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State/Territory Name: California

State Plan Amendment (SPA) #: 20-0022

This file contains the following documents in the order listed:

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CA - Submission Package - CA2019MS00100 - (CA-20-0022) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	CA2019MS00100	Submission Type	Official
Program Name	N/A	State	CA
SPA ID	CA-20-0022	Region	San Francisco, CA
Version Number	7	Package Status	Approved
Submitted By	Angeli Sus Lee	Submission Date	3/23/2020
Package Disposition		Approval Date	11/19/2020 12:15 PM EST
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
601 E. 12th Street, Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

November 19, 2020

Jacey Cooper
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413


Re: Approval of State Plan Amendment CA-20-0022

Dear Ms. Cooper:

On March 23, 2020, the Centers for Medicare and Medicaid Services (CMS) received California State Plan Amendment (SPA) CA-20-0022 to implement an income disregard to make all wages paid to an individual by the U.S. Census Bureau for temporary employment related to current or future Census activities to be exempt for Non-Modified Adjusted Gross Income (non-MAGI) Medi-Cal programs.

We approve California State Plan Amendment (SPA) CA-20-0022 on November 19, 2020 with an effective date(s) of January 01, 2020.

Please note that accompanying this approval of SPA 20-0022 is a companion letter regarding a resource disregard, which the state will need to address after the end of the of COVID-19 Public Health Emergency.

Name	Date Created	
CA-20-0022 Companion Letter	11/19/2020 10:57 AM EST	

If you have any questions regarding this amendment, please contact Cheryl Young at cheryl.young@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program
Operations
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

Package ID	CA2019MS00100	SPA ID	CA-20-0022
Submission Type	Official	Initial Submission Date	3/23/2020
Approval Date	11/19/2020	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: California

Medicaid Agency Name: California Department of Health Care Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 13, 2020

Jacey Cooper
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cooper:

We are issuing this letter as a companion to the Centers for Medicare and Medicaid Services' (CMS) approval of California's State Plan Amendment (SPA) CA 20-0022. California's SPA 20-0022 implements an income disregard to make all wages paid to an individual by the U.S. Census Bureau for temporary employment related to current or future Census activities to be exempt for Non-Modified Adjusted Gross Income (non-MAGI) Medi-Cal programs. The changes made by this state plan amendment are effective January 1, 2020. During the course of our review of SPA 20-0022, we found a comparability issue with a resource disregard, which is the subject of this letter.

California's existing state plan includes a resource disregard ("Resources exempted under 1902(a)(10)(A)(ii)(XIII)") on Supplement 8b to Attachment 2.6-A, page 14 (hereafter page 14). Under this disregard, resources that were excluded for an individual while he or she was enrolled in the eligibility group described at section 1902(a)(10)(A)(ii)(XIII) of the Act are disregarded when such an individual undergoes an eligibility determination for certain other eligibility groups (as listed on page 14). The effect of this disregard is that, when California determines financial eligibility for the eligibility groups described at sections 1902(a)(10)(A)(ii)(I), (X), and section 1902(a)(10)(C) of the Act, only some, but not all, individuals are permitted a certain resource disregard. Consequently, individuals in the same categorical population (e.g., individuals 65 years old or older) will be treated differently depending on whether they were or were not previously enrolled in the eligibility group described at section 1902(a)(10)(A)(ii)(XIII) of the Act. If the state chooses to apply a less restrictive income or resource methodology to an eligibility group, it must apply that methodology to all individuals within the selected group. The application of this disregard to only a narrow segment of each categorical population within each eligibility group is not permitted under section 1902(a)(17) of the Act, and implemented at 42 C.F.R. §435.601(d)(4), which require comparability in the application of the financial methodology for all individuals within the same eligibility group.


Although the application of the disregard to a narrow population within an eligibility group is not permissible, the elimination of this disregard from California's state plan may render it ineligible

for the increased federal medical assistance percentage (FMAP) authorized under Section 6008(a) of the Families First Coronavirus Relief Act (FFCRA). To be eligible for the increased FMAP, a state must maintain eligibility standards, methodologies, or procedures that are no more restrictive than what the state had in place as of January 1, 2020, during the period in which the enhanced FMAP is available (i.e., during the public health emergency relating to the 2019 Novel Coronavirus, or “COVID-19”) under section 6008(b)(1) of the FFCRA. For this reason, we are approving this SPA with the disregard as currently listed in the state plan on page 14, and now incorporated into MACPro in the reviewable units (RUs) for: “Individuals Eligible for but Not Receiving Cash Assistance”, “Age and Disability-Related Poverty Level”, “Medically Needy Pregnant Women”, “Medically Needy Children under Age 18”, “Medically Needy Reasonable Classifications of Individuals under Age 21”, “Medically Needy Parents and Other Caretaker Relatives”, and “Medically Needy Populations Based on Age, Blindness or Disability”.

We discussed this issue with the state on October 7, 2020. This letter documents that the state agrees it will submit an additional SPA to correct this issue as soon as practicable after the end of the COVID-19 public health emergency. Such a SPA would remove this disregard now incorporated into MACPro in the reviewable units (RUs) for “Individuals Eligible for but Not Receiving Cash Assistance”, “Age and Disability-Related Poverty Level”, “Medically Needy Pregnant Women”, “Medically Needy Children under Age 18”, “Medically Needy Reasonable Classifications of Individuals under Age 21”, “Medically Needy Parents and Other Caretaker Relatives”, and “Medically Needy Populations Based on Age, Blindness or Disability”.

CMS welcomes the opportunity to work with you and your staff to resolve these issues. Should you or your staff have any questions regarding this request, please contact Cheryl Young at Cheryl.Young@cms.hhs.gov or 415-744-3598.

Sincerely,

 Digitally signed by James
3 11:13:45
-0600

James G. Scott, Director
Division of Program Operations

cc: Rene Mollow, Department of Health Care Services (DHCS)
Sandra Williams, DHCS
Brooke Hennessey, DHCS
Theresa Hasbrouck, DHCS
Derek Soiu, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

Package ID CA2019MS00100
Submission Type Official
Approval Date 11/19/2020
Superseded SPA ID N/A

SPA ID CA-20-0022
Initial Submission Date 3/23/2020
Effective Date N/A

SPA ID and Effective Date

SPA ID CA-20-0022

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	1/1/2020	New
Non-MAGI Methodologies	1/1/2020	New
Medically Needy Income Level	1/1/2020	CA 01-017
Handling of Excess Income (Spendeddown)	1/1/2020	CA 88-9
Medically Needy Resource Level	1/1/2020	CA 92-19
Mandatory Eligibility Groups	1/1/2020	New
Qualified Medicare Beneficiaries	1/1/2020	CA 07-006
Specified Low Income Medicare Beneficiaries	1/1/2020	CA 07-006
Qualifying Individuals	1/1/2020	CA 07-006
Optional Eligibility Groups	1/1/2020	New
Individuals Eligible for but Not Receiving Cash Assistance	1/1/2020	CA-09-009
Age and Disability-Related Poverty Level	1/1/2020	CA 02-002
Work Incentives	1/1/2020	CA 11-016
Medically Needy Pregnant Women	1/1/2020	CA 07-006
Medically Needy Children under Age 18	1/1/2020	CA 07-006
Medically Needy Reasonable Classifications of Individuals under Age 21	1/1/2020	CA 07-006
Medically Needy Parents and Other Caretaker Relatives	1/1/2020	CA 07-006
Medically Needy Populations Based on Age, Blindness or Disability	1/1/2020	CA 07-006

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment intends to make all wages paid to an individual by the Census Bureau for temporary employment related to current or future census activities to be exempt for Non-Modified Adjusted Gross Income Medi-Cal programs. Allowing this exemption would provide Medi-Cal eligible individuals a unique opportunity for employment and valuable work skills training while continuing to be eligible for Medi-Cal. This income disregard is a permissible less restrictive income methodology under 1902(r)(2) authority.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$0
Second	2021	\$0

Federal Statute / Regulation Citation

1902(r)(2)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe The Governor's Office does not wish to review this SPA.

Submission - Public Comment

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

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Initial Submission Date 3/23/2020
Effective Date N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations:

DHCS does not believe a Tribal Notice is required because the proposal does not make changes to the Medi-Cal program that further restrict eligibility; or reduce payment rates or make updates to payment methodologies to Indian health programs; or reduce or restrict access to covered services for American Indian Medi-Cal beneficiaries or increase services reimbursed to Indian health programs. CMS approved DHCS' no-notice request on November 5, 2019.

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

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Superseded SPA ID	New User-Entered		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

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	User-Entered		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

- Yes
 No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

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C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

Non-MAGI Methodologies

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D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No
- a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act)
- b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(iii) of the Act)
- c. Qualifying Individuals (described in section 1902(a)(10)(E)(iv) of the Act)
- d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(ii) of the Act)
- e. Age and Disability-Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X) of the Act)
- f. Work Incentives (described in section 1902(a)(10)(A)(ii)(XIII) of the Act)
- g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XIX) of the Act)
- h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219)

4. The state uses the same definition of family size for the selected FPL eligibility groups.

- Yes
- No

5. For the selected FPL eligibility groups, family size is defined as follows:

- a. Family is defined as the individual, the individual's spouse and the individual's children under age 18 living together in the same household. If the individual is a child, the child's parents and siblings under age 18 are also included in the household if living together.
- b. The state uses another definition of family.

Name of other definition:	Description:
Alternative definition of family for QMB, SLMB, and QI 1	Family members include spouse, parents, and children under age 21, if living together, and children 18 years of age or older but under 21, whether living in the home or away from home, being claimed as a dependent by the parent(s) in order to receive a tax credit or deduction for state or federal income tax purposes. However, if the person is 18 to 21 years of age, blind, or disabled, living in the home with the parents, not claimed as a dependent by the parent in order to receive a tax credit or deduction for state or federal income tax purposes, and not currently enrolled in school, college, university, or a course of vocational or technical training to prepare for gainful employment, the person is considered an adult.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

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E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
 No

Non-MAGI Methodologies

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F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

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A. Income Level Used

1. The state employs a single income level for the medically needy.
2. The income level varies based on differences between shelter costs in urban and rural areas.

