DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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State Demonstrations Group

MAY 17 2018

Meghan Davey
Director
Division of Medical Assistance and Health Services
Department of Human Services
7 Quakerbridge Plaza, PO Box 712
Trenton, NJ 08625-0712

Dear Ms. Davey:

The state of New Jersey submitted its Substance Use Disorder (SUD) Implementation Protocol as required by special terms and condition (STC) 40 of the state's section 1115(a) demonstration (11-W00279/2) entitled "New Jersey FamilyCare Comprehensive Demonstration." The Centers for Medicare & Medicaid Services has reviewed the SUD Implementation Protocol and determined it is consistent with the requirements outlined in the STCs; therefore, with this letter, the state may begin receiving Federal Financial Participation for New Jersey Medicaid recipients residing in the Institutions for Mental Disease setting under the terms of this demonstration for the period starting with the date of this approval letter through June 30, 2022. A copy of this approved protocol is enclosed and is also hereby incorporated into the STCs as Attachment N.

If you have any questions, please contact your project officer, Ms. Sandra Phelps, at (410) 786-1968 or by email at Sandra.Phelps@cms.hhs.gov.

We appreciate your cooperation throughout the review process.

Sincerely,

Angela D. Garner
Director
Division of System Reform Demonstration

Enclosure

cc: Michael Melendez, Associate Regional Administrator, CMS New York Regional Office

NJ DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

NJ FamilyCare Comprehensive Demonstration Implementation Protocol for the Opioid Use Disorder (OUD)/Substance Use Disorder (SUD) Program

5/7/2018

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Introduction

NJ FamilyCare's Comprehensive Demonstration ("The Waiver") was approved on October 31, 2017 and includes an Opioid Use Disorder (OUD)/Substance Use Disorder (SUD) continuum providing authority for the New Jersey Department of Human Services' Division of Medical Assistance and Health Services, to serve individuals with a substance use disorder or opioid use disorder in a full continuum of care. The continuum matches beneficiaries with the most appropriate services to meet their need, and provides an efficient use of resources grounded in evidence based practice. This includes services provided in residential treatment settings that qualify as an Institute for Mental Disease (IMD) consistent with key benchmarks from nationally recognized, SUD-specific program standards. Beneficiaries will have access to high quality, evidence based, OUD and SUD treatment services ranging from acute withdrawal management, ongoing chronic care in cost effective settings, and care for comorbid physical and mental health conditions.

Specifically, New Jersey was granted waiver authority to:

- Claim expenditures for services provided in an IMD for a statewide average length of stay of 30 days.
- Add a new level of care to the continuum for long term residential treatment, ASAM 3.5;
- Develop peer recovery support specialist and case management programs that will engage, support and link individuals with an SUD in the appropriate levels of care; and
- Move to a managed delivery system that integrates physical and behavioral health care.

As required by Standard Terms and Conditions (STC) #40 (A) of the Waiver, this document serves as the NJ FamilyCare 1115 Waiver OUD/SUD Continuum Implementation Protocol and is referred to as the Implementation Plan here forth. . The Implementation Plan provides details on DMAHS's strategic approach, project addresses the goals and required milestones to ensure the continuum succeeds in improving quality, accessibility, and outcomes for OUD/SUD treatment in the most cost-effective manner over the course of the Waiver period from October 31, 2017 to June 30, 2022.

Goals of the OUD/SUD Continuum:

1. Increase the rates of identification, initiation and engagement in treatment for OUD and other SUDs;
2. Increase adherence to and retention in treatment for OUD and other SUDs;

3. Reduction in overdose deaths, particularly those due to opioids;
4. Reduce utilization of emergency departments and inpatient hospital settings for OUD and other SUD treatment where the utilization is preventable or medically inappropriate
5. Reduce preventable, or potentially preventable readmission to the same or higher level of care for OUD and other SUD; and
6. Improve access to care for physical health conditions among beneficiaries with OUD or other SUDs.

Milestones of the OUD/SUD Continuum:

1. Access to critical levels of care for OUD and other SUDs;
2. Widespread use of evidence-based, SUD-specific patient placement criteria;
3. Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications;
4. Sufficient provider capacity at each level of care, including MAT;
5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD; and
6. Improved care coordination and transitions between levels of care.

Section I: Implementation Protocol Milestones

In order to achieve the aforementioned overarching goals, DMAHS will work with its internal and external stakeholders to develop, design, and operationalize the following six (6) milestones:

1. Access to Critical Levels of Care of OUD and other SUDS

To improve access to OUD and SUD treatment services for Medicaid beneficiaries, it is important to offer a range of services at varying levels of intensity across a continuum of care since the type of treatment or level of care needed may be more or less effective depending on the individual beneficiary. Coverage of outpatient, intensive outpatient, partial care, short term residential, and non-hospital based withdrawal management, ambulatory withdrawal management ASAM 2-WM services, medication assisted treatment, and medically supervised withdrawal management services are already in place and included in State Plan Services. Long term residential, ASAM 3.5 will be added to the continuum and IMD services in short term residential and non-hospital based withdrawal management services can begin upon approval within the proposed timeframe. In addition, under this Waiver authority, the state will create a Medicaid benefit of peer support and case management services for beneficiaries with an SUD diagnosis as part of the SUD Continuum.

