


NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

JOSH STEIN • Governor
DEV DUTTA SANGVAI • 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 #2025-0009

Purpose

Attached for your review and signature is a Medicaid State Plan Amendment (**ABP Parity**) summarized below, and submitted on March 24, 2025, with a due date of March 28, 2025.

Clearance

This amendment has been reviewed for both accuracy and completeness by:

Ashley Blango, 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.

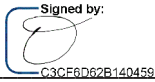
The purpose of the revisions to the State Plan Amendment will remove non-quantitative treatment limitations (NQTLs) (prior authorization, concurrent review, or reauthorization requirements) for psychotherapy and mobile crisis management from the Essential Health Benefit Five – mental health and substance use disorder services to align with changes to the Medicaid State Plan. In addition, this state plan amendment includes the termination of the Medically Monitored or (ADATC) Alcohol Drug Addiction Treatment Center Detoxification Crisis Stabilization service and the addition of Clinically Managed Residential Withdrawal Management and Non-Hospital Medical Detoxification to align with changes to the Medicaid State Plan.

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 at 919-812-6145.

North Carolina ABP 5 Update – Clean Version

Signed by:


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03/21/25 | 4:15 PM EDT
3/21/25

5. Essential Health Benefit: Mental health and substance use disorder services including behavioral health treatment



The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

Benefit Provided:

Inpatient Psychiatric Hospitalization

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

None

Scope Limit:

See Appendix 2, Attachment 3.1-A, Page 1, Inpatient psychiatric facility services for individuals under 21 years of age

See Appendix 3. Attachment 3.1-A, Page 4, Geropsychiatric Care Units in Nursing Facilities

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

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Benefit

Provided:

Source:

Outpatient Behavioral Health Services

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A.1, Rehabilitative services (Other diagnostic, screening, preventive, treatment, and rehabilitative services, i.e., other than those provided elsewhere in the plan)

Outpatient behavioral health services provided are:

- Psychotherapy services
- Diagnostic assessment
- Day treatment
- Multi-systemic therapy
- Intensive in-home
- Peer support
- Psychosocial rehabilitation
- Partial hospitalization
- Mobile crisis management
- Community Support Team (adults)
- Assertive Community Treatment
- Opioid Treatment
- Substance Abuse Intensive Outpatient (SAIOP)
- Substance Abuse Comprehensive Outpatient Treatment (SACOT)
- Ambulatory Detoxification
- Professional Treatment Services in Facility-Based Crisis Programs (FBC)
- Facility Based Crisis for Children and Adolescents

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Benefit
Provided:

Source:

Rehab BH Services in Residential Settings

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

See Attachment 3.1-A.1, Rehabilitative services (Other diagnostic, screening, preventive, treatment, and rehabilitative services, i.e., other than those provided elsewhere in the plan)

Behavioral health services provided in residential settings are:

- Substance Abuse Non-Medical Community Residential Treatment
- Substance Abuse Medically Monitored Residential Treatment
- Clinically Managed Residential Withdrawal Management
- Non-Hospital Medical Detoxification
- High-Risk Intervention Services for Children

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Other 1937 Benefit Provided: 1915(i) Home and Community Based Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
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TN: NC 23-0029
Supersedes: NEW

Approval Date: 11/14/2023

Effective Date: 12/01/2023

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Alternative Benefit Plan

Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan
Amount Limit: Varies	Duration Limit: Varies
Scope Limit: See other information box below	
Other: 1915(i) State plan services are: Supported Employment/Individual Placement Supports, Community Living and Supports, Individual and Transitional Supports, Respite, and Community Transition. Individuals must meet the needs-based eligibility criteria: Need for support in acquiring, maintaining, and retaining skills needed to live and work in the community, as evidenced by at least one functional deficit in an activity of daily living (ADL), instrumental activity of daily living (IADL), social and/or work skills.	

Other 1937 Benefit Provided: Section 1945 Health Home Tailored Care Management	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: See other information box below		
Other: Section 1945 Health Home. Must meet Health Home Population Criteria: Individuals with intellectual and Developmental Disability (I/DD), Traumatic Brain Injury (TBI), Severe Substance Use Disorder (SUD), or serious and persistent mental health condition.		