

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
New Jersey FamilyCare Comprehensive Demonstration: Retrospective Data DY1Q1-DY4Q1

The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 3.0) to support New Jersey's retrospective reporting of monitoring data for its section 1115 substance use disorder (SUD) demonstration. The state should use this customized template to report on retrospective metric trends as requested in the Monitoring Report Instructions (p. 12 of Version 3.0). This template was customized for retrospective reporting in the following ways:

- *Added footnote C to the title page in section 1*
- *The table in section 3 (Narrative information on implementation, by milestone and reporting topics) has been modified to ask the state to report general trends for each Milestone, rather than changes (+ or -) greater than 2 percent for each metric.*
- *The prompts in section 3 that requested implementation updates were removed.*
- *Section 4 (Narrative information on other reporting topics) has been removed entirely.*

1. Title page for the state's SUD demonstration or the SUD component of the broader demonstration

CMS has pre-populated the title page for the state (see blue text). The state should review the pre-populated text and confirm that it is accurate. Definitions for certain rows are below the table.

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State	<i>New Jersey</i>
Demonstration name	<i>New Jersey FamilyCare Comprehensive Demonstration</i>
Approval period for section 1115 demonstration	<i>08/01/2017–6/30/2022</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>07/01/2018</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^c	<i>DY1Q1 – DY4Q1</i>
Reporting period^c	<p><i>10/01/2017 – 12/31/2020</i></p> <p><i>Quarterly metrics and analysis for SUD DY4 Q1 (10/01/20-12/31/20)</i> <i>Metrics 26 and 27 for DY2 (10/1/2018 to 9/30/2019)</i></p>

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Exceptions:

Retrospective data for Annual CMS Metric numbers 26 and 27 for DY2 10/1/18-9/30/19 will be reported with the DY4Q4 report due to CMS Dec. 2021.

Retrospective data for Metrics 13 and 14: Resubmit DY1, DY2 and DY3 with the DY4Q4 report due to CMS Dec. 2021.

As per CMS feedback the State is re-running Metric 25 for DY1, 2 & 3. Retrospective reporting will be included in the SUD DY4Q4 report due to CMS in Dec. 2021.

Data for all annual established quality measures for CY2020 are pending receipt of updated Metric Specifications Manual 4.0 from CMS.

^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.

^c SUD demonstration year and quarter, and reporting period. The demonstration year, quarter, and calendar dates associated with the monitoring reports in which the metric trends would have been reported according to the reporting schedule in the state’s approved monitoring protocol. For example, if the state’s first monitoring report after monitoring protocol approval is its SUD DY2Q2 monitoring report, the retrospective reporting period is considered SUD DY1Q2 through SUD DY2Q1. The SUD DY1Q1 reporting period is not listed because metrics data are reported with a one-quarter lag.

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information of metrics trends from the retrospective reporting period. The recommended word count is 500 words or less.

When reviewing data for Demonstration Year (DY) 3 through (DY) 4, Q1 the impacts of COVID-19 in the state must be considered and key dates for COVID-19 in New Jersey are outlined here for reference.

- *March 9, 2020- March 21, 2020: NJ State of Emergency issued. Cancellation of public gatherings and aggressive social distancing measures were enacted. NJ schools closed. Statewide stay at home orders were issued.*

- *June 9 through July 6, 2020: Stay-at-home order was lifted. Phased-in reopening started with outdoor activities and elective surgeries. Capacity limitations changed for indoor areas with masks and social distancing.*
- *Dec. 2020: 2nd wave of COVID-19 impacts NJ. All services in the SUD continuum were impacted by COVID-19 but in DY3Q4 most services began trending upward toward pre-COVID levels. The 2nd wave of COVID-19 again impacted data for a number of metrics in DY4Q1.*
- *In May 2020 enrollment was significantly affected by NJ FamilyCare's (NJFC) 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 and May 2020, and accounts for most of the net NJFC enrollment growth since March of 2020. This impacts the data and metric calculations, specifically the denominator in each metric.*

A review of data for DY1 through DY4Q1 shows the state has successfully increased access to MAT for Medicaid Beneficiaries. MAT was the only service that did not show a decrease during COVID-19 for DY3Q3 and DY4Q1. Efforts to provide uninterrupted services included, telehealth guidance, take home dosing for Opioid Treatment Facilities, pharmacy guidance and waived prescriber supports through the NJ Centers of Excellence.

