




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 <sup>DS</sup>

**FROM:** Ashley Blango, SPA Manager

**RE:** State Plan Amendment

Title XIX, Social Security Act  
Transmittal #2025-0023

**Purpose**

Attached for your review and signature is a Medicaid State Plan Amendment (**Clinically Managed Residential Services (formerly Substance Abuse Non-Medical Community Residential Treatment) (ASAM Level 3.5 Adolescent, Adult, Pregnant and Parenting)**) 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 reflect the American Society of Addiction Medicine (ASAM) Criteria, Third Edition, 2013 for Clinically Managed Residential Services (ASAM Level 3.5) and expand access to include the adolescent and adult (non-pregnant or parenting) populations. The reimbursement rate for Adult Services will be established at \$211.43 per diem. The rate for Pregnant and Parenting Services will be established at \$308.97 per diem; and the rate for Adolescent Services will be established at \$427.68 per diem.

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 CAROLINA13. d. Diagnostic, Screening, Treatment, Preventive and Rehabilitative Services (continued)  
Description of Services

## (xiii) Clinically Managed Residential Services (Substance Abuse Non-Medical Community Residential Treatment)

Clinically Managed Residential Services are designed for an adolescent, adults, pregnant or parenting beneficiary who, because of specific functional limitations due to their substance use disorder, needs a 24-hour structured, safe, and stable living environment. Clinically Managed Residential Services is an American Society of Addiction Medicine (ASAM) Criteria, Third Edition, 2013 Level 3.5 service for a beneficiary with significant social and psychological issues complicating their care. A minimum of 20 (twenty) hours per week of clinical interventions must be provided for each beneficiary.

## Services provided include:

- a clinical assessment,
- individual and group therapy and counseling sessions,
- person centered plan development,
- referral to and support accessing medical services,
- health education services,
- recreation or creative expressive arts therapies,
- peer support services,
- involvement of families and significant others as appropriate, and
- discharge or transfer planning.

## Staffing includes:

- Certified Clinical Supervisors (CCS), Certified Clinical Interns (CSI), Licensed Clinical Addiction Specialists (LCAS), Licensed Clinical Addiction Specialists Associates (LCASA), 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), or a Licensed Marriage and Family Therapist Associate (LMFTA),
- Licensed Recreation Therapists, Registered Art Therapists, board certified Music Therapists
- Qualified professionals, associate professionals, paraprofessionals, 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.

## 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, Physician 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.	
Clinically Managed Residential Services	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: 25-0023  
Supersedes  
TN No: 25-0022

Approval Date:

Effective Date: 01/01/2026

## MEDICAL ASSISTANCE

State: North Carolina

---

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

---

## 9) Clinically Managed Residential Services (Substance Abuse Non-medical Community Residential Treatment)

- a) Adolescent Criteria (H0012 HA)
- b) Adult Criteria (H0012 HB)
- c) Pregnant and Parenting Women (H0012 HD)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Substance Abuse Non-medical Community Residential Treatment. The agency's fee schedule rate of \$155.81 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 agency's website at [https://ncdhhs.servicenowservices.com/fee\\_schedules](https://ncdhhs.servicenowservices.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 Page 15a.11, Paragraph 13.d., subparagraph (xiii), and Attachments 3.1-A.1 Page 15a.2-B through 3.1-A.1 Page 15a.2-D.

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.

---

TN No: 25-0023

Supersedes

TN No: 14-032

Approval Date:

Effective Date: 01/01/2026