



Substance Use Disorder Provider Training – Prior Authorization Process Changes Using NJSAMS

NJ FamilyCare Behavioral Health Integration

NOVEMBER 27, 2024

Housekeeping



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



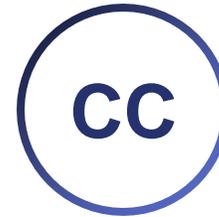
Use the “**raise hand**” function if you wish to speak



This meeting will be recorded to act as an ongoing resource



Submit your **questions using the "chat" function** and we will compile them



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



Materials and recording will be published and available on BH Integration website

Agenda

Welcome and Overview of BH Integration

Shanique McGowan, BH Program Manager, DMAHS

NJSAMS Overview

Vicki Fresolone, Manager of Integrated Services, DMHAS

SUD PA Process Walk-Through

Nitin Garg, Director of IT, DMHAS

Chandra Akenapalli, DMHAS

Additional Resources and Contact information

Shanique McGowan, BH Program Manager, DMAHS

BH Integration Overview

Context

While, physical health is managed by MCOs, many behavioral health (BH) services are still managed through FFS

BH includes mental health (MH) services and substance use disorder (SUD) services

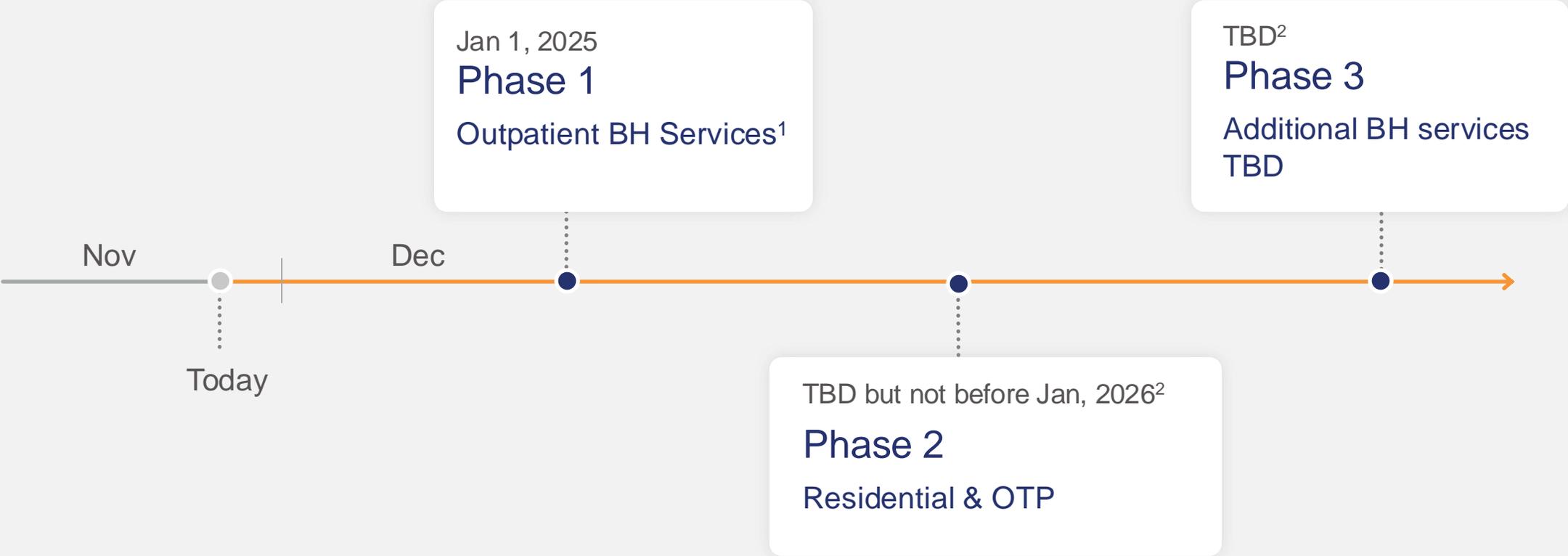
To prioritize whole-person care where all healthcare services across the care continuum are managed under the same entity, NJ is embarking on BH integration by shifting BH services from FFS to managed care

