



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

December 2, 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 #2025-0002

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 terminate Medically Monitored or (ADATC) Alcohol Drug Addiction Treatment Center Detoxification Crisis Stabilization Services. As part of the 1115 SUD Demonstration Waiver, approved by CMS (Center for Medicare and Medicaid Services), Medically Managed Intensive Inpatient Withdrawal (ASAM Level 4-WM) has been incorporated and implemented into Clinical Coverage Policy 8B, Inpatient Behavioral Health Services. The Medically Monitored or (ADATC) Alcohol Drug Addiction Treatment Center Detoxification Crisis Stabilization benefit is being terminated and removed from the Medicaid State Plan. Termination of this benefit will not impact providers of this level of care as they should be adhering to Clinical Coverage Policy 8B, Inpatient Behavioral Health Services.

The proposed effective date for the SPA is January 1, 2025.

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:
A stylized signature of Jay Ludlam in black ink.
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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, Physicians 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 Output. Treatment	X	X	X	X	X	X	Recipients must have access to MD assessment and tx.	
SA Non-Medical Community Residential Tx	X	X	X	X	X	X		
SA Medically Monitored Residential Tx	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
Medically Monitored Inpatient Withdrawal Service	X	X	X	X	X	X	X (provides assessment w/n 24 hrs.)	X (provides admission assessment /monitors tx

TN No: 25-0003

Supersedes

TN No: 23-0020

Approval Date:

Effective Date: 01/01/2025

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TN No: 25-0002
Supersedes
TN No: 07-003

Approval Date:

Effective Date: 01/01/2025

MEDICAL ASSISTANCE

State: North CarolinaPAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

13. D. OTHER DIAGNOSTIC SCREENING PREVENTIVE AND REHABILITATIVE SERVICES

- 1). Medically Monitored or Alcohol Drug Addiction Treatment Center Detoxification/Crisis Stabilization (Adult – H2036) An individual facility rate will be determined as follows:

Reimbursement rates are determined on the basis of provider specific pro forma cost information. Providers submit cost templates, and a reimbursement rate is established utilizing cost modeling. The cost model is based on agency estimates. The residential facility cost model recognizes direct care service costs for staff salaries and fringe benefits and includes qualified, associate and paraprofessionals. Other direct service costs recognized include accreditation, communications, training, and travel costs. Facility overhead costs are recognized at 11% of total direct care service costs. A calculated per diem is determined by dividing total estimated days of service provided to recipients. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.13, paragraph 13.D., subparagraph (xvii).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

This service is not cost settled for any provider.

The Medically Monitored or (ADATC) Alcohol Drug Addiction Treatment Center Detoxification Crisis Stabilization benefit will be terminated effective 01/01/2025.

Accordingly, this service is removed from Staff Qualifications for Each Specific Service grid, Attachment 3.1-A.1 Page 15a.2-C.

TN No: 25-0002

Approval Date:

Effective Date: 01/01/2025

Supersedes

TN No: 14-0032