

# Caring for members with special needs

## Our pledge to members with special needs

Horizon NJ Health strives to ensure that services provided to members with special needs are equal in quality and accessibility to services provided to all Horizon NJ Health members.

## Who are Horizon NJ Health's members with special needs?

Adult members with special needs under the New Jersey State Medicaid program are defined as adults with special needs that include complex/chronic medical conditions requiring specialized health care services. This includes persons with physical, mental, substance use disorder and/or developmental disabilities. Children with special needs have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition. They also require services that are beyond what is generally required by children.

Horizon NJ Health identifies members with special needs through the following:

- State file of Division of Developmental Disabilities (DDD) members
- State file of Division of Child Protection and Permanency (DCPP) members
- State file of Program Status Codes for the Aged
- Referrals from State agencies
- Referrals from specialists, Primary Care Providers (PCP) and other community agency Case Managers for DDD, DCPP and the Aged (i.e., County-based care managers, Special Child Health Services)
- Internal department referrals from Pharmacy, Disease Management, Utilization Management Review, etc.

Providers should refer members with special needs to network behavioral health providers who are experienced with servicing enrollees with special needs. For assistance, please call Horizon NJ Health Provider Services at **1-800-682-9091**.

## How can Care Management help?

Care Management will be the primary contact for coordination of any services required by the member with special needs. If you have a patient who is enrolled with Horizon NJ Health and has a physical and/or developmental disability or catastrophic illness, you may contact Care Management at **1-800-682-9094 x89634** to request an evaluation.

Care Management will provide assistance with:

- Referrals to special care facilities for highly specialized care
- Standing referrals for long-term specialty care
- Provisions for all medically-necessary dental services for members with developmental disabilities
- Referrals to behavioral health providers who are experienced with providing care for members with special needs

Transition planning is intended to transition the member into Horizon NJ Health. Transition planning includes, but is not limited to:

- Review of existing claims through the State Data Exchange Database
- A plan to ensure continuous care during the transfer of coverage
- Assurance that required durable medical equipment, (e.g., wheelchair, ventilator, etc.), is delivered

Transition planning should be completed no later than 10 business days from the effective date of enrollment or within 30 days after special health care conditions are identified.

After a member has been identified as having special needs, a Comprehensive Needs Assessment (CNA) will be performed by the Care Manager. This review is conducted by phone and a form is completed with the information. The CNA includes, but is not limited to:

- Review of diagnoses to determine physical condition
- Review of psychosocial and developmental functioning
- Evaluation of existing medical/community relationships or linkages
- Review of pharmaceutical, dental, vision and other medical health needs
- Review of preventive health services

A Health Needs Survey is an assessment about the member's health that will help us learn about his or her risks. Horizon NJ Health will use the Health Needs Survey to assign each identified member with special needs to one of the following three levels:

- Level 1 - Low complexity
- Level 2 - Moderate complexity
- Level 3 - High complexity

All care plans typically involve coordination of services for preventive care, psychosocial, life planning, barriers to care, health literacy, and self-management.

The Care Manager, in collaboration with the PCP or specialist, will develop a Plan of Care that addresses both the physical and psychosocial needs of the member with special needs. The plan will also serve as a means of identifying appropriate community resources. The PCP or specialist will receive a copy of the Plan of Care to use as a reference when making appointments with various providers.

## Who conducts follow up?

Once the Plan of Care has been developed, the Care Manager will follow up with the member/caregiver to assess whether or not the member is achieving expected results and contact the PCP or specialist to discuss the case as needed. The Plan of Care will be updated as the needs of the member change.

## Can non-participating providers render service?

Horizon NJ Health encourages the use of participating providers. However, non-participating providers may be used if the following two conditions exist:

- An existing relationship has been established between the member with special needs and a non-participating provider.
- There is not an appropriate provider to render the needed service within the network.

## Who should you contact?

You can contact Care Management by phone or fax.

Phone: **1-800-682-9094 x89634**

Fax: **1-609-538-3035**

Provider Services: **1-800-682-9091**

Please keep in mind that the CM should be your primary point of contact, and they are available to assist you in caring for your patients. For after-hours concerns, clinical staff are available 24 hours a day, seven days a week to address any urgent or emergent needs at **1-800-682-9094**.

[horizonNJhealth.com](http://horizonNJhealth.com)