Under the New Jersey's 1115 Comprehensive Demonstration, and in order to to facilitate access to OUD and SUD services, New Jersey established a non-risk bearing interim managing entity (IME) to manage a SUD hotline providing 24 hour access to screening, referrals, care coordination and utilization management.

The IME is an independent, non-risk bearing entity for reviewing placement in all SUD treatment settings.

a. The IME reviews clinical data submitted by providers in order to authorize services based on medical necessity and ASAM placement criteria for all SUD admissions

b. The IME has access to ten years of SUD individuals' treatment history at any licensed SUD facility.

c. The IME also reviews clinical care extension requests by providers and issues continuing care based on ASAM evidentiary standards.

d. Children and Adolescents who are covered by Children's System of Care (CSOC) utilize Perform Care as a Managing Entity for services. CSOC utilizes the LOCI-3 and/or a Strengths and Needs Tool for children seeking treatment under the age of 18.

Table A: Comparison of the current State Plan vs. the Future Plan, Milestone #1 Access to Critical Levels of Care for OUD and other SUD

Milestone #1 Access to Critical Levels of Care for OUD and other SUD's.	Current Plan	Future State	Summary of Actions Needed/Timetable
1.)To improve access to OUD and SUD treatment services for Medicaid beneficiaries, it is important to offer	1.) Outpatient Services are currently covered under NJ State Plan ASAM 1.0	Continue to monitor and evaluate services and expenditures.	No Action needed
	2.) Intensive outpatient services are currently covered under NJ State Plan ASAM 2.1	Continue to monitor and evaluate services and expenditures.	No Action needed

Milestone #1 Access to Critical Levels of Care for OUD and other SUD's.	Current Plan	Future State	Summary of Actions Needed/Timetable
a range of services at varying levels of intensity across a continuum of care since the type of treatment or level of care needed may be more or less effective depending on the individual beneficiary.	3.) Partial Care outpatient services are currently covered under NJ State Plan ASAM 2.5	Continue to monitor and evaluate services and expenditures.	No Action needed
	4.) Medication Assisted Treatment is currently covered under NJ State Plan.	Continue to monitor and evaluate services and expenditures.	No Action needed
	5.) Ambulatory Withdrawal Management ASAM 2WM has been implemented under State plan amendment.	NJ will Monitor and evaluate services and expenditures.	Currently 21 providers are in the process of applying for licensure to provide this service. NJ DMAHS and NJ DMHAS will work with providers and IME once the providers become licensed and apply for Medicaid provider status.
	6.) Short term residential, ASAM 3.7 and Withdrawal Management (WM) services ASAM 3.7WM are currently covered under State Plan but the IMD exclusion currently applies.	NJ will include residential treatment (ASAM 3.7 STR) and Withdrawal Management (ASAM 3.7WM) to improve access to care allowing coverage for all ages within 12-24 Months of program demonstration approval.	NJ DMAHS and DMHAS will review established policies and procedures in accordance with ASAM criteria for the delivery of benefits in short term rehab (STR) and WM. These services are currently under State Plan and in Regulation, Review and revise if necessary. Provider and stakeholder presentations and feedback **December 2017, January 2018, and February 2018.** Implement service **July, 2018**

Milestone #1 Access to Critical Levels of Care for OUD and other SUD's.	Current Plan	Future State	Summary of Actions Needed/Timetable
	7.) Long Term Residential (LTR), ASAM 3.5 is currently not a covered service in NJ but with Waiver approval we hope to implement this service October of 2018.	NJ will review policies and procedures, develop and submit a state plan amendment for coverage of ASAM 3.5 LTR.	Provider and stakeholder presentations and feedback **December 2017, January 2018, and February 2018.** NJ Medicaid will develop regulations for LTR treatment services in cooperation with DMHAS and Derpatment of Health (DOH), OOL. Submit State plan amendment for LTR in cooperation with DMHAS and DOH, OOL. DMHAS and DMAHS will work with IME to develop Utilization Management (UM) for ASAM clinical review. Implement service **October, 2018**
	8). Peer Support Recovery Specialist Service is currently not a benefit in the state plan available to individuals with an SUD.	The state will work with the Division of Mental Health and Addiction Services and current providers of SUD peer support services to develop this benefit. The state will pursue State Plan Amendment authority for this benefit.	DMAHS will meet with various agencies that currently provide this service funded through other state and federal grants to develop a structure for this service and draft regulations. The state will develop a rate that compensates for the expenses of an agency to provide this service. Implement service **July, 2019**

Milestone #1 Access to Critical Levels of Care for OUD and other SUD's.	Current Plan	Future State	Summary of Actions Needed/Timetable
	9). Case Management services are currently not a benefit in the state plan available to individuals with an SUD.	The state will work with the Division of Mental Health and Addiction Services and current providers of SUD case management services to develop this benefit The state will pursue State Plan Amendment authority for this benefit.	DMAHS will meet with various agencies that currently provide this service funded through other state and federal grants to develop a structure for this service and draft regulations. The state will develop a rate that compensates for the expenses of an agency to provide this service. Implement service **July, 2019**

2. Widespread use of Evidence-based, SUD-specific patient placement criteria

Currently, NJ providers assess treatment needs based on SUD-specific, multi-dimensional ASAM assessment tools that reflect evidence-based clinical guidelines. The IME makes initial and continued stay determinations based on review of the DSM 5 diagnosis, the ASAM LOCI-3, and supporting documentation submitted by the provider for SUD services that require determination of medical appropriateness by regulation. The IME's UM approach ensures that beneficiaries have access to SUD services at the appropriate level of care and that those services are appropriate for the diagnosis and treatment needs of the individual.

