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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) 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

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 solid black rectangular box redacting 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.2-C.3 (new), 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. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Jay Ludlam

13. TITLE
Deputy Secretary

14. DATE SUBMITTED
8/15/2023

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
08/15/2023

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

Staff qualifications for each specific service. (Continued)

Service	Agency Qualifications		Staff Qualifications					
			Authorization	See Definitions for QP, AP, PP in Text of SPA:			Medical Coverage	
	Licensed		Credentialed	Service Ordered by: MD, Nurse Practitioner, Physicians Assistant or PhD Psychologist			Qualified Professional (QP), includes SA Professionals	
SA Non-Medical Community Residential Tx	X	X	X	X	X	X		
SA Medically Monitored Residential Tx	X	X	X	X	X	X	X	X
Ambulatory Detoxification	X	X	X	X	X	X	X (provides assessment w/n 24 hrs.)	X (provides admission assessment /monitors tx
Clinically Managed Residential Withdrawal Services		X	X	X	X	X	X	X
Non-hospital Medical Detoxification	X	X	X	X	X	X	X (provides assessment w/n 24 hrs.)	X (provides admission assessment /monitors tx
Medically Monitored or Alcohol Drug Addiction Tx Center Detoxification/ Crisis Stabilization	X	X	X	X	X	X	X Service delivered by medical and nursing staff/24 hour medically supervised evaluation and withdrawal management	

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

Clinically Managed Residential Withdrawal Services in ASAM Level 3.2-WM is an organized service that may be delivered by appropriately trained staff, who provide 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, associate level licensed clinical addiction specialist or certified alcohol and drug counselor or certified substance abuse counselor and other appropriately credentialed personnel (qualified professionals, associate professionals, paraprofessionals, and 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 (referral and linkage to counseling, medical, psychiatric, and continuing care). Documentation must include: a service note that includes the recipient's name, Medicaid identification number, date of service, purpose of contact, describes the provider's interventions, time spent performing the intervention, effectiveness of the intervention, and the signature of the staff providing the service. Concurrent review may occur after 72 hours of service has been rendered to determine on-going medical necessity. 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