




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 #2025-0022

Purpose

Attached for your review and signature is a Medicaid State Plan Amendment (**Medically Monitored Intensive Inpatient Services (ASAM Level 3.7)**) 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 Medically Monitored Intensive Inpatient Services (ASAM Level 3.7), to align with the ASAM, Third Edition, 2013 and expand access to include the adolescent population. The reimbursement rate for Adult Services will be established at \$354.10 per diem. The rate for Adolescent Services will be established at \$354.10 per diem. These rates are intended to sustain provider participation within the Medicaid program, address some of the 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.

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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

- (xiv) Medically Monitored Intensive Inpatient Services ASAM Level 3.7 (formerly known as Substance Abuse Medically Monitored Residential Treatment)

Medically Monitored Intensive Inpatient Services, for adults and Medically Monitored High-Intensity Inpatient Services for adolescents are services provided in a 24-hour non-hospital rehabilitation facility with intensive medical or psychological monitoring. Medically Monitored Intensive Inpatient Services is an American Society of Addiction Medicine (ASAM) Level 3.7 service that functions under a defined set of policies, procedures, and clinical protocols for a beneficiary whose biomedical and emotional, behavioral or cognitive problems are so severe that they require subacute inpatient treatment, but who do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program. This service is provided by a multidisciplinary team.

Services provided include:

- Physical examination
- Alcohol and drug focused nursing evaluation
- Comprehensive clinical assessment
- Access to all approved Federal Drug Administration (FDA) medications for Medication Assisted Treatment (MAT) for a beneficiary that meets medical necessity for that service. MAT may be provided on-site by the provider or through a memorandum of agreement (MOA) or memorandum of understanding (MOU) with an off-site provider that is no further than 60 minutes from the facility
- Monitoring of the beneficiary to include the beneficiary's general condition and vital signs
- Monitoring of the beneficiary's progress and medication administration
- 24-hour access to emergency medical consultation services
- Behavioral health crisis interventions
- Laboratory and toxicology tests
- Education regarding prescribed medications, potential drug interactions and side effects
- Health education services
- Reproductive health education
- Individual and group counseling
- Specialized psychological and psychiatric consultation and supervision
- Peer support services
- Involvement and education of family members or individuals identified by the beneficiary as being important to their care and recovery, services that involve family or other collaterals are provided for the direct benefit of the beneficiary
- Assistance in accessing transportation services
- Linkage and referral for counseling, medical and psychiatric services for continued treatment, discharge, and transfer planning.

State Plan Under Title XIX of the Social Security Act
Medical Assistance ProgramState: NORTH CAROLINA

13. d. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)
Description of Services

For adolescents, this service also includes:

- Initial withdrawal assessment within 24 hours of admission, or earlier if clinically warranted
- Daily withdrawal monitoring assessments and continuous availability of nursing evaluations
- Daily availability of medical evaluation, with continuous on-call coverage
- Coordination with other agencies and entities involved in the beneficiary's care (social services, juvenile justice, medical providers, care management providers)
- Coordinate with other agencies and entities involved in the beneficiary's care (social services, juvenile justice, medical providers, care management providers)
- Nursing or medical monitoring
- Pharmacologic therapies as needed
- Individual and group therapy specific to withdrawal, and withdrawal support.

This service must be ordered by a physician, physician assistant, licensed psychologist, or nurse practitioner.

Staffing includes:

- physicians, physician assistants, nurse practitioners, registered nurses, and licensed practical nurses
- 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 (CSI) at a ratio of 1 hour of supervision per 10 hours of work)
- qualified professionals, associate professionals, paraprofessionals, and NC certified peer support specialists (CPSS).

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.

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 Outpatient 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		
Medically Monitored Intensive Inpatient Service	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	
Medically Monitored Inpatient Withdrawal Service	X	X	X	X	X	X	X (provides assessment w/n 24 hrs.)	X (provides admission assessment /monitors tx
Clinically Managed Low Intensity Residential Service	X	X	X	X	X	X		

TN No: 25-0022
Supersedes
TN No: 25-0020

Approval Date:

Effective Date: 01/01/2026

MEDICAL ASSISTANCE

State: North CarolinaPAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

10) Medically Monitored Intensive Inpatient Services (Substance Abuse Medically Monitored Residential Treatment)

- a) Adult Criteria (H0013)
- b) Adolescent Criteria (H0013 HA)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Substance Abuse Medically Monitored Community Residential Treatment. The agency's fee schedule rate of \$241.81 per diem was set as of July 1, 2012 and is effective for services provided on or after that date. The fee schedule is published on the agency's website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

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.servicenow.com/fee_schedules

These services will be provided by direct enrolled Medicaid providers who may be either private or governmental. These services are not cost settled for any provider. These services are provided in accordance with Attachment 3.1-A.1 Pages 15a.11-A through 15a.11-A1, Paragraph 13.d., subparagraph (xiv).

The facilities providing this service are not IMD facilities and 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.