

**1. Title page for the state’s substance use disorder (SUD) demonstration or the SUD component of the broader demonstration**

*The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.*

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

<b>State</b>	<i>New Jersey</i>
<b>Demonstration name</b>	<i>New Jersey FamilyCare (NJFC) Comprehensive Demonstration</i>
<b>Approval period for section 1115 demonstration</b>	<i>8/1/2017 through 6/30/2022</i>
<b>SUD demonstration start date<sup>a</sup></b>	<i>10/31/2017</i>
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	<i>7/1/2018, (NJ SUD implementation date is the date the state began claiming federal financial participation for services provided to individuals in IMDs).</i>
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<p><i>SUD Demonstration Goals</i></p> <ol style="list-style-type: none"> <li><i>1. Increase rates of identification, initiation, and engagement in treatment;</i></li> <li><i>2. Increase adherence to and retention in treatment;</i></li> <li><i>3. Reduction in overdose deaths, particularly those due to opioids;</i></li> <li><i>4. Reduction of emergency departments and inpatient hospital settings; for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services;</i></li> <li><i>5. Reduction of readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and</i></li> <li><i>6. Improve access to care for physical health conditions among beneficiaries.</i></li> </ol>
<b>SUD demonstration year and quarter</b>	<i>SUD DY5Q1 report.</i>
<b>Reporting period</b>	<p><i>Narrative and implementation updates for DY5Q1, 10/1/2021 to 12/31/2021</i></p> <p><i>Quarterly Metrics for DY4Q3, 4/1/2021 - 6/30/2021 and Metric Analysis</i></p> <p><i>Annual Established Quality Metric 17(1) and Metric 32 with Metric Analysis for CY 2020</i></p> <p><i>Resubmission of Metric 13 and Metric 14 for DY1, 2 and 3.</i></p>
	<p><b><i>Exceptions Noted:</i></b></p> <p><i>Metric 26 and Metric 27 are delayed, pending receipt of data from the Office of the State Medical Examiner.</i></p> <p><i>Annual Established Quality <b>Metric 17(1)</b> and <b>Metric 32</b> are completed and submitted with the current report. All other remaining Metrics for CY2020 were approved for submission to CMS with the DY5Q2 Report due to CMS in May 2022.</i></p>

<sup>a</sup> **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

<sup>b</sup> **Implementation date of SUD demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

## 2. Executive summary

- *Overall, this report shows SUD treatment services are trending back to pre-COVID-19 levels of utilization. The State will continue to monitor developments.*
- *Metric 17(1): Follow-up within 7 days and 30 days after an emergency department (ED) visit for alcohol and other drug dependence (AOD) showed continuous increases from the start of the demonstration in October of 2017 through calendar year (CY) 2020, without significant impact from COVID-19. This shows progress in Milestone 6 of the demonstration for improved care coordination and transitions between levels of care and is discussed in section 7.1 of this report.*

**3. Narrative information on implementation, by milestone and reporting topic**

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>1. Assessment of need and qualification for SUD services</b>			
<b>1.1 Metric trends</b>			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services		<p><b>Metric 2 DY4Q3</b>                      Medicaid Beneficiaries with Newly Initiated SUD Treatment or Diagnosis</p> <p><b>Metric 3 DY4Q3</b>                      Medicaid Beneficiaries with SUD Treatment or Diagnosis</p>	<p><i>Metric 2 showed less than a 1% change from DY4Q2 to DY4Q3.</i></p> <p><i>Metric 3 showed a 3.2% increase from DY4Q2 to DY4Q3. COVID-19 affected NJ data in DY3Q3 and DY4Q3 shows the first increase toward pre-COVID utilization.</i></p>
<b>1.2 Implementation update</b>			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
1.2.1.i. The target population(s) of the demonstration			
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

