

## **Table of Contents**

**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 23-0018**

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

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October 26, 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) 23-0018

Dear Deputy Secretary Ludlam:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under Transmittal Number 23-0018. This SPA change will amend the State Plan to include the Ambulatory Detoxification Program and to assign a reimbursement rate of \$18.18 per 15-minute increment.

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 23-0018 was approved on October 25, 2023, with an effective date of July 01, 2023.

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

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 8

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 \$ 10,756  
b. FFY 24 \$ 42,132

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Attachment 3.1-A.1, Page 15a.2-C.1(new); Attachment 3.1-A.1, Page 15a.12; Attachment 4.19-B, Section 13, Page 3~~

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A.1, Page 15a.12; Attachment 4.19-B, Section 13, Page 3

9. SUBJECT OF AMENDMENT

Ambulatory Withdrawal Mgmt w/o Extended On-Site Monitoring (formerly known as Ambulatory Detoxification Program)

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. SIGNATURE OF AGENCY OFFICIAL

12. TYPED NAME  
Jay Ludlam

13. TITLE  
Deputy Secretary

14. DATE SUBMITTED 07/17/23 | 9:47 AM EDT

15. RETURN TO

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

**FOR CMS USE ONLY**

16. DATE RECEIVED  
08/07/2023

17. DATE APPROVED  
10/25/2023

**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

NC request Pen and Ink change to strike out Attachment 3.1-A.1, Page 15a.2-C.1(new) from CMS 179

13. D. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)  
Description of Services

- (xv) Ambulatory Withdrawal Management without Extended On-Site Monitoring – ASAM Level I-WM  
(Formally known as Ambulatory Detoxification)

Ambulatory Withdrawal Management without Extended On-Site Monitoring in ASAM Level I-WM is an organized outpatient service that provides medically supervised evaluation, withdrawal management, and referral services according to a predetermined schedule. Service is for a beneficiary who is assessed to be at minimal risk of severe withdrawal, free of severe physical and psychiatric complications and can be safely managed at this level. Service is designed to treat a beneficiary's level of clinical severity and to achieve safe and comfortable withdrawal from alcohol and other substances to effectively facilitate the beneficiary's transition into ongoing treatment and recovery. Services are provided in regularly scheduled sessions and should be delivered under a defined set of policies and procedures and medical protocols. Staffing includes licensed physicians, physician assistants, nurse practitioners, registered nurses, and licensed clinical addiction specialists (LCAS) or associate level LCAS. Staff providing direct care to beneficiaries must be licensed or certified by the State. This service must be ordered by a MD, Physician Assistant, or Nurse Practitioner.

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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3) Ambulatory Withdrawal Management Without Extended Onsite Monitoring (H0014)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Ambulatory Detoxification. The agency's fee schedule rate of \$18.18 per 15 minutes 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](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 7c.9, Paragraph 4.b.(8), subparagraph (j) and Attachment 3.1-A.1 Page 15a.12, Paragraph 13.D., subparagraph (xv).

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

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TN No: 23-0018

Supersedes

TN No: 14-032

Approval Date: 10/25/2023

Effective Date: 07/01/2023