

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.

State	<i>New Jersey</i>
Demonstration name	<i>New Jersey FamilyCare (NJFC) Comprehensive Demonstration</i>
Approval period for section 1115 demonstration	<i>8/1/2017 through 6/30/2022</i>
SUD demonstration start date^a	<i>10/31/2017</i>
Implementation date of SUD demonstration, if different from SUD demonstration start date^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>
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<p><i>SUD Demonstration Goals include:</i></p> <ol style="list-style-type: none"> <i>1. Increase rates of identification, initiation, and engagement in treatment;</i> <i>2. Increase adherence to and retention in treatment;</i> <i>3. Reduction in overdose deaths, particularly those due to opioids;</i> <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> <i>5. Reduction of readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and</i> <i>6. Improve access to care for physical health conditions among beneficiaries.</i>
SUD demonstration year and quarter	<i>SUD Demonstration Year 4 Quarter 2 (1/1/21 to 3/31/21)</i>
Reporting period	<i>SUD DY4Q2, Implementation updates and narrative information for the current Quarter</i>

^a **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.

^b **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

The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 words or less.

Included in this SUD DY4Q2 report are implementation, evaluation and narrative information covering the listed topics:

- *SUD HIT annual metrics.*
- *Grievance/Appeal information previously agreed upon with CMS.*
- *Mid-Point assessment update.*
- *Metric reporting schedule update for certain metrics.*
- *Post award public forums/stakeholder meetings.*

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
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
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	X		
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	X		
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
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		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	X		
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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)	X		
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		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
3.2. Implementation update			
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		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
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		
4.2 Implementation update			
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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	X		
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. Expansion of coverage for and access to naloxone	X		

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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		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
7.2 Implementation update			
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			<p><i>Newsletter Volume 31, No. 10 was issued April, 2021 for Medicaid coverage of Care Management services for Medicaid beneficiaries with an SUD and complex care needs.</i></p> <p><i>The Opioid Overdose Recovery Program (OORP) is being provided and currently paid with Grant funding. NJFC, DMHAS and Gainwell Technologies are working to resolve issues for Medicaid billing of the service.</i></p>
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
8. SUD health information technology (health IT)			
8.1 Metric trends			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics		SUD HIT Metrics #Q1, Q2A, Q2B and Q3 for measurement period 5/1/20 to 4/30/21 (Data included on Part A document provided by CMS)	<p>Metric Q1: Providers that connected to HIE is +10 for the current reporting period. (cumulative total from start of SUD PIP = 11)</p> <p>Metric Q2A: Providers participating in PIP is +17 for the current reporting period. (cumulative total from start of SUD PIP =74)</p> <p>Metric Q2B: Providers that implemented or upgraded CEHRT is +40 for the current reporting period. (cumulative total from start of SUD PIP =41)</p> <p>Metric Q3: Providers that connected to HIE & Participated in HIE use case is + 9 for the current reporting period. (cumulative total from start of SUD PIP =10)</p> <p>The increased participation in this reporting period will serve to develop the health IT infrastructure/capabilities at the state, delivery system, and individual SUD provider levels.</p>
8.2 Implementation update			
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		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		
9.2 Implementation update			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

4. Narrative information on other reporting topics

Prompts	State has no update to report (Place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		
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.		<i>The State is reporting Budget Neutrality information in the CMS 64 Schedule C, MEGs IMD.</i>
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
11. SUD-related demonstration operations and policy		
11.1 Considerations		
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	
11.2 Implementation update		
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	

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Prompts	State has no update to report (Place an X)	State response
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	

Prompts	State has no update to report (Place an X)	State response
12. SUD demonstration evaluation update		
12.1 Narrative information		
<p>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.</p>		<p><i>As Per CMS COMMENTS ON THE SUBSTANCE USE DISORDER DY3Q4 MONITORING REPORT, Dated 3/31/21 NJ is reporting the Grievances/Appeals information.</i></p> <p><u>MCO reported BH/SUD appeals</u></p> <p><i>July 2016 to June 2017 (Denial of BH services) 4</i> <i>July 2017 to June 2018 (Denial of BH services) 11</i> <i>July 2018 to June 2019 (Denial of SUD services) 1 and (Denial of MH service) 4</i> <i>July 2019 to June 2020 (Denial of SUD services) 3 and (Denial of MH service) 2</i></p> <p><i>The Appeals information reported here for Behavioral Health (BH) is on the Comprehensive Demonstration schedule of Appeals reporting. Effective July 2018 the BH services were separated for SUD and MH. Prior to July 2018 the appeals were reported for BH</i></p>
<p>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>	X	