---

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

---

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.1 Metric trends</b>			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</p>		<p><b>Metric 6 DY4Q3</b> Any SUD Treatment</p> <p><b>Metric 7 DY4Q3</b> Early Intervention</p> <p><b>Metric 8 DY4Q3</b> Outpatient Service</p> <p><b>Metric 9 DY4Q3</b> IOP and PC/PH</p> <p><b>Metric 10 DY4Q3</b> Residential and Inpatient</p>	<p><i>Metric 6 showed a 0.93% increase from DY4Q2 to DY4Q3.</i></p> <p><i>Metric 7: DY4Q2 had 0 beneficiaries in the metric count and in DY4Q3 there was 1. Due to the small numerator counts in the Metric, the percent changes vary greatly from quarter to quarter.</i></p> <p><i>The low numerator counts are due to low billing for the associated procedure codes, as they are typically bundled into the payment for physicians. The counts are also low due to the same day, same recipient, same provider hierarchy instructions provided by CMS for this Metric.</i></p> <p><i>Metric 8 showed less than a 1% change from DY4Q2 to DY4Q3.</i></p> <p><i>Metric 9 showed less than a 2% change from DY4Q2 to DY4Q3.</i></p> <p><i>Metric 10 showed an 11% increase from DY4Q2 to DY4Q3 in residential and inpatient SUD treatment services utilization. Residential and inpatient services are increasing but have not yet reached pre-COVID utilization.</i> <a href="#"><u>See Figure 1</u></a></p>
--	--	---	--

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		<p><b>Metric 11 DY4Q3 Withdrawal Management (WM)</b></p> <p><b>Metric 12 DY4Q3 MAT</b></p>	<p><i><b>Metric 11:</b> from DY4Q2 to DY4Q3 there was an 11% increase in WM treatment services. WM services show increases but have not reached pre-COVID level of utilization. <a href="#">See Figure 2</a></i></p> <p><i>The state will continue to monitor Metric 11 in comparison to Metric 12 for MAT. The hypothesis is the DY3Q3 COVID-19 impact on WM services capacity may have encouraged beneficiaries to utilize MAT services instead.</i></p> <p><i><b>Metric 12</b> showed less than a 1% decrease in utilization of MAT from DY4Q2 to DY4Q3.</i></p>
<b>2.2 Implementation update</b>			
<p>2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)</p>	X		



Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.1 Metric trends</b>			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2  <i>Note: There are no CMS-provided metrics related to Milestone 2. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i>	X	N/A	
<b>3.2. Implementation update</b>			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	X		
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.1 Metric trends</b>			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3  <i>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i>	X	N/A	
<b>4.2 Implementation update</b>			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	X		
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.1 Metric trends</b>			
<p>5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4</p>		<p><b>Metric 13 DY1, 2 and 3 SUD Provider Availability</b></p> <p><b>Metric 14 DY1, 2 and 3 Provider Availability for MAT</b></p>	<p><i><b>Metric 13</b> showed increased providers from DY1 through DY3. There were 2,169 unique Medicaid SUD providers in the State during DY1 which increased to 2,450 in DY2 and 2,606 in DY3. The State expected an increase due to the expansion of Medicaid reimbursement for IMD services in WM, STR and LTR, increased access to MAT and the removal of prior authorization of MAT services.</i></p> <p><i><b>Metric 14</b> showed increased providers from DY1 through DY3. There were 1,720 unique Medicaid MAT providers in the State during DY1 which increased to 1,858 in DY2 and 1,975 in DY3. The State expected an increase due to expanded access for MAT in the Office Based Addictions Treatment (OBAT) model, the removal of prior authorization of MAT and reimbursement for MAT services provided in LTR treatment.</i></p>
<b>5.2 Implementation update</b>			
<p>5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care</p>	X		
<p>5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4</p>	X		
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.1 Metric trends</b>			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5</p>		<p><b>Metric 23 DY4Q3</b> ED Utilization for SUD per 1,000 Medicaid Beneficiaries</p> <p><b>Metric 27 Retro DY3</b> OD Death Rate for Medicaid Beneficiaries</p>	<p><b>Metric 23:</b> DY4Q2 to DY4Q3 showed an increase of 11.35%. This change seems to be a seasonal change based on review of data from DY1 to DY4. <a href="#">See Figure 3</a></p> <p>The overall trend for M23 shows changes from DY1Q1, where there are increases in summer months and decreases in the fall.</p> <p><b>Metric 27</b> is delayed, pending receipt of data from the NJ Office of the State Medical Examiner.</p>
<b>6.2 Implementation update</b>			
<p>6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD</p>	X		
<p>6.2.1.ii. Expansion of coverage for and access to naloxone</p>			<p><b>DY5Q1 6.2.1. ii. Implementation update</b></p> <p>Information on resources, distribution and training for Naloxone is updated on the NJ Department of Health website.</p> <p><a href="https://www.nj.gov/health/integratedhealth/home/naloxone.shtml">https://www.nj.gov/health/integratedhealth/home/naloxone.shtml</a></p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.1 Metric trends</b>			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6		<b>Metric 17(1) CY 2020</b> F/U After ED Visit - AOD 30 Days and 7 Days	<b>Metric 17(1) FUA-AOD</b> <i>In CY 2020, follow ups for AOD 30 days after an ED visit showed a 9.59% increase and a 17.19% increase for 7 days compared to CY 2019. The State attributes this to system changes with the implementation of two Centers of Excellence (COEs), the availability of services via telehealth, peer support specialists and referral resources through Reach NJ. <a href="#">See Figure 4</a></i>
<b>7.2 Implementation update</b>			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports	X		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
<b>8. SUD health information technology (health IT)</b>			
<b>8.1 Metric trends</b>			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X	N/A	
<b>8.2 Implementation update</b>			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.iii. Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.iv. Other aspects of the state’s health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
<b>9. Other SUD-related metrics</b>			
<b>9.1 Metric trends</b>			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics</p>		<p><b>Metric 24 DY4Q3</b> Inpatient Stays for SUD Per 1,000 Medicaid Beneficiaries</p> <p><b>Metric 26 Retro DY3</b> Overdose Death Count</p> <p><b>Metric 32 CY 2020</b> Access to Preventative-Ambulatory Health Services</p>	<p><i><b>Metric 24</b> showed a 10% increase in inpatient stays for SUD (per 1000 beneficiaries) utilization from DY4Q2 to DY4Q3. Inpatient stays have not reached pre-COVID level of utilization. <a href="#">See Figure 5</a></i></p> <p><i><b>Metric 26</b> is delayed, pending receipt of data from the NJ Office of the State Medical Examiner.</i></p> <p><i><b>Metric 32</b> showed a 2.37% decrease in access to preventative ambulatory health services from CY 2019 to CY 2020. This slight decrease can be attributed to the COVID-19 restrictions in 2020. Overall, 88.85% of Medicaid beneficiaries with an SUD accessed preventative ambulatory health services during the measurement period.</i></p>
<b>9.2 Implementation update</b>			
<p>9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics</p>	X		



