Revi	sion:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	ATTACHMENT 4.18-E Page 1 OMB No.: 0938-				
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT								
		State/Territory	: CALIFORNIA					
Optional Sliding Scale Premiums Imposed on Qualified Disabled and Working Individuals								
A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:								
в.	for p	remium payment,		s as follows (include due date onsequences of nonpayment, and of premium payment):				

JUN 24 1994

HCFA ID: 7986E JAN 01 1993

*Description provided on attachment.

Approval Date _

TN No. 92-19

Supersedes TN No.

Revis	sion:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		ATTACHMENT 4.18-E Page 2 OMB No.:0938-	
		STATE PLAN UN	DER TITLE X	IX OF THE	SOCIAL SECURITY ACT	
		State/Territory	: ——CALI	FORNIA -		_
c.	State	or local funds (inder other	programs	are used to pay for	premiums:
		Yes		No		
D.	a prem	mium because it w	determinin would cause	g whether an undue	the agency will waiv	e payment of vidual are
	descr	ibed below:				
*De	script	cion provided on	attachment	•		
	No. ersed	92-19 es Approval	Date JU	N 24 1994	Effective Date JA	N 01 1993
TN	No					

HCFA ID: 7986E