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

State	*New Jersey*
Demonstration name	*New Jersey FamilyCare (NJFC) Comprehensive Demonstration*
Approval period for section 1115 demonstration	*8/1/2017 through 6/30/2022*
SUD demonstration start date[a]	*10/31/2017*
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	*7/1/2018, (NJ SUD implementation date is the date the state began claiming federal financial participation for services provided to individuals in IMDs).*
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	*SUD Demonstration Goals* *1. Increase rates of identification, initiation, and engagement in treatment;* *2. Increase adherence to and retention in treatment;* *3. Reduction in overdose deaths, particularly those due to opioids;* *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;* *5. Reduction of readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and* *6. Improve access to care for physical health conditions among beneficiaries.*
SUD demonstration year and quarter	*SUD DY4Q4*
Reporting period	*SUD DY4Q4 (7/1/21 to 9/30/2021: Implementation updates* *SUD DY4 Q2 (01/01/2021 to 3/31/2021): Quarterly metrics and corresponding analysis.* *DY1, DY2 & DY3 (10/1/17 to 9/30/20): Metric 25 resubmission*
	Exceptions: *Retrospective data for Metrics 13 and 14: DY1, DY2 and DY3 due to CMS with next report Feb. 28, 2022.* *Metrics 26 & 27, DY3 data submission is pending receipt from the State medical examiner's office.* *Based on the CMS metric specifications manual v4.0. updates, the established annual quality metrics will be included in the May 31, 2022 submission.*

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

- *COVID-19 continues to affect the State and have an impact on the SUD Demonstration data. This data is being monitored and evaluated.*

- *NJFC enrollment was significantly affected by the State's response to the COVID-19 public health emergency and related changes in federal requirements. Many beneficiaries who, under ordinary federal rules, may have lost eligibility for NJFC due to issues such as non-response to redetermination requests or changes in income have instead maintained coverage. This is reflected in Medicaid enrollment totals beginning in April of 2020, and accounts for most of the net NJFC enrollment growth since April of 2020. See Figure 1.*

- *Overall trends since the start of the demonstration (10/1/17) have shown a steady increase in Medication Assisted Treatment (MAT) for SUD that have remained consistent despite the impact of COVID-19 in the State. Program and policy changes that have impacted utilization of MAT include the elimination of prior authorization for medications, contracting with 2 centers of excellence to expand prescriber education and support, implementing an Office Based Addiction Treatment (OBAT) reimbursement, removing pharmacy lock-in for MAT drugs, and relaxing telemedicine and federal take-home dosing for opioid treatment facilities due to COVID-19.*

- *On September 21 and 22, 2021 The NJ Department of Human Services, Division of Mental Health and Addiction Services, held a 2-day Opioid Summit titled:* Medication for Opioid Use Disorder Increasing Access and Saving Lives. *See Figure 6*

- *Metric 8, outpatient service utilization, showed a 64% increase due to changes in metric calculations in the CMS metric specifications manual v4.0. The impact of the change is summarized in the Metric 8 analysis included in section 2.1.1.*

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		*Metric #2 DY4Q2 Medicaid beneficiaries with newly initiated SUD treatment or diagnosis*	*Metric #2: From DY4Q1 to Q2 there was a 7.6% increase in newly initiated SUD treatment or diagnosis. This coincides with % increases in NJFC enrollment data beginning April 2020. See Figure 1*
		Metric #3 DY4Q2 Medicaid Beneficiaries with SUD treatment or diagnosis.	*Metric #3: DY4Q1 to Q2 had less than a 1% increase and has remained consistent since DY1Q1.*
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		

