Revision: HCFA-PM-91-4 (BPD)

August 1991

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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: District of Columbia

A. The following method is used to determine the monthly premium imposed on optional categorically needy pregnant women and infants covered under section 1902(a)(10)(A)(ii)(IX)(A) and (B) of the Act:

N/A

B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

N/A

*Description provided on attachment.

TN No. 91-9 Supercedes TN No.

Approval Date 11/30/93

Effective Date 10/31/91

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	District	of	Coli	ımbia
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C.	State and local funds under other programs are used to pay for premiums	
	Yes No	
	N/A	
D.	The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:	
	N/A	
*Desc	ription provided on attachment.	
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Super	cedes Approval Date 11/30/93 Effective Date 10/31/91	