- Yes
 No

3. The level used is:

Household size	Standard
10	\$1684.00
1	\$517.00
2	\$642.00
3	\$800.00
4	\$950.00
5	\$1075.00
6	\$1209.00
7	\$1334.00
8	\$1450.00
9	\$1567.00

The state uses an additional incremental amount for larger household sizes.

- Yes
 No

Incremental Amount:
\$14.00

The dollar amounts increase automatically each year

- Yes
 No

Medically Needy Income Level

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B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

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C. Additional Information (optional)

For the household size of two adults when at least one of the adults is aged, blind, or disabled, the standard is \$800.

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

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If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- a. One budget period of:
 - i. 6 months
 - ii. 5 months
 - iii. 4 months
 - iv. 3 months
 - v. 2 months
 - vi. 1 month
- b. More than one budget period, as described below:

2. The state includes part or all of the retroactive period in the budget period.

- Yes
- No

Handling of Excess Income (Spendedown)

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B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

- Yes
 No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spendedown)

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C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:
 - i. At any time prior to the budget period.
 - ii. Prior to the third month before the month of application, but no earlier than:
 - iii. No earlier than the third month before the month of application.

2. For prospective budget period(s), the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

Handling of Excess Income (Spendedown)

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D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- 1. By the type of service, in the following order:
 - a. Premiums, deductibles, coinsurance and co-payments.
 - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
 - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
 - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- 3. In chronological order by the date the bill is submitted to the state by the individual.

Handling of Excess Income (Spendedown)

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	User-Entered		

E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- Yes
- No

Handling of Excess Income (Spenddown)

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F. Spenddown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- Yes
 No

Handling of Excess Income (Spendedown)

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

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A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

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B. Resource Level Used

The level used is:

Household size	Standard
2	\$3000.00
1	\$2000.00
3	\$3150.00
4	\$3300.00
5	\$3450.00
6	\$3600.00
7	\$3750.00
8	\$3900.00
9	\$4050.00
10	\$4200.00

The state uses an additional incremental amount for larger household sizes.

- Yes
 No

Medically Needy Resource Level

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C. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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Superseded SPA ID	New User-Entered		

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Qualifying Individuals	?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022


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B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

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The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

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Submission Type Official
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Superseded SPA ID CA 07-006
User-Entered

SPA ID CA-20-0022
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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: As permitted under Section 1902(r)(2), all wages paid to an individual by the Census Bureau for temporary employment related to current or future census activities shall be exempt.

A specified type of income is disregarded:

Name of income type:	Description:
Income used to pay spousal or child support	Reference to Supplement 3 of Attachment 2.6. - A: The agency uses the same income disregards as used in SSI except as follows: Income which must, by court order or by agreement with a district attorney (DA), be used to pay spousal or child support is held to be unavailable to set the current needs of ABD-MN applicants and beneficiaries. In these cases the lower of 1) the amount ordered by the court or the DA agreement, or 2) the amount actually paid is deducted from the reported income.

Name of income type:	Description:
In-home caregiver wages	<p>As referenced in Supplement 8a of Attachment 2.6-A page 8:</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met: 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</p> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt. These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)
Kinship Guardianship Benefit Payments	<p>As referenced in Supplement 8a of Attachment 2.6-A page 9:</p> <p>As permitted under Section 1902(r)(2), in determining eligibility for the following coverage groups, State funded benefit payments under the State's Kinship Guardianship Assistance Payment Program (also known as Kinship Guardianship Assistance Payment Program - Enhanced) shall be exempt.</p> <p>These coverage groups are: 1902(a)(10)(A)(ii), 1902(a)(10)(C)(i)(III), and 1905(p).</p>

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- The state uses a less restrictive methodology with respect to resources set aside for burial.
 - Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:

Name of methodology:	Description:
Burial Funds	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a, Page 2:</p> <p>All of the following shall be disregarded in determining eligibility in their entirety and shall not be applied against a single \$1500 limit:</p> <p>(1) All of the following burial related funds:</p> <p>(a) The first \$1500 paid for clearly designated burial funds such as burial insurance policies with cash surrender values, revocable burial trusts, revocable burial contracts, or other revocable burial arrangements.</p> <p>(b) Irrevocable burial trusts or irrevocable burial contracts, or other irrevocable burial arrangements.</p> <p>(c) Burial insurance policies without cash surrender values.</p> <p>(2) Life insurance policies on the life of any individual in the family shall be exempt if the combined face value of all of the policies on the insured individual is \$1500 or less.</p> <p>(3) All dividends and interest that accrue to and are not removed from the burial fund or policy described in (1) or (2).</p> <p>The disregard of life insurance policies and burial related funds is allowed for all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <p>(a)(10)(A)(ii), (a)(10)(C)(i)(III), and 1905(p)</p>

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a Page 11:

One motor vehicle per budget unit shall be exempt regardless of value or use. The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

A specified type of resource is disregarded:

Name of resource type:	Description:
Unpaid incurred medical bills	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"> • only when payment of those medical bills occurs in a later month, and • verification of payment is provided. <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"> • The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan. <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Principal residence disregard	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> • if a child under the age of 21 lives on the property, or • if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative), • if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or • if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county. <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
<p>Precertified long-term care insurance policy or health care service plan contract</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> • The family member is a regular employee of an organization which is providing the services; and • The organization receives the payment for the services; and • The family member receives no compensation other than the normal compensation for employees in his or her job category. <p>The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> • the amount of payments made for services by the insurance policy; or • the actual charge for the services. <p>Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.</p> <p>The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:</p> <p>A. Medically Needy [1902(a)(10)(C)(i)(III)], or</p> <p>B. Optional Categorically Needy [1902(a)(10)(A)(ii)], except those who are included in Section 1902(a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment. or</p> <p>C. Who are Qualified Medicare Beneficiaries [1905(p)].</p>

Name of resource type:	Description:
<p>Bona fide, good faith effort to sell or liquidate resource</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)
<p>Restitution payments made to Holocaust victims</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation;</p> <p>(2) during any period before, during or after.</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim: (1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits,</p>

<p>Name of resource type:</p>	<p>Description:</p> <p>insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries;</p> <p>(3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action;</p> <p>(4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or</p> <p>(5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)
<p>In-home caregiver resource disregard</p>	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <ol style="list-style-type: none"> 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program. <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

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	User-Entered		

C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

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The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: As permitted under Section 1902(r)(2), all wages paid to an individual by the Census Bureau for temporary employment related to current or future census activities shall be exempt.

A specified type of income is disregarded:

Name of income type:	Description:
Income used to pay spousal or child support	Reference to Supplement 3 of Attachment 2.6. - A: The agency uses the same income disregards as used in SSI except as follows: Income which must, by court order or by agreement with a district attorney (DA), be used to pay spousal or child support is held to be unavailable to set the current needs of ABD-MN applicants and beneficiaries. In these cases the lower of 1) the amount ordered by the court or the DA agreement, or 2) the amount actually paid is deducted from the reported income.

Name of income type:	Description:
In-home caregiver wages	<p>As referenced in Supplement 8a of Attachment 2.6-A page 8:</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met: 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</p> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt. These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)
Kinship Guardianship Benefit Payments	<p>As referenced in Supplement 8a of Attachment 2.6-A page 9:</p> <p>As permitted under Section 1902(r)(2), in determining eligibility for the following coverage groups, State funded benefit payments under the State's Kinship Guardianship Assistance Payment Program (also known as Kinship Guardianship Assistance Payment Program - Enhanced) shall be exempt.</p> <p>These coverage groups are: 1902(a)(10)(A)(ii), 1902(a)(10)(C)(i)(III), and 1905(p).</p>

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- The state uses a less restrictive methodology with respect to resources set aside for burial.
 - Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:

Name of methodology:	Description:
Burial Funds	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a, Page 2:</p> <p>All of the following shall be disregarded in determining eligibility in their entirety and shall not be applied against a single \$1500 limit:</p> <p>(1) All of the following burial related funds:</p> <p>(a) The first \$1500 paid for clearly designated burial funds such as burial insurance policies with cash surrender values, revocable burial trusts, revocable burial contracts, or other revocable burial arrangements.</p> <p>(b) Irrevocable burial trusts or irrevocable burial contracts, or other irrevocable burial arrangements.</p> <p>(c) Burial insurance policies without cash surrender values.</p> <p>(2) Life insurance policies on the life of any individual in the family shall be exempt if the combined face value of all of the policies on the insured individual is \$1500 or less.</p> <p>(3) All dividends and interest that accrue to and are not removed from the burial fund or policy described in (1) or (2).</p> <p>The disregard of life insurance policies and burial related funds is allowed for all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <p>(a)(10)(A)(ii), (a)(10)(C)(i)(III), and 1905(p)</p>

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a Page 11:

One motor vehicle per budget unit shall be exempt regardless of value or use. The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

A specified type of resource is disregarded:

Name of resource type:	Description:
Principal residence disregard	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> • if a child under the age of 21 lives on the property, or • if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative), • if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or • if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county. <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
<p>Bona fide, good faith effort to sell or liquidate resource</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)
<p>Restitution payments made to Holocaust victims</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation;</p> <p>(2) during any period before, during or after.</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim: (1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type,</p>

Name of resource type:	Description:
In-home caregiver resource disregard	<p>including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries;</p> <p>(3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action;</p> <p>(4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or</p> <p>(5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <p>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</p> <p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <p>1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and</p> <p>2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</p> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <p>• 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)</p>

Name of resource type:	Description:
<p>Precertified long-term care insurance policy or health care service plan contract</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> • The family member is a regular employee of an organization which is providing the services; and • The organization receives the payment for the services; and • The family member receives no compensation other than the normal compensation for employees in his or her job category. <p>The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> • the amount of payments made for services by the insurance policy; or • the actual charge for the services. <p>Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.</p> <p>The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:</p> <p>A. Medically Needy [1902(a)(10)(C)(i)(III)], or</p> <p>B. Optional Categorically Needy [1902(a)(10)(A)(ii)], except those who are included in Section 1902(a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment. or</p> <p>C. Who are Qualified Medicare Beneficiaries [1905(p)].</p>

Name of resource type:	Description:
Unpaid incurred medical bills	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"> • only when payment of those medical bills occurs in a later month, and • verification of payment is provided. <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"> • The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan. <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

Package ID	CA2019MS00100	SPA ID	CA-20-0022
Submission Type	Official	Initial Submission Date	3/23/2020
Approval Date	11/19/2020	Effective Date	1/1/2020
Superseded SPA ID	CA 07-006		
	User-Entered		

C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

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	User-Entered		

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

Package Header

Package ID	CA2019MS00100	SPA ID	CA-20-0022
Submission Type	Official	Initial Submission Date	3/23/2020
Approval Date	11/19/2020	Effective Date	1/1/2020
Superseded SPA ID	CA 07-006		
	User-Entered		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet all of the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

Package ID CA2019MS00100
Submission Type Official
Approval Date 11/19/2020
Superseded SPA ID CA 07-006
User-Entered

SPA ID CA-20-0022
Initial Submission Date 3/23/2020
Effective Date 1/1/2020

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: As permitted under Section 1902(r)(2), all wages paid to an individual by the Census Bureau for temporary employment related to current or future census activities shall be exempt.