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		

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		**Metric #6 *DY4Q2*** Any SUD Treatment	**Metric 6:** *DY4Q1 to DY4Q2 showed a 4.7% increase in # of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility or pharmacy claim. This metric has shown an overall increase since DY1Q1.*
		Metric #7 *DY4Q2* Early Intervention	**Metric 7:** *DY4Q1 to DY4Q2 showed a 75% decrease in beneficiaries who used early intervention services. DY4Q1 had 4 beneficiaries in the metric count and in Q2 there was 1. Due to small numerators in the Metric counts, the percent changes vary greatly from quarter to quarter.* *The low numbers are due to low billing for the associated procedure codes, as they are typically bundled into the payment and due to the same day, same recipient, same provider hierarchy instructions provided by CMS.*
		Metric #8 *DY4Q2* Outpatient Services	**Metric 8:** *DY4Q1 to DY4Q2 showed a 64% increase in outpatient service utilization. This increase was the result of CMS metric specification changes in the v4.0 manual.* *The addition of "place of service code 58" (Opioid Treatment Providers) and applying the same day, same recipient, same provider hierarchy, resulted in about 11,000 additional recipients being pulled into the metric numerator. The numerator count for DY4Q1 was approximately 18,000 and increased to approximately 29,000 in DY4Q2.* *Almost the entirety of the increase was associated with Methadone OP treatment. Based on CMS hierarchy instructions the service is assigned to both the LOC metric (M8) and the modality-based metric (M12).*

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		Metric #9 *DY4Q2* IOP and PC/PH	*Metric 9: DY4Q1 to DY4Q2 showed approximately 6% increase in IOP and PC/PH SUD treatment services. Service utilization is increasing since the initial impact of COVID during DY3Q3 but has not reached pre-COVID level of utilization.* See Figure 2
		Metric 10 *DY4Q2* Residential and Inpatient	*Metric 10: DY4Q1 to DY4Q2 showed a 6.7% increase in residential and inpatient SUD treatment services utilization. Residential and inpatient services have not reached pre-COVID level of utilization.* See Figure 3
		Metric 11 *DY4Q2* Withdrawal Management	*Metric 11: DY4Q1 to DY4Q2 showed a 5% increase in WM treatment services but services have not reached pre-COVID level of utilization.* See Figure 4
			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.
		Metric 12 *DY4Q2* MAT	*Metric 12: DY4Q1 to DY4Q2 had less than a 2% change between quarters. The overall trend since the start of the demonstration has been a slow increase in MAT service utilization that has remained stable and was not impacted by COVID-19.*
2.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		

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 *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.*	X	N/A	
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		

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 4 *Note: There are no CMS-provided metrics related to Milestone 4. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.*	X	N/A	
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		**Metric #13** SUD Prov. Availability (annual, DY metric) **Metric #14** Provider Availability for MAT (annual, DY metric)	*Metric 13, and 14:* *As CMS is aware, the state has been working on finalizing a process to calculate these metrics in a more reliable manner. The State will submit methodology to CMS for review in January and pending approval will submit data for DY1, 2 and 3 with the next report due to CMS Feb. 28, 2022.*
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			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		**Metric #23 DY4Q2** ED utilization for SUD per 1000 beneficiaries.	*Metric 23: DY4Q1 to DY4Q2 had less than a 1% increase.* *The overall trend for M23 shows seasonal changes from DY1Q1, where there are increases in summer months and decreases in the fall.* See Figure 5.
		Metric #27 Overdose Death (rate) (annual, DY metric)	*Metric 27: Pending receipt of data from State Medical Examiner's Office for DY3.*
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			*DY4Q4 6.2.1 Implementation update* *6.2.1.i As of July 1, 2021 NJFC removed the lock-in edit for all MAT prescriptions.*

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1.ii. Expansion of coverage for and access to naloxone			*In a Press Release dated Aug. 2021, Governor Phil Murphy announced that his Administration has marked a milestone in implementing harm reduction initiatives to combat the state's opioid crisis. The New Jersey Department of Health signed two standing orders that drastically expand access to naloxone. These orders enable all licensed pharmacists to dispense any form of an opioid antidote to any individual or entity without an individual prescription and allow for the distribution of naloxone by other entities like Emergency Medical Technicians after they leave the scene of an overdose.* *Previously in Aug. 2021 the New Jersey Department of Human Services distributed more than 24,000 doses of naloxone to 271 law enforcement agencies across New Jersey. Human Services has also given 64,000 free doses to residents at pharmacies and previously distributed 70,000 free doses to police, EMS, homeless shelters, libraries, opioid treatment programs, opioid mobile outreach programs and re-entry organizations.*
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			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6		**Metric #25** Readmission among beneficiaries with SUD **(Retrospective Data for DY 1, 2 & 3 covering 10/1/17 - 9/30/20)**	*Metric 25:* *DY1 (Oct. 2017 to Sept. 2018) DY2 (Oct. 2018 to Sept. 2019) Effective 2018 NJFC, Managed Care Organizations began covering substance use disorder and mental health inpatient care which may have attributed to the 5.2% increase from DY1 to DY2.* *DY3 (Oct.2019 to Sept. 2020) In DY3 the State focused on managing COVID-19 cases and the limited available hospital beds for those affected by the pandemic. Many New Jersey residents adhered to stay-at-home mandates during the public health crisis.* *This trend is evident in the decreased denominator count from approximately 61,000 index hospital visits in DY2 to approximately 57,000 index hospital visits in DY3. The numerator count for readmissions also went down from approximately 12,500 in DY2 to 12,300 in DY3.*
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			*DY4Q4 7.2.1 Implementation update* *NJFC is participating in the QIP-NJ learning collaborative to support hospital quality improvement that aligns with the NJ delivery system. QIP-NJ is hosted by a Public Consulting Group with NJ DOH; Office of Healthcare Financing, DOH Population Health, DOH Opioid Response, DOH Policy and NJ DHS; Division of Mental Health and Addiction Services and NJFC.*

