Exhibit 4 - NJ Department of Human Services (DHS)
Division of Mental Health and Addiction Services (DMHAS)
SUD Fee for Service (FFS) Funding Initiative Descriptions - Annex A2

Initial the boxes below to identify the Initiatives your Agency seeks to renew. Agency must meet eligibility and application requirements to qualify for Initiative participation. Agency's contract is limited to the initialed services. Please sign and date this cover sheet below and return to DMHAS.

Fee for Service Initiatives	Initial
Recovery Court Initiative (RCI) & Recovery Court Efficiency (RCE)	
Driving Under the Influence Initiative (DUII)	
Interim Services Initiative (ISI)	
Medication Assisted Treatment Initiative (MATI)	
Mutual Agreement Program State Parole Board (MAP SPB)	
New Jersey Statewide Initiative (NJSI)	
South Jersey Initiative (SJI)	
State Hospitals Access to Rehabilitation & Education Initiative (SHARE)	
Substance Abuse Prevention & Treatment Initiative (SAPTI)	

I am the authorized representative of Agency. Agency understands and agrees to deliver the services indicated in the above initiatives in accordance with the terms of contract, including this Annex A2. Agency staff reviewed the contract requirements and Agency affirms that its policies and procedures adhere to Contract requirements. Agency acknowledges and understands that it is subject to DMHAS monitoring for adherence to all contract requirements.

Agency Name: _____

Federal ID: _____

_____ _____

Signature of Authorized Representative **Date**

Print Name: _____ _____

Title

Exhibit 4 - NJ Department of Human Services (DHS) Division of Mental Health and Addiction Services (DMHAS) SUD Fee for Service (FFS) Funding Initiative Descriptions - Annex A2

RECOVERY COURT

Recovery Court Initiative Summary

Recovery Court (RC), formerly known as Drug Court, was piloted in 1996 and implemented statewide in 2004. The mission of Recovery Court is to reduce and eliminate criminal activities related to substance use disorders by treating the underlying addiction. It is a rigorous initiative that requires intensive supervision with frequent drug testing and court appearances, along with tightly structured regimens of treatment and recovery services. The requisite supervision enables RC to actively support the recovery process, and react swiftly to impose appropriate therapeutic sanctions or to terminate participation in the program when participants cannot comply. Approval to participate in the RC initiative is predicated on an Agency's ability and agreement to adhere to the following:

Approved Agencies agree to cooperate with the monitoring requirements of DMHAS, the Administrative Office of the Courts (AOC) and the vicinages of the New Jersey Superior Court Recovery Court Personnel. Monitoring includes, but is not limited to, site visits, on-site review of case files, billing/fiscal records and interviews of staff and consumers to ensure compliance with Recovery Court procedures.

I. Contract Specific Requirements

In addition to the General Service Requirements stated in the DMHAS SUD Standard FFS Network Annex A, the Recovery Court contractee shall comply with the following Recovery Court specific requirements:

A. No paid or volunteer staff involved in the criminal justice system has authority over or access to any Recovery Court consumer’s confidential information including, but not limited to, clinical reports, records and information disclosed in individual, group, family sessions or community meetings.

B. DMHAS and the referring Recovery Court shall be notified in writing of consumers’ program admission denials which includes referrals to a more suitable level of care.

C. All Recovery Court primary counselors shall adhere to the Division of Consumer Affairs, State Board of Marriage and Family Therapy Examiners Alcohol and Drug Counselor Committee regulations regarding the practice of alcohol and drug counseling including the requirements for counselor interns.

D. All Recovery Court primary counselors and any clinical staff assigned to conduct substance use evaluations shall receive training in ASAM and the completion and clinical justification of the LOCI. Such training and staff competency in the area shall be evaluated annually and documented in the staff’s personnel file.

E. All non-clinical staff who have contact with Recovery Court consumers shall receive an orientation on Recovery Court mandates.

F. Staff attendance is required at court staffing sessions and consumer court appearances.

G. The contractee shall maintain, by level of care, a Recovery Court referral waiting list for individuals who cannot be served immediately.
   1. Contractee shall maintain a waiting list policy that prioritizes Recovery Court referrals and subsequent admissions by the order/date received. The waiting list policy may identify exceptions to the priority order.
   2. Contractee shall notify Recovery Court and document circumstances whenever an exception to the priority order is made.
   3. Contractee shall provide to the Recovery Courts the status of the waiting list on a bi-weekly basis.

H. The contractee shall complete monthly Recovery Court reports for residential programs and weekly Recovery Court reports for non-residential programs. Reports shall include attendance, compliance, clinical goals and progress, Medication Assisted Treatment (MAT) and medication updates, and urine drug screen results. Recovery Court is clinically driven and, therefore, the court must receive reports and summaries which provide clear evidence of the appropriate Level of Care (LOC) and the consumer's progress toward their recovery goals, based on ASAM criteria and guidelines.

I. The contractee shall notify the referring Recovery Court and DMHAS regarding consumer non-adherence to treatment and Recovery Court program requirements within 2 hours of any relevant incident. If a consumer absconds, it must be reported immediately.

J. Discharge planning shall begin at admission and include consumer's probation officer so that housing and continued care needs can be addressed throughout the course of treatment.

K. The contractee shall include agency name, contact number and e-mail on all correspondence sent to the referring Recovery Court and to DMHAS.