Table B: Comparison of the Current State Plan vs. the Future Plan, Milestone #2 Widespread use of Evidence-based, SUD-Specific Patient Placement Criteria

Milestone #2 Use of Evidence-based, SUD specific Patient Placement Criteria. (ASAM)	Current Plan	Future State	Summary of Actions Needed/Timetable
1) Providers assess treatment needs based on SUD-specific, multi-dimensional assessment tools, e.g., the ASAM Criteria, or other patient placement assessment tools that reflect evidence-based clinical treatment guidelines	NJ SUD providers currently assess treatment needs based on multi-dimensional ASAM assessment tools that reflect evidence-based clinical guidelines for all levels of care, residential and outpatient as per licensing regulation and state contracts. New regulation for state wide use of ASAM placement criteria and medical necessity review tool (LOCI 3) currently proposed in N.J.A.C. 10:163.	Formalize the use of ASAM criteria and the LOCI-3 assessment tool for use by all providers to include new residential and inpatient providers. Implement new regulation for state wide use of medical necessity review tool currently proposed in N.J.A.C. 10:163.	Provider and stakeholder presentations and feedback **December 2017, January 2018, and February 2018.** Rutgers (in partnership with DMHAS) is currently planning a statewide provider training on ASAM subject matter experts on ASAM. Tentatively planned to take place between **March-May 2018** NJ FamilyCare to work with MCO's to formalize ASAM placement criteria and use of LOCI-3 assessment tool and include in MCO contracts. **Target Date July, 2018**

Milestone #2 Use of Evidence-based, SUD specific Patient Placement Criteria. (ASAM)	Current Plan	Future State	Summary of Actions Needed/Timetable
2.)Utilization management approaches are implemented to ensure that (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, and (c) there is an independent process for reviewing placement in residential treatment settings.	NJ is currently contracted with an Interim Managing Entity (IME) which is an independent, non-risk bearing entity for reviewing placement in all SUD treatment settings. The IME's UM approach ensures that beneficiaries have access to SUD services at the appropriate level of care and that those services are appropriate for the diagnosis and treatment needs of the individual. If necessary, a retrospective, records-based review is conducted. The IME makes initial determinations based on review of the DSM 5 diagnosis, the ASAM LOCI-3, and supporting documentation submitted by the provider for all SUD services.	NJ will work with MCO's to implement the regulatory requirements.	Provider and stakeholder presentations and feedback **December 2017, January 2018, and February 2018** DMHAS and DMAHS will work with IME for ASAM criteria and LOCI-3 requirements to implement with new Residential and inpatient providers. **October 2018** NJ FamilyCare to work with MCO's to formalize ASAM placement criteria and use of LOCI-3 assessment tool and include in MCO contracts. **Target Date July 2018**

3. Use of Nationally recognized, evidence-based SUD program standards to set residential treatment provider qualifications

Outside of medical necessity, SUD and ASAM services are outlined in provider licensing regulations that include provider licensing inspections that occur every two years. New Jersey will look at other credentialing and/or certification options as we move forward into the demonstration period. Over the past year, NJ has also offered voluntary quality reviews to SUD providers to ensure compliance and utilize opportunities for targeted assistance and ongoing Medicaid audits will occur on a quarterly basis.

Currently, there is not a requirement that residential treatment facilities provide a MAT service but within this authority the state will work to remove the barriers and provide needed supports for this service to be included in residential treatment when clinically necessary.

Table C: Comparison of the Current State Plan vs. the Future Plan, Milestone #3, Use of Nationally Recognized, Evidence-based SUD Program Standards to set Residential Treatment Provider Qualifications

Milestone #3 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities	Current Plan	Future State	Summary of Actions Needed/Timetable
1.) Implementation of residential treatment provider qualifications in licensure requirements, policy manuals, managed care contracts, or other guidance. Qualification should meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding, in particular, the types of services, hours of clinical care, and credentials of staff for residential	All NJ State Licensing Regulations include ASAM level of care requirements for each level of care in the SUD Continuum that include services, hours of clinical care, staffing and staff credentials. (N.J.A.C. 10:161A, Residential) N.J.A.C. 10:161B, Outpatient) Any hours of care and scope of service not including in Licensing regulations are included in N.J.A.C. 10:66 Medicaid Independent Clinic Regulations.	NJ will review current regulations for residential treatment and crosswalk with ASAM requirements to ensure accuracy and make any necessary revisions.	Assemble team including the Division of Mental Health and Addiction Services and other related state departments to review, crosswalk and make recommendations for any changes to current regulation. **March 2018** NJ FamilyCare will meet with contracted MCO's to review provider contracts, manuals or other guidance to ensure ASAM program standards compliance. **July 2018**