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			
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	Metric #Q1, Metric #Q2A, Metric #Q2B, Metric #Q3	
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		
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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			*DY4Q4 8.2.2. Implementation update* *The SUD Promoting Interoperability Program, currently receiving State-only funding, was expected to sunset on March 31, 2021; however, the State extended funding availability for the program through June 30, 2023. The granted extension timeline of the program will allow for the maximum participation and onboarding of eligible providers.* *In July 2021, the State expanded the SUD Promoting Interoperability Program (PIP) to include Mental Health (MH) providers servicing individuals with co-occurring substance use and MH disorders. The expansion will allow for additional provider participation, thereby increasing interoperability and coordination of care between physical health and behavioral health providers.*
9. Other SUD-related metrics			
9.1 Metric trends			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		**Metric # 24 DY4Q2** Inpatient stays for SUD per 1000 beneficiaries **Metric #26** Overdose Deaths Count	*Metric 24: DY4Q1 to Q2 showed less than a 2% change.* *Metric 26: **The State is** pending receipt of data from the Office of the State Medical Examiner for DY3.*
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.		*The State is reporting Budget Neutrality information in the CMS 64 Schedule C, MEGs IMD.*
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	

Prompts	State has no update to report (Place an X)	State response
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.		*DY4Q4 11.1.1. Implementation update* *COVID-19 continues to affect the State and the impact in SUD data will be monitored and evaluated.*
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X	
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		
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	

Prompts	State has no update to report (Place an X)	State response
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	
12. SUD demonstration evaluation update		
12.1 Narrative information		
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.		*DY4Q4 12.1.1. Implementation update* *As Per CMS comments on the SUD DY3Q4 report dated 3/31/21 NJ is reporting the Grievances/Appeals information here in section 12.1.1.* MCO reported BH/SUD appeals: *July 2016 to June 2017 (Denial of BH services) = 4* *July 2017 to June 2018 (Denial of BH services) = 11* *July 2018 to June 2019 (Denial of SUD services) = 1 and (Denial of MH service) = 4* *July 2019 to June 2020 (Denial of SUD services) = 3 and (Denial of MH service) = 2* *July 2020 to June 2021 (Denial of SUD services) = 2 and (Denial of MH service) = 2* *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*
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		*DY4Q4 12.1.2. Implementation update* *NJ contracted with Rutgers University, Center for State Health Policy to complete the required Mid-point Assessment for submission to CMS Jan. 31, 2022.* *The Interim Evaluation will be included with the 1115 renewal application as an attachment.*

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	X	
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:	X	
13.1.3.i. The schedule for completing and submitting monitoring reports		
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	

