

**Revision: HCFA-AT-80-60 (BPP)  
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**State: \_\_\_\_\_**

**Citation**

**42 CFR 447.201  
42 CFR 447.203  
AT-78-90**

**4.19(h)The Medicaid agency meets the requirements  
of 42 CFR 447.203 for documentation and  
availability of payment rates.**

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**TN No. \_\_\_\_\_**

**Supersedes**

**Approval Date \_\_\_\_\_**

**Effective Date \_\_\_\_\_**

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