



NJ Division of Medical Assistance and Health Services
BH Integration Member MCO-Led Integrated Care Management
Overview and Frequently Asked Questions (FAQs)

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Introduction

MCO-led Integrated Care Management is a way Medicaid managed care organizations (MCOs) find and help people with mental health, substance use, and other health needs. It makes sure members get the care they need, when and where they need it, by working with different providers and services. Care management can include the following:

- Case management, such as helping members make calls and schedule appointments
- Care coordination, such as making sure all of a member's doctors and providers are working together
- Advocacy, such as working with people and groups in the community to help members get the right services

The overall goal of MCO-led Integrated Care Management is to give members a better care experience by bringing together their physical health, behavioral health, and social services. MCO Care Managers are intended to be an advocate for their members both within and outside the MCO. They have the following responsibilities:

- Finding members who may be eligible for care management
- Understanding members' health and care needs
- Creating unique care plans that fit each member's health goals and circumstances
- Connecting members to providers and other community support programs
- Checking members' progress toward healthcare goals and changing plans if needed
- Following up with members regularly

MCO-led Integrated Care Management is free for all eligible members in an MCO.

Frequently Asked Questions

1. My provider is already providing me with case management. What is the difference between these provider case managers and MCO Care Managers? What do I go to MCO Care Managers for instead of provider care/case managers?

- MCO Care Managers work with provider case managers – they do not replace them.
- MCO Care Managers usually focus on long-term support. They guide members through the whole care system and help them find extra support in the community, such as housing, childcare, or other social support services. They look at all parts of a member's health.
- Provider case managers focus on short-term help or a specific health problem. They help members understand what services are available at their current provider or nearby providers.
- MCO Care Managers, provider case managers, and care providers work together to meet member needs.

2. How do I enroll in MCO-led Integrated Care Management?

- If a member is new to an MCO, they do not need to do anything. The MCO will reach out to all new members by phone (and mail if needed) and ask them 9 questions to see if a member would benefit from care management. This process is called the initial health screening or IHS.
- Members can also join MCO-led Integrated Care Management at any time after joining their MCO in the following ways:
 - A member refers themselves to care management
 - A provider, family member, or caregiver refers a member to care management
 - A big life event or change happens
- To self-refer, a member should call their MCO. Members can find MCO contact info in the [DMAHS BH Integration Points of Contact document](#)
- If a member is identified as someone who could benefit from care management, the MCO will reach out and then assess the member's needs through a Comprehensive Needs Assessment (CNA). The CNA helps the MCO understand the level of support that a member will need and develop the Care Plan.
- Each member will be matched with an MCO Care Manager who works with them to plan their care and connect them to the right services.

3. What is a Care Plan?

- A Care Plan is a step-by-step guide made specifically for each member to help them take care of their health. It is based on the member's health goals and personal circumstances, so they get the right care and support.
- MCO Care Managers create the plan by talking with the member, their providers, and provider case managers to make sure it fits their needs.

4. Do any members automatically receive MCO-led Integrated Care Management without an initial screening?

- Members who are in the Division of Child Protection and Permanency (DCP&P), have intellectual or developmental disabilities (ID/DD), and are in Managed Long-Term Services & Supports (MLTSS) are automatically enrolled into MCO-led Integrated Care Management with an MCO Care Manager.

5. Do I have to be a certain age to enroll into MCO-led Integrated Care Management?

- There is no age requirement to receive MCO-led Integrated Care Management.
- The care management process is mostly the same for youth and adults. For youth members, some MCOs will ask questions to their parents or caregivers during the screening process to help understand what the child needs.

6. How do I get in contact with my MCO Care Manager?

- Members should contact their MCO Care Manager whenever they want help with their needs.
- Care managers are required to reach out to members, so it is important members keep their phone number and address up to date with their MCO and providers
- If members cannot reach their Care Manager or have questions about their MCO, they can contact their MCO directly. MCO contact information can be found in the [DMAHS BH Integration Points of Contact](#) document.
- If members have more general questions on how Behavioral Health Integration works, please reach out to DMAHS Behavioral Health Unit at dmahs.behavioralhealth@dhs.nj.gov.

7. What happens if I no longer need MCO-led Integrated Care Management support?

- If a member no longer needs MCO-led Integrated Care Management support, their MCO Care Manager will help them stop care management and connect them to other support if needed.
- Members can return to MCO-led Integrated Care Management at any time if they need it in the future.