



**FIDELIS CARE®**

## Important Changes

We would like to tell you about an important change to how your behavioral health benefits are covered. This change is **not** in your printed Member Handbook. Please keep this paper as a reminder. Here is the change you need to know about:

In the Behavioral Health Benefits section, **page 62** of your printed Member Handbook the chart listed has changed please refer to the chart listed within this notice.

### **Behavioral Health Benefit Changes, begin January 1, 2025**

#### **What is changing with my behavioral health benefits?**

Starting January 1, 2025, Fidelis Care will provide outpatient behavioral health benefits to NJ FamilyCare members. Previously, the outpatient services were covered by Fee-For-Service Medicaid and Fidelis Care did not have direct contact with the Provider.

#### **Why are these changes happening?**

These changes will combine physical and behavioral health services under a single plan. This approach ensures that all your health care needs can be addressed together.

#### **What are the behavioral health benefits that Fidelis Care will begin to provide?**

The following services for both adults and children will be managed and billed by Fidelis Care starting January 1, 2025:

##### Mental Health services

- Mental health therapy / counseling
- Mental health partial hospitalization
- Mental health partial care
- Mental health outpatient hospital or clinic services

##### Substance Use Disorder (SUD) services

- Substance use disorder therapy / counseling
- Substance use disorder intensive outpatient
- Substance use disorder detoxification / ambulatory withdrawal management
- Substance use disorder partial care

**How will this impact me?**

If you are currently receiving any of the listed outpatient behavioral health services covered by NJ FamilyCare, these benefits will now be managed by Fidelis Care starting January 1, 2025. This means your care will now be coordinated by Fidelis Care's network of providers.

**What action do I need to take?**

If you are not receiving any of the services above, there is no need for you to take any action at this time. Your benefits are not changing. The purpose of the letter is to notify you that Fidelis Care will manage your outpatient behavioral health benefits. The outpatient services were previously covered by a different part of your NJ FamilyCare/Medicaid benefit package called Fee for Service Medicaid.

**If I would like to receive behavioral health services, what do I do?**

To find a behavioral health provider in Fidelis Care's network, search our network directory here <https://findaprovider.fideliscarenj.com/search-results>.

**Where can you find more information about behavioral health services?**

For more information, you can review your member handbook or contact Fidelis Care Member Services at **1-888-453-2534** (TTY: **711**).

Service/ Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Mental Health					
Adult Mental Health Rehabilitation (Supervised Group Homes and Apartments)	Covered by Fidelis Care.	Covered by FFS.	Not covered for NJ FamilyCare B, C, and D members.		
Inpatient Psychiatric	Inpatient Psychiatric services are covered by Fidelis Care.  Coverage includes services in an acute care hospital.				
Independent Practitioner Network or IPN (Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Counselor, Psychiatrist, Psychologist, or Advanced Practice Nurse)	Covered by Fidelis Care.				
Outpatient Mental Health	Covered by Fidelis Care.  Coverage includes services received in an Independent Clinic and Outpatient Hospital setting.  Services in these settings are covered for members of all ages.				

Service/ Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
<b>Mental Health Partial Care</b>	Covered by Fidelis Care. <i>Limited to 25 hours per week (5 hours per day, 5 days per week).</i> <i>Prior authorization required.</i>				
<b>Mental Health Acute Partial Hospitalization</b>	Covered by Fidelis Care. <i>Admission is only through a psychiatric emergency screening center or post psychiatric inpatient discharge.</i> <i>Prior authorization required.</i>				
<b>Psychiatric Partial Hospitalization</b>	Covered by Fidelis Care. <i>Prior authorization required.</i>				
<b>Psychiatric Emergency Services (PES)/Affiliated Emergency Services (AES)</b>	Covered by FFS for all members.				
<b><i>Substance Use Disorder Treatment</i></b>	The American Society of Addiction Medicine (ASAM Version 3.0) provides guidelines that are used to help determine what kind of substance use disorder (SUD) treatment is appropriate for a person who needs SUD services.				
<b>Ambulatory Withdrawal Management/ Detoxification with On-Site Monitoring</b>	Covered by Fidelis Care.				
<b>Inpatient Withdrawal Management/ Detoxification (Hospital-Based)</b>	Covered by Fidelis Care for all members.				