L. The contractee shall maintain in the consumer file documentation of case management efforts in the acquisition of prescription insurance for individuals utilizing the reimbursable provision of physical and psychotropic medication. Agencies may request reimbursement for 60 days of psychotropic and physical medication per episode of treatment at the actual cost of medication. This provision may be altered or revoked at the discretion of the AOC and DMHAS. Requests for prescription reimbursement must be submitted to the DMHAS Recovery Court Initiative program manager.

M. Extension requests for services must be written in behavioral terms and justify across the relevant ASAM dimensions why the consumer needs the additional requested treatment.

N. Four (4) days prior to any consumer being Administratively Discharged, contractee shall provide Recovery Court with verbal and written notice of the specific reason(s) for administrative

O. discharge, including but not limited to any and all clinical justifications. The contractee justification must include a discharge plan that clearly indicates the consumer's next level of care and evidence of Recovery Court's approval of the Administrative Discharge.

P. All of the terms and conditions of the SUD FFS Network Agreement, including the fiscal terms, apply to Recovery Court. However, in the event a Recovery Court consumer has third-party insurance coverage and contractee reasonably anticipates that the existence of such third-party coverage will delay treatment, then contractee shall immediately provide the Recovery Court with verbal and written notice of the third-party coverage and obtain written verification of State FFS funding so the source of funding is not a barrier to the immediate provision of services. This exception applies only to consumers with third-party insurance coverage, and does not apply to Medicaid eligible consumers.

Q. Contractee shall refer consumers with an Opioid Use Disorder (OUD) for Medication Assisted Treatment (MAT) when clinically indicated.

R. Reimbursement for cost of prescriptions for approved medications. This is available within the Recovery Court initiatives. This service is reimbursed through an offline payment request processed by the program manager.

Exhibit 4 - NJ Department of Human Services (DHS) Division of Mental Health and Addiction Services (DMHAS) SUD Fee for Service (FFS) Funding Initiative Descriptions - Annex A2

RECOVERY COURT EFFICIENCY (RCE)

Recovery Court Efficiency Summary
The Recovery Court Efficiency (RCE) is limited to contractees approved for the Recovery Court Initiative, and is further limited by each contractee's approved level of care. RCE provides DMHAS SUD FFS reimbursement for certain services not covered by Medicaid. Therefore, it is available to presumptively eligible and Medicaid enrolled consumers ***only***. When available, NJSAMS will generate both Recovery Court Medicaid Authorizations and Recovery Court Efficiency FFS authorizations.

I. Contract Specific Requirements

In addition to the General Service Requirements stated in the DMHAS SUD Standard FFS Network Annex A and the Recovery Court requirements in this Annex A2, RCE contractee shall comply with the following RCE specific requirements:

A. Provider Eligibility
Contractees approved for the RC Initiative shall also be contracted for RCE. RCE is limited to, and mirrors, the contractee's approved level(s) of care at each of its Recovery Court contracted facilities, with the exception of ASAM Level 3.1 Halfway House.

B. Consumer Eligibility
Consumers eligible for RCE must be referred by Recovery Court ***and*** have active Medicaid coverage in NJSAMS (Recovery Court – Medicaid).

C. ASAM Level 3.1 Halfway House Exception
ASAM Level 3.1 Halfway House is not a Medicaid-reimbursed service; therefore, RCE reimbursement is not available. However, if a consumer is admitted to ASAM Level 3.1 Halfway House and any ambulatory level of care, the Recovery Court contractee may seek reimbursement of ambulatory services through Recovery Court Initiative FFS.

D. Clinical Services
Subject to the ASAM Level 3.1 Halfway House Exception noted above, the following services are reimbursable through RCE:
1. Continuing Care LOCI (ZLOCI);
2. Court Liaison (ZCTLI);
3. Case Management (T2022 HF);
4. Transportation Mileage (ZMIL) and Transportation Staff Time (ZTRAV) provided to consumers admitted to Long Term Residential, Short Term Residential or Inpatient Withdrawal Management; and
5. Psychoeducational Group Services (Z3355) provided to consumers admitted to Standard/Traditional Outpatient or Opioid Maintenance Outpatient.

E. Billing Requirements
   1. RCE cannot be “selected” in the NJSAMS DASIE. Instead, RCE is an “implicit” payer source accessible if the consumer is identified as being referred by Recovery Court and has active Medicaid coverage in NJSAMS (Recovery Court – Medicaid).
   2. Contractee can secure a RCE authorization through NJSAMS provided a Medicaid authorization is secured, for applicable LOCs. However:
      a. RCE authorization is limited to the same LOC as the Recovery Court Medicaid authorization secured through NJSAMS; and
      b. RCE authorization is not available if the consumer has a Recovery Court Initiative or Recovery Court Contract authorization.
   3. Contractee shall secure RCE authorizations with start and end dates that coincide with the Recovery Court Medicaid authorization secured through the IME.
   4. Contractee must:
      a. Submit at least one Fee for Service claim for SUD services and/or enhancements within the first 15 days of a 30-day authorization or the authorization will cancel back to the start date with a 0% Utilization determination; and
      b. Submit claims during the remaining 15 days or the authorization will cancel to the mid-point with Partial Utilization determination.
   5. RCE authorizations are set at a $0 value for core services reimbursed by Medicaid. However, in order to permit claims for Psychoeducational Group services provided to consumers admitted to Standard/Traditional Outpatient or Opioid Maintenance Outpatient, contractee may access one of six different core service packages which vary in value and number of allowable services.

