State/Territory: California

Agency*	Citation(s)	Groups Covered
		A. Mandatory Coverage – Categorically Needy – Categorically Needy and Other Required Special Groups (Continued)
	1902(a)(10)(A)(i)(I) of the Act	2. Deemed Recipients of AFDC
		b.
		c.
	408(a)(11)(B) 1902(a)(10)(A)(i)(I) and 1931(c)(1) of the Act	d. An assistance unit treated under Section 1931(b)(1)(A) as receiving AFDC (as in effect July 16, 1996) for a period of four calendar months because the family would become ineligible for such assistance as a result of collection or increased collection of support.
	42 CFR 435.115(e) 42 CFR 435.145 1902(a)(10)(A)(i)(I) 473(b)(1) and 473(b)(3) of the Act	e. Title IV-E Subsidized Adoption, Foster Care, or Kinship Guardianship Assistance Children. Individuals who meet the requirements of section 473(b) of the Act for whom an adoption assistance agreement is in effect or foster care maintenance or kinship guardianship assistance payments are made under title IV-E of the Act.

*Agency that determines eligibility for coverage.

State: California

Agency*	Citations(s)	Groups Covered

A. Mandatory Coverage - Categorically Needy - Categorically Needy and Other Required Special Groups (Continued)

407(b), 1902 (a)(10)(A)(i) and 1905(m)(1) of the Act

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

x Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

DHS 408(a)(11), 1902(a)(52), 1931(c), and 1925 of the Act

4. Families treated [under Section 1931(b)(1)(A)] as receiving AFDC (as in effect on July 16, 1996) that would become ineligible for such assistance solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CALIFORNIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
	10. RESERVED
1902(e)(5) of the Act DHS	11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.
1902(e)(6) of the Act	b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CALIFORNIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

CITATION(S)	GROUPS COVERED
	A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
1902(e)(4) of the Act	12. A child, who is a U.S. citizen, born to a woman who was eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactive coverage has deemed eligibility for one year from birth.
42 CFR 435.120 SSA	13. Aged, Blind, and Disabled Individuals Receiving Cash Assistance X a. Individuals receiving SSI. This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act. X Aged X Blind X Disabled

Agency*	Citation(s)	Groups Covered

PAGE NOT APPLICABLE **Mandatory Coverage - Categorically Needy and Other Required Special Groups** (Continued)

435.121

1619(b)(1) of the Act

13. /_/ b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

___ Aged
___ Blind
___ Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered
DHS	1902(a)(10)(A)(i)(II) and 1905(q) of the Act	A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 14. Qualified severely impaired blind and disabled individuals under age 65, who-- a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must-- (1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled; (2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits; (3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered
DHS		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) (4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and (5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings. ☐ Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered

PAGE NOT APPLICABLE

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1619(b)(3) of the Act /_/ The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
DHS	1634(c) of the Act	15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who-- a. Are at least 18 years of age; b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility. /_/ c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility. /_/ d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
DHS	42 CFR 435.122	16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.
SSA	42 CFR 435.130	17. Individuals receiving mandatory State supplements.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.131
DHS

18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

/_/ In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

___ Aged ___ Blind ___ Disabled

/X/ Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
DHS	42 CFR 435.132	19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they-- a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and b. Remain institutionalized; and c. Continue to need institutional care.
DHS	42 CFR 435.133	20. Blind and disabled individuals who-- a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and b. Were eligible for Medicaid in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.134

DHS

21. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.

/X/ Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

/X/ Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

/X/ Not applicable with respect to intermediate care facilities; the State did not cover this service.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.135
DHS

22. Individuals who --

a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and

b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

☐ Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.

☐ Not applicable because the State applies more restrictive eligibility requirements than those under SSI.

☐ The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
DHS	1634 of the Act	23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act. ☐ Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients. ☐ The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

State/Territory: CALIFORNIA

Agency*	Citation(s)	Groups Covered
DHS	1634(d) of the Act	A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 24. Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A. ____ The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program. ____ In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in § 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard. ____ In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in §1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A. ____ In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual

*Agency that determines eligibility for coverage.

