

**To:** All 1915(i) and B3 Providers  
**From:** Cindy Ehlers, Chief Operations Officer  
**Date:** September 4, 2024  
**Subject:** 1115 Substance Use Disorder Demonstration Waiver Medicaid withdrawal management policies

## 1115 SUBSTANCE USE DISORDER DEMONSTRATION WAIVER MEDICAID WITHDRAWAL MANAGEMENT POLICIES

### BEHAVIORAL HEALTH CLINICAL COVERAGE POLICY (CCP) UPDATE

The 1115 Substance Use Disorder (SUD) Demonstration Waiver Medicaid withdrawal management policies have been scheduled to promulgate on October 1, 2024. The clinical coverage policies impacted include:

 **CCP 8A- 7, Ambulatory withdrawal mgt. w/o extended on-site monitoring (ambulatory detox), 1-WM H0014**

- Ambulatory Withdrawal Management (WM) without Extended On-Site Monitoring is an organized outpatient service that provides medically supervised evaluation, withdrawal management, and referral in a licensed facility. Services are provided in regularly scheduled sessions to be delivered under a defined set of policies and procedures or medical protocols. This is an American Society of Addiction Medicine (ASAM) Criteria, Third Edition, Level 1 WM service for a beneficiary who is assessed to be at minimal risk of severe withdrawal, free of severe physical and psychiatric complications, and can be safely managed at this level. These services are designed to treat the beneficiary's level of clinical severity and to achieve safe and comfortable withdrawal from alcohol and other substances to effectively facilitate the beneficiary's transition into ongoing treatment and recovery.
- This standalone policy will supersede the Ambulatory Detox policy included in CCP 8A, Enhanced Mental Health and Substance Abuse Services.

**🌱 CCP 8A -8, Ambulatory withdrawal mgt. w/extended on-site monitoring, 2-WM H0014 HF**

- Ambulatory Withdrawal Management with Extended On-Site Monitoring is an organized outpatient service that provides medically supervised evaluation, withdrawal management, and referral in a licensed facility. Services are provided in regularly scheduled sessions and should be delivered under a defined set of policies, procedures, or medical protocols. This American Society of Addiction Medicine (ASAM) Criteria, Third Edition, Level 2 WM service is for a beneficiary who is assessed to be at moderate risk of severe withdrawal, free of severe physical and psychiatric complications and would safely respond to several hours of monitoring, medication, and treatment. These services are designed to treat the beneficiary's level of clinical severity and to achieve safe and comfortable withdrawal from alcohol and other substances to effectively facilitate the beneficiary's transition into ongoing treatment and recovery.
- This is a new substance use disorder treatment service/policy added to the Medicaid service array.

**🌱 CCP 8A-11, Medically monitored inpatient withdrawal management (non-hospital medical detox), 3.7-WM H0010**

- Medically Monitored Inpatient Withdrawal Management Service is an organized facility-based service that is delivered by medical and nursing professionals who provide 24-hour medically directed observation, evaluation, monitoring, and withdrawal management in a licensed facility. Services are delivered under a defined set of physician-developed and approved policies; physician-monitored procedures; and clinical protocols by medical professionals, clinicians, and support staff. This is an American Society of Addiction Medicine (ASAM) Criteria, Third Edition, Level 3.7 WM for a beneficiary whose withdrawal signs and symptoms are sufficiently severe to require 24-hour observation, monitoring, and treatment in a medically monitored inpatient setting. A beneficiary at this level of care does not need the full resources of an acute care general hospital or a medically managed intensive inpatient treatment program.
- This standalone policy will supersede the Non-Hospital Medical Detoxification policy included in CCP 8A, Enhanced Mental Health and Substance Abuse Services.

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Thank you for your attention to this communication. All questions related to this Clinical Communication Bulletin can be sent to [UM@TrilliumNC.org](mailto:UM@TrilliumNC.org). Questions will be responded to as quickly as possible.