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

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.		*DY4Q4 13.2.2. Implementation update* ***During DY4 NJFC participated in or hosted the following stakeholder meetings:*** ***Medical Assistance Advisory Council (MAAC)*** *meetings were held on 1/21/21, 4/22/21, 7/22/21 and 9/13/21. Agenda items and discussion included COVID-19, enrollment and the federal public health emergency, 1115 renewal discussions, 1115 listening sessions and 1115 public comments.* ***Professional Advisory Council*** *(PAC) meetings hosted by DMHAS: 10/16/20, 11/20/20, 3/19/21, 4/16/21, 5/21/21, 7/16/21, 9/17/2. Agenda items included; discussion of MAT services and funding, peer recovery committee report, Health equities committee, tobacco cessation, Buprenorphine access and referrals, work force issues, harm reduction services, COVID-19 updates, and NJ PDMP demonstration by the NJ Office of the Attorney General.* ***NJ Assoc. for the treatment of Opioid Dependence (NJ ATOD) meetings*** *held by DMHAS: 12/7/20, 2/8/21, and 9/27/21. Agenda items and discussions included Opioid Treatment Facilities and Medicare covered services, dual eligible plans, Medicare advantage plans, COVID-19 PPE, telehealth options, staffing and capacity, vaccination sites, and 1115 renewal public comments.* ***BH Planning Council meetings*** *were held: 10/14/20, 11/10/21, 12/9/21, 2/10/21, 3/10/21, 4/14/21, 5/12/21, 6/9/21, 7/14/21, 8/11/21, and 9/8/21. Agenda items included updates about COVID-19 impacts and supplemental funding, the DMHAS budget and review of Fiscal Information for 2020 Community Mental Health & Substance Abuse Block Grant Implementation Report, the NJ Early Prisoner Release Program and related initiatives, MLTSS, the 1115 Demonstration renewal process, and the state's CCBHCs.*

Prompts	State has no update to report (Place an X)	State response
		Quarterly Provider Meetings hosted by DMHAS were held: *12/10/20, 3/11/21, 7/8/21, 9/20/21 where agenda items included low threshold MAT at Harm Reduction Centers in NJ, mobile van federal rule, Opioid Conference, Shatterproof presentation, peer crisis and respite services and 1115 renewal and timeline for public comments.* ***OBAT Stakeholder Group:*** *12/14/20, 3/15/21, 6/4/21, 8/12/21. Regional MAT Centers of Excellence update, training updates from Camden Coalition, provider feedback on navigator billing and provider enrollment issues for Medicaid. Opioid Summit and planning for a MATrx model training for new providers.* ***SUD Care Management Stakeholder Meeting and webinar:*** *6/8/21, 6/9/21 and 6/10/21. Discussion of services for Medicaid reimbursement, criteria for service, training on billing and enrollment applications.*

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.		*DY4Q4 14.1.1. Implementation update* *On Sept. 21 and 22, 2021 The NJ Department of Human Services, Division of Mental Health and Addiction Services, held the 2021 Opioid Summit, titled: Medication for Opioid Use Disorder Increasing Access and Saving Lives.* *Based on provider feedback, telehealth and remote capabilities ensured continuity of care for NJFC beneficiaries utilizing SUD services during the pandemic.*

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

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Figure 1

NJ FamilyCare* Enrollment Summary - October 2021			
Eligibility Category	**Age < 21**	**Age > 20**	**Total**
Aged	0	98,835	98,835
Blind	50	759	809
Disabled	30,302	176,860	207,162
Non-ABD Children	886,458	0	886,458
Non-ABD Adults	30,932	829,379	860,311
Total	*947,742*	*1,105,833*	*2,053,575*