State: California

Agency	Citation(s)	Groups Covered
	1902(a)(10)(E)(i), 1905(p) and 1860D-14(a)(3)(D) of the Act	25. Qualified Medicare Beneficiaries -- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income does not exceed 100 percent of the Federal poverty level; and c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. (Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)
	1902(a)(10)(E)(ii), 1905(p)(3)(A)(i), and 1905(s) of the Act	26. Qualified Disabled and Working Individuals -- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act; b. Whose income does not exceed 200 percent of the Federal poverty level; and

State: California

Agency	Citation(s)	Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

c. Whose resources do not exceed two times the SSI resource limit.

d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

1902(a)(10)(E)(iii), 1905(p)(3)(A)(ii), and 1860D-14(a)(3)(D) of the Act

27. Specified Low-Income Medicare Beneficiaries --

a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);

b. whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and

c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

State: California

Agency	Citation(s)	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
1902(a)(10)(E)(iv) and 1905(p)(3)(A)(ii) and 1860D-14(a)(3)(D) of the Act		28. Qualifying Individuals --
		a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
		b. whose income is at least 120 percent but less than 135 percent of the Federal poverty level;
		c, Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.
1634 (e) of the Act		29. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611 (e) (3) (A) shall be treated, for purposes of title XIX, as receiving SSI benefits for the month.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

Agency Citations	Groups Covered
B. Optional Groups Other Than the Medically Needy	
42 CFR 435.210 1902(a)(10)(A)(ii)(I) and 1905(a) of the Act	☒ 1. Individuals described below who meet the income and resources requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance. ☒ The plan covers all individuals as described above. ☐ The plan covers only the following group or groups of individuals: _____ Aged _____ Blind _____ Disabled _____ Caretaker relatives _____ Pregnant women
42 CFR 435.211	☐ 2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CRF 435.230, if they were not in a medical institution.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

Section 1902(a)(10)(A)(ii)(I) And 1905(a) of the Social Security Act 42 CFR, Section 435.210	**Blind Individuals Who Would Otherwise Be Eligible For The SSI/SSP Program** Beginning on July 1, 2009, individuals who are considered to be blind under Titles II or XVI of the Social Security Act and who would otherwise be eligible for SSI/SSP benefits and thus eligible for automatic Medi-Cal benefits if not for the July 1, 2009 reduction in the SSI/SSP payment levels, and any subsequent SSI/SSP payment level reduction, will be eligible if their income and resources, <u>based upon the more liberal methodologies</u> as indicated in Supplement 8a to Attachment 2.6-A, including Page 6a, and those approved under Supplement 8b to Attachment 2.6-A. This program shall remain in effect until and unless the SSI/SSP payment levels increase to a point that is above the levels in effect on June 30, 2009.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

Sections 1634 [Fn 99], And 1902(a)(10)(A)(ii)(I) of the Social Security Act 42 CFR, Sections 435.210 and 435.135	**Individuals Otherwise Eligible Under The Pickle Amendment** Beginning on July 1, 2009, aged, blind or disabled individuals who would otherwise be eligible for Medi-Cal benefits under the Pickle Amendment if not for the July 1, 2009 reduction in the SSI/SSP payment levels, and any subsequent SSI/SSP payment level reductions, will be eligible if their income and resources, applying the methodologies of • the SSI/SSP program, and • more liberal income methodologies described in Supplement 8a of Attachment 2.6-A, Page 11 are under the standards of the SSI/SSP program. This program shall remain in effect until and unless the SSI/SSP payment levels increase to a point that is above the levels in effect on June 30, 2009.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