Quarterly data provided insights into the impact of COVID-19 on some services, specifically Intensive Outpatient (IOP), Partial Care (PC), Residential, and Withdrawal Management (WM) SUD treatment programs. The IOP and PC programs are paid per diem for 3- 5 hours of service and this was a challenge for telehealth. Many of these providers continued care to beneficiaries by providing Outpatient (OP) group or OP individual via telehealth and can be seen in the increases in OP services. Residential levels of care (including WM) were impacted due to bed capacity reductions for safety (single vs double occupancy per room for admissions or designated rooms for COVID cases).

The state has reported the DY2 overdose data in this report but remains dependent upon the Office of the State Medical Examiner to obtain data for future reporting. The State will continue to report the data as it is received and validated.

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

The state should provide a general summary of metric trends by milestone and reporting topic for the entire retrospective reporting period. In these general summaries, the state should discuss any relevant trends that the data shows related to each milestone or reporting topic, including trends in state-specific metrics.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends related to assessment of need and qualification for SUD services		<p>Metric #2 Medicaid beneficiaries with newly initiated SUD treatment or diagnosis</p> <p>Metric #3 Medicaid Beneficiaries with SUD treatment or diagnosis</p>	<p>Metric #2 From DY3Q4 to DY4Q1 Medicaid beneficiaries with a newly initiated SUD treatment or diagnosis decreased by 6.12%. This was following a 15% increase from DY3Q3 to DY3Q4. The State estimates the quarterly % decrease is a reflection of a return to normal following enrollment increases and redeterminations from the previous quarter.</p> <p>Metric #3 did not show metric trends 2% (+ or –) from DY3Q4 to DY4Q1. Since the demonstration start in Oct. 2017 the Metric 3 data has remained relatively stable with only minimal changes from quarter to quarter.</p>
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			