A specified type of income is disregarded:

Name of income type:	Description:
Income used to pay spousal or child support	Reference to Supplement 3 of Attachment 2.6. - A: The agency uses the same income disregards as used in SSI except as follows: Income which must, by court order or by agreement with a district attorney (DA), be used to pay spousal or child support is held to be unavailable to set the current needs of ABD-MN applicants and beneficiaries. In these cases the lower of 1) the amount ordered by the court or the DA agreement, or 2) the amount actually paid is deducted from the reported income.

Name of income type:	Description:
In-home caregiver wages	<p>As referenced in Supplement 8a of Attachment 2.6-A page 8:</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met: 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</p> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt. These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)
Kinship Guardianship Benefit Payments	<p>As referenced in Supplement 8a of Attachment 2.6-A page 9:</p> <p>As permitted under Section 1902(r)(2), in determining eligibility for the following coverage groups, State funded benefit payments under the State's Kinship Guardianship Assistance Payment Program (also known as Kinship Guardianship Assistance Payment Program - Enhanced) shall be exempt.</p> <p>These coverage groups are: 1902(a)(10)(A)(ii), 1902(a)(10)(C)(i)(III), and 1905(p).</p>

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- The state uses a less restrictive methodology with respect to resources set aside for burial.
 - Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:

Name of methodology:	Description:
Burial Funds	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a, Page 2:</p> <p>All of the following shall be disregarded in determining eligibility in their entirety and shall not be applied against a single \$1500 limit:</p> <p>(1) All of the following burial related funds:</p> <p>(a) The first \$1500 paid for clearly designated burial funds such as burial insurance policies with cash surrender values, revocable burial trusts, revocable burial contracts, or other revocable burial arrangements.</p> <p>(b) Irrevocable burial trusts or irrevocable burial contracts, or other irrevocable burial arrangements.</p> <p>(c) Burial insurance policies without cash surrender values.</p> <p>(2) Life insurance policies on the life of any individual in the family shall be exempt if the combined face value of all of the policies on the insured individual is \$1500 or less.</p> <p>(3) All dividends and interest that accrue to and are not removed from the burial fund or policy described in (1) or (2).</p> <p>The disregard of life insurance policies and burial related funds is allowed for all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <p>(a)(10)(A)(ii), (a)(10)(C)(i)(III), and 1905(p)</p>

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a Page 11:

One motor vehicle per budget unit shall be exempt regardless of value or use. The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

A specified type of resource is disregarded:

Name of resource type:	Description:
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"> • The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan. <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Principal residence disregard	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> • if a child under the age of 21 lives on the property, or • if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative), • if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or • if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county. <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
<p>Precertified long-term care insurance policy or health care service plan contract</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> • The family member is a regular employee of an organization which is providing the services; and • The organization receives the payment for the services; and • The family member receives no compensation other than the normal compensation for employees in his or her job category. <p>The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> • the amount of payments made for services by the insurance policy; or • the actual charge for the services. <p>Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.</p> <p>The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:</p> <p>A. Medically Needy [1902(a)(10)(C)(i)(III)], or</p> <p>B. Optional Categorically Needy [1902(a)(10)(A)(ii)], except those who are included in Section 1902(a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment, or</p> <p>C. Who are Qualified Medicare Beneficiaries [1905(p)].</p>

Name of resource type:	Description:
<p>Bona fide, good faith effort to sell or liquidate resource</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Unpaid incurred medical bills	<p data-bbox="1170 138 1455 186">As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p data-bbox="1170 212 1463 426">Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul data-bbox="1170 451 1422 569" style="list-style-type: none"> • only when payment of those medical bills occurs in a later month, and • verification of payment is provided. <p data-bbox="1170 594 1471 711">This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p data-bbox="1170 737 1455 854">The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p data-bbox="1170 879 1471 1094">This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul data-bbox="1170 1119 1422 1167" style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)
Restitution payments made to Holocaust victims	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <ol style="list-style-type: none"> (1) on the basis of race, religion, physical or mental disability, or sexual orientation; (2) during any period before, during or after. <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim:</p> <ol style="list-style-type: none"> (1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen); (2) as a

Name of resource type:	Description:
In-home caregiver resource disregard	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <ol style="list-style-type: none"> 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program. <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)
	<p>result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries;</p> <p>(3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action;</p> <p>(4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or</p> <p>(5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

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Submission Type	Official	Initial Submission Date	3/23/2020
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Superseded SPA ID	CA 07-006		
	User-Entered		

C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

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Superseded SPA ID	New		
	User-Entered		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No
















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals Electing COBRA Continuation Coverage		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

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B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

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	User-Entered		

The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet the eligibility requirements of at least one of the following cash assistance programs:

- a. SSI
- b. Optional State Supplement
- c. AFDC

2. Do not receive cash assistance under these programs.

Individuals Eligible for but Not Receiving Cash Assistance

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B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
 No

2. The state covers the following populations:

- a. Individuals age 65 or older
- b. Individuals who have blindness
- c. Individuals who have a disability
- d. All children under a specified age limit:
- e. Reasonable classifications of children
- f. Parents and other caretaker relatives
- g. Pregnant women
- h. Other population

Individuals Eligible for but Not Receiving Cash Assistance

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SPA ID CA-20-0022
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C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
Standard Income Disregard	Countable income, as determined in accordance with Section 1902 (m) of the Act, does not exceed an income standard equal to 100 percent of federal poverty level for 1 or 2 persons. As permitted under Section 1902(r)(2) an income disregard of \$230 for an individual or in a case of a couple a \$310 income disregard. If such disregards are not sufficient to result in an effective income level equal to the SSI/SSP payment level for a disabled individual or, in the case of a couple, the SSI/SSP payment level for a disabled couple, then an income disregard sufficient to achieve that result.

Census Bureau wages are disregarded.

Description of disregard: As permitted under Section 1902(r)(2), all wages paid to an individual by the Census Bureau for temporary employment related to current or future census activities shall be exempt.

A specified type of income is disregarded:

Name of income type:	Description:
Kinship Guardianship Benefit Payments	As referenced in Supplement 8a of Attachment 2.6-A page 9: As permitted under Section 1902(r)(2), in determining eligibility for the following coverage groups, State funded benefit payments under the State's Kinship Guardianship Assistance Payment Program (also known as Kinship Guardianship Assistance Payment Program - Enhanced) shall be exempt. These coverage groups are: 1902(a)(10)(A)(ii), 1902(a)(10)(C)(i)(III), and 1905(p).

Name of income type:	Description:
In-home caregiver wages	<p>As referenced in Supplement 8a of Attachment 2.6-A page 8:</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met: 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program. Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt. These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)

The following less restrictive methodologies are used:

Name of methodology:	Description:
Deductions for ineligible family members	<p>Disregard and amount equal to the appropriate figure below, based on household size. This disregard description clarifies the existing policy listed on pages 6, 6a, and 7 of Supplement 8a to Attachment 2.6-A of the state plan.</p> <p>Household of 1: \$600 Household of 2: \$750 Household of 2 adults*: \$934 Household of 3: \$934 Household of 4: \$1,100 Household of 5: \$1,259 Household of 6: \$1,417 Household of 7: \$1,550 Household of 8: \$1,692 Household of 9: \$1,825 Household of 10: \$1,959</p> <p>*A household of two adults where at least one person is aged, blind, or disabled utilizes the deduction for a household size of 3, as permitted by 42 CFR § 435.1007(c).</p>

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

The state uses a less restrictive methodology with respect to resources set aside for burial.

Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:

Name of methodology:	Description:
Burial Funds	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a, Page 2:</p> <p>All of the following shall be disregarded in determining eligibility in their entirety and shall not be applied against a single \$1500 limit:</p> <p>(1) All of the following burial related funds:</p> <p>(a) The first \$1500 paid for clearly designated burial funds such as burial insurance policies with cash surrender values, revocable burial trusts, revocable burial contracts, or other revocable burial arrangements.</p> <p>(b) Irrevocable burial trusts or irrevocable burial contracts, or other irrevocable burial arrangements.</p> <p>(c) Burial insurance policies without cash surrender values.</p> <p>(2) Life insurance policies on the life of any individual in the family shall be exempt if the combined face value of all of the policies on the insured individual is \$1500 or less.</p> <p>(3) All dividends and interest that accrue to and are not removed from the burial fund or policy described in (1) or (2).</p> <p>The disregard of life insurance policies and burial related funds is allowed for all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <p>(a)(10)(A)(ii), (a)(10)(C)(i)(III), and 1905(p)</p>

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a Page 11:

One motor vehicle per budget unit shall be exempt regardless of value or use. The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

A specified type of resource is disregarded:

Name of resource type:	Description:
<p>Restitution payments made to Holocaust victims</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation; (2) during any period before, during or after.</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim: (1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries; (3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action; (4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or (5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p>

Name of resource type:	Description:
Independence Accounts	<p>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</p> <p>Independence Accounts established under the Work Incentives program shall be disregarded in the resource eligibility determination, subject to the limitation identified below:</p> <ul style="list-style-type: none"> • Actions involving the accounts are subject to standard eligibility rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).
In-home caregiver resource disregard	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <ol style="list-style-type: none"> 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program. <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
<p>Precertified long-term care insurance policy or health care service plan contract</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> • The family member is a regular employee of an organization which is providing the services; and • The organization receives the payment for the services; and • The family member receives no compensation other than the normal compensation for employees in his or her job category. <p>The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> • the amount of payments made for services by the insurance policy; or • the actual charge for the services. <p>Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.</p> <p>The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:</p> <p>A. Medically Needy [1902(a)(10)(C)(i)(III)], or</p> <p>B. Optional Categorically Needy [1902(a)(10)(A)(ii)], except those who are included in Section 1902(a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment. or</p> <p>C. Who are Qualified Medicare Beneficiaries [1905(p)].</p>