**4. Narrative information on other reporting topics**

Prompts	State has no update to report (Place an X)	State response
<b>10. Budget neutrality</b>		
<b>10.1 Current status and analysis</b>		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.		<p><b><i>DY5Q1 10.1.1. Implementation update</i></b></p> <p><i>The State is reporting Budget Neutrality information in the CMS 64 Schedule C, MEGs IMD.</i></p>
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
<b>11. SUD-related demonstration operations and policy</b>		
<b>11.1 Considerations</b>		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.	X	

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

Prompts	State has no update to report (Place an X)	State response
<b>11.2 Implementation update</b>		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities	X	
11.2.3 The state is working on other initiatives related to SUD or OUD	X	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)	X	
<b>12. SUD demonstration evaluation update</b>		
<b>12.1 Narrative information</b>		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.	X	

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

Prompts	State has no update to report (Place an X)	State response
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs		<p><b><i>DY5Q1 12.1.2. Implementation update</i></b></p> <p><i>NJ contracted with Rutgers University, Center for State Health Policy to complete the required SUD Mid-point Assessment for submission to CMS on March 14, 2022.</i></p> <p><i>The SUD Interim Evaluation will be included with the 1115 renewal application as an attachment.</i></p>
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates	X	
<b>13. Other demonstration reporting</b>		
<b>13.1 General reporting requirements</b>		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

---

Prompts	State has no update to report (Place an X)	State response
<b>13.2 Post-award public forum</b>		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

