Exhibit 5 - NJ Department of Human Services (DHS)
Division of Mental Health and Addiction Services (DMHAS)
DMHAS SUD Enhancements Service Descriptions - Annex A3

The Agency must submit one Annex A3 for all sites contracted under the same Federal ID. Each of the FFS Enhancement Packages listed below includes an array of services for which eligible providers may be reimbursed. Enhancement service packages vary by level of care and by initiative.[1] Agency's contract is limited to the initialed services. Agency must meet eligibility and application requirements to qualify for Enhancement Package participation. Please sign and date this cover sheet below and return to DMHAS.

Enhancement Packages	Please initial the appropriate box
Clinical Review Services	
Co-Occurring Services[2]	
Medication Assisted Treatment Services (requires OTP License)[3]	
Recovery Enhancement Services	
Medical Services	
Buprenorphine & Vivitrol Enhancement Services[4]	
Interim Services	

I am the authorized representative of Agency. Agency understands and agrees to deliver the services indicated above in accordance with the terms of contract, including this Annex A3. 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**

[1] Please refer to the initiative specific FFS enhancement authorization parameters (available in NJSAMS or the fiscal agent website).

[2] Approval to provide co-occurring services is predicated on a determination by the Department of Health (DOH) Certificate of Need and Licensing (CN&L) that agency is eligible to provide co-occurring services at each identified site.

[3] Reimbursement of Medication Assisted Treatment Services enhancement package requires agency to be licensed as an opioid treatment provider (OTP).

[4] Approval to provide Buprenorphine and/or Vivitrol enhancement services is predicated on written approval from CN&L, as well as DMHAS approval for each licensed site.

Exhibit 5 - NJ Department of Human Services (DHS)
Division of Mental Health and Addiction Services (DMHAS)
DMHAS SUD Enhancements Service Descriptions - Annex A3
CLINICAL REVIEW SERVICES

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

Urine Drug Screen – Presumptive Testing (H0003HF)
Oral Swab (ZSWB)
Drug screening is a technical analysis of a biological specimen to determine the presence or absence of specified parent drugs (including alcohol) or their metabolites. The process of drug screening can be performed through urine collection and analysis, or saliva collection and analysis. Reimbursement is for the process to detect the presence or absence of drugs and/or alcohol. The results of a screen must be documented in the consumer's file and may be used to inform a consumer treatment plan and guide treatment interventions.

Mantoux Tuberculin Skin Test (86580)
The Mantoux test is a tool for screening and diagnosing tuberculosis. A hypersensitive reaction to an intracutaneous injection of tuberculin indicates a previous or current infection.

Continuing Care Assessment - LOCI (ZLOCI)
A Continuing Care Assessment is a treatment planning service that can take place with or without the consumer present. Appropriately credentialed staff, or the agency interdisciplinary team when applicable, reviews the consumer's treatment progress and current functioning. During the review, staff completes a LOCI continuing care evaluation, reviews the treatment plan, and when clinically indicated, develops a new plan for the consumer. All participating staff and a participating consumer shall sign a progress note and/or treatment plan evidencing participation in, and completion of, the Assessment.
1 unit = Twenty (20) minutes

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CO-OCCURRING DISORDER (COD) SERVICES

DMHAS promotes the integration of mental health services into a consumer's substance use treatment. DMHAS provides reimbursement for an array of co-occurring services when a consumer is diagnosed with a co-occurring mental illness. Services must be delivered by appropriately credentialed staff. The consumer's treatment plan must include both substance use and mental health treatment goals and interventions.

Agencies must comply with N.J.A.C 10:161(A/B)-10.4 and have Department of Health (DOH), Certificate of Need and Licensing (CN&L) approval to provide co-occurring services.

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

Psychiatric Evaluation (90792)
A Psychiatric Evaluation (PE) is an assessment, based on present problems and symptoms, of a consumer's biological, mental, and social functioning. The evaluation is performed by appropriately credentialed practitioners. During the evaluation the practitioner collects sufficient consumer data, through input from the substance use and/or co-occurring evaluation, previous treatment records and consultation with the treatment team, to develop an initial psychiatric diagnosis and treatment plan, including pharmacotherapy.

Who Can Provide the Service?[5]
Psychiatric Evaluation is provided by: MD or DO Certified in Addiction Psychiatry; Board Certified Psychiatrist who is a member of ASAM/ABMS or experienced with addiction; Board Eligible and ASAM/ABAM/ABMS Certified Psychiatrist; MD or DO Board Eligible for Psychiatry with 5 years of addiction experience and ASAM/ABPM membership; ASAM/ABAM/ABPM Certified MD or DO with 5 years of co-occurring mental health disorders experience; Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), and Physician's Assistant (PA) w/Psychiatric and Mental Health certification.