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<p>2.1.1 The state reports the following metric trends related to Milestone 1 showing increased access to levels of Care for SUD treatment in state.</p>		<p>Metric #6 Any SUD Treatment</p> <p>Metric #7 Early Intervention</p> <p>Metric #8 Outpatient Svcs.</p> <p>Metric #9 IOP and PC</p> <p>Metric #10 Residential and Inpatient</p>	<p>Metric 6 had a 2.78% increase from DY3Q4 to DY4Q1. Data for DY3Q4 and DY4Q1 showed increases as the state began lifting COVID-19 restrictions. Since the start of the demonstration Metric 6 has had a steady but gradual increase from DY1Q1 showing progress in Milestone 1 for increased access to care.</p> <p>Metric 7: Due to low numbers in the Metric count the percent changes vary greatly from quarter to quarter for Metric 7. As per the CMS defined hierarchy and reporting categories the only individuals listed in the count are those who received SBIRT screening but did not receive any other SUD treatment service during the measurement period.</p> <p>Metric 8 showed a 3.73% increase from DY3Q4 to DY4Q1 Since the start of the demonstration from 10/1/2017 through 12/31/2020 Outpatient service utilization has increased from .85% of Medicaid beneficiaries to .95% of Medicaid beneficiaries showing progress in Milestone 1 for increased access to care.</p> <p>Metric 9 showed a 5.9% increase of Medicaid beneficiaries in IOP or PC treatment from DY3Q4 to DY4Q1. Ongoing impacts of COVID-19 since DY3Q3 continue to be apparent. The % has gradually increased toward utilization of services pre-COVID. See Figure 1</p> <p>Metric 10 showed a 3.29% decrease from DY3Q4 to DY4Q1. Residential and inpatient services continue to show the impact of COVID-19 since DY3Q3. DY3Q4 showed % increases but DY4Q1 (Oct-Dec) showed another decrease that coincides with the beginning of the 2nd wave of COVID in N.J. Residential providers were</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
		<p>Metric #11 Withdrawal Management</p> <p>Metric 12 MAT</p>	<p><i>particularly impacted due to decreased capacity (single room occupancy vs double occupancy and/or keeping rooms for COVID + cases). See Figure 2</i></p> <p>Metric 11 showed a 7.2% decrease from DY3Q4 to DY4Q1. Similar to Metric #10 there was a decrease in DY3Q3 when NJ was initially impacted by COVID-19. The % showed some increase in DY3Q4 but decreased again in DY4Q1. The State attributes this decrease to the 2nd wave of COVID-19. WM residential service providers were particularly impacted due to decreased capacity (single room occupancy vs double occupancy and/or keeping rooms for COVID + cases). See Figure 3</p> <p>Metric 12 showed a 3.83% increase from DY3Q4 to DY4Q1 and shows steady growth since the start of the demonstration in Oct of 2017. DY1Q1 indicated .962% of Medicaid Beneficiaries received MAT and this increased to 1.306% of Medicaid beneficiaries who received MAT in DY4Q1. The State attributes the continued increase to the expanded MAT treatment efforts in the OBAT program and increased support of waived prescribers through the Centers of Excellence.</p>
<p>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2) 3.1 Metric trends</p>			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
3.1.1 The state reports the following metric trends 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 summary of retrospective reporting period
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 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		
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 related to Milestone 4		Metric #13 <i>SUD Provider Availability</i> Metric #14 <i>Provider Availability for MAT</i>	Metric 13, and 14: <i>As CMS is aware the state has been working on finalizing a process to calculate these metrics in a more reliable manner. This was discussed with CMS on 8/6/21 and 8/30/21 and the State will continue to work with CMS prior to submission of data to establish any metric deviations with CMS approval.</i> <i>The State will be able to submit data for Metrics 13 and 14 for DY1, 2 and 3 with the SUD DY4Q4 due to CMS Dec. 31, 2021.</i>
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
6.1 The state reports the following metric trends related to Milestone 5		<p>Metric # 23 ED Utilization per 1,000 Medicaid beneficiaries</p> <p>Metric #27 Overdose Death (OD) Rate per 1,000 Medicaid Beneficiaries. DY2 retrospective data.</p>	<p>Metric 23 showed a 15% decrease in ED utilization per 1,000 beneficiaries from D3Q4 to DY4Q1. The timing coincides with the 2nd wave of COVID-19 in the State. An additional element to consider is increased counts in Metric 12 (MAT) and Metric 8 (OP services) in the same time period and the potential impact on decreased ED utilization. This metric indicates a seasonal trend that increases in each DY from Q1 to Q4 and then decreases from Q4 to Q1. See Figure 4</p> <p>Metric 27 had less than 2% (+ or -) change from DY1 to DY2. The state has reported the DY2 overdose data in this report but remains dependent upon the Office of the State Medical Examiner to obtain data for future reporting. The State will continue to report the data as it is received and validated.</p>
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 related to Milestone 6		<p>Metric #25 Readmission among beneficiaries with SUD</p>	<p>As per CMS feedback the State will re-run Metric 25 based on Demonstration Year (DY) for DY1, 2 & 3. NJ will also need to build two modifications and test data for Metric 25 prior to submission. The State proposes retrospective reporting to be included in the SUD DY4Q4 report due to CMS in Dec. 2021.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends related to its health IT metrics			
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends related to other SUD-related metrics		<p>Metric # 24 <i>Inpatient stays for SUD per 1000 beneficiaries</i></p> <p>Metric #26 <i>Overdose Death (OD) Count (Retrospective for DY 2)</i></p>	<p>Metric 24 showed a 12.27% decrease in Inpatient stays per 1,000 beneficiaries from DY3Q4 to DY4Q1. The timing coincides with the 2nd wave of COVID-19 in the State. This metric also indicates a seasonal trend that increases in each DY from Q1 to Q4 and decreases from Q4 to Q1. An additional element to consider is increased counts in Metric 12 (MAT) and Metric 8 (OP services) in the same time period and the potential impact on decreased inpatient stays. See Figure 5</p> <p>Metric 26 showed less than 2% (+ or -) change from DY1 to DY2. The state has reported the DY2 overdose data in this report but remains dependent upon the Office of the State Medical Examiner to obtain data for future reporting. The State will continue to report the data as it is received and validated.</p>

