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SUPPLEMENT 3 TO ATTACHMENT 2.6-A
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OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

N/A

TN No. 8511
Supersedes _____
TN No. _____

Approval Date 3/31/86

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