Prompts	State has no update to report (Place an X)	State response
<p>13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.</p>		<p><b><i>DY5Q1 13.2.2. Implementation update</i></b></p> <p><b><i>Professional Advisory Council Meetings</i></b> hosted by DMHAS were held 10/15/2021, 11/19/2021 and 12/17/2021 with agenda items covering tobacco cessation, MAT services, funding opportunities, harm reduction services, peer committee reports, transitional housing and licensure updates.</p> <p><b><i>The Medical Assistance Advisory Council (MAAC) meeting</i></b> was held on 10/21/2021 with agenda items covering enrollment, redeterminations and eligibility processing, 1115 renewal, American rescue plan/HCBS, provider relief funds, and the Lifeline smartphone and emergency broadband benefit.</p> <p><b><i>Behavioral Health Planning Council meetings</i></b> were held 10/13/2021, 11/10,2021, 12/8/2021 with agenda items covering the Medicaid 1115 Demonstration and updates, block grant funding and tobacco sales survey report.</p> <p><b><i>The NJ Association for the Treatment of Opioid Dependence (NJ ATOD)</i></b> meeting was held on 12/6/2021 and hosted by DMHAS. Agenda items included vaccine and testing for COVID-19, telehealth, the 1115 Demonstration, provider workforce issues and opioid treatment mobile van services.</p> <p><b><i>The Quarterly Provider Meeting</i></b> hosted by DMHAS was held on 12/9/2021 with agenda items covering recovery oriented cognitive therapy (CT-R). vaccine updates from NJ DOH, interpreter services, Medicaid presumptive eligibility and ATLAS Shatterproof updates.</p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

[State name] [Demonstration name]

Prompts	State has no update to report (Place an X)	State response
<b>14. Notable state achievements and/or innovations</b>		
<b>14.1 Narrative information</b>		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.	X	

\*The state should remove all example text from the table prior to submission.

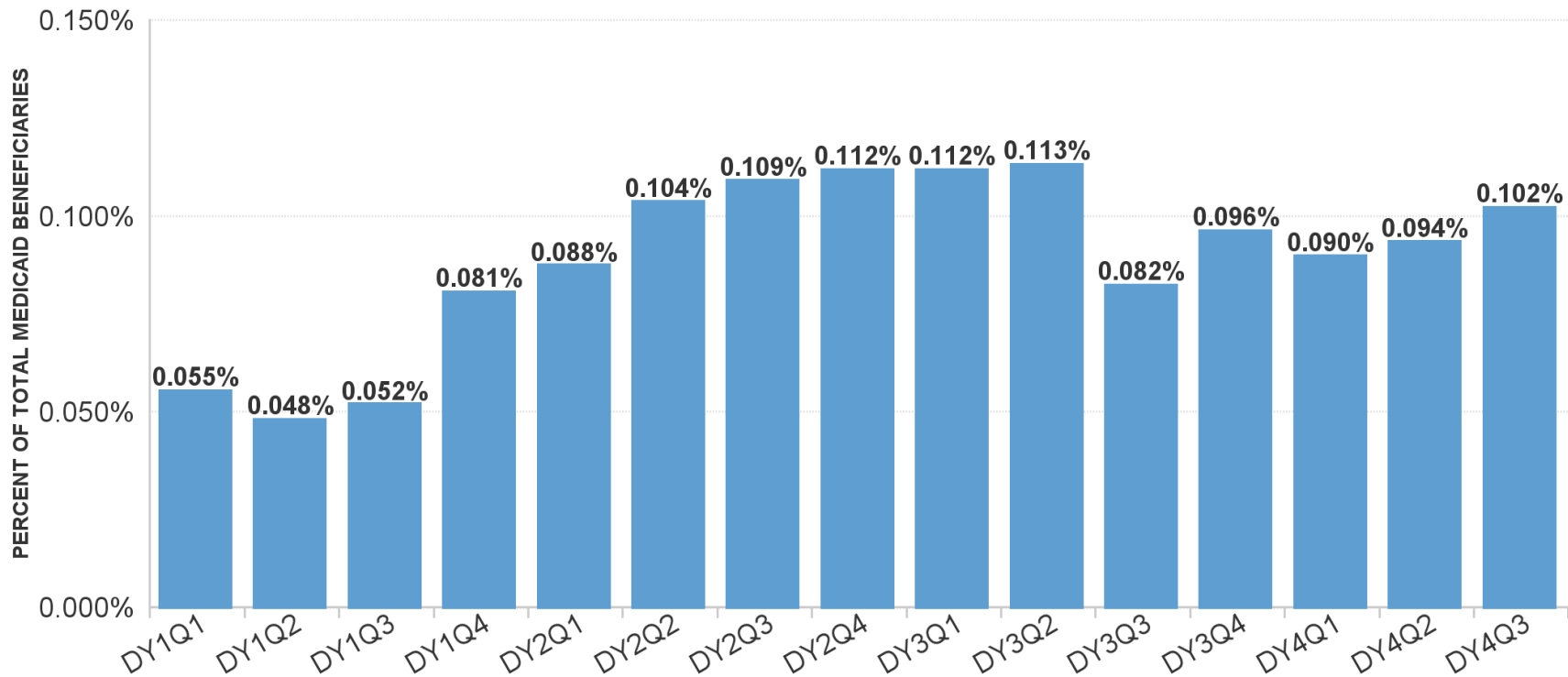
Note: Licensee and states must prominently display the following notice on any display of Measure rates:

*Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.*

*The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a “HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”*

Figure 1

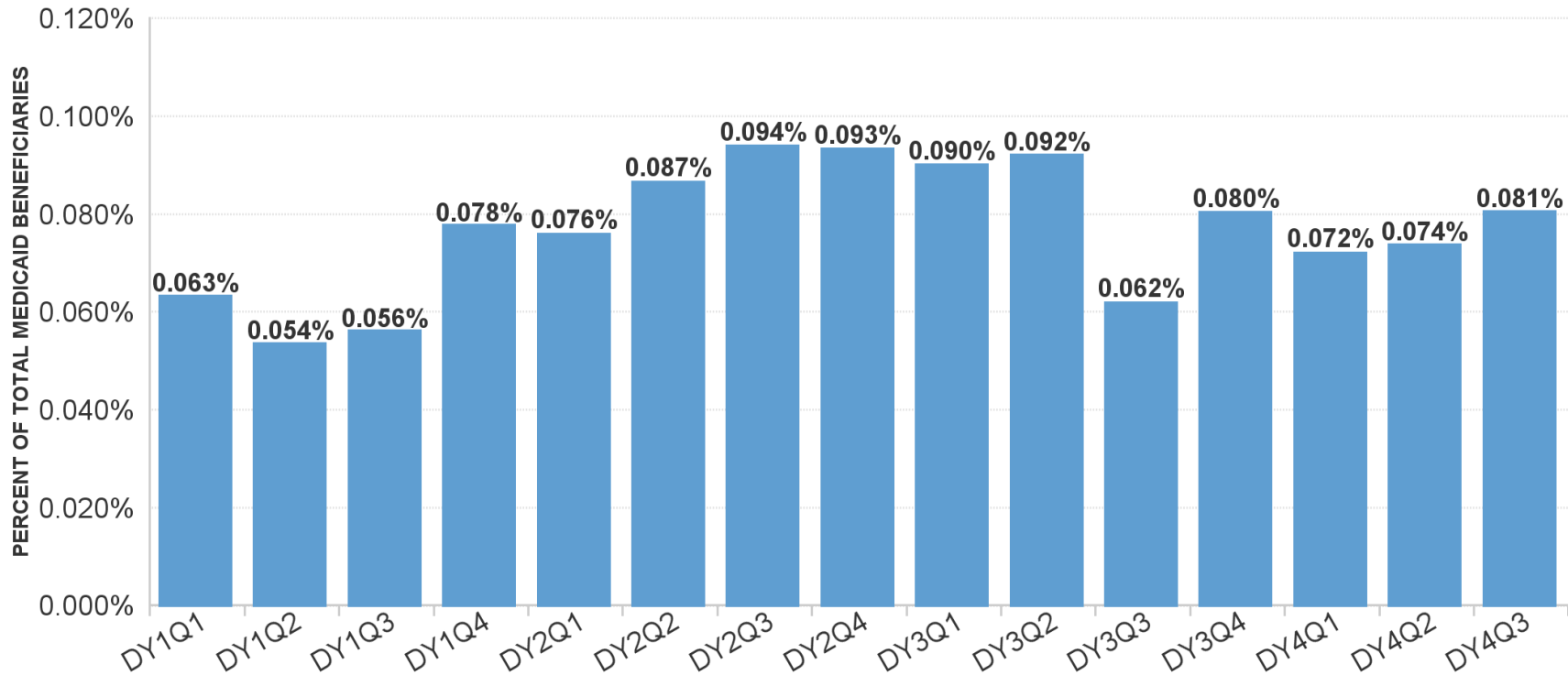
**RESIDENTIAL AND INPATIENT SERVICES QUARTERLY AVERAGES  
 ( METRIC #10 )**



Note: Quarterly averages presented are the average number of recipients (numerator or denominator) for the three months within the quarter. Recipient counts within the reporting month are de-duplicated. **DY3Q3 COVID-19. DY1Q4 IMD Short Term Residential coverage starts. DY2Q1 IMD Long Term Residential coverage starts.**  
[BACK to M10](#) State Response

