




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: Ashley Blango, SPA Coordinator
RE: State Plan Amendment

Title XIX, Social Security Act
Transmittal #2024-0022

Purpose

Attached for your review and signature is a Medicaid State Plan Amendment (Clinically Managed Residential Services (Adolescents, Adults, Pregnant and Parenting Women) 8D-5 ASAM Level 3.5) summarized below, and submitted on May 13, 2024, with a due date of May 15, 2024.

Clearance

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

Ashley Blango, 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.

Clinically Managed Residential Services, The American Society of Addiction Medicine (ASAM) Criteria, Level 3.5 (2013), is a service included in the 1115 SUD Demonstration Waiver approved in October 2018. Please find attached a State Plan Amendment (SPA) that amends amended to expand the service to adolescents, adults and pregnant or parenting women, and align with ASAM Criteria Level 3.5 (2013). This level of care provides services within a 24-hour structured, safe, and stable living environment to beneficiaries with functional limitations due to a substance use disorder, to develop and demonstrate efficient recovery skills.

The proposed effective date of the SPA is July 01, 2024.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me or Ashley Blango at 919-812-6145.

State Plan Under Title XIX of the Social
Security Act Medical Assistance Program
State: NORTH CAROLINA

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

(xiii) Clinically Managed Residential Services (Substance Abuse Non-Medical Community Residential Treatment)

Clinically Managed Residential Services are designed for an adolescent, adult, or a pregnant and parenting beneficiary who, because of specific functional limitations due to their substance use disorder, needs a 24-hour structured, safe, and stable living environment. Clinically Managed Residential Services is an American Society of Addiction Medicine (ASAM) Criteria, Third Edition, 2013 Level 3.5 service for a beneficiary with significant social and psychological issues complicating their care.

Services provided include:

- a clinical assessment,
- individual and group therapy and counseling sessions,
- person centered plan development,
- referral to and support accessing medical services,
- health education services,
- recreation or creative expressive arts therapies,
- peer support services,
- involvement of families and significant others as appropriate, and
- discharge or transfer planning.

Staffing includes certified clinical supervisors, licensed clinical addiction specialists (LCAS), associate level LCAS, certified substance abuse counselors (CSAC), certified alcohol and drug counselors (CADC), CADC-Interns (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 1 hour of supervision per 10 hours of work), Licensed Clinical Social Worker (LCSW), Licensed Clinical Social Worker Associate (LCSWA), Licensed Clinical Mental Health Counselor (LCMHC), Licensed Clinical Mental Health Counselor Associate (LCMHCA), Licensed Marriage and Family Therapist (LMFT), or a Licensed Marriage and Family Therapist Associate (LMFTA), licensed recreation therapists, registered art therapists, board certified music therapists, and other credentialed personnel (qualified professionals, associate professionals, paraprofessionals, and certified peer support specialists). This service must be ordered by a physician, Nurse Practitioner, or Physician Assistant.

TN No: 24-0022

Approval Date:

Effective Date: 07/01/2024

Supersedes

TN No: 21-0021

MEDICAL ASSISTANCE

State: North CarolinaPAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

9) Clinically Managed Residential Services (Substance Abuse Non-Medical Community Residential Treatment)

- a) Adolescent Criteria (H0012 HA)
- b) Adult Criteria (H0012 HB)
- c) Pregnant and Parenting Women (H0012 HD)

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 Services (Substance Abuse Non-Medical Community Residential Treatment). The agency's fee schedule rate of \$155.81 per diem was set as of July 1, 2012, and is effective for services provided on or after that date. The fee schedule is published on the agency's website at https://ncdhhs.servicenow.com/fee_schedule

Effective July 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 agency's website at https://ncdhhs.servicenow.com/fee_schedules.

These services will be provided by directly 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.11, Paragraph 13.D, subparagraph (xiii).

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: 24-0022
Supersedes
TN No: 14-032

Approval Date:

Effective Date: 07/01/2024