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State/Territory Name: **North Carolina**

State Plan Amendment (SPA) #: **21-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 12, 2021

Dave Richard

Deputy Secretary, NC Medicaid

North Carolina Department of Health and Human Services

2501 Mail Service Center

Raleigh, NC 27699-2501

Re: North Carolina State Plan Amendment (SPA) 21-0006

Dear Mr. Richard:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0006. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. This letter is to inform you that North Carolina's Medicaid SPA Transmittal Number 21-0006 was approved on November 10, 2021 effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ("SUPPORT Act"), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Social Security Act (the Act) to require state Medicaid plans to include coverage of MAT for all individuals eligible to enroll in the state plan or waiver of the state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

... all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] ... with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 12, 2021 allowing North Carolina to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to

submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.


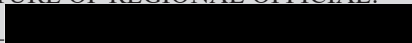
If you have any questions, please contact William Pak at (404) 562-7407 or via email at William.Pak@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covering the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

cc: Melanie E. Bush
Emma Sandoe
Betty J. Staton

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 21-0006	2. STATE NC
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2020	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
Section 1905(a)(29) of the Social Security Act.		7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$0.00 b. FFY 2022 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1 A.1, Pages 14 and 15a.9 Supplement 4 to Attachment 3.1-A, Pages 1-6 (New) Attachment 4.19 B, Section 29, 1905(a)(29) New		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1 A.1 Pages 9, 14 and 15a.9	
10. SUBJECT OF AMENDMENT: Medication Assisted Treatment Services			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Secretary <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014	
13. TYPED NAME: Mandy Cohen, MD, MPH			
14. TITLE: Secretary			
15. DATE SUBMITTED: 3/30/2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 31, 2021		18. DATE APPROVED: November 10, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Jame G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS: Pen and ink change authorized by state via email on 7/16/2021 to include Attachment 4.19 B page in box 8. Pen and ink change approved via email on 9/8/2021 and 11/12/2021 to include Supplement 4 to Attachment 3.1-A, (Pages 1-6) and to remove Attachment 3.1-A.1 Pages 9, 14, and 15a.9 in boxes 8 and 9.			

State Plan under Title XIX of the Social Security Act
State/Territory: North Carolina

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(29) __X__MAT as described and limited in Supplement 4 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

State Plan under Title XIX of the Social Security Act
State/Territory: North Carolina

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020 and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological drugs licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.
Counseling services in MAT include Individual Counseling, Group Counseling, Family Counseling utilizing a broad range of therapies such as

State Plan under Title XIX of the Social Security Act

State/Territory: North Carolina**1905(a)(29) Medication-Assisted Treatment (MAT)**

Cognitive Behavior Therapy and Solution-Focused Brief Therapy techniques. Family therapy that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

Peer Support Services (PSS) is also offered in North Carolina. PSS are an evidenced-based mental health model of care that provides community-based recovery services directly to a Medicaid-eligible adult beneficiary diagnosed with an opioid use disorder (OUD) and is part of the medication assisted treatment for OUD. PSS are provided one-on-one to the beneficiary or in a group setting. Providing one-on-one support builds on the relationship of mutuality between the beneficiary and CPSS; supports the beneficiary in accomplishing self-identified goals; and may further support the beneficiary's engagement in treatment. PSS provided in a group setting allow the beneficiary the opportunity to engage in structured services with others that share similar recovery challenges or interest; improve or develop recovery skills; and explore community resources to assist the beneficiary in his or her recovery. PSS are based on the beneficiary's needs and coordinated within the context of the beneficiary's Person-Centered Plan.

- b) Please include each practitioner and provider entity that furnishes each service and component service.

Counselors providing counseling services within MAT may include any of the following licensed professionals:

- Licensed Clinical Addiction Specialists (LCAS)
- Licensed Clinical Addition Specialists Associates (LCAS-A)
- Licensed Clinical Social Worker (LCSW)
- Licensed Clinical Social Worker Associates (LCSW-A)
- Licensed Psychologist (Ph. D)
- Licensed Psychologist Associate (LPA)
- Certified Peer Support Specialists

State Plan under Title XIX of the Social Security Act
State/Territory: North Carolina

1905(a)(29) Medication-Assisted Treatment (MAT)

- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.
- LCAS: Must possess a Master's Degree, 2000-4000 hours post-Masters experience & passage of the IC&RC AADC Exam and have a valid license or certification from the NC Addiction Specialists Professional Practice Board.
 - LCAS-A: Associate status, must possess a Master's Degree, 300 hours of supervised post-master's practicum and supervision agreement while pursuing full LCAS licensure. LCAS-A licensure from the NC Addiction Specialists Professional Practice Board.
 - LCSW: Must possess MSW, DSW, or PhD in Social Work, passage of ACSWB clinical level exam and possess a minimum of 3000 hours of post-MSW paid clinical employment appropriately supervised clinical practice accumulated in a period of 2-6 years. Certification or licensure by the North Carolina Social Work Certification and Licensure Board (LCSWCLB).
 - LCSW-A: Must possess MSW, DSW, or PhD in Social Work and pursuing the requirements of a fully licensed LCSW (noted above).
 - LP/Ph.D.: Must possess a PhD in psychology, passage of examination for professional practice in psychology (EPPP) and possess a minimum of 3000 hours of supervised experience in the practice of psychology. And, licensed by the North Carolina Psychology Board.
 - LPA: Licensed Psychologists Associates must possess a Master's Degree in Psychology, possess 500 hours of supervised experience, passage of the EPPP. Licensed Psychologists Associates are required to be supervised by a licensed psychologist for their clinical activities.
 - The Certified Peer Support Specialist must be 18 years of age or older, have lived experiences in SUD, been in recovery for at least one year, possess a high school diploma and completed 40 hours of Peer Support Specialist (PSS) training. Certified Peer Support Specialists are supervised by a competent mental health professional.

State Plan under Title XIX of the Social Security Act
State/Territory: North Carolina

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

iv. Utilization Controls

☒ The state has drug utilization controls in place. (Check each of the
following that apply)

- ☐ Generic first policy
- ☒ Preferred drug lists
- ☒ Clinical criteria
- ☒ Quantity limits

☐ The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs,
biologicals, and counseling and behavioral therapies related to MAT.

Limits on counseling.

- MAT drugs are covered in the Outpatient Pharmacy Program in accordance with the SUPPORT Act. Drugs listed as non-preferred on the PDL require prior authorization. The duration of treatment is determined by the prescriber.

State Plan under Title XIX of the Social Security Act
State/Territory: North Carolina

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020 and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

Medication Assisted Treatment (MAT)

The reimbursement for unbundled prescribed Medication Assisted Treatment (MAT) drugs and biologicals used, dispensed, and administered to treat opioid use disorder (OUD) will be reimbursed using the same reimbursement methodology as described for prescribed drugs located in Attachment 4.19-B, section 12.

The reimbursement for counseling services and behavioral therapy associated with the unbundled prescription of Medication Assisted Treatment (MAT) drugs and all biologicals used, dispensed, and administered to treat opioid use disorder (OUD) will be reimbursed using the rates outlined under the Medicaid enhanced-mental health services fee schedules and other behavioral health services.

Rates are published on the website at <https://medicaid.ncdhhs.gov/providers/fee-schedules/enhanced-mental-health-services-fee-schedules>; <https://medicaid.ncdhhs.gov/providers/fee-schedules/other-behavioral-health-services>.