Sections 1634(c) And 1902(a)(10)(A)(ii)(I) of the Social Security Act	**Individuals Otherwise Eligible As Childhood Disability Beneficiaries.** Beginning on July 1, 2009 blind or disabled individuals who would otherwise be eligible for Medi-Cal benefits as Childhood Disability Beneficiaries if not for the July 1, 2009 reduction in the SSI/SSP payment levels, and any subsequent SSI/SSP payment level reductions, will be eligible if their income and resources, applying the methodologies of • the SSI/SSP program, and • more liberal income methodologies described in Supplement 8a of Attachment 2.6-A, Page 12. are under the standards of the SSI/SSP program. This program shall remain in effect until and unless the SSI/SSP payment levels increase to a point that is above the levels in effect on June 30, 2009.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

Section 1634(a) and 1634(d) And 1902(a)(10)(A)(ii)(I) of the Social Security Act 42 CFR, Sections 435.137 and 435.138	**Individuals Otherwise Eligible As Disabled Widow(ers) or Early Disabled Widow(er)s.** Beginning on July 1, 2009 disabled individuals who would otherwise be eligible for Medi-Cal benefits as a Disabled Widow(er) or an Early Disabled Widow(er) if not for the July 1, 2009 reduction in the SSI/SSP payment levels, and any subsequent SSI/SSP payment level reductions, will be eligible if their income and resources, applying the methodologies of • the SSI/SSP program, and • more liberal income methodologies described in Supplement 8a of Attachment 2.6-A, Page 13 are under the standards of the SSI/SSP program. This program shall remain in effect until and unless the SSI/SSP payment levels increase to a point that is above the levels in effect on June 30, 2009.

State: California

Agency*	Citation(s)	Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.212 & 1902(e)(2) of the Act, P.L. 99-272 (section 9517) P.L. 101-508(section 4732)

[ ] 3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act, or a managed care organization (MCO), or a primary care case management (PCCM) program, but who have been enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.

_X_ The State elects not to guarantee eligibility.

___ The State elects to guarantee eligibility. The minimum enrollment period is _ months (not to exceed six).

The State measures the minimum enrollment period from:

[ ] The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.

[ ] The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

[ ] The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section) without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

*Agency that determines eligibility for coverage.

State: California

Agency*	Citation(s)	Groups Covered
1932(a)(4) of Act	B.	Optional Groups Other Than Medically Needy (continued)

The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

___ Disenrollment rights are restricted for a period of _____ months (not to exceed 12 months).

During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

_X_ No restrictions upon disenrollment rights.

1903(m)(2)(H), 1902(a)(52) of the Act P.L. 101-508 42 CFR 438.56(g)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

_X_ The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

___ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

* Agency that determines eligibility for coverage.

State/Territory: CALIFORNIA

Agency*	Citation(s)	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
DHS	42 CFR 435.217	X 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered

PAGE NOT APPLICABLE

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10)(A)(ii)(VII) of the Act

☐ 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

☐ The State covers all individuals as described above.

☐ The State covers only the following group or groups of individuals:

___ Aged
___ Blind
___ Disabled
___ Individuals under the age of--
  ___ 21
  ___ 20
  ___ 19
  ___ 18
___ Caretaker relatives
___ Pregnant women

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.230 SSA

X/ 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

a. Based on need and paid in cash on a regular basis.

b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.

c. Available to all individuals in the State.

d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

X (1) All aged individuals.

X (2) All blind individuals.

X (3) All disabled individuals.

Agency*	Citation(s)	Groups Covered

PAGE NOT APPLICABLE

B. Optional Groups Other Than the Medically Needy (Continued)

	___ (4)	Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
42 CFR 435.230	___ (5)	Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	___ (6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	___ (7)	Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	___ (8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	___ (9)	Individuals in additional classifications approved by the Secretary as follows:

Agency*	Citation(s)	Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

___ Yes.

X No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

Agency*	Citation(s)	Groups Covered

PAGE NOT APPLICABLE

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.230
435.121
1902(a)(10)
(A)(ii)(XI)
of the Act

/_/ 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

a. Based on need and paid in cash on a regular basis.

b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.

c. Available to all individuals in each classification and available on a Statewide basis.

d. Paid to one or more of the classifications of individuals listed below:

___ (1) All aged individuals.

___ (2) All blind individuals.

___ (3) All disabled individuals.

Agency*	Citation(s)	Groups Covered

PAGE NOT APPLICABLE B. Optional Groups Other Than the Medically Needy (Continued)

___ (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.

___ (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.

___ (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.

___ (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.

___ (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.

___ (9) Individuals in additional classifications approved by the Secretary as follows:

Agency*	Citation(s)	Groups Covered

PAGE NOT APPLICABLE

B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

___ Yes

___ No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

Agency*	Citation(s)	Groups Covered

PAGE NOT APPLICABLE

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.231 ☐ 1902(a)(10)(A)(ii)(V) of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

☐ The State covers all individuals as described above.

☐ The State covers only the following group or groups of individuals:

1902(a)(10)(A)(ii) and 1905(a) of the Act

___ Aged
___ Blind
___ Disabled
___ Individuals under the age of--
  ___ 21
  ___ 20
  ___ 19
  ___ 18
___ Caretaker relatives
___ Pregnant women

Agency*	Citation(s)	Groups Covered

PAGE NOT APPLICABLE

B. Optional Groups Other Than the Medically Needy (Continued)

1902(e)(3) of the Act — /_/ 13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)(A)(ii)(IX) and 1902(l) of the Act — /_/ 14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and

b. Infants under one year of age.

Agency*	Citation(s)	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
	1902(a) ☒ (ii) (X) and 1902(m) (1) and (3) of the Act	16. Individuals -- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group. b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

State/Territory: CALIFORNIA

Citation	Groups Covered
B.	Optional Groups Other Than the Medically Needy (Continued)
1906 of the Act DHS	18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of 0 months.
1902(a)(10)(F) and 1902(u)(1) of the Act DHS	19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid extenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.
1902 (a) (10) (A) (ii) (XII)	20. Individuals who are TB infected whose income and resources do not exceed a specified maximum amount for a disabled individual but who are not described in Section 1902 (a) (10) (A) (i) of the Act but would receive limited TB-related services.

State Plan Under Title XIX Of The Social Security Act
State: California

Citation	Groups Covered
	B. Optional Coverage Other Than the Medically Needy (Continued) The State covers: _X_ All children described above, who are under age _19_ (18, 19), with family income at or below 200 percent of the Federal poverty level (FPL). The following reasonable classifications of children described above, who are under age 19 (18, 19), with family income at or below the percent of the FPL specified for the classification: (ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FPL USED TO ESTABLISH ELIGILBILITY FOR EACH CLASSIFICATION.)
1902(e)(12) of the Act	_X_ 22. A child under age 19 (not to exceed age 19), who has been determined eligible, is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.
1920A of the Act	_X_ 23. Children under age 19, who are determined by a "qualified entity" (as defined in 1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan. The Single Point of Entry Clearinghouse

State/Territory: California

Citation		Groups Covered
		B. Optional Coverage Other Than the Medically Needy (Continued) for mail-in applications, California schools participating in the National School Lunch Program Medicaid Expansion and Child Health and Disability Prevention providers are designated as the only "Qualified Entities" to determine presumptive eligibility for children under 19. The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.
1902(a)(10)(A)(ii)(XIII) of the Act	X	24. Working disabled individuals who meet the requirement of Section 1902(a)(10)(A)(ii)(XIII) who: (a) have net countable family income below 250 percent of the FPL (b) are disabled according to federal standards, and (c) except for earnings, the disabled individual must be eligible for benefits under the Supplemental Security Income/State Supplemental Program (SSI/SSP). The FPL for one is used if the individual is a child; if the applicant is unmarried; or the applicant is married but there is no income counted