Exhibit 4 - NJ Department of Human Services (DHS) Division of Mental Health and Addiction Services (DMHAS) SUD Fee for Service (FFS) Funding Initiative Descriptions - Annex A2

DRIVING UNDER THE INFLUENCE INITIATIVE (DUII)

Driving Under the Influence Initiative Program Summary
Implemented in November 2005, the Driving Under the Influence Initiative (DUII) supports treatment services for individuals convicted of intoxicated driving and related offenses who satisfy DMHAS financial and program eligibility requirements.

I. Contract Specific Requirements
In addition to the General Service Requirements stated in the DMHAS SUD Standard FFS Network Annex A, the DUII contractee shall comply with the following DUII requirements:

A. Affiliation and network requirements:
   1. All ambulatory and residential contractees shall maintain an Affiliation Agreement with a County Intoxicated Driver Resource Center (IDRC) in accordance with N.J.A.C. 10:162 subchapter 5 and N.J.S.A. 39:4-50.
   2. All Affiliation Agreements shall identify the license number and corresponding level(s) of care authorized for each site.

B. The contractee shall comply with N.J.A.C. 10:162.

C. Initiative eligibility guidelines:
   1. Consumers shall have a DUI conviction on or after October 17, 2005.
   2. Consumers shall be a resident of New Jersey.
   3. Consumers shall have proof of income less than 350% of the Federal Poverty Level (FPL).

D. The contractee agrees to schedule the consumer for an intake/assessment within 30 days of consumer's contact with the Affiliated Treatment Agency. If the consumer cannot be scheduled within 30 days, he/she will be directed back to the referring IDRC so another assessment referral may be obtained. DUII consumers should not be placed on a waiting list before an assessment can commence. All documentation shall be reported in NJSAMS and to the IDRC.

E. The contractee shall ensure that all consumers are randomly screened for alcohol and other drug use. The contractee shall inform the IDRC of the consumer's participation in treatment on a monthly basis via NJSAMS.

F. The contractee shall submit the consumer's ASAM assessment, DSM-5 diagnosis and LOCI into NJSAMS within 7 business days of the consumer's assessment in accordance with NJAC 10:162.

G. All DUII funded consumers must be connected via NJSAMS to an IDRC for monitoring purposes. In accordance with NJAC 10:162-5.1(e) and applicable confidentiality law, the contractee shall input and report consumer information status, and such additional consumer and service data as may be required, into NJSAMS in order to permit IDRC monitoring.

H. The contractee shall meet agency criteria to participate in the co-occurring network and have demonstrated readiness to provide integrated care for dually diagnosed consumers.

I. DUII FFS funding is considered payment in full for services rendered.

Exhibit 4 - NJ Department of Human Services (DHS) Division of Mental Health and Addiction Services (DMHAS) SUD Fee for Service (FFS) Funding Initiative Descriptions - Annex A2

INTERIM SERVICES INITIATIVE (ISI)

Interim Services Initiative Program Summary
The Interim Services Initiative funds certain pre-assessment and pre-admission services. Interim Services are engagement services designed to link individuals to care not otherwise accessible due to lack of provider capacity. ISI is a required service and must be provided by the contractees licensed at any ASAM level of care.

In addition to the General Service Requirements stated in the DMHAS SUD Standard FFS Network Annex A, the Interim Services contractee shall comply with the following requirements:

I. Contract Specific Requirements for Pre-Assessment Care Management services

A. Contractee shall provide treatment engagement services to adult consumers residing in New Jersey who meet program and fiscal eligibility criteria, inclusive of the following:
   1. 18 years of age or older;
   2. A resident of New Jersey;
   3. At 350% or below the Federal Poverty Level (FPL) as determined by the NJSAMS DASIE, including those eligible for Medicaid;
   4. Not referred by SPB for MAP/SPB funded services, or by AOC for Recovery Court-funded services; and
   5. No other third-party commercial insurance/payer for available services.

B. Contractee shall offer a Pre-Assessment Care Management package to every individual eligible for treatment within the public system who cannot be offered an assessment within 72 hours of screening. However, the consumer may not be referred by SPB for MAP/SPB funded services, or by AOC for Recovery Court-funded services.
C. Contractee shall develop Pre-Assessment Care Management policies and procedures, including a waiting list policy that identifies priority populations. Contractee shall maintain, consistent with its written policies, a waiting list of individuals screened for appropriateness of care but for whom an assessment cannot be offered within 72 hours.
D. The contractee shall provide the necessary Care Management services, as outlined in the service description, while the consumer is awaiting assessment, not to exceed two hours (or 8 units) of service per treatment episode.
E. The contractee shall cooperate with all DMHAS monitoring activities, including site visits, on-site/ remote review of client pre-admission and case files, review of billing/fiscal records, interview of staff and consumers, and data collection and reporting activities to ensure compliance.
F. Contractee shall document in the consumer's record all Pre-Assessment services offered and provided. Contractee shall document a consumer's disengagement from Pre-Assessment services (including reason for disengagement).
G. Contractee shall provide all Pre-Assessment services in-person/face-to-face with the consumer. Contractee shall follow up with those individuals whose interim services episode did not result in an admission to treatment.

