

BEHAVIORAL HEALTH INTEGRATION

FREQUENTLY ASKED QUESTIONS

Version 2 (5/8/26)

1. What is behavioral health?

Behavioral health often refers to mental health and substance use disorders, life stressors, stress-related symptoms, and a person's habits and how they impact their overall health. The prevention, diagnosis, and treatment of these conditions is referred to as behavioral health treatment.

2. What is the DMAHS?

The Division of Medical Assistance and Health Services (DMAHS) carries out all manners related to Medicaid/NJ FamilyCare. If you are a Medicaid/NJ FamilyCare member seeking assistance with your care, we recommend contacting your MCO's member services. If they are unable to resolve the issue, then contact the DMAHS Behavioral Health Integration Resource Account. The link is provided below and serves as a tool for members and providers that are encountering issues with matters including but not limited to: coverage, payments, or explanation of benefits.

3. What is an MCO?

- Managed care organizations (or MCOs) are health plans that cover and coordinate services such as prescriptions, visits to the doctor, and other health care needs.
- The five MCOs in New Jersey, and their contact information for their Medicaid/NJ FamilyCare members are listed below.



Aetna Better Health® of New Jersey



FIDELIS CARE®

1 Aetna Better Health of New Jersey Member Services

1-855-232-3596 (TTY: 711)

2 Fidelis Care (Formerly Wellcare) Member Services

1-888-343-3547 (TTY: 711)

List of MCOs continued on the next page



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NJ FAMILY CARE



**3 Horizon NJ Health
Member Services**

1-800-682-9090 (TTY: 711)



**4 United Healthcare Community Plan
Member Services**

1-800-941-4647 (TTY:711)



**5 Wellpoint (Formerly AMERIGROUP
New Jersey, Inc.)
Member Services**

1-833-731-2147 (TTY: 711)

**DMAHS Behavioral Health Integration
Resource Account:**

Phone number: **609-281-8028**

Email: **DMAHS.BehavioralHealth@dhs.nj.gov**

- A link is provided for the Division of Medical Assistance and Health Services (DMAHS) Behavioral Health Integration Resource Account.

4. What is changing with Medicaid/NJ FamilyCare coverage of behavioral health?

Prior to January 1, 2025, Medicaid/NJ FamilyCare members would have to find a provider that accepted Medicaid/NJ FamilyCare fee for service, without the assistance of the health plan members services or care management teams.

- Some providers wouldn't accept certain health plans, which could make it difficult for members to locate the care they needed.

As of January 1, 2025, your health plan/MCO now covers many behavioral health services. These covered services include but are not limited to outpatient mental health and substance use disorder counseling/psychotherapy services.

- The health plans also manage your doctor visits, regular check-ups, hospitalizations, and prescriptions.
- You can use one health plan/MCO identification card for covered services and find providers in one location.

5. Why is this change being made?

In line with the Division of Medical Assistance and Health Services' (DMAHS) goal of



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person-centered care, this change will allow better coordination and access to behavioral and physical health services for members. Members will be able to access both services through the same health plan/MCO.

6. What is meant by “non-participating/out-of-network provider?”

A non-participating or out-of-network provider is a provider that is not in your health plan/MCOs network.

7. What services are going to be covered through MCOs?

- **Mental Health Therapy/Counseling**
This service may be used by someone struggling with stress, anxiety, or depression and can be delivered by independent practitioners and licensed clinics.
- **Mental Health Partial Hospitalization**
This service may be used after a mental health crisis requiring daytime treatment.
- **Mental Health Partial Care**
This service includes daytime mental health support without the need to stay overnight.
- **Mental Health Outpatient Hospitalization or clinic services**
This service is for when mental health treatment is needed, but the person can safely manage at home.
- **Substance Use Disorder Therapy/ Counseling**
This service may be used by someone struggling to manage their substance use.
- **Substance Use Disorder Intensive Outpatient**
This service may be used when someone needs frequent recovery support. They would attend sessions at a treatment center while still living at home.
- **Substance Use Disorder Detoxification/ Withdrawal Management**
This service may be needed for safely stopping substance use without staying in a hospital.
- **Substance Use Disorder Partial Care**
This service may be needed for daily recovery support without the need to stay at a treatment center overnight.

