

**PUBLIC NOTICE**  
(SPA 13-044)

The Department of Health and Human Services, Division of Medical Assistance hereby provides notice of its intent to amend the Medicaid State Plan for the purpose of increasing the Maximum Nominal Copayment Amounts to \$3.90 as directed by Session Law 2013 – 360, §12H.13.(c) and allowed by 42 CFR 447.54.

This amendment will become effective November 1, 2013.

The annual estimated state fiscal impact of this change is:

SFY 2013	(\$3,308,100)
SFY 2014	(\$4,962,150)

A copy of the proposed amendment 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.

Sandra D. Terrell, MS, RN  
Acting Director  
Division of Medical Assistance  
2501 Mail Service Center  
Raleigh, NC 27699-2501