

PROVIDER IME FACT SHEETS

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SCREENING BY THE CALL CENTER (1-844-276-2777)

Description:

- IME Call Center personnel answers calls from individuals, providers of care and others who are calling about access to substance use disorder services

Responsible Party:

- The IME is responsible for fielding all calls to this number

Time Frame:

- Calls are answered 24 hours per day, 365 days per year

Action Step:

Callers Seeking Services Directly from the IME:

- All calls are answered by a live person.
- All callers are engaged in a conversation to assess his or her service needs.
- With callers' permission, all callers are registered in NJSAMS DASIE.
- All callers are screened for eligibility of services using the Immediate Needs Profile and UNCOPE.
- Emergency services are initiated for callers assessed to be at high risk.
- All callers are screened for Medicaid eligibility.
- Callers who are eligible for Medicaid but are not yet enrolled are directed to the Medicaid Enrollment website www.njfamilycare.org.
- All callers are screened for income eligibility for State Funded Initiatives.
- Callers who are eligible for services are provided a referral to a State approved network provider at the time of the call.
- All referrals are based on caller preference, provider availability and financial aid availability. Callers may request services at a known approved network provider or may choose from 3 approved network providers identified by IME based on their proximity to callers' requested geographic location.
- Whenever possible, callers will be warm-transferred (connected via a 3 way call) to their provider of choice.
- If a warm transfer is not possible, an electronic referral will be made.
- For callers eligible for a State Funded Initiative managed by the IME, an authorization for the initial assessment will be made in NJSAMS at the time of the referral.
- Caller eligible for a Non-managed State Funded initiative will be redirected back to the appropriate referral source (DC, DOC, SPB, SAI)
- IME will follow up on all provider electronic referrals, either electronically or by phone, to ensure the provider received the referral and initiated contact with the caller.
- If a referral for services cannot be made during the initial call, IME will work to resolve the barrier to care.

SCREENING BY PROVIDER

Description:

- Ensure all individuals are screened for risk and referred appropriately. This is the entry point to substance use disorders treatment services for adult individuals who do not require emergency services.

Responsible Party:

- Provider is responsible for screening individuals who seek services by contacting the provider directly.

Time Frame:

- Immediately upon request

Action Steps:

Provider:

- Completes the DASIE registration
- Completes the Immediate Needs Profile (INP)
- Completes the UNCOPE at the provider's discretion
- Completes the DASIE income eligibility
- Screens all individuals for Medicaid eligibility and enrollment
- Refers individuals who are eligible but not enrolled in Medicaid to www.njfamilycare.org to complete Medicaid application
- Completes the DASIE program eligibility
- Refers to IME for assessment authorization for any individual eligible for IME managed initiatives, except Medicaid, via NJSAMS. Should the provider need immediate approval of the Assessment Authorization, call: 1-844-276-2777
- Refers other individuals per funding initiative procedures

PRIOR AUTHORIZATION FOR ASSESSMENT – STATE FUNDED ONLY

Description:

- The IME staff will issue prior authorizations, state funded assessments in Phase I beginning July 1, 2015. There are two pathways for issuing an authorization assessment:
 - 1) Individual is screened by IME (see page 2)
 - 2) Individual is screened by provider (see page 3)

Responsible Party:

- IME staff will issue authorization for an assessment (4 units) to provider individual is screened by the IME or screened by provider
- Provider must submit a request an authorization for an assessment (4 units) to the IME when individual is screened by provider.

Time Frame:

- Immediately upon completion of screening

Action Steps:

For individuals screened by IME:

- 1) When individual is determined to be eligible for state funded assessment and funds are available IME refers to appropriate provider who accepts individual for assessment
- 2) IME issues prior authorization for state funded assessment via NJSAMS
- 3) IME enters relevant information in NJSAMS comments section which will be available for viewing by the provider

For individuals screened by provider:

- 1) Provider submits request for initial assessment authorization to IME via NJSAMS. Should the provider need an immediate Assessment Authorization, call: 1-844-276-2777
- 2) When provider does not accept individual for assessment, provider contacts IME for referral to an alternate provider.
- 3) When funds are available, IME issues an assessment prior authorization.

CARE COORDINATION

Description:

- IME, and when appropriate, in collaboration with providers of care, will provide supportive services to individuals who experience barriers to access to care.

Responsible Party:

- IME is primarily responsible for providing care coordination activities.
- Providers of care will be engaged to participate, when appropriate, in this activity to ensure successful access to care.

Time Frames:

- See Action Steps below.

Action Steps:

- 1) IME staff will follow up contact with provider and/or individuals to help resolve any barrier to care after an electronic referral has been made, but NJSAMS indicates that the individual has not yet been contacted by the provider within 2 business days of referral.
- 2) IME and provider will assist individuals to remove barriers to care, such as travel restrictions, child care problems and other logistical barriers as soon as the individual presents with such barriers.
- 3) IME will maintain contact with individuals while they are waiting for care.

CARE COORDINATION – FOLLOW UP ON DETOX ADMISSIONS

Description:

- Follow up on detox admissions to assist client to move to the next level of care

Responsible Party:

- IME

Time Frame:

- Within three (3) days of detox admission

Action Steps:

- For detoxification admissions into initiatives managed by the IME, IME staff will contact detox provider within 3 days of admission date to determine provider plan for aftercare.