Milestone #3 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities	Current Plan	Future State	Summary of Actions Needed/Timetable
2.) Implementation of a state process for reviewing residential treatment providers to ensure compliance with these standards	NJ Department of Health (DOH) Office of Licensing (OOL) currently provides initial inspection review, bi-annual reviews, provider random surveys, and reviews following any complaints about a provider.	NJ will review and outline current licensing review procedures and develop additional procedures to be able to randomly review providers quarterly	Review and outline DOH, OOL process currently in use. **March 2018.** Develop written protocol for Medicaid quarterly audits. **July, 2018.** Continually train staff on Medicaid Reviewers on SUD Continuum and ASAM Placement criteria. **Throughout Wavier period.**
3. Implementation of requirement that residential treatment facilities offer MAT on-site or facilitate access off site	NJ providers are currently able to provide MAT on site and newer MAT such as Vivitrol are provided in Residential facilities. However, some obstacles remain related to billing, licensing, continuation of MAT following discharge and DEA requirements.	NJ will work toward the requirement that residential treatment facilities offer MAT on-site or ensure Beneficiaries have access to MAT off-site. NJ will work to overcome obstacles related to billing, licensing, and DEA requirements that impact delivery of MAT. NJ will also work to better ensure follow up care and continued MAT upon transition to community.	Establish a workgroup with Division of Mental Health and Addiction Services, Division of Medical Assistance and Health Services, Department of Children and Families and Department of Health, provider representation and other members to facilitate list of barriers and solutions. **January 2018** Review and revise policies and procedures that limit barriers to MAT treatment based on workgroup recommendations. **July 2018**

4. Sufficient provider capacity at each level of care

NJ is using data from the NJ Department of Health's licensing unit to complete the provider capacity study. This information includes any provider of SUD services in the state regardless of their involvement with NJ FamilyCare. The study will determine providers that are licensed and existing providers within NJ FamilyCare as well as providers that are not in the network. This capacity study will assist the state in identifying gaps in service availability and identify state strategies to engaging new providers to meet the gaps in service.

Table D: Comparison of the current State Plan vs. the Future Plan Milestone #4, Sufficient Provider Capacity at each Level of Care.

Milestone #4 Sufficient Provider Capacity at Critical Levels of Care including Medication Assisted Treatment	Current Plan	Future State	Summary of Actions Needed/Timetable
Completion of assessment of the availability of providers enrolled in Medicaid and accepting new patients in the following critical levels of care throughout the state including those that offer MAT: • Outpatient Services; • Intensive Outpatient Services; • Medication Assisted	NJ will compile a provider capacity study for key levels of care in the State. Compile data from Office of Licensing, IME statewide capacity management system, Molina and NJSAMs to look at utilization and bed availability in residential levels of care and opioid treatment capacity. NJ has mapped the residential beds by county to capture regional coverage of the service for Medicaid recipients in residential levels of care and opioid treatment.	NJ will submit a complete report to CMS of the existing provider capacity for all levels of care through-out the state. Included in the capacity plan, NJ will identify unmet needs and develop methods to address capacity insufficiency.	NJ FamilyCare will work with data sources from DOH and NJ's MMIS system to assemble and verify current and eligible Medicaid providers for residential levels of care and current capacity for each. **April 2018** NJ will complete an evaluation of treatment availability for ambulatory services; residential bed capacity; and, state-wide admissions to each residential level of care. **July 2018**

Treatment (medications as well as counseling and other services); • Intensive Care in Residential and Inpatient Settings; • Medically Supervised Withdrawal Management.			NJ will complete capacity study and submit to CMS. **October, 2018**

5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD

New Jersey has taken significant effort to address the opioid addiction crisis in our state. Efforts have been made to provide education to prescribers, have best practices in place for opioid prescribers, pharmacy programs that lock certain Medicaid consumers into one pharmacy and state wide distribution and education on the use of Naloxone.

At this time, payers, including Medicaid, do not have access to the New Jersey Prescription Monitoring Program (NJPMP) prior to making prescription coverage decisions. There is currently pending state legislation to assure access to NJPMP by all payers

Currently there is no connectivity between the NJPMP and the NJ HIN. It is the state's goal to establish connectivity between these two systems.

Despite these state wide efforts the OUD crisis continues in NJ and the chart below details the various strategies that the state has or will put into place to continue to address the prescription drug abuse and OUD.

For additional information on Milestone 5 related to the state's SUD Health Information Technology (HIT) Plan, see Attachment A.

Table E: Comparison of the current State Plan vs. the Future Plan Milestone #5, Implementation of Comprehensive Treatment and Prevention Strategies to address Opioid Abuse and OUD

Milestone #5 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and Opioid Use Disorder (OUD).	Current State	Future State	Summary of Actions Needed
Implementation of opioid prescribing guidelines along with other interventions to prevent opioid abuse	State Law (S3) that sets a 5 day limit on initial prescriptions for Opioid pain medication to treat acute pain which is one of the toughest in the country. The New Jersey Board of Medical Examiners, the New Jersey Board of Nursing, the New Jersey State Board of Dentistry, and the New Jersey Board of Optometrists - implemented the rules on an emergency basis on March 1, 2017 to combat a staggering public health crisis brought about by prescription opioid and heroin abuse.	NJ will implement opioid prescribing guidelines.	Continue to meet with the State's Division of Consumer (DCA) within the Attorney General's Office and Department of Health (DOH) to ensure implementation of the guidelines.
Expanded coverage of, and access to, naloxone for overdose reversal	The Department of Health facilitates naloxone (Narcan ®) availability and training in its use through a variety of public and private partnerships across the state. State law allows physicians to prescribe Naloxone (Narcan ®) to anyone in a position to assist others during an overdose (e.g., bystanders). This is called third	NJ will continue to utilize and expand training and use of naloxone to prevent overdose.	Continue to meet with the State's DCA and DOH to maintain and expand training on the use of Naloxone and access to overdose prevention treatment and services.

