Revision:	HCFA-PH-87- 9 AUGUST 1987	(BEI	RC)	OMB No.: 0938-0193				
	State/Territory:							
<u>Citation</u> 42 CFR Sub	4.1° opart C	42 C payn inter servi <u>ATT</u> stand	(d) (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for longterm care facility services and intermediate care facility for the mentally retarded services.  ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for longterm care services and intermediate care facility functions.					
		(2)	routine	dicaid agency provides payment for longterm care facility services furnished ing-bed hospital.				
			_ #	At a rate established by the State, which neets the requirements of 42 CFR Part 147, Subpart C, as applicable.				
				Not applicable. The agency does not provide payment for NF services to a wing-bed hospital.				
		(3)	The Me routine retarded hospital	dicaid agency provides payment for intermediate care facility for the mentally d services furnished by a swing-bed				
			ľ	At a rate established by the State, which neets the requirements of 42 CFR Part 147, Subpart C, as applicable.				
				Not applicable. The agency does not provide payment for ICF services to a wing-bed hospital.				
	_	(4)	Section with res such ser plan.	4.19(d)(1) of this plan is not applicable pect to intermediate care facility services vices are not provided under this State				
TN No Supersedes TN No	Approval	Date		Effective Date HCFA ID: 101OP/0012P				