Comprehensive Intake Evaluation (90791)
The Comprehensive Intake Evaluation (CIE)includes a full mental status evaluation, a detailed history and review of psychiatric and substance use disorder symptoms and

[5] The American Board of Medical Specialties (ABMS) Certification is allowed as of 05/13/19; either the American Board of Psychiatry and Neurology (ABPN) Certification or the American Board of Psychiatry and Neurology (ABPN) Certification. The ABMS certification, either the ABPN (for Psychiatrists) or ABPM (for other physicians), are equivalent to the ASAM and ABAM certification respectively.

treatment records, expansion of the information collected during the Addiction Severity Index (ASI) (when necessary), and the completion of a relevant placement tool such as the Level of Care Utilization System (LOCUS) for primary COD consumers and the Level of Care Index (LOCI) for primary SUD consumers.

Who Can Provide the Service?
The Comprehensive Evaluation is provided by: Licensed Clinical Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT).

DMHAS does not impose minimum time expenditures for Psychiatric Evaluations or Comprehensive Intake Evaluations. Agencies may not claim for 90792 and 90791 within the same episode of care; FFS claims are limited to one (1) unit of Comprehensive Intake Evaluation or one (1) unit of Psychiatric Evaluation within the same episode of care.[6] However, consumers admitted in OP with MAT for more than one year may receive one CIE or PE every 365 days.

Medication Monitoring - Co-occurring (90862HF)
Medication Monitoring is the ongoing assessment, monitoring and review of the effects of a prescribed medication (Medication Assisted Therapy) on a consumer. It also includes the evaluation of a consumer's response to treatment. Medication Monitoring may include the determination of: proper dosing level, drug interactions, adverse drug effects, and/or the need for medical tests. All SUD and COD treatment facilities must allow for Medication Assisted Treatment. Consumers may receive MAT from their primary treatment facility, or another provider.
1 Unit = Fifteen (15) minutes

Medication Monitoring is not available with any Evaluation & Management service within the same authorization, even if it is provided by other appropriately licensed staff.

Who Can Provide the Service?
Provided by: Licensed MD or DO, Certified Nurse Practitioner-(CNP), Advanced Practical Nurse-(APN), or Physician's Assistant- (PA).

Co-occurring Case Management (T2022 HF)
Co-occurring Case Management services are provided to consumers admitted in the co-occurring SUD program. The services are designed to help the consumer gain access to needed treatment, medical, social, educational, vocational, housing and other rehabilitative services, including referrals to social services for health insurance and other benefits programs. The clinical case manager (CCM) facilitates, coordinates and integrates services on behalf of the consumer. In addition to connecting consumers to

[6] The SUD FFS Network defines an episode of care as "The period of time beginning with the Date of Admission and ending with the Date of Discharge from a particular level of care at a single agency."

available resources, the CCM monitors the consumer's progress toward treatment goals. The goal of this intervention is to reduce psychiatric and SUD symptoms and to support the consumer's stability and recovery.
1 unit = Fifteen (15) minutes

Who Can Provide the Service?
Clinical case management services can be provided by the consumer's primary counselor, or by a staff member designated as CCM for multiple consumers. CCM services can be provided by a health care professional with experience and expertise in service systems, including social service systems, the SUD treatment system and services for mental health disorders. A minimum of Bachelor's Degree in one of the helping professions, such as social work, psychology, and counseling or LCADC or CADC is required.

Crisis Intervention - Individual (S9484 HF)
Crisis Intervention is the assessment and provision of emergency psychological care to a consumer who is experiencing a behavioral health crisis. A crisis occurs when the consumer experiences acute stressor(s) that threaten or exceed the consumer's normal coping capacities. A licensed clinician is responsible for making the assessment and determining if the consumer is experiencing a crisis. The initial assessment, where clinically indicated, must include an evaluation of the consumer's potential for suicide, homicide, or other violent/extremely problematic behaviors. In addition, the licensed clinician must determine the consumer's potential for relapse and/or decompensation.
The goals of crisis intervention are:

- Stabilization, i.e. to reduce or relieve mounting distress;
- Mitigation of acute signs and symptoms of distress;
- Restoration to the pre-crisis (hopefully adaptive and independent) level of functioning; Prevention (or reduction of the probability) of the development of maladaptive post-crisis behavior (e.g.: relapse and/or decompensation), or of post-traumatic stress disorder (PTSD).

1 unit = Fifteen (15) minutes

Who Can Provide the Service?
Provided by: MD or DO, Licensed Clinical Psychologist, Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), or Licensed Marriage and Family Therapist (LMFT), Physician's Assistant (PA), Advance Practice Nurse (APN), Certified Nurse Practitioner (CNP) or a Licensed Social Worker (LSW) or Licensed Associate Counselor (LAC).

Family Therapy (90847 HF)
Treatment provided to the family of a consumer. Services must utilize appropriate therapeutic methods designed to enable families to resolve problems or situational stress

related to, or caused by, the consumer's addictive illness. Services must be provided with the consumer. Sixty 1 unit = (60) minutes

Who Can Provide the Service?
Family and Individual Therapy must be provided by: Licensed Clinical Psychologist, Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT) or a Licensed Social Worker (LSW) or Licensed Associate Counselor (LAC).

