




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 ^{DS}

FROM: Betty J. Staton, SPA Manager

RE: State Plan Amendment

Title XIX, Social Security Act
Transmittal #2023-0018

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 include the Ambulatory Detoxification Program to assign a reimbursement rate of \$18.18 per 15-minute increment. This policy is being revised to reflect the 2013 American Society of Addiction Medicine (ASAM) language and criteria for this service. Proposed revisions include clarification of service and staffing requirements, rewriting this as a stand-alone policy as opposed to a part of a larger policy as is currently done and updating ASAM language and criteria from the ASAM Criteria Manual, 2013.

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.

NC MEDICAID

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH BENEFITS

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 Withdrawal Management Without Extended Onsite Monitoring	X	X	X	X	X	X	X (provides assessment w/n 24 hrs.)	X (provides admission assessment /monitors tx
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	

TN No: 23-0018

Supersedes

TN No: NEW

Approval Date:

Effective Date: 07/01/2023

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

Ambulatory Withdrawal Management without Extended On-Site Monitoring – ASAM Level 1-WM (Formally known as Ambulatory Detoxification)

Ambulatory Withdrawal Management without Extended On-Site Monitoring in ASAM Level 1-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. Service is provided in regularly scheduled sessions and should be delivered under a defined set of policies and procedures or medical protocols. Staffing includes appropriately trained licensed physicians, registered nurses, LCAS or LCAS-Associate. This service must be ordered by a MD, Physician Assistant, or Nurse Practitioner. Concurrent review must occur after 72 hours of service has been rendered to determine ongoing medical necessity for the service or the need to move up or down the continuum of services to another level of care.

TN No: 23-0018
Supersedes
TN No: 07-003

Approval Date:

Effective Date: 07/01/2023

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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.

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.

TN No: 23-0018

Supersedes

TN No: 14-032

Approval Date:

Effective Date: 07/01/2023