

## New Jersey behavioral health carve-in: Phase 2 FAQ

### January 1, 2027, go live

#### New Jersey | Medicaid

Effective January 1, 2027, the State of New Jersey will significantly expand its behavioral health (BH) benefits phase 2 through a process known as carve-in. This initiative is a pivotal step in integrating BH services more comprehensively into NJ FamilyCare. The primary aim is to enhance access to substance use disorder residential services and opioid (OTP) treatment for core Medicaid enrollees, aligning their benefits with those already available to enrollees of MLTSS, Division of Developmental Disabilities (DDD), and Fully Integrated Dual Eligible Special Needs Plans (FIDE SNP). This carve-in marks a critical enhancement in behavioral health service delivery, promising expanded access and improved health outcomes.

### Phase 2 FAQ

#### **Q. Which levels of care are being carved in for this integration?**

A. Phase 2 integrates substance use disorder residential services and opioid treatment programs for core Medicaid and includes the following services effective January 1, 2027: SUD short-term residential — ASAM 3.37

- SUD medically monitored inpatient withdrawal management — ASAM 3.7WM
- SUD long-term residential — ASAM 3.5
- Opioid treatment programs (OTPs)

#### **Q. Are these services already covered for any Medicaid members?**

A. These services are currently covered for members in the following special populations:

- Managed long-term services and supports (MLTSS) program
- Division of developmental disabilities (DDD)
- Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)

#### **Q. Do the MCOs use the American Society of Addiction Medicine criteria for substance use disorder?**

A. MCOs are required to use the American Society of Addiction Medicine (ASAM) criteria for substance use disorder treatment.

**Q. If I request an authorization through the New Jersey Substance Abuse Monitoring System, do I also need to call or fax the authorization to the MCO?**

A. Substance use care providers will enter the authorization request into the New Jersey Substance Abuse Monitoring System (NJSAMS), and this will be electronically delivered to us.

**Q. What levels of care require authorization?**

A. The following levels of care require authorization

- SUD short-term residential — ASAM 3.7
- SUD medically monitored inpatient withdrawal management — ASAM 3.7WM
- SUD long-term residential — ASAM 3.5

While OTPs do not require authorization, Intensive Opioid Treatment requires authorization. All SUD authorizations must be submitted via NJSAMS.

**Q. What is the plan for training MCO staff to ensure consistent knowledge, messaging, and decision-making?**

A. MCOs have formed several working groups of people to prepare for the transition of BH 2 services to the MCOs. The working groups address domains of networks, credentialing, claims, prior authorization, NJSAMS, case management, and other pertinent areas.

**Q. If a care provider is credentialed as a Medicaid care provider, is that care provider automatically in the MCO's network?**

A. No, the care provider is not automatically in the MCO's network because they are a Medicaid care provider. The Medicaid care provider must apply to the MCO's network and become credentialed to be a part of that network. There are continuity of care requirements in place in the Medicaid MCO contract that require the plans to cover the care provider's member if they are currently in treatment through a single case agreement arrangement while the care provider is being credentialed as an in-network care provider or until there is a change in the plan of care.

**Q. Where do I submit a claim?**

A. Claims are submitted through the Availity Essentials platform via [www.Availity.com](https://www.Availity.com).

**Q. How do I appeal a claim?**

A. Claims appeals can be submitted through Availity Essentials via [www.Availity.com](https://www.Availity.com), or you can submit written appeals to the following address:

- Wellpoint Medicaid Payment Dispute Unit  
P.O. Box 61599

Virginia Beach, VA 23466-1599

- Wellpoint Medicare DSNP Payment Dispute Unit  
P.O. Box 110  
Fond du Lac, WI 54935

**Q. What is the timeline to submit a claim?**

A. You have 180 days to submit a claim from the initial date of service.

**Q. If my organization is having an issue with claims payment or contracting with an MCO that is not being resolved by the MCO, who do I contact at the state Medicaid office?**

A. The hospital or care provider can file a complaint with the DMAHS Office of Managed Health Care at

<https://www.nj.gov/humanservices/dmhas/resources/providers/stakeholder/provider-resources.shtml>.