Name of resource type:	Description:
Resources exempted under 1902(a)(10)(A)(ii)(XIII)	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 14: All resources exempted from consideration as resources for individuals in the optional coverage group under section 1902(a)(10)(A)(ii)(XIII) of the Act on the basis that they are employer or individual retirement arrangements authorized under the Internal Revenue Code shall continue to be exempt from consideration as resources in all other coverage groups subject to the provisions of 1902(r)(2) under which the individual later becomes eligible for medical assistance where the basis for that eligibility is the individual's age, blindness, or disability.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii)(I) • 1902(a)(10)(A)(ii)(X) • 1902(a)(10)(C)(i)
Unpaid incurred medical bills	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"> • only when payment of those medical bills occurs in a later month, and • verification of payment is provided. <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"> • The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan. <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Principal residence disregard	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> • if a child under the age of 21 lives on the property, or • if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative), • if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or • if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county. <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
<p>Bona fide, good faith effort to sell or liquidate resource</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

Package ID	CA2019MS00100	SPA ID	CA-20-0022
Submission Type	Official	Initial Submission Date	3/23/2020
Approval Date	11/19/2020	Effective Date	1/1/2020
Superseded SPA ID	CA-09-009		
	User-Entered		

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for but Not Receiving Cash Assistance

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Package Header

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Age and Disability- Related Poverty Level

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Individuals who are age 65 or older or who have a disability, with income no higher than 100% FPL.

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The state covers the optional Age and Disability-Related Poverty Level eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following condition(s):
 - a. Are age 65 or older; or
 - b. Have a disability.
2. Have income and resources at or below the standard for this group.

Age and Disability- Related Poverty Level

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	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Age and Disability- Related Poverty Level

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C. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

a. The state uses the same less restrictive income methodologies for all individuals covered.

- Yes
 No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
Standard Income Disregard	Countable income, as determined in accordance with Section 1902 (m) of the Act, does not exceed an income standard equal to 100 percent of federal poverty level for 1 or 2 persons. As permitted under Section 1902(r)(2) an income disregard of \$230 for an individual or in a case of a couple a \$310 income disregard. If such disregards are not sufficient to result in an effective income level equal to the SSI/SSP payment level for a disabled individual or, in the case of a couple, the SSI/SSP payment level for a disabled couple, then an income disregard sufficient to achieve that result.

- Census Bureau wages are disregarded.

Description of disregard: As permitted under Section 1902(r)(2), all wages paid to an individual by the Census

Bureau for temporary employment related to current or future census activities shall be exempt.

A specified type of income is disregarded:

Name of income type:	Description:
Kinship Guardianship Benefit Payments	As referenced in Supplement 8a of Attachment 2.6-A page 9: As permitted under Section 1902(r)(2), in determining eligibility for the following coverage groups, State funded benefit payments under the State's Kinship Guardianship Assistance Payment Program (also known as Kinship Guardianship Assistance Payment Program -Enhanced) shall be exempt. These coverage groups are: 1902(a)(10)(A)(ii), 1902(a)(10)(C)(i)(III), and 1905(p).

Name of income type:	Description:
In-home caregiver wages	<p>As referenced in Supplement 8a of Attachment 2.6-A page 8:</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met: 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program. Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt. These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)

The following less restrictive methodologies are used:

Name of methodology:	Description:

Name of methodology:	Description:
Deductions for ineligible family members	<p>Disregard and amount equal to the appropriate figure below, based on household size. This disregard description clarifies the existing policy listed on pages 6, 6a, and 7 of Supplement 8a to Attachment 2.6-A of the state plan.</p> <p>Household of 1: \$600 Household of 2: \$750 Household of 2 adults*: \$934 Household of 3: \$934 Household of 4: \$1,100 Household of 5: \$1,259 Household of 6: \$1,417 Household of 7: \$1,550 Household of 8: \$1,692 Household of 9: \$1,825 Household of 10: \$1,959</p> <p>*A household of two adults where at least one person is aged, blind, or disabled utilizes the deduction for a household size of 3, as permitted by 42 CFR § 435.1007(c).</p>

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

a. The state uses the same less restrictive resource methodologies for all individuals covered.

- Yes
- No

The less restrictive resource methodologies are:

- The state uses a less restrictive methodology with respect to resources set aside for burial.
 - Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Funds	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a, Page 2:</p> <p>All of the following shall be disregarded in determining</p>

Name of methodology:	Description:
	<p>eligibility in their entirety and shall not be applied against a single \$1500 limit:</p> <p>(1) All of the following burial related funds:</p> <p>(a) The first \$1500 paid for clearly designated burial funds such as burial insurance policies with cash surrender values, revocable burial trusts, revocable burial contracts, or other revocable burial arrangements.</p> <p>(b) Irrevocable burial trusts or irrevocable burial contracts, or other irrevocable burial arrangements.</p> <p>(c) Burial insurance policies without cash surrender values.</p> <p>(2) Life insurance policies on the life of any individual in the family shall be exempt if the combined face value of all of the policies on the insured individual is \$1500 or less.</p> <p>(3) All dividends and interest that accrue to and are not removed from the burial fund or policy described in (1) or (2).</p> <p>The disregard of life insurance policies and burial related funds is allowed for all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p> <p>(a)(10)(A)(ii), (a)(10)(C)(i)(III), and 1905(p)</p>

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: As

referenced
in
SUPPLEME
NT 8b TO
ATTACHME
NT 2.6-a
Page 11:

One motor
vehicle per
budget
unit shall
be exempt
regardless
of value or
use. The
above
paragraph
applies to
all
applicants
and
recipients
who are
otherwise
eligible
under
California's
State Plan
and who
are also a
member of
one of the
following
coverage
groups
referenced
in the
Social
Security
Act at
Section
1902(r)(2):

• (a)(10)(A)
(ii) • (a)(10)
(C)(i)(III) •
1905(p)

A specified type of resource is disregarded:

Name of resource type:	Description:

Name of resource type:	Description:
Bona fide, good faith effort to sell or liquidate resource	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)
Restitution payments made to Holocaust victims	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive</p>

Name of resource type:

Description:

Medi-Cal benefits or the amounts of those benefits.

A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:

(1) on the basis of race, religion, physical or mental disability, or sexual orientation;
(2) during any period before, during or after.

An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim:
(1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen);
(2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries;
(3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action;

Name of resource type:	Description:
Independence Accounts	<p>(4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or</p> <p>(5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p) <p>Independence Accounts established under the Work Incentives program shall be disregarded in the resource eligibility determination, subject to the limitation identified below:</p> <ul style="list-style-type: none"> • Actions involving the accounts are subject to standard eligibility rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).

Name of resource type:	Description:
In-home caregiver resource disregard	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <p>1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</p> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)
Precertified long-term care insurance policy or health care service plan contract	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care</p>

Name of resource type:	Description:
	<p>service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> • The family member is a regular employee of an organization which is providing the services; and • The organization receives the payment for the services; and • The family member receives no compensation other than the normal compensation for employees in his or her job category. <p>The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> • the amount of payments made for services by the insurance policy; or • the actual charge for the services. <p>Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.</p> <p>The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:</p> <p>A. Medically Needy [1902(a)(10)(C)(i)(III)], or</p> <p>B. Optional Categorically Needy [1902(a)(10)(A)(ii)], except those who are included in Section 1902 (a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment. or</p> <p>C. Who are Qualified Medicare</p>

Name of resource type:	Description:
Resources exempted under 1902(a)(10)(A)(ii)(XIII)	<p data-bbox="1291 147 1404 199">Beneficiaries [1905(p)].</p> <p data-bbox="1291 220 1469 1039">As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 14: All resources exempted from consideration as resources for individuals in the optional coverage group under section 1902(a)(10)(A)(ii)(XIII) of the Act on the basis that they are employer or individual retirement arrangements authorized under the Internal Revenue Code shall continue to be exempt from consideration as resources in all other coverage groups subject to the provisions of 1902(r)(2) under which the individual later becomes eligible for medical assistance where the basis for that eligibility is the individual's age, blindness, or disability.</p> <p data-bbox="1291 1060 1469 1228">These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul data-bbox="1291 1249 1469 1323" style="list-style-type: none"> • 1902(a)(10)(A)(ii)(I) • 1902(a)(10)(A)(ii)(X) • 1902(a)(10)(C)(i)

Name of resource type:	Description:
Unpaid incurred medical bills	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"> • only when payment of those medical bills occurs in a later month, and • verification of payment is provided. <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"> • The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan. <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)
Principal residence disregard	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> • if a child under the age of 21 lives on the property, or • if a dependent

Name of resource type:	Description:
	<p>relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative),</p> <ul style="list-style-type: none"> • if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or • if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county. <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Age and Disability- Related Poverty Level

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D. Income Standard Used

The income standard for this eligibility group is:

- 1. 100% FPL
- 2. A lower percent of the FPL:

Age and Disability- Related Poverty Level

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E. Resource Standard Used

The resource standard used is:

- 1. The resource limit for the SSI program; or
- 2. The resource limit used in the state's medically needy program, if higher.

Age and Disability- Related Poverty Level

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F. Additional Information (optional)

Eligibility Groups - Options for Coverage

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

Package Header

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The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have earned income.
2. Meet the SSI definition of disability, but for earned income.
3. Meet income and resource standards following a two-step process, which includes:
 - a. Step One - A comparison of family net income to 250% FPL; and
 - b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.

Work Incentives

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B. Step One Financial Methodologies and Income Test

1. Financial methodologies

a. SSI methodologies are used in calculating family income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: As permitted under Section 1902(r)(2), all wages paid to an individual by the Census Bureau for temporary employment related to current or future census activities shall be exempt.