Milestone #5 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and Opioid Use Disorder (OUD).	Current State	Future State	Summary of Actions Needed
	party prescribing. The three regional opioid overdose prevention programs provide individuals at-risk for overdose, their family members, friends, and loved ones with naloxone rescue kits and educate and train them on how to prevent, recognize and respond to an opioid overdose. Additionally, funded organizations have established a procedure to make naloxone (Narcan ®) available to those who are either at-risk or have family, friends or loved ones at-risk for an opioid overdose. Naloxone is covered through the Medicaid benefit to beneficiaries and their family members. New funding sources will expand the Provision of naloxone, in intranasal form, to individuals including, but not limited to, school nurses and other personnel at statewide school districts, medical and clinical staff at jails, and medical and clinical staff working for residential substance use disorder treatment programs, to include, but not limited to, programs providing withdrawal		

Milestone #5 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and Opioid Use Disorder (OUD).	Current State	Future State	Summary of Actions Needed
	management, short term and long term residential treatment services.		
Implementation of strategies to increase utilization and improve functionality of prescription drug monitoring programs	Within the NJDOH there is funding for DOH to enhance its data access and analysis; improve prevention planning, including implementing a statewide strategic plan; assess the impact of state-level policies on the opioid crisis; identify and engage communities most impacted by the effects of the opioid crisis; and maximize the NJPMP's public health surveillance potential.	NJ will implement strategies to increase utilization and improve functionality of the NJPMP by collaborating with the DOH in the strategic plan an involving DOH in NJNJPMP planning, evaluation and implementation.	Ongoing coordination with DOH, DCA and DHS to increase utilization and functionality of the NJPMP.
Other	Utilizing grant funds NJ has established a successful program, the Opioid Overdose Recovery Program (OORP) to deploy trained peer specialists to engage individuals reversed from an opioid overdose to provide non-clinical assistance, recovery supports and appropriate referrals for assessment and substance use disorder treatment. This has been an effective program in the state and with secured coverage for peer services under Medicaid it can continue to save lives.	NJ will sustain the Opioid Overdose Recovery Program (OORP) and design a Medicaid benefit to ensure individuals reversed from an overdose with Narcan are engaged with a peer to promote treatment and recovery for OUD. NJ will develop a state plan and regulation for the Medicaid covered service.	Work with the Professional Advisory Council (PAC) workgroup, DMHAS and DCF on SUD Peer services to formalize needs within the state that peers can best serve. (currently part of agenda for the SUD workgroup, a multi-agency group looking at statewide SUD services) Conduct a statewide survey to assess current specifications of roles, responsibilities, qualifications, certifications, supervision, documentation, guided

Milestone #5 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and Opioid Use Disorder (OUD).	Current State	Future State	Summary of Actions Needed
			treatment planning and settings employed. **(Currently in draft form estimated target date for completion of survey July 2018)** Develop Medicaid benefit, rates, regulations and state plan to initiate service. **July 2019**

6. Improved care coordination and transitions between levels of care

Currently within the Medicaid State Plan there is not a case management or peer recovery support service available to individuals with an SUD in any level of care. There is coverage of these services by grants and Federal Block Grant dollars within the state funded services. Case management and peer recovery support programs are currently included in the Medicaid state plan for adults with a serious mental illness and will be used to inform the establishment of the benefit for Medicaid beneficiaries with an SUD.

6. Table F: Comparison of the current State Plan vs. the Future Plan Milestone #6, Improved Care Coordination and Transitions between Levels of Care

Milestone #6 Improved Care Coordination and Transitions between Levels of Care	Current Plan	Future State	Summary of Actions Needed/Timetable
Implementation	NJ has procedures in place to	NJ will implement a	Benefit Development

Milestone #6 Improved Care Coordination and Transitions between Levels of Care	Current Plan	Future State	Summary of Actions Needed/Timetable
of policies to ensure residential and inpatient facilities link beneficiaries with community-based services and supports following stays in these facilities	ensure residential and inpatient facilities link beneficiaries with community-based services through the IME. This service through the IME's Care Coordination Department is reliant upon Providers initiating the transition with the IME. Current Licensing Regulations require Providers to develop Client Care Policies to include referrals to other levels of care in the continuum or to other health care providers.	case management benefit for individuals with a SUD over the course of the waiver period to ensure that recipients throughout the SUD continuum especially residential and inpatient facilities are linked with continued care in the community. NJ will implement a peer services benefit to support individuals with SUD during critical transitions in care and into recovery.	Rate Study State Plan Amendment Regulation update. **Target date for implementation of Service July, 2019** Benefit Development Rate Study State Plan Amendment Regulation update. **Target Date for Implementation of Service July, 2019**
Additional policies to ensure coordination of care for co-occurring physical and mental health conditions	Under New Jersey's current structure, physical health services are the responsibility of the managed care organizations and most behavioral health services are provided through a FFS system managed by the IME. The state has been given waiver authority to expand services provided in a at-risk managed care delivery system that integrates physical and behavioral health care.	The determination on a risk based managed system of care is expected to be made at the gubernatorial level and will occur over the course of the five-year waiver period under an amendment to the Waiver.	

Section II: NJ's point of contact for the Implementation plan.

