

PUBLIC NOTICE
SPA 11-009

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 not making any payments for items or services provided under the State Plan or under a waiver to any financial institution or entity located outside the United States.

This amendment will become effective June 1, 2011.

The annual estimated state fiscal impact of this change is:

SFY 2011	\$0.00
SFY 2012	\$0.00

A copy of the proposed public notice will be available 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:

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Director
Division of Medical Assistance
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Raleigh, NC 27699-2501