



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

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TO: Independent Clinic- Drug and Alcohol, Hospitals and Prevention Agencies – **For Action**
Managed Care Organizations (MCOs) – **For Information Only**

SUBJECT: Opioid Overdose Recovery Programs (OORPs)

EFFECTIVE: Immediately

PURPOSE: To provide information to Medicaid/NJ FamilyCare fee-for-service (FFS) providers of Opioid Overdose Recovery Program (OORP) Services

BACKGROUND: The New Jersey 1115 Substance Use Disorder (SUD) Demonstration included implementation of an Opioid Overdose Recovery Program (OORP). The Division of Mental Health and Addiction Services (DMHAS) initiated the program based on a recovery model to link individuals recovered from an opioid overdose with appropriate addiction treatment and recovery support services. Contracted OORP providers respond to a referral from an Emergency Department (ED) where Certified Peer Recovery Specialists (CPRSs) meet with the individual to offer support and encouragement. The goal for these peers is to motivate the individual to seek treatment and/or recovery support services. The Division of Medical Assistance and Health Services (DMAHS) will begin coverage of OORP services provided by DMHAS-contracted OORP providers effective immediately. **Only DMHAS-contracted OORP providers may bill Medicaid/NJ FamilyCare for these services.**

The overall goal and mission of the OORP is to:

- Increase linkage to appropriate care in the community
- Expand appropriate service delivery
- End the “revolving door” where individuals cycle in and out of ED never connecting to treatment or recovery support services
- Promote improved recovery, wellness, and healthy lifestyles
- Reduce identifiable behavioral health and physical health risks, including but not limited to HIV, hepatitis, and other blood borne pathogen diseases
Improve health behaviors, clinical outcomes, and quality of life.

An OORP team consists of:

1) The Certified Peer Recovery Specialist

Certification is required for all peer recovery specialists employed by OORP Providers contracted with the State of New Jersey, DMHAS and NJ FamilyCare to provide SUD recovery support services. Acceptable certifications are Certified Peer Recovery Specialist (CPRS) issued by The Addiction Professionals Certification Board of New Jersey NJ or certification as a National Certified Peer Recovery Support Specialist (NCPRSS) issued by the National Association for Alcoholism and Drug Abuse Counselors/National Certification Commission for Addiction Professionals (NAADAC/NCC AP).

OORP peer recovery specialists are dispatched to the ED to provide recovery based services and supports to beneficiaries reversed from an opioid overdose. The initial ED contact must be made by a CPRS. The role of the CPRS shall include, but is not limited to:

- Educating overdose survivors on how to appropriately navigate treatment, social service and recovery support systems
- Being a positive role model to overdose survivors and their families by sharing experiential knowledge, hope, and skills
- Maintaining professional relationships with overdose survivors and families in order to assist individuals in the treatment engagement and retention process
- Reinforcing, guiding, and assuring overdose survivors and their families that recovery is possible and is built on the multiple strengths, coping abilities, and the resources of each individual
- Assisting overdose survivors to obtain skills and resources needed to initiate and sustain recovery
- Coordinating or participating in the development of a care plan with the overdose survivor that is person-centered and includes strategies for recovery

2) The Patient Navigator

Patient Navigators must:

- Be a registered nurse, licensed practical nurse, or an individual with a bachelor's degree in a behavioral health related field, including but not limited to psychology, social work, health science or education, and possess a minimum of two years of SUD-related life or professional experience, or
- Possess an associate degree with four years of SUD-related life or professional experience

The patient navigator's primary role is to refer and link overdose survivors with SUD treatment or recovery supports in the community. The navigator will work with individuals to support and strengthen their capacity to achieve and maintain recovery and engage in health practices.

The role of the Patient Navigator shall include:

- Coordinating or participating in the development of a person-centered care plan that includes strategies for recovery
- Linking overdose survivors with systems that provide resources, services and opportunities
- Developing linkages to resources that address specialized needs, such as agencies providing services related to HIV/AIDS, mental health disorders, chronic and acute health problems, pregnant and parenting women, veterans and problems stemming from involvement with the criminal justice system
- Advocating on behalf of the overdose survivor
- Providing assistance to the peer recovery specialist as needed
- Advocating for appropriate and effective community treatment and recovery
- Empowering overdose survivors to make self-determined and self-directed choices about their recovery pathway
- Referring and providing a warm hand-off directly to an appropriate treatment or recovery support

Care plans require a person-centered planning process that includes the participation of the beneficiary.

