

Medicaid for Drug Court Providers



**DEPARTMENT OF HUMAN SERVICES (DHS)
DIVISION OF MENTAL HEALTH & ADDICTION
SERVICES (DMHAS)**

**QUARTERLY PROVIDER MEETING
JANUARY 30, 2017**

Division of Mental Health & Addiction Services
wellnessrecoveryprevention



Why Now



- DMHAS has been in conversations with the AOC regarding utilizing Medicaid funding for DC participants.
- Procedures needed to be developed so that the use of Medicaid for DC participants would be an unmanaged initiative by the IME.
- A process has now been worked out.

What will Remain the Same



- DC providers will continue to receive referrals directly from the local drug court.
- DC providers will continue to directly secure authorizations via NJSAMS for state funded services for non-Medicaid eligible consumers.
- DC providers will continue, when needed, to submit extension requests through NJSAMS and forward them to the respective drug courts for approval

What will be Different



- DC providers will need to determine whether the DC participant has Medicaid or might be Medicaid eligible.
- If the DC participant appears Medicaid eligible and the provider is certified to complete a Presumptive Eligibility (PE) application, the application should be completed and indicated in the NJSAMS admissions module.
- If the DC participant is or appears to be ineligible for Medicaid, then the provider will obtain an authorization using state DC funds.

What will be Different

- The IME will issue PAs for Drug Court Clients with Medicaid;
 - OP, IOP and PC all ages
 - STR & IWM(Detox) 18-21 & 65+.
- There will be an option in NJSAMS to choose Drug Court/Medicaid in the drop down for funding source in the admission module
- The DC Provider chooses that option for Drug Court participant with Medicaid.
- The request for authorization is sent to the IME through NJSAMS.

What will be Different



- IME issues an administrative authorization and adds that information into the Medicaid Authorization Module.
- DC Providers should begin using Medicaid as the payer source for **newly referred DC clients** and as DC clients move to a new level of care.
- Treatment PA's under Medicaid will follow the Medicaid authorization package, not the DC state package. This means more frequent extension requests may be required.

What's New



- Treatment authorizations using the DC state funds will continue to use the DC state package for lengths of authorization.
- Extension requests will be forwarded to the appropriate Drug Court for approval as is done now, ten days prior to either the PA or authorization expiring.
- Emails forwarding the extension request should have the word **MEDICAID** in the header for identification.

What is New



- Medicaid/NJ FamilyCare is first payor in for those consumers eligible for Medicaid, for Medicaid covered services.
- State DC funds should be utilized for non-Medicaid covered services only if Medicaid is unavailable.
- State DC funds should be utilized for non-Medicaid covered services such as residential.



What is New



- Medicaid covers a number of services which are presently considered enhancements such as Urine Drug Screens and labs.
- DC enhancements such as court liaison, transportation and case management will need to be billed off-line since at present NJSAMS does not allow for both DC-Medicaid and also to select DC state dollars at the same time.
- DMHAS is currently working on a form which providers can use to submit for these off-line payments.

Questions?



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FOR MORE INFORMATION PERTAINING TO NJSAMS AND DC-MEDICAID, OPEN AN NJSAMS TICKET