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

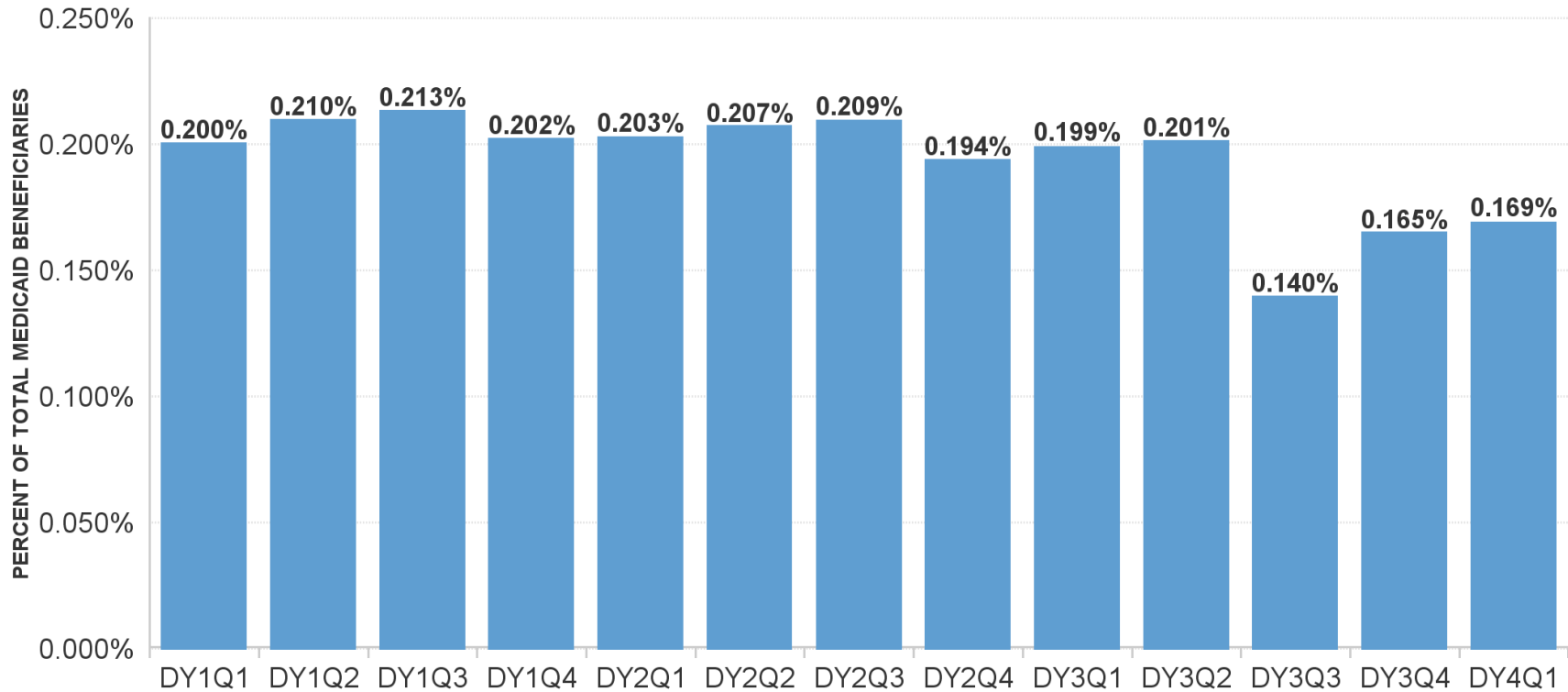
Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical

