, then **uncheck** “**Presumptive Eligible or MCO assignment is not effective**” box
- Submit clinical request to IME

**Medicaid/WFJ/Private Insurance**

**Medicaid**

Is the client currently enrolled in Medicaid?  Yes  No (as of 2/28/2025) **Verify Medicaid Eligibility**

MCO Name: Horizon NJ Health

Medicaid Number: 000004243721

Override MCO/Medicaid Number:

**Funding Source History**

**Change Funding Source**

Managed Initiatives \* Medicaid \*

**Presumptive Eligible (PE) or MCO assignment is not effective. Only Trained and Certified PE providers should use this box.**

## Common provider questions or errors on NJSAMS PA submission (III/III)

### 4 Provider wants to submit an extension or modified level of care request

- On left hand navigation, click “**Clinical Authorization**”
- Select “**Check if this request is for an extension**” to submit an extension request OR select “**Check if this request is for a modified Level of Care**” for modified level of care request
- Click “**Generate and Send Report to MCO**”

CLIENT QUICK LINKS

- Registration
- Immediate Need Profile
- Income/Program Eligibility
- Assessment Authorization
- Addiction Severity Index
- BioPsychoSocial
- DSM-5
- LOCI-3
- Admission
- View All Authorizations
- Clinical Authorization

Site Location: [REDACTED] Site Medicaid No.: [REDACTED]

**SUBMIT CLIENT REPORT TO MCO**

MCO Name: Fidelis Care | Client Medicaid#: 233004858001

Check if this request is for a initial Level of Care  
 Check if this request is for a modified Level of Care  
 Check if this request is for an extension

**Generate and Send Report for MCO**

### 5 Provider submitted request in NJSAMS, but MCO has not received the request

- Providers receive a confirmation (in green font with date of submission) after submitting a PA request in NJSAMS
- Providers should screenshot the confirmation and follow-up with MCO if MCO claims to have not received the PA
- If providers do not receive a confirmation, they should submit an NJSAMS ticket

**SUBMIT CLIENT REPORT TO MCO**

MCO Name: United Healthcare | Client Medicaid#: 000085048701

You have sent [082\_000085048701\_IOP\_INT\_03052025150039.zip] on 03/05/2025 to United Healthcare.

Check if this request is for a initial Level of Care  
 Check if this request is for a modified Level of Care  
 Check if this request is for an extension

**Generate and Send Report for MCO**