NJ FamilyCare* Enrollment Summary

Legend: Aged Blind and Disabled, Non-ABD Adults, Non-ABD Children
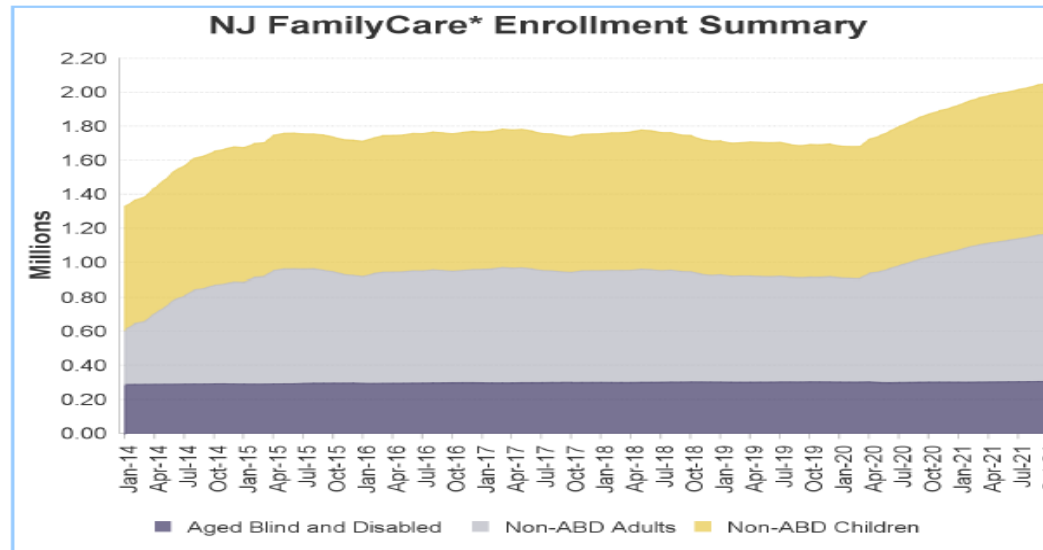
* - NJ FamilyCare includes all individuals receiving public medical assistance through the Division of Medical Assistance and Health Services and includes those eligible for federal reimbursement through the Medicaid program and Children's Health Insurance Program established in the federal Social Security Act and those eligible for other public medical assistance programs established through various state laws.
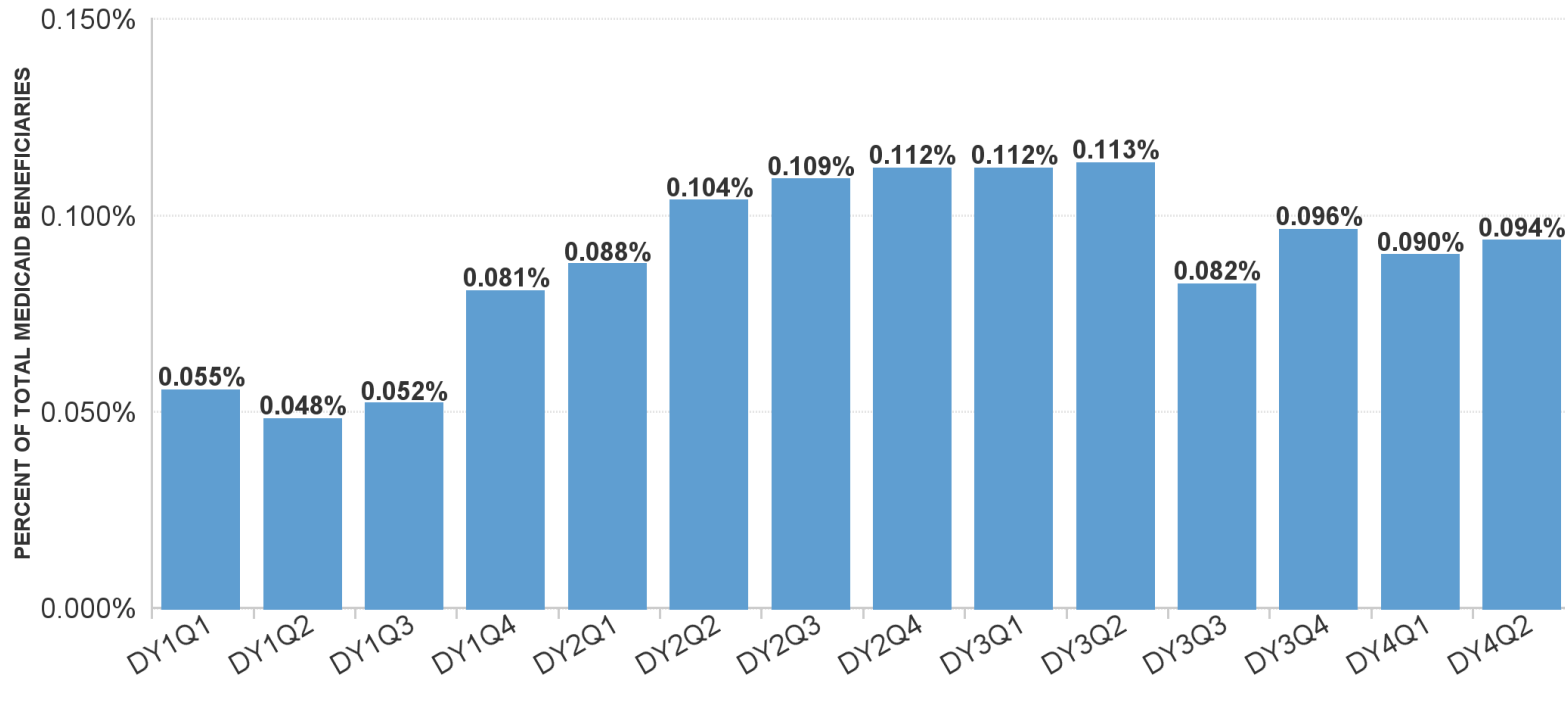
Figure 2

