

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

September 12, 2024

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 #2024-0017

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.

This State Plan 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 or Ashley Blango at (919) 812-6145.

Sincerely,

DocuSigned by:

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Jay Ludlam
Deputy Secretary

Enclosures

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: 08/01/2024