

## **Table of Contents**

**State/Territory Name: NORTH CAROLINA**

**State Plan Amendment (SPA) #: NC-24-0034**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

December 13, 2024

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

RE: TN 24-0034

Dear Deputy Secretary Ludlam,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed North Carolina State Plan Amendment (SPA) to Attachment 4.19-B 24-0024, which was submitted to CMS on October 24, 2024. This plan amendment updates the Ambulatory Withdrawal Management without Extended On-Site Monitoring (Ambulatory Detoxification) 1WM.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of October 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

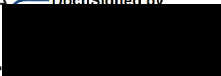

If you have any additional questions or need further assistance, please contact Ysabel Gavino via email at [Maria.Gavino@cms.hhs.gov](mailto:Maria.Gavino@cms.hhs.gov).

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<div>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</div>		1. TRANSMITTAL NUMBER <div>24 — 0034</div>	2. STATE <div>NC</div>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <div><input checked="" type="radio"/> XIX <input type="radio"/> XXI</div>	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <div>October 01, 2024</div>	
5. FEDERAL STATUTE/REGULATION CITATION <div>42 CFR 447.201</div>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <div>25</div> \$ <div>303,099</div> b. FFY <div>26</div> \$ <div>303,110</div>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <div>Attachment 4.19-B, Section 13, Page 3</div>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <div>Attachment 4.19-B, Section 13, Page 3</div>	
9. SUBJECT OF AMENDMENT <div>Ambulatory Withdrawal Management without Extended On-Site Monitoring (ambulatory detoxification) 1WM</div>			
10. GOVERNOR'S REVIEW (Check One) <div><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED: Secretary</div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL <div></div>		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 10/08/24   12:34 PM EDT			
FOR CMS USE ONLY			
16. DATE RECEIVED October 24, 2024		17. DATE APPROVED December 13, 2024	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2024		19. SIGNATURE OF APPROVING OFFICIAL <div></div>	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion		21. TITLE OF APPROVING OFFICIAL Director, FMG Division of Reimbursement Review	
22. REMARKS			

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.

Effective October 1, 2024, the agency's published Enhanced Mental Health Services fee schedule rates are effective for services provided on or after that date. The Enhanced Mental Health Services fee schedule is published on the Division of Health Benefits 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 15a.12, Paragraph 13.D. subparagraph (xv).

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

In the event this service is operated by a 638 Compact or Indian Health Service Provider, the rate of reimbursement shall be the All-Inclusive Rate (AIR) established on an annual basis as published in the Federal Register.

In the event this service is operated by a 638 Compact or Indian Health Service Provider and is not covered under the criteria to receive the All-Inclusive Rate (AIR), the provider is subject to the NC Medicaid Fee Schedule or other agreed upon rate(s) by the payor.

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TN No: 24-0034

Supersedes

TN No: 23-0018

Approval Date: 12/13/2024

Effective Date: 10/01/2024