Figure 2

WITHDRAWAL MANAGEMENT QUARTERLY AVERAGES  
 ( METRIC #11 )

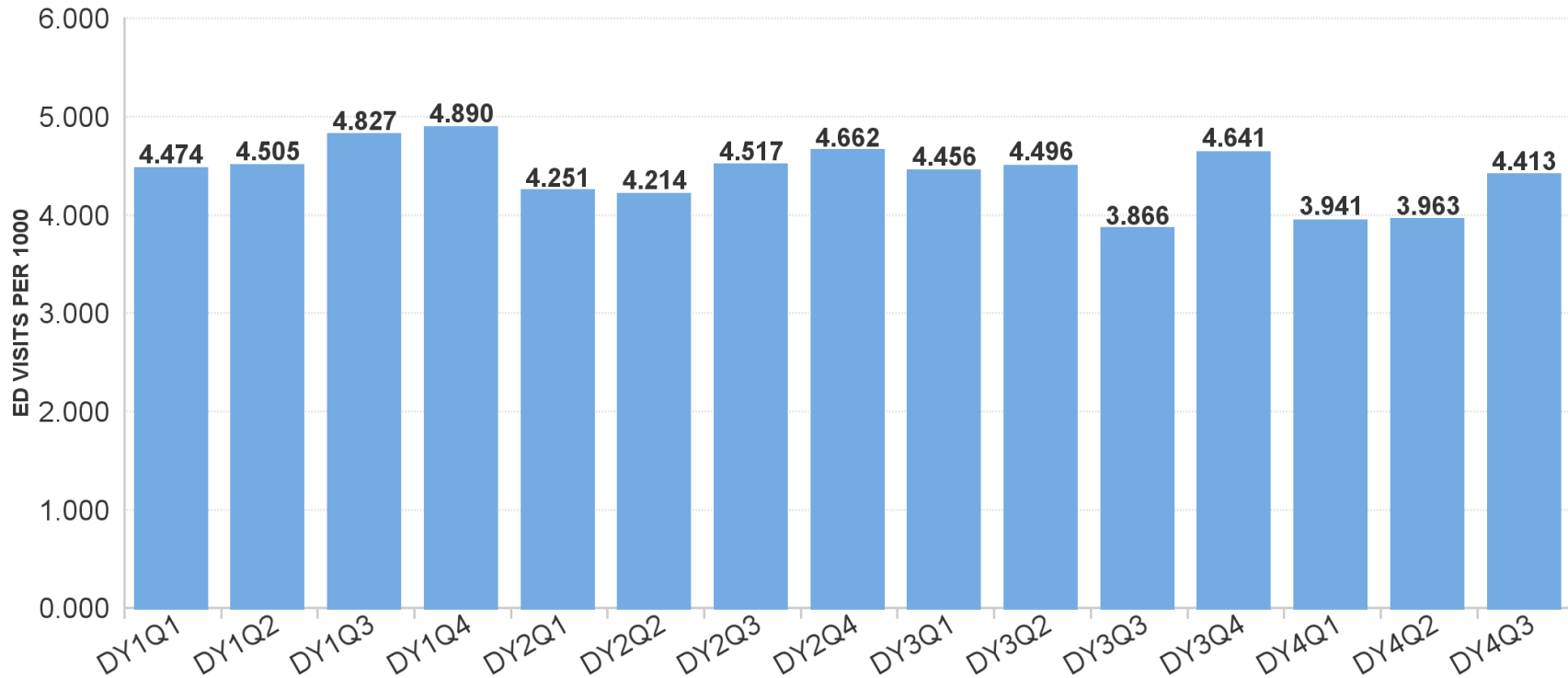


Note: Quarterly averages presented are the average number of recipients (numerator or denominator) for the three months within the quarter. Recipient counts within the reporting month are de-duplicated. **DY3Q3 COVID-19. DY1Q4 IMD WM service coverage starts.**  
[BACK to M11](#) State Response