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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

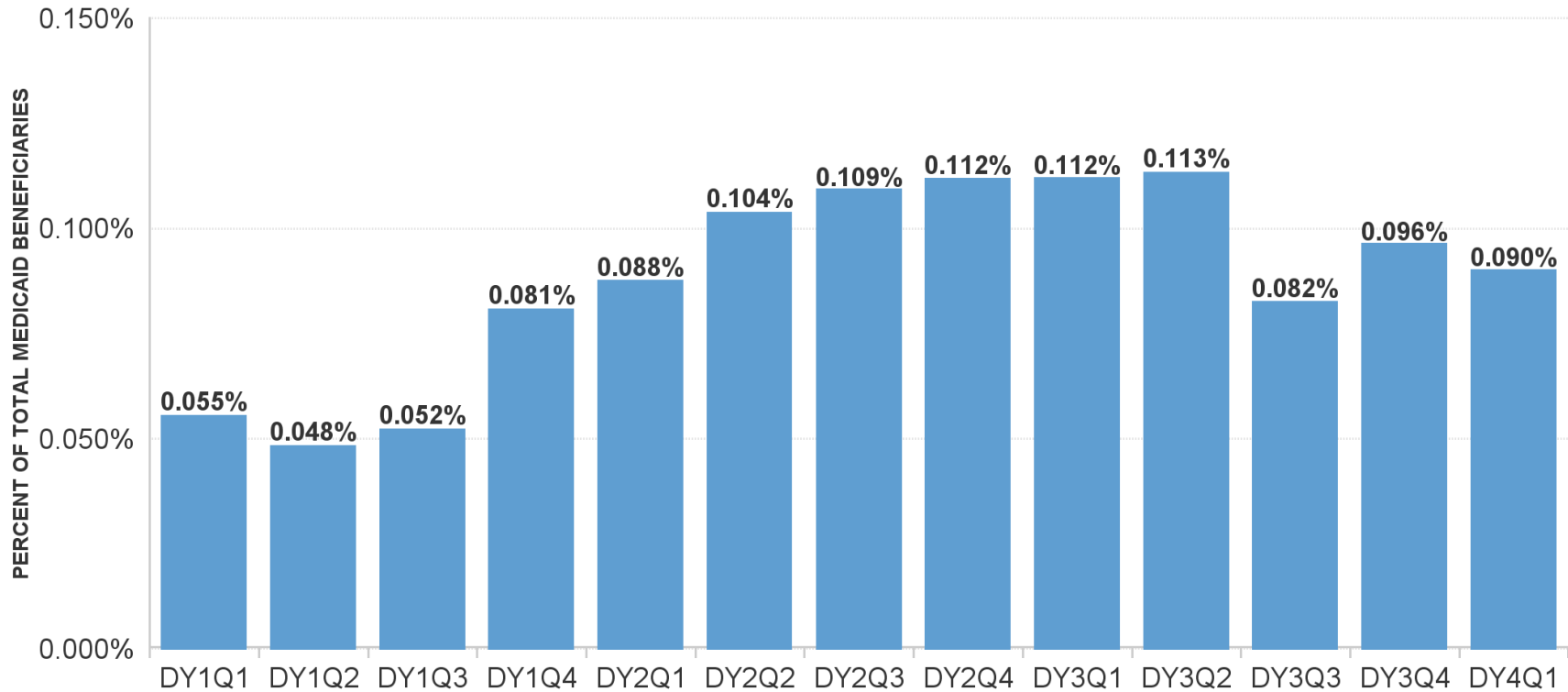
**INTENSIVE OUTPATIENT AND PARTIAL HOSPITALIZATION SERVICES QUARTERLY AVERAGES
(METRIC #9)**



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. **DY3Q3 coincide with impacts of COVID-19 in N.J. DY4Q1 COVID-19 2nd wave.**