Exhibit 4 - NJ Department of Human Services (DHS) Division of Mental Health and Addiction Services (DMHAS) SUD Fee for Service (FFS) Funding Initiative Descriptions - Annex A2

II. Contract Specific Requirements for Post-Assessment/Pre-Admission Interim Services

A. Contractee shall provide treatment engagement services to adult consumers residing in New Jersey who meet program and fiscal eligibility criteria, inclusive of the following:
1. 18 years of age or older;
2. A resident of New Jersey;
3. At 350% or below the Federal Poverty Level (FPL) as determined by the NJSAMS DASIE, including those eligible for Medicaid;
4. Not referred by SPB for MAP/SPB funded services, or by AOC for Recovery Court-funded services;
5. No other third-party commercial insurance/payer for available services; and
6. The contractees shall provide interim services to any individual eligible for treatment within the public system for whom treatment in the assessed level of care cannot be scheduled within 72 hours of assessment.

B. Contractee shall develop Post-Assessment Interim Services policies and procedures, including a waiting list policy that identifies priority populations. Contractee shall maintain, consistent with its policies, a waiting list of individuals for whom treatment in the assessed level of care cannot be scheduled within 72 hours of assessment.

C. Contractee shall cooperate with all DMHAS monitoring activities including site visits, on-site review of case files, review of billing/fiscal records, interview of staff and consumers, and data collection and reporting activities as necessary to ensure compliance.

D. The contractee shall provide the necessary Post-Assessment Interim Services, as outlined in the service description, while the consumer is awaiting admission. Contractee shall provide consumers with a minimum of one (1) psychoeducational group session per week (not to exceed allowable parameters).

E. The contractee staff shall be trained (upon hire and annually thereafter) on the federal requirements for interim services and priority populations. (See sections (N) and (O) of the SUD FFS Standard Boilerplate Agreement Annex A for minimum federal requirements).

F. Contractee shall document all services in the consumer's record, including the following:
1. Contractee informed every consumer of the availability of interim services.
2. All face-to-face, outreach and telephone contacts.
3. All referrals and warm handoffs to other services and providers.

G. Contractee shall report to DMHAS:
1. Consumer discharge, the reason for a consumer's refusal of interim services, and absences from interim services (via NJSAMS outcome reports);
2. Contractee capacity and admission wait times, when requested, as per NJSAMS requirements.

H. The Contractee shall ensure that all consumers admitted to the Interim Services Initiative are admitted to the appropriate ASAM level of care as soon as capacity is available, consistent with the contractee's waitlist policy.
   1. If at any time the consumer's stabilization needs exceed what can be provided in the Interim Services level of care, the Contractee shall refer and case manage the consumer to an appropriate level of care offered by the Contractee or another network provider.
   2. If the consumer's stabilization needs are met in the Interim Services level of care and he/she no longer meets criteria for the originally assessed level of care once capacity becomes available, the Contractee shall refer and case manage the consumer to the appropriate level of care either offered by Contractee or another network provider who offers that level of care.
   3. If upon initial assessment, it is indicated that the consumer requires Medication Assisted Treatment, the Contractee shall, depending on the type of MAT required, either:
      a. Case manage the consumer to an opioid treatment provider (OTP) that can offer immediate admission to treatment.
      b. Admit to interim services and refer to an Office Based Addictions Treatment (OBAT) provider, Center of Excellence (COE), or Federally Qualified Health Center (FQHC) for MAT.
   4. Contractee shall utilize NJSAMS, DSM-5 and Level of Care Index (LOCI) and all other reporting requirements of the NJSAMS reporting module.
   5. Any extensions of care through the Interim Services Initiative must be managed, and prior authorized, by the Interim Management Entity (IME).

I. While the consumer is admitted to the Interim Services level of care, he/she cannot be admitted to any other level of care (i.e. parallel care).

J. The contractee cannot bill:
   1. For any Interim services on the same day as any service provided under another level of care.
   2. For oral swab and urine screen collection under the Interim Service enhancement package on the same day.

K. Contractee shall not delay, and is obligated to assist with Medicaid enrollment efforts, while a consumer receives Interim Services.

Exhibit 4 - NJ Department of Human Services (DHS) Division of Mental Health and Addiction Services (DMHAS) SUD Fee for Service (FFS) Funding Initiative Descriptions - Annex A2

MEDICATION ASSISTED TREATMENT INITIATIVE (MATI)

Medication Assisted Treatment Initiative Program Summary
The Medication Assisted Treatment Initiative (MATI) is funded by the Blood Borne Disease Harm Reduction Act. MATI funds medication assisted treatment for indigent New Jersey residents with an opiate use disorder. MATI is available through mobile treatment units and office-based programs (MATI Contract), and the MATI FFS Network.

Eligible individuals must satisfy both the MATI Eligibility Criteria and DMHAS Income Eligibility Policy. If a consumer requires a level of care or support service not provided via a mobile unit or office-based program (MATI Contract), the consumer may be eligible for an authorization through the MATI FFS Network, which would enable a consumer to receive services through one of the MATI Network Providers.

