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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 23-0014

This file contains the following documents in the order listed:

- 1) Corrected Approval Letter
- 2) Originally Issued Approval Letter
- 3) Corrected CMS 179 Form/Summary Form (with 179-like data)
- 4) 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 3, 2023

Jay Ludlam
Deputy Secretary of Medical Assistance
Division of Medical Assistance
2001 Mail Service Center
1985 Umstead Drive
Raleigh, NC 27699-20014

Re: North Carolina State Plan Amendment (SPA) 23-0014

Dear Deputy Secretary Ludlam:


Enclosed please find a corrected approval package for your North Carolina State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0014. This SPA, Clinically Managed Residential Withdrawal Management, was originally approved on October 5, 2023. The approval package sent to North Carolina included the following errors:

- the approval package included the incorrect version of Form 179,
- the approval package included Attachment 3.1-A.1, Page 15a.2-C.3 in error; and
- the approval package included the incorrect version of Attachment 3.1-A1, Page 15a.12-B.

The enclosed corrected package contains the original signed letter, the corrected CMS Form 179, and the corrected SPA pages.

If you have any questions, please contact Morlan Lannaman at (470) 890-4232 or via email at Morlan.Lannaman@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Betty J. Staton, NC DHHS
Emma Sandoe, NC DHHS

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

October 5, 2023

Jay Ludlam
Deputy Secretary of Medical Assistance
Division of Medical Assistance
2001 Mail Service Center
1985 Umstead Drive
Raleigh, NC 27699-20014

Re: North Carolina State Plan Amendment (SPA) 23-0014

Dear Deputy Secretary Ludlam:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under Transmittal Number 23-0014. This amendment would allow Medicaid to reimburse for Clinically Managed Residential Withdrawal Management. This level of care will provide beneficiaries access to residential level of care to support withdrawal management that focuses on clinical interventions, with a special emphasis on peer and social supports, instead of medically managed and supervised withdrawal management.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that North Carolina's SPA 23-0014 was approved on October 5, 2023, with an effective date of July 1, 2023.

If you have any questions, please contact Morlan Lannaman at (470) 890-4232 or via email at Morlan.Lannaman@cms.hhs.gov.

Sincerely,

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

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Betty J. Staton, NC DHHS
Emma Sandoe, NC DHHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 4

2. STATE

NC

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 01, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 23 \$ 226,183

b. FFY 24 \$ 787,550

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Section 13, Page 28, Attachment 3.1-A.1, Page 15a.12-B (new)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, Section 13, Page 28

9. SUBJECT OF AMENDMENT

Clinically Managed Residential Withdrawal Services

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Secretary

11. DATE AGENCY OFFICIAL

15. RETURN TO

Office of the Deputy Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-20014

12. TYPED NAME
Jay Ludlam

13. TITLE
Deputy Secretary

14. DATE SUBMITTED
8/15/2023

FOR CMS USE ONLY

16. DATE RECEIVED
08/15/2023

17. DATE APPROVED
10/05/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Rehabilitative Services for Behavioral Health

(xvi) Clinically Managed Residential Withdrawal Services – ASAM Level 3.2-WM

Clinically Managed Residential Withdrawal Services, ASAM Level 3.2-WM, is an organized service provided with 24-hour supervision, observation, and support for individuals who are intoxicated or experiencing withdrawal. This service is designed to safely assist individuals through withdrawal without the need for on-site access to medical and nursing personnel. Programs are staffed to supervise self-administered medications for the management of withdrawal.

Staffing includes:

- a licensed physician and physician extender;
- licensed clinical addiction specialist (LCAS) or associate level LCAS;
- certified alcohol and drug counselor (CADC) or certified substance abuse counselor (CSAC); and
- qualified professionals, associate professionals, paraprofessionals (as defined in Attachment 3.1-A.1 Pages 15a.14-15) and NC Certified Peer Support Specialists.

Services provided include clinical services to assess and address the needs of each individual, person centered plan development and implementation, appropriate medical services, individual and group counseling or therapy, withdrawal support, health education services, peer support services, and involvement of families and significant others as appropriate, and discharge or transfer planning. Services that involve family or other collaterals are provided for the direct benefit of the beneficiary. This service must be ordered by a medical doctor, PhD psychologist, nurse practitioner, or physician assistant.

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

28) Clinically Managed Residential Withdrawal Services (Adult – H0011)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Clinically Managed Residential Withdrawal Services. The agency's fee schedule rate of \$248.51 per diem was set as of July 1, 2023 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at https://ncdhhs.servicenowservices.com/fee_schedules.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a. 12-B.

NC Medicaid is not reimbursing room and board for this service.

TN No: 23-0014

Supersedes

TN No: 14-032

Approval Date: 10/05/2023

Effective Date: 07/01/2023