Figure 2

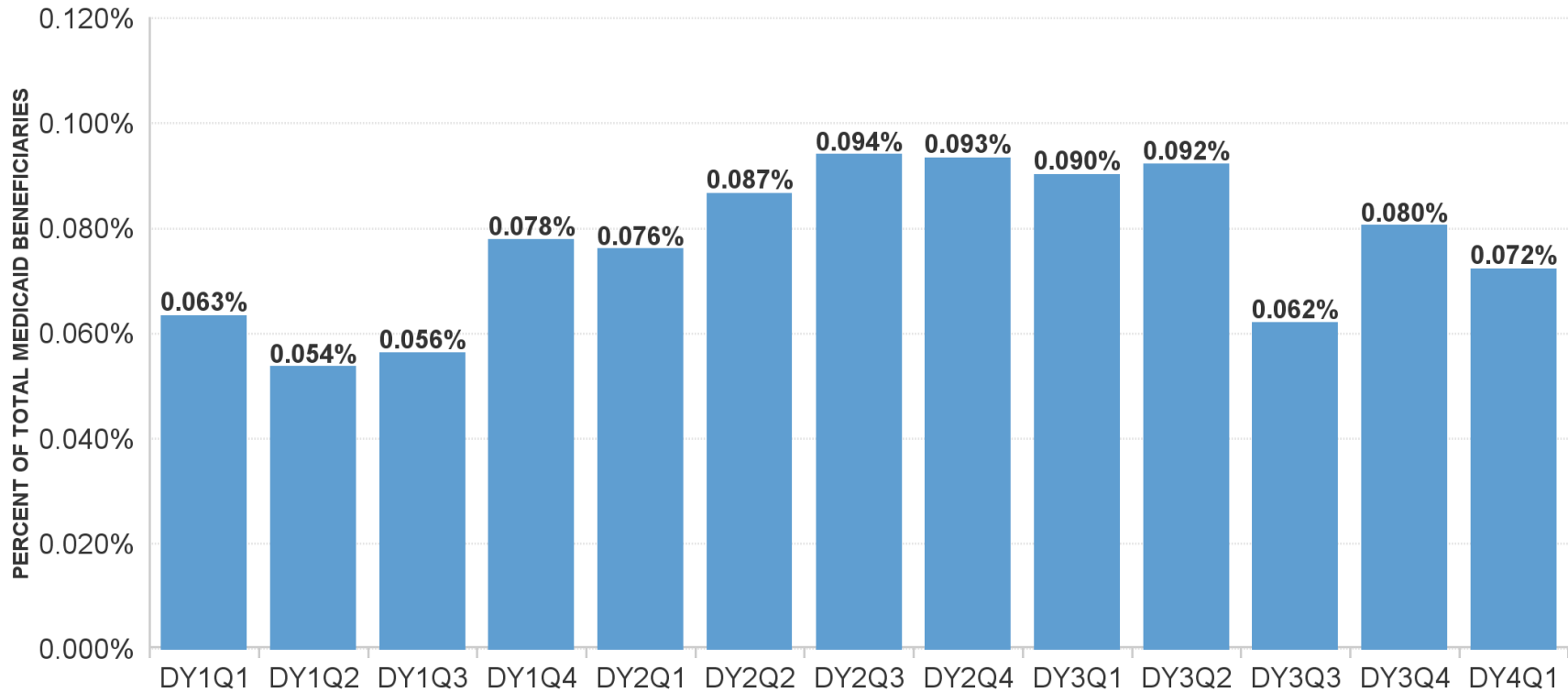
**RESIDENTIAL AND INPATIENT SERVICES QUARTERLY AVERAGES
 (METRIC #10)**



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. [DY1Q4 NJ Short Term Residential IMD service coverage 7/1/18](#). [DY2Q1 NJ Long Term Residential/inpatient coverage of IMD services began 10/1/18](#). [DY3Q3 \(April, May and June 2020\) coincide with impact of COVID-19 in N.J.](#) [DY4Q1 2nd Wave of COVID-19](#)

