AU	JGUST 1987				
Sta	ate/Territory:				
<u>Citation</u> 42 CFR Subpart	_	(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 intellectual disabilities. ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for longterm care services and intermediate care facility for individuals with intellectual disabilities services.			
		(2)	The Medicaid agency provides payment for routine longterm care facility services furnished by a swing-bed hospital.		
			At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.		
			Not applicable. The agency does not provide payment for NF services to a swing-bed hospital.		
		(3)	The Medicaid agency provides payment for routine intermediate care facility for individuals with intellectual disabilities services furnished by a swing-bed hospital.		
			At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.		
			Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.		
	_	(4)	Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.		
TN No. Supersedes TN No.	Approval Dat	e	Effective Date		

(BERC)

OMB No.: 0938-0193

HCFA ID: 101OP/0012P

Revision:

HCFA-PH-87-9

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number for this information collection is 0938-0193 (Expires: TBD). The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21224-1850.