Goals of BH Integration

- ☆ **Increase access** to services with a focus on member-centered care
- ☆ Integrate behavioral and physical health for **whole person care**, with potential to improve healthcare outcomes.
- ☆ Provide appropriate services for members in the **right setting, at the right time**

Less than 1.5 months to Phase 1 go-live

NJ is taking a phased approach to shifting BH services from FFS to be managed by MCOs, with Phase 1 go-live planned for Jan 1, 2025



1. Outpatient BH services are currently covered by managed care for members enrolled in MLTSS / DDD / FIDE-SNP programs and will be integrated for general managed care population during Phase 1; 2. Scope and timing of Phase 2 and 3 to be determined after Phase 1 go-live based on additional analysis and stakeholder input

Planned services for each phase of BH integration

Phase 1– Outpatient BH¹ Services

- MH outpatient counseling / psychotherapy
- MH partial hospitalization
- MH partial care in outpatient clinic
- MH outpatient hospital or clinic services
- SUD outpatient counseling
- SUD intensive outpatient
- SUD outpatient clinic
 - Ambulatory withdrawal management
 - Peer support services
 - SUD care management
- SUD partial care

Phase 2 – Residential & OTP

- Adult mental health rehab (AMHR) / MH supervised residential
- SUD short-term residential
- SUD — medically monitored inpatient withdrawal management
- SUD long-term residential
- Opioid treatment programs (OTPs)

Phase 3 – Additional BH Services²

Not exhaustive

Scope of services included in phase 3 is **still being confirmed** but services being considered include:

- Opioid Overdose Recovery Programs (OORPs)
- Psychiatric Emergency Screening Services (PESS)
- Behavioral Health Homes (BHHs)
- Community Support Services (CSS)
- Certified Community Behavioral Health Clinics (CCBHCs)
- Targeted case management (TCM):
 - Program of Assertive Community Treatment (PACT)
 - Children’s System of Care (CSOC)
 - Intensive Case Management Services (ICMS)

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NJSAMS integration will minimize provider burden for SUD PA



Context

- NJSAMS is online state system all licensed SUD providers required to use to submit member data
 - 20 years of client data in system
 - Determines member level of care
 - Fulfills SAMHSA reporting requirements
 - Enables reporting on performance / capacity
- Today, SUD providers submit **duplicative info** for MCO SUD prior authorization (PA) requests, vs. for FFS, NJSAMS info routes to relevant systems
- Goal to leverage NJSAMS data for MCO SUD PA requests to reduce provider burden



Plan for NJSAMS SUD PA Request

- Near term plan: NJSAMS routes electronic report to MCOs for complete SUD PA request
 - DMAHS, DMHAS and MCOs on track to implement near term plan with go-live date of January 3, 2025
- Long term plan: Two-way system integration between NJSAMS and MCO PA portal

PA requests for all non-hospital Phase 1 SUD services will route to MCOs via NJSAMS; maintain status quo submission process for Phase 2 services

