



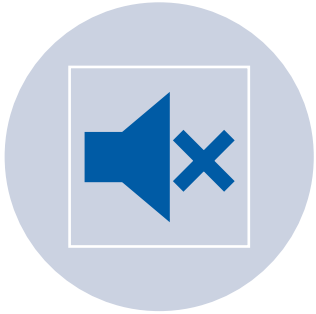
# Behavioral Health Integration Advisory Hub Meeting

December 21, 2023

9:30–11:00 am

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organization. Thank you!

# Housekeeping



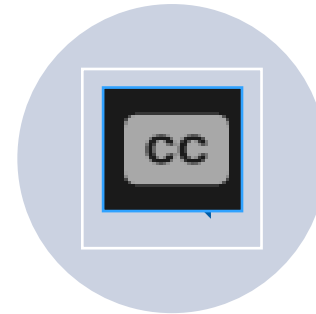
All attendees will enter the meeting on mute.



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



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# Agenda

- Provide recap of first BH Integration Advisory Hub meeting and program updates
- Review learnings from past integration of BH services
- Discuss key policy areas based on stakeholder feedback and recent discussions
  - Ensuring access and continuity for members
  - Providing cash flow predictability for providers
  - Supporting treatment and care delivery
- Share next steps

# Introductions



**Renee Burawski, MSW**  
Deputy Assistant Commissioner,  
Division of Mental Health and  
Addiction Services (DMHAS)



**Shanique McGowan, LCSW**  
Behavioral Health Program  
Manager, DMAHS



**Jennifer Langer Jacobs**  
Assistant Commissioner, Division of  
Medical Assistance and Health  
Services (DMAHS)



**Logan Kelly, MPH**  
Senior Program Officer, Center for  
Health Care Strategies (CHCS)

# North Star Principles

Serve people the best way possible.

We will **provide high quality services to meet** members' needs in the right setting and at the right time by improving access and supporting individuals through evidence-based methods.

Communicate with clarity and concern.

We will **increase integration** through improved care coordination, strong payer-provider partnerships, and broader electronic health record integration between physical and behavioral health providers.

Explore new ways to solve problems.

We will strengthen our current innovative approaches to whole-person, culturally competent care models and introduce new "best practice" opportunities that **improve outcomes**.

Work closely with our stakeholders.

We will collaborate with our **community stakeholders** and aligned systems to raise awareness and provide support, with a shared commitment to respect, dignity, equity, and inclusion.

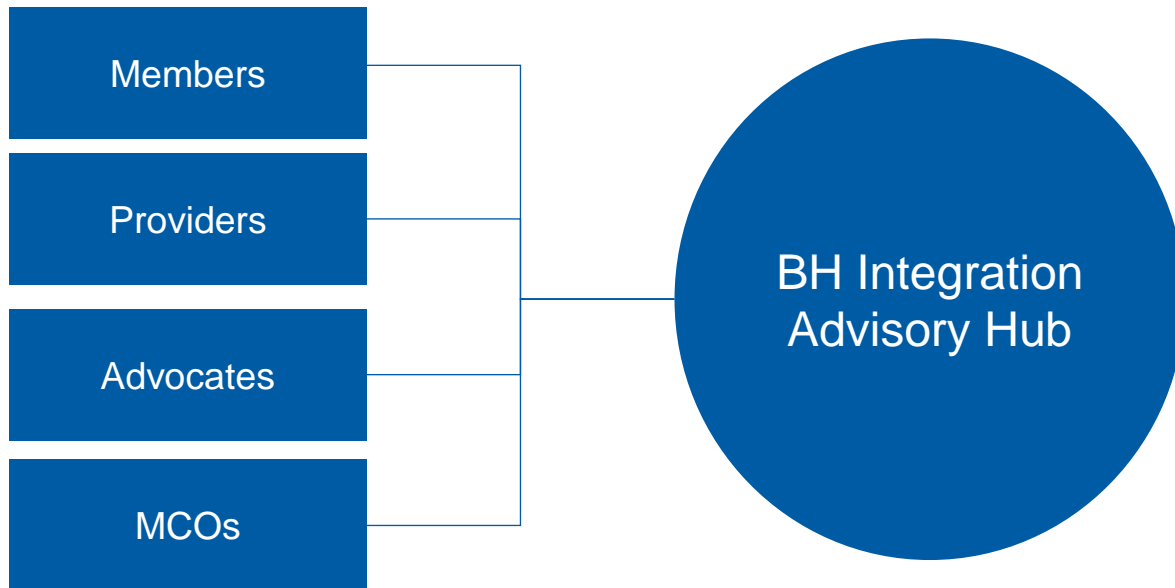
Show people we care.