8. Whom do these services apply to?

These services are available to all Medicaid/NJ FamilyCare eligible child or adult.



9. Some behavioral health services that are still covered by fee-for-service are:

- Mental health services
 - » Supervised group homes and apartments
- Substance use disorder services
 - » Short-term residential
 - » Residential detoxification/withdrawal management
 - » Long-term residential
 - » Opioid treatment programs (OTP)

10. Will behavioral health services be covered by MCOs in the future?

Health plans/MCOs will eventually be covering additional behavioral health services. Over the course of the next few years, Medicaid/NJ FamilyCare is intending to add behavioral health services that remain covered by fee-for-service ([see question 9](#)).

11. Are my behavioral health benefits and services still covered? How does this change affect me?

Yes, all of your current behavioral health services will remain covered. As of January 1, 2025, your health plan/MCO began providing coverage and coordination to ensure access to services for the behavioral health services listed within [question 7](#).

12. Where can I find a behavioral health provider?

- You can use one health plan/MCO directory to find providers for the covered services.
- If you have a care manager through your health plan/MCO, they will help you with both physical and behavioral health needs.
- If you do not have an assigned care manager through your health plan/MCO, you can request one by contacting the Member Services or Customer Service number on the back of your health plan/MCO member card.

13. What happens if I need a service that is not included within these behavioral health integration changes (see Question 9)?

You can reach out to both your health plan/MCO (see the phone number for member



services on the back of your health plan/MCO member card) and health plan/MCO care manager to ask for assistance in identifying a fee-for-service provider that is right for you.

OR search the **New Jersey fee-for-service provider directory website:**

www.njmmis.com/providerDirectory.aspx?nonBilling=False

Behavioral Health Integration Member Resources website:

www.nj.gov/humanservices/dmhas/resources/providers/stakeholder/member-resources.shtml

14. What resources are available to assist me?

- Health plans/MCOs have sent letters to members describing these changes.
 - » These letters contain contact information for you to ask questions and access services.
- Health plan/MCO member handbooks and the BH Integration Stakeholder website are both good resources.
 - » Health plan/MCO provider directories that help members and families find in-network behavioral health providers can also be found at these locations.
- You may be assigned a care manager who can assist you in accessing services.
- Members may request a case manager from MCOs directly via the member services phone number, located in **questions 3** and **15**.
 - » Should members experience any delays in care or encounter issues while reaching out to an MCO, members may reach out to DMAHS (contact information included within **questions 3** and **15**), who can also help assign a case manager.

15. Who do I contact if I have questions about Behavioral Health Services?

MCO		Phone Number
Aetna Better Health of New Jersey	 <small>Aetna Better Health® of New Jersey</small>	1-855-232-3596 (TTY: 711)
Fidelis Care (Formerly Wellcare)		1-888-343-3547 (TTY: 711)
Horizon NJ Health		1-800-941-4647 (TTY: 711)
United Healthcare Community Plan		1-800-731-2147 (TTY: 711)

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16. I have private insurance, but the services are not part of my insurance plan. Will the health plan/MCO cover my services?

Yes, the health plans/MCOs will cover all behavioral health services that were listed above in [question 7](#).

17. Am I able to change behavioral health providers if I already have behavioral health services?

Yes. You have the right to request a change in provider if the provider you are using is not meeting your needs. Please visit your health plan/MCO's provider directory or call the number on the back of your card ([see question 15](#)).

If you need assistance with locating a provider from your health plan/MCO, you should use the contact information in [question 15](#).

18. I was receiving behavioral health services through fee-for-service, do I have to change my provider?

Not at this time. Health plans/MCOs are reaching out to all fee-for-service providers to join the MCO network. By doing so, DMAHS' goal is to reduce obstacles connecting members with care.



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