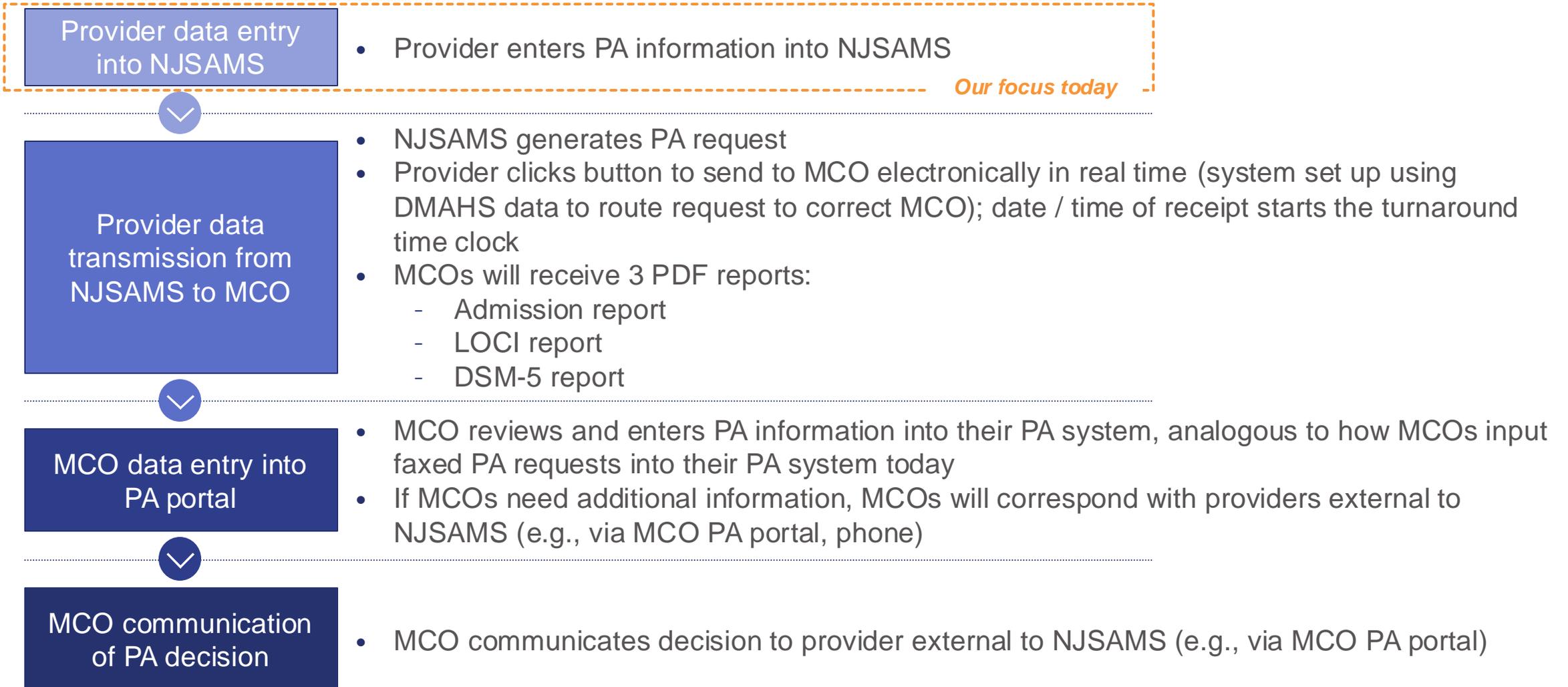
Services	Population Type	PA processed by MCO or IME? (as of Jan '25)	Providers submit via NJSAMS or MCO process?
Phase 1 services <ul style="list-style-type: none"> Intensive Outpatient Partial Care Ambulatory Withdrawal Management <i>Note: Includes Recovery Court</i>	General population	MCO	NJSAMS
	Presumptive eligibility	IME	NJSAMS
	Specialty (MLTSS, DDD, FIDE-SNP ¹) population	MCO	NJSAMS
Phase 2 and Phase 3 services <ul style="list-style-type: none"> Short term residential Long term residential Residential withdrawal management (ASAM 3.7 WM) <i>Note: Includes Recovery Court</i>	General population & presumptive eligibility	IME	NJSAMS
	Specialty (MLTSS, DDD, FIDE-SNP) population	MCO	MCO portal

NJSAMS will go live on **January 3**.

