Revision:	HCFA-PM-87-4 MARCH 1987	(BERC)	OMB No.: 0938-0193	
	State/Territory: _			
Citation 42 CFR 447. 1916A (d)(2)	15	4.19(f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.		
		services to any account of the sharing amou 42 CFR 447.5 an individual	articipating under this plan may deny individual eligible under the plan on individual's inability to pay a cost nt imposed by the plan in accordance with 3. This service guarantee does not apply to who is able to pay, nor does an ability to pay eliminate his or her liability aring change.	
TN No Supersedes TN No.	Approval D	ate	Effective Date	

HCFA ID: 101OP/0012P