Individual Therapy (90832 HF and 90834 HF)
Individual Therapy is the treatment of a consumer's emotional disorder, as identified in the DSM, through the use of established psychological techniques within the accepted model of therapeutic interventions, such as psychodynamic therapy, behavioral therapy, gestalt therapy and other accepted therapeutic interventions. The accepted techniques are designed to increase insight and awareness into problems and behaviors with the goal of relieving symptoms and changing behaviors in order to improve social and vocational functioning, and personal growth.
1 unit = at least a thirty (30) minute session

Who Can Provide this Service?
Family and Individual Therapy must be provided by: Licensed Clinical Psychologist, Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT) or a Licensed Social Worker (LSW) or Licensed Associate Counselor (LAC).

Group Therapy (90853 HF)
Therapy provided in a group setting, with at least 2, but no more than 8, unrelated consumers simultaneously for at least ninety (90) minutes. Group therapy is predicated on the dynamic interaction of the members of the group. The emphasis is on promoting social support and helping consumers understand and improve communication skills and interpersonal relationships through therapeutic interactions with other consumers and staff.
1 unit = at least ninety (90) minutes

Who Can Provide the Service?
Licensed Clinical Psychologist, Certified Nurse Practitioner-Psychiatric and Mental Health (CNP-PMH), Advanced Practical Nurse-Psychiatric and Mental Health (APN-PMH), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), or Licensed Marriage and Family Therapist (LMFT) or a Licensed Social Worker (LSW) or Licensed Associate Counselor (LAC).

Clinical Consultation (90887)

A Clinical Consultation is a meeting with an agency's clinical staff in order to advise, counsel or educate other agency clinicians regarding the diagnosis, treatment, and management of consumers in the care of the agency's organization.
1 unit = Fifteen (15) minutes

Who Can Provide the Service?
A psychiatrist is the preferred consultant. However, clinicians from other disciplines may serve as clinical consultant provided they are licensed or certified to practice as health care professionals ***and*** are authorized to render diagnoses according to the DSM for both mental health and substance use disorders. (e.g.: psychiatrist, licensed clinical psychologist, licensed clinical social worker, licensed psychiatric nurse, licensed professional counselor, etc.). A minimum of 5 years' experience in mental health or co-occurring treatment is required.

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MEDICATION ASSISTED TREATMENT SERVICES

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

Methadone Treatment (H0020 HF)
Methadone is a synthetic opioid used medically as an analgesic and as an anti-addictive medication for use in patients who meet criteria for an opioid use disorder. Methadone is used for detoxification and/or maintenance. It is provided in combination with substance use disorder counseling.

Provider Agency must be accredited by a recognized accreditation body, approved by SAMHSA, compliant with applicable Drug Enforcement Administration (DEA) rules, and licensed by the DOH, Certificate of Need and Licensing as an Opioid Treatment Program (OTP).

Medication reimbursement rates may vary by LOC and may be inclusive of the administration costs.

Required Staff
Opioid Treatment Program shall comply with the following:

- Medical Director: Licensed in the State of New Jersey as a physician, ***certification*** in Addiction Medicine (ASAM/ABAM, Addiction Psychiatry, or American Osteopathic Association) is preferred. ***Membership*** in ASAM is required.
- Nursing Director: Registered Nurse (RN) currently licensed in New Jersey with one year of experience in SUD treatment.

Only physicians, registered nurses, licensed practical nurses or pharmacists may dispense or administer medication in a licensed opioid treatment program.
See the federal guidelines established through the Center for Substance Abuse Treatment (CSAT) for the minimum requirements, including:

- During methadone detoxification, medical care and consultation must be available 24-hours a day. Care and consultation must be supervised by the physician performing the detoxification protocol;
- Women of child-bearing age must be pregnancy tested at intake;
- Pregnant consumers must be educated about the risks of methadone detoxification; and
- Consumers must have 24-hour access to a nurse on call.

Methadone can be administered by the OTP in conjunction with other clinical services across all levels of care provided by a DOH CN&L licensed SUD treatment program. All counseling requirements must be in accordance with the licensing requirements for the applicable level of care.

Required Medical Services:

- Full assessment with physical examination at admission and annually thereafter;
- Regular urine drug screens; pregnancy screen at intake for women of child-bearing age; and
- Regular review of medication and prescription adjustments as medically determined by the physician (registered nurse, licensed practical nurse or pharmacist).

Medication Monitoring for MAT (Z3353)

Medication Monitoring is the ongoing assessment, monitoring and review of the effects of a prescribed medication on a consumer. It also includes the evaluation of a consumer's response to treatment. Medication Monitoring may include the determination of: proper dosing level, drug interactions, adverse drug effects, and/or the need for medical tests. Medication Monitoring services may only be provided in conjunction with the administration of: Methadone; Buprenorphine; Buprenorphine/Naloxone; Naltrexone.
1 unit = Fifteen (15) minutes

Medication Monitoring is not available with any Evaluation & Management service within the same authorization, even if it is provided by other appropriately licensed staff.

