




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 <sup>DS</sup>  
**FROM:** Ashley Blango, SPA Coordinator  
**RE:** State Plan Amendment  
  
Title XIX, Social Security Act  
Transmittal #2024-0016

**Purpose**

Attached for your review and signature is a Medicaid State Plan Amendment (Substance Abuse Comprehensive Outpatient Treatment (SACOT)) summarized below, and submitted on September 18, 2024, with a due date of September 18, 2024.

**Clearance**

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

*Ashley Blango, Betty J. Staton, Kathryn Horneffer, Lotta Crabtree, Adam Levinson, Melanie Bush*

**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 Comprehensive Outpatient Treatment (SACOT). The State Plan for SACOT is being amended to apply an inflationary percentage increase to the current reimbursement rate. This rate increase is intended to sustain provider participation within the Medicaid program, address some of the increased cost of the service, and support access to care statewide.

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

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

MEDICAL ASSISTANCE  
State: North Carolina

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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

6) Substance Abuse Comprehensive Outpatient Treatment Program (H2035) (SACOT)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Substance Abuse Comprehensive Outpatient Treatment Program. The agency’s fee schedule rate of \$45.35 per hour was set as of July 1, 2012. The fee schedule is published on the Division of Health Benefits at [https://ncdhhs.servicenowservices.com/fee\\_schedules](https://ncdhhs.servicenowservices.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.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.10, Paragraph 13.D., subparagraph (xii).

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.

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TN No: 24-0016  
Supersedes  
TN No: 22-0008

Approval Date:

Effective Date: 08/01/2024