INTENSIVE OUTPATIENT AND PARTIAL HOSPITALIZATION SERVICES QUARTERLY AVERAGES
(METRIC #9)
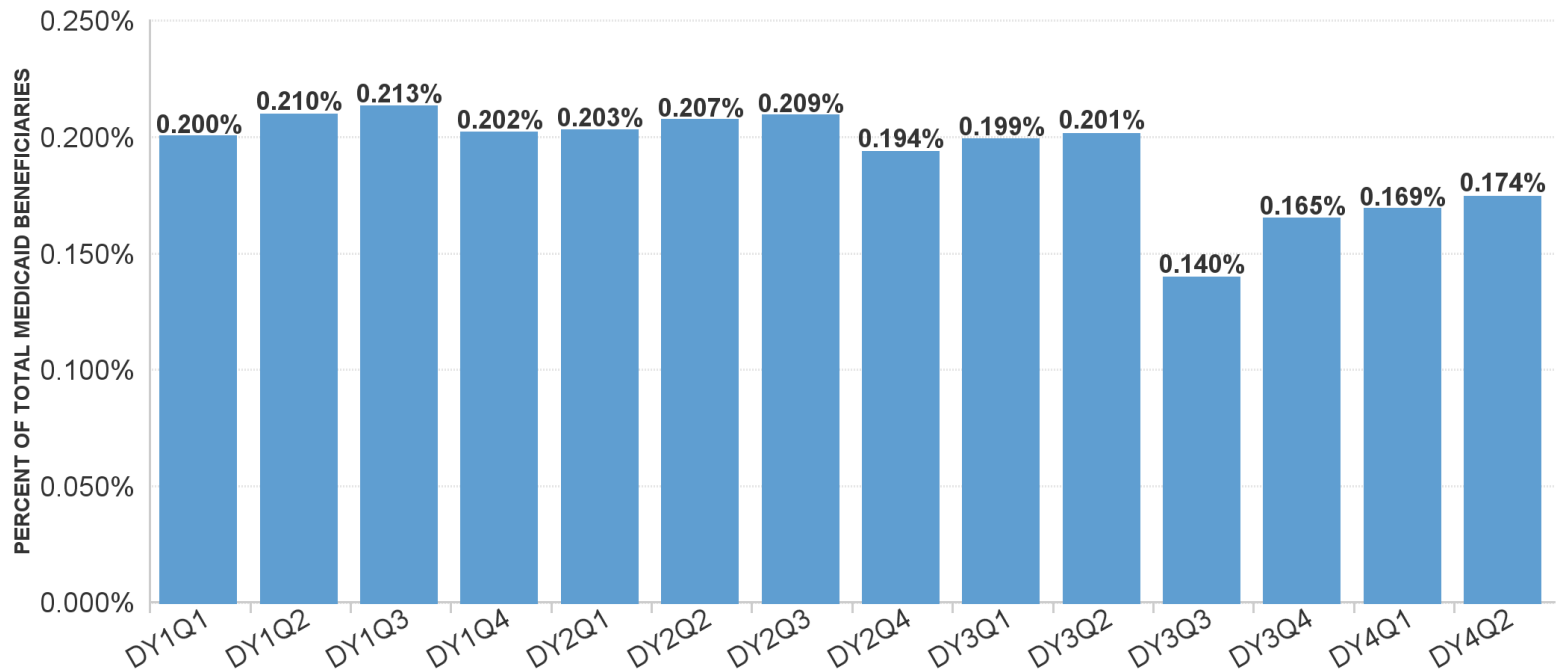
Note: Quarterly averages presented are the average number of recipients (numerator or denominator) for the three months within the quarter.   