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RECOVERY ENHANCEMENT SERVICES

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

Recovery Support Care Management (RSCM) (H0023 HF)
RSCM is a behavioral health service available to consumers with a SUD ***and*** complex physical and/or psychosocial needs. RSCM provides direct and comprehensive assistance to consumers to facilitate access to the necessary treatment, rehabilitative and recovery services. RSCM is designed to reduce psychiatric and addiction symptoms, connect consumers with services, improve transitions between levels of care, implement strategies to address their unique needs, reduce opioid related deaths, sustain recovery in the community and support the consumers' stability and recovery throughout the continuum of care. RSCM enhancement services are available in all levels of care. However, RSCM is not available to Medicaid funded consumers eligible to receive services through the Recovery Court Efficiency initiative (because Medicaid reimbursement is available). RSCM may be provided face-to-face or by teleservice in accordance with applicable federal and State laws and regulations.
1 Unit = Fifteen (15) minutes

Who Can Provide the Service?
A Recovery Support Care Coordinator (RSCC) must possess a High School Diploma or GED, and have a minimum of two years lived experience. A peer level RSCC must be a Certified Peer Recovery Specialist or a National Certified Peer Recovery Support Specialist; in the alternative, the peer RSCC shall attend the DMHAS 3-day Ethics Training and shall attend training to obtain either Certification. RSCM can also be provided by a health care professional with experience and expertise in social service systems, addictions treatment and/or services for individuals with mental health disorders.

Responsibilities of the RSCC include:

- Develop and implement a care coordination plan to guide care coordination interventions.
- Engaging consumers to be full partners in planning their own treatment and recovery.
- Collaborating with consumers to identify activities that will help them maximize their opportunities for successful community living.
- Providing facilitated linkages to medical, behavioral health, housing and community-based recovery services including Medication Assisted Treatment (MAT) and coordinated care for HIV and Hepatitis C.
- Assisting consumer transition throughout the SUD continuum of care.
- Monitor consumer progress.

- Implement services and strategies identified in the individualized care management plan and addresses barriers to recovery and successful community living.
- Build collaborative relationships with non-addiction treatment providers to address identified physical health and/or psychosocial needs.

The RSCC works with the treatment team and facilitates optimal coordination and integration of the above services on behalf of the consumer.

Transportation – Mileage (ZMIL)
Transportation Service is reimbursed ***exclusively*** by Recovery Court.
The mileage rate is $0.31 per mile. If multiple consumers are transported in a single vehicle, mileage claims must be allocated equally across all Recovery Court FFS consumers being transported together. Total claims cannot exceed the total miles for a single trip.

Transportation (mileage) services include the following allowable consumer transportation:

- To and from assessment.
- To and from detoxification.
- To and from assessment/admission interview with a continuing care provider.
- To and from court for a scheduled court date.

Transportation - Staff Time (ZTRAV)
Transportation Service is reimbursed ***exclusively*** by Recovery Court in a residential setting. If multiple consumers are transported in a single vehicle, staff time claims must be allocated equally across all fee-for-service consumers being transported together. Total claims cannot exceed the total staff time for a single trip.

Transportation (staff time) services include the following allowable consumer transportation:

- To and from assessment.
- To and from detoxification.
- To and from assessment/admission interview with a continuing care provider.
- To and from court for a scheduled court date.

Court Liaison (ZCTLI)
Court Liaison Service is reimbursed ***exclusively*** by Recovery Court.
Individual claims are submitted for each individual consumer for whom the service is rendered.
1 unit = Fifteen (15) minutes

Court Liaison services include the appearance of substance use treatment agency staff in Recovery Court in order to participate in Recovery Court team reviews and/or to report to the judge and/or Recovery Court team regarding the consumer's treatment participation and progress.

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MEDICAL SERVICES

Mantoux Tuberculin Skin Test (86580)
The Mantoux test is a tool for screening and diagnosing tuberculosis. A hypersensitive reaction to an intracutaneous injection of tuberculin indicates a previous or current infection.

Evaluation and Management (E & M Visit)
E & M is available for both New and Established Patients. The allowable codes are **99202 through 99205 for New Patients**, or **99212 through 99215 for Established Patients**.

New Patients:
99202 Requires an expanded problem-focused history, an expanded problem-focused examination and "straightforward" medical decision making. The presenting problems range from low to moderate severity. The appropriately licensed staff typically spends approximately 20 minutes face-to-face with the consumer/family.

99203 Requires a detailed history, a detailed examination and "low complexity" medical decision making. The presenting problems are of moderate severity, and the appropriately licensed staff typically spends 30 minutes face-to-face with the consumer/family.

99204 Requires a comprehensive history, comprehensive examination and "moderate complexity" medical decision making. The presenting problems range from moderate to high severity, and the appropriately licensed staff typically spends 45 minutes face-to-face with the consumer/family.