3) The Program Supervisor

The program supervisor must have a master's degree in health, psychology, counseling, social work, education or other behavioral health profession and will be responsible for the supervision of the CPRS. The program supervisor shall demonstrate evidence of working with individuals with SUD and/or evidence of addiction coursework. The program supervisor will also be responsible for:

- Supervising program staff (biweekly phone or face-to-face meetings for a minimum of 15 minutes)
- Coordinating and monitoring program services
- Collaborating with systems partners to ensure coordination of care
- Ensuring that CPRSs are trauma informed
- Ensuring services are delivered in a culturally-competent and linguistic manner
- Improving the scope and capacity of the delivery system in order to ensure program sustainability

ACTION: Only Independent Clinic Drug and Alcohol or Prevention Agencies contracted with DMHAS to provide OORP services may enroll as a NJFC OORP provider. Approved OORP providers are eligible for reimbursement for services provided on, or after, July 1, 2019. NJFC providers of peer recovery services must comply with all State and Federal Medicaid regulations and policy.

OORP services must be initiated in the ED following the successful reversal of an opioid overdose. The administration of Naloxone may occur in the ED or in the field prior to

arrival in the ED. The ED shall then consult the OORP to initiate services. The initial OORP encounter must be provided by a CPRS in the ED and shall be billed using one unit of H0038HFX3. Following the ED encounter, the CPRS must provide services as per DMHAS contract for a minimum of one contact per calendar week, for a maximum of seven (7) weeks. Encounters billed outside of the ED are billed with H0038HFX4. In the event that prior to the completion of the full eight (8) weeks the individual again overdoses on an opioid and is successfully reversed, the eight weeks shall restart by billing another H0038HFX3 for services provided in the ED.

Each time OORP services are initiated, the CPRS shall continue engagement efforts until they successfully assist with connecting the individual to SUD services, or, up to a maximum of seven (7) follow up weekly visits. Once connected, the OORP shall offer encouragement and support to maintain services.

The DMHAS-contracted OORP must be a Medicaid Independent Clinic Drug and Alcohol or Prevention Agency only. The CPRSs employed by an independent clinic must obtain an NPI number by applying online at <https://nppes.cms.hhs.gov>. A Peer addendum form must be completed so that the NPI can be linked to the OORP clinic provider for successful billing. These addendums are available on www.njmmis.com. **Services provided by the navigator or supervisor are included in the bundled rate and are not billed separately. OORP navigators and supervisors do not need to obtain an NPI or complete an addendum.**

If the DMHAS-contracted OORP is a prevention agency, the CPRSs must be identified on the Medicaid FFS provider enrollment application when completed. **A separate addendum is not required.** Applications are available on www.njmmis.com under OORP Prevention Agency.

Recordkeeping

All Medicaid/NJ FamilyCare reimbursed SUD services require a treatment plan to guide service provision. The OORP navigator is responsible for ensuring a treatment plan is created and updated to meet individual needs. The plan should include input from the individual receiving services and should be signed by the navigator, CPRS and individual receiving services. If the individual refused to sign, the navigator or CPRS should document the reason for no signature on the plan.

At a minimum, a beneficiary's record shall include a progress note for each visit which supports the peer services being billed. The progress note shall indicate the specific service rendered, the duration of the service provided, the setting in which the service was provided, and the outcome of the intervention such as, but not limited to, progress toward the identified goals.

Billing

The codes listed below are used for billing OORP services. OORP is a bundled services consisting of one (1) unit of H0038HFX3 and a maximum of seven (7) units of H0038HFX4 per episode of care. The individual receiving OORP services must receive services from the same billing provider over the course of the allowed eight (8) weeks. The billing provider may utilize different servicing provider NPIs for different CPRSs if necessary. The billing provider must list the peer NPI on the claim as the rendering provider. The agency NPI and provider number shall be listed as the billing provider.

Providers	Units of Service	Rates
Medicaid independent clinic SUD or prevention agencies contracted with DMHAS to Provide OORP specific services.	Initial unit of service for services provided in the ED following opioid reversal	H0038HFX3 \$55.00
	Subsequent units billed weekly (limited to seven weeks following an opioid reversal)	H0038HFX4 \$55.00

If you have any questions concerning this Newsletter, please contact the Medicaid/NJ FamilyCare Office of Customer Service at 609-588-2765.

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