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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: District of Columbia

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

TN No. ____
Supersedes
TN No. NEW

Approval Date _____

Effective Date _____