99205 Requires a comprehensive history, comprehensive examination and "high complexity" medical decision making. The presenting problems range from moderate to high severity, and the appropriately licensed staff typically spends 60 minutes face-to-face with the consumer/family.

Established Patients:
99212 Requires at least two of the following: a problem-focused history, a problem-focused examination or "straightforward" medical decision-making. The presenting problems are self-limited or minor, and the appropriately licensed staff spends 10 minutes face-to-face with the consumer/family.

99213 Requires at least two of the following: an expanded problem-focused history, an expanded problem-focused examination, or "low complexity" medical decision-making. The presenting problems range from low to moderate severity, and the appropriately licensed staff typically spends 15 minutes face-to-face with the consumer/family.

99214 Requires at least two of the following: a detailed history, a detailed examination or "moderate complexity" medical decision-making. The presenting problems range from moderate to high severity, and the appropriately licensed staff typically spends 25 minutes face-to-face with the consumer/family.

99215 Requires at least two of the following: a comprehensive history, a comprehensive examination or "high complexity" medical decision-making. The presenting problems range from moderate to high severity, and the appropriately licensed staff will typically spend 40 minutes face-to-face with the consumer/family.

Who Can Provide the Service?

These services can be provided by a Physician, Advanced Practice Nurse (APN) and/or Physician's Assistant (PA).

When provided by an APN or a PA, the following parameters apply:

- The E&M services/codes for new consumers in Ambulatory Detoxification and Opioid Treatment Programs is limited to Physicians only;
- The E&M services/codes for new and existing consumers in all other levels of care may be provided by a Physician, APN or PA.

Medication Monitoring [90862HF and Z3353] are not available with any E&M service within the same authorization period even if provided by other appropriately licensed staff.

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BUPRENORPHINE & VIVITROL ENHANCEMENT

Provider Agency must be licensed by DOH CN&L as an opioid treatment facility, detoxification facility (hospital or non-hospital based), long term residential facility, or short-term residential facility, in order to provide Buprenorphine and/or Vivitrol. In the alternative, provider agency must have wavier approval from DOH CN&L to provide Buprenorphine and/or Vivitrol.

The Buprenorphine & Vivitrol Enhancement package is limited to the following initiatives: DUII, MATI, MAP/SPB, NJSI, RC Initiative, RC Contract, SAPTI, SHARE and SJI.

Buprenorphine Treatment (ZM05, ZM2G, ZM8G)
Buprenorphine, in the form of Subutex (buprenorphine hydrochloride) and Suboxone (buprenorphine hydrochloride and naloxone hydrochloride), is used medically for the treatment of opioid use disorder. The rate covers dispensation and the cost of medication.

Detoxification
Detoxification is designed to achieve safe and comfortable withdrawal from opioids and to effectively facilitate the consumer's entry into ongoing treatment and recovery. Buprenorphine can be used to support the medically supervised withdrawal of consumers from self-administered opioids and from opioid agonist treatment (such as methadone), so consumers can transition from physical dependence on opioids to an opioid-free state, while minimizing withdrawal symptoms and avoiding side effects.

Induction
Buprenorphine induction is the process of introducing buprenorphine to manage opioid use disorder. The induction phase is used to determine the minimum dose of medication needed to discontinue or markedly diminish the consumer's use of other opioids. Induction is designed to stabilize the consumer and reduce or eliminate withdrawal symptoms, side effects, and uncontrollable cravings for drugs of abuse. Induction generally takes one week.

Maintenance
Buprenorphine maintenance follows induction and stabilization. Buprenorphine is maintained at stable dosage levels for more than 21 days.

Required Staff
Must be provided by a certified physician or other practitioner registered with the U.S. Drug Enforcement Administration (DEA), compliant with all DEA training requirements on the treatment and management of individuals with opioid or other substance use

disorders,[7] and the Office of National Drug Control Policy Reauthorization Act of 2006 (ONDCPRA).

Substance use treatment facilities shall comply with the following requirements:

- Medical Director
  Licensed in the State of New Jersey as a physician, registered with the U.S. Drug Enforcement Administration (DEA), and compliant with all DEA training requirements on the treatment and management of individuals with opioid or other substance use disorders.[8] ***Certification*** in Addiction Medicine (ASAM/ABAM, Addiction Psychiatry, or American Osteopathic Association) is preferred. ***Membership*** in ASAM is required.
- Nursing Director
  Registered Nurse (RN) currently licensed in New Jersey with one year of experience in SUD treatment.

Only physicians, physician assistants, nurse practitioners, registered nurses, licensed practical nurses or pharmacists may ***dispense or administer*** medication in a substance use treatment facility.