Authorizations required for submission to MCOs on January 1-2 should be held until **January 3** and will be eligible for retroauthorization

1. Work underway to confirm inclusion of MLTSS and DDD in NJSAMS for Phase 1
 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

SUD PA submission through NJSAMS



Path forward across components of provider data entry into NJSAMS

Component	Path forward
PA request fields	<ul style="list-style-type: none"> • MCOs to use NJSAMS fields as full SUD PA request, <i>details follow</i> • 3 PA reports: <ul style="list-style-type: none"> - Admission - Level of care - DSM-5
Initial auth vs. extension request	<ul style="list-style-type: none"> • Providers to select "extension" checkbox if submission is an extension request; by default, submissions will be "initial" • File naming convention identifies extension request • Note: NJSAMS not responsible for validating / addressing errors, thus providers are urged to review checkboxes prior to submitting
Urgent designation	<ul style="list-style-type: none"> • File naming convention to automatically include level of care – SUD intensive outpatient and ambulatory withdrawal management are "always urgent" • If providers want to designate SUD partial care as urgent, they must notify MCO external to NJSAMS (e.g., fax, phone call)
Modified level of care	<ul style="list-style-type: none"> • Providers will first discharge the member from current level of care within NJSAMS • Providers will re-submit request to MCOs (applicable information from previous submission will pre-populate into new request) with updated level of care report (ASAM LOCI) and select "modified level of care" checkbox • File naming convention identifies modified level of care request
Discharges	<ul style="list-style-type: none"> • Providers to discharge member through NJSAMS and inform MCOs through MCO portal

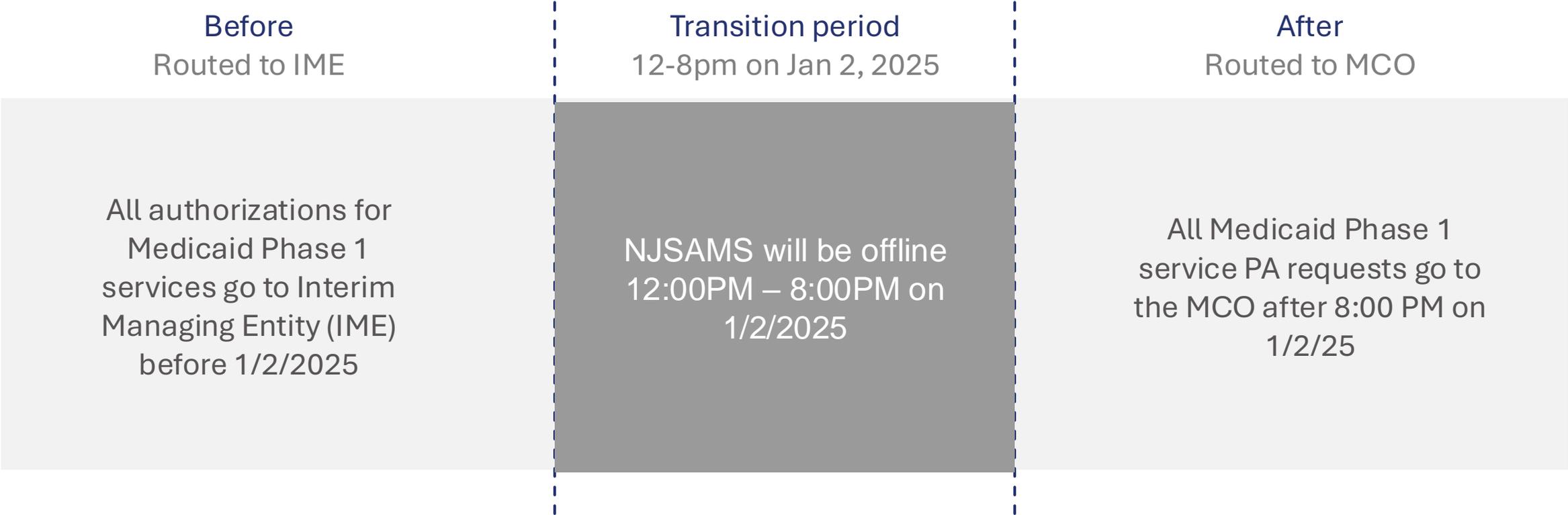
Standard fields for SUD PA request in NJSAMS

