



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

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

April 2, 2024

Dear County DSS Director:

The Department of Health and Human Services, Division of Health Benefits (DHB) hereby provides notice of its intent to amend the Medicaid State Plan to include the Substance Abuse Comprehensive Outpatient Treatment (SACOT) and to assign a reimbursement rate of \$64.52 per hourly rate. This policy is being revised to reflect the 2013 American Society of Addiction Medicine (ASAM) language and criteria for this service. Proposed revisions include clarification of service and staffing requirements, rewriting this as a stand-alone policy as opposed to a part of a larger policy as is currently done and updating ASAM language and criteria from the ASAM Criteria Manual, 2013.

Please post this notice in your facility so that interested parties may be made aware of this proposed change and may comment as necessary. The posting can be removed after ninety days from the date of this letter.

Sincerely,

Betty J Staton

Betty J Staton
State Plan and Amendments Manager

Attachment: Public Notice SPA 24-0016
Substance Abuse Comprehensive Outpatient Treatment (SACOT) ASAM 2.5

NC MEDICAID

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

LOCATION: 1985 Umstead Drive, Kirby Building,
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Mail Service Center, Raleigh, NC 27699-2001
www.ncdhhs.gov • TEL: 919-855-4100 • FAX:
919-733-6608

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**PUBLIC NOTICE
(SPA 24-0016)**

**Substance Abuse Comprehensive Outpatient Treatment (SACOT)
ASAM 2.5**

The Department of Health and Human Services, Division of Health Benefits hereby provides notice of its intent to amend the Medicaid State Plan to include the Substance Abuse Comprehensive Outpatient Treatment (SACOT) and to assign a reimbursement rate of \$64.52 per hourly rate. This policy is being revised to reflect the 2013 American Society of Addiction Medicine (ASAM) language and criteria for this service. Proposed revisions include clarification of service and staffing requirements, rewriting this as a stand-alone policy as opposed to a part of a larger policy as is currently done and updating ASAM language and criteria from the ASAM Criteria Manual, 2013.

This amendment will become effective May 1, 2024.

The annual estimated State Fiscal Impact of this change is:

- a. **SFY 2024 \$928,896**
- b. **SFY 2025 \$5,734,378**

A copy of the proposed public notice may be viewed at the County Department of Social Services. Questions, comments and requests for copies of the proposed State Plan Amendment should be directed to the Division of Health Benefits at the address listed below:

Jay Ludlam
Deputy Secretary for NC Medicaid
Division of Health Benefits
2501 Mail Service Center
Raleigh, NC 27699-2501
medicaidrulescomments@dhhs.nc.gov

Posted on the Division of Health Benefits Website: April 1, 2024
<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>