I. Contract Specific Requirements

In addition to the General Service Requirements stated in the DMHAS SUD Standard FFS Network Annex A, the Medication Assisted Treatment Initiative (MATI) contractee shall comply with the following MATI specific requirements:

A. The contractee will provide treatment services in accordance with the MATI service descriptions and comply with all State regulations/mandates.

B. The contractee will accept MATI consumers within 24 hours or provide an appropriate referral.

C. The contractee will appoint appropriate staff to participate in any meetings/trainings requested by DMHAS. The contractee agrees to coordinate with case management services provided by the six (6) MATI contracted programs, if necessary.

D. The contractee agrees to accept the physical exam completed at the MATI contract program to fulfill requirement for a physical exam at admission.

E. The contractee shall maintain policies and procedures to ensure non-discrimination towards consumers who choose to utilize medications to support their recovery.

F. The contractee shall adhere to all prior authorization procedures established by DMHAS.

Exhibit 4 - NJ Department of Human Services (DHS) Division of Mental Health and Addiction Services (DMHAS) SUD Fee for Service (FFS) Funding Initiative Descriptions - Annex A2

MUTUAL AGREEMENT PROGRAM – STATE PAROLE BOARD (MAP/SPB)

Mutual Agreement Program State Parole Board Program Summary
The Mutual Agreement Program (MAP) is a cooperative effort between the New Jersey State Parole Board (SPB) and DHS/DMHAS. The MAP program provides the opportunity for substance use disorder treatment to SPB parolees, as required under special conditions of parole, and is designed to reduce the likelihood of recidivism.

MAP/SPB agencies are licensed substance use treatment programs located throughout the state of New Jersey. MAP provides intensive therapy for behavioral and psychological problems related to addiction, in a highly structured environment.

I. **Contract Specific Requirements**
In addition to the General Service Requirements stated in the DMHAS SUD Standard FFS Network Annex A, the Mutual Agreement Program State Parole Board (MAP/SPB) contractee shall comply with the following MAP/SPB requirements:

A. The contractee must ensure that all MAP-SPB referrals have a primary substance use disorder diagnosis prior to using initiative funding.

B. Contractees are required to actively discuss third party commercial insurance and copay requirements, and issues pertaining to hardship of co-payments must be reported immediately to the parole officers and DMHAS to address hardship applications.

C. Due to the nature of parole, residential treatment and halfway house program contractees are not permitted to issue overnight visit passes.

D. The contractee must be licensed to provide and shall provide integrated behavioral care for dually diagnosed consumers. When clinically indicated, Medication Assisted Treatment (MAT) referrals shall be made for consumers with an Opioid Use Disorder (OUD).

E. No paid or volunteer staff involved in the criminal justice system can have authority over or access to any MAP-SPB consumer's confidential information including but not limited to, clinical reports, records and information disclosed in individual, group and family sessions or community meetings.

F. The contractee shall identify and maintain at least one staff person to coordinate MAP/SPB services. This staff person shall act as a liaison with MAP-SPB and DMHAS' Criminal Justice Unit's MAP-SPB Coordinator regarding MAP-SPB issues.

G. In addition to DOH Licensure Standards regarding Reportable Events, MAP/SPB Network contractee shall ensure that their facility's policy and procedures manual include and adhere to the following:

1. The components of the September 26, 2013 New Jersey State Parole Board memorandum regarding the Abscond Reporting Procedures. Such incidents might include a parolee absconding or any disciplinary action that requires the parolee to be removed from the program.
2. Procedures for to SPB problematic consumer behaviors, including any instance where a MAP/SPB consumer is found to be in possession of illegal substances or items (e.g., drugs, paraphernalia, weapons, etc.) or when removal of a parolee from the program is required.

H. Within 7 days of receiving a referral from SPB, contractee will provide written confirmation to the SPB whether the referral will be accepted.

I. Prescription Reimbursement**:** The contractee shall maintain in the consumer file documentation of case management efforts in the acquisition of prescription insurance for individuals utilizing the reimbursable provision of psychotropic medication. Contractee is permitted to obtain reimbursement for 60 days of psychotropic medication per episode of treatment at the actual cost of medication. This provision may be altered or revoked at the discretion of the State Parole Board and/or DMHAS. Requests for prescription reimbursement are submitted to the MAP/SPB program manager.

J. The contractee shall participate in meetings/trainings as requested by DMHAS.

K. The contractee must develop policy and procedures relevant to, and ensure new and existing staff receive up-to-date training regarding, the Federal confidentiality regulations as detailed in 42 CFR Part 2 and Federal HIPAA requirements as detailed in 45 CFR Part 160. In addition, contractee must take affirmative steps to ensure that all relevant releases of information which specifically allow the agency and the staff to share information with the individual's Parole Officer as necessary are signed. Please note, if a parolee refuses to sign the release of information form, the Parole Officer must be notified immediately.

L. All MAP/SPB primary counselors and any clinical staff assigned to conduct substance use evaluations shall receive training in ASAM and the completion and clinical justification of the LOCI. Such training and staff competency in these areas shall be evaluated annually and documented in the staff’s personnel file.

M. Prescription Reimbursement:
Reimbursement for cost of prescriptions for approved medications. This is available within MAP/SPB initiative. This service is processed by the program manager.