Required Medical Services:

- All physicians and other practitioner with Buprenorphine Waiver are referred to the federal guidelines established through the Center for Substance Abuse Treatment (CSAT) for the minimum requirements;
- A full assessment with physical examination must be conducted at admission and annually thereafter;
- Women of child-bearing age must be pregnancy tested at the time of assessment;
- Pregnant consumers with and opioid use disorder must be educated about the risks of buprenorphine treatment;
- During buprenorphine detoxification, induction and stabilization, medical care and consultation shall be available 24-hours a day, supervised by the physician or other practitioner performing the detoxification or induction and stabilization protocol.
- During buprenorphine detoxification, consumers must have 24-hour access to a nurse on call;
- During detoxification, the consumer must, at a minimum, receive a daily medical assessment;
- Consumers must be instructed to abstain from the use of any opioids for twelve hours prior to the induction phase of buprenorphine treatment; and/ or be in withdrawal; and

- Regular urine drug screens.

[7] Please refer to: https://www.deadiversion.usdoj.gov/pubs/docs/MATE_Training_Letter_Final.pdf and https://www.samhsa.gov/medications-substance-use-disorders/removal-data-waiver-requirement.
[8] Please refer to: https://www.deadiversion.usdoj.gov/pubs/docs/MATE_Training_Letter_Final.pdf and https://www.samhsa.gov/medications-substance-use-disorders/removal-data-waiver-requirement.

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Counseling Services
Buprenorphine treatment shall be administered in conjunction with other clinical services across all levels of care. Clinical services must comply with applicable regulations and contract requirements for the appropriate level of care.

VIVITROL TREATMENT (ZVIV)
The injectable Naltrexone/Vivitrol enhancement is an adjunct medical component to treatment for:

- Consumers with an Alcohol Use Disorder who might benefit from medically managed treatment for alcohol use.
- Consumers with an Opioid Use Disorder who want to remain abstinent without maintenance medication.
- Consumers seeking medically supervised withdrawal from maintenance medication for their opioid use disorder.

CONTRACT SPECIFIC REQUIREMENTS FOR VIVITROL SERVICES
Appropriate consumers

- Approved for treatment funding through a participating initiative.
- Meets diagnosis for either Opioid Use Disorder or Alcohol Use Disorder.
- Medically approved by a physician or other appropriately licensed and qualified medical staff.
- Completed informed consent for medication.

Staffing

- Agency agrees that the prescription and administration of the medication will be conducted by appropriately licensed and qualified medical staff (Physician, Nurse Practitioner, Physician Assistant, or Registered Nurse).
- Agency agrees that all counseling services will comply with applicable regulations and contract requirements for the appropriate level of care.

Specific Documentation Requirements
In addition to the consumer treatment and medical charts**,** agency agrees to document the following in the consumer chart:

a. Consumer education session and consent regarding the use of injectable Naltrexone/Vivitrol. (Note: although required by contract, the Vivitrol consumer education session is not reimbursed by FFS;
b. UDS results;
c. Results of medical tests (LFT and Pregnancy tests); and
d. Progress note for each visit, including visits in which medication is administered.

Consumer Informed Consent
Agencies will ensure, and comply with, consumer choice and consent for Vivitrol treatment. Staff shall educate the consumer on Vivitrol treatment and discuss alternate

treatment options.

Provider agency medical staff shall develop an information packet specific to injectable naltrexone pharmacology. The information packet shall include the benefits and the risks of Vivitrol. Counseling staff shall provide and review the packet with consumers at each level of care. The consumer must sign a written consent, which shall be maintained in the consumer file.

Services
Residential Stabilization Services are available prior to induction so a consumer is opioid free for a minimum of ten days before induction. Induction commences upon discharge from the Stabilization Program and is accompanied by a referral to outpatient treatment so the consumer can receive follow up injections.

Agency may conduct Urine Pregnancy Tests as per medical need identified by physician. Up to six pregnancy tests will be reimbursed.

Medical universal precautions shall be utilized by all personnel to ensure safety.

Vivitrol Medication
The reimbursement rate for Vivitrol Medication [ZVIV] is considered payment in full. The reimbursement rate includes the cost of services associated with the administration of the Vivitrol Injection by the appropriate medical personnel.

Injection Limits/Service Authorization Period *(Initial and Subsequent)*
A consumer is limited it six (6) injections per State Fiscal Year (July 1 to June 30) unless provider agency receives DMHAS approval for additional injections. To request approval, email Adam Bucon, Manager of the Vivitrol Enhancement, at Adam.Bucon@dhs.nj.gov, and the appropriate FFS Initiative Manager. The request must include:

1. *Client NJSAMS ID;*
2. *FFS Initiative to which client is admitted;*
3. *Justification for the continued Vivitrol injections; and*
4. *The amount of additional Vivitrol injections planned for client care.*

If approval is granted by the Vivitrol Enhancement Manager and the FFS Initiative Manager, agency must enter the claim for the Vivitrol injection through DMHAS Fiscal Agent. The claim will be denied because it exceeds the authorization limit. Following denial, the agency must submit an off-line payment request to the applicable FFS Contact for reimbursement of the medication cost.