State/Territory: California

Citation	Groups Covered		
	B. Optional Coverage Other Than the Medically Needy (Continued)		
			under spousal deeming. The FPL for two is used for a married applicant when there is income counted under spousal deeming. See Attachment 2.6-A, Page 12c for more liberal income and resource methodologies than those in the SSI program.
1902(a)(10)(A)(ii)(XV) of the Act	X	25	(a) adolescents who were on foster care under the responsibility of the state on their 18th birthday are eligible for Medicaid until their 21st birthday without regard to their income and resources. This applies to all such children, regardless of living arrangements and with whom they reside.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation		Condition or Requirement
		B. Optional Coverage Other Than the Medically Needy (continued)
1902 (a) (10) (A) (ii) (XVIII) of the Act	X	26. Individuals who: a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix; b. are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act; c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and d. have not attained age 65.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation		Condition or Requirement
B. Optional Coverage Other Than the Medically Needy (continued)		
1920B of the Act	X	27. Individual who are determined by a "qualified entity" (as defined in 1920B (b) based on preliminary information, to be a individual described in 1902 (aa) the Act related to certain breast and cervical cancer patients. The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the individual's eligibility for Medicaid, or if the individual does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

Citation	Groups Covered
	B. Optional Groups Other Than the Medically Needy (Continued)
1902(a)(10)(A)(ii)(XXI) **1902(ii)**	**28.** ☒ Individuals who are *not* pregnant and whose income does not exceed the State established income standard of **200%** of the Federal Poverty Level. This amount does not exceed the highest income limit for pregnant women in this State Plan, which is **200%** of the Federal Poverty Level. ☐ In determining eligibility for this group, the State considers only the income of the applicant or recipient. ☒ In determining eligibility for this group, the State will exclude parental income, consistent with the methodology the State uses for pregnant women as specified on page 4 of Supplement 8a to Attachment 2.6 of the State Plan. ☒ California exercises the option to define this group as individuals who would have been eligible for family planning benefits pursuant to the standards and processes imposed by the State on January 1, 2007 under a waiver granted pursuant to Section 1115. The period of eligibility begins on the day the client is enrolled at the point-of-service, and such eligibility is to be recertified annually. Retroactive eligibility is available for qualifying beneficiaries for up to 3 months prior to the first day of the month of application to the Family PACT program.

Agency*	Citation(s)	Groups Covered

C. Optional Coverage of the Medically Needy

42 CFR 435.301 DHS	This plan includes the medically needy. /_/ No. /X/ Yes. This plan covers:
DHS	1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.
1902(e) of the Act DHS	2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.
1902(a)(10)(C)(ii)(I) of the Act DHS	3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CALIFORNIA

AGENCY*	CITATION(S)	GROUPS COVERED

C. Optional Coverage of Medically Needy (Continued)

4.

42 CFR 435.308

5. ☒ a. Financially eligible individuals who are not described in section C.3 above and who are under the age of

X 21
_ 20
_ 19
_ 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training

☐ b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

__ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

__ (a) In foster homes (and are under the age of ___).

__ (b) In private institutions (and are under the age of ___).

*Agency that determines eligibility for coverage

Agency*	Citation(s)	Groups Covered

PAGE NOT APPLICABLE

C. Optional Coverage of Medically Needy (Continued)

___ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ___ ___).

___ (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of _____).

___ (3) Individuals in NFs (who are under the age of _____). NF services are provided under this plan.

___ (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of _____).

___ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ___). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

___ (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

Agency*	Citation(s)	Groups Covered

DHS is the Agency for all Groupd covered on this page.

C. Optional Coverage of Medically Needy (Continued)

42 CFR 435.310	/X/	6. Caretaker relatives.
42 CFR 435.320 and 435.330	/X/	7. Aged individuals.
42 CFR 435.322 and 435.330	/X/	8. Blind individuals.
42 CFR 435.324 and 435.330	/X/	9. Disabled individuals.
42 CFR 435.326	/ /	10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
435.340		11. Blind and disabled individuals who:

a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;

b. Were eligible as medically needy in December 1973 as blind or disabled; and

c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

Citation(s)	Groups Covered
	C. Optional Coverage of Medically Needy (Continued)
1906 of the Act DHS	12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of 0 months.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency: _____ California

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Citation (s)	Groups Covered
1935(a) and 1902(a)(66) 42 CFR 423.774 and 423.904	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act. 1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act; 2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined; 3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.