Revision: HCFA-PH-87- 9 AUGUST 1987		9 (BER	RC)	OMB No.: 0938-0193		
	State/Territory	:				
<u>Citation</u> 42 CFR Sul	opart C _	4.19 (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 individuals with intelled disabilities. ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for longterm care services and intermediate care facility individuals with intellectual disabilities services.				
		(2)	The Med routine lo by a swin	icaid agency provides payment for ongterm care facility services furnished g-bed hospital.		
			m	t a rate established by the State, which eets the requirements of 42 CFR Part 7, Subpart C, as applicable.		
			_ No pi sv	ot applicable. The agency does not ovide payment for NF services to a ving-bed hospital.		
		(3)	with inte	icaid agency provides payment for ntermediate care facility for individuals llectual disabilities services furnished by sed hospital.		
			m	t a rate established by the State, which eets the requirements of 42 CFR Part 7, Subpart C, as applicable.		
			_ No pi sv	ot applicable. The agency does not ovide payment for ICF services to a ving-bed hospital.		
	_	(4)	Section 4 with resp such serv plan.	.19(d)(1) of this plan is not applicable ect to intermediate care facility services; ices are not provided under this State		
TN No. Supersedes TN No.	Approva	l Date	E f	fective Date		
111110.				HCFA ID: 101OP/0012P		