Category	Fields required
Patient information	<ul style="list-style-type: none"> Name, phone #/address, DOB, member NJSAMS ID and Medicaid #, SSN/citizenship Admission date and site location
Provider information	<ul style="list-style-type: none"> Provider Name Provider Medicaid #
Clinical information	<ul style="list-style-type: none"> Admission report: <ul style="list-style-type: none"> Facility / agency NPI # Patient demographic information Details on living arrangement, household, employment, income, legal status Details on current substance use Comment section to include medication history option
	<ul style="list-style-type: none"> LOCI report to assess appropriate level of care for patients across: <ul style="list-style-type: none"> Acute Intoxication/Withdrawal Biomedical conditions/complications Emotional, behavioral, or cognitive conditions and complications Readiness to change Relapse, continued use, or continued problem potential Recovery environment Level of care indicated / recommended, discharge plan, recommendations / clinical justifications, medications planned
	<ul style="list-style-type: none"> DSM-5 report, specifying how a member meets criteria for 1+ of 12 SUD DSM diagnoses with special notation section to include last date of substance use, includes CIWA and COWS

Field not required by NJSAMS but required by MCOs:

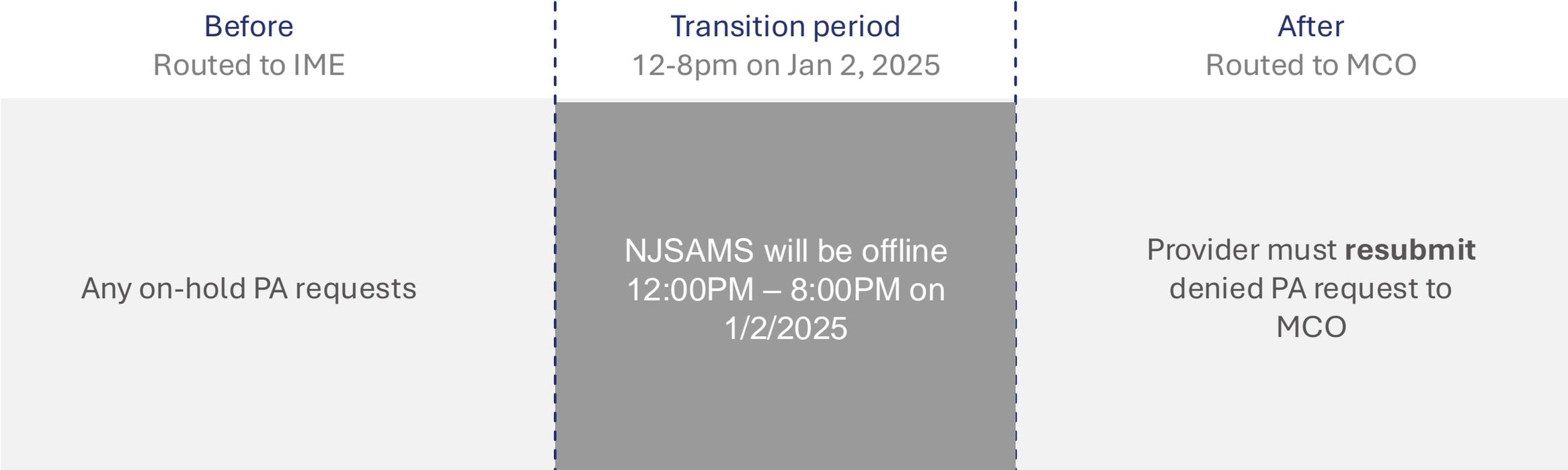
Transitioning Prior Authorizations from the IME to the MCOs

