

PUBLIC NOTICE
SPA 15-004 (Rate Freeze SPAs)

The Department of Health and Human Services, Division of Medical Assistance hereby provides notice of its intent to amend the Medicaid State Plan pages for the purpose of continuing the Medicaid provider rates in compliance with House Bill 97 Section 12H.18 mandating that provider rates and fees shall remain the same as those authorized in effect as of June 30, 2015. This amendment shall apply to the services listed below and applicable rates for SFY 2016 and SFY 2017.

These amendments will become effective October 1, 2015.

The annual estimated state fiscal impact of this change is:

- a. SFY 2016 \$ 0
- b. SFY 2017 \$ 0

Service	SFY 2016	SFY 2017
Head Injury and Ventilator Nursing Beds	\$ 0	\$ 0
Geropsychiatric Services	\$ 0	\$ 0
Swing Beds and Lower Level beds	\$ 0	\$ 0
Inpatient Hospitals	\$ 0	\$ 0
Inpatient Psychiatric Facility Services	\$ 0	\$ 0
Home Health	\$ 0	\$ 0

A copy of the proposed amendments 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 Medical Assistance at the address listed below:

Dave Richard
Director
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501