Exhibit 4 - NJ Department of Human Services (DHS) Division of Mental Health and Addiction Services (DMHAS) SUD Fee for Service (FFS) Funding Initiative Descriptions - Annex A2

NEW JERSEY STATEWIDE INITIATIVE (NJSI)

New Jersey Statewide Initiative Program Summary

The NJSI was developed to convert slot-based contracts to FFS. NJSI funds ambulatory and residential levels of care including Outpatient, Intensive Outpatient, Short Term Residential (STR), Halfway House, and Long Term Residential (LTR) and enhancement services. Ambulatory levels of care and Halfway House Services are State funded; STR and LTR services are funded through Federal Block grant dollars. Eligible consumers are New Jersey residents who have income up to 350% of the FPL and have been determined to be in need of SUD treatment in the levels of care offered in this initiative.

I. Contract Specific Requirements

In addition to the General Service Requirements stated in the DMHAS SUD Standard FFS Network Annex A, the New Jersey Statewide Initiative (NJSI) contractee shall comply with the following specific requirements:

A. The contractee shall provide SUD treatment services to adult consumers residing in New Jersey who meet program and fiscal eligibility criteria as follows:
   1. 18 years of age or older;
   2. resident of New Jersey;
   3. at 350% or below the Federal Poverty Level (FPL) as determined by the NJSAMS DASIE;
   4. assessed to be in need of substance use disorder treatment in the LOCs offered in this initiative; and
   5. No other third-party commercial or public insurance/payer for available services.

B. The contractee shall ensure all services provided shall be documented in the consumer's file including, but not limited to:
   1. Referral(s) for other services.
   2. Case/Care management and related activities.

C. The contractee must comply with, develop policy and procedures relevant to, and ensure new and existing staff receive up-to-date training regarding the Federal confidentiality regulations as detailed in 42 CFR Part 2 and Federal HIPAA requirements as detailed in 45 CFR Part 160.

D. The contractee must provide priority admission to pregnant women who seek or are referred to treatment, contingent upon the identified needs of the consumer.

E. Contractees that serve a population that includes injecting drug users, the program must give preference to treatment as follows:
   1. Pregnant, injecting;
   2. Pregnant;
   3. Injecting; and
   4. Other.

F. The contractee shall participate in meetings, trainings, community events, and other activities as requested by DMHAS, to support adherence to program accountability and integrity, to promote awareness of services available under this and other resources, and to improve coordination of efforts among other service providers.

G. The contractee agrees to cooperate with all monitoring activities conducted by DMHAS, including site visits, on-site and/or remote review of case files, review of billing/fiscal records, interview of staff and consumers, and data collection and reporting activities as necessary to ensure compliance.

H. Substance use disorder services for all levels of care, with the exception of standard outpatient, must be prior authorized by the Interim Management Entity (IME).

Exhibit 4 - NJ Department of Human Services (DHS) Division of Mental Health and Addiction Services (DMHAS) SUD Fee for Service (FFS) Funding Initiative Descriptions - Annex A2

SOUTH JERSEY INITIATIVE (SJI)

South Jersey Initiative (SJI) Program Summary
Originally, SJI was designed to serve residents age 13-24 in Atlantic, Burlington, Cape May, Camden, Cumberland, Gloucester, Ocean and Salem Counties until a residential treatment facility could be constructed. Today, SJI offers a full continuum of care to young adults between the ages of 18 and 30, in all eight southern counties.

I. Contract Specific Requirements

In addition to the General Service Requirements stated in the DMHAS SUD Standard FFS Network Annex A, the South Jersey Initiative (SJI) contractee shall comply with the following SJI specific requirements:

A. The contractee shall provide treatment services for young adults aged 18 to 30 years old from Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem Counties.

B. The contractee shall complete appropriate assessments on each consumer:
   1. Addiction Severity Index (ASI) for ages 18 to 30.
   2. All consumers shall have an appropriate Level of Care Index (LOCI).

C. **Urine Drug Screens**
   1. The contractee shall ensure that all consumers will be screened weekly and randomly for alcohol and other drug use.
   2. The contractee shall ensure that consumers in residential LOCs will be screened upon return from off grounds visits.
   3. The contractee shall ensure that consumers with positive urine drug screens receive additional individual counseling, with the focus on addressing the circumstances behind the positive urine drug screens.
   4. The contractee shall ensure that the consumer's treatment plan is reviewed by the multidisciplinary team, is updated as necessary, and identifies targeted interventions.

D. **Clinical Services**
   The contractee shall ensure that progress note entries include, but are not limited to:
   1. Referral(s) for other services.
   2. Case management related activities.

Exhibit 4 - NJ Department of Human Services (DHS) Division of Mental Health and Addiction Services (DMHAS) SUD Fee for Service (FFS) Funding Initiative Descriptions - Annex A2

STATE HOSPITALS ACCESS to REHABILITATION & EDUCATION INITIATIVE (SHARE)

SHARE Program Summary
The SHARE initiative is designed to assist individuals currently admitted to one of three (Ancora, Trenton, of Greystone Park) state psychiatric hospitals. SHARE is available to individuals referred from state psychiatric hospital to short term residential treatment (ASAM 3.7) at a licensed community SUD provider. SHARE is designed to assist eligible individuals with co-occurring disorders in their recovery process.

