



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 #2024-0017

Purpose

Attached for your review and signature is a Medicaid State Plan Amendment (Substance Abuse Intensive Outpatient Program (SAIOP) summarized below, and submitted on April 9, 2024, with a due date of April 15, 2024.

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 includes the Substance Abuse Intensive Outpatient Program (SAIOP) and to assign a reimbursement rate of \$255.28 per diem rate. 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 May 01, 2024.

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

State Plan Under Title XIX of the Social Security Act
 Medical Assistance Program
 State: North Carolina

4.b. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)
Description of Services

(i) **Substance Abuse Intensive Outpatient (SAIOP) ASAM Level 2.1**

This service provides intensive outpatient structured programming for an adolescent or adult beneficiary diagnosed with a primary substance use disorder. SAIOP is an American Society of Addiction Medicine (ASAM) Level 2.1 service that provides 6 to 19 hours of structured programming for an adolescent beneficiary and 9 to 19 hours for an adult beneficiary.

This service includes:

- Individual therapy, counseling, and support
- Group therapy, counseling, and support
- Family counseling and support
- Biochemical assessments to identify recent drug use (e.g. urine drug screens)
- Coordination and referral for ancillary services
- Education on relapse prevention and the development of social support systems
- Education on life skills and crisis contingency planning
- Education on physical health management
- Reproductive health education
- Service coordination activities

Family counseling and support and group counseling, therapy and support are provided only for the direct benefit of the beneficiary.

SAIOP shall support a beneficiary who is prescribed or would benefit from medications, including medications for opioid use disorder (MOUD), to address their substance use or mental health diagnosis. Coordination of care with a prescribing physician is required.

This service must be provided in a facility licensed by the State or by an Indian Health Service (IHS) or 638 contract or compact operated by a Federally Recognized Tribe as allowed in USC CH. 18: INDIAN HEALTH CARE §1621t Licensing and §1647a Nondiscrimination under federal health care programs in qualifications for reimbursement services.

This service can only be provided by qualified substance abuse professional staff with the following NC licenses or certifications:

- Certified substance abuse counselors (CSAC) or certified alcohol and drug counselors (CADC), CADC-Interns [A CADC-Intern is a CADC applicant who has passed the International Certification & Reciprocity Consortium (IC & RC) Alcohol and Drug Counselor Exam and completed 300 hours of supervised work with a Certified Clinical Supervisor (CCS) or Clinical Supervisor Intern (CSI) at a ratio of one hour of supervision per ten hours of work]; and
- Licensed clinical addiction specialists (LCAS), associate level LCAS, certified clinical supervisor (CCS).

This service must be ordered by a physician, licensed psychologist, physician assistant or nurse practitioner.

In accordance with 25 U.S.C. 1621t, licensed health professionals employed by a tribal health program are exempt, if licensed in any state, from the licensing requirements of the State (North Carolina) in which the tribal health program performs the services described in the contract or compact of the tribal health program under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

TN No: 24-0017

Supersedes

TN No: 13-010

Approval Date:

Effective Date: 05/01/2024

MEDICAL ASSISTANCE
State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

8) Substance Abuse Intensive Outpatient Program (SAIOP) H0015

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Substance Abuse Intensive Outpatient Program (SAIOP). The agency's fee schedule rate of \$131.56 per diem was set as of July 1, 2012. The fee schedule is published on the Division of Health Benefits website at https://ncdhhs.servicenow.com/fee_schedules

Effective May 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.servicenow.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.8, Paragraph 4.b., subparagraph (i).

The facilities providing this service are not IMD facilities and 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.

TN No: 24-0017
Supersedes
TN No: 22-0008

Approval Date:

Effective Date: 05/01/2024