Name and Title: Roxanne Kennedy, Director of Behavioral Health Management
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Section III: Relevant Documents

Attachment A: SUD Health Information Technology (IT) Plan

Attachment A, Section 1: SUD Health Information Technology (IT) Plan

This section is a continuation of Milestone 5 to detail the use of the Prescription Drug Monitoring Program and the State's Health Information Technology (HIT) Plan to address the SUD and OUD.

New Jersey in coordination with the State Medicaid Health Information Technology Plan (SMHP) conducted a Health Information Technology Environmental Scan in 2017. Details of this Environmental Scan can be found in the report in Appendix A, Section 3 Relevant Documents Attachment 2. Recommendations were provided for further research and development in the areas of EHR adoption, health information exchange, health information technology, broadband coverage and education. It is the intent of the state to use the goals of this SUD HIT Plan to further leverage the HIT infrastructure and capabilities achieved by the SMHP throughout the course of the Waiver Authority. New Jersey provides assurance that there is general health IT infrastructure to accomplish the goals of the demonstration related to the SUD treatment services.

Table 1: State Health IT/PDMP Assessment & Plan

Milestone #5 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and Opioid Use Disorder (OUD).	**Current State**	**Future State**	**Summary of Actions Needed**
1.) Prescription Drug Monitoring Program (PDMP) Functionalities			
A.) Enhanced interstate data sharing in order to better track patient specific prescription data	The NJPMP program of New Jersey provides doctors with the ability to see prescription history with fourteen (14) other states; CT, DE, MN, RI, VA, SC, NY, MA, WV, NH, ME, PA, OH, and VT .	Will update the HIT plan as more states are included in the program.	Collaboration with the Dept. of Health (DOH), Dept. of Community Affairs (DCA) and Dept. of Human Services (DHS) to establish connectivity between the NJPMP and NJHIN. This connectivity is contingent upon DCA. NJ FamilyCare will establish communication with the DCA Administrator of the PDMP to commence connectivity with NJHIN by the 2nd quarter 2018.

Milestone #5 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and Opioid Use Disorder (OUD).	Current State	Future State	Summary of Actions Needed
B.) Enhanced "ease of use" for prescribers and other state and federal stakeholders	There is no connectivity between the State NJPMP and the New Jersey Health Information Network (NJHIN), the statewide HIE infrastructure. Prescribers and pharmacists connected to both the NJPMP and the NJHIN have access to the necessary data. State and federal stakeholders and TPL payers do not have access to the NJPMP and NJHIN information.	Connection of the State PMP as a state node in the NJHIN to allow secure sharing of prescription data to HIE connected providers to allow access and ease of use to pharmacists, prescribers, and state and federal stakeholders.	Collaboration with the DOH, DCA and DHS to establish connectivity between the NJPMP and NJHIN. NJ FamilyCare will establish communication with the DCA Administrator of the PDMP to commence connectivity with NJ HIN by the 2nd quarter 2018. NJ FamilyCare will convene a meeting with the DCA, DOH and DHS to review the goals of this plan by the 3rd quarter of 2018 and continue these meetings on a quarterly basis (or more frequently if needed) throughout the course of this Waiver to achieve the goals of the HIT Plan.
C.) Enhanced connectivity between the state's PDMP and any statewide, regional or local health information exchange	Currently, there is no connectivity between the NJPMP and the New Jersey Health Information Network (NJHIN), the statewide HIE infrastructure.	Connection of the State PMP as a state node in the NJHIN to allow secure sharing of prescription data to HIE connected providers.	Collaboration with the DOH, DCA and DHS to establish connectivity between the NJPMP and NJHIN NJ FamilyCare will establish communication with the DCA Administrator of the PDMP to commence connectivity with NJHIN by the 2nd quarter 2018.

Milestone #5 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and Opioid Use Disorder (OUD).	Current State	Future State	Summary of Actions Needed
			NJ FamilyCare will convene a meeting with the DCA, DOH and DHS to review the goals of this plan by the 3rd quarter of 2018 and continue these meetings on a quarterly basis (or more frequently if needed) throughout the course of this Waiver to achieve the goals of the HIT Plan.
D.) Enhanced identification of long-term opioid use directly correlated to clinician prescribing patterns[1] (see also "Use of PDMP" #2 below)	Although the PMP/NJHIN connectivity has yet to be established, the NJHIN has other functionalities and use cases, such as event notification (admission discharge transfer or ADT events), that is utilized by HIE connected providers, including behavioral health providers. The event notification service may provide real-time information to OUD/SUD facilities when a client has sought care in a healthcare facility.(see also "Use of PDMP" #2 below)	The State secured HITECH funding to onboard providers to the NJHIN allowing them to leverage the HIE functionalities. (see also "Use of PDMP" #2 below)	Continue supporting providers to connect to the NJHIN (see also "Use of PDMP" #2 below). Within the meetings described above between State departments, NJ FamilyCare will develop pathways to collect data relevant to the identification of long-term opioid use and clinician prescribing
2.) Current and Future PDMP Query Capabilities			