I. Contract Specific Requirements
In addition to the General Service Requirements stated in the DMHAS SUD Standard FFS Network Annex A, the SHARE contractee shall comply with the following requirements:

A. The contractee shall make available Licensed STR ASAM 3.7 level of care for consumers with co-occurring disorders, who are 18 years of age or older and referred by Ancora Psychiatric Hospital (APH), Trenton Psychiatric Hospital (TPH) or Greystone Psychiatric Park Hospital (GPPH).

B. The contractee must comply with, develop policy and procedures relevant to, and ensure new and existing staff and existing staff receive up-to-date training regarding the Federal confidentiality regulations as detailed in 42 CFR Part 2 and Federal HIPAA requirements and as detailed in 45 CFR Part 160.

C. The contractee shall ensure that during the contract period, all consumers will have psychiatric services provided as well as individualized measurable treatment plans created and implemented.

D. The contractee shall ensure that during the treatment period all consumers will attend group, education/lecture, and individual treatment sessions along with attending AA/NA 12 step meetings. The contractee shall also provide opportunities for consumers to attend dual recovery anonymous meetings.

E. The contractee shall have a signed interagency affiliation agreement between the contractee and: Ancora Psychiatric Hospital, Trenton Psychiatric Hospital and/or Greystone Park Psychiatric Hospital.

F. The contractee's Outcome reports identified through utilization of NJSAMS shall include reason for consumer discharge as well as clarification for consumer non-compliance.

G. The contractee shall utilize NJSAMS, DSM-5 and LOCI and all other reporting requirements of the NJSAMS SHARE reporting module.

H. Substance use disorder (SUD) services funded through SHARE must be prior authorized by the Interim Management Entity.

Consumer Eligibility Guidelines
Individuals referred must be:

A. 18 years of age or older;
B. Assessed to be in need of substance use disorder treatment in the LOC offered in this Initiative;
C. Without other third-party commercial or public insurance/payer for available services;
D. At 350% or below the Federal Poverty Level (FPL) as determined by the NJSAMS DASIE.
E. Resident of NJ; and
F. Is currently admitted to a NJ state psychiatric hospital (Ancora, Trenton, Greystone Park).

Exhibit 4 - NJ Department of Human Services (DHS) Division of Mental Health and Addiction Services (DMHAS) SUD Fee for Service (FFS) Funding Initiative Descriptions - Annex A2

SUBSTANCE ABUSE PREVENTION AND TREATMENT INITIATIVE (SAPTI)
OPIOID REPLACEMENT THERAPY – METHADONE TREATMENT

Substance Abuse Prevention and Treatment Initiative Program Summary
The Substance Abuse Prevention and Treatment Initiative (SAPTI) is funded in part by the Substance Use, Prevention, Treatment, and Recovery Supports (SUPTRS) Federal Block Grant (BG) and State dollars. SAPTI funds methadone outpatient, intensive outpatient, residential services and inpatient withdrawal management.

I. Contract Specific Requirements
In addition to the General Service Requirements stated in the DMHAS SUD Standard FFS Network Annex A, SAPTI contractee shall comply with the following requirements:

A. The contractee shall maintain a written consumer admissions policy that addresses multiple applicants when the contractee is near funding capacity. Contractee shall publicize and give priority admission to pregnant women. If contractee is at full funded capacity and unable to admit a pregnant woman, contractee shall refer such women to another facility or make interim services available within 48 hours. If contractee serves an injecting drug abuser population, contractee shall give that population priority ***after*** admission of any pregnant women.

B. **Consumer Eligibility**
1. The consumer meets specifications as indicated in 42 CFR 8.12 (e).
2. The consumer meets specifications as indicated in the NJ Standards for Licensure of Outpatient Substance Abuse Treatment Facilities, Subchapter 11 for Opioid Treatment Services.
3. If admitted for ambulatory detoxification, per subchapter 11, consumer must meet ASAM criteria for levels 2 AWM.

C. **Provider Eligibility**
1. Participating SAPTI Network providers must be licensed by the NJ DOH/CN&L, have the ability to provide Opioid Treatment Services under the Standards for Licensure of Outpatient Substance Abuse Treatment Facilities at NJAC 10:161 B, and agree to cooperate with all monitoring activities conducted by DMHAS, including site visits, on-site and/or remote review of case files, review of billing/fiscal records, interview of staff and consumers, and data collection and reporting activities as necessary to ensure compliance, including compliance with Federal Block Grant program accountability requirements.
2. Contractee shall ensure full participation in the GEMS. The GEMS forms are available at: https://njsams.rutgers.edu/gemsmain/Login.aspx
3. Continuity of Operations Plan (COOP)
    a. The contractee shall ensure that written policies for disaster planning, contingency planning and response, and shall address all hazards and be communicated to staff in annual trainings (with updates as needed).
    b. The contractee shall submit its Continuity of Operations Plans (COOP) to the IME

COOP email address at imecoop@ubhc.rutgers.edu and, during a SUD FFS contract renewal, upload as part of their contract documents.

c. If COOP activation includes the provision of take-home medication, contractee's Medical Director shall ensure that a "blanket" emergency request is submitted via the SAMHSA Extranet System (as per Federal and State Regulations).
d. Contractee shall email dmhas.incidentrept@dhs.nj.gov and immediately fax a report to DMHAS at (609) 341-2324 ONLY in an event which jeopardizes the health, safety or welfare of clients and/or staff at their agency.