NJSAMS will transition to MCO for Phase 1 services on Jan 2, 2025



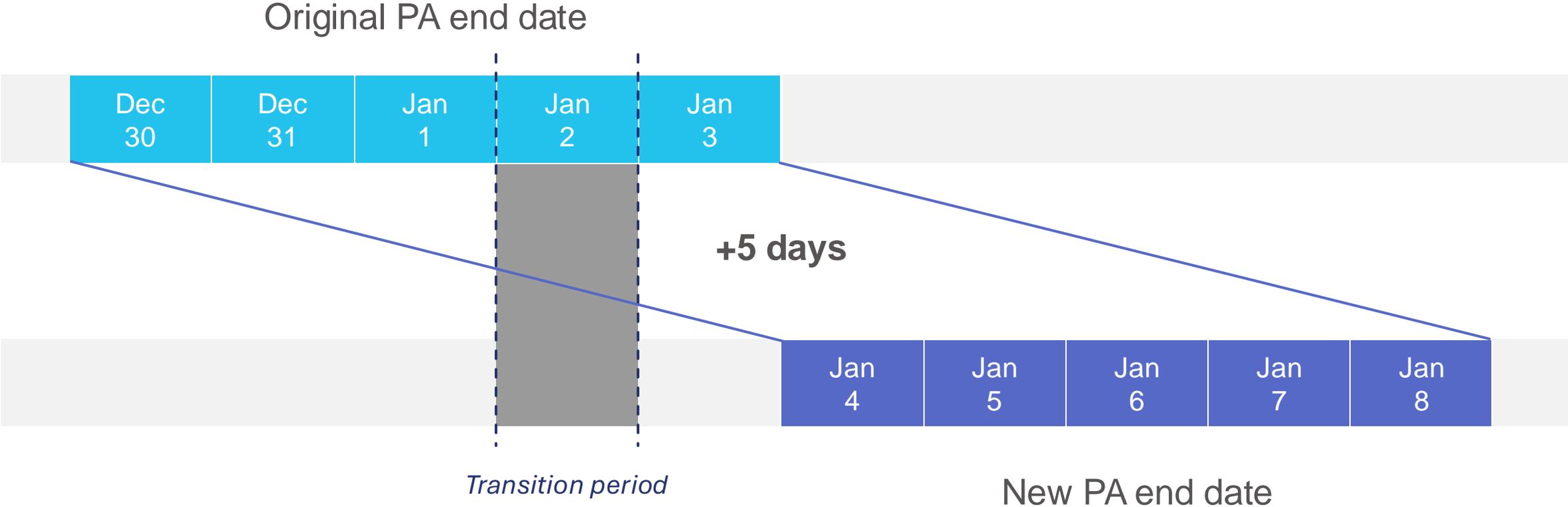
All PA requests (new and ERL) will be **cleared by IME** on 1/2/25 **before 12:00** for all ambulatory Medicaid PA requests

On-hold PA requests will be denied, and providers must resubmit to MCO



IME will deny any PA requests that **remain on hold on 1/2/25** prior to NJSAMS going offline

Going forward, PA requests with end date 12/30 - 1/3 will be extended 5 days



- The IME will add the additional units that correspond with the extended end dates
- When these PAs end any further requests for that treatment episode must go to the MCO

