



NJ FamilyCare Behavioral Health Integration

Member Meeting

DECEMBER 17, 2024

Welcome

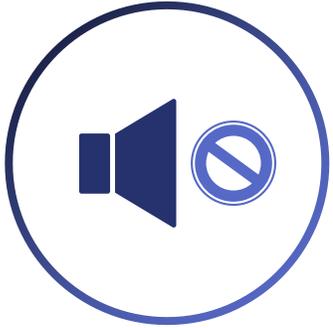


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Assistant Commissioner,
Division of Medical Assistance
and Health Services (DMAHS)



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Manager, DMAHS

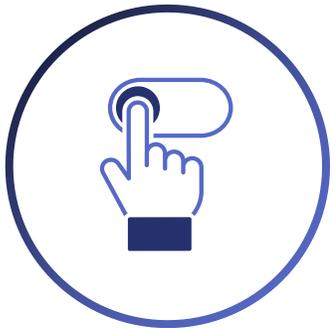
Participating in Today's Meeting



All attendees will enter the meeting on mute



Share your questions in the Q&A feature at the bottom of the screen



You can turn on closed captions at the bottom of the screen



Information from today's meeting will be shared with attendees by email

Meeting Goals

- Share overview of NJ FamilyCare Behavioral Health Integration
- Share resources and contact information to assist members with this change
- Answer member questions

About NJ FAMILY CARE

Affordable health coverage. Quality care.

- NJ FamilyCare is a health care program for eligible New Jersey residents
- Members MUST enroll with a health plan, also known as a managed care organization or MCO
- There are 5 NJ FamilyCare MCOs: Aetna, Fidelis Care, Horizon, United Healthcare, and Wellpoint
- These health plans cover and coordinate services including doctor visits, prescriptions, dental care, and other health care needs

What is changing with NJ FamilyCare coverage of behavioral health?

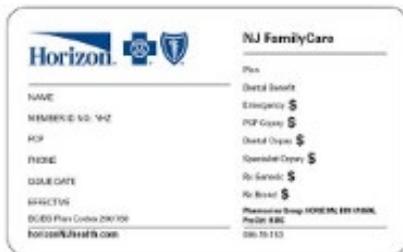
Until now

You have used your Health Benefits Identification Card for behavioral health services, and your health plan card for all other services

Behavioral health services



Other services



Starting Jan 1, 2025

Your health plan will cover many behavioral health services.

These covered services include outpatient mental health and substance use disorder services, such as psychotherapy.

You will use your Health Benefits Identification Card for other behavioral health services, such as residential treatment and opioid treatment programs, until 2026 or later.

Your benefits are staying the same, but how the State handles them is changing.

List of outpatient behavioral health services that will be covered by health plans starting on January 1, 2025

Mental Health Services

Mental health therapy / counseling

This service might be used by someone struggling with stress, anxiety, or depression

Mental health partial hospitalization

This service could be used after a mental health crisis requiring daytime treatment

Mental health partial care

Someone might need this for regular daytime mental health support without staying overnight

Mental health outpatient hospital or clinic services

This is for when mental health treatment is needed, but the person can manage at home

Substance Use Disorder Services

Substance use disorder therapy / counseling

This might be used by someone struggling to manage their substance use

Substance use disorder intensive outpatient

This could be used when someone needs frequent recovery support, attending sessions at a treatment center while living at home

Substance use disorder detoxification / ambulatory withdrawal management

This might be needed for safely stopping substance use without staying in a hospital

Substance use disorder partial care

Someone might use this for daily recovery support without needing to stay overnight

What does this mean for your health care?

- Many behavioral health services will be covered by the health plan that also covers your doctor visits, regular check-ups, hospitalizations, and prescriptions.
- You can use one health plan card for the covered services.
- You can use one health plan directory to find providers for the covered services.
- If you have a care manager through your health plan, they can help you with both physical and behavioral health needs.

Why are we making these changes?

