




NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits

**ROY COOPER** • Governor  
**KODY H. KINSLEY** • Secretary  
**JAY LUDLAM** • Deputy Secretary, NC Medicaid

**SIGNATURE REQUEST MEMORANDUM**

**TO:** Jay Ludlam 

**FROM:** Betty J. Staton, SPA Manager

**RE:** State Plan Amendment

Title XIX, Social Security Act  
Transmittal #2023-0015

**Purpose**

Attached for your review and signature is a Medicaid State Plan amendment, summarized below, and submitted on July 24, 2023, with a due date of July 28, 2023.

**Clearance**

This amendment has been reviewed for both accuracy and completeness by:

*Betty J. Staton, Emma Sandoe, Melanie Bush, Lotta Crabtree, Adam Levinson*

**Background and Summary of Request**

It is recommended that you sign this State Plan Amendment submission per Centers for Medicare and Medicaid Services (CMS) protocol as head of the Single State Agency administering the Medicaid program.

Please find attached a State Plan Amendment (SPA) that update Non-Hospital Medical Detoxification to Medically Monitored Inpatient Withdrawal Services to align with The ASAM Criteria. Medically Monitored Inpatient Withdrawal Service is part of the American Society of Addiction Medicine (ASAM) level of care continuum, and provides a community based, medically monitored level of withdrawal management service for beneficiaries the need 24-hour observation, monitoring and treatment in a residential setting.

The proposed effective date is July 01, 2023.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me at (919) 538-3215.

**Staff qualifications for each specific service. (Continued)**

Service	Agency Qualifications		Staff Qualifications					Medical Coverage	
			Authorization	See Definitions for QP, AP, PP in Text of SPA:					
	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	
<u>Medically Monitored Inpatient Withdrawal Service</u>	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		

TN No: 23-0015  
Supersedes  
TN No: 12-014

Approval Date:

Effective Date: 07/01/2023

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

Medically Monitored Inpatient Withdrawal Service – ASAM Level 3.7-WM (Formally known as Non-Hospital Medical Detoxification)

Medically Monitored Inpatient Withdrawal Service in ASAM Level 3.7-WM is an organized service delivered by medical and nursing professionals, which provides 24-hour evaluation and withdrawal management in a licensed facility. This level provides care to beneficiaries whose withdrawal signs and symptoms are sufficiently severe to require 24-hour observation, monitoring, and treatment in a residential setting. Medically Monitored Inpatient Withdrawal Service programs are staffed by physicians, who are available 24 hours a day and are active members of an interdisciplinary team of appropriately trained professionals, and who medically manage the care of the beneficiary. Staffing includes licensed physicians, registered nurses, licensed clinical addiction specialists or associate level licensed clinical addiction specialists, certified substance abuse counselors and other appropriately credentialed personnel (physician assistant, nurse practitioner, licensed nurse, qualified professional, associate professional, paraprofessional, and certified peer support specialist). Services provided include daily 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, nurse monitoring of the patient's progress and medication administration, health education services, involvement of families and significant others as appropriate, and discharge or transfer planning (referral and linkage to counseling, medical, psychiatric, and continuing care). This service must be ordered by a psychiatrist, Ph.D psychologist, nurse practitioner, or physician assistant. 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.

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TN No: 23-0015  
Supersedes  
TN No: 21-0021

Approval Date:

Effective Date: 07/01/2023

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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11) Medically Monitored Inpatient Withdrawal Services (Non Hospital Medical Detoxification)  
(Adult – H0010)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medically Monitored Inpatient Withdrawal Services (Non Hospital Medical Detoxification.) The agency's fee schedule rate of \$358.74 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](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-A, Paragraph 13.D, subparagraph (xvi).

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

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TN No: 23-0015

Supersedes

TN No: 14-032

Approval Date:

Effective Date: 07/01/2023