Figure 3

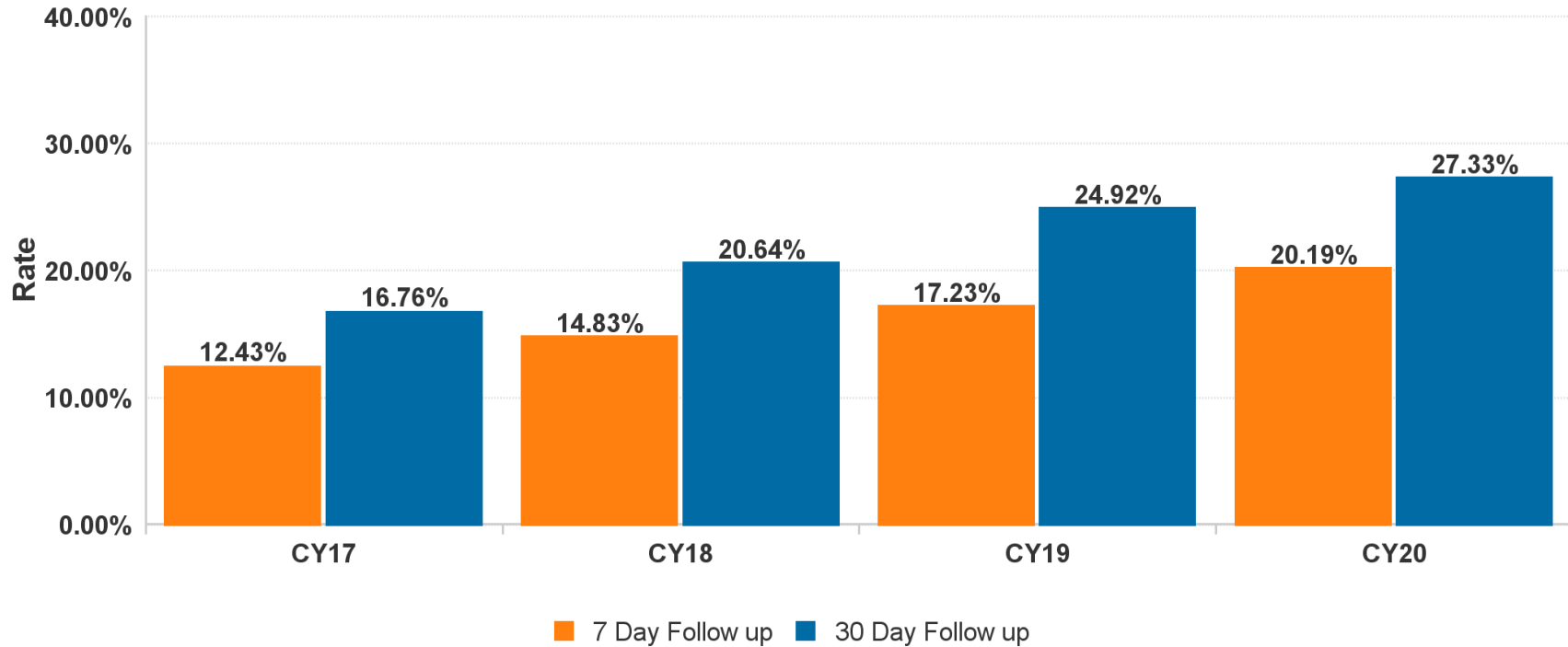
**EMERGENCY DEPT UTILIZATION FOR SUD PER 1,000 MEDICAID BENEFICIARIES QUARTERLY AVERAGES  
( METRIC #23 )**



Note: Quarterly averages presented are the average number of recipients (denominator) and average number of ED visits (numerator) for the three months within the quarter. Multiple ED visits for the same recipient on same date of service count as one ED visit. **DY3Q3 COVID-19**  
[BACK to M23](#) State Response