We will make **empathy, positive energy, and collaborative focus** our hallmark, internally and externally, with focus on the strengths, resources, challenges and needs of the people we serve.

# Reminder: BH Integration Advisory Hub

## Overview

Multi-year workgroup during planning and implementation of all phases of the integration of behavioral health services into managed care



## Objectives of the Advisory Hub

- Design better policies and processes through stakeholder engagement
- Foster collaboration among participants and deeper understanding of the experiences of different stakeholder groups
- Invite feedback and discuss proposed policies, resources, and communication strategies
- Identify priorities for further discussion in other stakeholder forums
- Address potential issues as they arise during planning, implementation, and monitoring

# Reminder: Phase 1 Services

<b>Provider Subgroup</b>	<b>Phase 1 services</b>
A	<ul style="list-style-type: none"><li>•Mental health independent clinicians</li><li>•SUD independent clinicians</li></ul>
B	<ul style="list-style-type: none"><li>•Mental health partial hospitalization</li><li>•Mental health partial care in an outpatient clinic</li></ul>
C	<ul style="list-style-type: none"><li>•Mental health outpatient hospital or clinic services</li><li>•SUD intensive outpatient programs</li><li>•SUD outpatient clinic</li></ul>
D	<ul style="list-style-type: none"><li>•SUD partial care</li></ul>

**Provider forums will address key concerns across and within each provider subgroup.**

# Recap of Recent Activity





# Recap of October Advisory Hub Meeting

- Leadership shared **BH integration goals/priorities** and trusted providers
  - Minimize provider administrative burdens by streamlining received **feedback** including:
    - Ensure continuity of care and access to care with processes
    - Ensure timely payments and adequate rates
- Participants shared suggestions to **integrate care**:
  - Support no wrong door and timely care
  - Embed primary care into BH settings
  - Ensure adequate care management & access to peer support services
- Discussed **measures of success** for BH integration and member/**provider outreach strategies**

# DMAHS/DMHAS progress update

- Planning and implementing stakeholder engagement approach
  - Refining strategy for provider subgroups to launch in Q1 2024
  - Planning for member focus groups (virtual and in-person) to launch in Q1 2024
  - Launched quarterly MCO workgroup
- Refining BH integration vision and design based on stakeholder feedback
  - Identifying best practices
  - Analyzing behavioral health ecosystem to inform design, including member and provider journeys
- Developed measures to support MCO readiness
  - Adding language in 2024 MCO contracts to help MCOs prepare for BH integration implementation, e.g., initial BH staffing, care management, and quality strategy requirements
  - Developing additional changes based on stakeholder feedback

# Lessons from past integration initiatives

# Context and overview

- In last Advisory Hub meeting, stakeholders requested to learn more about prior transition to integration for MLTSS, DDD, and FIDE-SNP members
- Information about how utilization of BH services has changed among DDD-eligible adults is available in the February 1, 2023 MAAC meeting recording (link [available here](#) and will be shared via email – the relevant slides are 11-16, and in the recording this section begins at 19:45 and continues for about 30 minutes.)