A specified type of income is disregarded:

Name of income type:	Description:
In-home Caregiver Wages	<p>As referenced in Supplement 8a of Attachment 2.6-A page 8:</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met: 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</p> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt. These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none">• 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)

Name of income type:	Description:
Kinship Guardianship Benefit Payments	<p>As referenced in Supplement 8a of Attachment 2.6-A page 9:</p> <p>As permitted under Section 1902(r) (2), in determining eligibility for the following coverage groups, State funded benefit payments under the State's Kinship Guardianship Assistance Payment Program (also known as Kinship Guardianship Assistance Payment Program - Enhanced) shall be exempt. These coverage groups are:</p> <p>1902(a)(10)(A)(ii), 1902(a)(10)(C)(i) (III) , and 1905(p).</p>
Disability-based income disregard	<p>As referenced in Supplement 8a to Attachment 2.6 A, Page 5:</p> <p>For the working disabled covered under the provisions of Section 1902(a)(10)(A)(ii)(XIII) of the Act</p> <p>(1) As permitted under Section 1902 (r)(2); all disability income of the disabled individual is exempted (e.g. federal and state disability income and private disability income such as an indemnity payment from an insurance company based on the individual's disability).</p> <p>(2) As permitted under Section 1902(r)(2), social security disability income that converts to retirement income upon the retirement of the individual, including any increases in the amount of that income, shall be exempt.</p>
2009 SSI/SSP Payment Levels	<p>As referenced in Supplement 8a to Attachment 2.6-A Page 5a:</p> <p>Beginning on July 1, 2009, an amount of otherwise countable income equal to the difference between the applicable SSI/SSP payment level and the applicable SSI/SSP payment level in effect on June 30, 2009 shall be exempt until and unless the SSI/SSP payment levels increase to a point that is above the levels in effect on June 30, 2009. This exemption shall be applied to the following coverage groups: • 1902(a)(10)(A)(ii)(XIII)</p>

2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.

Work Incentives

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C. Step Two Financial Methodologies and Income/Resource Test

1. Financial methodologies

a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: As permitted under Section 1902(r)(2), all wages paid to an individual by the Census Bureau for temporary employment related to current or future census activities shall be exempt.

A specified type of income is disregarded:

Name of income type:	Description:
Disability-based income disregard	<p>As referenced in Supplement 8a to Attachment 2.6 A, Page 5:</p> <p>For the working disabled covered under the provisions of Section 1902(a)(10)(A)(ii)(XIII) of the Act</p> <p>(1) As permitted under Section 1902 (r)(2); all disability income of the disabled individual is exempted (e.g. federal and state disability income and private disability income such as an indemnity payment from an insurance company based on the individual's disability).</p> <p>(2) As permitted under Section 1902(r)(2), social security disability income that converts to retirement income upon the retirement of the individual, including any increases in the amount of that income, shall be exempt.</p>
2009 SSI/SSP Payment Levels	<p>As referenced in Supplement 8a to Attachment 2.6-A Page 5a:</p> <p>Beginning on July 1, 2009, an amount of otherwise countable income equal to the difference between the applicable SSI/SSP payment level and the applicable SSI/SSP payment level in effect on June 30, 2009 shall be exempt until and unless the SSI/SSP payment levels increase to a point that is above the levels in effect on June 30, 2009. This exemption shall be applied to the following coverage groups: • 1902(a)(10)(A)(ii)(XIII)</p>

Name of income type:	Description:
In-home Caregiver Wages	<p>As referenced in Supplement 8a of Attachment 2.6-A page 8:</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met: 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</p> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt. These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)
Kinship Guardianship Benefit Payments	<p>As referenced in Supplement 8a of Attachment 2.6-A page 9:</p> <p>As permitted under Section 1902(r)(2), in determining eligibility for the following coverage groups, State funded benefit payments under the State's Kinship Guardianship Assistance Payment Program (also known as Kinship Guardianship Assistance Payment Program - Enhanced) shall be exempt. These coverage groups are:</p> <p>1902(a)(10)(A)(ii), 1902(a)(10)(C)(i)(III), and 1905(p).</p>

c. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- The state uses a less restrictive methodology with respect to resources set aside for burial.
 - Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:

Name of methodology:	Description:
Burial Funds	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a, Page 2:</p> <p>All of the following shall be disregarded in determining eligibility in their entirety and shall not be applied against a single \$1500 limit:</p> <p>(1) All of the following burial related funds:</p> <p>(a) The first \$1500 paid for clearly designated burial funds such as burial insurance policies with cash surrender values, revocable burial trusts, revocable burial contracts, or other revocable burial arrangements.</p> <p>(b) Irrevocable burial trusts or irrevocable burial contracts, or other irrevocable burial arrangements.</p> <p>(c) Burial insurance policies without cash surrender values.</p> <p>(2) Life insurance policies on the life of any individual in the family shall be exempt if the combined face value of all of the policies on the insured individual is \$1500 or less.</p> <p>(3) All dividends and interest that accrue to and are not removed from the burial fund or policy described in (1) or (2).</p> <p>The disregard of life insurance policies and burial related funds is allowed for all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <p>(a)(10)(A)(ii), (a)(10)(C)(i)(III), and 1905(p)</p>

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a Page 11:

One motor vehicle per budget unit shall be exempt regardless of value or use. The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

A specified type of resource is disregarded:

Name of resource type:	Description:
In-home caregiver resource disregard	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <ol style="list-style-type: none"> 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program. <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)
Bona fide, good faith effort to sell or liquidate resource	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)
Restitution payments made to Holocaust victims	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining</p>

Name of resource type:	Description:
	<p>eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation; (2) during any period before, during or after.</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim: (1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries; (3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action; (4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or (5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
<p>Precertified long-term care insurance policy or health care service plan contract</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> • The family member is a regular employee of an organization which is providing the services; and • The organization receives the payment for the services; and • The family member receives no compensation other than the normal compensation for employees in his or her job category. <p>The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> • the amount of payments made for services by the insurance policy; or • the actual charge for the services. <p>Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.</p> <p>The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:</p> <p>A. Medically Needy [1902(a)(10)(C)(i)(III)], or</p> <p>B. Optional Categorically Needy [1902(a)(10)(A)(ii)], except those who are included in Section 1902(a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment. or</p> <p>C. Who are Qualified Medicare Beneficiaries [1905(p)].</p>

Name of resource type:	Description:
Independence Accounts	<p data-bbox="1170 138 1468 233">Exclude the value of all retirement accounts while the account owner is receiving coverage under section 1902(a)(10)(A)(ii)(XIII) of the Act.</p> <p data-bbox="1170 260 1468 380">For individuals enrolled in the eligibility category described at section 1902(a)(10)(A)(ii)(XIII) of the Act, the following resource methodology applies:</p> <ul data-bbox="1170 407 1468 926" style="list-style-type: none"> <li data-bbox="1170 407 1468 590">• A resource disregard will apply to an account established by the beneficiary after and during the individual's enrollment in the category. The individual shall designate the account to the state Medicaid agency as his or her Independence Account. <li data-bbox="1170 617 1468 737">• These accounts will be held separately from non-exempt resources in accounts for which prior approval has been obtained from the Department. <li data-bbox="1170 764 1468 831">• There is no minimum or maximum limit to establish the account. <li data-bbox="1170 858 1468 926">• There is no minimum or maximum limit that can be deposited to the existing account
Separately identified account	<p data-bbox="1170 953 1456 1001">As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p data-bbox="1170 1026 1468 1190">All retained earned income of a disabled individual that is held in a separately identified account and that is not commingled with any other resources shall be exempt from consideration as resources as permitted by Section 1902(r)(2).</p>

Name of resource type:	Description:
Unpaid incurred medical bills	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"> • only when payment of those medical bills occurs in a later month, and • verification of payment is provided. <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Principal residence disregard	<p data-bbox="1170 138 1455 186">As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p data-bbox="1170 212 1471 352">The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul data-bbox="1170 380 1471 1115" style="list-style-type: none"> • if a child under the age of 21 lives on the property, or • if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative), • if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or • if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county. <p data-bbox="1170 1142 1471 1331">The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul data-bbox="1170 1358 1422 1402" style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"> • The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan. <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

- a. The SSI income standard.
- b. The income standard of the state supplement program.

3. Resource Test

The individual's resources must be less than the SSI resource standard.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

Package ID	CA2019MS00100	SPA ID	CA-20-0022
Submission Type	Official	Initial Submission Date	3/23/2020
Approval Date	11/19/2020	Effective Date	1/1/2020
Superseded SPA ID	CA 11-016		
	User-Entered		

D. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

Package ID	CA2019MS00100	SPA ID	CA-20-0022
Submission Type	Official	Initial Submission Date	3/23/2020
Approval Date	11/19/2020	Effective Date	1/1/2020
Superseded SPA ID	CA 11-016		
	User-Entered		

E. Additional Information (optional)

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections as well as page 12d of Attachment 2.6-A of the state plan.

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

Package Header

Package ID	CA2019MS00100	SPA ID	CA-20-0022
Submission Type	Official	Initial Submission Date	3/23/2020
Approval Date	11/19/2020	Effective Date	1/1/2020
Superseded SPA ID	CA 07-006		
	User-Entered		

The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

Package ID CA2019MS00100
Submission Type Official
Approval Date 11/19/2020
Superseded SPA ID CA 07-006
User-Entered

SPA ID CA-20-0022
Initial Submission Date 3/23/2020
Effective Date 1/1/2020

B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: As permitted under Section 1902(r)(2), all wages paid to an individual by the Census Bureau for temporary employment related to current or future census activities shall be exempt.