Figure 4

**Follow-up after ED Visit for Alcohol and Other Drug Abuse  
or Dependence FUA-AD (Metric#17)  
CY2017 - CY2020**

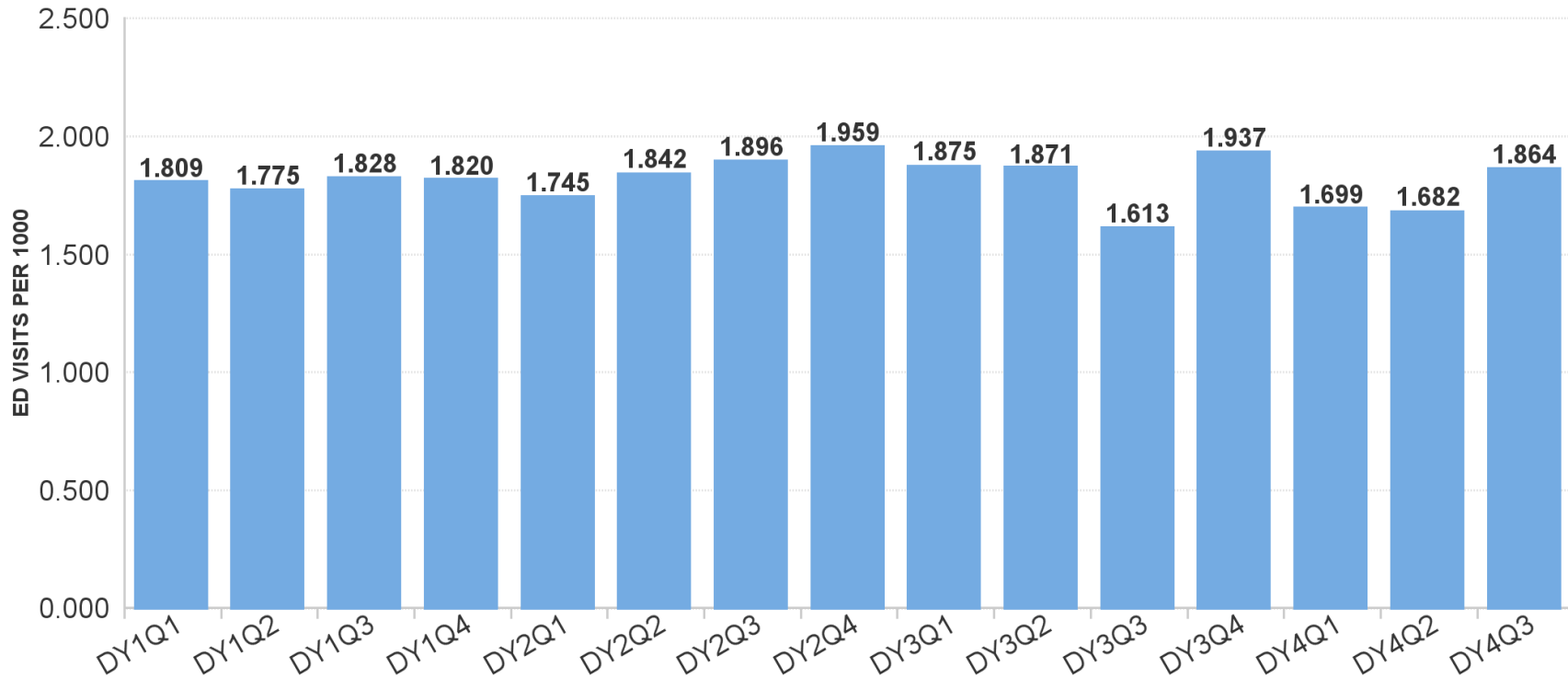


Note: CY17-CY20 rates presented above will not correspond exactly to original submission due to changes in beneficiary information on the claim from original run dates to Refresh Date. For both original submissions and refresh, a claims runout period of six months from the end of the calendar year is applied. Demographic statuses are only current as of the refresh date of the denominator record and will not change for subsequent updates to the TPL, eligibility, special program code, or managed care enrollment records. Metric design per Medicaid Section 1115 Substance Use Disorder Demonstrations: Technical Specifications for Monitoring Metrics Version 1.0, 2.0, 3.0 and 4.0 Source: NJ DMAHS Fee-for-Service Claims and Managed Care Encounter Data, accessed through DMAHS Shared Data Warehouse, Claims Universe.

[BACK to M17\(1\)](#) State Response

Figure 5

INPATIENT STAYS PER FOR SUD 1,000 MEDICAID BENEFICIARIES QUARTERLY AVERAGES  
( METRIC #24 )



NOTE: Quarterly averages presented are the average number of recipients (denominator) and average number of Inpatient Stays (numerator) for the three months within the quarter. Inpatient Stays are the discharge dates that fall within the coverage month. **DY3Q3 COVID-19.**  
[BACK to M24](#) State Response