# Lessons learned from prior integrations

- Prioritize continuity of care to ensure seamless transitions for members
- Work with providers to address readiness concerns
- Offer multi-modal provider training
- Provide open lines of communication between MCOs and providers to address issues
- Test processes in advance of launch of integration



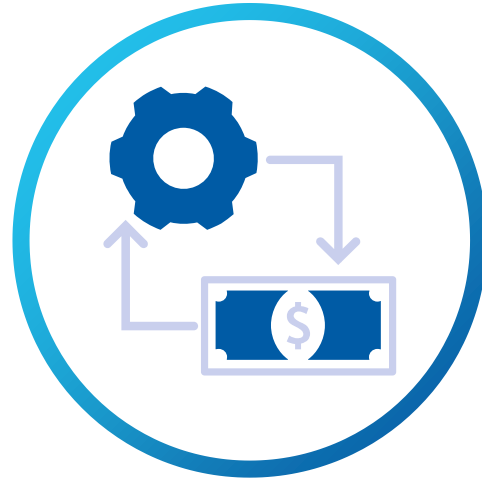
What are **other lessons learned** for stakeholders who were a part of this prior integration?

# Discussion of Key Policy Areas

# Three key policy priorities for discussion



Ensuring member  
access and  
continuity of care



Providing cash flow  
predictability for  
providers



Supporting  
treatment and care  
delivery



# Ensuring access & continuity of care for members

## Feedback to date

- Access is key member challenge today, including due to lack of providers/service availability, wait times, transportation issues
- Policies should seek to minimize disruptions to member care
- Providers have requested streamlined processes for MCO contracting

## Examples of state approaches

- Require MCOs to contract with **“any willing provider”** regardless of network standards for designated period of time
- Require out of network/single case agreements for contracting of Medicaid-enrolled providers as necessary until their full credentialing is completed
- Set standards to ensure provider activity

## Discussion Questions

1. What network adequacy standards should be prioritized during the transition period, including to ensure equitable access to care (related to language barriers, racial disparities, etc.)?
2. What BH services should be closely monitored to ensure access?
3. What are important provider network considerations to support access to physical health care for members with serious BH conditions?

# Providing cash flow predictability

## Feedback to date

- Providers concerned about rate adequacy
- MCO claims processes can be confusing, time intensive for providers, with difficult claims denial processes, and slow payments

## Examples of state approaches

- Require MCOs to use FFS rates as floor for designated transition period
- Require timely provider payments and claims denials processes

## Discussion Questions

1. What are priorities for provider rates during the transition period?
2. Longer term, what incentives can drive innovation and better outcomes?
3. What other policies, standards, or preparation are desired to ensure efficiency and timeliness of payments?

# Supporting treatment and care delivery

## Feedback to date

- Concern that prior authorization and utilization management will prevent or disrupt care, especially for SUD partial care and residential care
- IME has been successful at managing SUD authorizations

## Examples of state approaches

- Restrict use of prior authorization for designated BH services
- Align MCO utilization management requirements with policies/clinical criteria in FFS system
- During transition period, waive authorization for payment of claims while requiring providers to submit authorizations to facilitate update of person-centered care plans

## Discussion Questions

1. What utilization management policies beyond FFS are needed to ensure care access, coordination, and integration?
2. What are priorities for utilization management policies during the transition period for Phase 1 services?
3. What information or training about utilization management would be valuable in advance of implementation?

# Next Steps

# Future Topics for BH Integration Advisory Hub

- Goals and outcomes measures for access and quality of care
  - Access to care standards
  - Member experience and protections
  - Continuity of care requirements
  - Care coordination requirements
- Provider enrollment and credentialing
  - Provider incentives and value-based payment
  - Claims payment processes
  - Data collection
  - Communications and outreach strategies

# Next Steps

1. The next BH Integration Advisory Hub meeting and schedules for provider meetings and member focus groups will be announced soon.
2. In advance of member focus groups, we are interested in conducting interviews to gain insight into member experiences. Please contact the **DMAHS Behavioral Health Unit** at [dmahs.behavioralhealth@dhs.nj.gov](mailto:dmahs.behavioralhealth@dhs.nj.gov) with members and caregivers who can participate in these discussions and with any other questions or feedback you might have.

**Thank you!**