A specified type of income is disregarded:

Name of income type:	Description:
In-home caregiver wages	<p>As referenced in Supplement 8a of Attachment 2.6-A page 8:</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met: 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</p> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt. These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none">• 1902(a)(10)(A)(ii)• 1902(a)(10)(C)(i)(III)• 1905(p)

Name of income type:	Description:
Kinship Guardianship Benefit Payments	<p>As referenced in Supplement 8a of Attachment 2.6-A page 9:</p> <p>As permitted under Section 1902(r) (2), in determining eligibility for the following coverage groups, State funded benefit payments under the State's Kinship Guardianship Assistance Payment Program (also known as Kinship Guardianship Assistance Payment Program - Enhanced) shall be exempt. These coverage groups are:</p> <p>1902(a)(10)(A)(ii), 1902(a)(10)(C)(i) (III) , and 1905(p).</p>

The following less restrictive methodologies are used:

Name of methodology:	Description:
Deductions for ineligible family members	<p>Disregard and amount equal to the appropriate figure below, based on household size. This disregard description clarifies the existing policy listed on pages 6, 6a, and 7 of Supplement 8a to Attachment 2.6-A of the state plan.</p> <p>Household of 1: \$600 Household of 2: \$750 Household of 2 adults*: \$934 Household of 3: \$934 Household of 4: \$1,100 Household of 5: \$1,259 Household of 6: \$1,417 Household of 7: \$1,550 Household of 8: \$1,692 Household of 9: \$1,825 Household of 10: \$1,959</p> <p>*A household of two adults where at least one person is aged, blind, or disabled utilizes the deduction for a household size of 3, as permitted by 42 CFR § 435.1007(c).</p>

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

The state uses a less restrictive methodology with respect to resources set aside for burial.

Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:

Name of methodology:	Description:
Burial Funds	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a, Page 2:</p> <p>All of the following shall be disregarded in determining eligibility in their entirety and shall not be applied against a single \$1500 limit:</p> <p>(1) All of the following burial related funds:</p> <p>(a) The first \$1500 paid for clearly designated burial funds such as burial insurance policies with cash surrender values, revocable burial trusts, revocable burial contracts, or other revocable burial arrangements.</p> <p>(b) Irrevocable burial trusts or irrevocable burial contracts, or other irrevocable burial arrangements.</p> <p>(c) Burial insurance policies without cash surrender values.</p> <p>(2) Life insurance policies on the life of any individual in the family shall be exempt if the combined face value of all of the policies on the insured individual is \$1500 or less.</p> <p>(3) All dividends and interest that accrue to and are not removed from the burial fund or policy described in (1) or (2).</p> <p>The disregard of life insurance policies and burial related funds is allowed for all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <p>(a)(10)(A)(ii), (a)(10)(C)(i)(III), and 1905(p)</p>

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a Page 11:

One motor vehicle per budget unit shall be exempt regardless of value or use. The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

A specified type of resource is disregarded:

Name of resource type:	Description:
<p>Restitution payments made to Holocaust victims</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation; (2) during any period before, during or after.</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim: (1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries; (3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action; (4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or (5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p>

Name of resource type:	Description:
Independence Accounts	<p>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</p> <p>Independence Accounts established under the Work Incentives program shall be disregarded in the resource eligibility determination, subject to the limitation identified below:</p> <ul style="list-style-type: none"> • Actions involving the accounts are subject to standard eligibility rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).
In-home caregiver resource disregard	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <ol style="list-style-type: none"> 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program. <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
<p>Precertified long-term care insurance policy or health care service plan contract</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> • The family member is a regular employee of an organization which is providing the services; and • The organization receives the payment for the services; and • The family member receives no compensation other than the normal compensation for employees in his or her job category. <p>The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> • the amount of payments made for services by the insurance policy; or • the actual charge for the services. <p>Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.</p> <p>The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:</p> <p>A. Medically Needy [1902(a)(10)(C)(i)(III)], or</p> <p>B. Optional Categorically Needy [1902(a)(10)(A)(ii)], except those who are included in Section 1902(a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment, or</p> <p>C. Who are Qualified Medicare Beneficiaries [1905(p)].</p>

Name of resource type:	Description:
Resources exempted under 1902(a)(10)(A)(ii)(XIII)	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 14: All resources exempted from consideration as resources for individuals in the optional coverage group under section 1902(a)(10)(A)(ii)(XIII) of the Act on the basis that they are employer or individual retirement arrangements authorized under the Internal Revenue Code shall continue to be exempt from consideration as resources in all other coverage groups subject to the provisions of 1902(r)(2) under which the individual later becomes eligible for medical assistance where the basis for that eligibility is the individual's age, blindness, or disability.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii)(I) • 1902(a)(10)(A)(ii)(X) • 1902(a)(10)(C)(i)
Unpaid incurred medical bills	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"> • only when payment of those medical bills occurs in a later month, and • verification of payment is provided. <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"> • The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan. <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Principal residence disregard	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> • if a child under the age of 21 lives on the property, or • if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative), • if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or • if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county. <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
<p data-bbox="841 541 1127 592">Bona fide, good faith effort to sell or liquidate resource</p>	<p data-bbox="1166 138 1455 189">As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p data-bbox="1166 210 1471 709">The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p data-bbox="1166 735 1464 924">The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul data-bbox="1166 949 1419 999" style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

Package ID	CA2019MS00100	SPA ID	CA-20-0022
Submission Type	Official	Initial Submission Date	3/23/2020
Approval Date	11/19/2020	Effective Date	1/1/2020
Superseded SPA ID	CA 07-006		
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C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

Package Header

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The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 18.
2. Would qualify as categorically needy, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

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B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: As permitted under Section 1902(r)(2), all wages paid to an individual by the Census Bureau for temporary employment related to current or future census activities shall be exempt.

A specified type of income is disregarded:

Name of income type:	Description:
In-home caregiver wages	<p>As referenced in Supplement 8a of Attachment 2.6-A page 8:</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met: 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</p> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt. These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none">• 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)

Name of income type:	Description:
Kinship Guardianship Benefit Payments	<p>As referenced in Supplement 8a of Attachment 2.6-A page 9:</p> <p>As permitted under Section 1902(r) (2), in determining eligibility for the following coverage groups, State funded benefit payments under the State's Kinship Guardianship Assistance Payment Program (also known as Kinship Guardianship Assistance Payment Program - Enhanced) shall be exempt. These coverage groups are:</p> <p>1902(a)(10)(A)(ii), 1902(a)(10)(C)(i) (III) , and 1905(p).</p>

The following less restrictive methodologies are used:

Name of methodology:	Description:
Deductions for ineligible family members	<p>Disregard and amount equal to the appropriate figure below, based on household size. This disregard description clarifies the existing policy listed on pages 6, 6a, and 7 of Supplement 8a to Attachment 2.6-A of the state plan.</p> <p>Household of 1: \$600 Household of 2: \$750 Household of 2 adults*: \$934 Household of 3: \$934 Household of 4: \$1,100 Household of 5: \$1,259 Household of 6: \$1,417 Household of 7: \$1,550 Household of 8: \$1,692 Household of 9: \$1,825 Household of 10: \$1,959</p> <p>*A household of two adults where at least one person is aged, blind, or disabled utilizes the deduction for a household size of 3, as permitted by 42 CFR § 435.1007(c).</p>

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

The state uses a less restrictive methodology with respect to resources set aside for burial.

Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:

Name of methodology:	Description:
Burial Funds	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a, Page 2:</p> <p>All of the following shall be disregarded in determining eligibility in their entirety and shall not be applied against a single \$1500 limit:</p> <p>(1) All of the following burial related funds:</p> <p>(a) The first \$1500 paid for clearly designated burial funds such as burial insurance policies with cash surrender values, revocable burial trusts, revocable burial contracts, or other revocable burial arrangements.</p> <p>(b) Irrevocable burial trusts or irrevocable burial contracts, or other irrevocable burial arrangements.</p> <p>(c) Burial insurance policies without cash surrender values.</p> <p>(2) Life insurance policies on the life of any individual in the family shall be exempt if the combined face value of all of the policies on the insured individual is \$1500 or less.</p> <p>(3) All dividends and interest that accrue to and are not removed from the burial fund or policy described in (1) or (2).</p> <p>The disregard of life insurance policies and burial related funds is allowed for all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <p>(a)(10)(A)(ii), (a)(10)(C)(i)(III), and 1905(p)</p>

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a Page 11:

One motor vehicle per budget unit shall be exempt regardless of value or use. The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

A specified type of resource is disregarded:

Name of resource type:	Description:
<p>Restitution payments made to Holocaust victims</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation; (2) during any period before, during or after.</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim: (1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries; (3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action; (4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or (5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p>

Name of resource type:	Description:
Independence Accounts	<p>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</p> <p>Independence Accounts established under the Work Incentives program shall be disregarded in the resource eligibility determination, subject to the limitation identified below:</p> <ul style="list-style-type: none"> • Actions involving the accounts are subject to standard eligibility rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).
In-home caregiver resource disregard	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <ol style="list-style-type: none"> 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program. <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
<p>Precertified long-term care insurance policy or health care service plan contract</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> • The family member is a regular employee of an organization which is providing the services; and • The organization receives the payment for the services; and • The family member receives no compensation other than the normal compensation for employees in his or her job category. <p>The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> • the amount of payments made for services by the insurance policy; or • the actual charge for the services. <p>Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.</p> <p>The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:</p> <p>A. Medically Needy [1902(a)(10)(C)(i)(III)], or</p> <p>B. Optional Categorically Needy [1902(a)(10)(A)(ii)], except those who are included in Section 1902(a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment. or</p> <p>C. Who are Qualified Medicare Beneficiaries [1905(p)].</p>

Name of resource type:	Description:
Resources exempted under 1902(a)(10)(A)(ii)(XIII)	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 14: All resources exempted from consideration as resources for individuals in the optional coverage group under section 1902(a)(10)(A)(ii)(XIII) of the Act on the basis that they are employer or individual retirement arrangements authorized under the Internal Revenue Code shall continue to be exempt from consideration as resources in all other coverage groups subject to the provisions of 1902(r)(2) under which the individual later becomes eligible for medical assistance where the basis for that eligibility is the individual's age, blindness, or disability.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii)(I) • 1902(a)(10)(A)(ii)(X) • 1902(a)(10)(C)(i)
Unpaid incurred medical bills	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"> • only when payment of those medical bills occurs in a later month, and • verification of payment is provided. <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"> • The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan. <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Principal residence disregard	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> • if a child under the age of 21 lives on the property, or • if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative), • if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or • if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county. <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
<p data-bbox="841 541 1127 590">Bona fide, good faith effort to sell or liquidate resource</p>	<p data-bbox="1166 138 1455 186">As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p data-bbox="1166 212 1471 709">The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p data-bbox="1166 737 1466 926">The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul data-bbox="1166 951 1419 999" style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

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C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Children under Age 18

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F. Additional Information (optional)

Medically Needy Children under Age 18

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Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

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The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Reasonable Classifications of Individuals under Age 21

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B. Individuals Covered

The state covers the following populations:

- 1. All children under a specified age limit:
 - i. Under age 21
 - ii. Under age 20
 - iii. Under age 19
- 2. Reasonable classifications of children

Medically Needy Reasonable Classifications of Individuals under Age 21

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Superseded SPA ID	CA 07-006		
	User-Entered		

C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- Yes
 No

2. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
 b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: As permitted under Section 1902(r)(2), all wages paid to an individual by the Census Bureau for temporary employment related to current or future census activities shall be exempt.

