



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

April 16, 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 #2024-0020

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 Change will include Clinically Managed Low-Intensity Residential Treatment Services as a new Medicaid service being added to the State Plan and assigned a daily per diem reimbursement rate. This policy is being revised to reflect the 2013 American Society of Addiction Services are provided in a 24- hour residential facility with clinical and supportive services. Clinically Managed Low-Intensity Residential Treatment Services is designed for adult beneficiaries who experience functional limitations due to a substance use disorder; have living situations that are incompatible with their recovery goals; and would benefit from a structured, safe, and supportive living environment. Clinical and supportive services include individual, group, and family therapy; referral and coordination for medication management, medication education, mental health evaluation and treatment as medically necessary; referral for laboratory and toxicology services; coordination with primary and preventative healthcare; vocational rehabilitation and job placement; introductory or remedial life skills workshops; and psychoeducation.

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 Betty J. Staton at (919) 538-3215.

Sincerely,

DocuSigned by:

A handwritten signature in black ink that reads "Jay Ludlam".

06566C1C2A8F4C8...

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 Attachment 3.1-A.1 Pages 15a.14-15:			Medical Coverage	
	Licensed	Credentialed	Service Ordered by: MD, Nurse Practitioner, Physician Assistant or PhD Psychologist licensed in NC	Qualified Professional (QP), includes SA Professionals	Under Supervision of a Qualified Professional:		Medical Oversight/ Participation by:	
	All facilities must be 16 beds or less				Associate Professional	Para-Professional	Psychiatrist/ MD	Registered Nurse* RNs are considered QPs as well
SA Comprehensive Outpatient Treatment	X	X	X	X	X	X	Recipients must have access to MD assessment and tx.	
Clinically Managed High Intensity Residential Service	X	X	X	X	X	X		
Medically Monitored Intensive Inpatient Service	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
Ambulatory Withdrawal Management With Extended Onsite Monitoring	X	X	X	X	X	X	X	X
Clinically Managed Residential Withdrawal Services	X	X	X	X	X	X	X	X

TN No: 24-0020

Supersedes

TN No: 23-0020

Approval Date:

Effective Date: 07/01/2024

Staff Qualifications for Each Specific Service (Continued)

<u>Service</u>	<u>Agency Qualifications</u>		<u>Staff Qualifications</u>					
			<u>Authorization</u>	<u>See Definitions for QP, AP, PP in Attachment 3.1-A.1 Pages 15a.14-15:</u>		<u>Medical Coverage</u>		
	<u>Licensed</u>	<u>Credentialed</u>	<u>Service Ordered by: MD, Nurse Practitioner, Physician Assistant or PhD Psychologist licensed in NC</u>	<u>Qualified Professional (QP), includes SA Professionals</u>	<u>Under Supervision of a Qualified Professional:</u>		<u>Medical Oversight/ Participation by:</u>	
					<u>Associate Professional</u>	<u>Para-Professional</u>	<u>Psychiatrist/ MD</u>	<u>Registered Nurse* RNs are considered QPs as well</u>
<u>Clinically Managed Population Specific High Intensity Residential Service</u>	X	X	X	X	X	X	X	X
<u>Clinically Managed Low Intensity Residential Service</u>	X	X	X	X	X	X		
<u>Medically Monitored Inpatient Withdrawal Service</u>	X	X	X	X	X	X	X (provides assessment w/n 24 hrs.)	X (provides admission assessment /monitors tx
<u>Medically Monitored or Alcohol Drug Addiction Tx Center Detoxification / Crisis Stabilization</u>	X	X	X	X	X	X	X Service delivered by medical and nursing staff/24 hour medically supervised evaluation and withdrawal management	

TN No: 24-0020
Supersedes
TN No: NEW

Approval Date:

Effective Date: 07/01/2024

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

Clinically Managed Low-Intensity Residential Treatment Services

Clinically Managed Low-Intensity Residential Treatment Services, The American Society of Addiction Medicine (ASAM) Criteria, Third Edition, Level 3.1, is designed for an adult beneficiary who is experiencing functional limitations due to a substance use disorder, and needs a 24-hour structured, safe, and supportive living environment to develop interpersonal and group living skills, strengthen recovery skills, reintegrate into the community and family settings, and experience employment or academic pursuits.

Services provided include:

- clinical assessment
- individual, group and family therapy
- person centered plan development and implementation
- referral and coordination for medication management, medication education, mental health evaluation and treatment
- referral for laboratory and toxicology services
- coordination with primary and preventative healthcare provider(s)
- vocational rehabilitation and job placement
- psychoeducation, and
- discharge or transfer planning.

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.

Staffing includes 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), qualified professionals, paraprofessionals, and associate professionals.

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

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.).

MEDICAL ASSISTANCE

State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

31. Clinically Managed Low-Intensity Residential Treatment Services (H2034)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Clinically Managed Low-Intensity Residential Treatment Services.

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 Division of Health Benefits website at 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 7-F, and Attachments 3.1-A.1 Page 15a.2-B through 3.1-A.1 Page 15a.2-D.

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: 24-0020
Supersedes
TN No: NEW

Approval Date:

Effective Date: 07/01/2024