Routes of Induction

- **OUTPATIENT INDUCTION**

Outpatient agencies shall provide induction to consumers who: have a diagnosis of Opioid or Alcohol Use Disorder, demonstrated they are free of opioids for ten consecutive days, and consent to induction.

- **RESIDENTIAL INDUCTION**
  Residential Agencies (including long-term, short-term and Halfway House) shall provide induction to consumers who: have a diagnosis of Opioid or Alcohol Use Disorder and consent to induction. Induction may be administered at any time in the duration of care. Agency shall refer the consumer to an outpatient program for appropriate motivation, care management, continued medication management, counseling and relapse-prevention support when clinically indicated.

- **RESIDENTIAL STABILIZATION and INDUCTION**
  Short-term residential agency shall accept referrals from medically-supervised detoxification programs, opioid treatment programs, outpatient clinics and other referral sources. The agency shall have agreements with programs to ensure appropriate education regarding medication options post detoxification and referral to the Short-term residential agency for Stabilization Period.
  Max allowable = One injection prior to LOC discharge.

  The Short-term residential agency shall provide a structured and supervised environment for individuals with an opioid use disorder who want to remain abstinent without maintenance medication, and for consumers seeking medically supervised withdrawal from maintenance medication. Consumers will have demonstrated a need for interventions to medically and therapeutically manage the ten-day opioid-free period prior to induction. The agency agrees to provide an intensive individually tailored program of education and psychotherapeutic counseling to ensure the consumer has needed tools to move into the recovery zone. Agency agrees that staff will provide education and counseling regarding potential side effects, psychological detoxification and protracted withdrawal symptoms, potential adverse reactions and relapse potential. Induction will be provided within twelve days of admission. Agency agrees to provide the appropriate motivation and care management referral for consumer to attend an outpatient program for continued medication management, counseling and relapse- prevention support following induction.

Post Induction Continuing Care

Post induction, Outpatient agency agrees to provide up to five additional monthly injections while an individual with an Alcohol or Opioid Use Disorder is engaged in

outpatient treatment. Agency agrees to assess and address all appropriate bio-psychosocial interventions (including education regarding protracted withdrawal symptoms) to decrease the likelihood of relapse and promote long-term recovery. Services shall include education and psychotherapeutic counseling tailored to the

consumer's individual needs. Agency shall conform to evidence-based practices to ensure patient safety and improve outcomes.

Continuing Service Requirements:

- Vivitrol is an enhancement to treatment services and therefore shall include a comprehensive management program that includes counseling. All consumers shall receive the appropriate level of treatment as determined by the LOCI.
- If a consumer meets criteria and elects to continue to receive injections, then in addition to the medical visit, the agency shall provide monthly at least one individual, one-hour, face-to-face session, with a licensed or certified clinician, through outpatient services. The monthly sessions shall continue until the consumer completes injections. Although required by contract, FFS does not reimburse for the individual sessions.
- Agency shall participate in all mandatory trainings regarding the Vivitrol enhancement.

Discharge Criteria

The length of service varies with the severity of the consumer's illness and his/her response to the medication. Consumers may refuse the medication at any time without consequence to treatment services.

Medication Monitoring for MAT (Z3353)

Medication Monitoring is the ongoing assessment, monitoring and review of the effects of a prescribed medication on a consumer. It also includes the evaluation of a consumer's response to treatment. Medication Monitoring may include the determination of: proper dosing level, drug interactions, adverse drug effects, and/or the need for medical tests. Medication Monitoring services may only be provided in conjunction with the administration of: Methadone, Buprenorphine; Buprenorphine/Naloxone; Naltrexone.
1 unit = Fifteen (15) minutes

In lieu of Medication Monitoring for MAT-Vivitrol, Physician Visit (**99202** or **99212**) is available with Buprenorphine, Vivitrol Pre-Induction and Vivitrol Treatment.

Vivitrol or Buprenorphine - Laboratory Services

The Vivitrol or Buprenorphine Lab Services package is available only to FFS providers with the Buprenorphine & Vivitrol Enhancement package. Lab Services available with Buprenorphine and Vivitrol Treatment may include:

80053	Comprehensive Metabolic Panel
84460	Transferase, Alanine Amino Panel (ALT)
84450	Transferase, Aspartate Amino Panel (AST)
82247	Bilirubin Panel
86580	Mantoux Tuberculin Test
80076	Hepatic Function Panel

85025 Complete Blood Count
86593 Quantitative Syphilis Test
H0003HF Urine Drug Screen - Presumptive Testing
81025 Urine Pregnancy Test Visual Color Composition

The package may vary in value and availability by initiative.

Please reference *CPT Plus! A Comprehensive Guide to Current Procedural Terminology, 2023* for the list of specific laboratory tests identified under each of the panel CPT codes. If a group of tests overlap a panel, report the panel; do not claim for two or more panel codes that are included as part of the same constituent tests performed under the same patient collection.