A specified type of income is disregarded:

Name of income type:	Description:
In-home caregiver wages	<p>As referenced in Supplement 8a of Attachment 2.6-A page 8:</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met: 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</p> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt. These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none">• 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)

Name of income type:	Description:
Kinship Guardianship Benefit Payments	<p>As referenced in Supplement 8a of Attachment 2.6-A page 9:</p> <p>As permitted under Section 1902(r) (2), in determining eligibility for the following coverage groups, State funded benefit payments under the State's Kinship Guardianship Assistance Payment Program (also known as Kinship Guardianship Assistance Payment Program - Enhanced) shall be exempt. These coverage groups are:</p> <p>1902(a)(10)(A)(ii), 1902(a)(10)(C)(i) (III) , and 1905(p).</p>

The following less restrictive methodologies are used:

Name of methodology:	Description:
Deductions for ineligible family members	<p>Disregard and amount equal to the appropriate figure below, based on household size. This disregard description clarifies the existing policy listed on pages 6, 6a, and 7 of Supplement 8a to Attachment 2.6-A of the state plan.</p> <p>Household of 1: \$600 Household of 2: \$750 Household of 2 adults*: \$934 Household of 3: \$934 Household of 4: \$1,100 Household of 5: \$1,259 Household of 6: \$1,417 Household of 7: \$1,550 Household of 8: \$1,692 Household of 9: \$1,825 Household of 10: \$1,959</p> <p>*A household of two adults where at least one person is aged, blind, or disabled utilizes the deduction for a household size of 3, as permitted by 42 CFR § 435.1007(c).</p>

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

The state uses a less restrictive methodology with respect to resources set aside for burial.

Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:

Name of methodology:	Description:
Burial Funds	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a, Page 2:</p> <p>All of the following shall be disregarded in determining eligibility in their entirety and shall not be applied against a single \$1500 limit:</p> <p>(1) All of the following burial related funds:</p> <p>(a) The first \$1500 paid for clearly designated burial funds such as burial insurance policies with cash surrender values, revocable burial trusts, revocable burial contracts, or other revocable burial arrangements.</p> <p>(b) Irrevocable burial trusts or irrevocable burial contracts, or other irrevocable burial arrangements.</p> <p>(c) Burial insurance policies without cash surrender values.</p> <p>(2) Life insurance policies on the life of any individual in the family shall be exempt if the combined face value of all of the policies on the insured individual is \$1500 or less.</p> <p>(3) All dividends and interest that accrue to and are not removed from the burial fund or policy described in (1) or (2).</p> <p>The disregard of life insurance policies and burial related funds is allowed for all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <p>(a)(10)(A)(ii), (a)(10)(C)(i)(III), and 1905(p)</p>

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a Page 11:

One motor vehicle per budget unit shall be exempt regardless of value or use. The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

A specified type of resource is disregarded:

Name of resource type:	Description:
<p>Restitution payments made to Holocaust victims</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation; (2) during any period before, during or after.</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim: (1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries; (3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action; (4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or (5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p>

Name of resource type:	Description:
Independence Accounts	<p>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</p> <p>Independence Accounts established under the Work Incentives program shall be disregarded in the resource eligibility determination, subject to the limitation identified below:</p> <ul style="list-style-type: none"> • Actions involving the accounts are subject to standard eligibility rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).
In-home caregiver resource disregard	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <ol style="list-style-type: none"> 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program. <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
<p>Precertified long-term care insurance policy or health care service plan contract</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> • The family member is a regular employee of an organization which is providing the services; and • The organization receives the payment for the services; and • The family member receives no compensation other than the normal compensation for employees in his or her job category. <p>The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> • the amount of payments made for services by the insurance policy; or • the actual charge for the services. <p>Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.</p> <p>The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:</p> <p>A. Medically Needy [1902(a)(10)(C)(i)(III)], or</p> <p>B. Optional Categorically Needy [1902(a)(10)(A)(ii)], except those who are included in Section 1902(a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment. or</p> <p>C. Who are Qualified Medicare Beneficiaries [1905(p)].</p>

Name of resource type:	Description:
Resources exempted under 1902(a)(10)(A)(ii)(XIII)	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 14: All resources exempted from consideration as resources for individuals in the optional coverage group under section 1902(a)(10)(A)(ii)(XIII) of the Act on the basis that they are employer or individual retirement arrangements authorized under the Internal Revenue Code shall continue to be exempt from consideration as resources in all other coverage groups subject to the provisions of 1902(r)(2) under which the individual later becomes eligible for medical assistance where the basis for that eligibility is the individual's age, blindness, or disability.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii)(I) • 1902(a)(10)(A)(ii)(X) • 1902(a)(10)(C)(i)
Unpaid incurred medical bills	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"> • only when payment of those medical bills occurs in a later month, and • verification of payment is provided. <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"> • The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan. <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Principal residence disregard	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> • if a child under the age of 21 lives on the property, or • if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative), • if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or • if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county. <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
<p>Bona fide, good faith effort to sell or liquidate resource</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

Package ID	CA2019MS00100	SPA ID	CA-20-0022
Submission Type	Official	Initial Submission Date	3/23/2020
Approval Date	11/19/2020	Effective Date	1/1/2020
Superseded SPA ID	CA 07-006		
	User-Entered		

D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

Package ID	CA2019MS00100	SPA ID	CA-20-0022
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G. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Parents and other caretaker relatives of dependent children who do not qualify as categorically needy.

Package Header

Package ID	CA2019MS00100	SPA ID	CA-20-0022
Submission Type	Official	Initial Submission Date	3/23/2020
Approval Date	11/19/2020	Effective Date	1/1/2020
Superseded SPA ID	CA 07-006		
	User-Entered		

The state covers the optional Medically Needy Parents and Other Caretaker Relatives eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet the definition of parent or caretaker relative, as described in the mandatory Parents and Other Caretaker Relatives eligibility group.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | CA2019MS00100 | CA-20-0022

Package Header

Package ID CA2019MS00100
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Approval Date 11/19/2020
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SPA ID CA-20-0022
Initial Submission Date 3/23/2020
Effective Date 1/1/2020

B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: As permitted under Section 1902(r)(2), all wages paid to an individual by the Census Bureau for temporary employment related to current or future census activities shall be exempt.

A specified type of income is disregarded:

Name of income type:	Description:
In-home caregiver wages	<p>As referenced in Supplement 8a of Attachment 2.6-A page 8:</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met: 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</p> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt. These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none">• 1902(a)(10)(A)(ii)• 1902(a)(10)(C)(i)(III)• 1905(p)

Name of income type:	Description:
Kinship Guardianship Benefit Payments	<p>As referenced in Supplement 8a of Attachment 2.6-A page 9:</p> <p>As permitted under Section 1902(r) (2), in determining eligibility for the following coverage groups, State funded benefit payments under the State's Kinship Guardianship Assistance Payment Program (also known as Kinship Guardianship Assistance Payment Program - Enhanced) shall be exempt. These coverage groups are:</p> <p>1902(a)(10)(A)(ii), 1902(a)(10)(C)(i) (III) , and 1905(p).</p>

The following less restrictive methodologies are used:

Name of methodology:	Description:
Deductions for ineligible family members	<p>Disregard and amount equal to the appropriate figure below, based on household size. This disregard description clarifies the existing policy listed on pages 6, 6a, and 7 of Supplement 8a to Attachment 2.6-A of the state plan.</p> <p>Household of 1: \$600 Household of 2: \$750 Household of 2 adults*: \$934 Household of 3: \$934 Household of 4: \$1,100 Household of 5: \$1,259 Household of 6: \$1,417 Household of 7: \$1,550 Household of 8: \$1,692 Household of 9: \$1,825 Household of 10: \$1,959</p> <p>*A household of two adults where at least one person is aged, blind, or disabled utilizes the deduction for a household size of 3, as permitted by 42 CFR § 435.1007(c).</p>

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

The state uses a less restrictive methodology with respect to resources set aside for burial.

Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:

Name of methodology:	Description:
Burial Funds	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a, Page 2:</p> <p>All of the following shall be disregarded in determining eligibility in their entirety and shall not be applied against a single \$1500 limit:</p> <p>(1) All of the following burial related funds:</p> <p>(a) The first \$1500 paid for clearly designated burial funds such as burial insurance policies with cash surrender values, revocable burial trusts, revocable burial contracts, or other revocable burial arrangements.</p> <p>(b) Irrevocable burial trusts or irrevocable burial contracts, or other irrevocable burial arrangements.</p> <p>(c) Burial insurance policies without cash surrender values.</p> <p>(2) Life insurance policies on the life of any individual in the family shall be exempt if the combined face value of all of the policies on the insured individual is \$1500 or less.</p> <p>(3) All dividends and interest that accrue to and are not removed from the burial fund or policy described in (1) or (2).</p> <p>The disregard of life insurance policies and burial related funds is allowed for all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <p>(a)(10)(A)(ii), (a)(10)(C)(i)(III), and 1905(p)</p>

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a Page 11:

One motor vehicle per budget unit shall be exempt regardless of value or use. The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

A specified type of resource is disregarded:

Name of resource type:	Description:
<p>Restitution payments made to Holocaust victims</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation; (2) during any period before, during or after.</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim: (1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries; (3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action; (4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or (5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p>

