



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 Manager

RE:

State Plan Amendment

Title XIX, Social Security Act
Transmittal #2025-0021

Purpose

Attached for your review and signature is a Medicaid State Plan Amendment (**Clinically Managed Population Specific High Intensity Residential Program (ASAM Level 3.3)**) summarized below, and submitted on December 22, 2025, with a due date of January 2, 2026.

Clearance

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

Ashley Blango, Kathryn Horneffer, Todd Baustert, Tabitha Evans, 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 is to add Clinically Managed Population Specific High Intensity Residential Program (ASAM Level 3.3) to increase access to SUD services; and align existing SUD services with The American Society of Addiction Medicine (ASAM) Criteria, Third Edition, 2013. The new rate will be established at \$458.02 per diem effective January 1, 2026. This new rate 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 for the SPA is January 1, 2026.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me at 919-812-6145.

NC MEDICAID

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH BENEFITS

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 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, Level 3.3 service. This is a therapeutic rehabilitation service delivered by trained and experienced medical and nursing professionals, clinical, and support staff to treat 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 treat functional and cognitive limitations and 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. This service must be ordered by a physician.

Services provided include:

- clinical assessment
- person centered plan development and implementation
- individual and group counseling or therapy
- a range of cognitive, behavioral, and other therapies
- the ability to initiate or continue medication assisted treatment as medically and clinically indicated
- referral and support to access any needed medical services, health education services, peer support services,
- involvement of families or other collaterals, as appropriate. Services that involve family or other collaterals are provided for the direct benefit of the beneficiary in accordance with the beneficiary's needs and treatment goals and for the purpose of assisting in recovery.
- discharge or transfer planning.

Services are provided by:

- 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 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 Clinical Mental Health Counselor (LCMHC), Licensed Clinical Mental Health Counselor Associate (LCMHCA), Licensed Marriage and Family Therapist (LMFT), Licensed Marriage and Family Therapist Associate (LMFTA); and
- qualified professionals, associate professionals, paraprofessionals (as defined in Attachment 3.1-A.1 Pages 15a.14-15) and NC Certified Peer Support Specialists

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.).

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.

Clinically Managed Population Specific High Intensity Residential Services are not available in IMDs, except as authorized under an 1115 demonstration authority.

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>		
	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
Clinically Managed Population Specific High Intensity Residential Service	X	X	X	X	X	X	X	X

TN No: 25-0021Supersedes
TN No: New

Approval Date:

Effective Date: 01/01/2026

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

31) Clinically Managed Population Specific High Intensity Residential Programs (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 January 1, 2026, 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-G 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.

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Supersedes

TN No: NEW

Approval Date:

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