Recipient counts within the reporting month are de-duplicated. Source: NJ DMAHS Fee-for-Service Claims and Managed Care Encounter Data, accessed through DMAHS Shared Data Warehouse, Claims Universe. DY3Q3 COVID-19 affects NJ.
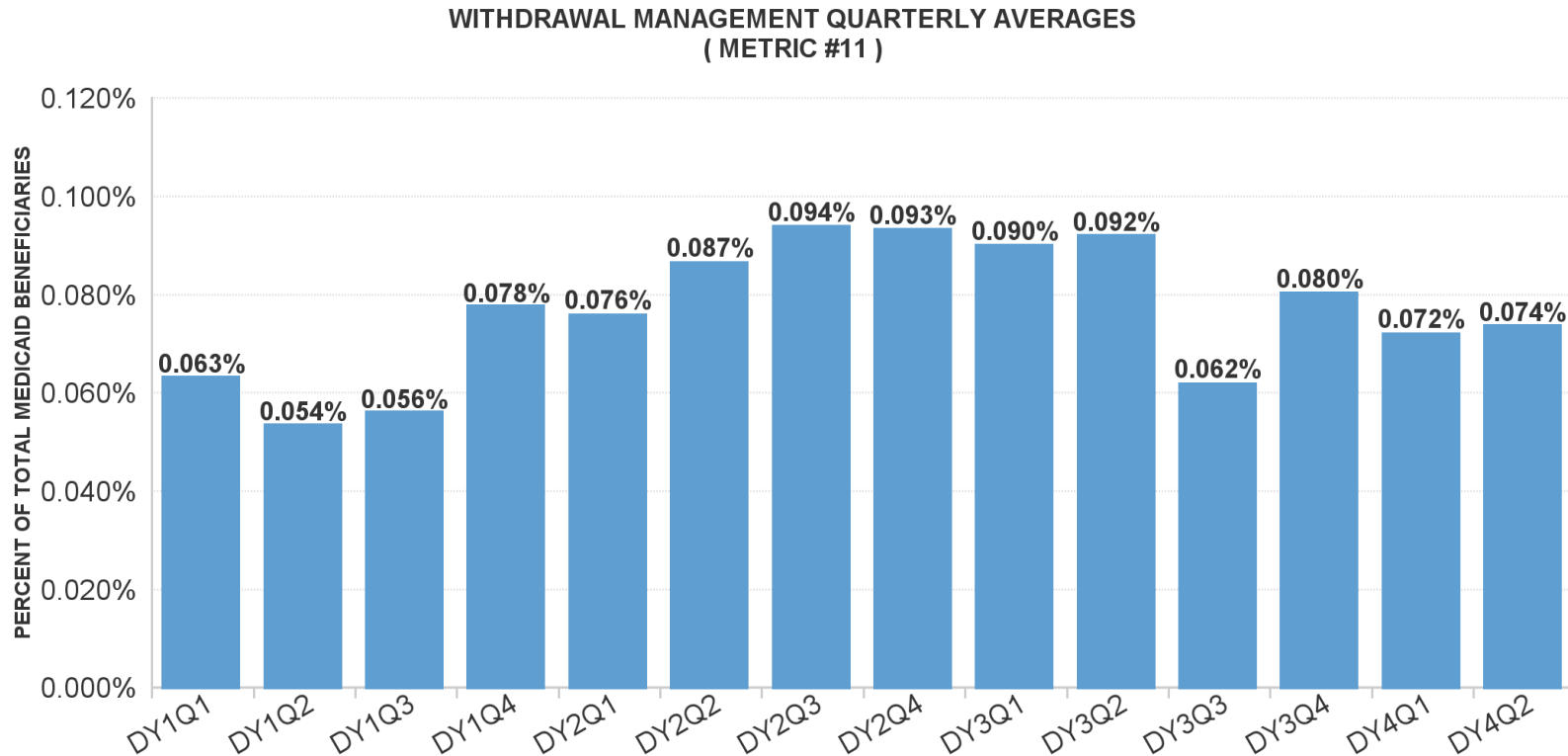
Figure 3

