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**State:**

**Citation**  
42 CFR 447.201  
42 CFR 447.204  
AT-78-90

**4.19(i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.**

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**TN No.**

**Supersedes**

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

**TN No.**

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

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