Service/ Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Substance Use Disorder Long Term Residential (LTR)	Covered by Fidelis Care.	Covered by FFS.			
Office-Based Addiction Treatment (OBAT)	Covered by Fidelis Care.  Covers coordination of patient services on an as-needed basis to create and maintain a comprehensive and individualized SUD plan of care and to make referrals to community support programs as needed.				
Non Hospital- Based Withdrawal Management/ Detoxification (SUD Residential Setting)	Covered by Fidelis Care.	Covered by FFS.			
Opioid Treatment Services	Covered by Fidelis Care.	Covered by FFS.  Includes coverage for <b>Methadone Medication Assisted Treatment (MAT)</b> and <b>Non-Methadone Medication Assisted Treatment</b> .  Coverage for <b>Non-Methadone Medication Assisted Treatment</b> includes (but is not limited to) FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications; substance use disorder counseling; individual and group therapy; and toxicology testing.			
Substance Use Disorder Intensive Outpatient (IOP)	Covered by Fidelis Care.  <i>Prior authorization required.</i>				
Substance Use Disorder Outpatient (OP)	Covered by Fidelis Care.				

Service/ Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Substance Use Disorder Partial Care (PC)	Covered by Fidelis Care. <i>Prior authorization required.</i>				
Substance Use Disorder Short Term Residential (STR)	Covered by Fidelis Care.	Covered by FFS.			

## Discrimination Is Against the Law

**Fidelis Care** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). **Fidelis Care** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

### Fidelis Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages.

If you need these services, contact Member Services at **1-888-453-2534** (TTY: **711**).

If you believe that **Fidelis Care** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

1557 Coordinator  
PO Box 31384, Tampa, FL 33631  
Phone: **1-855-577-8234** (TTY: **711**)  
Fax: **1-866-388-1769**  
Email: **SM\_Section1557Coord@centene.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our **1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368-1019, 1-800-537-7697** (TDD)

Complaint forms are available at **<https://www.hhs.gov/ocr/complaints/index.html>**

This notice is available at Fidelis Care website:

**<https://www.fideliscarenj.com/notice-of-non-discrimination.html>**

If English is not your first language, we can translate for you. We can also give you info in other formats. That includes Braille, audio and large print. Just give us a call toll-free. You can reach us at **1-888-453-2534**. For TTY, call **711**.

Si el español es su idioma materno, podemos traducir la información para usted. También podemos proporcionarle información en otros formatos, entre ellos, Braille, audio y letra grande. Solo llámenos, sin costo alguno. Puede comunicarse con nosotros llamando al **1-888-453-2534**. Para TTY, llame al **711**.

若您中文是您的第一語言，我們可以為您翻譯。我們也提供其他格式的資訊，包括點字版、音訊和大字印刷。請致電免費專線 **1-888-453-2534**。TTY 請撥打 **711**。

귀하의 모국어가 한국어인 경우 번역해 드릴 수 있습니다. 점자, 오디오, 대형 활자본 등 다른 형식으로도 정보를 제공해 드릴 수 있습니다. 수신자 부담 전화 **1-888-453-2534**(TTY: **711**)번으로 전화하여 당사에 문의해 주십시오.

Se português for a sua língua materna, podemos traduzir por si. Também lhe podemos fornecer informações noutros formatos, tais como braille, áudio e em letras grandes. Para tal, basta contactar-nos através do número **1-888-453-2534**. Para TTY, ligue para o **711**. A chamada não tem quaisquer custos.

જો ગુજરાતી તમારી પ્રથમ ભાષા છે, તો અમે તમારા માટે અનુવાદ કરીને આપી શકીએ છીએ. અમે તમને બીજા ફોર્મેટ્સમાં પણ માહિતી આપી શકીએ છીએ. તેમાં બ્રેઇલ, ઓડિયો અને મોટી પ્રિન્ટનો સમાવેશ થાય છે. અમને ફક્ત એક ટોલ-ફ્રી કોલ કરો. તમે **1-888-453-2534** પર અમારો સંપર્ક કરી શકો છો. TTY માટે, **711** પર કોલ કરો.