Name of resource type:	Description:
Independence Accounts	<p>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</p> <p>Independence Accounts established under the Work Incentives program shall be disregarded in the resource eligibility determination, subject to the limitation identified below:</p> <ul style="list-style-type: none"> • Actions involving the accounts are subject to standard eligibility rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).
In-home caregiver resource disregard	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <ol style="list-style-type: none"> 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program. <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
<p>Precertified long-term care insurance policy or health care service plan contract</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> • The family member is a regular employee of an organization which is providing the services; and • The organization receives the payment for the services; and • The family member receives no compensation other than the normal compensation for employees in his or her job category. <p>The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> • the amount of payments made for services by the insurance policy; or • the actual charge for the services. <p>Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.</p> <p>The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:</p> <p>A. Medically Needy [1902(a)(10)(C)(i)(III)], or</p> <p>B. Optional Categorically Needy [1902(a)(10)(A)(ii)], except those who are included in Section 1902(a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment. or</p> <p>C. Who are Qualified Medicare Beneficiaries [1905(p)].</p>

Name of resource type:	Description:
Resources exempted under 1902(a)(10)(A)(ii)(XIII)	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 14: All resources exempted from consideration as resources for individuals in the optional coverage group under section 1902(a)(10)(A)(ii)(XIII) of the Act on the basis that they are employer or individual retirement arrangements authorized under the Internal Revenue Code shall continue to be exempt from consideration as resources in all other coverage groups subject to the provisions of 1902(r)(2) under which the individual later becomes eligible for medical assistance where the basis for that eligibility is the individual's age, blindness, or disability.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii)(I) • 1902(a)(10)(A)(ii)(X) • 1902(a)(10)(C)(i)
Unpaid incurred medical bills	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"> • only when payment of those medical bills occurs in a later month, and • verification of payment is provided. <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"> • The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan. <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Principal residence disregard	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> • if a child under the age of 21 lives on the property, or • if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative), • if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or • if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county. <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
<p data-bbox="841 541 1127 592">Bona fide, good faith effort to sell or liquidate resource</p>	<p data-bbox="1166 138 1455 189">As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p data-bbox="1166 212 1471 709">The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p data-bbox="1166 737 1464 926">The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul data-bbox="1166 951 1419 999" style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Medically Needy Parents and Other Caretaker Relatives

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Package Header

Package ID	CA2019MS00100	SPA ID	CA-20-0022
Submission Type	Official	Initial Submission Date	3/23/2020
Approval Date	11/19/2020	Effective Date	1/1/2020
Superseded SPA ID	CA 07-006		
	User-Entered		

C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Parents and Other Caretaker Relatives

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

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Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

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The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following:

- a. Are age 65 or older;
- b. Have blindness; or
- c. Have a disability.

2. Are not otherwise eligible for categorically needy coverage under the state plan.

3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Populations Based on Age, Blindness or Disability

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B. Individuals Covered

The state covers the following populations:

- 1. Individuals age 65 or older
- 2. Individuals with blindness
- 3. Individuals who have a disability

Medically Needy Populations Based on Age, Blindness or Disability

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	User-Entered		

C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- Yes
 No

2. The financial methodology used is:

a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

- Yes No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: As permitted under Section 1902(r)(2), all wages paid to an individual by the Census Bureau for temporary employment related to current or future census activities shall be exempt.

A specified type of income is disregarded:

Name of income type:	Description:

Name of income type:	Description:
In-home caregiver wages	<p>As referenced in Supplement 8a of Attachment 2.6-A page 8:</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met: 1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</p> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt. These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)
Kinship Guardianship Benefit Payments	<p>As referenced in Supplement 8a of Attachment 2.6-A page 9:</p> <p>As permitted under Section 1902(r)(2), in determining eligibility for the following coverage groups, State funded benefit payments under the State's Kinship Guardianship Assistance Payment Program (also known as Kinship Guardianship Assistance Payment Program -Enhanced) shall be exempt. These coverage groups are:</p> <p>1902(a)(10)(A)(ii), 1902(a)(10)(C)(i)(III), and 1905(p).</p>

Name of income type:	Description:
Income used to pay spousal or child support	<p>Reference to Supplement 3 of Attachment 2.6. - A:</p> <p>The agency uses the same income disregards as used in SSI except as follows:</p> <p>Income which must, by court order or by agreement with a district attorney (DA), be used to pay spousal or child support is held to be unavailable to set the current needs of ABD-MN applicants and beneficiaries. In these cases the lower of 1) the amount ordered by the court or the DA agreement, or 2) the amount actually paid is deducted from the reported income.</p>

The following less restrictive methodologies are used:

Name of methodology:	Description:

Name of methodology:	Description:
Deductions for ineligible family members	<p>Disregard and amount equal to the appropriate figure below, based on household size. This disregard description clarifies the existing policy listed on pages 6, 6a, and 7 of Supplement 8a to Attachment 2.6-A of the state plan.</p> <p>Household of 1: \$600 Household of 2: \$750 Household of 2 adults*: \$934 Household of 3: \$934 Household of 4: \$1,100 Household of 5: \$1,259 Household of 6: \$1,417 Household of 7: \$1,550 Household of 8: \$1,692 Household of 9: \$1,825 Household of 10: \$1,959</p> <p>*A household of two adults where at least one person is aged, blind, or disabled utilizes the deduction for a household size of 3, as permitted by 42 CFR § 435.1007(c).</p>

c. Less restrictive methodologies are used in calculating countable resources.

Yes No

The less restrictive resource methodologies are:

- The state uses a less restrictive methodology with respect to resources set aside for burial.
- Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Funds	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a, Page 2:</p> <p>All of the following shall be disregarded in determining eligibility in their entirety and shall not be applied against a single \$1500 limit:</p> <p>(1) All of the following burial</p>

Name of methodology:	Description:
	<p>related funds:</p> <p>(a) The first \$1500 paid for clearly designated burial funds such as burial insurance policies with cash surrender values, revocable burial trusts, revocable burial contracts, or other revocable burial arrangements.</p> <p>(b) Irrevocable burial trusts or irrevocable burial contracts, or other irrevocable burial arrangements.</p> <p>(c) Burial insurance policies without cash surrender values.</p> <p>(2) Life insurance policies on the life of any individual in the family shall be exempt if the combined face value of all of the policies on the insured individual is \$1500 or less.</p> <p>(3) All dividends and interest that accrue to and are not removed from the burial fund or policy described in (1) or (2).</p> <p>The disregard of life insurance policies and burial related funds is allowed for all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p> <p>(a)(10)(A)(ii), (a)(10)(C)(i)(III), and 1905(p)</p>

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: As referenced in SUPPLEME NT 8b TO ATTACHME NT 2.6-a Page 11:

One motor vehicle per budget unit shall be exempt regardless of value or use. The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

- (a)(10)(A)
- (ii) • (a)(10)
- (C)(i)(III) •
- 1905(p)

A specified type of resource is disregarded:

Name of resource type:	Description:
Restitution payments made to Holocaust victims	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual</p>

Name of resource type:	Description:
	<p>orientation; (2) during any period before, during or after.</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim: (1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries; (3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action; (4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies</p>

Name of resource type:	Description:
Independence Accounts	<p>immediately before and during World War II; or (5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p) <p>Independence Accounts established under the Work Incentives program shall be disregarded in the resource eligibility determination, subject to the limitation identified below:</p> <ul style="list-style-type: none"> • Actions involving the accounts are subject to standard eligibility rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).

Name of resource type:	Description:
In-home caregiver resource disregard	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <p>1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</p> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)
Precertified long-term care insurance policy or health care service plan contract	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care</p>

Name of resource type:

Description:

service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:

- The family member is a regular employee of an organization which is providing the services; and
- The organization receives the payment for the services; and
- The family member receives no compensation other than the normal compensation for employees in his or her job category.

The amount of the disregard is equal to the lesser of the following amounts:

- the amount of payments made for services by the insurance policy; or
- the actual charge for the services.

Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.

The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:

A. Medically Needy [1902(a)(10)(C)(i)(III)], or

B. Optional Categorically Needy [1902(a)(10)(A)(ii)], except those who are included in Section 1902 (a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment. or
C. Who are Qualified Medicare

Name of resource type:	Description:
Resources exempted under 1902(a)(10)(A)(ii)(XIII)	<p data-bbox="1291 147 1404 199">Beneficiaries [1905(p)].</p> <p data-bbox="1291 220 1477 1039">As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 14: All resources exempted from consideration as resources for individuals in the optional coverage group under section 1902(a)(10)(A)(ii)(XIII) of the Act on the basis that they are employer or individual retirement arrangements authorized under the Internal Revenue Code shall continue to be exempt from consideration as resources in all other coverage groups subject to the provisions of 1902(r)(2) under which the individual later becomes eligible for medical assistance where the basis for that eligibility is the individual's age, blindness, or disability.</p> <p data-bbox="1291 1060 1477 1228">These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul data-bbox="1291 1249 1477 1323" style="list-style-type: none"> • 1902(a)(10)(A)(ii)(I) • 1902(a)(10)(A)(ii)(X) • 1902(a)(10)(C)(i)

Name of resource type:	Description:
Unpaid incurred medical bills	<p data-bbox="1289 163 1474 260">As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p data-bbox="1289 283 1474 640">Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul data-bbox="1289 663 1474 808" style="list-style-type: none"> • only when payment of those medical bills occurs in a later month, and • verification of payment is provided. <p data-bbox="1289 831 1474 1024">This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p data-bbox="1289 1047 1474 1241">The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p data-bbox="1289 1264 1474 1644">This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul data-bbox="1289 1667 1474 1717" style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"> • The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan. <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)
Principal residence disregard	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> • if a child under the age of 21 lives on the property, or • if a dependent

Name of resource type:	Description:
	<p>relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative),</p> <ul style="list-style-type: none"> • if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or • if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county. <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p> <ul style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Name of resource type:	Description:
Bona fide, good faith effort to sell or liquidate resource	<p data-bbox="1289 163 1469 260">As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p data-bbox="1289 283 1469 1188">The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p data-bbox="1289 1211 1469 1549">The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p> <ul data-bbox="1289 1572 1469 1619" style="list-style-type: none"> • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)

Medically Needy Populations Based on Age, Blindness or Disability

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Package Header

Package ID	CA2019MS00100	SPA ID	CA-20-0022
Submission Type	Official	Initial Submission Date	3/23/2020
Approval Date	11/19/2020	Effective Date	1/1/2020
Superseded SPA ID	CA 07-006		
	User-Entered		

D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

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E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

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F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

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G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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