



STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

KODY H. KINSLEY  
SECRETARY

July 24, 2023

James Scott, Director  
Division of Program Operations  
Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
601 East 12th Street Room 355  
Kansas City, Missouri 64106

SUBJECT: State Plan Amendment  
Title XIX, Social Security Act  
Transmittal #2023-0018

Dear Mr. Scott:

Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program. The affected pages are Attachment 3.1-A.1, Page 15a.2-C.1; Attachment 3.1-A.1, Page 15a.12; and Attachment 4.19-B, Section 13, Page 3.

This State Plan Change will allow Medicaid to 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 of the SPA is July 01, 2023.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at (919) 538-3215.

Sincerely,

DocuSigned by:  
A handwritten signature in black ink that reads "Jay Ludlam".  
06565C1C2A8F4C8...

Jay Ludlam  
Deputy Secretary

Enclosures

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.

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TN No: 23-0018

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TN No: 07-003

Approval Date:

Effective Date: 07/01/2023

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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Supersedes

TN No: 14-032

Approval Date:

Effective Date: 07/01/2023