Examples:

1. An agency can claim for either **80076 Hepatic Function Panel** or any/all of the following individual tests:
   84460 Transferase, Alanine Amino Panel (ALT)
   84450 Transferase, Aspartate Amino Panel (AST)
   82247 Bilirubin Panel
   Agency shall not claim 80076 and any/all of the above.

2. An agency can claim for either **80053 Comprehensive Metabolic Panel** or any/all of the following individual tests:
   84460 Transferase, Alanine Amino Panel (ALT)
   84450 Transferase, Aspartate Amino Panel (AST)
   82247 Bilirubin Panel
   Agency shall not claim 80053 and any/all of the above.

LIVER FUNCTION TESTING

A liver function test is available prior to administering a Vivitrol injection. Agency shall conduct liver function testing (LFT) only when medically necessary. A liver function test assists in the diagnosis and/or monitoring of liver disease or damage by measuring the levels of certain enzymes and proteins in the blood.

. Services include:

- Comprehensive Metabolic Panel.
- Transferase, Alanine Amino Panel (ALT).
- Transferase, Aspartate Amino Panel (AST).
- Bilirubin Panel.
- Hepatic Function Panel.
- Complete Blood Count.
- Quantitative Syphilis Test.

Exhibit 5 - NJ Department of Human Services (DHS)
Division of Mental Health and Addiction Services (DMHAS)
DMHAS SUD Enhancements Service Descriptions - Annex A3

INTERIM SERVICES

These service descriptions are specific to those services provided to individuals awaiting admission to treatment following an SUD assessment. Interim Services are an engagement level of service intended to link individuals to care that they may not be able to access due to lack of provider capacity.

Interim Services Crisis Intervention - Individual (IS9484)

Crisis intervention is a stabilization service provided to a consumer who is experiencing a high level of stress that cannot be managed by the consumer's normal coping capacities and needs to be mitigated so the individual is able to engage in Interim Services while awaiting admission to the assessed level of care. This initial assessment, where clinically indicated, includes an assessment of risk, including suicidal, homicidal, and other dangerous behaviors. In co-occurring treatment settings, the consumer's potential for relapse and/or decompensation must be determined. The goals of crisis intervention are: (1) stabilization - i.e., measures taken to reduce or relieve mounting distress; (2) mitigation of acute signs and symptoms of distress; (3) restoration of the pre-crisis (hopefully adaptive and independent) level of functioning; (4) prevention or reduction of the probability of the development of maladaptive post-crisis behavior - e.g., relapse and/or decompensation.
1 unit = Fifteen (15) minutes

Interim Services Case Management (T2022 HF)

Case Management is the provision of direct and comprehensive assistance to consumers admitted to Interim Services in order for those individuals to gain access to all necessary treatment and rehabilitative services. Interim Services Case Management shall include, but not be limited to, assistance in securing housing, social service referrals, health insurance acquisition, and assistance to successfully engage in care while awaiting admission into the assessed level of care. The case manager facilitates optimal coordination and integration of these services on behalf of the consumer. In addition to connecting the consumer with these needed services, the goal of this intervention is to assist with treatment engagement during the provision of Interim Services and while the individual is preparing for admission into the core treatment episode.
1 unit = Fifteen (15) minutes

Urine Drug Screen – Presumptive Testing (H0003HF) and/or Oral Swab (ZSWB)

Drug screening is a technical analysis of a biological specimen to determine the presence or absence of specified parent drugs or their metabolites. The process of drug screening can be performed through urine collection and analysis, or saliva collection and analysis. Reimbursement is for the process to detect the presence or absence of drugs and/or alcohol. The results of a screen shall be documented in consumer file and can be used to inform a consumer treatment plan and guide treatment interventions.

Continuing Care Assessment - LOCI (ZLOCI)

Continuing Care Assessment is a treatment activity that can take place with or without the consumer present. The primary clinician, working with appropriate clinical supervision or the agency interdisciplinary team, reviews consumer treatment progress and current functioning. During the review, a LOCI continuing care evaluation is completed, a treatment plan review is completed, and a new plan for the consumer is developed. All participating members of the team and participating consumer shall sign a progress note or treatment plan documenting the review and their participation in it. Documentation must be maintained in the consumer's chart and available for review.
1 unit = Twenty (20) minutes

E&M Visit (new patient) 99202

Requires an expanded problem-focused history, an expanded problem-focused examination and "straightforward" medical decision making. The presenting problems range from low to moderate severity, and the physician typically spends approximately 20 minutes face-to-face with the consumer/family.

Exhibit 5 - NJ Department of Human Services (DHS)
Division of Mental Health and Addiction Services (DMHAS)
DMHAS SUD Enhancements Service Descriptions - Annex A3

ADDITIONAL SERVICES

Urinalysis – Routine and Microscopic (81000)

Additional urinalysis by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, and any number of these constituents; non-automated, with microscopy. Urinalysis is available only to licensed OTPs, under FFS contract, providing medication assisted treatment to consumers. Provider agency must submit an offline payment request to the FFS Unit.