



STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

KODY H. KINSLEY  
SECRETARY

April 17, 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 #2024-0021

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 amend the Medicaid State Plan to include the Clinically Managed Population- Specific High Intensity Residential Program. This service is a part of the 1115 Substance Use Disorder Demonstration Waiver. Clinically Managed Population Specific High Intensity is an organized service delivered by trained and experienced medical and nursing professionals, clinical, and professional staff to support beneficiaries with both substances use disorder (SUD) and traumatic brain injury (TBI). This service provides 24-hour care in a structured recovery environment in combination with high-intensity clinical services provided in a manner to meet the functional and cognitive limitations of a beneficiary to support recovery from substance use disorders. This service will be provided by directly enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

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".

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Jay Ludlam  
Deputy Secretary

Enclosures

## State Plan Under Title XIX of the Social Security Act

## Medical Assistance Program

State: NORTH CAROLINAClinically Managed Population Specific High Intensity Residential Programs - ASAM level 3.3

Clinically Managed Population Specific High Intensity Residential Programs is an American Society of Addiction Medicine (ASAM) Criteria, Third Edition, 2013 Level 3.3 service. This is a therapeutic rehabilitation service delivered by trained and experienced medical and nursing professionals, clinical, and support staff for a beneficiary with both substance use disorder (SUD) and traumatic brain injury (TBI). This service provides a 24-hour structured recovery environment in combination with high-intensity clinical services to meet the functional and cognitive limitations of a beneficiary to support recovery from substance use disorders. The effects of the substance use disorder combined with the cognitive limitations are such that outpatient or other levels of residential care are not feasible or effective. This treatment service focuses on overcoming a lack of awareness of, or ambivalence about, the effects of addiction as well as preventing relapse, and promoting reintegration into the community.

Staffing includes physicians, registered nurses, licensed practical nurses, NC certified nursing assistants, NC certified brain injury specialist, NC certified brain injury specialist trainer, 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 Marriage and Family Therapist (LMFT), Licensed Marriage and Family Therapist Associate (LMFTA), and other appropriately credentialed personnel (qualified professionals, associate professionals, paraprofessionals, and certified peer support specialists.) At least one staff should have experience working with the special population being served (traumatic brain injury, intellectual and developmental disability.)

Services provided include:

- clinical services to assess and address the needs of each beneficiary,
- person centered plan development and implementation,
- individual and group counseling or therapy,
- daily clinical services to support the beneficiary's recovery from substance use,
- a range of cognitive, behavioral, and other therapies,
- the ability to initiate or continue medication assisted treatment as medically and clinically indicated,
- referral to and support accessing any needed medical services, health education services, peer support services, involvement of families and significant others as appropriate, 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.

This service must be ordered by a physician.

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: 24-0021

Supersedes

TN No: 11-010

Approval Date:

Effective Date: 07/01/2024

## MEDICAL ASSISTANCE

State: North CarolinaPAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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## 30) Clinically Managed Population-Specific High Intensity Residential Programs (Adult – H0047)

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

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](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-G.

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: 24-0021

Supersedes

TN No: 14-032

Approval Date:

Effective Date: 07/01/2024