

**PUBLIC NOTICE**  
**(SPA 19-0006)**  
**Peer Support Services**

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 Peer Support Services and to assign reimbursement rates of \$11.97 (individual) and \$2.88 (group) per 15-minute increment.

This amendment will become effective July 1, 2019.

The annual estimated State fiscal impact of this change is:

- a. **SFY 2020**    **\$24,141,280.00**
- b. **SFY 2021**    **\$25,778,914.00**

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:

Dave Richard  
Deputy Secretary for NC Medicaid  
Division of Health Benefits  
2501 Mail Service Center  
Raleigh, NC 27699-2501

Posted on the Division of Health Benefits Website: June 28, 2019  
<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>