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A.) Facilitate the state's ability to properly match patients receiving opioid prescriptions with patients in the PDMP (i.e. the state's master patient index (MPI) strategy with regard to PDMP query)	Medicaid and other State programs do have access to the NJPMP for investigative purposes only, pursuant to N.J.S.A. 45:1-46(i)(7). The NJPMP has facilitated requests from NJ Medicaid in the past and will continue to assist with future requests.	There is active legislation that will allow payers and state Medicaid staff to obtain information from the NJPMP and the MPI at the time the prescription issued.	If legislative action passes, the state and the payers will need to obtain access to the NJPMP and the MPI. DOH, DCA and DHS will collaborate to establish this functionality Date of implementation is contingent upon State legislative approval.
3.) Use of PDMP – Supporting Clinicians with Changing Office Workflows / Business Processes			
A.) Develop enhanced provider workflow / business processes to better support clinicians in accessing the PDMP prior to prescribing an opioid or other controlled substance to address the issues which follow	Prescribers/clinicians use the NJPMP website to conduct a patient search. The NJPMP (Appriss Health) does not connect with electronic prescribing software systems.	The ability for the NJPMP to connect or integrate with electronic medical record (EMR) software systems so that a physician can run a patient PMP report from within their EMR software. NJ plans on evaluating this opportunity and its feasibility for clinician access.	Collaboration with the DOH, DCA and DHS to evaluate the feasibility of offering an integrated NJPMP and EMR. The state will include in MCO contract renewal a requirement to use Health IT standards referenced in 42 CFR 170 Subpart B and the ISA. The MCO amendment was submitted for review for the July 2018 contract . MCOs were instructed to submit an HIT plan and an annual submission of the HIT data for their provider

Milestone #5 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and Opioid Use Disorder (OUD).	Current State	Future State	Summary of Actions Needed
			network that includes, EHR usage, promoting interoperability program participation and HIE connectivity.
B.) Develop enhanced supports for clinician review of the patients' history of controlled substance prescriptions provided through the PDMP—prior to the issuance of an opioid prescription	Prescribers/clinicians use the NJPMP website to conduct a patient search and have access to a patient's history of controlled substance prescriptions.	The NJPMP can connect or integrate with electronic medical record (EMR) software systems so that a physician can run a patient PMP report from within their EMR software. NJ plans on evaluating this opportunity and its feasibility for clinician access.	Collaboration with the DOH, DCA and DHS to evaluate the feasibility of offering an integrated NJPMP and EMR. Within in the NJ FamilyCare convened meeting with the DCA, DOH and DHS, this group will discuss this goal and evaluate the feasibly of the offering of an integrated NJPMP and EMR to prescribers by 2nd quarter 2019.
4.) Master Patient Index / Identity Management			
A.) Enhance the master patient index (or master data management service, etc.) in support of SUD care delivery.	The NJHIN currently have established an MPI functionality that is being enhanced to a two-tiered MPI infrastructure.	At the time that the PMP is established as a state node to the NJHIN, the PMP will have access to the MPI functionality and its patient matching process.	Collaboration between state entities, (DMAHS, NJDOH, and DCA) to establish connectivity of the PMP to the NJHIN in order for OUD/SUD providers to leverage MPI functionality. When the PMP is established as a state node, NJ FamilyCare will offer this functionality within one year to providers that support SUD care

Milestone #5 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and Opioid Use Disorder (OUD).	Current State	Future State	Summary of Actions Needed
			delivery.
5.) Overall Objective for Enhancing PDMP Functionality & Interoperability			
E.) Leverage the above functionalities / capabilities / supports (in concert with any other state health IT, TA or workflow effort) to implement effective controls to minimize the risk of inappropriate opioid overprescribing—and to ensure that Medicaid does not inappropriately pay for opioids	Although the PMP/NJHIN connectivity has yet to be established, the NJHIN has other functionalities and use cases, such as event notification (admission discharge transfer or ADT events), that is utilized by HIE connected providers, including behavioral health providers. The event notification service may provide real-time information to OUD/SUD facilities when a client has sought care in a healthcare facility.	The State secured HITECH funding to onboard providers to the NJHIN allowing them to leverage the HIE functionalities.	Continue supporting behavioral providers to connect them to the NJHIN. NJ FamilyCare will continue onboarding providers with grant funding. Grant will expire Sept 30, 2019.
6.) Other:			
A.) Health IT infrastructure for State, Provider, IME and Federal Reporting	The New Jersey Substance Abuse Monitoring System (NJSAMS) is the Division of Mental Health and Addiction Services' (DMHAS) administrative data collection	The state is working to merge the data of the NJSAMS with the data from NJMMIS to be able to link data for	Ongoing meetings between the state Medicaid staff and staff from the DMHAS. Bi-weekly meetings with

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	system for clients who receive substance abuse treatment in New Jersey and is used by all licensed substance abuse treatment providers in New Jersey. It collects demographic, substance use, financial, clinical and service information. The system contains all the clinical assessments DMHAS requires providers to complete. It produces the National Outcome Measures (NOMs) and generates the data needed for Provider Performance Reports. It is used to fulfill the Federal Substance Abuse Prevention and Treatment Block Grant and Treatment Episode Data System (TEDS) reporting requirements. Recent updates to NJSAMS include client Medicaid verification and some limited EHR capabilities for providers.	reporting and identifying funding sources.	IME, NJ FamilyCare, NJMMIS, and DMHAS. Target date for this to be complete is 4th quarter 2019.
B.) The State will include in its MCO contracts the requirement to use health IT standards referenced in 45 CFR 170 Subpart B and the ISA		New Jersey will work toward establishing electronic prescribing (as listed in the PDMP section), direct transport standards, document sharing and care plans, ADT alerting and Messaging, and Clinical quality	New Jersey will begin meeting with the MCO's to introduce these requirements and allow adequate time for MCOs to evaluate needs of their networks and readiness for compliance to 45CFR 170 Subpart B and the ISA prior to adding as a requirement in the MCO contract. See 3) A. above.