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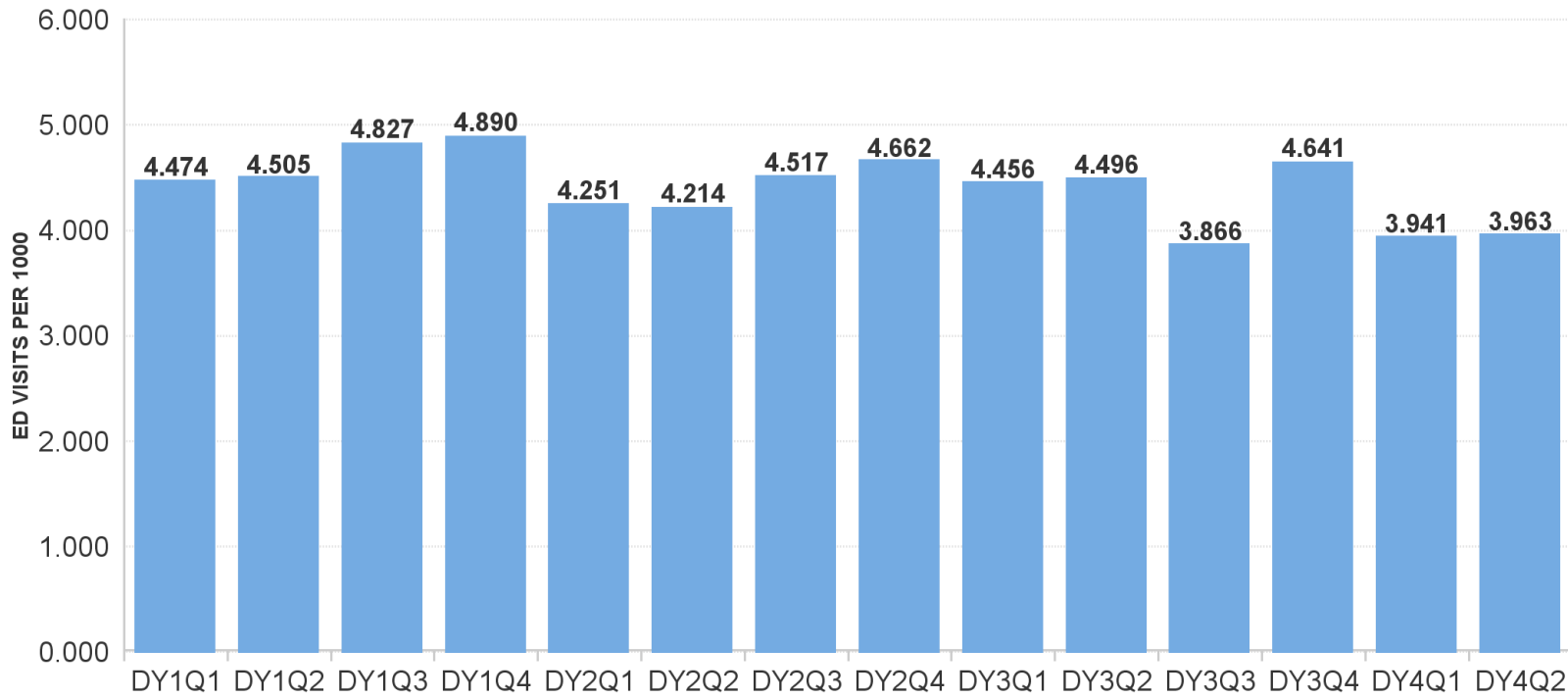(METRIC #10)**

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. Source: NJ DMAHS Fee-for-Service Claims and Managed Care Encounter Data, accessed through DMAHS Shared Data Warehouse, Claims Universe. DY3Q3 COVID-19 affects NJ. DY1Q4 NJ Short Term Residential IMD service coverage. DY2Q1 NJ Long Term Residential IMD service coverage.

Figure 4

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. Source: NJ DMAHS Fee-for-Service Claims and Managed Care Encounter Data, accessed through DMAHS Shared Data Warehouse, Claims Universe. DY3Q3 COVID-19 affects NJ. DY1Q4 NJ Residential WM IMD service coverage.

Figure 5

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

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. Source: NJ DMAHS Fee-for-Service Claims and Managed Care Encounter Data, accessed through DMAHS Shared Data Warehouse, Claims Universe. Note: Beneficiaries must be eligible for the full coverage month. DY3Q3 COVID-19 affects NJ.

Figure 6