CONTINUATION OF STAY/EXTENSION REQUESTS - PHASE I (STATE FUNDED ONLY)

Description:

- When provider assesses a client currently in **state funded** treatment, as in need of continuing treatment beyond the prior authorized length of stay (LOS), the provider may submit a Request for an Extension of Care (Continuing Care) with supporting documents (LOCI, DSM or ICD10 Diagnoses and statement of Impairment of Function) to establish clinical necessity for continuing care and appropriateness of the level of care (LOC) via NJSAMS to IME.

Responsible Party:

- Provider is responsible for submitting Request for an Extension of Care and the IME is responsible for issuing or denying authorization for the requested treatment.

Time Frame

- Provider to submit Request for Extension of Care per DMHAS established timeframes
- IME will issue authorization or denial decision to NJ State fiscal agent who will notify provider of the IME authorization decision within specified time frame.

Action Steps:

- Provider submits Request for Extension of Care and supporting documents to IME via NJSAMS.
- IME reviews all submitted material and determines whether to issue authorization for continuing care or for a denial of same.
- IME and provider record all transactions in NJSAMS comments section.
- IME notifies provider, through NJSAMS, of it's decision to either issue an Extension of Care authorization or deny it
- Provider secures a new authorization for continued stay with the fiscal agent
- When IME denies an authorization, provider may elect to submit to IME a Request for Review of any denial. See next Fact Sheet.

RECONSIDERATION OF IME DENIAL OF EXTENSION REQUEST - PHASE I

Description:

- When IME staff issues an initial Denial of Authorization, provider may elect to submit to the IME a Request for Review of Denial Form.

Responsible Party:

- Provider is responsible submitting request for a review with supporting documents to IME.
- IME is responsible for reviewing timely submitted Request for a Review of Denial Form and supporting documentation.
- IME is responsible for issuing a decision to provider and DMHAS after review of all timely submitted documents from provider.

Time Frames:

- Provider to submit required documentation within two (2) business days of requesting a Review of the Denial of Authorization.
- IME responsible for issuing a decision to provider within one (1) business day of the submission of required documentation.

Action Steps:

- When IME denies an Extension of Care Request provider may request a Review of Denial of Authorization by submitting a Request for Review of Denial Form and supporting documents through the email/scan.
- All documentation must be submitted at time of Request for Review.
- Initial review is conducted by the IME Supervisor of Utilization Management or their representative.
- There are three (3) possible outcomes of this IME review procedures:
 - 1) UBHC agrees with the Network Provider's recommendation and issues the authorization;
 - 2) UBHC disagrees with the Network Provider's initial assessment and recommendations resulting in UBHC and the Network Provider agreeing to a different level of care and/or other treatment; or,
 - 3) UBHC determines that the care as presented by the Network Provider does not meet criteria for necessity of care and/or appropriateness of care and denies the authorization for continuing care extension services.
- When the outcome of the initial IME review is number (3) above, the provider may request an advanced review of the Denial of Authorization within the IME.
- An advanced review is conducted between the IME Medical Director, or their representative, and a clinical representative of the provider.
- Should the denial stand after the two reviews within the IME, provider may submit an appeal of the denial to DMHAS for reconsideration via dasextensionappeal@dhs.state.nj.us

OUTLIER CASE MANAGEMENT – PHASE I

Description:

- Current data indicates that addiction services provided to individuals often result in length of stays (LOS) or courses of treatment that are outside of standard practice. These are identified as outliers. IME will identify and review outlier cases.

Responsible Party:

- IME staff

Time Frame:

- Monthly

Action Steps:

1. IME staff will use NJSAMS treatment data to identify outliers.
2. When IME staff identifies an outlier case, they will request that the treating provider submit an LOCI and/or supporting documentation to justify the treatment plan.
3. IME staff reviews and critiques the LOCI and other supporting documents submitted by the provider.
4. IME staff completes an Outlier Report and sends to the State for follow up.

HOW/WHEN TO UPDATE IME SERVICE CAPACITY MANAGEMENT SYSTEM (SCMS)

Description:

- This system is designed to inform IME staff daily of the treatment openings and capacity available at each network provider location so that referral effectiveness is assured on a daily basis.

Responsible Party:

- Provider

Time Frame:

- Provider – review daily and updates as needed
- IME - daily

Action Step

- Each provider must execute and return Affiliation Agreement and the SCMS Account Request Form.
- SCMS form can be returned to SCMS@ubhc.rutgers.edu or to Fax # 732-235-3408.
- Upon receipt of those forms, the SCMS unique password and user ID will be assigned to individual users at each provider location.
- Only individuals with log-on passwords will be able to modify agency information.
- Agency updates the SCMS based on their utilization as needed.
- IME staff will check system throughout each day to assess availability of provider openings and beds at each LOC, and use this information to make referrals.

AFFILIATION AGREEMENTS

Description:

- The Affiliation Agreement memorializes the working relationship between The State of New Jersey Department of Human Services/Division of Mental Health and Addiction Services (“DHS/DMHAS”), Rutgers University Behavioral Health Care (“UBHC”) and New Jersey addiction network providers.

Responsible Party:

- DHS, UBHC and Network Providers

Time Frames:

- Phase I implementation begins July 2015
- Affiliation Agreements are due to DHS by June 30, 2015

Action Steps:

- Affiliation Agreement can be found at <http://www.state.nj.us/humanservices/dmhas/initiatives/managed/>
- Providers sign and return three (3) originals of the Affiliation Agreement to the attention of DMHAS.
- DMHAS and UBHC sign the Affiliation Agreement and one (1) original is returned to the Provider.
- Receipt of the Affiliation Agreement qualifies agencies to receive an account password for SCMS.
- Action steps and the conditions governing the relationship between the three (3) parties to the Affiliation Agreement are presented throughout that document.