Figure 3

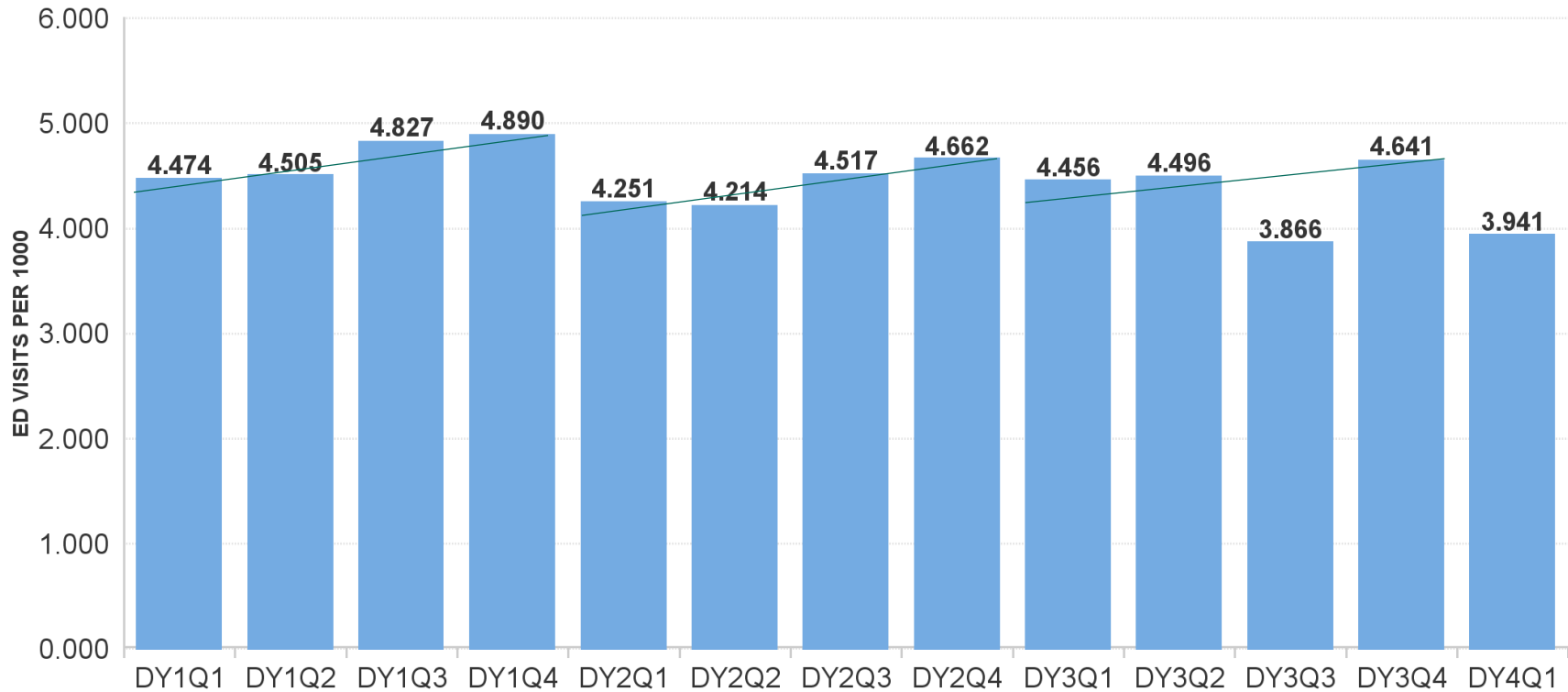
**WITHDRAWAL MANAGEMENT QUARTERLY AVERAGES
 (METRIC #11)**



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. **DY1Q4 WM services covered 7/1/18. DY3Q3 COVID-19 impacts NJ. DY4Q1 COVID-19 2nd wave starts to impact NJ.**