In Phase 1, providers will not get extension request notifications in NJSAMS



Prior to integration

Before Jan 1, 2025

Providers **notified** of PA end date and need for extension



Phase 1

After Jan 1, 2025

Providers **will not get a notification** through NJSAMS of need for extension



Phase 2 and beyond

TBD but no sooner than Jan 26

Two-way integration with MCO system to **automate extension notification**



NJSAMS video demonstration

Watch recording here

NJSAMS resources and contact information

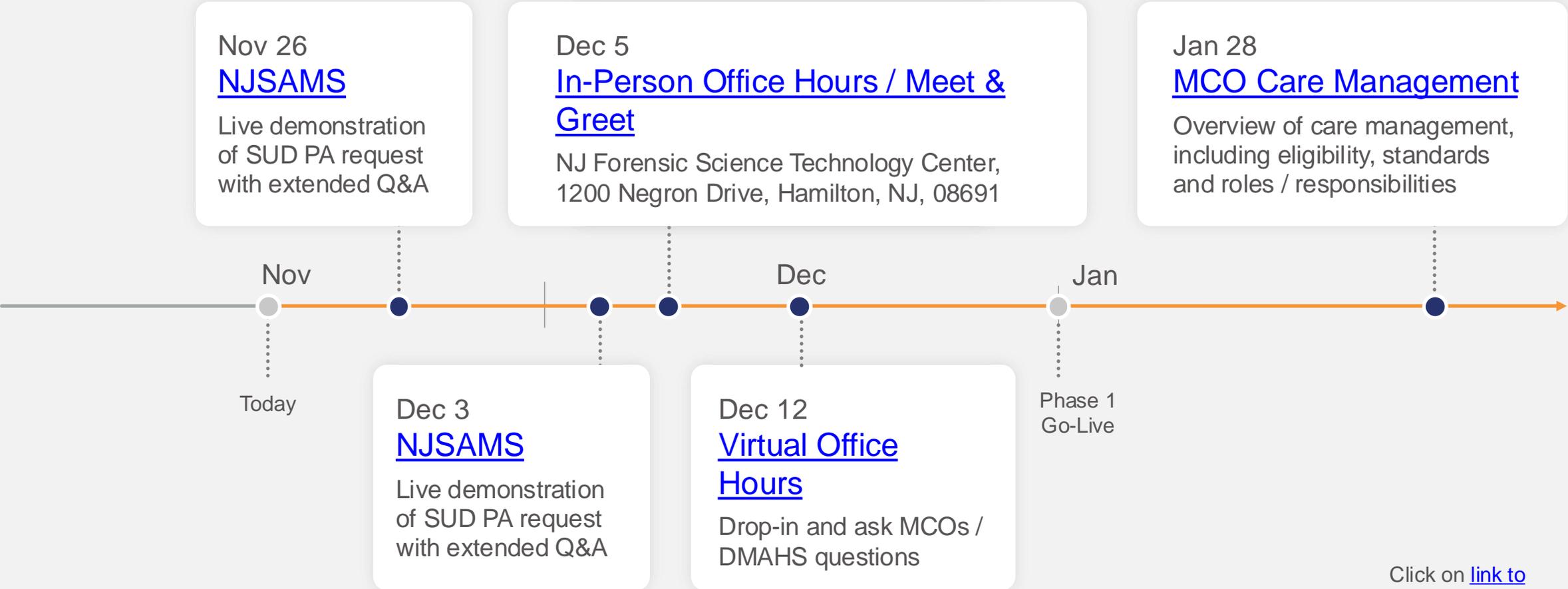
When to contact IME	When to contact MCO	When to submit NJSAMS ticket
<p>Process related issues, e.g.:</p> <ul style="list-style-type: none"> • Providers are unsure if PA should be submitted to MCO or IME • Providers have questions about how to properly complete an NJSAMS admission file <p>IME can be contacted at #844-276-2444 or imeum@ubhc.rutgers.edu</p>	<p>MCO communication regarding PA decision, e.g.:</p> <ul style="list-style-type: none"> • Providers submitted the PA request to MCO and needs clarification on next steps • Providers have not had a response from the MCO in the required time frame 	<p>Technical issues, e.g.,:</p> <ul style="list-style-type: none"> • Providers have encountered an error message on their NJSAMS screen • Providers cannot start a client record due to a data correction issue <p>To access NJSAMS ticket system, log in and in the Help Menu, select option for Ticket Management. Note the response time is 72 hours</p>

For a live NJSAMS demonstration with extended Q&A, providers are encouraged to attend upcoming one-hour NJSAMS sessions on 11/26 and 12/3

SUD PA Q&A

NJ FamilyCare Behavioral Health Integration

Register for upcoming DMAHS sessions



Click on [link to register for training](#)

Next steps and key contact information

Next steps

- 1 Review DMAHS PA guidance included in provider readiness packet
- 2 Reach out to DMAHS if you have any general PA questions
- 3 Reach out to MCOs if you have questions which are specific to their requirements and / or processes



Contact information

DMAHS for general PA questions



Dmahs.behavioralhealth@dhs.nj.gov



[Behavioral Health Integration Stakeholder Information](#)

MCOs for specific questions

Refer to contact information in each MCOs round robin presentations