- We want to make it easier for you to access behavioral health services.
- You can use one system for your physical health care and your behavioral health care.
- One health plan can coordinate all your health care needs.

Policies to support you

- 90-day transition period to make sure no interruptions to your care
- Better care management
- More efficient authorizations

If you are experiencing challenges, you have the right to:

- Request a behavioral health care manager
- Choose and switch your health plan
- Appeal any health plan coverage decisions you disagree with

It is important to us that your care is not interrupted

- **Behavioral Health Providers** – to ensure you can see your same provider:
 - Health plans required to contract with existing providers to be part of their network
 - Health plans required to accept any out-of-network providers for first 90 days
- **Services Authorizations** – to ensure you get the care you need:
 - If you currently have an authorization, the state is transferring those to health plans
 - Health plans must approve all outpatient behavioral health authorizations for first 90 days

Additional behavioral health services will be covered by your health plan in the future

January 1, 2025

Outpatient behavioral health services

Estimated January 2026

Residential behavioral health services and opioid treatment services

To be determined

Other behavioral health services may be included at a later date

These behavioral health services will remain covered by Health Benefits Identification Card as of January 1, 2025

Residential & Opioid Treatment Programs

Mental health services

- Supervised group homes and apartments

Substance use disorder services

- Short-term residential
- Medically monitored inpatient withdrawal management
- Long-term residential
- Opioid treatment programs (OTP)

Additional Behavioral Health Services

The State will be looking for stakeholder feedback about the following services to decide if some of these services may be covered by health plans in the future.

- Opioid overdose recovery programs
- Psychiatric emergency services
- Behavioral health homes
- Community support services (CSS)
- Certified community behavioral health clinics
- Children's system of care services

Resources available for you and your family

Health Plan Member Handbooks

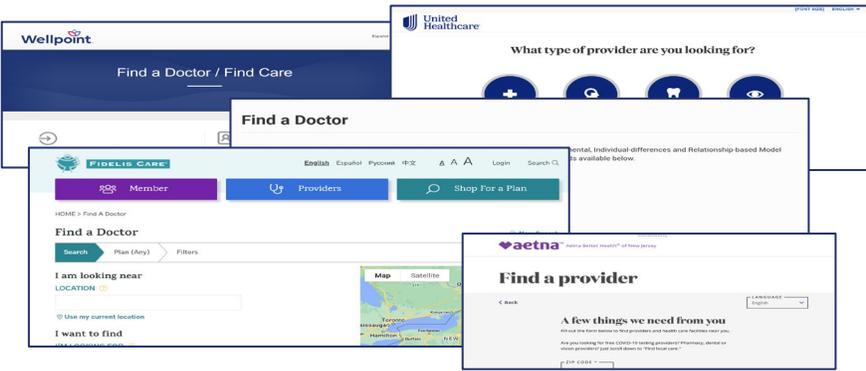
Detailed information on each health plan



- [Aetna](#)
- [Fidelis Care](#)
- [Horizon](#)
- [UnitedHealthcare](#)
- [Wellpoint](#)

Health Plan Provider Directories

Where members and families can find "in-network" behavioral health providers



- [Aetna](#)
- [Fidelis Care](#)
- [Horizon](#)
- [UnitedHealthcare](#)
- [Wellpoint](#)

State and health plan contact information



DMAHS

DMAHS BH
Integration Unit

1-609-281-8028
(TTY: 711)

Dmahs.behavioralhealth@dhs.nj.gov



Aetna

Member Services

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

[Website](#)

[Member Portal](#)



Fidelis Care

Member Services

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

[Website](#)

[Member Portal](#)



Horizon

Member Services

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

[Website](#)

[Member Portal](#)



UHC

Member Services

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

[Website](#)

[Member Portal](#)



Wellpoint

Member Services

833-731-2147
(TTY: 711)

[Website](#)

[Member Portal](#)

Questions?

Please type them in the Q&A

Thank you!