




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 #2024-0023

Purpose

Attached for your review and signature is a Medicaid State Plan Amendment (Medically Monitored Intensive Inpatient Services) summarized below, and submitted on October 1, 2024, with a due date of October 8, 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 amends the Medicaid State Plan for Medically Monitored Inpatient Withdrawal Services and to apply inflationary percentage increase to current reimbursement rate. The new rate will be established at \$756.65 per diem. 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 October 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.

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

11) Medically Monitored Inpatient Withdrawal Services (Non-Hospital Medical Detoxification)
(Adult – H0010)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medically Monitored Inpatient Withdrawal Services (Non-Hospital Medical Detoxification.) The agency’s fee schedule rate of \$358.74 per diem was set as of July 1, 2023, and is effective for services provided on or after that date.

Effective October 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.12-A, Paragraph 13.D, subparagraph (xvi).

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: 24-0023
Supersedes
TN No: 23-0015

Approval Date:

Effective Date: 10/01/2024