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		measurement and reporting.	NJ will work with CMS and the ONC to ensure that appropriate contract language is consistent with this goal and developing measure's to monitor compliance.
C.) SUD Health IT plan and State Medicaid Health IT plan (SMHP) alignment	New Jersey has submitted to CMS the SMHP for review and approval process.		The initiatives in this SUD HIT Implementation Plan will leverage the provider HIE on-boarding and the HIE infrastructure and architecture projects being funded by HITECH described further in the SMHP. Examples of the proposed initiatives include the connection of the PDMP to the state HIE infrastructure, NJHIN. Once established, HIE defined opioid use cases to reduce opioid addiction risk may be implemented using the PMP/HIE connections.
D. Monitoring of SUD Health IT plan	At present, New Jersey does not have a formalized approach to monitor the SUD health IT plan.	Within the NJ SUD Monitoring Protocol, NJ will monitor the goals of this HIT Plan and report the progress of these goals quarterly to CMS	New Jersey is requesting assistance from CMS and ONC to further develop monitoring protocol related to this HIT Plan.

Milestone #5 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and Opioid Use Disorder (OUD).	Current State	Future State	Summary of Actions Needed

Attachment A, Section II – Implementation Administration

The following is the state's point of contact for the SUD Health IT Plan:

Name and Title: Herminio Navia, Electronic Health Record Incentive Program/Integrated Eligibility System
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Attachment A, Section III - Relevant Documents:

Behavioral Health Pilot to reduce Opioid Addiction

Executive Summary

There is no question as to the severity of the current Opioid crisis in the United States. The staggering impact on the lives of patients and the overall financial cost to our healthcare system are unacceptable. Fortunately, there is something that can be done about it. Pockets of information are available across the healthcare continuum that can be used to predict a risk factor of patients developing Opioid Use Disorder. Working with the State of NJ and informed by the *Integrating Behavioral and Physical Health Care in New Jersey* guidelines, transforming relevant behavioral health and medical data into real-time information is within reach.

NJII is proposing a pilot use case to collect data, aggregate it into an Opioid Use Disorder risk factor, and make that risk factor available to clinicians in real-time by sending alerts to Emergence departments at the time that a patient is admitted. Depending on the risk factor, clinical guidelines, including Alternatives to Opioids (ALTO), will be used as appropriate along with appropriate educational information, to be targeted at those who need it most. The pilot will 'connect the dots' and leverage prior infrastructure investments in the healthcare landscape to reduce the use of, and potential addictions to, Opioid pain medications.

Many research efforts and predictors of Opioid Use Disorder have been published. Some are basic demographic data points such as age and biological gender. Male patients in the age range of 15-46 represent a higher risk group than others. History of substance abuse and other mental health diagnosis are strong predictors. High utilizers of medical services and prior use of Opioid based medications are also key factors. By combining data from various sources, a risk profile can be built that can be used to adjust pain management and educate potential Opioid abusers before an Opioid problem begins.

Goal

Rapid development and implementation of an **Opioid risk and reduction Use Case** beginning with a subset of Emergency Departments in various demographic environments.

Approach

Step 1: Convene a **tactical** task force consisting of:

- Key stakeholders from NJII, NJ State and OAG
- Medical experts in medicine and behavioral health
- Technology experts from NJII, state and HIEs
- Policy and compliance experts

Step 2: Collect data points to create risk tool. This step will offer a proof-of-concept to the Behavioral Health data distribution methodology under consideration/development by NJII/NJHIN. Informed by current Opioid Risk Tools and various studies, key data points include (but not limited to):

Data Source	Data Description
PDMP	Number of Opioid Prescriptions in last 18 months
PDMP	Medications filled for treatment of depression
PDMP	Medications filled for treatment of other mental health disorder
HIE/HOSP	Utilization of Hospital in past 12 months (# of visits)
HIE/HOSP	History of Alcohol Abuse
HIE/HOSP	History of Drug Abuse
HIE/HOSP	Family History of Substance Abuse
MPI	Biological Gender
MPI	Age
MPI	Identity Confidence

Step 3: Due to the sensitive status of much of this information, a process of developing a rules-based filter will be piloted. Based on information published in the Seton Hall Law report, Integrating Behavioral and Physical Health Care in New Jersey, NJII is exploring the feasibility developing a computer based 'rules filter' designed to make Behavioral Health data available for clinical use as supported by federal and state legislation. Appropriate filtering for compliance with CFR 42 Part 2 rules and other restrictions are anticipated in this use case.

Step 4: Communicate risk factors via ED alerts for real-time notification of patients with an escalated risk for developing Opioid Use Disorder.

Step 5: Distribute alternative to Opioid guidelines (based on existing programs) for consideration for patients at high risk and target educational and information to patients at higher risk levels.

Step 5: Baseline and monitor indicators related to Opioid prescriptions and patients diagnosed with Opioid Use Disorders to assess effectiveness of program.

Logical Diagram

Appendix A, Attachment B NJ HIT Environmental Scan

http://www.state.nj.us/health/njhit/documents/NJ%20HIT%20Environmental%20Scan_Final%20Report_20170923.pdf