

PUBLIC NOTICE
(SPA 17-008)
Durable Medical Equipment
(Blood Glucose Testing Equipment & Supplies)

The Department of Health and Human Services, Division of Medical Assistance hereby provides notice of its intent to amend the reimbursement section Attachment 4.19-B, Section 7 page 4 of the Medicaid State Plan. This amendment will increase the State Maximum Allowable Cost for Blood Glucose Testing Equipment & Supplies.

This amendment will become effective October 1, 2017.

The annual estimated State fiscal impact of these changes are:

- a. SFY 2018 \$2,880,542
- b. SFY 2019 \$3,840,722

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 Medical Assistance at the address listed below:

Dave Richard
Deputy Secretary for Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501