Jeśli język polski jest Twoim pierwszym językiem, możesz skorzystać z tłumaczenia. Możesz również otrzymać informacje w innych formatach, takich jak alfabet Braille’a, plik dźwiękowy lub duży druk. Wystarczy wykonać bezpłatne połączenie na numer **1-888-453-2534**, (TTY: **711**).

Se l’italiano è la sua prima lingua, possiamo provvedere alla traduzione per lei. Possiamo anche fornirle informazioni in altri formati, tra cui Braille, audio e stampa grande. È sufficiente chiamarci al numero verde **1-888-453-2534**. Per TTY, chiamare il numero **711**.

إذا كانت العربية لغتك الأولى، فيمكننا توفير خدمة الترجمة لك. يمكننا أيضًا تزويدك بمعلومات بتنسيقات أخرى ويشمل ذلك طريقة برايل والتسجيل الصوتي والطباعة بأحرف كبيرة. ما عليك سوى الاتصال بنا على الرقم المجاني. يمكنك التواصل معنا عبر الرقم **1-888-453-2534**. للهاتف النصي TTY، اتصل على الرقم **711**.

Kung Tagalog ang una ninyong wika, puwede kaming magsalin para sa inyo. Puwede rin kaming magbigay sa inyo ng impormasyon sa iba pang format. Kabilang dito ang Braille, audio, at malaking print. Tawagan lang kami nang libre. Puwede kayong makipag-ugnayan sa amin sa **1-888-453-2534**. Para sa TTY, tumawag sa **711**.

Если вашим родным языком является русский, мы можем предоставить вам услуги перевода. Мы также можем предоставить вам информацию в других форматах. Сюда относятся такие форматы, как шрифт Брайля, аудиоформат и крупный шрифт. Просто позвоните нам по бесплатному номеру телефона. Вы можете связаться с нами по номеру **1-888-453-2534**. TTY: **711**.

Si Kreyòl Ayisyen se pa premye lang ou, nou ka tradwi pou ou. Epitou nou ka ba w enfòmasyon nan lòt fòm. Sa gen ladan Bray, odyo, ak gwo enpresyon. Sèlman ba nou yon koutfil gratis. Ou ka jwenn nou nan **1-888-453-2534**. Pou TTY, rele **711**.

अगर हिंदी आपकी पहली भाषा है, तो हम आपके लिए अनुवाद कर सकते हैं. हम आपको अन्य फॉर्मेट में भी जानकारी दे सकते हैं. इसमें ब्रेल, ऑडियो और बड़े प्रिंट शामिल हैं. बस हमें टोल-फ्री कॉल करें. आप हमसे **1-888-453-2534** पर संपर्क कर सकते हैं. TTY के लिए, **711** पर कॉल करें.

Nếu ngôn ngữ chính của quý vị là tiếng Việt, chúng tôi có thể phiên dịch cho quý vị. Chúng tôi cũng có thể cung cấp cho quý vị thông tin ở các định dạng khác. Bao gồm chữ nổi, âm thanh và bản in chữ lớn. Chỉ cần gọi cho chúng tôi theo số điện thoại miễn phí. Quý vị có thể liên hệ với chúng tôi theo số **1-888-453-2534**. Đối với TTY, gọi số **711**.

Si le français est votre langue maternelle, nous pouvons vous fournir une traduction. Nous pouvons également vous fournir des informations dans d'autres formats, notamment en braille, au format audio ou encore en gros caractères. Il vous suffit de nous appeler gratuitement au **1-888-453-2534**. Pour le mode TTY, composez le **711**.

اگر اردو آپ کی پہلی زبان ہے تو ہم آپ کے لیے ترجمہ کر سکتے ہیں۔ ہم آپ کو دوسری شکلوں میں بھی معلومات دے سکتے ہیں۔ اس میں بریل، آڈیو اور بڑا پرنٹ شامل ہے۔ بس ہمیں ایک ٹال فری نمبر پر کال کریں۔ آپ ہم سے **1-888-453-2534** پر رابطہ کر سکتے ہیں۔ TTY کے لیے، **711** پر کال کریں۔