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Prompts	State has no update to report (Place an X)	State response
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		<p><i>NJ contracted with Rutgers University, Center for State Health Policy to complete the required Mid-point Assessment for submission to CMS in October of 2021.</i></p> <p><i>Approval of the data sharing agreement took longer than expected and there may be a delay in the submission of that report to CMS.</i></p>
13. Other demonstration reporting		
13.1 General reporting requirements		
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	

<p>13.1.3.ii. The content or completeness of submitted reports and/or future reports</p>		<p>Metric 25 <i>NJ received CMS response related to Metric 25 calculations on April 26, 2021. The state will need to build two modifications for M25, one related to calculation based on demonstration year and one based on denominator calculation. NJ will re-submit DY1, 2 and 3 with the DY4Q4 report due to CMS Sept. 30, 2021.</i></p> <p>Metrics 26 & 27 <i>NJ is working with the Office of the State Medical Examiner to obtain Overdose death data for Metrics 26 and 27. Since we are dependent upon their data for the submission of the DY2 data the State will submit Metrics 26 and 27 to CMS as we receive it.</i></p> <p>Metric 13, and 14: <i>As CMS is aware the state has had challenges reporting Medicaid SUD provider availability and Medicaid MAT provider availability in the State. The State has been using multiple databases to determine eligible Medicaid providers. (DOH database, MMIS database, MCO lists and SAMHSA waived prescriber lists for MAT).</i></p> <p><i>Specific challenges include provider database variances matching State provider license numbers, Medicaid provider ID numbers, address fields and NPI numbers.</i></p> <p><i>The State requests additional time to get the most accurate data and validate the process going forward but this will take additional time. The State proposes to submit data for Metrics 13 and 14, DY3 with the next quarterly report (due to CMS July 30, 2021) and may need to update DY1 & 2 counts in addition to data for DY 3. The State included this request in CMS feedback to DY4Q1 report and will also note in the reporting issues tab.</i></p>
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Prompts	State has no update to report (Place an X)	State response
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	

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

<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>Medical Assistance Advisory Council (MAAC) Meeting: Jan. 21, 2021 <i>Agenda topics related to SUD demonstration included Policy updates and announcements for 1115 Comprehensive Waiver listening sessions.</i></p> <p>OBAT Stakeholder Meeting: Monday March 15, 2021, Hosted by Center for Health Care Strategies. <i>Agenda topics included MATrx Model updates by DMAHS, Centers of Excellence and Camden Coalition of Healthcare Providers. MAT data for NJ. Housing supports and services for individuals with an SUD/ODU.</i></p> <p>Quarterly Provider Meeting: March 11, 2021 Hosted by the Division of Mental Health and Addiction Services (DMHAS). <i>Agenda items included information on Medicaid peer specialist enrollment at Gainwell Technology and billing information for Peer recovery services. Announcement for Medicaid coverage of Care Management Services. Critical incident management. NJ SOR grant and evidence based practice initiative, smoking cessation information.</i></p> <p>Professional Advisory Council, (PAC) Meetings: Hosted by DMHAS. <i>Jan. 15, 2021, Feb. 19, 2021, March 19, 2021. Agenda items and topics included MAT updates, NJSAMS updates, Peer Recovery, SOR grant funding, and data for providers.</i></p> <p>NJ Assoc. for the Treatment of Opioid Dependence (NJATOD) Meeting: Feb. 8, 2021. Hosted by DMHAS <i>Medicaid related topics included Medicare coverage of OTP services and questions related to Medicaid OTP services. Dual eligible populations and MCO coverage. Questions related to COVID PPE billing.</i></p> <p>Peer Services Committee: March 18, 2021, Hosted by NJ Prevention Network. <i>Review draft of Multi-agency document, <u>Peer Recovery Services Framework for Best Practices.</u></i></p>
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Prompts	State has no update to report (Place an X)	State response
14. Notable state achievements and/or innovations		
14.1 Narrative information		
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.		

*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:

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