D. **Clinical Services**

Clinical services shall comply with all applicable federal and state regulations, including but not limited to N.J.A.C. 10:161B.

E. **Minimum Billing Requirements**

Phase I - A minimum of four (4) encounters **within an identified** week, with evidence of documented outreach. A full individual counseling session will count as two (2) encounters. If consumer receives an exception for take home medication during this Phase, it shall not effect payment to agency if clearly documented in consumer's chart.

Phase II - A minimum of two (2) encounters **within an identified** week, with evidence of documented outreach. A full individual counseling session will count as two (2) encounters. If consumer receives an exception for take home medication during this Phase, it shall not effect payment to agency if clearly documented in consumer's chart.

Phase III - A minimum of one (1) encounter **within an identified** week, with evidence of documented outreach. If consumer receives an exception for take home medication during this Phase, it shall not effect payment to agency if clearly documented in consumer's chart.

Phase IV V and VI - A minimum of one (1) encounter within an identified 28-day period, with evidence of documented outreach, if not meeting ambulatory licensure regulations. If consumer receives an exception for take home medication during these Phases, it shall not effect payment to agency if clearly documented in consumer's chart.

F. **Co-occurring Disorders**

1. The contractee shall admit and medicate all consumers (classified in Quadrants I, II, III and IV by the National Association of State Mental Health Program Directors and The National Association of State Alcohol and Drug Abuse Directors (NASMHPD/NASADAD) with Co-occurring mental health and substance use disorders.
2. The contractee shall admit and provide counseling services for methadone maintenance consumers classified in Quadrants I and III, with co-occurring mental health and substance use disorders, and/or who meet the contractee's admissions criteria.

3. The contractee shall ensure the referral of a consumer for psychiatric assessment, differential diagnosis, and/or assessment/prescription for, and monitoring of medication, shall be clearly documented in the consumer's treatment plan.
4. The contractee shall ensure that all methadone maintenance consumers classified in Quadrants II and IV, with co-occurring mental health and substance use disorders are referred to an appropriate mental health agency and receive at a minimum counseling services and medication monitoring (other than methadone).
5. The contractee shall work collectively with the mental health facility to ensure participation in the consumer's treatment plan.

G. **Policies and Procedures:**
   1. Contractee shall establish and adhere to take-home medication policies which are consistent with State and the Drug and Enforcement Administration (DEA) regulations.
   2. Contractee providing methadone treatment shall maintain on-site, and make available upon request, an electronic daily log which permits the identification of consumers by Phase, length of time in Phase, form of medication and dosing, and urine drug screen results.
   3. In accordance with Federal Block Grant requirements, the contractee shall establish a waiting list management program providing for the systematic reporting of treatment demand which ensures that all IVDA consumers who request and are in need of treatment for IVDA are admitted to a program not later than:
      a. 14 days after making the request for admission to such a program; or
      b. 120 days after the date of a request when no program has the capacity to admit the individual on the date of the original request.
      c. Consumers shall be provided and/or referred to interim services immediately.
      d. Pregnant women shall receive immediate services.

4. The contractee shall provide priority treatment to the following in this order: pregnant injecting drug users, pregnant drug users, injecting drug users.

5. The contractee shall ensure that pregnant injecting drug users and pregnant drug users receive immediate on demand services.

6. The contractee shall have policies and procedures in place to ensure the provision of treatment for priority populations.

7. The contractee shall have a policy regarding the assessment, treatment and/or referral of consumers with co-occurring disorders (classified in Quadrants I thru IV, (NASMHPD/NASADAD).

8. The contractee shall ensure that written policies for disaster planning, contingency planning and response address all hazards and be communicated to staff in annual trainings with updates as needed.

9. The contractee shall conduct in accordance with its policies and procedures, and DOH CN&L requirement, criminal background checks for all staff, volunteers, interns and any other personnel routinely scheduled to work. Background checks shall be documented personnel files.

Exhibit 4 - NJ Department of Human Services (DHS) Division of Mental Health and Addiction Services (DMHAS) SUD Fee for Service (FFS) Funding Initiative Descriptions - Annex A2

SAPTI INPATIENT WITHDRAWAL MANAGEMENT (IWM)

Inpatient Withdrawal Management ASAM 3.7 is included in the Substance Abuse Prevention and Treatment Initiative (SAPTI). Unlike the Opioid Replacement Therapy funded through SAPTI, Inpatient Withdrawal Management providers are not required to be licensed as an Opioid Treatment Provider.

In addition to the General Service Requirements stated in the DMHAS SUD Standard FFS Network Annex A, the SAPTI IWM contractee shall comply with the following requirements.

A. **Consumer Eligibility**
   SAPTI will fund IWM for consumers clinically appropriate for this LOC (3.7-WM), who are at 350% or below the Federal Poverty Level (FPL) as determined by the NJSAMS DASIE.

B. **Provider Eligibility**
   Providers must be licensed for 3.7-WM by the DOH CN&L.

C. **Clinical Services**
   The contractee may claim for additional enhancements as indicated on the current contract ASAM grid. It is the responsibility of the IWM Provider to transition the consumer to the appropriate level of care prior to discharge from 3.7-WM. Transition may include facilitation with another provider and/or facilitation with the IME prior to discharge.