Figure 4

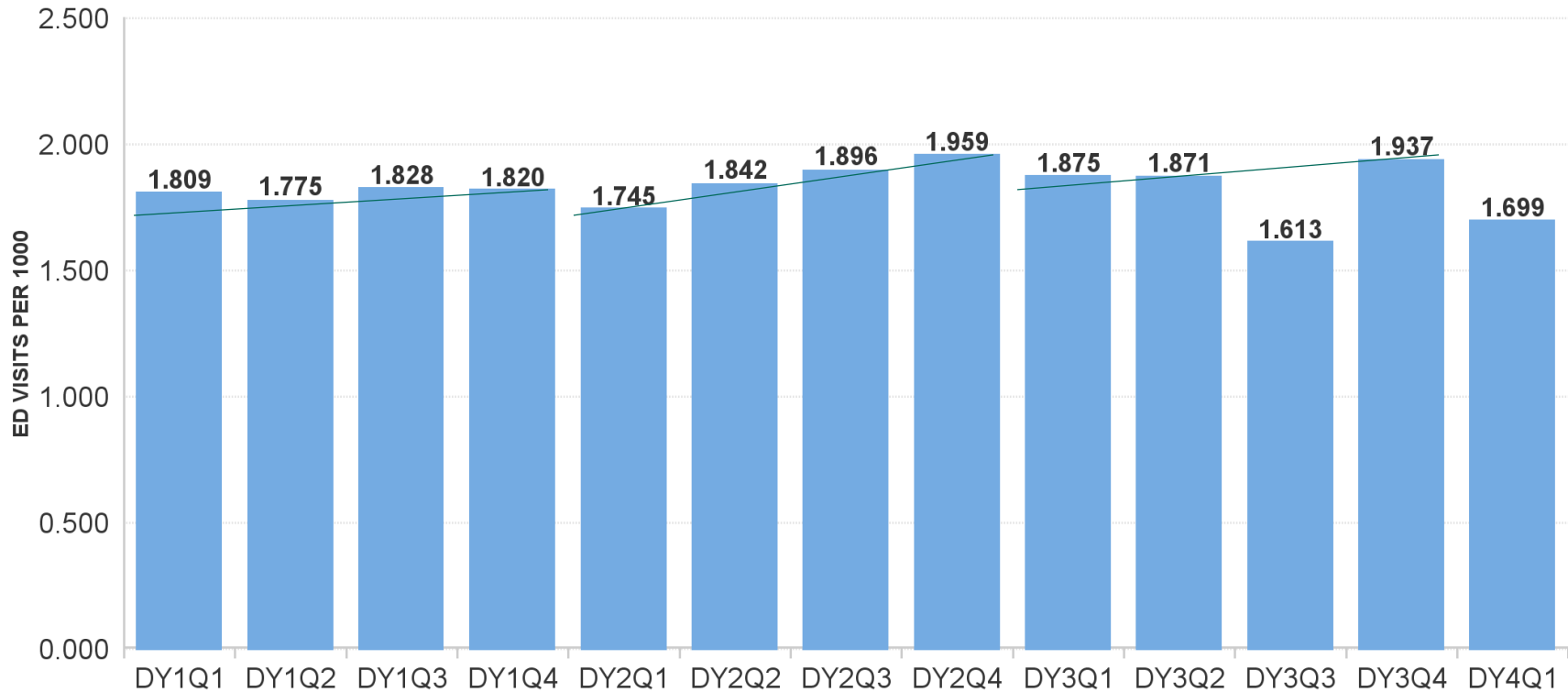
**EMERGENCY DEPT UTILIZATION FOR SUD PER 1,000 MEDICAID BENEFICIARIES QUARTERLY AVERAGES
 (METRIC #23)**



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. **Overall seasonal trend; increase in each DY from Q1 to Q4. DY3Q3 COVID-19 impacts NJ. DY4Q1 COVID-19 2nd wave begins.**

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. Overall seasonal trend; increase in each DY from Q1 to Q4. DY3Q3 COVID-19 impacts NJ. DY4Q1 COVID-19 2nd wave.